

# **The Town of Springfield, Connecticut Local Emergency Medical Services Plan**

(Suburban Town Plan)  
September 2015, rev. 5/18/2016

Written in coordination with local EMS Providers, EMS Council  
and the Town of Springfield, by  
Jane Doe, Chief, Springfield Volunteer Fire Company.

It should be noted that every attempt was made to provide complete documents for the purpose of creating a comprehensive plan. Some documents, such as the MCI Plan for example, were intentionally left out to demonstrate that the development of such documents may be included as an objective. Recognizing that some municipalities may not have all documents finalized, this option allows for the Local EMS Plan to be submitted in a timely fashion and include S.M.A.R.T. Objectives.

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### Appendices:

- Written Agreements: Town of Springfield and each level of EMS (§CGS 19a–181b requirement)
- Mutual Aid Agreements for each level of EMS (§CGS 19a–181b requirement)
- Springfield Police Department First Responder PSAR Certificate
- Springfield Volunteer Fire Company Basic Ambulance PSAR Certificate
- Service Agreement with Billing Agency
- Map of the Town of Springfield
- Town of Springfield CERC Profile
- Memorandum of Heart Safe Community Designation
- Memorandum of Risk Management Achievement Award
- PSAP Policy and Procedures

Automatic Paramedic Dispatch Criteria

**Appendices Continued:**

- Sponsor Hospital Medical Oversight Policy for:
- Public Safety Answering Point (PSAP)
  - First Responder level of service
  - Basic Ambulance level of service
  - Paramedic level of service

**Purpose Statement**

To develop a plan that satisfies the municipality's statutory requirement and provides a comprehensive local EMS plan (LEMSP) that communicates information about the local EMS system to all stakeholders, including municipal and EMS organization leaders, EMS organization members, citizens, regional and State policy makers and planners. To establish methods to monitor how well the EMS system is functioning and frames objectives and methods for improving the EMS system.

A municipality that puts effort and detail into the LEMSP may benefit greatly from both the process and the final product. When the municipal leaders and the EMS organizations meet to discuss the plan, the discussion leads to better organizational relations, improved system knowledge, and multi-dimensional goals and objectives for the town's EMS system development. A municipality that fails to implement a local EMS plan essentially forfeits the ability to proactively manage its local EMS system. The organizations providing EMS services to the municipality will be assessed for their provisions of services under the plan not less than every 5 years. In the absence of a plan, the Department of Public Health Office of Emergency Services will assess them for compliance with applicable statutes and regulations which may be much looser standards than what a municipality would choose to have. The updated statutes which took effect October 1, 2014 also provide expanded municipal controls for towns that comply with the provisions of the local EMS planning statutes. It is, for the aforementioned reasons, in the municipality's best interest to work with its EMS system providers to develop a local EMS plan.

The LEMSP encompasses all components of the EMS system; both statutorily required and recommended "best practices".

## **Local EMS Planning Statutory Requirement**

The required components of the Local EMS Plan are delineated in §CGS 19a–181b, which was comprehensively updated in 2014, and have been addressed in this plan. Additional information regarding the Emergency Medical Services System within the Town of Springfield has been included so that this plan will be a valuable resource to anyone seeking information about our system.

## **Municipal Information**

### Town Contact Information:

Office of the First Selectman  
Springfield Town Hall  
127 Norton Ave.  
Springfield, CT 06000

Phone: (860) 555-5555  
Fax: (860) 555-5551  
Email: townhall@Springfieldct.gov  
Town Tax Code: 170

### Demographic Information:

State Office of Rural Health designation: Non-Rural  
Population: 15,068 (2012 census)  
Square Miles: 39

## **System Overview**

The Emergency Medical Services System for the Town of Springfield is based upon a multi-tiered response—First Responder, Basic Ambulance, and Paramedic Response. Springfield Emergency Communications, Inc. (PSAP) receives 911 calls originating within the Town. The PSAP then dispatches the Ambulance and First Responders via “tone-activated pagers” and “alpha-numeric pager.” The Springfield Police Department provides First Responder Services. The Springfield Volunteer Fire Company (SVFC) provides the Basic Ambulance services. Paramedic level service is activated either immediately according to Emergency Medical Dispatch Protocol (EMD) or as requested by EMS responders at the scene. The Community Hospital Paramedic Service provides paramedic services to the Town. Patients are transported to the most appropriate local primary receiving facility (Emergency Department) as per State Regulation, Patient Care Protocols, and patient request. A comprehensive mutual-aid system implemented automatically by the PSAP helps to assure EMS response during times of “system overload”, which is, more requests for emergency response than the system’s providers have resources to handle.

## **Independent Agency Status**

The organizations providing each segment of emergency medical service to the Town of Springfield are incorporated independently of the Town of Springfield. As such, they are governed by their own corporate boards and by-laws, and operate in compliance with Local, State and Federal laws.

## Levels of Emergency Medical Services (§CGS 19a-181b)

### Public Safety Answering Point (PSAP):

Springfield Emergency Communications, Inc.  
1 Old Norton Rd.  
P.O. Box 528  
Springfield, CT 06000

Phone: (860) 555-5555  
Fax: (860) 555-5555  
Contact: John Doe

Written Agreement and Performance Standards required pursuant to §CGS 19a-181b are included in the appendix.

### First Responder:

Springfield Police Department  
26 Old Norton Rd..  
Springfield, CT 06000

Phone: (860) 555-5555  
Fax: (860) 555-5555  
Contact: John Doe, Chief

*This provider fulfills the requirements outlined in Connecticut Public Act 16-43 and is equipped with and trained in the administration of an opioid antagonist.*

Written Agreement and Performance Standards required pursuant to §CGS 19a-181b are included in the appendix.

### Basic Ambulance Service:

Springfield Volunteer Fire Company  
25 Old Norton Rd..  
Springfield, CT 06000

Phone: (860) 555-5555  
Fax: (860) 555-5555  
Contact: Jane Doe, Chief

*This provider fulfills the requirements outlined in Connecticut Public Act 16-43 and is equipped with and trained in the administration of an opioid antagonist.*

Written Agreement and Performance Standards required pursuant to §CGS 19a-181b are included in the appendix.

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### **Advanced Life Support Providers (Paramedic Level):**

Community Hospital / CHEMS  
Community Hospital Paramedics  
82 Community Street  
Center Bridge, CT 06000

Phone: (860) 555-5555  
Fax: (860) 555-5555  
Contact: John Doe, EMS Manager  
Email: jdoe@comhosp.org

*This provider fulfills the requirements outlined in Connecticut Public Act 16-43 and is equipped with and trained in the administration of an opioid antagonist.*

Written Agreement and Performance Standards required pursuant to §CGS 19a-181b are included in the appendix.

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### **Mutual Aid Call Arrangements:**

PSAP: During system overload, equipment failure, or other situations where the PSAP cannot answer E-911 calls, calls are transferred automatically to another designated PSAP.

Basic Ambulance: The Springfield Volunteer Fire Company is a member of the Oxford County Fire Chiefs Association and has entered into a mutual aid agreement with all member organizations. Under most circumstances, the mutual aid will be provided by, but not limited to:

Northfield Volunteer Fire Dept.	Contact: Bob, Chief	Phone: (860) 555-5555
Eastfield Volunteer Fire Dept.	Contact: Joe, Chief	Phone: (860) 555-5555
Southfield Volunteer Fire Dept.	Contact: Lenny, Chief	Phone: (860) 555-5555
Westfield Volunteer Fire Dept.	Contact: Fred, Chief	Phone: (860) 555-5555

Agreements with Departments outside of the Oxford County are in place and implemented by Springfield Emergency Communications, Inc. as appropriate.

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### **Subcontracts or Other Agreements for segments of the EMS System:**

There is currently no provision of the identified levels of emergency medical services, not otherwise identified above, that are provided under subcontract to the primary EMS providers.

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## **Local System comparison to a Model EMS Plan**

The following section provides answers to a series of questions created by the Office of Emergency Medical Services to benchmark the Town of Springfield's EMS System to a "Model EMS System." As with any model that is designed to represent a "perfect system", the benchmark may not be realistic within the community but provides a goal for this and every community to examine and, if appropriate, strive to achieve.

### **1) Accident/Injury Prevention and Community Response:**

It is estimated that there are more than 10% of the Town's citizens trained in CPR. The Town was recognized as a Heart Safe Community in 2012 and intends to renew this status as it comes due every three years. CPR classes are offered to the community throughout the year by the Town Parks and Recreation Department. Additionally, citizens are made aware of SAED locations and how to access through CPR classes, community newsletter, school notices and community outreach.

Community outreach programs offered through the Town Parks and Recreation Department also include car seat safety/installation classes as well as a bicycle safety program that offers free bicycle helmets for children.

### **2) Citizens educated in the proper use of 9-1-1:**

Very few citizens call the Fire Department directly. The Springfield Volunteer Fire Company conducts safety education in the school system during National EMS Week. The children are invited to tour the ambulance and learn about some of the functions of the equipment. Quarterly periodicals go into the Town's Newsletter regarding safety, the use of 911, and other information regarding emergencies.

### **3) All streets clearly identifiable, homes and businesses properly numbered:**

The streets are all properly identified. Businesses are properly numbered. The numbering of private residences has improved since the adoption of local ordinance. There are no CT general statutes regarding street numbering. The Springfield Volunteer Fire Company offers low cost reflective numbers to aid in improving residence numbering.

### **4) Public Safety Answering Point (PSAP) utilizes Emergency Medical Dispatch:**

The PSAP for the Town of Springfield is the Springfield Emergency Communications, Inc. The PSAP presently utilizes Medical Priority interview/interrogation card sets as its state approved vendor for Emergency Medical Dispatch (EMD) national guidelines Public Act 00-151 required all PSAPs within the state to provide EMD by July 1, 2004 Dispatching protocols and procedures are maintained and implemented by the PSAP through the use of computers.

The PSAP also adheres to an Ongoing System Evaluation of EMD:

- Dispatchers must be certified after a 3 day course by the National Academy of EMS before delivering EMD.
- Dispatchers are evaluated by a certified EMS Q&A who rates their performance each month.
- Dispatchers must maintain a 90% compliance rating.
- After evaluation a first line supervisor conducts a review of the Evaluator's work and if necessary discusses discrepancies with any dispatcher failing to meet the 90% minimum compliance rating.
- Once complete a report of the month's work is forwarded to Community Hospital for further review. Community Hospital is Springfield Emergency Communications, Inc Medical oversight who signs off on EMD guidelines given to Springfield Emergency Communications, Inc by Medical Priority.
- Problem resolution over EMD Policy and Procedure are resolved at meetings between Springfield Emergency Communications, Inc and Community Hospital, if necessary.

Written Agreement and Performance Standards required pursuant to §CGS 19a-181b are included in the appendix.

#### 5) Rapid deployment of opioid antagonist by EMS responders:

\*The Town of Springfield assures rapid deployment of opioid antagonists by equipping and training all levels of EMS responders in the community. This assures that the first arriving EMS unit will be able to appropriately treat opioid related emergencies.

#### 6) EMS First Responder with Primary Service Area assignment for your community:

The Springfield Police Department is the designated First Responder Service Provider for the Town of Springfield. The PSA boundary for the Springfield Police Department is the entire *Town of Springfield*, bordered on the North by Northfield, on the East by Eastfield, on the South by Southfield and on the West by Westfield.

#### 7) EMS First Responder with a semi-automatic external defibrillator (SAED):

The Springfield Police Department currently maintains two (2) designated First Responder vehicles equipped with SAED units. The Springfield Police Department has additional authorization for the following skills/treatments: Defibrillation and Naloxone.

For the purpose of this EMS Plan, each PSAR has been equipped with and trained in the administration of an opioid antagonist. Public Act 16-43 does not require that all PSARs obtain this level of medical authorization.

8) Supplemental First Responder where necessary to enhance quick emergency medical response, equipped with an SAED:

The Town currently has no Supplemental First responders. The Town, in cooperation with the Springfield Volunteer Fire Company, will review the need for supplemental first responders periodically.

9) Basic Ambulance Service with PSA Assignment for the community:

The Springfield Volunteer Fire Company is the designated Basic Ambulance Service Provider for the Town of Springfield. The PSA boundary for the Springfield Volunteer Fire Company is the entire *Town of Springfield*, bordered on the North by Northfield, on the East by Eastfield, on the South by Southfield and on the West by Westfield.

The Springfield Volunteer Fire Company has Mobile Intensive Care (MIC) authorization for the following additional skills/treatments: Aspirin, Metered Dose Inhaler, Nitroglycerin, Oral Glucose, Defibrillation and Epinephrine auto-injector.

10) Basic Ambulance Services is equipped with an SAED:

The Springfield Volunteer Fire Company is authorized to operate two (2) ambulances both equipped with an SAED.

11) Paramedic Service with PSA assignment for the community:

The Community Hospital Paramedic Service is a designated paramedic level responder within the Town of Springfield. The PSA boundary for the Community Hospital Paramedic Service is a multi-town PSA that includes the *Town of Springfield*. The Community Hospital Paramedic Service is authorized under Connecticut Agency Regulations 19a-179-21 to charge a "Fee for Service." Charges are billed according to all applicable State and Federal rules and regulations.

12) Ongoing EMS System evaluation (i.e.: response times, coverage problems, system effectiveness, and problem resolution, etc.):

a) Medical Quality Assurance and Quality Improvement is conducted through the EMS providers' Sponsor Hospital, pursuant to Connecticut Agencies Regulations §19a-179-12.

Sponsor Hospital for the Springfield Volunteer Fire Company

Community Hospital / CHEMS 82 Community Street Center Bridge, CT 06000	Phone: (860) 555-5555 Fax: (860) 555-5555 Contact: Dr. John Doe, Medical Director Jane Doe, EMS Coordinator
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**b) Staffing and Coverage of each segment of the EMS System:**

PSAP: Springfield Emergency Communications Inc. has 24-hour-per-day paid staff assigned to answer E-911 calls and to provide dispatch services to the member organizations.

First Responder: The Springfield Police Department has 24-hour-per-day paid staff assigned to respond to 911 calls and to provide First Responder Services in accordance with its agreement.

Basic Ambulance: The Springfield Volunteer Fire Company issues tone-activated pagers and/or alpha numeric pagers to all members who then respond as dispatched by the PSAP. This helps to ensure an efficient response. The Town has recently implemented an ambulance incentive program in order to assist in the staffing of the ambulances during evening and over-night hours. The Springfield Fire Department also employs seven (7) full time weekday personnel and two (2) per diem weekend personnel to staff vehicles.

The Community Hospital Paramedic Service has 24-hour-per-day paid personnel to staff their vehicles. The number of vehicles staffed varies according to time of day and historical need for response. This is done in order to maintain an efficient, yet cost-effective, level of service.

**c) Problem resolution:**

Any problem, question, or issue is handled on an individual basis with the appropriate agency(s), and remedied according to the specific needs of the situation.

EMS oversight committee composed of each organizational Chief and Municipal Leader will address operational concerns.

**13) Written mutual-aid agreements for back up to existing EMS responders at all levels:**

Definition: "System Overload." System Overload occurs when the requests for assistance exceeds the resources of a specific provider of a segment of the emergency medical services system. Example: If an ambulance service has two ambulances and three calls requesting ambulance service are received within their response area at the same time, the service's ambulances are already committed for the first two calls received. During system overload, mutual aid is requested from neighboring services to provide assistance in fulfilling any request for service that has exceeded the designated service's resources.

PSAP: Public Safety Answering Points do not enter into traditional mutual aid agreements. Automatic back up is built into the E-911 phone system in Connecticut.

**Basic Ambulance:** The Springfield Volunteer Fire Company has written mutual-aid agreements through the Oxford County Fire Chiefs Association.

**14) Written Mass Casualty Plan:**

There is not a current written mass casualty plan for the Town currently. Fire Service Personnel are instructed in the *Incident Command System* in various fire service courses, which is an integral part of MCI management. Fire Department members received specific training in managing mass casualty incidents and SMART Triage training. Subsequent to the terrorist threats facing the nation, the Town encourages participation in All Hazard planning to include *Bioterrorism/Weapons of Mass Destruction*, Infectious Disease and Pandemic Outbreaks, as feasible for local responders. The Fire Department currently adheres to the Statewide Disaster Response Plan in conjunction with the Oxford County Fire Chiefs Association.

**15) Mass Casualty Plan Exercise:**

The Springfield Volunteer Fire Company plans and executes multi-municipality mass casualty incident exercises and drills every two years as well as participated in other local area towns' mass casualty incident exercises and drills. The Town will continue to encourage participation in MCI exercises.

## Potential impediments to response in Suburban EMS

The Town of Springfield, as well as other suburban communities, faces certain potential impediments that may delay response of the Emergency Medical Services System. The following areas of concern, adapted from the State of Connecticut Emergency Medical Services Plan, are potentially a problem in suburban communities in Connecticut and across the Nation. Citizens and visitors of suburban areas must keep this in mind if they need to access the Emergency Medical Services System in any suburban community.

Unlike rural communities, most of the suburban towns in Connecticut have full-time paid police and/or fire departments. Population density is greater and although many of the problems of the rural community exist in suburban areas, the severity is usually not as great.

### **CONCERNS:**

As described above, many of the suburban communities have full-time paid police departments and in some cases full-time fire departments, but many do not have a designated EMS First Responder. The First Responder is a critical element of the cardiac “chain of survival” and equally important in other medically life threatening situations.

Although many suburban communities have direct or intercept Paramedic service, the effectiveness of ALS is severely diminished because they don’t have designated First Responders equipped with automatic defibrillators and other basic life-saving equipment.

Less than 10% of the communities in Connecticut have Emergency Medical Dispatch.

Community boundary lines are strictly observed and there is reluctance to coordinate or share public safety resources. This often results in delayed response and increased cost.

There is difficulty with recruiting and retaining volunteer personnel because they must attend EMS initial education and training courses at night and on weekends as well as attend recertification and continuing education courses in order to receive and maintain state certification. This is a significant time commitment in addition to the hours they actually spend “on duty”. This is uncompensated time not spent with their families or in pursuing career development. In addition, EMS personnel are frequently working under hazardous conditions.

## **POSSIBLE SOLUTIONS:**

Designate a First Responder (with AED) and a Paramedic ALS Service for each community.

If the community utilizes a volunteer ambulance and staffing for the ambulance is inadequate, consider hiring personnel, contract with a commercial service or form a multi-town EMS system.

Utilize incentive programs to aid volunteer recruitment efforts.

Implement EMD (Emergency Medical Dispatch) so that emergency medical care instructions can be given immediately to the person calling 9-1-1. Additionally the dispatcher can interrogate the caller so that the most appropriate response can be sent to the emergency medical incident in the safest possible manner.

Where possible, encourage Bystander EMS and Public Access Defibrillation

Develop written mutual-aid agreements with surrounding communities.

State funded grants programs should be developed to assist communities in improving response times and quality of care.

Communities should study the feasibility of coordinating existing EMS resources and forming multi-town systems if it would result in improved response times and quality of care to the patient.

Develop an EMS plan for each community. Use the State EMS Plan and the Local EMS System Checklist as a guide.

Increase funding for EMS.

## EMS System Development Goals and Objectives

**Goal:** Maintaining Mass Casualty Incident management standards, in conjunction with local, regional, state and federal partners.

Objectives:

- SVFC to update and adopt a mass casualty incident plan compliant with state and federal standards. Timeframe: 12 months.
- SVFC to train and drill all levels of responders in the execution of the MCI plan. Timeframe: 18 months.
- SVFC to conduct HSEEP-compliant exercises to test the MCI plan. Timeframe: 24 months.

**Goal:** Participate in All-Hazard Preparedness Planning with Regional, State, and Federal agencies.

Objectives:

- Participate in all-hazards exercises with local, county, and regional exercises, inclusive of MCI exercises. Timeframe: Not less than once every 24 months.
- SVFC to participate in the Town's response to the annual State Emergency Preparedness and Planning Initiative (EPPI). Timeframe: Annually, as prescribed by the Governor.

**Goal:** Support the mission of EMS to reduce morbidity and mortality by providing access to time-critical life-saving treatments and procedures.

Objectives:

- SVFC to develop response data and clinical data reporting mechanisms to implement the performance measures agreed to with the Town. Timeframe: 12 months.
- SVFC to train EMS personnel in the 2014 CHEMS protocol updates that provide expanded skill sets. Timeframe: 100% compliance within eighteen months.
- Expansion of the Springfield Volunteer Fire Company emergency medical services to the Paramedic level. Timeframe: 5 years.

**Goal:** Timely, efficient, *cost-effective* delivery of Emergency Medical Service to the visitors and citizens of the Town of Springfield.

Objectives:

- Maintain criteria to meet Connecticut Department of Public Health "HeartSafe" designation. Timeframe: Renewal every three years based on 2012 initial certification.
- Evaluate the efficacy of initiatives and incentive programs to promote volunteerism in the Springfield Volunteer Fire Company. Timeframe: 12 months.

**Goal:** Support and encourage the obtaining of Federal, State, and Private Grants.

Objectives:

- Survey community, to identify town residents with grant writing experience and technical expertise then follow up with targeted recruitment. Timeframe: 18 months.
- Conduct annual review of grant criteria for applicable submissions.

**Goal:** Support EMS programmatic development on the Local, Regional, and State levels.

Objectives:

- Participation of SVFC in the Regional EMS Council and its committees, as deemed appropriate by SVFC leadership. Timeframe: Monthly attendance.
- Participation of SVFC in the Oxford County Fire Chiefs Association and its committees as deemed appropriate by SVFC leadership. Timeframe: Monthly attendance.

**Goal:** Foster the development of public education.

Objectives:

- Increase community based CPR training and Public-Access Defibrillation. EMS Awareness education by adding an additional two classes per quarter. Timeframe 12 months.

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First Selectman closing remarks...

The components of this Local EMS Plan are in a constant state of development. The system as reflected in this plan will change. The Town's objective is to provide our citizens and visitors with the best EMS system possible with the resources we have available to us.

The elected officials and citizens of the Town of Springfield support our volunteer system. We encourage you to become a volunteer member of the Springfield Volunteer Fire Company.

*John Doe*

First Selectman

(Original signature not included in electronic format)

**NOTE: This is a SAMPLE document only. The content has not been vetted by DPH legal counsel. You should consult with your legal counsel regarding any legal document you are developing.**

### **Local EMS Plan Performance Measures First Responder Level of Service PSAR**

The following performance measure agreement, required pursuant to Section 19a-181b of the Connecticut General Statutes is being entered into between the Springfield Police Department (the first responder PSAR) and the Town of Springfield.

#### **Minimum response data reporting**

The basic ambulance PSAR shall report activation and response times in the following format and schedule. Each fractile response category may vary +/- 5% for any given reporting period:

**Activation Time** means the measure of time from notification to the PSAR that an emergency exists, to the beginning of the response of PSAR personnel.

Percentage of responses where activation time was:

Less than or equal to two minutes: .....	Standard: 5%
Greater than two minutes but less than or equal to four minutes: .....	Standard: 10%
Greater than four minutes but less than or equal to six minutes: .....	Standard: 70%
Greater than six minutes but less than or equal to eight minutes: .....	Standard: 10%
Greater than eight minutes: .....	Standard: 5%

**Response Time** means the total measure of time from notification to the PSAR that an emergency exists, to arrival at the patient's side, *including the activation time*.

Percentage of responses where the response time was:

Less than or equal to four minute: .....	Standard: 5%
Greater than four minutes but less than or equal to five minutes: .....	Standard: 10%
Greater than five minutes but less than or equal to six minutes: .....	Standard: 70%
Greater than six minutes but less than or equal to seven minutes: .....	Standard: 10%
Greater than seven minutes: .....	Standard: 5%

#### **First call responses:**

PSAR must respond to at least fifty percent or more first call responses in any rolling *three-month* period.

Rolling average - Mo 1: \_\_\_\_%. Mo 2: \_\_\_\_%. Mo 3: \_\_\_\_%. Standard: 50% or greater  
PSAR must respond to at least eighty percent or more first call responses, excluding those responses excused by the municipality in any rolling *twelve-month* review period.

Rolling average - Mo 1: \_\_\_\_%. Mo 2: \_\_\_\_%. Mo 3: \_\_\_\_%. Standard: 80% or greater

**Reporting period:** The PSAR shall submit written reports based on the total EMS responses quarterly to the Office of the First Selectman.

Due: First quarter – April 30, Second quarter – July 31, Third quarter – October 31, Fourth quarter – January 31

The reports shall be generated from data collected from a combination of sources including Springfield Emergency Communications, Inc., EMS Charts, and Firehouse Software. Reported times are not based on hot and/or cold responses, due to the fact that Springfield Emergency Communications, Inc. does not document calls as such.

The PSAR must meet defined response time standards agreed to with the municipality, excluding those responses excused by the municipality under the criteria listed below.

*Delayed response times due to inclement weather*

*Mechanical failure enroute*

*Unsafe scene or difficult scene access*

*Second calls (A call that is received while the department is currently responding to another call)*

The PSAR's failure to respond to a *first call* shall be excused by the municipality.

*Response is halted due to catastrophic weather, in consultation with the First Selectman  
Mechanical failure of ambulance, provided  
Second calls (A call that is received while the department is currently responding to another call)*

**Clinical Measures / Patient Outcomes:**

PSAR will generate reports on currently collected e-PCR data points if required to submit data electronically to OEMS.

Reporting period: The PSAR shall submit written reports on currently collected data points quarterly to the Office of the First Selectman. The development of the reporting mechanism for the clinical measurements below will be completed within twelve months of acceptance of this agreement. Subsequent to the development of the reporting mechanism, statistical data will be reported on the following schedule:

Due: First quarter – April 30, Second quarter – July 31, Third quarter – October 31, Fourth quarter – January 31

Performance measures based on [2009 NHTSA EMS Model Performance Measures](#)

Description	Question	Objective	Clinical need addressed
Cardiac Arrest/Chest Pain	Time to initiation of CPR in Cardiac Arrest	Reduce	Survival from Cardiac Arrest
Cardiac Arrest/Chest Pain	What percentage of patients experiencing cardiac arrest experience ROSC prior to transport	Increase Survival Rates	Successful resuscitation from cardiac arrest
Patient Satisfaction With Care	What percentage of patients does your EMS organization survey to measure patient satisfaction?	Increase	Patient satisfaction with care
Pain Assessment	What percentage of patients presenting with signs and symptoms of pain are being assessed for level of pain using a 0-10 scale	Increase	Assessment of Pain
Review Of Services Provided	What percentages of clinical cases are reviewed for adherence to protocol, guidelines and standard of care?	Increase	Appropriate delivery of care
Opiate Overdose Care	What percentage of patients with suspected opioid overdose received Naloxone	Increase rate in appropriate patients	Definitive care for suspected Opioid Overdose

The provisions of this agreement will be assessed regularly and revised not less than annually or as needed based on results of the clinical findings, system status measurements and state and national recommendations for performance measurements.

This constitutes the entire agreement between the PSAR and the municipality with regard to performance measures of the provision of emergency medical services and supersedes any and all other agreements, verbal or written. Any

amendments to this agreement must be done in writing and agreed to by the authorized representatives of both parties.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

By: \_\_\_\_\_

First Selectman  
Town of Springfield

By: \_\_\_\_\_

Chief  
Springfield Police Department

**NOTE: This is a SAMPLE document only. The content has not been vetted by DPH legal counsel. You should consult with your legal counsel regarding any legal document you are developing.**

### **Local EMS Plan Performance Measures** **Basic Ambulance level of Service PSAR**

The following performance measure agreement, required pursuant to Section 19a-181b of the Connecticut General Statutes is being entered into between the Springfield Volunteer Fire Company (the basic ambulance service PSAR) and the Town of Springfield.

#### **Minimum response data reporting**

The basic ambulance PSAR shall report activation and response times in the following format and schedule. Each fractile response category may vary +/- 5% for any given reporting period:

**Activation Time** means the measure of time from notification to the PSAR that an emergency exists, to the beginning of the response of PSAR personnel.

Percentage of responses where activation time was:

Less than or equal to two minutes: .....	Standard: 5%
Greater than two minutes but less than or equal to four minutes: .....	Standard: 10%
Greater than four minutes but less than or equal to six minutes: .....	Standard: 70%
Greater than six minutes but less than or equal to eight minutes: .....	Standard: 10%
Greater than eight minutes: .....	Standard: 5%

**Response Time** means the total measure of time from notification to the PSAR that an emergency exists, to arrival at the patient's side, *including the activation time*.

Percentage of responses where the response time was:

Less than or equal to four minute: .....	Standard: 5%
Greater than four minutes but less than or equal to five minutes: .....	Standard: 10%
Greater than five minutes but less than or equal to six minutes: .....	Standard: 70%
Greater than six minutes but less than or equal to seven minutes: .....	Standard: 10%
Greater than seven minutes: .....	Standard: 5%

#### **First call responses:**

PSAR must respond to at least fifty percent or more first call responses in any rolling *three-month* period.

Rolling average - Mo 1: \_\_\_\_%. Mo 2: \_\_\_\_%. Mo 3: \_\_\_\_%. Standard: 50% or greater  
PSAR must respond to at least eighty percent or more first call responses, excluding those responses excused by the municipality in any rolling *twelve-month* review period.

Rolling average - Mo 1: \_\_\_\_%. Mo 2: \_\_\_\_%. Mo 3: \_\_\_\_%. Standard: 80% or greater

**Reporting period:** The PSAR shall submit written reports based on the total EMS responses quarterly to the Office of the First Selectman.

Due: First quarter – April 30, Second quarter – July 31, Third quarter – October 31, Fourth quarter – January 31

The reports shall be generated from data collected from a combination of sources including Springfield Emergency Communications, Inc., EMS Charts, and Firehouse Software. Reported times are not based on hot and/or cold responses, due to the fact that Springfield Emergency Communications, Inc. does not document calls as such.

The PSAR must meet defined response time standards agreed to with the municipality, excluding those responses excused by the municipality under the criteria listed below.

*Delayed response times due to inclement weather*

*Mechanical failure enroute*

*Unsafe scene or difficult scene access*

*Second calls (A call that is received while the department is currently responding to another call)*

The PSAR's failure to respond to a *first call* shall be excused by the municipality.

*Response is halted due to catastrophic weather, in consultation with the First Selectman*

*Mechanical failure of ambulance, provided*

*Second calls (A call that is received while the department is currently responding to another call)*

**Clinical Measures / Patient Outcomes:**

PSAR will generate reports on currently collected e-PCR data points if required to submit data electronically to OEMS.

Reporting period: The PSAR shall submit written reports on currently collected data points quarterly to the Office of the First Selectman. The development of the reporting mechanism for the clinical measurements below will be completed within twelve months of acceptance of this agreement. Subsequent to the development of the reporting mechanism, statistical data will be reported on the following schedule:

Due: First quarter – April 30, Second quarter – July 31, Third quarter – October 31, Fourth quarter – January 31

Performance measures based on [2009 NHTSA EMS Model Performance Measures](#)

Description	Question	Objective	Clinical need addressed
Cardiac Arrest/Chest Pain	Time to initiation of CPR in Cardiac Arrest	Reduce	Survival from Cardiac Arrest
Cardiac Arrest/Chest Pain	What percentage of patients experiencing cardiac arrest experience ROSC prior to transport	Increase Survival Rates	Successful resuscitation from cardiac arrest
Cardiac Arrest/Chest Pain	What percentage of cardiac arrest patients have ROSC at time of ED admission	Increase Survival Rates	Successful resuscitation from cardiac arrest
Cardiac Arrest/Chest Pain	What percentage of patients over the age of 35 with suspected cardiac chest pain received aspirin?	Increase rate in appropriate patients	Definitive care for Cardiac Arrest
Patient Satisfaction With Care	What percentage of patients does your EMS organization survey to measure patient satisfaction?	Increase	Patient satisfaction with care
Pain Assessment	What percentage of patients presenting with signs and symptoms of pain are being assessed for level of pain using a 0-10 scale	Increase	Assessment of Pain
Field Trauma Triage	What percentage of patients who meet the current CT guidelines for field triage criteria for transfer to a trauma center are transported to a trauma center?	Increase rate in appropriate patients	Definitive care for major trauma

Anaphylaxis / Allergy Care	What percentage of patients with suspected anaphylactic reaction received epinephrine	Increase rate in appropriate patients	Definitive care for suspected Anaphylaxis
Opiate Overdose Care	What percentage of patients with suspected opioid overdose received Naloxone	Increase rate in appropriate patients	Definitive care for suspected Opioid Overdose
Review Of Services Provided	What percentages of clinical cases are reviewed for adherence to protocol, guidelines and standard of care?	Increase	Appropriate delivery of care

The provisions of this agreement will be assessed regularly and revised not less than annually or as needed based on results of the clinical findings, system status measurements and state and national recommendations for performance measurements.

This constitutes the entire agreement between the PSAR and the municipality with regard to performance measures of the provision of emergency medical services and supersedes any and all other agreements, verbal or written. Any amendments to this agreement must be done in writing and agreed to by the authorized representatives of both parties.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

By: \_\_\_\_\_

First Selectman  
Town of Springfield

By: \_\_\_\_\_

Chief  
Springfield Volunteer Fire Company

**NOTE: This is a SAMPLE document only. The content has not been vetted by DPH legal counsel. You should consult with your legal counsel regarding any legal document you are developing.**

### **Local EMS Plan Performance Measures Paramedic Level of Service PSAR**

The following performance measure agreement, required pursuant to Section 19a-181b of the Connecticut General Statutes is being entered into between Community Hospital Paramedics (the Paramedic PSAR) and the Town of Springfield.

#### **Minimum response data reporting**

The basic ambulance PSAR shall report activation and response times in the following format and schedule. Each fractile response category may vary +/- 5% for any given reporting period:

**Activation Time** means the measure of time from notification to the PSAR that an emergency exists, to the beginning of the response of PSAR personnel.

Percentage of responses where activation time was:

Less than or equal to two minutes: .....	Standard: 5%
Greater than two minutes but less than or equal to four minutes: .....	Standard: 10%
Greater than four minutes but less than or equal to six minutes: .....	Standard: 70%
Greater than six minutes but less than or equal to eight minutes: .....	Standard: 10%
Greater than eight minutes: .....	Standard: 5%

**Response Time** means the total measure of time from notification to the PSAR that an emergency exists, to arrival at the patient's side, *including the activation time*.

Percentage of responses where the response time was:

Less than or equal to four minute: .....	Standard: 5%
Greater than four minutes but less than or equal to five minutes: .....	Standard: 10%
Greater than five minutes but less than or equal to six minutes: .....	Standard: 70%
Greater than six minutes but less than or equal to seven minutes: .....	Standard: 10%
Greater than seven minutes: .....	Standard: 5%

#### **First call responses:**

PSAR must respond to at least fifty percent or more first call responses in any rolling *three-month* period.

Rolling average - Mo 1: \_\_\_\_%. Mo 2: \_\_\_\_%. Mo 3: \_\_\_\_%. Standard: 50% or greater  
PSAR must respond to at least eighty percent or more first call responses, excluding those responses excused by the municipality in any rolling *twelve-month* review period.

Rolling average - Mo 1: \_\_\_\_%. Mo 2: \_\_\_\_%. Mo 3: \_\_\_\_%. Standard: 80% or greater

**Reporting period:** The PSAR shall submit written reports based on the total EMS responses quarterly to the Office of the First Selectman.

Due: First quarter – April 30, Second quarter – July 31, Third quarter – October 31, Fourth quarter – January 31

The reports shall be generated from data collected from a combination of sources including Springfield Emergency Communications, Inc., EMS Charts, and Firehouse Software. Reported times are not based on hot and/or cold responses, due to the fact that Springfield Emergency Communications, Inc. does not document calls as such.

The PSAR must meet defined response time standards agreed to with the municipality, excluding those responses excused by the municipality under the criteria listed below.

*Delayed response times due to inclement weather*

*Mechanical failure enroute*

*Unsafe scene or difficult scene access*

*Second calls (A call that is received while the department is currently responding to another call)*

The PSAR's failure to respond to a *first call* shall be excused by the municipality.

*Response is halted due to catastrophic weather, in consultation with the First Selectman*

*Mechanical failure of ambulance, provided*

*Second calls (A call that is received while the department is currently responding to another call)*

**Clinical Measures / Patient Outcomes:**

PSAR will generate reports on currently collected e-PCR data points if required to submit data electronically to OEMS.

Reporting period: The PSAR shall submit written reports on currently collected data points quarterly to the Office of the First Selectman. The development of the reporting mechanism for the clinical measurements below will be completed within twelve months of acceptance of this agreement. Subsequent to the development of the reporting mechanism, statistical data will be reported on the following schedule:

Due: First quarter – April 30, Second quarter – July 31, Third quarter – October 31, Fourth quarter – January 31

Performance measures based on [2009 NHTSA EMS Model Performance Measures](#)

Description	Question	Objective	Clinical need addressed
Cardiac Arrest/Chest Pain	Time to initiation of CPR in Cardiac Arrest	Reduce	Survival from Cardiac Arrest
Cardiac Arrest/Chest Pain	What percentage of patients experiencing cardiac arrest experience ROSC prior to transport	Increase Survival Rates	Successful resuscitation from cardiac arrest
Cardiac Arrest/Chest Pain	What percentage of cardiac arrest patients have ROSC at time of ED admission	Increase Survival Rates	Successful resuscitation from cardiac arrest
Cardiac Arrest/Chest Pain	What percentage of patients over the age of 35 with suspected cardiac chest pain received aspirin?	Increase rate in appropriate patients	Definitive care for Cardiac Arrest
Patient Satisfaction With Care	What percentage of patients does your EMS organization survey to measure patient satisfaction?	Increase	Patient satisfaction with care
Pain Assessment	What percentage of patients presenting with signs and symptoms of pain are being assessed for level of pain using a 0-10 scale	Increase	Assessment of Pain

Field Trauma Triage	What percentage of patients who meet the current CT guidelines for field triage criteria for transfer to a trauma center are transported to a trauma center?	Increase rate in appropriate patients	Definitive care for major trauma
Anaphylaxis / Allergy Care	What percentage of patients with suspected anaphylactic reaction received epinephrine	Increase rate in appropriate patients	Definitive care for suspected Anaphylaxis
Opiate Overdose Care	What percentage of patients with suspected opioid overdose received Naloxone	Increase rate in appropriate patients	Definitive care for suspected Opioid Overdose
Review Of Services Provided	What percentages of clinical cases are reviewed for adherence to protocol, guidelines and standard of care?	Increase	Appropriate delivery of care

The provisions of this agreement will be assessed regularly and revised not less than annually or as needed based on results of the clinical findings, system status measurements and state and national recommendations for performance measurements.

This constitutes the entire agreement between the PSAR and the municipality with regard to performance measures of the provision of emergency medical services and supersedes any and all other agreements, verbal or written. Any amendments to this agreement must be done in writing and agreed to by the authorized representatives of both parties.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

By: \_\_\_\_\_

First Selectman  
Town of Springfield

By: \_\_\_\_\_

Chief  
Community Hospital Paramedics EMS Manager

**NOTE: This is a SAMPLE document only. The content has not been vetted by DPH legal counsel. You should consult with your legal counsel regarding any legal document you are developing.**

**Local EMS Plan Performance Measures  
Public Safety Answering Point**

**MEDICAL DISPATCH CENTER PERFORMANCE STANDARDS**

**I. PURPOSE**

The purpose of this document is to establish the minimum standards for the Springfield Emergency Communications, Inc. dispatch center serving the Town of Springfield Emergency Medical Services system.

**II. POLICY**

Only Medical Dispatch Centers designated by the Town of Springfield EMS System may provide emergency medical dispatching for permitted Basic or Advanced Life Support Ambulance providers.

Advanced Medical Priority Dispatch System® (AMPDS) is the designated Emergency Medical Dispatch Priority Reference System authorized for use within the Town of Springfield EMS System.

**III. REQUIREMENTS**

Be designated as a Medical Dispatch Center by demonstrating compliance with applicable State and Federal statutes, codes and regulation through written internal policies and procedures and by allowing announced or unannounced audits and on-site inspections.

Maintain a written agreement with the Springfield Volunteer Fire Company and Community Hospital to provide emergency medical dispatch services.

Have a current Federal Communications Commission (FCC) license.

Have internal policies for the retention of medical dispatch call logs, records, and tapes for a minimum of 180 days, or as required by the Town of Springfield EMS System record retention and destruction policies, whichever is greater.

Every dispatcher must have current certification as an Emergency Medical Dispatcher (EMD).

At least one certified Emergency Medical Dispatcher must be available to perform dispatching at all times.

Have available at all times a Dispatch Supervisor for the Emergency Medical Dispatchers.

Provide a structured training program for dispatchers that minimally include:

- Certifying call taking personnel as Emergency Medical Dispatchers.
- Orientation to the EMS System including any current or updated revisions to applicable EMS Agency policies and procedures.

Medical Dispatch Centers must use the AMPDS Card Set or the Pro QA computerized system. Each on-duty call taker workstation must be provided with an AMPDS Card Set or properly enabled computer terminal for AMPDS.

AMPDS must be used on every request for medical assistance. This includes:

- The standardized caller interrogation and response assignment protocols; and
- Pre-arrival instructions when appropriate for a call.
- Use of AMPDS may be suspended during disaster situations or during periods of unusual extreme call demand. The Medical Dispatch Center must notify the EMS Agency Medical Director of all incidents that trigger suspension of AMPDS. Notification must occur within 1 business day after the suspension.

Have a Quality Improvement program that meets the standards listed in Section IV of this policy.

Provide a dedicated web enabled computer to display EM System on a continuous 24-hour per day basis.

Have designated representative(s) that participate in the relevant EMS Agency committee meetings.

Participate in research studies on prehospital care approved by the Community Hospital EMS Medical Director.

Participate in EMS system-wide disaster training exercises as determined by the EMS Agency.

Maintain a disaster plan that defines medical dispatch center actions to assure continuous operations during a disaster that includes:

- Personnel disaster response roles;
- Call-back procedures for staff;
- Disaster training and exercise plan;
- Coordination with other disaster response agencies; and
- Contingency plans for off-site medical dispatch operations in the event the Medical Dispatch Center is rendered inoperable.

#### **IV. QUALITY IMPROVEMENT PROGRAM REQUIREMENTS**

Appoint at least one quality improvement (QI) coordinator(s) to implement and manage the Medical Dispatch Center's QI program.

Have a QI Plan approved by the Community Hospital EMS Medical Director that describes the following:

- Methods for evaluating dispatch services using objective structure, process, and outcome indicators.

- Identifies the QI feedback methods (e.g. tape review, documentation or training) for individual dispatchers, dispatch management, internal medical dispatch review committees, other EMS providers, and the EMS Agency.
- Internal policy and procedures for submitting QI data reports and Sentinel Event and Exception Reports to the EMS Agency.
- Internal policy and procedure for providing tapes or call logs to the EMS Agency, the Town of Springfield or other external agencies for quality improvement review.

The provisions of this agreement will be assessed regularly and revised not less than annually or as needed based on results of the clinical findings, system status measurements and state and national recommendations for performance measurements.

This constitutes the entire agreement between the PSAR and the municipality with regard to performance measures of the provision of emergency medical services and supersedes any and all other agreements, verbal or written. Any amendments to this agreement must be done in writing and agreed to by the authorized representatives of both parties.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

By: \_\_\_\_\_

First Selectman  
Town of Springfield

By: \_\_\_\_\_

CEO  
Springfield Emergency Communications, Inc.

\*Adaptation of California EMS Authority Publication #132: Emergency Medical Services Dispatch Program Guidelines, March 2003

## Appendices

### **Agreement with the PSAP (CGSS 19a-181b):**

This Agreement is entered into as of the 1 day of September, 2015, by and between the **Town of Springfield**, a municipal corporation organized and existing under the laws of the State of Connecticut (hereinafter called the Town), and the **Springfield Emergency Communications, Inc.**(hereinafter called the Dispatch Center), a corporation organized and existing under the laws of the State of Connecticut, operating as the designated Public Safety Answering Point for the Town of **Springfield**.

### **WITNESSETH**

WHEREAS, Chapter 368d, Section 19a-181b requires each municipality in the State of Connecticut to establish a local emergency medical services plan; and

WHEREAS, the plan shall include a written agreement, between the municipality, its emergency medical services providers, and the public safety answering point; and

WHEREAS, the plan shall include performance standards for each segment of the municipality's emergency medical services system; and

NOW THEREFORE, the parties hereby agree as follows:

1. The Dispatch Center shall provide any and all PSAP services as required pursuant to all applicable State of Connecticut General Statutes and Agency Regulations.
2. The Dispatch Center shall dispatch emergency response units for 911 calls within the Town and shall implement mutual aid procedures as agreed to by the emergency responders as assigned within the Town.
4. Springfield Emergency Communications, Inc. shall provide a policy by which quality assurance is monitored as well as a method of reporting performance to the Town of Springfield. Both the QA policy as well as the reporting methods will be mutually agreed upon by The Town and Springfield Emergency Communications, Inc.
3. The Town agrees to provide compensation to the Dispatch Center in the amount and installments allocated in the Town's budget as approved according to local ordinance and state statute.

### **TERM**

This Agreement shall continue for a period of sixty (60) months from the date of signing. The agreement may be extended by the mutual written consent of both parties.

## **TERMINATION**

Either party may terminate this agreement for cause at any time after providing a minimum of sixty (60) days written notice of its intent to terminate. Cause shall be defined as:

- a) Failure to provide services defined in this agreement
- b) Failure to provide compensation as defined in this agreement

Upon receipt of notice the party receiving notice shall have ten (10) business days to remedy the causative factor(s). If remedied to the satisfaction of both parties as indicated by follow-up written notice, the agreement shall endure. If the causative factor(s) cannot be remedied to both parties satisfaction, the termination date will stand.

## **REPRESENTATIONS**

Each party represents to the other that:

- a) It is in compliance with all federal, state, and local laws in order to allow it to operate as a Public Safety Answering Point or Municipality;
- b) It has corporate authority to enter into this agreement; and
- c) It has disclosed to the other party any material violations of any laws specified in subparagraph (a) that have occurred within the past five (5) years.

## **WAIVER**

No failure or delay by any party in exercising any right, power, or privilege hereunder shall operate as a waiver thereof nor shall any single or partial exercise thereof preclude any other or further exercise thereof or the exercise of any right, power, or privilege. The rights and remedies herein provided shall be accumulative and not exclusive of any rights provided by law.

## **ASSIGNMENT**

The rights and obligations contained herein shall not be assigned by either party without a minimum of sixty (60) days prior written notification and prior approval of the other.

This constitutes the entire agreement between the parties with regard to the provision of emergency medical services and supersedes any and all other agreements, verbal or written. Any amendments to this agreement must be done in writing and agreed to by the authorized representatives of both parties.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

By: \_\_\_\_\_

First Selectman  
Town of Springfield

By: \_\_\_\_\_

President

## **Service Agreements with the First Responder (CGS§ 19a-181b)**

Pursuant to § 7-148(c)(4)(A) of the Connecticut General Statutes, as amended, there is hereby established a Police Department for the Town of Springfield, which shall have all the powers and duties of a municipal police department conferred by state statutes and local ordinances for the purpose of police protection and law enforcement.

The **Springfield Police Department**, a corporation organized and existing under the laws of the State of Connecticut (hereinafter called SPD) is certified to operate at the **First Responder** level of care by the State of Connecticut Department of Public Health pursuant to §CGS 19a-177 and designated as the First Responder (PSAR) within the Town of Springfield pursuant to Connecticut Agency Regulations §19a-179-4.

In cases where a Municipal Department is serving as a PSAR or PSAP it is understood that there may not be a Service Agreement between the Town and its Department. The ordinance that creates the Department should be included in lieu of the Service Agreement. If the ordinance fails to address to the specific functions of the Department then the Standard Operating Procedures defining those functions should also be included.

**NOTE: This is a SAMPLE document only. The content has not been vetted by DPH legal counsel. You should consult with your legal counsel regarding any legal document you are developing.**

### **Service Agreement with the Basic Ambulance (CGS§ 19a-181b)**

This Agreement is entered into as of the **1** day of **September**, 2015, by and between the **Town of Springfield**, a municipal corporation organized and existing under the laws of the State of Connecticut (hereinafter called the Town), and the **Springfield Volunteer Fire Company** a corporation organized and existing under the laws of the State of Connecticut (hereinafter called SVFC) certified to operate at the **Basic Ambulance** level of care by the State of Connecticut Department of Public Health pursuant to §CGS 19a-177 and designated as the Primary Basic Ambulance Responder (PSAR) within the Town of Springfield pursuant to Connecticut Agency Regulations §19a-179-4.

#### **WITNESSETH**

WHEREAS, Chapter 368d, Section 19a-181b requires each municipality in the State of Connecticut to establish a local emergency medical services plan; and

WHEREAS, the plan shall include a written agreement, between the municipality, its emergency medical services providers, and the public safety answering point; and

WHEREAS, the plan shall include performance standards for each segment of the municipality's emergency medical services system; and

WHEREAS, the Town and the SVFC are committed to providing the highest quality emergency medical services to the Town's resident and visitors;

NOW THEREFORE, the parties hereby agree as follows:

1. The SVFC shall provide Ambulance Service to the Town for residents and visitors. All vehicles necessary to carry out such services shall be equipped and staffed pursuant to all applicable State of Connecticut General Statutes and Agency Regulations. The SVFC agrees to follow state, regional, and sponsor hospital guidelines.
2. The SVFC shall be dispatched by the Springfield Emergency Communications Inc., Responding vehicles will be dispatched per the protocol enacted jointly between the Fire Department and the Dispatch Center.
3. If more requests for Basic Ambulance Service are received than the SVFC has resources with which to respond, it is understood that mutual aid resources will be deployed to the Town and that "system overload" will be in effect. During "system overload" it is recognized and agreed that emergency response could be delayed to some 911 callers.
4. The SVFC shall provide stand-by coverage, in cooperation and conjunction with the other emergency service organizations, at public events as requested, or in other situations in which medical emergencies are believed likely to occur.

5. The Town shall provide worker's compensation coverage for all volunteer members of the SVFC through existing Town policies and shall provide evidence of coverage to the Fire Department annually.
6. The Department shall provide the necessary insurance coverage of the type and amounts at a minimum set forth by law. These include, but are not limited to, general liability, vehicle insurance of no less than \$1,000,000 per occurrence, and errors and omissions liability.
7. The Town shall review, endorse, and provide supporting documentation, as appropriate, applications for grants or financial assistance submitted by the SVFC to public or private agencies for the purpose of maintaining or improving emergency services within the Town.
8. The Springfield Volunteer Fire Company shall provide a policy by which quality assurance is monitored as well as a method of reporting performance to the Town of Springfield. Both the QA policy as well as the reporting methods will be mutually agreed upon by The Town and The Springfield Volunteer Fire Company.

## **TERM**

This Agreement shall continue for a period of sixty (60) months from the date of signing. The agreement may be extended by the mutual written consent of both parties.

## **TERMINATION**

Either party may terminate this agreement for any cause at any time after providing a minimum of sixty (60) days written notice of its intent to terminate. Cause shall be defined as, but not limited to:

- a) Failure to provide services defined in this agreement
- b) Failure to provide compensation as defined in this agreement
- c) Failure to provide insurance as defined in this agreement

Upon receipt of notice the party receiving notice shall have ten (10) business days to remedy the causative factor(s). If remedied to the satisfaction of both parties as indicated by follow-up written notice, the agreement shall endure. If the causative factor(s) cannot be remedied to both parties satisfaction, the termination date will stand.

## **REPRESENTATIONS**

Each party represents to the other that:

- a) It is in compliance with all federal, state, and local laws in order to allow it to operate as an ambulance service or municipality;
- b) It has corporate authority to enter into this agreement; and

- c) It has disclosed to the other party any material violations of any laws specified in subparagraph (a) that have occurred within the past five (5) years.

## WAIVER

No failure or delay by any party in exercising any right, power, or privilege hereunder shall operate as a waiver thereof nor shall any single or partial exercise thereof preclude any other or further exercise thereof or the exercise of any right, power, or privilege. The rights and remedies herein provided shall be accumulative and not exclusive of any rights provided by law.

## ASSIGNMENT

The rights and obligations contained herein shall not be assigned by either party without a minimum of sixty (60) days prior written notification and prior approval of the other.

This constitutes the entire agreement between the parties with regard to the provision of emergency medical services and supersedes any and all other agreements, verbal or written. This agreement shall not be viewed as altering or amending any agreement in place for fire control or suppression services. Any amendments to this agreement must be done in writing and agreed to by the authorized representatives of both parties.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Town of Springfield

Springfield Volunteer Fire Company

By:

John Doe, First Selectman

(Original signature not included in electronic format)

By:

Jane Doe., Chief

(Original signature not included in electronic format)

**NOTE: This is a SAMPLE document only. The content has not been vetted by DPH legal counsel. You should consult with your legal counsel regarding any legal document you are developing.**

## **Service Agreements with the Paramedic Providers (CGS§ 19a-181b)**

This Agreement is entered into as of the **1** day of **September**, 2015, by and between the **Town of Springfield**, a municipal corporation organized and existing under the laws of the State of Connecticut (hereinafter called the Town), and the **Community Hospital Paramedics**, a corporation organized and existing under the laws of the State of Connecticut certified to operate at the **Paramedic** level of care by the State of Connecticut Department of Public Health pursuant to §CGS 19a-177 and designated as the Paramedic (PSAR) within the Town of Springfield pursuant to Connecticut Agency Regulations §19a-179-4.

### **WITNESSETH**

WHEREAS, Chapter 368d, Section 19a-181b requires each municipality in the State of Connecticut to establish a local emergency medical services plan; and

WHEREAS, the plan shall include a written agreement, between the municipality, its emergency medical services providers, and the public safety answering point; and

WHEREAS, the plan shall include performance standards for each segment of the municipality's emergency medical services system; and

WHEREAS, the Town and the Community Hospital Paramedics are committed to providing the highest quality emergency medical services to the Town's resident and visitors;

NOW THEREFORE, the parties hereby agree as follows:

1. The Community Hospital Paramedics shall provide Paramedic Service to the Town for residents and visitors. All vehicles necessary to carry out such services shall be equipped and staffed pursuant to all applicable State of Connecticut General Statutes and Agency Regulations. The SPD agrees to follow state, regional, and sponsor hospital guidelines.
2. The Community Hospital Paramedics shall be dispatched by the Springfield Emergency Communications Inc. Responding vehicles will be dispatched per the protocol enacted jointly between the Police Department and the Dispatch Center.
3. If more requests for Advanced Life Support Providers (Paramedic Level) are received than the Community Hospital Paramedics have resources with which to respond, it is understood that mutual aid resources will be deployed to the Town and that "system overload" will be in effect. During "*system overload*" it is recognized and agreed that emergency response could be delayed to some 911 callers.

4. The Community Hospital Paramedics shall provide stand-by coverage, in cooperation and conjunction with the other emergency service organizations, at public events as requested, or in other situations in which medical emergencies are believed likely to occur.
5. The Community Hospital Paramedics shall provide worker's compensation coverage for all members of the Community Hospital Paramedics and shall provide evidence of coverage to the Town annually.
6. The Community Hospital Paramedics shall provide the necessary insurance coverage of the type and amounts at a minimum set forth by law. These include, but are not limited to, general liability, vehicle insurance of no less than \$1,000,000 per occurrence, and errors and omissions liability.
7. The Town shall review, endorse, and provide supporting documentation, as appropriate, applications for grants or financial assistance submitted by the Community Hospital Paramedics to public or private agencies for the purpose of maintaining or improving emergency services within the Town.
8. The Community Hospital Paramedics shall provide a policy by which quality assurance is monitored as well as a method of reporting performance to the Town of Springfield. Both the QA policy as well as the reporting methods will be mutually agreed upon by The Town and Community Hospital Paramedics.

## **TERM**

This Agreement shall continue for a period of sixty (60) months from the date of signing. The agreement may be extended by the mutual written consent of both parties.

## **TERMINATION**

Either party may terminate this agreement for any cause at any time after providing a minimum of sixty (60) days written notice of its intent to terminate. Cause shall be defined as, but not limited to:

- d) Failure to provide services defined in this agreement
- e) Failure to provide compensation as defined in this agreement
- f) Failure to provide insurance as defined in this agreement

Upon receipt of notice the party receiving notice shall have ten (10) business days to remedy the causative factor(s). If remedied to the satisfaction of both parties as indicated by follow-up written notice, the agreement shall endure. If the causative factor(s) cannot be remedied to both parties satisfaction, the termination date will stand.

## **REPRESENTATIONS**

Each party represents to the other that:

- d) It is in compliance with all federal, state, and local laws in order to allow it to operate as an ambulance service or municipality;
- e) It has corporate authority to enter into this agreement; and
- f) It has disclosed to the other party any material violations of any laws specified in subparagraph (a) that have occurred within the past five (5) years.

## WAIVER

No failure or delay by any party in exercising any right, power, or privilege hereunder shall operate as a waiver thereof nor shall any single or partial exercise thereof preclude any other or further exercise thereof or the exercise of any right, power, or privilege. The rights and remedies herein provided shall be accumulative and not exclusive of any rights provided by law.

## ASSIGNMENT

The rights and obligations contained herein shall not be assigned by either party without a minimum of sixty (60) days prior written notification and prior approval of the other.

This constitutes the entire agreement between the parties with regard to the provision of First Responder services and supersedes any and all other agreements, verbal or written. Any amendments to this agreement must be done in writing and agreed to by the authorized representatives of both parties.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Town of Springfield

Community Hospital Paramedics

By:

John Doe, First Selectman

(Original signature not included in electronic format)

By:

John Doe, EMS Manager

(Original signature not included in electronic format)

**NOTE: This is a SAMPLE document only. The content has not been vetted by DPH legal counsel. You should consult with your legal counsel regarding any legal document you are developing.**

## **Springfield Volunteer Fire Company Mutual-Aid Agreements:**

This agreement is entered into between Springfield Volunteer Fire Company and the EMS Services listed on the attached signatures page that executes and adopts the terms and conditions contained herein based on the following facts:

### **Purpose:**

An automatic aid agreement for EMS organizations where one service agrees to respond automatically in return for the other jurisdiction agreeing to respond to another area in return. For assistance when they need additional staffing and equipment to a specific problem at a specific time. This mutual aid can be long or short term, with the latter being the more common. An example of long-term aid would be EMS units being sent to a large incident that goes on for many days. Short term would be an event lasting less than eight (8) hours.

This agreement is only for special occurrences, not to augment normal staffing. Departments must staff for the normal activities during a given time, day, and day of week. (When other than normal situations occur and the staffing levels and\or equipment are no longer sufficient to deal with a specific incident, the requesting service will elicit mutual aid assistance from the other. This assistance is given gratis to the receiving jurisdiction for the duration of the specific incident).

Each service will make every attempt to supply additional staffing and\or equipment when requested. In the event that any party feels that they are being exclusively utilized to augment the services of another without equal retribution, grounds may exist for termination of the mutual aid agreement in accordance with this contract.

WHEREAS, the State of Connecticut is geographically vulnerable to hurricanes, flooding, ice storms and other natural and technologic disasters that could have caused severe disruption of emergency medical services; and

WHEREAS, the Parties to this Agreement recognize that additional human resources and equipment may be needed to mitigate further damage and restore vital services to the citizens of the affected community should such disasters occur; and

WHEREAS, to provide the most effective mutual aid possible, each agency, intends to foster communications between the personnel of the other agencies, exchange of information and development of plans and procedures to implement this Agreement;

NOW, THEREFORE, the Parties agree to agree as follows:

### **SECTION 1. DEFINITIONS**

- A. "AGREEMENT" means the EMS Mutual Aid Agreement.
- B. "REQUESTING PARTY" means the participating EMS entity requesting aid in the event of an emergency. Each service must coordinate requests for state or federal emergency response assistance through its county.

C. "ASSISTING PARTY" means the participating EMS entity furnishing equipment, services and/or human Resources to the requesting Party.

D. "AUTHORIZED REPRESENTATIVE" means an employee of a participating EMS entity or 911 center contracted with the Requesting Party authorized to request, offer or provide assistance under the terms of this Agreement.

E. "AGENCY" means the participating entity.

F. "EMERGENCY" means any occurrence or condition manifesting itself by acute symptoms of such severity (including severe pain) that the absence of immediate medical attention could result in placing the patient's health in jeopardy; cause serious impairment to bodily functions; or cause serious dysfunction of any bodily organ or part.

G. "DISASTER" means any natural, technological, or civil emergency that causes damage of sufficient severity and magnitude to result in a proclamation of a local emergency by a city/county, a declaration of a State of Emergency by the Governor, or a disaster declaration by the President of the United States.

H. "MAJOR DISASTER" means a disaster that will likely to exceed local capabilities and require a broad range of state and federal assistance.

I. "PARTICIPATING AGENCY" – Any service which executes this mutual aid agreement and supplies a completed executed copy to the Agency.

J. "PERIOD OF ASSISTANCE" - the period of time beginning with the departure of any personnel and equipment of the assisting Party from any point for the purpose of traveling to the Requesting Party in order to provide assistance and ending upon the return of all personnel and equipment of the Assisting Party, after providing the assistance requested, to their residence or regular place of work, whichever occurs first. The period of assistance shall not include any portion of the trip to the requesting Party or the return trip from the Requesting Party during which the personnel of the Assisting Party are engaged in a course of conduct not reasonably necessary for their safe arrival at or return from the Requesting Party.

K. "WORK OR WORK-RELATED PERIOD" - any period of time in which either the personnel or equipment of the Assisting Party are being used by the Requesting Party to provide assistance and for which the requesting Party will reimburse the Assisting Party. Specifically included within such period of time are rest breaks when the personnel of the Assisting Party will return to active work within a reasonable time. Specifically excluded from such period of time are breakfast, lunch, and dinner breaks.

Nothing should be derived from the above statement that excludes Assisting Party personnel from being considered "on the job" for purposes of workers' compensation injuries or accidents during these periods.

## **SECTION 2. PROCEDURES**

When a Participating Agency either becomes affected by an emergency, disaster, or major disaster, Participating Agency or its Authorized Representative may request emergency related mutual aid assistance by orally communicating a request for mutual aid assistance to Assisting Party or to the Agency.

Mutual aid shall not be requested by Participating Agency or its Authorized Representative unless resources available within the stricken area are deemed inadequate by that Participating Agency. Municipalities shall coordinate requests for state or federal assistance with their county Emergency Management Agencies. All requests for mutual aid shall be transmitted by the Authorized Representative or the Director of the Local Emergency Management Agency. Request for assistance may be communicated either to the Agency or directly to an Assisting Party.

**A. REQUESTS DIRECTLY TO ASSISTING PARTY:** The Requesting Party may directly contact the Authorized Representative of the Assisting Party and shall provide them with the information in paragraph C below. All communications shall be conducted directly between the Requesting and Assisting Party. Each party shall be responsible for keeping the Agency advised of the status of the response activities. The Agency shall not be responsible for costs associated with such direct requests or assistance unless it so elects. However, the Agency may provide, by rule, for reimbursement of eligible expenses from a Disaster Assistance fund.

**B. REQUESTS ROUTED THROUGH, OR ORIGINATING FROM, THE AGENCY:** The Requesting Party may directly contact the Agency, in which case it shall provide the Agency with the information in paragraph C below. The Agency may then contact other Participating Governments on behalf of the Requesting Party and coordinate the provision of mutual aid. The Agency shall not be responsible for costs associated with such indirect requests for assistance, unless the Agency so indicates in writing at the time it transmits the request to the Assisting Party. In no event shall the Agency be responsible for costs associated with assistance in the absence of appropriated funds. In all cases, the party receiving the mutual aid shall be primarily responsible for the costs incurred by any Assisting Party providing assistance pursuant to the provisions of this Agreement.

**C. REQUIRED INFORMATION:** Each request for assistance shall be accompanied by the following information, to the extent known:

1. A general description of the situation;
2. The amount and type of personnel, equipment, materials, and supplies needed and a reasonable estimate of the length of time they will be needed; a specific place for a representative of the requesting Party to meet the personnel and equipment of any Assisting party. This information may be provided by any available means.

**D. ASSESSMENT OF AVAILABILITY OF RESOURCES AND ABILITY TO RENDER**

**ASSISTANCE;** When contacted by a Requesting Party or the Agency, the Authorized Representatives of any Participating Agency agree to assess their agencies situation to determine available personnel, equipment and other resources. All Participating Agencies shall render assistance to the extent personnel, equipment and resources are available. Each Participating Agency agrees to render assistance in accordance with the terms of this Agreement to the fullest extent possible. When the Authorized Representative determines that his Participating Agency has available personnel, equipment or other resources, they shall so notify the requesting Party or the Agency, whichever communicated the request. The Agency shall, upon response from sufficient Participating Parties to meet the needs of the Requesting Party, notify the authorized representative of the Requesting Party and provide them with the information to the extent known. The Assisting Party shall acknowledge receipt regarding the assistance to be rendered, setting forth the information transmitted in the request, and shall transmit it by the quickest practical means to the Requesting Party or the Agency, as applicable.

**E. SUPERVISION AND CONTROL:** The personnel, equipment and resources of any Assisting Party shall remain under operational control of the Requesting Party for the area in which they are serving. Direct supervision and control of said personnel, equipment and resources shall remain with the designated personnel of the Assisting Party. Representatives of the Requesting Party shall assign work tasks to the personnel of the Assisting Party. The designated personnel of the Assisting Party shall have the responsibility and authority for assigning work and establishing work schedules for the personnel of the Assisting Party, based on task or mission assignments provided by the Requesting Party and the Agency. The designated personnel of the Assisting Party shall: maintain daily personnel time records, material records and a log of equipment hours; be responsible for the operation and maintenance of the equipment and other resources furnished by the Assisting Party; and shall report work progress to the requesting Party. The Assisting Party's personnel and other resources shall remain subject to recall by the Assisting Party at any time, subject to reasonable notice to the Requesting Party and the Agency. At least twenty-four (24) hours advance notification of the intent to terminate mission shall be provided to the Requesting Party, unless such notice is not practicable, in which case such notice as is reasonable shall be provided.

**G. FOOD; HOUSING; SELF-SUFFICIENCY** - Unless specifically instructed otherwise, the Requesting Party shall have the responsibility of providing food and housing for the personnel of the Assisting Party from the time of their arrival at the designated location to the time of their departure. However, Assisting Party personnel and equipment should be, to the greatest extent possible, self-sufficient for operations in areas stricken by emergencies or disasters. The Requesting Party may specify only self-sufficient personnel and resources in its request for assistance.

**H. RIGHTS AND PRIVILEGES** - Whenever the employees of the Assisting Party are rendering outside aid pursuant to this Agreement, such employees shall have the powers, duties, rights, privileges, and immunities, and shall receive the compensation, incidental to their employment.

**I. COMMUNICATIONS:** Unless specifically instructed otherwise, the requesting Party shall, during long term events, have the responsibility for coordinating communications between the personnel of the Assisting Party and the Requesting Party. Assisting Party personnel should be prepared to furnish communications equipment sufficient to maintain communications among their respective operating units.

### **SECTION 3. REIMBURSABLE EXPENSES**

The terms and conditions governing reimbursement for any assistance provided under this Agreement shall be in accordance with the following provisions, unless otherwise agreed upon by the Requesting and Assisting Parties and specified in the written acknowledgment executed in accordance with paragraph 2.D of this Agreement. The Requesting Party shall be ultimately responsible for reimbursement of all eligible expenses. The Assisting Party shall submit reimbursement documentation to the Requesting Party.

**A. PERSONNEL** - During the period of assistance, the Assisting Party shall continue to pay its employees according to its then prevailing ordinances, rules, and regulations. The Requesting party shall reimburse, if reimbursed by the State of Connecticut or the Federal Emergency Management Agency (FEMA), the Assisting Party for all direct and indirect payroll costs and expenses including travel expenses incurred during the period of assistance, including, but not limited to, employee pensions and benefits as provided by Generally Accepted Accounting Principles (GAAP). However, the Requesting Party shall not be responsible for reimbursing any

amounts paid or due as benefits to employees of the Assisting Party due to personal injury or death occurring while such employees are engaged in rendering aid under this agreement. Both the Requesting Party and the Assisting Party shall be responsible for payment of such benefits only to their own employees.

**B. EQUIPMENT** - The Assisting Party shall be reimbursed by the Requesting Party, if reimbursed by the State of Connecticut or the FEMA, for the use of its equipment during the period of assistance according to either a pre-established local or state hourly rate or according to the actual replacement, operation, and maintenance expenses incurred. For those instances in which costs are reimbursed by the FEMA, the eligible direct costs shall be determined in accordance with 44 CFR 206.228. The Assisting Party shall pay, if reimbursed by the State of Connecticut or the FEMA, for all repairs to its equipment as determined necessary by its on-site supervisor(s) to maintain such equipment in safe and operational condition. At the request of the Assisting Party, fuels, miscellaneous supplies, and minor repairs may be provided by the Requesting Party, if practical. The total equipment charges to the requesting Party shall be reduced by the total value of the fuels, supplies, and repairs furnished by the Requesting Party and by the amount of any insurance proceeds received by the Assisting Party.

**C. MATERIALS AND SUPPLIES** - The Assisting Party shall be reimbursed, if the requesting party is reimbursed by the State of Connecticut or the Federal Emergency management Agency, for all materials and supplies furnished by it and used or damaged during the period of assistance, except for the costs of equipment, fuel and maintenance materials, labor and supplies, which shall be included in the equipment rate established in 3.B. above, unless such damage is caused by gross negligence, willful and wanton misconduct, intentional misuse, or recklessness of the Assisting Party's personnel. The Assisting Party's Personnel shall use reasonable care under the circumstances in the operation and control of all materials and supplies used by them during the period of assistance. The measure of reimbursement shall be determined in accordance with 44 CFR 206.228. In the alternative, the Parties may agree that the Requesting Party will replace, with like kind and quality as determined by the Assisting Party, the materials and supplies used or damaged. If such an agreement is made, it shall be reduced to writing and transmitted to the Agency.

**D. RECORD KEEPING** - The Assisting Party shall maintain records and submit invoices for reimbursement by the requesting party or the Agency using format used or required by FEMA publications, including 44 CFR part 13 and applicable Office of Management and Budget Circulars. Requesting Party and Agency finance personnel shall provide information, directions, and assistance for record keeping to Assisting Party personnel.

**E. PAYMENT** - Unless otherwise mutually agreed in the written acknowledgment executed in accordance with paragraph 2.I. or a subsequent written addendum to the acknowledgment, the reimbursable expenses with an itemized Notice as soon as practicable after the expenses are incurred, but not later than sixty (60) days following the period of assistance, unless the deadline for identifying damage is extended in accordance with 44 CFR part 206. The Requesting Party shall pay the bill or advise of any disputed items, not later than sixty (60) days following the billing date. These time frames may be modified by mutual agreement. This shall not preclude an Assisting Party or Requesting Party from assuming or donating, in whole or in part, the costs associated with any loss, damage, expense or use of personnel, equipment and resources provided to a Requesting Party.

F. PATIENT BILLING PRACTICES - The services providing care for patient s outside of their assigned PSA here by agree to honor the current billing practices and contracts within the specified PSA that the service is provided. The Assisting Party will maintain a separate billing system and submit claims for reimbursement for all patients treated by the Assisting Party.

#### **SECTION 4. IMMUNITY**

To the extent permitted by law, the Parties shall not be liable for actions to the extent provided by Section 33-15-21(a). This immunity may be waived by the Parties in a manner provided by law to the extent that adequate insurance coverage is in effect.

#### **SECTION 5. LENGTH OF TIME FOR EMERGENCY**

The duration of such Local emergency declared by the Requesting Party is limited to seven (7) days. It may be extended, if necessary, in seven (7) day increments.

#### **SECTION 6. TERM**

This Agreement shall be in effect for one (3) years from the date hereof and shall automatically be renewed in successive one (3) year terms unless terminated upon sixty (60) days advance written notice by the participating organization. Notice of such termination shall be made in writing and shall be served personally or by registered mail by either party. Notice of termination shall not relieve the withdrawing Party from obligations incurred hereunder prior to the effective date of the withdrawal and shall not be effective until sixty (60) days after notice thereof has been set by any Participating Agency.

#### **SECTION 7. EFFECTIVE DATE OF THIS AGREEMENT**

This Agreement shall be in full force and effect upon approval by the Participating Agency and upon proper execution hereof.

#### **SECTION 8. ANNUAL RENEWAL CYCLE**

This agreement shall be renewed on an annual basis during the second quarter of the calendar year.

#### **SECTION 9. SEVERABILITY; EFFECT ON OTHER AGREEMENTS**

Should any portion, section, or subsection of this Agreement be held to be invalid by a court of competent jurisdiction, that fact shall not affect or invalidate any other portion, section or subsection; and the remaining portions of this Agreement shall remain in full force and affect without regard to the section, portion, or subsection or power invalidated.

*EMS organization: Northfield Volunteer Fire Department*

*Authorized name & Title:*

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*Signature: \_\_\_\_\_ Date: \_\_\_\_\_*

*EMS organization: Eastfield Volunteer Fire Department*

*Authorized name & Title:*

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*Signature: \_\_\_\_\_ Date: \_\_\_\_\_*

*EMS organization: Southfield Volunteer Fire Department*

*Authorized name & Title:*

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*Signature: \_\_\_\_\_ Date: \_\_\_\_\_*

*EMS organization: Westfield Volunteer Fire Department*

*Authorized name & Title:*

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*Signature: \_\_\_\_\_ Date: \_\_\_\_\_*

*EMS organization: Springfield Volunteer Fire Company*

*Authorized name & Title:*

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*Signature: \_\_\_\_\_ Date: \_\_\_\_\_*

**NOTE: This is a SAMPLE document only. The content has not been vetted by DPH legal counsel. You should consult with your legal counsel regarding any legal document you are developing.**

## Springfield Police Department First Responder PSAR Certificate



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

### OFFICE OF EMERGENCY MEDICAL SERVICES

#### PRIMARY SERVICE AREA RESPONDER

In accordance with Section 19a-179-4 of the Regulations for Emergency Medical Services:  
**SPRINGFIELD POLICE DEPARTMENT** is assigned the Primary Service Area Responder at  
the **FIRST RESPONDER** level of emergency care for the geographic area/s as described below:

#### THE BOUNDARIES OF THE TOWN OF SPRINGFIELD

An express condition of licensure or certification as an emergency medical services provider shall be the availability and willingness of the emergency medical service provider to carry out any PSAR assignment made by the OEMS pursuant to this section of these regulations.

This PSAR assignment may be withdrawn when it is determined by the OEMS that it is in the best interest of patient care to do so, or the chief administrative official of the municipality in which the PSA lies can demonstrate to the commissioner that an emergency exists and that the safety, health and welfare of the citizens of the affected area are jeopardized by the performance of the assigned primary service area responder.

Date:

Jewel Mullen, M.D., M.P.H., M.P.A., Commissioner

**Springfield Volunteer Fire Company Basic Ambulance PSAR Certificate**



**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**

**OFFICE OF EMERGENCY MEDICAL SERVICES**  
**PRIMARY SERVICE AREA RESPONDER**

In accordance with Section 19a-179-4 of the Regulations for Emergency Medical Services:  
**SPRINGFIELD VOLUNTEER FIRE COMPANY** is assigned the Primary Service Area  
Responder at the **BASIC AMBULANCE** level of emergency care for the geographic area/s as  
described below:

**THE BOUNDARIES OF THE TOWN OF SPRINGFIELD**

An express condition of licensure or certification as an emergency medical services provider shall be the availability and willingness of the emergency medical service provider to carry out any PSAR assignment made by the OEMS pursuant to this section of these regulations.

This PSAR assignment may be withdrawn when it is determined by the OEMS that it is in the best interest of patient care to do so, or the chief administrative official of the municipality in which the PSA lies can demonstrate to the commissioner that an emergency exists and that the safety, health and welfare of the citizens of the affected area are jeopardized by the performance of the assigned primary service area responder.

Date:

Jewel Mullen, M.D., M.P.H., M.P.A., Commissioner

**Community Hospital Paramedic Service- Paramedic PSAR Certificate**



**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**

**OFFICE OF EMERGENCY MEDICAL SERVICES**  
**PRIMARY SERVICE AREA RESPONDER**

In accordance with Section 19a-179-4 of the Regulations for Emergency Medical Services:  
**COMMUNITY HOSPITAL PARAMEDIC SERVICE** is assigned the Primary Service Area  
Responder at the **MOBILE INTENSIVE CARE-PARAMEDIC** level of emergency care for  
the geographic area/s as described below:

**THE BOUNDARIES OF THE TOWN OF SPRINGFIELD**

An express condition of licensure or certification as an emergency medical services provider shall be the availability and willingness of the emergency medical service provider to carry out any PSAR assignment made by the OEMS pursuant to this section of these regulations.

This PSAR assignment may be withdrawn when it is determined by the OEMS that it is in the best interest of patient care to do so, or the chief administrative official of the municipality in which the PSA lies can demonstrate to the commissioner that an emergency exists and that the safety, health and welfare of the citizens of the affected area are jeopardized by the performance of the assigned primary service area responder.

Date:

Jewel Mullen, M.D., M.P.H., M.P.A., Commissioner

## **Bundle Billing Agreement Between PSARs**

### **Bundle Billing Agreement**

This bundle billing fee agreement is entered into by and between the Springfield Volunteer Fire Company and Community Hospital Paramedics.

Whereas, Springfield Volunteer Fire Company is the PSAR at the Basic Ambulance level of service for the Town of Springfield, CT and;

Whereas Community Hospital Paramedics are the PSAR at the Paramedic level of service for the Town of Springfield, CT and;

Whereas, Springfield Volunteer Fire Company and Community Hospital Paramedics wish to enter into a fee agreement for the provision and payment of paramedic services by Community Hospital Paramedics to Medicare and all other Medicare related programs.

The parties hereto agree as follows

1. Whenever Community Hospital Paramedics provides paramedic intercept services to a patient and said paramedic provides either an advanced life support assessment or treatment en route to a medical facility with the patient in a transport vehicle operated by Springfield Volunteer Fire Company the Southwest Billing Agency will bill:
  - All billable calls involving paramedic assessment or treatment Springfield Volunteer Fire Company will pay Community Hospital Paramedics as set out in paragraph 3 of this agreement.

This agreement only covers the billing of BLS and ALS services when provided as part of an emergency response including both BLS and ALS services. Community Hospital Paramedics and Springfield Volunteer Fire Company agree and authorize that only the Southwest Billing Agency will submit claims for these ALS services.

When service is provided to a patient in a transport vehicle operated by Community Hospital Paramedics, Community Hospital Paramedics will bill all applicable charges as defined by OEMS, to the patient, his or her insurance carrier or other third party payers.

2. Community Hospital Paramedics shall submit claims for all paramedic intercept services performed by Community Hospital Paramedics for Springfield Volunteer Fire Company to all eligible patients. These claims shall be accompanied by a copy of the paramedic patient care report. These patient care reports, which are required by the billing agent for proper claim submission, will be supplied to the billing agent within 30 days from the date of service.

Community Hospital Paramedics will only be paid for calls in which a completed patient care report is supplied within 30 days from the date of service and in which the documentation properly justified the billing at an ALS rate.

Southwest Billing Agency will allow for the re-opening of claims in which insurance information is incomplete or inaccurate upon initial review or submission.

3. Payment.

Springfield Volunteer Fire Company shall pay a fixed fee of \$000.00 per assessment or completed transport. Payment will be made monthly within 60 days of the receipt of the invoice from Community Hospital Paramedics.

Springfield Volunteer Fire Company shall, within 60 days of receipt of any payments, or from the date of first invoice, render payment to Community Hospital Paramedics unless Springfield Volunteer Fire Company notifies Community Hospital Paramedics, in writing, that particular calls are disputed.

Community Hospital Paramedics will not be assessed fees for processing of these transports by Southwest Billing Agency.

4. Amendments. No agreement or understandings varying or extending this agreement shall be binding upon the parties unless it is memorialized in a written amendment signed by an authorized officer or representative of both parties.
5. The term of this agreement shall commence the 1st day of September 2015. This agreement shall continue in effect unless canceled by either party with a minimum of 30 days written notice. The parties agree to meet and review the program annually or as needed.
6. Remedies for Breach. The parties expressly agree that any disputes arising under or pertaining to this agreement shall be settled exclusively through a process of arbitration rather than through court.
7. Force Majeure. The parties shall be excused for the period of any delay in or impossibility of the performance of any obligations hereunder, when prevented from doing so by any cause beyond a party's control, which shall include without limitation: all labor disputes, civil commotion, war, nuclear disturbances, hostilities, sabotage, governmental regulations or controls, fire, accident or other casualty, interruption in the

supply of any utilities or fuel, inability to obtain any material or services, catastrophic software or hardware failure or through acts of God.

8. Independent Relationship. The relationship of the parties is that of independent contractors. Neither party shall be deemed to be the agent, partner nor is fiduciary of the other, and neither authorized to take any action binding upon the other, other than those actions specifically enumerated herein.
9. Confidentiality / Proprietary information. The parties shall not, during the term of this agreement and any extensions thereof, and for a period of five (5) years after the termination of the agreement for any reason disclose to any third parties proprietary information regarding the other party, including but not limited to the other party's fees or rates, business practices or other such information designated by the party as proprietary for purpose of this Paragraph.
10. HIPAA. Effective April 14, 2003, or such other implementation date established by law, the parties shall carry out their obligations under this Agreement in compliance with the privacy regulations published at 65 Federal Register 82462 (December 28, 2000) (the "Privacy Regulations"), as may be amended from time to time, pursuant to Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of 1996, Subtitle F – Administrative Simplification, Sections 261, et seq., as amended ("HIPPA"), to protect the privacy of any personally identifiable, protected health information("PHI") that is hereunder. In conformity therewith, Springfield Volunteer Fire Company agrees that it will:
  - a. Not use or further disclose PHI except: (i) as permitted under this Agreement (that is, for the billing of accounts to patients, guarantors, insurers, carriers or other responsible parties; the issuance of reports to Community Hospital Paramedics pertaining to same; and related administrative functions pertaining to these activities); (ii) as required by law;
  - b. Use appropriate safeguards to prevent use or disclosure of PHI except as permitted by this agreement;
  - c. Report to Community Hospital Paramedics any use or disclosure of PHI not provided for by this Agreement of which Springfield Volunteer Fire Company becomes aware;

- d. Ensure that any agents or subcontractors to whom Springfield Volunteer Fire Company provides PHI, or who have access to PHI, agree to the same restrictions and conditions that apply to Springfield Volunteer Fire Company with respect to such PHI;
  - e. Make PHI available to the individual who has the right of access as required under HIPAA;
  - f. Make available for amendment and incorporate any amendments to PHI when notified to do so by Community Hospital Paramedics;
  - g. Make available to Community Hospital Paramedics the information required to provide an accounting of the disclosures of which PHI made by Springfield Volunteer Fire Company on Community Hospital Paramedics behalf, provided such disclosures are of the type for which an accounting must be made under the Privacy Regulations;
  - h. Make its internal practices, books and records relating to the use and disclosure of PHI available to the Secretary of the Department of Health and Human Services for purposes of determining Community Hospital Paramedics compliance with HIPAA and the Privacy Regulations; and at the termination of this Agreement, return or destroy all PHI received from, or created or received by Springfield Volunteer Fire Company on behalf of Community Hospital Paramedics. In the event the return or destruction of such PHI is infeasible, Springfield Volunteer Fire Company obligations under this section shall continue in force and effect so long as Springfield Volunteer Fire Company possesses any PHI, notwithstanding the termination of this Agreement for any reason.
11. Construction. This Agreement is subject to applicable state and federal laws and regulations and shall be construed so as to be consistent with the parties' obligations there under. In the event that any provision hereof is adjudged to any extent to be invalid, illegal or unenforceable, such invalidity, illegality or unenforceability shall not affect any other provision hereof.
12. Regulatory Changes. The parties recognize that this Agreement is at all times subject to applicable state, local and federal laws and shall be construed accordingly. The parties further recognize that this Agreement may become subject to or be affected by amendments in such laws and regulations or to new legislation or regulations. Any provisions of law that invalidate, or are otherwise inconsistent with, the material terms

and conditions of this agreement, or that would cause one or both of the parties hereto to be in violation of law, shall be deemed to have superseded the terms of this agreement and, in such event, the parties agree to utilize their best efforts to modify the terms and conditions of this agreement to be consistent with the requirements of such law(s) in order to effectuate the purpose and intent of this agreement. In the event that any such laws or regulations affecting the Agreement are enacted, amended or promulgated, either party may propose to the other a written amendment to this agreement to be consistent with the provisions of such laws or regulations. In the event that the parties do not agree on such written amendments within thirty (30) days of receipt of the proposed written amendments, then either party may terminate this Agreement without further notice, unless this Agreement would expire earlier by its terms. In the event that any laws or regulations would make such amendment impossible or futile and render performance by either party illegal or impossible for any reason, either party may terminate the Agreement as of the effective date of such laws or regulations.

Should a change in insurance, Medicare, Medicaid or EMS policies/regulations regarding paramedic intercept service and/or the payment practices for same be allowed or promulgated, a review of this Agreement will be conducted and alterations of this Agreement will be discussed.

13. 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 fair market value for the services provided and are in compliance with the Anti-Kickback statute, 42 U.S.C. 1320a-7b(b).
14. Limitation of Liability. Notwithstanding any other provision of this agreement or any policy or protocol of Transport Agency or any Dispatch Agency, Community Hospital Paramedic's obligations hereunder shall be subject to the availability of qualified paramedic personnel, supplies and transportation as determined by Community Hospital Paramedics in its sole discretion in light of other actual and anticipated needs for its services. In the event Community Hospital Paramedics determines that it lacks qualified paramedic personnel or transportation to deliver such personnel to the scene of an incident, or lacks supplies required for Paramedic Intercept Services, it shall have no responsibility to liability to Transport Agency, the patient or any third party, and Transport Agency shall indemnify and hold Community Hospital Paramedics harmless from and against any claim or expense, including reasonable attorneys' fees, arising

from any failure by Community Hospital Paramedics to render Paramedic Intercept Services for any reason.

Entire Agreement. This agreement constitutes the sole and only agreement of the parties regarding its subject matter and supersedes any prior understandings or written or oral agreements between the parties respecting this subject matter. Neither party has received or relied upon any written or oral representations to induce it to enter into this Agreement except that each party has relied only on any written representations contained herein.

IN WITNESS WHEREOF, and intending to be legally bound, the parties have executed this Agreement on the date first written.

**Dated in SPRINGFIELD, Connecticut the 1st day of September, 2015**

Springfield Volunteer Fire Company

Community Hospital Paramedics

*Jane Doe*

Signature

Jane Doe

Print

Its Duly Authorized Agent

*John Doe*

Signature

John Doe

Print

Its Duly Authorized Agent

**NOTE: This is a SAMPLE document only. The content has not been vetted by DPH legal counsel. You should consult with your legal counsel regarding any legal document you are developing.**

## **Service Agreement with Billing Agency**

### **Billing Service Agreement**

This Agreement, effective September 1, 2015, is made between Southwest Billing Agency and the Springfield Volunteer Fire Company for setting forth the terms and conditions under which Southwest Billing Agency will perform billing and collection services for professional services rendered. It will remain in force through September 1, 2016 at which time the Agreement will automatically renew for consecutive twelve month periods. This Agreement may be canceled by either party for just and reasonable cause with 30-day notice in writing to the other.

#### **RESPONSIBILITIES OF SOUTHWESTBILLING AGENCY**

Southwest Billing Agency will provide the following:

Input of all data from EMS Charts into the Medical Manager System paperless billing. EMS Charts will be checked daily for completed (advanced for billing) transport forms.

Electronic claims submission to insurance carriers within three (3) days of date of service, as advanced through EMS Charts. Paper billing to all other carriers.

Tracking of bundle billing accounts, with monthly reporting of ALS payments due.

Generation and mailing of patient statements for four (4) months, with proper dunning messages, as desired by Springfield Volunteer Fire Company.

Transfer of delinquent accounts to outside collection agency designated by Springfield Volunteer Fire Company once deemed delinquent at 120 days, if so desired by Springfield Volunteer Fire Company.

Collection and posting of all receivables within three (3) days of receipt, with weekly deposits into designated Springfield Volunteer Fire Company bank account.

Customer services support to Springfield Volunteer Fire Company, third party payers, and patients from 8:00 a.m. to 4:00 p.m., Monday through Friday.

Southwest Billing Agency assumes all labor, telephone, paper and postage charges as directly related to the above responsibilities.

Generation of month end reports within five (5) business days of each calendar month end/quarter end/year end close.

Southwest Billing Agency will provide up to two (2) staff training sessions per year upon request by Springfield Volunteer Fire Company to inform staff of current documentation requirements and related reimbursement.

Southwest Billing Agency will make every effort to obtain necessary patient signatures as required by law whenever a patient was unable to sign at the time of services.

#### **RESPONSIBILITIES OF SPRINGFIELD VOLUNTEER FIRE COMPANY**

Provide Southwest Billing Agency with all applicable provider numbers, third party fee schedules for reimbursement (if available), and OEMS rate schedule.

Provide Southwest Billing Agency with associated Paramedic bundle bill agreement(s), and any updates as amended.

Notification of level of call, mileage and proper patient demographic information at the time of the transport. All reasonable efforts to secure the patient and/or responsible party signature and demographic information are the responsibility of Springfield Volunteer Fire Company.

Notification of any/all patient and insurance payments received weekly at Springfield Volunteer Fire Company.

Notification of nature of call, signs and symptoms (reason for 911 call), and billing provider name to be included directly on the billing form.

Monthly fees to be promptly paid to Southwest Billing Agency within fifteen (15) calendar days of the calendar month end.

#### **COMPENSATION**

Springfield Volunteer Fire Company will pay Southwest Billing Agency a 7 $\frac{1}{2}$  (seven and one half percent) commission on all cash collected by Southwest Billing Agency, payments received by client, excluding any collection agency payments received. Southwest Billing Agency will credit Springfield Volunteer Fire Company 7 $\frac{1}{2}$  (seven and one half percent) of the ALS portion paid to the Community Hospital Paramedics.

#### **CONFIDENTIALITY**

Southwest Billing Agency and Springfield Volunteer Fire Company acknowledge that all materials and information which have or will come into our possession or knowledge in connection with this Agreement, or the performance hereto, including all documents, reports, and material developed during the term of this Agreement, are deemed to be confidential information, which disclosure to or use by unauthorized parties could be damaging. Therefore, Southwest Billing Agency and Springfield Volunteer Fire Company agree to hold such material

and information in the strictest confidence and not to make use therefore other than for performance of this Agreement, except as specifically agreed upon in this or other Agreements between or among the parties. Southwest Billing Agency and Springfield Volunteer Fire Company will use our best efforts to prevent the disclosure of such information to any unauthorized party. It is expressly understood that the obligation referred to in this paragraph is a continuing obligation and that it extends beyond the terms of the Agreement.

### CONNECTICUT CONTRACT

This Agreement shall be governed by and construed in accordance with the laws of the State of Connecticut.

### ASSIGNMENT

This Agreement may not be assigned by either party without the prior written consent of the other party. However, subject to the limitation on assignment, this Agreement shall extend to and be equally binding upon the successors and assigns of each party.

### INDEPENDENT CONTRACTOR

For purposes of this Agreement Southwest Billing Agency and Springfield Volunteer Fire Company are and will act at all times as independent contractors. Nothing contained in this Agreement establishes or constitutes or will be construed as establishing or constituting a partnership or agency or employment agreement between Southwest Billing Agency and Springfield Volunteer Fire Company. Nor does this Agreement establish or constitute a joint venture between Southwest Billing Agency and Springfield Volunteer Fire Company. Each party is responsible for its own acts/omissions and is not responsible for the act/omission of the other party.

### INTEGRATED AGREEMENT

This Agreement shall be the complete and total understanding of the parties and shall not be amended except in writing executed by both parties hereto.

### NOTICES

Any notices required to be given pursuant to the terms and provisions hereof shall be in writing and shall be sent certified or registered mail to Southwest Billing Agency at:

Southwest Billing Agency  
19 Route 1  
Westfield, CT 06000

ATTENTION: Jane Doe, Manager

And to

Springfield Volunteer Fire Company  
25 Old Norton Road  
Springfield, CT 06000

ATTENTION: Jane Doe, Chief

IN WITNESS THEREOF, the parties have executed this Agreement the date and year first written above.

**Dated in SPRINGFIELD, Connecticut the 1st day of September, 2015**

Springfield Volunteer Fire Company

Community Hospital Paramedics

*Jane Doe*

Signature

Jane Doe

Print

Its Duly Authorized Agent

*John Doe*

Signature

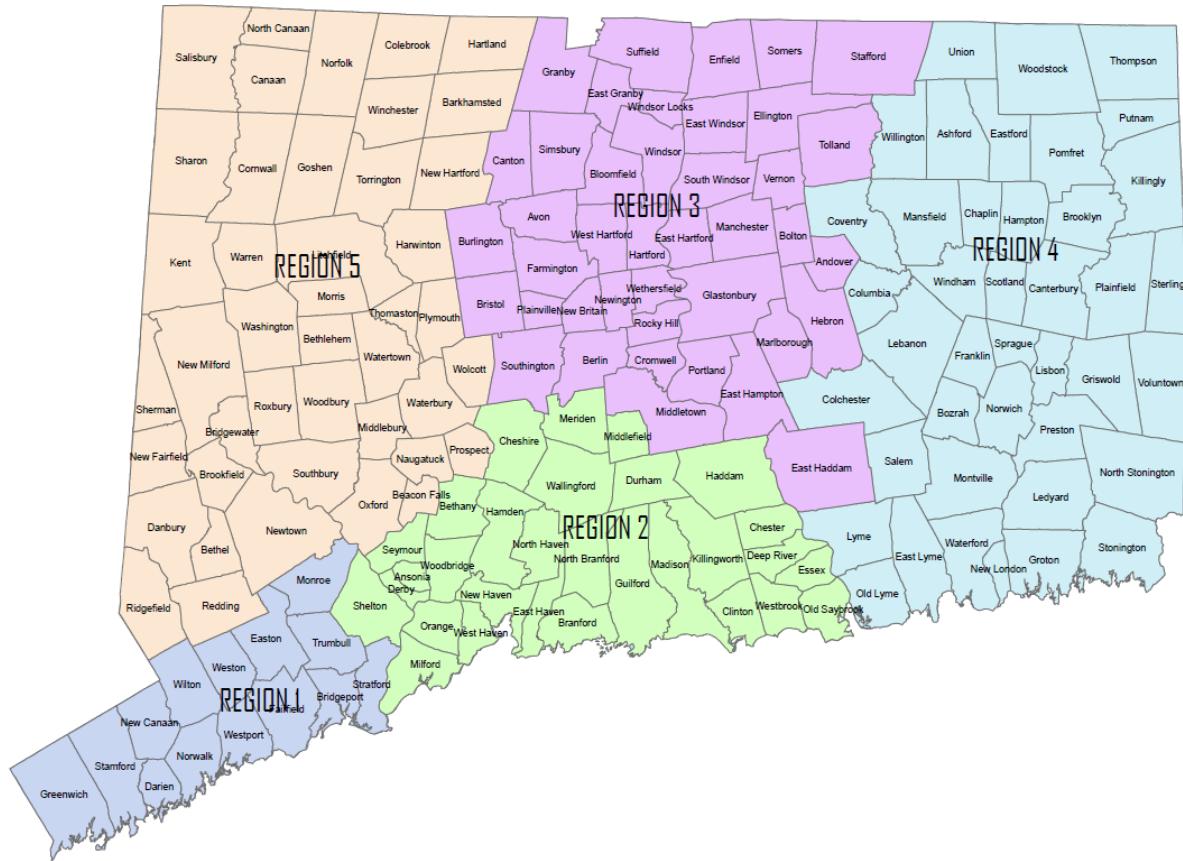
John Doe

Print

Its Duly Authorized Agent

**NOTE: This is a SAMPLE document only. The content has not been vetted by DPH legal counsel. You should consult with your legal counsel regarding any legal document you are developing.**

## Map of the Town of Springfield



## **Town of Springfield CERC Town Profile 2014**

**Individual town profiles can be found at:**

**<https://www.cerc.com/TownProfiles/>**

**Memorandum of Designation as a Heart Safe Community**



**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**

December 1, 2012

The Honorable John Doe  
First Selectman  
Town of Springfield  
127 Norton Ave  
Springfield, CT 06000

Dear First Selectman Doe:

On behalf of the Connecticut Department of Public Health and the American Heart Association, congratulations to your community for having met the requirements of a designated HEARTSafe community.

This three-year designation recognizes your commitment to provide improved cardiac response and care to the residents of your community utilizing the "Chain of Survival" of early 9-1-1 access, cardiopulmonary resuscitation, defibrillation and advanced care. We commend you on your efforts to save lives and improve the health of your community.

Sincerely,  
Mullen, MJD., MJP.H, MJP .A.  
Commissioner  
Cc; John Doe, Firefighter/EMT, Springfield Volunteer Fire Company

## **PSAP Policy and Procedures**

### **Automatic Paramedic Dispatch Protocols**

The following dispatch criteria are utilized by the PSAP for the automatic dispatch of paramedics:

#### **MINIMUM CRITERIA FOR ACTIVATING PARAMEDIC RESPONSES**

1. Abdominal or Back Pain: If associated with chest pain or decreased level of consciousness.
2. Allergic Reactions: If associated with sudden onset of respiratory distress, throat swelling, and/or hives.
3. Burns: If over 15% of total body surface, burns involving the face, electrical, or a question of victims trapped in a structure.
4. Carbon Monoxide or other Chemical Inhalation or Exposure: If associated with respiratory distress or decreased LOC.
5. Cardiac or Respiratory Arrest: All.
6. Chest Pain: If a patient is over 30 or if associated with faintness or respiratory distress.
7. Childbirth: If contractions are less than 5 minutes apart or if the patient has the urge to push.
8. Diabetic Problems: If associated with changes in levels of consciousness.
9. Breathing Difficulties: All.
10. Environmental Emergencies: Hypothermia, drowning, or lightening injuries.
11. Bleeding: If uncontrolled or associated with decreased level of consciousness.
12. Overdose, Poisoning: If associated with decreased level of consciousness.

Note: The preceding dispatch criteria are the dispatch criteria for all paramedic level responses within the Town of Springfield.

**NOTE: This is a SAMPLE document only. The content has not been vetted by DPH legal counsel. You should consult with your legal counsel regarding any legal document you are developing.**

**Sponsor Hospital Medical Oversight Policy for Public Safety Answering Point (PSAP)**

**Insert Document**

**Sponsor Hospital Medical Oversight Policy for First Responder Level of Service**

**Insert Document**

**Sponsor Hospital Medical Oversight Policy for Basic Ambulance Level of Service**

**Insert Document**

**Sponsor Hospital Medical Oversight Policy for Paramedic Level of Service**

**Insert Document**