

GENERAL TERMS AND CONDITIONS:

- 1. CONTRACTUAL AGREEMENT:** Issuance of a Award Document signed by the Purchasing Division Director, or his designee, and approved as to form by the Attorney General's office constitutes acceptance of this Contract made by and between the State of West Virginia and the Vendor. Vendor's signature on its bid signifies Vendor's agreement to be bound by and accept the terms and conditions contained in this Contract.
- 2. DEFINITIONS:** As used in this Solicitation/Contract, the following terms shall have the meanings attributed to them below. Additional definitions may be found in the specifications included with this Solicitation/Contract.
 - 2.1. "Agency" or "Agencies"** means the agency, board, commission, or other entity of the State of West Virginia that is identified on the first page of the Solicitation or any other public entity seeking to procure goods or services under this Contract.
 - 2.2. "Bid" or "Proposal"** means the vendors submitted response to this solicitation.
 - 2.3. "Contract"** means the binding agreement that is entered into between the State and the Vendor to provide the goods or services requested in the Solicitation.
 - 2.4. "Director"** means the Director of the West Virginia Department of Administration, Purchasing Division.
 - 2.5. "Purchasing Division"** means the West Virginia Department of Administration, Purchasing Division.
 - 2.6. "Award Document"** means the document signed by the Agency and the Purchasing Division, and approved as to form by the Attorney General, that identifies the Vendor as the contract holder.
 - 2.7. "Solicitation"** means the official notice of an opportunity to supply the State with goods or services that is published by the Purchasing Division.
 - 2.8. "State"** means the State of West Virginia and/or any of its agencies, commissions, boards, etc. as context requires.
 - 2.9. "Vendor" or "Vendors"** means any entity submitting a bid in response to the Solicitation, the entity that has been selected as the lowest responsible bidder, or the entity that has been awarded the Contract as context requires.

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WV Purchasing Division

3. CONTRACT TERM; RENEWAL; EXTENSION: The term of this Contract shall be determined in accordance with the category that has been identified as applicable to this Contract below:

Term Contract

Initial Contract Term: This Contract becomes effective on award _____ and extends for a period of one (1) year(s).

Renewal Term: This Contract may be renewed upon the mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). Any request for renewal should be submitted to the Purchasing Division thirty (30) days prior to the expiration date of the initial contract term or appropriate renewal term. A Contract renewal shall be in accordance with the terms and conditions of the original contract. Renewal of this Contract is limited to three (3) successive one (1) year periods or multiple renewal periods of less than one year, provided that the multiple renewal periods do not exceed 36 months in total. Automatic renewal of this Contract is prohibited. Notwithstanding the foregoing, Purchasing Division approval is not required on agency delegated or exempt purchases. Attorney General approval may be required for vendor terms and conditions.

Delivery Order Limitations: In the event that this contract permits delivery orders, a delivery order may only be issued during the time this Contract is in effect. Any delivery order issued within one year of the expiration of this Contract shall be effective for one year from the date the delivery order is issued. No delivery order may be extended beyond one year after this Contract has expired.

Fixed Period Contract: This Contract becomes effective upon Vendor's receipt of the notice to proceed and must be completed within _____ days.

Fixed Period Contract with Renewals: This Contract becomes effective upon Vendor's receipt of the notice to proceed and part of the Contract more fully described in the attached specifications must be completed within _____ days.

Upon completion, the vendor agrees that maintenance, monitoring, or warranty services will be provided for one year thereafter with an additional _____ successive one year renewal periods or multiple renewal periods of less than one year provided that the multiple renewal periods do not exceed _____ months in total. Automatic renewal of this Contract is prohibited.

One Time Purchase: The term of this Contract shall run from the issuance of the Award Document until all of the goods contracted for have been delivered, but in no event will this Contract extend for more than one fiscal year.

Other: See attached.

LABOR/MATERIAL PAYMENT BOND: The apparent successful Vendor shall provide a labor/material payment bond in the amount of 100% of the Contract value. The labor/material payment bond must be delivered to the Purchasing Division prior to Contract award. In lieu of the Bid Bond, Performance Bond, and Labor/Material Payment Bond, the Vendor may provide certified checks, cashier's checks, or irrevocable letters of credit. Any certified check, cashier's check, or irrevocable letter of credit provided in lieu of a bond must be of the same amount and delivered on the same schedule as the bond it replaces. A letter of credit submitted in lieu of a performance and labor/material payment bond will only be allowed for projects under \$100,000. Personal or business checks are not acceptable.

MAINTENANCE BOND: The apparent successful Vendor shall provide a two (2) year maintenance bond covering the roofing system. The maintenance bond must be issued and delivered to the Purchasing Division prior to Contract award.

INSURANCE: The apparent successful Vendor shall furnish proof of the following insurance prior to Contract award and shall list the state as a certificate holder:

Commercial General Liability Insurance: In the amount of \$1,000,000.00 or more. *THE ATTACHED CERTIFICATE, PROVIDED TO VENDOR BY THE STATE OF NORTH CAROLINA, SHALL BE DEEMED SUFFICIENT FOR THIS REQUIREMENT.*

Builders Risk Insurance: In an amount equal to 100% of the amount of the Contract.

The apparent successful Vendor shall also furnish proof of any additional insurance requirements contained in the specifications prior to Contract award regardless of whether or not that insurance requirement is listed above.

LICENSE(S) / CERTIFICATIONS / PERMITS: In addition to anything required under the Section entitled Licensing, of the General Terms and Conditions, the apparent successful Vendor shall furnish proof of the following licenses, certifications, and/or permits prior to Contract award, in a form acceptable to the Purchasing Division.

The apparent successful Vendor shall also furnish proof of any additional licenses or certifications contained in the specifications prior to Contract award regardless of whether or not that requirement is listed above.

8. WORKERS' COMPENSATION INSURANCE: The apparent successful Vendor shall comply with laws relating to workers compensation, shall maintain workers' compensation insurance when required, and shall furnish proof of workers' compensation insurance upon request.

9. LITIGATION BOND: The Director reserves the right to require any Vendor that files a protest of an award to submit a litigation bond in the amount equal to one percent of the lowest bid submitted or \$5,000, whichever is greater. The entire amount of the bond shall be forfeited if the hearing officer determines that the protest was filed for frivolous or improper purpose, including but not limited to, the purpose of harassing, causing unnecessary delay, or needless expense for the Agency. All litigation bonds shall be made payable to the Purchasing Division. In lieu of a bond, the protester may submit a cashier's check or certified check payable to the Purchasing Division. Cashier's or certified checks will be deposited with and held by the State Treasurer's office. If it is determined that the protest has not been filed for frivolous or improper purpose, the bond or deposit shall be returned in its entirety.

10. LIQUIDATED DAMAGES: Vendor shall pay liquidated damages in the amount of

N/A

for

This clause shall in no way be considered exclusive and shall not limit the State or Agency's right to pursue any other available remedy.

11. ACCEPTANCE: Vendor's signature on its bid, or on the certification and signature page, constitutes an offer to the State that cannot be unilaterally withdrawn, signifies that the product or service proposed by vendor meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise indicated, and signifies acceptance of the terms and conditions contained in the Solicitation unless otherwise indicated.

12. PRICING: The pricing set forth herein is firm for the life of the Contract, unless specified elsewhere within this Solicitation/Contract by the State. A Vendor's inclusion of price adjustment provisions in its bid, without an express authorization from the State in the Solicitation to do so, may result in bid disqualification.

13. PAYMENT: Payment in advance is prohibited under this Contract. Payment may only be made after the delivery and acceptance of goods or services. The Vendor shall submit invoices, in arrears.

14. PURCHASING CARD ACCEPTANCE: The State of West Virginia currently utilizes a Purchasing Card program, administered under contract by a banking institution, to process payment for goods and services. The Vendor must accept the State of West Virginia's Purchasing Card for payment of all orders under this Contract unless the box below is checked.

Vendor is not required to accept the State of West Virginia's Purchasing Card as payment for all goods and services.

15. TAXES: The Vendor shall pay any applicable sales, use, personal property or any other taxes arising out of this Contract and the transactions contemplated thereby. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.

16. ADDITIONAL FEES: Vendor is not permitted to charge additional fees or assess additional charges that were not either expressly provided for in the solicitation published by the State of West Virginia or included in the unit price or lump sum bid amount that Vendor is required by the solicitation to provide. Including such fees or charges as notes to the solicitation may result in rejection of vendor's bid. Requesting such fees or charges be paid after the contract has been awarded may result in cancellation of the contract.

17. FUNDING: This Contract shall continue for the term stated herein, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise made available, this Contract becomes void and of no effect beginning on July 1 of the fiscal year for which funding has not been appropriated or otherwise made available.

18. CANCELLATION: The Purchasing Division Director reserves the right to cancel this Contract immediately upon written notice to the vendor if the materials or workmanship supplied do not conform to the specifications contained in the Contract. The Purchasing Division Director may also cancel any purchase or Contract upon 30 days written notice to the Vendor in accordance with West Virginia Code of State Rules § 148-1-6.1.e.

19. TIME: Time is of the essence with regard to all matters of time and performance in this Contract.

~~20. APPLICABLE LAW: This Contract is governed by and interpreted under West Virginia law without giving effect to its choice of law principles. Any information provided in specification manuals, or any other source, verbal or written, which contradicts or violates the West Virginia Constitution, West Virginia Code or West Virginia Code of State Rules is void and of no effect.~~ *RESERVED*

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21. COMPLIANCE: Vendor shall comply with all applicable federal, state, and local laws, regulations and ordinances. By submitting a bid, Vendor acknowledges that it has reviewed, understands, and will comply with all applicable laws, regulations, and ordinances.

22. ARBITRATION: Any references made to arbitration contained in this Contract, Vendor's bid, or in any American Institute of Architects documents pertaining to this Contract are hereby deleted, void, and of no effect.

23. MODIFICATIONS: This writing is the parties' final expression of intent. Notwithstanding anything contained in this Contract to the contrary no modification of this Contract shall be binding without mutual written consent of the Agency, and the Vendor, with approval of the Purchasing Division and the Attorney General's office (Attorney General approval is as to form only). Any change to existing contracts that adds work or changes contract cost, and were not included in the original contract, must be approved by the Purchasing Division and the Attorney General's Office (as to form) prior to the implementation of the change or commencement of work affected by the change.

24. WAIVER: The failure of either party to insist upon a strict performance of any of the terms or provision of this Contract, or to exercise any option, right, or remedy herein contained, shall not be construed as a waiver or a relinquishment for the future of such term, provision, option, right, or remedy, but the same shall continue in full force and effect. Any waiver must be expressly stated in writing and signed by the waiving party.

25. SUBSEQUENT FORMS: The terms and conditions contained in this Contract shall supersede any and all subsequent terms and conditions which may appear on any form documents submitted by Vendor to the Agency or Purchasing Division such as price lists, order forms, invoices, sales agreements, or maintenance agreements, and includes internet websites or other electronic documents. Acceptance or use of Vendor's forms does not constitute acceptance of the terms and conditions contained thereon.

26. ASSIGNMENT: Neither this Contract nor any monies due, or to become due hereunder, may be assigned by the Vendor without the express written consent of the Agency, the Purchasing Division, the Attorney General's office (as to form only), and any other government agency or office that may be required to approve such assignments. Notwithstanding the foregoing, Purchasing Division approval may or may not be required on certain agency delegated or exempt purchases.

27. WARRANTY: The Vendor expressly warrants that the goods and/or services covered by this Contract will: (a) conform to the specifications, drawings, samples, or other description furnished or specified by the Agency; (b) be merchantable and fit for the purpose intended; and (c) be free from defect in material and workmanship.

28. STATE EMPLOYEES: State employees are not permitted to utilize this Contract for personal use and the Vendor is prohibited from permitting or facilitating the same.

29. BANKRUPTCY: In the event the Vendor files for bankruptcy protection, the State of West Virginia may deem this Contract null and void, and terminate this Contract without notice.

30. PRIVACY, SECURITY, AND CONFIDENTIALITY: The Vendor agrees that it will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the Agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the Agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/default.htm>.

31. YOUR SUBMISSION IS A PUBLIC DOCUMENT: Vendor's entire response to the Solicitation and the resulting Contract are public documents. As public documents, they will be disclosed to the public following the bid/proposal opening or award of the contract, as required by the competitive bidding laws of West Virginia Code §§ 5A-3-1 et seq., 5-22-1 et seq., and 5G-1-1 et seq. and the Freedom of Information Act West Virginia Code §§ 29B-1-1 et seq.

DO NOT SUBMIT MATERIAL YOU CONSIDER TO BE CONFIDENTIAL, A TRADE SECRET, OR OTHERWISE NOT SUBJECT TO PUBLIC DISCLOSURE.

Submission of any bid, proposal, or other document to the Purchasing Division constitutes your explicit consent to the subsequent public disclosure of the bid, proposal, or document. The Purchasing Division will disclose any document labeled "confidential," "proprietary," "trade secret," "private," or labeled with any other claim against public disclosure of the documents, to include any "trade secrets" as defined by West Virginia Code § 47-22-1 et seq. All submissions are subject to public disclosure without notice.

32. LICENSING: In accordance with West Virginia Code of State Rules § 148-1-6.1.e, Vendor must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, West Virginia Insurance Commission, or any other state agency or political subdivision. Upon request, the Vendor must provide all necessary releases to obtain information to enable the Purchasing Division Director or the Agency to verify that the Vendor is licensed and in good standing with the above entities.

33. ANTITRUST: In submitting a bid to, signing a contract with, or accepting a Award Document from any agency of the State of West Virginia, the Vendor agrees to convey, sell, assign, or transfer to the State of West Virginia all rights, title, and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to Vendor.

34. VENDOR CERTIFICATIONS: By signing its bid or entering into this Contract, Vendor certifies (1) that its bid or offer was made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, person or entity submitting a bid or offer for the same material, supplies, equipment or services; (2) that its bid or offer is in all respects fair and without collusion or fraud; (3) that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; and (4) that it has reviewed this Solicitation in its entirety; understands the requirements, terms and conditions, and other information contained herein.

Vendor's signature on its bid or offer also affirms that neither it nor its representatives have any interest, nor shall acquire any interest, direct or indirect, which would compromise the performance of its services hereunder. Any such interests shall be promptly presented in detail to the Agency. The individual signing this bid or offer on behalf of Vendor certifies that he or she is authorized by the Vendor to execute this bid or offer or any documents related thereto on Vendor's behalf; that he or she is authorized to bind the Vendor in a contractual relationship; and that, to the best of his or her knowledge, the Vendor has properly registered with any State agency that may require registration.

35. VENDOR RELATIONSHIP: The relationship of the Vendor to the State shall be that of an independent contractor and no principal-agent relationship or employer-employee relationship is contemplated or created by this Contract. The Vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents. Vendor shall be responsible for selecting, supervising, and compensating any and all individuals employed pursuant to the terms of this Solicitation and resulting contract. Neither the Vendor, nor any employees or subcontractors of the Vendor, shall be deemed to be employees of the State for any purpose whatsoever. Vendor shall be exclusively responsible for payment of employees and contractors for all wages and salaries, taxes, withholding payments, penalties, fees, fringe benefits, professional liability insurance premiums, contributions to insurance and pension, or other deferred compensation plans, including but not limited to, Workers' Compensation and Social Security obligations, licensing fees, etc. and the filing of all necessary documents, forms, and returns pertinent to all of the foregoing.

Vendor shall hold harmless the State, and shall provide the State and Agency with a defense against any and all claims including, but not limited to, the foregoing payments, withholdings, contributions, taxes, Social Security taxes, and employer income tax returns.

TO THE EXTENT AUTHORIZED BY APPLICABLE LAW,

36. INDEMNIFICATION: The Vendor agrees to indemnify, defend, and hold harmless the State and the Agency, their officers, and employees from and against: (1) Any claims or losses for services rendered by any subcontractor, person, or firm performing or supplying services, materials, or supplies in connection with the performance of the Contract; (2) Any claims or losses resulting to any person or entity injured or damaged by the Vendor, its officers, employees, or subcontractors by the publication, translation, reproduction, delivery, performance, use, or disposition of any data used under the Contract in a manner not authorized by the Contract, or by Federal or State statutes or regulations; and (3) Any failure of the Vendor, its officers, employees, or subcontractors to observe State and Federal laws including, but not limited to, labor and wage and hour laws.

37. PURCHASING AFFIDAVIT: In accordance with West Virginia Code § 5A-3-10a, all Vendors are required to sign, notarize, and submit the Purchasing Affidavit stating that neither the Vendor nor a related party owe a debt to the State in excess of \$1,000. The affidavit must be submitted prior to award, but should be submitted with the Vendor's bid. A copy of the Purchasing Affidavit is included herewith.

38. ADDITIONAL AGENCY AND LOCAL GOVERNMENT USE: This Contract may be utilized by other agencies, spending units, and political subdivisions of the State of West Virginia; county, municipal, and other local government bodies; and school districts ("Other Government Entities"). Any extension of this Contract to the aforementioned Other Government Entities must be on the same prices, terms, and conditions as those offered and agreed to in this Contract, provided that such extension is in compliance with the applicable laws, rules, and ordinances of the Other Government Entity. If the Vendor does not wish to extend the prices, terms, and conditions of its bid and subsequent contract to the Other Government Entities, the Vendor must clearly indicate such refusal in its bid. A refusal to extend this Contract to the Other Government Entities shall not impact or influence the award of this Contract in any manner.

39. CONFLICT OF INTEREST: Vendor, its officers or members or employees, shall not presently have or acquire an interest, direct or indirect, which would conflict with or compromise the performance of its obligations hereunder. Vendor shall periodically inquire of its officers, members and employees to ensure that a conflict of interest does not arise. Any conflict of interest discovered shall be promptly presented in detail to the Agency.

40. REPORTS: Vendor shall provide the Agency and/or the Purchasing Division with the following reports identified by a checked box below:

Such reports as the Agency and/or the Purchasing Division may request. Requested reports may include, but are not limited to, quantities purchased, agencies utilizing the contract, total contract expenditures by agency, etc.

Quarterly reports detailing the total quantity of purchases in units and dollars, along with a listing of purchases by agency. Quarterly reports should be delivered to the Purchasing Division via email at purchasing.requisitions@wv.gov.

41. BACKGROUND CHECK: In accordance with W. Va. Code § 15-2D-3, the Director of the Division of Protective Services shall require any service provider whose employees are regularly employed on the grounds or in the buildings of the Capitol complex or who have access to sensitive or critical information to submit to a fingerprint-based state and federal background inquiry through the state repository. The service provider is responsible for any costs associated with the fingerprint-based state and federal background inquiry.

After the contract for such services has been approved, but before any such employees are permitted to be on the grounds or in the buildings of the Capitol complex or have access to sensitive or critical information, the service provider shall submit a list of all persons who will be physically present and working at the Capitol complex to the Director of the Division of Protective Services for purposes of verifying compliance with this provision. The State reserves the right to prohibit a service provider's employees from accessing sensitive or critical information or to be present at the Capitol complex based upon results addressed from a criminal background check.

Service providers should contact the West Virginia Division of Protective Services by phone at (304) 558-9911 for more information.

42. PREFERENCE FOR USE OF DOMESTIC STEEL PRODUCTS: Except when authorized by the Director of the Purchasing Division pursuant to W. Va. Code § 5A-3-56, no contractor may use or supply steel products for a State Contract Project other than those steel products made in the United States. A contractor who uses steel products in violation of this section may be subject to civil penalties pursuant to W. Va. Code § 5A-3-56. As used in this section:

a. "State Contract Project" means any erection or construction of, or any addition to, alteration of or other improvement to any building or structure, including, but not limited to, roads or highways, or the installation of any heating or cooling or ventilating plants or other equipment, or the supply of and materials for such projects, pursuant to a contract with the State of West Virginia for which bids were solicited on or after June 6, 2001.

b. "Steel Products" means products rolled, formed, shaped, drawn, extruded, forged, cast, fabricated or otherwise similarly processed, or processed by a combination of two or more or such operations, from steel made by the open heath, basic oxygen, electric furnace, Bessemer or other steel making process. The Purchasing Division Director may, in writing, authorize the use of foreign steel products if:

c. The cost for each contract item used does not exceed one tenth of one percent (.1%) of the total contract cost or two thousand five hundred dollars (\$2,500.00), whichever is greater. For the purposes of this section, the cost is the value of the steel product as delivered to the project; or

d. The Director of the Purchasing Division determines that specified steel materials are not produced in the United States in sufficient quantity or otherwise are not reasonably available to meet contract requirements.

43. PREFERENCE FOR USE OF DOMESTIC ALUMINUM, GLASS, AND STEEL: In Accordance with W. Va. Code § 5-19-1 et seq., and W. Va. CSR § 148-10-1 et seq., for every contract or subcontract, subject to the limitations contained herein, for the construction, reconstruction, alteration, repair, improvement or maintenance of public works or for the purchase of any item of machinery or equipment to be used at sites of public works, only domestic aluminum, glass or steel products shall be supplied unless the spending officer determines, in writing, after the receipt of offers or bids, (1) that the cost of domestic aluminum, glass or steel products is unreasonable or inconsistent with the public interest of the State of West Virginia, (2) that domestic aluminum, glass or steel products are not produced in sufficient quantities to meet the contract requirements, or (3) the available domestic aluminum, glass, or steel do not meet the contract specifications. This provision only applies to public works contracts awarded in an amount more than fifty thousand dollars (\$50,000) or public works contracts that require more than ten thousand pounds of steel products.

The cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than twenty percent (20%) of the bid or offered price for foreign made aluminum, glass, or steel products. If the domestic aluminum, glass or steel products to be supplied or produced in a "substantial labor surplus area", as defined by the United States Department of Labor, the cost of domestic aluminum, glass, or steel products may be unreasonable if the cost is more than thirty percent (30%) of the bid or offered price for foreign made aluminum, glass, or steel products. This preference shall be applied to an item of machinery or equipment, as indicated above, when the item is a single unit of equipment or machinery manufactured primarily of aluminum, glass or steel, is part of a public works contract and has the sole purpose or of being a permanent part of a single public works project. This provision does not apply to equipment or machinery purchased by a spending unit for use by that spending unit and not as part of a single public works project.

All bids and offers including domestic aluminum, glass or steel products that exceed bid or offer prices including foreign aluminum, glass or steel products after application of the preferences provided in this provision may be reduced to a price equal to or lower than the lowest bid or offer price for foreign aluminum, glass or steel products plus the applicable preference. If the reduced bid or offer prices are made in writing and supersede the prior bid or offer prices, all bids or offers, including the reduced bid or offer prices, will be reevaluated in accordance with this rule.



Risk Management

Wayne Goodwin, Commissioner of Insurance
Rick McIntyre, Assistant State Fire Marshal

CERTIFICATE OF COVERAGE

Certificate Holder: To Whom It May Concern

Insurer: State of North Carolina

Authorization: Public Officers & Employee Liability Insurance Commission of North Carolina and the General Statutes of North Carolina, Chapter 143, Articles 31 to 31D, Sections §143-291 to §143-300.

Period: 07/01/2016 until 06/30/2017

Coverage: A) Tort Claims against Departments, Agencies, and Employees
B) Excess Liability for State Employees
Lexington Insurance Company - Policy # 01-529-45-49
C) Workers' Compensation

Limits A) \$1,000,000 for Tort claims against the State
B) \$10,000,000 for claims against state employees
C) Statutory Limits for Workers' Compensation

Description: The University of North Carolina – Chapel Hill and its employees, officers, agents, as covered by the Defense of State Employees as per NCGS § 143 300.2.

Administrator: Department Insurance - Risk Management Division
Public Officers & Employees Liability Insurance Commission
1202 Mail Service Center, Raleigh, NC 27699-1202

Note: This Certificate is for informational purposes only and does not alter any provision of the Tort Claims or Defense of State Employees General Statutes of the State.

Margie Boyd

Verified By:

Margie Boyd
Risk Manager

UNCCH – 2016-17 (WC)

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: The University of North Carolina at Chapel Hill

Authorized Signature: [Signature] **Acting for** Date: 9-22-2016
William L. Roper, MD, MPH
Dean, School of Medicine
Vice Chancellor for Medical Affairs

State of North Carolina

County of Franklin, to-wit:

Taken, subscribed, and sworn to before me this 22 day of September, 2016.

My Commission expires January 28, 2021.

AFFIX SEAL HERE

NOTARY PUBLIC [Signature]

State of West Virginia
VENDOR PREFERENCE CERTIFICATE

Certification and application is hereby made for Preference in accordance with *West Virginia Code*, §5A-3-37. (Does not apply to construction contracts). *West Virginia Code*, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the *West Virginia Code*. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

1. Application is made for 2.5% vendor preference for the reason checked:

- Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
- Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
- Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,

2. Application is made for 2.5% vendor preference for the reason checked:

- Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

3. Application is made for 2.5% vendor preference for the reason checked:

- Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

4. Application is made for 5% vendor preference for the reason checked:

- Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,

5. Application is made for 3.5% vendor preference who is a veteran for the reason checked:

- Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,

6. Application is made for 3.5% vendor preference who is a veteran for the reason checked:

- Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

7. Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with *West Virginia Code* §5A-3-59 and *West Virginia Code of State Rules*.

- Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (*West Virginia Code*, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: _____ Signed: _____

Date: _____ Title: _____

N/A
Am/wk


EMS Credentialing/Licensing Hospital Bed Tracking System

CRFQ 0506 BPH1700000001

Pricing Page

Qty.	Unit	Section	Description	Unit Price	Extended Price
1	Year	4.1	Year One (1)	\$ 875,000.00	\$ 875,000.00
			In accordance with section 4 and all mandatory requirements and deliverables :		
			EMS Credential/Licensing System		
			Education, Certification, Licensing & Inspection of System		
			EMS Run Reporting		
			Hospital Bed Tracking		
			EMS Quality Data Reporting & Quality Improvement - Lead EMS Researcher		
1	Year	4.1	Renewal Period Year Two (2)	\$ 550,000.00	\$ 550,000.00
1	Year	4.1	Renewal Period Year Three (3)	\$ 550,000.00	\$ 550,000.00
1	Year	4.1	Renewal Period Year Four (4)	\$ 550,000.00	\$ 550,000.00
Grand Total:				\$ 2,525,000.00	

Vendor Signature:
Company Name:
Address:
Phone:
Email:
Fax:

	Acting for	William L. Roper, MD, MPH
UNC Department of Emergency Medicine		Dean, School of Medicine
100 Market Street, 2nd Floor		Vice Chancellor for Medical Affairs
Chapel Hill, NC 27516		9-22-2016
(919) 843-0201		
jkagaris@med.unc.edu		
(919) 843-0195		

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFO BPH1700000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7 |
| <input type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

The University of North Carolina at Chapel Hill

Company

William E. Koper

Acting for

Authorized Signature

William E. Koper, MD, MPH
Dean, School of Medicine
Vice Chancellor for Medical Affairs

9-22-2016

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.



Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
 Request for Quotation
 26 - Medical

Proc Folder: 180709

Doc Description: Addendum #1 - EMS Data System

Proc Type: Central Contract - Fixed Amt

Date Issued	Solicitation Closes	Solicitation No	Version
2016-09-16	2016-09-28 13:30:00	CRFQ 0506 BPH1700000001	2

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:

FOR INFORMATION CONTACT THE BUYER

April Battle
 (304) 558-0067
 april.e.battle@wv.gov

Signature X  Acting for FEIN # 56-600-1393 DATE 9-22-2016

All offers subject to all terms and conditions contained in this solicitation

William L. Roper, MD, MPH
 Dean, School of Medicine
 Vice Chancellor for Medical Affairs

ADDITIONAL INFORMATION:

Addendum #1 - To answer vendor questions and provide agencies responses.

INVOICE TO	SHIP TO
PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - OFFICE OF EMERGENCY MEDICAL SERVICES 350 CAPITOL ST, RM 425 CHARLESTON WV25301-3714 US	PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - OFFICE OF EMERGENCY MEDICAL SERVICES 350 CAPITOL ST, RM 425 CHARLESTON WV 25301-3714 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	EMS Credential and Licensing System - Year One	0.00000			

Comm Code	Manufacturer	Specification	Model #
42171909			

Extended Description :

EMS Credential and Licensing System - Year One

INVOICE TO	SHIP TO
PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - OFFICE OF EMERGENCY MEDICAL SERVICES 350 CAPITOL ST, RM 425 CHARLESTON WV25301-3714 US	PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - OFFICE OF EMERGENCY MEDICAL SERVICES 350 CAPITOL ST, RM 425 CHARLESTON WV 25301-3714 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	EMS Credential and Licensing System - Year Two Optional	0.00000			

Comm Code	Manufacturer	Specification	Model #
42171909			

Extended Description :

EMS Credential and Licensing System - Year Two Optional Renewal

INVOICE TO	SHIP TO
PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - OFFICE OF EMERGENCY MEDICAL SERVICES 350 CAPITOL ST, RM 425 CHARLESTON WV25301-3714 US	PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - OFFICE OF EMERGENCY MEDICAL SERVICES 350 CAPITOL ST, RM 425 CHARLESTON WV 25301-3714 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	EMS Credential and Licensing System - Year Three Optional	0.00000			

Comm Code	Manufacturer	Specification	Model #
42171909			

Extended Description :
 EMS Credential and Licensing System - Year Three Optional Renewal

INVOICE TO	SHIP TO
PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - OFFICE OF EMERGENCY MEDICAL SERVICES 350 CAPITOL ST, RM 425 CHARLESTON WV 25301-3714 US	PURCHASING DIRECTOR - 304-356-4095 HEALTH AND HUMAN RESOURCES BPH - OFFICE OF EMERGENCY MEDICAL SERVICES 350 CAPITOL ST, RM 425 CHARLESTON WV 25301-3714 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	EMS Credential and Licensing System - Year Four Optional	0.00000			

Comm Code	Manufacturer	Specification	Model #
42171909			

Extended Description :
 EMS Credential and Licensing System - Year Four Optional Renewal

SCHEDULE OF EVENTS		
Line	Event	Event Date
1	Questions Due	2016-09-14

BPH1700000001	Document Phase Draft	Document Description Addendum #1 - EMS Data System	Page 4 of 4
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ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

SEE NEW ATTACHED RFP SPECIFICATIONS FOR EDITS THERETO.

En/10/10

SOLICITATION NUMBER: CRFQ BPH170000001

Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as CRFQ BPH170000001 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- Modify bid opening date and time
- Modify specifications of product or service being sought
- Attachment of vendor questions and responses
- Attachment of pre-bid sign-in sheet
- Correction of error
- Other

Description of Modification to Solicitation: To answer vendor questions and provide agencies responses.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

**ADDENDUM #1
CRFQ BPH170000001**

Addendum #1 to respond to the following Vendor questions.

Vendor Question #1: Please confirm that a technical proposal is not required in the RFQ response.

Agency Response to Vendor Question #1: Vendor must provide a purchase price on all contract items listed in this RFQ per section 5 of this RFQ specifications. This is not a RFP.

Vendor Question #2: 4.1.3 and 4.1.13.1 seem to be inconsistent. Is a system that is compliant with V3.3.4 an acceptable solution?

Agency Response to Vendor Question #2: NO. Per Specification 4.1.3

Vendor must have access to the National EMS Information System (NEMSIS) data dictionary and use version V3.3.4 as the basis of their response. The Department shall provide a list of mandatory data elements using the currently available West Virginia data set as a basis. This dataset is based upon the NEMIS Data Dictionary, but also possesses West Virginia specific fields.

The current system is version 2. No agency in West Virginia is currently able to submit version 3 data. Therefore, the vendor must be able to work-with and receive version 2 data. Beta testing has begun to implement version 3.3.4 data. The vendor must be able to supply and implement version 3.3.4 data.

Vendor Question #3: 4.1.12.10: Is exhibit 12 the comprehensive list of inspection requirements?

Agency Response to Vendor Question #3: Attached is the comprehensive list of all inspection requirements.

Vendor Question #4: 4.1.12.11, 4.1.12.13: Please provide the inspection criteria for vehicles and agencies (i.e. any pertinent forms currently used).

Agency Response to Vendor Question #4: Attached is the comprehensive list of all inspection requirements for vehicles and agencies including sample forms.

Vendor Question #5: 4.1.14.15 & 4.1.14.15: Notes the system must have the ability to send the alert via email, text, and phone. Does the reference to "phone" mean paging capabilities?

Agency Response to Vendor Question #5: NO the reference to phone means ability to make calls.

**ADDENDUM #1
CRFQ BPH1700000001**

Vendor Question #6: 4.1.13.4: Would the WVOEMS consider incremental data feeds (i.e. weekly, monthly or quarterly) after an initial data transfer, as opposed to nightly feeds?

Agency Response to Vendor Question #6: NO! Current data usage for surveillance purposes make it is absolutely necessary that the data be available as close to real time as possible. Data feeds that make the data available in less than 24 hours (from time of upload) will be considered but in no case will downloads less than daily be considered.

REQUEST FOR QUOTATION
CRFQ 0506 BPH170000001
EMS Credentialing/Licensing and Hospital Bed Tracking System

SPECIFICATIONS

1. **PURPOSE AND SCOPE:** The West Virginia Purchasing Division is soliciting bids on behalf of The Office of Emergency Medical Services (OEMS) to establish a contract for a system that includes EMS Licensing/Credentialing, EMS Run Log Reporting, and Hospital Bed Availability Reporting.

NOTE: This request is covered in part or in whole by federal funds. All bidders will be required to acknowledge and adhere to "Attachment 1 - Provisions Required for Federally Funded Procurements".

2. **DEFINITIONS:** The terms listed below shall have the meanings assigned to them below. Additional definitions can be found in Section 2 of the General Terms and Conditions.

2.1. **"Contract Services"** means hosting, support, training, and data stewardship for the system that includes EMS Licensing/Credentialing, EMS Run Log Reporting, and Hospital Bed Availability Reporting as more fully described in these specifications.

2.2. **"Pricing Pages"** means the schedule of prices, estimated order quantity, and totals contained in wvOASIS or attached hereto as Exhibit A, and used to evaluate the Solicitation responses.

2.3 **"Solicitation"** means the official notice of an opportunity to supply the State with goods or services that is published by the Purchasing Division.

2.4 **"WVDHHR OEMS"** means West Virginia Department of Health and Human Resources, Office of Emergency Medical Services.

2.5 **"EMS"** means Emergency Medical Services.

2.6 **"NHTSA"** means National Highway Transportation Safety Administration.

2.7 **"FIPS Codes"** means Federal Information Processing Standards.

2.8 **"NEMESIS"** means National Emergency Medical Services Information System.

2.9 **"VPN"** means Virtual Private Network

2.10 **"SQL"** means Structured Query Language

REQUEST FOR QUOTATION
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EMS Credentialing/Licensing and Hospital Bed Tracking System

2.11 “XML” means Extensible Markup Language

3. **Qualifications:** Vendor, or Vendor’s staff if requirements are inherently limited to individuals rather than corporate entities, shall have the following minimum qualifications:

3.1 The vendor must show they have completed a minimum of 3 separate EMS System implementations for a State Government Agency within the past 5 years. The referenced implementations each must include components for EMS Licensure and Certification, tracking of the provision of EMS services through run sheets, and monitoring the availability of medical services for emergency allocation.

3.2 Vendor must designate a dedicated Project Manager to manage the implementation of the new system. The Project Manager must possess a valid and current Project Management Institute (PMI) Project Management Professional (PMP) certification.

3.3 Vendor must show they have a minimum of 3 years’ experience on committees and work groups dedicated to EMS data and the practical implementation of research with a national focus (i.e. National Registry of Emergency Medical Technicians LEADS, the EMS COMPASS Initiative).

4. **GENERAL REQUIREMENTS:**

4.1 **Contract Items and Mandatory Requirements:** Contract Item must meet or exceed the mandatory requirements as shown below.

4.1.1 Upon award the vendor’s Project Manager must, at a minimum, provide a template for a Project Plan, which includes tasks, milestones and timelines, a Risk/Issue Log, and a weekly status report that will be used throughout implementation.

4.1.2 Vendor must provide training for WV DHHR Administrators, Supervisors and Users. This will include at a minimum, 5 onsite and 5 webinar based trainings, as well as online training manuals available to all users at any time. Training should be completed prior to the go live date.

REQUEST FOR QUOTATION
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EMS Credentialing/Licensing and Hospital Bed Tracking System

- 4.1.3 Vendor must have access to the National EMS Information System (NEMESIS) data dictionary and use version V3.3.4 as the basis of their response. The Department shall provide a list of mandatory data elements using the currently available West Virginia dataset as a basis. This dataset is based upon the NEMESIS Data Dictionary, but also possesses West Virginia specific fields.
- 4.1.4 Vendor must host system hardware, software, and all data.
- 4.1.5 Vendor must provide a disaster recovery site a minimum of 125 miles away from Vendor's production environment.
- 4.1.6 Vendor shall perform the initial system setup to include agency setup, agency rosters, facilities, geographical information using FIPS codes for West Virginia and contiguous states, and variable tables using variables approved and supplied in Microsoft Excel format by the Department.
- 4.1.7 Vendor shall provide a 24/7/365 days per year support and maintenance plan for host system maintenance and support service, upgrades, consultation, training and technical support and include but is not limited to the ability to reset passwords, assist in issues inputting run sheets, and for emergency system help and/or instruction.
- 4.1.8 Vendor shall provide within the system:
- 4.1.8.1 System User Manuals
 - 4.1.8.2 System Administrator Manuals
- 4.1.9 The application data although hosted will be the property of the State of West Virginia.
- 4.1.10 Should the vendor cease to be able to provide hosting services, ~~or State chooses to host application on State servers:~~ *THE VENDOR SHALL TRANSFER ALL DATA SUBMITTED BY WV DHHH AND ITS AFFILIATED EMS AGENCIES TO A LOCATION OF THE STATE'S CHOOSING.*

REQUEST FOR QUOTATION
CRFQ 0506 BPH170000001
EMS Credentialing/Licensing and Hospital Bed Tracking System

4.1.10.1 Vendor shall transfer all data to a location of the State's choosing and provide disc copies.

4.1.11 Database

~~4.1.11.1 Vendor shall transfer the database and all data collected from West Virginia servers, which will remain property of the State of West Virginia. Upon mutual agreement the Vendor will provide a hard copy or backup at a mutually agreed time interval.~~

2/2/14

4.1.12 Vendor shall meet the requirements for Education, Certification, Licensing, and Inspection of the System as follows:

4.1.12.1 Vendor shall provide a system that must allow access by any authorized user and/or computer via the Internet using a currently supported web browser.

4.1.12.2 Vendor shall provide a system that must operate within all levels and types of internet connections from dial-up to broadband.

4.1.12.3 Vendor shall provide a system which must register, authorize, monitor, track, document, and provide credentials to and for WV EMS personnel.

4.1.12.4 Vendor shall provide User-Id field that must be compatible with the current system User-Ids. Example: WVXXXXXX (WV followed by 6 digits). The system must have capability to upload all current system user data from WVDHHR backup files.

4.1.12.5 Vendor must use all current certification numbers that will be given to the vendor from the WVDHHR backup files and future naming assignments will follow the same naming convention.

REQUEST FOR QUOTATION
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EMS Credentialing/Licensing and Hospital Bed Tracking System

4.1.12.6 Vendor shall provide all input screens to have save and cancel functionality.

4.1.12.7 Vendor shall provide a system that will include a registration page for anyone interested in EMS in WV. At a minimum, the data collected must contain the data listed in **attached Exhibit 1**. This process must create a unique identifier for each individual, and establish a password for future online access to any data or report available to that account.

Vendor shall provide a registration that must combine with other system data to create an Internet available profile. See **attached Exhibit 10** for basic Personnel profile. The Personnel profile linked to other personnel data must include at least the following: User-id, Title, Nickname, SSN (display only last 4), Birthday, Email, Address, City, State, Zip, County, Phone Number (Work, Home, Mobile, Emergency, Fax), Demographics (Gender, Race, Ethnicity, Status), Certifications (Level, Affiliation Status, Type, Initial Date Certified at this level, Expiration Date, Status), State Exam(s) list, National Registry Exam(s) list, Current Job data (Employer Name, Employer Type, Job Type, Start Date), Background Check data (Payment Received, Initiated Date, Submission Date, Completion Date, Status, Comments).

4.1.12.8 Vendor shall provide the WV DHHR unit responsible for certification ready access to any educational records, expiration dates, demographic and contact information of each certified person in West Virginia.

4.1.12.9 Vendor shall provide the WV DHHR unit responsible for certification ready access to all agency licensing data, educational institution licensing data, and educator licensing data.

REQUEST FOR QUOTATION
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EMS Credentialing/Licensing and Hospital Bed Tracking System

- 4.1.12.10 Vendor shall provide a system, through an Internet accessible portal, which must register, authorize, monitor, inspect – **See Exhibit 12**, track, document, and provide credentials to and for WV EMS ambulances.
- 4.1.12.11 Vendor must provide software for a tablet (Android version and iPad version) to record and transmit ambulance inspections.
- 4.1.12.12 Vendor shall provide a system, through an Internet accessible portal, which must register, authorize, monitor, track, document, and provide credentials to and for WV EMS agencies.
- 4.1.12.13 Vendor must provide software for a tablet (Android version and iPad version) to record and transmit Agency inspections.
- 4.1.12.14 See attached requirement WV EMS Agencies – **See attached Exhibits 2 & 3**. Vendor data must at a minimum include: Name, Physical Address, Website, Phone Number, Fax Number, Emergency Number, Status, Service level, Primary Service, Other Services, Agency Number, Associated Region, Associated Medical Command Region, Dispatch Center Phone, Dispatch Center Fax, Primary Dispatch Transmit Frequency, Primary Dispatch Receive Frequency, Continuous Tone-Coded Squelch System Transmit Frequency, Continuous Tone-Coded Squelch System Transmit Receive Frequency, Personnel Certification Length, Agency Doing Business As, Service Levels, Organization Type, Organization Status, Emergency Medical Dispatch Vendor, Billing Status, Agency License Issue Date, Expiration Date, Standard, Inspection Date, Inspector, and Status.
- 4.1.12.15 Vendor shall provide system which tracks all EMS Agencies Vehicles, their Vehicle Identification Number, Model, Unit Name, Permit Number, Expiration Date, Permit Type, Level, and Status. **See attached Exhibits 4 & 5**.

REQUEST FOR QUOTATION
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EMS Credentialing/Licensing and Hospital Bed Tracking System

4.1.12.16 Vendor shall provide the WVDHHR unit responsible for Agency Licensure ready access to any educational records, expiration dates, demographic and contact information of each certified person in West Virginia.

4.1.12.17 Vendor shall provide a system that, through an Internet accessible portal, must register, authorize, monitor, track, document, and provide credentials to and for WV EMS Education. The Course screen must contain at a minimum fields for: Unique Course Number, Course Name, Institution Name, Course Beginning Date, Course End Date, Course Status, Role of the individual inputting the information. **See attached Exhibit 6.**

4.1.12.18 Vendor shall provide a system with the ability to allow authorized users to add and delete courses. **See attached Exhibit 7.**

4.1.12.19 Vendor shall provide an Educational Course Module that shall make specific course data available. The course data must include at a minimum the following data elements: Course number, Course name, Institution Number, Institution Name, Course Type, Level of the course, Description of the course, Course Number, Delivery Type, Location, Class Size, Class Start Date, Class End Date, Class Start time, Class End Time, Course Status, Course Registration Code, Course Instructors (Instructor Name, Instructor Number, Instructor Type, Guest Instructor Name).

4.1.12.20 Vendor system shall enable courses with the ability to have multiple course instructors listed.

4.1.12.21 Vendor shall provide a system that allows for current courses to, at a minimum be searched by: Course Number, Course Name, Course Code, Institution Number, Institution Name, Instructor – **See Exhibit 11**, Course type, Course Level, Delivery Type, Region.

REQUEST FOR QUOTATION
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EMS Credentialing/Licensing and Hospital Bed Tracking System

- 4.1.12.22** Vendor shall provide a system that allows for course histories to be searched by at a minimum; Course Number, Course Name, Course Code, Institution Number, Institution Name, Instructor, Course end date, Course type, Course Level, Delivery Type, Region, or County.
- 4.1.12.23** Vendor shall design each course to have a screen that allows for students signed up for that course to have their grades entered into the system by the instructor. If a student has not been added to the roster the system must allow the instructor to add a student after the course date. At a minimum, the instructor or authorized user must be able to input/view State ID#, Student's Name, SSN, Status (Completed, Passed, Failed, Withdrew Passing, Withdrew Failing, or Never Attended).
- 4.1.12.24** Vendor shall provide a system that allows authorized users to add a new course exam. At a minimum the fields must include Exam Code, Exam Type, Exam Format, Exam Level, Date (fillable calendar), Cutoff Date (fillable calendar), time, Maximum Students, Comments, Exam Location (Location Name and physical address fields). This screen must also have search functionality.
- 4.1.12.25** Vendor shall provide a system that allows for a Course Exam search screen. At a minimum authorized user must be able to search by Exam Type, Exam Format, Exam Date, Region, or County.
- 4.1.12.26** Vendor shall provide a system that allows for a Course Exam History search. At a minimum an authorized user must be able to search by Exam Code, Exam Type, Exam Format, Exam Date (Start or End), Region, or County.
- 4.1.12.27** Vendor shall provide a system that allows authorized users to add Practical Exam Templates. At a minimum the user must be allowed to add Template Name, Template Level (drop down box) and Skill Stations.
- 4.1.12.28** Vendor shall provide a system with options for courses to be added, approved and searched with screens to be like or equal to Exhibit 6 attached.

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EMS Credentialing/Licensing and Hospital Bed Tracking System

4.1.12.29 Vendor shall provide a system that, through an Internet accessible portal, must register, authorize, monitor, track, document, update and provide credentials to and for WV EMS Educators. The EMS Educator fields must include but are not limited to: The person's unique instructor number, most recent Certification: (Level , Expiration Date , Status), Current Instructor Certification(s) with the following data on each Certification: Level, Certification, Issue Date, Recertification Date, Expiration Date, License Status. **See Exhibit 18.**

4.1.12.30 Vendor shall provide a system that allows authorized users to add new instructors. At a minimum the user should be allowed to add Instructor First and Last Name, contact information, SSN, State ID WV#, Certification Level, Entity Type, and Job Type.

4.1.12.31 Vendor shall provide a system with search options to search for specific instructors. At a minimum, users must be able to search on Instructor Last Name, Institution, Course Name, License Level, Approval Level, Region, or County.

4.1.12.32 Vendor shall provide a system that allows for authorized users to add Guest Instructor data. At a minimum the user will be able to input First and Last Name, contact information, and comment field.

4.1.12.33 Vendor shall provide a system with search options to search for Guest Instructors. At a minimum, users must be able to search on Instructor Last Name, Course, Number, or Course Name.

4.1.12.34 Vendor must provide a system, through an Internet accessible portal which allows authorized users to register, authorize, monitor, track, document/edit, and provide credentials to and for WV EMS Educational Institute. At a minimum the system must capture and display demographic information, Institution Credentials, Personnel roster, and

REQUEST FOR QUOTATION
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EMS Credentialing/Licensing and Hospital Bed Tracking System

classes offered. This includes Unique Institution Number, Name, Address, Website, Contact Information, Institution Category, Institution Type, and a comments field. See attached Exhibit 8.

4.1.12.35 Vendor shall provide a system with search options to search for specific Educational Institutions. At a minimum, users must be able to search by Number, Name, Type, Category, Instructor, Course, Region, County, and Status.

4.1.12.36 Vendor shall provide a system that has role-based security. The vendor and the system must allow the WV DHHR to determine the roles and how the permissions will be setup. This system must allow public access, as determined by the WV DHHR.

4.1.12.37 Vendor shall provide a system that creates printable Certification cards and mailing labels. Each card print must pull the name and mailing address for the label, as well as the name of each person being certified, the date of expiration, and the type of certification. The mailing label and card format is shown in attachment Exhibit 9.

4.1.13 Vendor shall meet the Requirements for EMS Run Reporting

4.1.13.1 Vendor shall provide a system that contains an Internet-based EMS information system, which collects data on each EMS call report made within the state using the latest NEMSIS V3.X standard. EMS run data must be submitted in one of two ways: a) through a web-based data entry tool; or b) through a file import process. The system must provide a capability for the evaluation of EMS patient care and system performance. This system must have dynamic reporting capability, which is available to EMS Administrators.

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4.1.13.2 Vendor shall provide a system that migrates and crosswalks the current NEMESIS V2 compliant data system so that reports can be run across V2 and V3 data.

Vendor must work with EMS agencies to approve EMS run data transfer format as well as verify data quality. Vendor must validate and approve the data transfers before EMS agencies will be allowed to send production data to the vendor. Vendor must work as an agent of DHHR in validating 3rd party software used by EMS agencies, for its ability to create the required data format when issues arise.

4.1.13.3 Vendor shall provide a system that provides a web based data entry tool to collect and report all WV EMS NEMESIS V3 required data and make that tool available without charge to any EMS Licensed WV Agency. This data must also be available for download by authorized agents approved by each EMS agency by a role based security function.

4.1.13.4 Vendor shall provide a system that makes available a full copy of all data contained within the system, nightly, of all data submitted for the WV Office of EMS. This copy must be submitted nightly via secure Open Database Connectivity or Object Linking and Embedding Database. The preferred method of data exchange is via a secure network connection.

4.1.13.5 Vendor shall provide a system that has capability for producing amounts, numbers, or values from the data entered on run sheets that allows EMS administrative staff to assess the appropriateness of EMS patient care and system performance.

4.1.13.6 Vendor shall provide a system with reporting capability to be customized with the most recent data entered into the system allowing more flexibility for the EMS administrative staff to assess patient care and system performance rather than

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the use of a static or canned report that is stored within the system.

4.1.13.7 Vendor will be required to work with the NEMSIS Technical Center to establish and implement a process for data submission to comply with Federal requirements for the submission of NEMSIS data from the State Data System. The NEMSIS Technical Center is the NEMSIS TAC which is the National Emergency Medical Services Information System Technical Assistance Center. It is the resource center for the NEMSIS project – the development of a national EMS database. For more information go here <http://www.nemsis.org/theProject/whatIsNemsisTAC.html>

4.1.14 Vendor shall meet the requirements for Hospital Bed Tracking

4.1.14.1 Vendor must work with DHHR/BPH/Center for Threat Preparedness to comply with all Assistant Secretary for Preparedness and Response mandated items, as located in PAHPRA, the preparedness and all hazards reauthorization act, surrounding hospital available bed reporting as stated in the Centers for Disease Control and Assistant Secretary for Preparedness and Response Cooperative Agreement Funding Opportunity Announcements.

4.1.14.2 As necessary, Vendor must be available 24/7 via phone or other agreed to mechanism to work with The Center for Threat Preparedness (CTP) to alter/add/delete any data points in the system that the Center for Threat Preparedness is unable to maintain.

4.1.14.3 Vendor must work with The Dept. of Health & Human Services, Hospital Available Beds for Emergencies and Disasters (HAvBED) system on technical issues that affect transfer of data between HAvBED and NEMSIS.

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- 4.1.14.4** Vendor must work with The Center for Threat Preparedness and HAvBED in support of HAvBED drills, which are drills to test the current functionality of the system and are a federal annual requirement. This includes providing real time technical assistance for system malfunctions during the drill. HAvBED will alert the vendor of upcoming drills
- 4.1.14.5** Vendor shall provide a system that will interface electronically to report data daily to the (HAvBED) System. Data reported are the numbers of available beds at each hospital, sorted by bed category. This data must be reportable for the individual facility, the Trauma Regional Groupings, and statewide in a format like or equal to **Exhibit 13**.
- 4.1.14.6** Vendor must provide the ability to have different categories of state level users as well as EMS and Hospital User Types.
- 4.1.14.7** Vendor must provide state level users the ability to add and delete individual hospitals or agencies.
- 4.1.14.8** Vendor must provide individual hospitals the ability to update specific bed categories daily in a format like or equal to **Exhibit 14**.
- 4.1.14.9** Vendor must provide fields for individual hospital or agency data, including name, address, phone, Global Positioning System data, last updated status, etc.
- 4.1.14.10** Vendor must provide the ability to hover (place cursor over the words or graphic to obtain a definition) over items for definitions.
- 4.1.14.11** Vendor must provide separate listings for total beds and available beds. Individual hospital users must be able to edit both categories.

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- 4.1.14.12** Vendor must provide a message board for hospitals or agencies to post information for other users in a format like or equal to **Exhibit 15**.
- 4.1.14.13** Vendor must provide the ability to denote whether a hospital is a Chem Pack site, as well as denote the Chem Pack Type.
- 4.1.14.14** Vendor must provide the ability for state level users to push data to HAVBED manually, as needed.
- 4.1.14.15** Vendor must provide the ability for state level users to send a mass notification that will alert users to an emergency state, and the ability to input messaging regarding details of the emergency. This capability must apply to individual hospitals or agencies, a Trauma Region or statewide, and must include EMS agencies and hospitals. This system must have the ability to send the alert via email, text, and phone.
- 4.1.14.16** Vendor must provide the ability to send messages via methods including text, email, and phone with information such as disasters and supply needs to individual hospitals or agencies, Trauma Regions, or statewide.
- 4.1.14.17** Vendor must provide the ability for hospitals to indicate whether services including at least the following: orthopedic, ophthalmology, pediatrics, ob/gyn, oncology, radiology, laboratory, psychology/psychiatry, cardiology, urology, etc. are not available, the reason, along with an expected time when the service(s) will again be available in a format with fields like or equal to **Exhibit 16**.
- 4.1.14.18** Vendor must provide state level users with the ability to input Custom Questions for individual hospitals, as well as the ability to generate reports of the same.

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- 4.1.14.19** Vendor must provide the ability for individual hospitals to provide both totals and numbers of available for all the following categories: Dialysis machines - fixed and portable, morgue capacity, ventilators, and negative pressure area, room, or space for caring for patients with certain infectious diseases.
- 4.1.14.20** Vendor must provide individual hospitals with the ability to report decontamination capabilities – the number of patients per hour that can be processed.
- 4.1.14.21** Vendor must provide the ability for individual hospitals to note total and available numbers and types of Personal Protective Equipment.
- 4.1.14.22** Vendor must provide the ability for individual hospitals to list Pharmacologic Cache data: types and available quantities or doses in a format like or equal to **Exhibit 17**.
- 4.1.14.23** Vendor must provide individual hospitals the ability to report patient surge capabilities.
- 4.1.14.24** Vendor must have the ability to generate the following reports: specialty services; closed services; and available beds by individual hospital, Trauma Region, Statewide and/or by bed type.
- 4.1.14.25** Vendor must provide state level users the ability to search by entity type, county, Trauma Region, and individual hospital or agency.
- 4.1.14.26** Vendor must provide state level users the ability to search entity update information by date, individual hospital or agency, Trauma Region, and statewide.
- 4.1.14.27** Vendor must provide reports on hospital available beds by bed category and individual hospital, Trauma Regional bed

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availability by bed category, and statewide bed availability by bed category.

4.1.14.28 Vendor must include the following bed categories: Burn Beds, Emergency Department Beds, Adult Floor Beds, Pediatric Floor Beds, Adult Cardiac ICU Beds, Adult General ICU Floor Beds, Neonatal ICU Beds, Pediatric ICU Beds, Isolation Capable Beds, Nursery Beds, Operating Room Beds, and Rehabilitation/Long Term Beds. These bed types are non-negotiable, and are listed in the federal HAvBED System. More information on HAvBED can be found at <https://havbed.hhs.gov>.

4.1.14.29 Vendor must have the ability to send reports automatically to select state level users regarding daily status of closed services.

4.1.14.30 Vendor must have the ability to generate hospital or agency reporting compliance reports by individual hospital or agency, Trauma Region, or statewide.

4.1.14.31 Vendor must have the ability to generate individual hospital reports with specific totals and availability of selected bed types, as well as the ability to select one or all bed types and generate an individual hospital report. The system must also have the ability to generate reports by one or all bed types for a specific Trauma Region, or for a statewide report.

4.2 Vendor shall be responsible for the following:

4.2.1 Vendor shall not use or disclose protected health information other than as permitted by the Agency or as required by law per The US Department of Health and Human Resources HIPAA site, <http://www.hhs.gov/hipaa/index.html>;

4.2.2 Vendor shall use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 (attachment B) with respect to electronic protected

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health information, to prevent use or disclosure of protected health information other than as provided for by the Agreement;

- 4.2.3** Vendor shall Report to Agency any use or disclosure of protected health information not provided for by the Agreement of which it becomes aware, including breaches of unsecured protected health information as required at 45 CFR 164.410 (attachment B) and any security incident of which it becomes aware;
- 4.2.4** Vendor shall follow all federal, state, and Agency policies, procedures, and guidelines related to breach notification found on the WV Office of Technology site <http://www.technology.wv.gov/Pages/default.aspx>, The National Institute of Standards and Technology <http://www.nist.gov>.
- 4.2.5** Vendor shall, in accordance with 45 CFR 164.502(e)(1)(ii) and 164.308(b)(2) (attachment B) if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the vendor agree to the same restrictions, conditions, and requirements that apply to the vendor with respect to such information;
- 4.2.6** Vendor shall make available protected health information in a designated record set (file or report, format to be presented) to the Agency as necessary to satisfy Agency's obligations under 45 CFR 164.524 (attachment B);
- 4.2.7** Vendor shall make any amendment(s) to protected health information in a designated record set as directed or agreed to by the Agency, if necessary, pursuant to 45 CFR 164.526 (attachment B) or take other measures as necessary to satisfy the Agency's obligations under 45 CFR 164.526 (attachment B)
- 4.2.8** Vendor must respond within 24 hours to requests by the Agency to access, view, and copy Agency data in accordance with applicable state and federal laws. If vendor cannot meet the applicable deadline, it shall provide the Agency with a written statement of the reasons for

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delay, and the date by which the requested information will be provided. When necessary, the vendor may seek a judicial order for extension of time. If the vendor denies access to all or some of the data requested, it must timely provide written reasons for such denial.

4.2.9 Vendor shall, to the extent the vendor is able to carry out one or more of the Agency's obligation(s) under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Agency in the performance of such obligation(s); and

4.2.10 Vendor shall make its internal practices and records available to the Agency for purposes of determining compliance with Federal, State, and Agency policies and procedures, if necessary.

4.3 Security, Privacy, and Confidentiality:

4.3.1 Vendor must provide agency with a Security, Privacy, and Confidentiality Plan within thirty (30) calendar days.

4.3.2 Vendor must comply with all federal, state, and Agency security and privacy policies and procedures found on the WV Office of Technology site <http://www.technology.wv.gov/Pages/default.aspx>. The National Institute of Standards and Technology <http://www.nist.gov>.

4.3.3 Vendor must ensure that all staff and subcontractors are aware of, adhere to, and are trained on Agency's information security and privacy protocol and procedures;

4.3.4 Vendor must provide a Business Continuity Plan within thirty (30) days of contract execution;. The Business Continuity Plan should include how data is restored, what backup measures are in place in case normal business operations cannot continue due to power outages/catastrophe, where the data is stored in such emergencies, how data is safeguarded in normal and emergency situations.

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- 4.3.5** Vendor must comply with the baseline security controls for moderate impact information systems as put forth in National Institute of Standards and Technology (NIST) Special Publication 800-53, Revision 4, as updated April 30, 2013. NIST site <http://www.nist.gov/healthcare/security/hipaasecurity.cfm>.
- 4.4** **Vendor must develop EMS Quality in Data Reporting and research based best practices in West Virginia and add to the improved quality of pre-hospital patient care nationally through the facilitation of EMS research.**
- 4.4.1** Vendor must provide Quality Data Reporting and Quality Improvement. This includes base activity report and on-demand performance improvement reports.
- 4.4.2** Vendor must provide an appropriate credentialed and experienced lead EMS researcher who will lead in this effort. The person provided to lead this effort must have, at a minimum, the following qualifications:
- 4.4.2.1** A completed terminal degree (PhD) in a research related field with demonstrable connection between the terminal degree and the field of Emergency Medical Services.
- 4.4.2.2** A curriculum vitae that demonstrates post-graduate EMS research that has been completed and an ongoing effort on the part of the researcher to enhance the delivery of Emergency Medical Services as evidenced by projects/publications that are currently in progress and/or in planning stages.
- 4.4.2.3** A minimum of 3 years of EMS “in ambulance” experience as the lead or primary patient care provider.
- 4.4.3** Vendor must provide a lead EMS researcher who will produce 12 articles (one each month) of 200 words or more on an EMS data or current research finding with West Virginia having the right to publish. Examples of the topics include at least the following:

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- a) The importance of accurate reporting run data with WV specific examples
- b) Ways to use data to make intelligent management decisions with WV specific examples
- c) Ways to use data to make a person a better EMS Professional
- d) New research findings and why they are important to WV
- e) Changes in National Standards and why they are important to the field provider
- f) National trends in EMS and why the West Virginia field provider should care.

4.4.4 Vendor must provide a lead EMS researcher who will hold a minimum of four web-based training sessions a minimum of six hours each, on a data or research related issue to encourage the use of current research based practices and enable West Virginia EMS research by improving the quality of data reported.

4.4.5 Vendor must provide a lead EMS researcher who will serve as resource person to the Medical Director of WVOEMS to identify published research for use in evaluating new drugs, procedures or equipment. Assist the Medical Director in the creation of documents to be used as justification for changes to protocols and procedures related to new drugs, procedures and/or equipment. This will include phone consultations with the Medical Director and in person meetings when necessary and not to exceed thirty (30) times, at the OEMS office located at 350 Capital Street, Room 425, Charleston WV 25301. Typically this would occur during normal work hours Monday thru Friday, 9am est – 4pm est.

4.4.6 Vendor must have a minimum of 3 years' Experience on committees and work groups dedicated to EMS data and the practical implementation of research with a national focus (i.e. National Registry of Emergency Medical Technicians LEADS, the EMS COMPASS Initiative, etc.).

4.4.7 Vendor must provide a lead EMS researcher who:

4.4.7.1 Will suggest/recommend to WVOEMS a minimum of four research (within 12 months) questions relevant both to West Virginia (as demonstrated in the collected data) and to the field

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of Emergency Medical Services nationally. The research questions must have demonstrable potential for peer review publication.

4.4.7.2 Will suggest/recommend and (at the discretion of WVOEMS), assist West Virginia in identifying and making application for at least one research related funding possibility (exterior to West Virginia State Government funding) within one year of contract award.

4.4.7.3 Will work with WVOEMS and mentor WVOEMS/BPH/DHHR staff in the creation for publication of a minimum of one research project relevant both to West Virginia (as demonstrated in the collected data) and to the field of Emergency Medical Services nationally within twelve months. This project will be presented for publication with the contract provided lead EMS researcher as lead or primary researcher, but also have a minimum of one WVOEMS, BPH or DHHR staff member credited as additional investigator or researcher on the project/publication/presentation. At the pleasure of WVOEMS/BPH/DHHR, this lead EMS researcher will facilitate the submission of this project to a minimum of two (2) of the five (5) major National EMS Conferences (National Association of EMS Physicians (NAEMSP), Society for Academic Emergency Medicine (SAEM), National Association of EMS Educators (NAEMSE), EMS Today or EMS Expo) and one peer reviewed publication for presentation/publication.

5. CONTRACT AWARD:

5.1 Contract Award: The Contract is intended to provide Agencies with a purchase price for the Contract Items. The Contract shall be awarded to the Vendor that provides the Contract Items meeting the required specifications for the lowest overall grand total cost as shown on the Pricing Pages.

5.2 Pricing Pages: Vendor should complete the Pricing Pages by completely filling out Exhibit A – Pricing Page. Vendor should complete the Pricing Pages in their entirety as failure to do so may result in Vendor's bids being disqualified.

Vendor should electronically enter the information into the Pricing Pages through wvOASIS, if available, or as an electronic document.

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6. PAYMENT:

6.1 Payment: Vendor shall accept payment in accordance with the payment procedures of the State of West Virginia.

7. VENDOR DEFAULT:

7.1 The following shall be considered a vendor default under this Contract.

7.1.1 Failure to provide Contract Items in accordance with the requirements contained herein.

7.1.2 Failure to comply with other specifications and requirements contained herein.

7.1.3 Failure to comply with any laws, rules, and ordinances applicable to the Contract Services provided under this Contract.

7.1.4 Failure to remedy deficient performance upon request.

7.2 The following remedies shall be available to Agency upon default.

7.2.1 Immediate cancellation of the Contract.

7.2.2 Immediate cancellation of one or more release orders issued under this Contract.

7.2.3 Any other remedies available in law or equity.

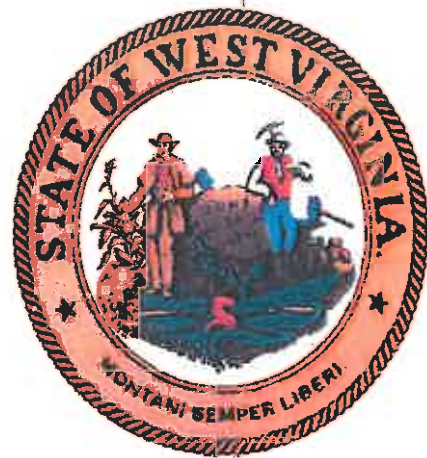
Licensing of Emergency Medical Services Agencies

OEMS

**OFFICE OF EMERGENCY
MEDICAL SERVICES**

**Division of
EMS Licensure
and Certification**

**West Virginia Department of
Health and Human Resources**



**350 Capitol Street, Room 425
Charleston, WV 25301-3714
(304) 558-3956
www.wvoems.org**

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Introduction

This manual is to be used as a guide to assist entities that wish to become licensed EMS agencies in the State of West Virginia. It is meant as a supplement to the Legislative Rule §64 CSR 48 pertaining to the provision of emergency medical services, but not as a replacement or substitute for those rules. However, any requirement or standard found in this document can be directly referenced to the appropriate Legislative Rule. Any entity applying for licensure involving the transport of a patient must meet the requirements and standards of this rule. This also applies to rapid response EMS personnel operating under the OEMS Medical Direction System, who provide on-scene assessment, intervention and treatment without patient transport.

This manual lists and describes all requirements and standards needed to obtain licensure for all types of entities. Also included are those methods the on-site evaluator may employ to verify all standards and requirements are met. Standards that do not apply to agencies seeking licensure, such as Fire Department Rapid Response, Option 2, are calculated using a different point scale.

All entities wishing to provide EMS in West Virginia must meet all the requirements outlined in this manual. In addition, the entity must be able to obtain at least seventy percent (70%) of the applicable standards.

An EMS agency license is valid for two (2), three (3) or four (4) years following a successful inspection visit. However, an agency's license may be revoked for failure to pay appropriate licensure fees or for failure to remain in good standing with Worker's Compensation and/or Unemployment Compensation, or any other mandatory requirements, as well as for violations of WV Code, Legislative Rules or policies promulgated to regulate EMS agencies in WV.

A fire department rapid response service that charges a fee for its medical services or transports patients is subject to all licensure requirements and applicable standards, including the payment of fees.

A certified fire department is not subject to licensure if it only provides CPR and AED services, manpower or other non-medical assistance at EMS incidents.

Fire departments wishing to provide non-transporting rapid response service have three (3) options for licensure available to them:

- **Option 1** – Fire departments may apply for licensure under the same rule as those agencies providing transport services. Opting to be licensed under this set of rules allows the rapid response agency to verify their compliance with standards through an on-site evaluation conducted by OEMS. Departments are required to pay the biennial agency fee for licensure. Only those standards pertaining to rapid response will be applicable during the on-site evaluation.
- **Option 2** – Only fire departments recognized by the State Fire Marshall's Office may apply for licensure as a Fire Department Rapid Response Agency under WV Legislative Rule §64 CSR 48. Per this rule, the licensee is exempt from paying the applicable license fees, a select number of standards, and from the routine,

biennial inspections but must conduct biennial self inspections. However, OEMS can conduct an inspection of these departments if it is part of a complaint investigation.

- **Option 3** – Fire departments may opt not to become licensed on their own, but deliver services under a transport agency's license. An affiliation agreement between the two agencies must be developed. The agreement must contain language that identifies and defines each agency's responsibility for providing the following:
 - Medical Direction.
 - Errors and Omissions Insurance.
 - Quality Assurance.
 - Training.

Any questions regarding this manual or licensure in general should be directed to the West Virginia Office of EMS Licensure Coordinator at (304) 558-3956. The latest edition of these manual, associated forms and other rules pertaining to licensure are available on the download sections of our webpage: www.wvoems.org.

General Agency Licensing Provisions

1. **License Required §64-48-4.3** – A person or entity shall not establish or operate and maintain or advertise any service or organization as an EMS agency without a valid OEMS license
2. **Display of License §64-48-4.4** The license to operate shall be publicly displayed in the headquarters of the EMS agency.
3. **Licensed Service Types §64-48-4.5** - EMS licenses shall be issued one or more of the following EMS services:
 - Rapid response - advanced life support.
 - Rapid response - basic life support.
 - Basic life support.
 - Advanced life support.
 - Critical care transport.
 - Rotary wing transport.
 - Fixed wing transport.
 - Specialized Multi-Patient Medical Transport.
 - Fire Department Rapid response.
4. **Application §64-48-4.7** - The EMS agency shall submit an application to OEMS for a license, in a format specified by the Commissioner, prior to agency inspection.
5. **Verification §64-48-4.8.** - The Commissioner may use whatever lawful investigatory means necessary to verify any or all information contained in an application.
6. **Inspection §64-48-10.** - The Commissioner may inspect all places of operation of an EMS agency or proposed EMS agency, at any time, for compliance with the rule. The inspection shall be in addition to other federal, state, or local inspections required by law. The inspection shall include all places of operations and all records of the proposed EMS agency. The Commissioner (WV OEMS) may inspect, but not copy or maintain, records of a protected status.
7. **Review of Preliminary Agency Inspection Results §64-48-4.36.a.** – When a Preliminary inspection report is completed, the OEMS inspector and the agency's official representative shall meet to discuss the findings.
 - The agency's official representative shall either concur with the findings or present documentation or facts disputing any portion of the preliminary inspection report.
 - In the case of disputed findings, the OEMS inspector may concur with the information provided and revise the findings appropriately, or refer to the preliminary inspection report, along with all documentation presented by the official representative to the Director of OEMS for review.
8. **Fire Department Rapid Response Agency inspection §64-48-10.a**
 - The Official Representative of the agency, as indicated on the application, shall verify the applicant's compliance with the requirements of this rule and sign and attest to compliance before a notary public.
 - The Commissioner may inspect all places of operation of an existing or proposed fire

department rapid response service for compliance with this rule. The inspection shall be in addition to other federal, state, or local inspection required by law. The Commissioner may inspect, but not copy or maintain, records of a protected status.

9. **License Issuance §64-48-9** -The Commissioner shall determine whether an applicant shall be issued a license based upon:
- The applicant's previous record of performance in the provision of a similar service.
 - The resources available to the applicant for the provision of services.
 - An objective measurement of the applicant's compliance with requirements and standards of this rule.
 - Evidence of the applicant's current compliance with all state, local and federal obligations, included, but not limited to, taxes and worker's compensations obligations.
10. **Ratings and Renewal Periods §64-48-4.35** - The standards ratings and renewal periods are determined as follows:
- "A" rating – a score of ninety percent (90%) or higher of applicable points. A four (4) year license shall be issued.
 - "B" rating - a score of between eighty percent (80%) and eighty-nine percent (89%) of applicable points. A three (3) year license may be issued.
 - "C" rating – a score between seventy percent (70%) and seventy-nine percent (79%) of applicable points. A two (2) year license may be issued.
 - "F" rating – a score of less than seventy percent (70%) of applicable points. No license shall be issued.
 - "Provisional" rating – a score of greater than seventy percent (70%) of applicable points earned by a new agency. Six (6) months license may be issued.
 - Extension of license - The Commissioner may extend, as necessary, an agency license for a period of no greater than six (6) months from the date of expiration.
11. **Plan of Improvement §64-48-4.37.a.** – Upon receipt of the final inspection report, an EMS Agency may submit a plan of improvement for a higher score. A plan of improvement shall only be applicable to the standards section of a final license inspection report.
- The agency has ten (10) working days from receipt of the final license inspection report to notify OEMS of intent to submit a plan of improvement.
 - The proposed plan of improvement shall be submitted with in fifteen (15) days of initial notification.
 - Plans of improvement shall include:
 - Standards to be addressed.
 - Specific improvement strategies to be implemented.
 - The desired outcome of the proposed improvements.
 - A proposed implementation period.

- The Commissioner has ten (10) working days to approve or reject the plan.
 - The Commissioner shall specify the rejected areas of the plan.
 - In the event the plan is rejected, the agency may submit a revised plan within ten (10) working days of rejection notice receipt.
 - Once an improvement plan is approved, the agency shall complete the proposed improvements within the agency's specified implementation period.
 - Upon completion of the improvement period, OEMS shall re-inspect the specific standards proposed for improvement.
 - If, as a result of re-inspection, standards rating improve, the Commissioner shall issue a new license reflecting the change.
 - If, as a result of re-inspection, there is no improvement, the original license rating shall stand without opportunity for further review until next inspection period.
12. **Modification of License §64-48-4.7.b** - Any EMS agency seeking to make changes in the level of service, service area, station location or number of vehicles shall submit an application (modification) in a format specified by the Commissioner, prior to making changes. This also includes any management changes within an EMS agency including those serving as the Official Representative, Medical Director or Training Officer. Such changes require submission of a revised application within ten (10) days of the change.
13. **Responsibility §64-48-4.2.** – EMS agencies are responsible for ensuring that vehicle operated and maintained by the agency and personnel associated with the agency comply with this rule at all times.
14. **Advertising §64-48-4.6.** – EMS agencies shall not advertise, in print, electronic or any other media form produced for public consumption, any service for which they are not licensed. Aeromedical agencies shall not solicit direct flight requests from the general public. Agencies may advertise for personnel or other community-oriented activities.
15. **Agency Fees** – Non-refundable fees for agency license and vehicle permits are due upon receipt of invoice. Fees are:
- | | |
|---|----------------------|
| ➤ Original EMS Agency License Application | \$500.00 |
| ➤ Renewal Application | \$300.00 |
| ➤ Yearly EMS Vehicle Inspection | \$200.00 per vehicle |
| ➤ License Modification | \$100.00 |

All fees waived for fire departments requesting Fire Department Rapid Response Licensure.

Fees payable to: West Virginia Bureau for Public Health
WV OEMS

Mail fees to: Bureau for Public Health Office of Emergency Medical Services 350 Capitol Street, Room 425 Charleston, West Virginia 25301-3714

Requirement I

Place of Operations §64-48-4.11– EMS agencies shall comply with the following requirements pertaining to all places of operations:

Storage - The EMS agency shall provide adequate and clean storage spaces in an enclosed area for equipment and supplies. These storage spaces shall be constructed to permit thorough cleaning.

Supplies – The EMS agency shall maintain medical supplies required for all the classes of vehicle operated by the agency.

Sanitary Requirements - All areas used for storage of equipment and supplies shall be kept neat, clean and sanitary. Plastic bags or enclosed containers shall be provided for spoiled supplies.

Living Quarters - If crews are required to work twenty-four (24) hour or greater shifts, appropriate quarters shall be provided. These quarters shall meet standards established by WV Code §21-3-1, Safety and Welfare of Employees, and others established by the Commissioner.

Medical Waste - All forms of medical waste shall be stored and disposed of according to WV Code §20-5J-1, et seq. and Division of Health Legislative Rule, Infectious Medical Waste, 64CSR56.

To evaluate compliance, the inspector shall:

- Conduct on-site evaluation of all agency locations, documenting conditions found by recorded report and photographs.
- Review purchasing records, contracts etc for supply replenishment.
- Inspect living quarters for appropriate facilities, cleanliness, etc.
- Interview staff regarding agency facilities
- Inspect storage and supply areas.
- Review written contract or agreement with a medical waste disposal company, or;
- Review written agreement between the EMS agency and medical facility for waste disposal.

Requirement II

Operational Policies and Procedures – EMS agencies shall maintain current written operational policies and procedures which are subject to inspection by the Commissioner. * Required policies and procedures include, but are not limited to: §64-48-4.12.

- Operation and maintenance of services,
- Equipment and facilities management,
- Health and safety practices for EMS personnel,
- Patient safety,
- A medication management plan compliant with federal and state requirements,
- Infection control practices,
- Anti-harassment,
- Vehicle operations, and;
- Personnel management

* Each component is not required to be a separate document, however all topics must be addressed by the agency.

Additional aeromedical agency policy & procedure requirements:

- A contemporaneous flight following plan used in all phases of flight operations,
- Notification policy for requesting agencies and facilities which include estimated time of arrival and any changes in time or flight status,
- A routinely drilled post accident/incident plan,
- A policy to reduce helicopter shopping including appropriate pre-flight screening and cooperation with other aeromedical providers, and;
- A customer education program addressing patient preparation, landing zone management and customer safety around aircraft & equipment.

The EMS agency shall establish and enforce policies and procedures that are necessary for the operation of the agency.

To evaluate compliance, the inspector shall:

- Review and inspect written policies and procedures to include all of the above.
- Review equipment contract for maintenance.
- Review facility maintenance logs.
- Review records for personnel safety. (Examples: yearly immunization, blood borne pathogens training, decontamination procedures, exposure procedures)
- Review patient safety policy (Examples: 5 point restraints, weight restrictions for lifting requiring additional crews, etc.)
- Review anti-harassment policy.
- Review vehicle maintenance policy.
- Review each specific policy for aeromedical agencies.
- Interview staff to determine enforcement/applicability of policy statements

Requirement III

Records §64-48-4.13 - The EMS agency is responsible for the preparation and maintenance of all records. All records are subject to inspection by the Commissioner. Records shall be stored in a manner to provide reasonable safety from water and fire damage and from disclosure to persons other than those authorized by law. Secure storage shall be provided for all medical records. EMS agencies shall comply with data collection and reporting requirements in subsection 3.2 of this rule. The EMS agency shall prepare and maintain for a period of not less than seven (7) years the following records:

Personnel records for EMS personnel and other staff that documents training, qualifications
And certifications for the position held.

Records for each EMS vehicle including vehicle registration records, records of safety inspections, repair and crash incident reports as specified by the Commissioner.

To evaluate compliance the inspector shall:

- Conduct an inspection of reports, records, programs and the areas in which they are stored. The reports and records to be inspected include:
 - Personnel records to ensure the proper documentation of certification, training and qualifications for the current position held.
 - Maintenance records and logs for each vehicle currently in use.
 - Valid vehicle registration for each vehicle currently in use.
 - Vehicle safety inspection reports.
- Interview staff to determine qualifications for positions
- Identify & review software programs used for tracking
- Identify systems in place to maintain record security.
- Interview vehicle maintenance personnel.
- Review data compliance reports form WVOEMS.

Requirement IV

Insurance – Each EMS agency shall have in effect, maintain and furnish proof of errors and omissions, insurance as required by WV Code §16-4C-16, and current insurance policies for all EMS vehicle operated by the agency. §64-48-4.14.

To evaluate compliance the inspector shall:

- Review and document current errors & omissions insurance
- Review and document current vehicle insurance.
- Review and document current workers compensation policy.
- Review and document dishonest employee insurance policy.
- Review and document management liability insurance policy.

Requirement V

Non-Discrimination - The EMS agency shall maintain a written policy to prohibit the refusal of emergency response, treatment and transportation of patients with potentially critical illness or injury to the nearest appropriate facility on EMS incidents, regardless of the patient's age, sex, ethnicity or ability to pay for services.

To evaluate compliance the inspector shall:

- Review the non-discrimination policy.
- Interview staff to determine knowledge of policy.

Requirement VI

Public Access – An EMS agency shall provide a publicly listed telephone number to receive requests for service from the general public within the regular operating area. §64-48-4.16

The primary emergency number shall be 911. §64-48-4.16.a.

Secondary telephone numbers may be provided for the provision of non-emergency services. §64-48-4.16.b.

An EMS agency that, according to written policy, does not respond to calls from the general public and responds only to calls from a defined, closed population, such as the population of an institution, industrial plant, facility or a university, is not required to provide a publicly listed telephone number. These agencies shall provide a telephone number that is known to the defined population served and is answered during all periods when that population may require service. §64-48-4.16.c.

To evaluate compliance the inspector shall:

- Review agreements with 911 public safety answering point(s).
- Review 911 or in-house dispatch logs.
- Review advertisements in all types of media.
- For in-house dispatch:
 - Review staff qualifications
 - Review staffing patterns & schedules
 - Review missed call/rollover policies

Requirement VII

Availability – EMS agencies shall ensure service for which they are licensed is available to the public or population served within the regular operating area on a twenty-four (24) hour continuous basis either by providing the service themselves or by written agreement with another licensed EMS agency. §64-48-4.17.c.

To evaluate compliance the inspector shall:

- Review CIS rosters for certification levels, staff numbers
- Review written mutual aid agreements.
- Review 911 or in-house EMS backup plans
- Review 911 logs.
- Interview 911 staff.

Requirement VIII

Communications - EMS communication system shall comply with state and federal rules, regulations, policies and protocols. §64-48-4.18.

To evaluate compliance the inspector shall:

- Conduct an inspection of the agency's communication system / 911 center.
- Review manuals or operating policies of the agency's communication center.
- Review FCC licenses' if applicable, or frequency or user agreements.
- Document types and frequencies of communication equipment used for dispatch, mutual aid and medical command operations

Requirement IX

Performance Improvement – The EMS agency shall comply with the minimum performance improvement program as established by the Commissioner. §64-48-4.19.

To evaluate compliance the inspector shall:

- Review policies and procedures regarding performance improvement process.
- Inspect performance improvement data reports
- Review minutes of performance improvement meetings.
- Review evidence of completion of system or individual performance improvement recommendations
- Conduct interviews/conversations with staff regarding performance improvement loop closure

Standard 1

Level of Service §64-48-4.21.

The EMS agency will be scored based upon the level of service provided:

- ALS staffed and equipped EMS vehicles are dispatched on all emergency requests for services, or; a tiered response is dispatched based on criteria from an OEMS recognized Emergency Medical Dispatch program, or;
- ALS services are available only on a part-time basis, or;
- BLS services only are available.

To evaluate compliance the inspector shall:

- Review data collected from Electronic Patient Care Records.
- Review agency roster.
- Review vehicle inspection.
- Conduct interviews with staff.
- Review records of missed calls or referrals to other agencies.

Standard 2a

Medical Accountability §64-48-4.22

The EMS agency should ensure proper medical accountability and oversight through the use of an active medical director. The EMS agency will be scored on one of the following sections:

Off line medical direction:

- The medical director has a written contract with the EMS agency outlining duties and responsibilities and is actively involved with the agency through direct participation in activities including, but not limited to: oversight of training, skills maintenance and recertification; equipment selection; clinical performance evaluation and the performance improvement process as evidenced by documented participation in quarterly, or more frequent, meetings with agency officials and personnel, or;
- The medical director has a written contract with the EMS agency outlining duties and responsibilities with minimal evidence of active involvement with the agency.

To evaluate compliance the inspector shall:

- Review written contract/agreement with qualified medical director.
- Review training records.
- Review skills education/validation records
- Review PI / QI program records.
- Interview medical director and staff.

Standard 2b

Performance Improvement §64-48-4.22.b

This section is non-applicable to New Agency Inspections and Fire Department Rapid Responders.

The agency should continuously review and evaluate the quality and appropriateness of patient care delivered by the agency using the state requirements. The EMS agency regularly provides quality review findings to those involved in the activities reviewed. The findings may call for change in operations, specific in-service training for individuals, or the entire agency. The medical director ensures such findings are binding and implemented and sufficiently documented.

The EMS agency demonstrates superior commitment to performance improvement as evidenced by activities substantially exceeding state minimum requirements described in subsection 4.19. of this rule.

To insure compliance, the inspector shall:

- Review policies and procedures regarding performance improvement.
- Inspect performance improvement data reports over and above state minimum requirements
- Review minutes of performance improvement meetings.
- Review evidence of completion of system or individual performance improvement recommendations
- Review records of in-services or changes in policies and procedures resulting from performance improvement activities.
- Review documentation completed by medical director.
- Conduct interviews/conversations with staff

Standard 3

Rapid Response §64-48-4.23.

The EMS agency should develop and maintain a rapid response system to decrease the response times to emergencies in the service areas.

- The EMS agency has a rapid response program which routinely places trained and equipped personnel on the scene of potential life-threatening emergencies prior to the arrival of an ambulance, in accordance with policies and guidelines established by OEMS, or;
- The EMS agency has formalized rapid response capabilities provided irregularly, or is not available in all parts of the service area.

To evaluate compliance, the inspector shall:

- Review written agreements with rapid response agencies.
- Review EPCR information for the agency and affiliated rapid response entities.
- Review 911/agency dispatch logs.
- Interview 911/agency communication staff.

Standard 4

Public Education and Information §64-48-4.24.

The agency should develop a professional community education program to promote proper service utilization. The agency will be scored on one of the following:

- The EMS agency has a community presence which documents the provision of EMS public education and community service programs to the covered population. The EMS agency offers these activities quarterly or more frequently and actively participates with outside organizations and groups, or;
- The EMS agency provides limited or intermittent education or service programs to the community.

To evaluate compliance, the inspector shall:

- Review documentation of community-based activities
- Review rosters of public educational programs.

Standard 5

Disaster Capability §64-48-4.25.

The EMS agency should develop a rapid response system to disasters and other emergencies. The agency should also develop and practice a plan for use in disasters, including necessary mutual aid agreements. The agency will be scored on the following sections:

- **Disaster Plan:**
The EMS agency has a current, written all-hazards plan for disaster response which is integrated with adjacent providers and emergency management officials. The plan is compliant with current federal and state emergency planning and operational standards, and;

Disaster Drills section is non-applicable to New Agency Inspections.

- **Disaster Drills:**
The EMS agency conducts, or participates in, disaster drills with adjacent EMS agencies, other emergency response entities and county emergency management agencies at least annually.

To evaluate compliance, the inspector shall:

- Review current agency disaster plan.
- Review current mutual aid agreements.
- Review county all-hazard response plan
- Review records of drills.
- Review written critiques of disaster drills.
- Interview county Emergency Management Agency staff.

Standard 6

Mutual Aid §64-48-4.26

The EMS agency maintains written mutual aid agreements that address adjacent EMS agencies, common communication frequencies, equipment, and cross training. The agency will be scored on one of following sections:

- The EMS agency maintains current written mutual aid agreements addressing all aspects of reciprocal service provision with all adjacent EMS agencies, or operates under written mutual aid guidelines established by the local EMS system, or;
- The EMS agency has limited-scope mutual aid agreements or does not have them with all adjacent EMS agencies.

To evaluate compliance, the inspector shall:

- Review current mutual aid agreements for completeness including specifically what aid is provided, when and any limitations.
- Review documentation of effort to establish mutual aid agreements with all surrounding agencies.

Standard 7

Personnel §64-48-4.27.

The EMS agency should develop and practice good employment / volunteer practices and procedures. The agency will be scored on the following sections:

Job Descriptions:

The EMS agency maintains current written job descriptions for all positions within the agency, **and,**

Recruitment:

The EMS agency uses a formal, documented recruitment program to actively recruit new personnel, **and,**

Personnel Screening:

The EMS agency screens and selects applicants with a formal, documented, objective process, **and,**

Orientation:

The EMS agency uses a formal orientation process with documented completion of specific stated objectives. Documentation of completion is maintained in each personnel file, **and,**

Retention:

The EMS agency uses a formal, documented retention program to aid in retention of qualified personnel.

To evaluate compliance, the inspector shall:

- Review written job descriptions for all personnel positions within the agency.
- Review written policy or description of the orientation process, including completion documentation for individual personnel.
- Review strategy for recruiting new personnel.
- Review documentation of recruitment and retention activities for all media types.
- Review written procedures of hiring process.
- Review written personnel policies and procedures.
- Review documentation of staff receipt of copies of policies and procedures (must include signatures).
- Inspect randomly selected employee files.
- All policies in this section must be current (evidence of formal review within the previous licensing period).
- Conducts interviews / conversations with employee's / members.

Standard 8a

Education and Training §64-48-4.28.

This section is non-applicable to New Agency Inspections and Fire Department Rapid Response Agencies.

★ The EMS agency should develop a program to ensure proper continuing education opportunities for all agency staff. The agency will be scored in one of the following sections:

Personnel Education:

- The EMS agency provides EMS education for all EMS personnel levels within the agency. Educational offerings exceed minimum recertification requirements and include at least one program leading to original certification, **or**;
- The EMS agency provides, or makes available, in-house training activities meeting all minimum recertification requirements for all EMS personnel levels within the agency, **or**;
- The EMS agency provides some in-house training activities meeting some recertification requirements for EMS personnel.

To evaluate compliance, the inspector shall:

- Confirm agency training activity at appropriate level in CIS system.
- Confirm appropriate agency participation with WVOEMS education staff.
- Review written education policies.
- Review training schedules and records.
- Conduct interviews / conversations with employees and / or members.

★ This does not require the agency to operate a free-standing program. This standard may be met by written agreement or contract with another WVOEMS approved EMS educational Institute.

Standard 8b

Training Officer Program §64-48-4.28.b.

This section is non-applicable to New Agency Inspections.

★The EMS agency will have a state-approved Training Officer Program in place.

Training Officer's Program:

The EMS agency participates fully in the state approved training officers program with a qualified designated agency training officer and offers in-house continuing education programs a minimum of two (2) times per year.

To evaluate compliance, the inspector shall:

- Confirm ATO activity at appropriate levels in CIS system.
- Confirm agency participation with WVOEMS education staff.
- Review written education policies.
- Review training schedules and records.
- Conduct interviews / conversations with employees and / or members.
- Review contract/agreement with outside EMS educational institute if applicable.

★ This does not require the agency to operate a free-standing program. This standard may be met by written agreement or contract with another WVOEMS approved EMS educational Institute.

Standard 9a

Financial §64-48-4.29

This section is non-applicable to New Agency Inspections and Fire Department Rapid Response agencies.

The EMS agency should utilize generally accepted accounting practices and procedures to ensure a stable base for the agency and its employees / members. The agency will be scored on the following:

The EMS agency shall have an approved, written operating and capital expenditures budget which includes projected income and expenses, actual income and expenses, and an accounting of budget variances. Budget reports are provided quarterly, at a minimum, to the agency's governing body or ownership, management personnel and other significant stakeholders.

To evaluate compliance, the inspector shall:

- Review/document approved detailed budget for agency
- Review operating and capital expenditure projections.
- Review income projections.
- Review income and expense reports.
- Review quarterly reports.
- Review budget adjustments made based upon actual expense & income data.
- Review board or management documentation of budget adoption, tracking and adjustments.

Standard 9b

Financial Stability §64-48-4.29.b.

This section is non-applicable to New Agency Inspections and Fire Department Rapid Response agencies.

The EMS agency is financially viable. The agency will be scored on one of the following sections:

- A full financial audit or quarterly articulated financial statements provided by an independent accounting firm during the license period, or;
- A financial review conducted by an independent entity within the license period, or;
- Interim articulated financial statements are provided.

To evaluate compliance, the inspector shall:

- Review financial audits.
- Review financial statements.
- Review documentation from accountant or independent entities
- Review board or management documentation of receipt and actions taken as a result of audits, financial statements or other financial recommendations
- Review Letter of Good standing from local, state and federal authorities.

Standard 9c

Financial Responsibility §64-48-4.29.c.

The EMS agency will be scored on the following:

The EMS agency has formally designated individuals with financial responsibility. Individuals with financial responsibility shall be appropriately insured or bonded.

To evaluate compliance, the inspector shall:

- Review administrative financial and billing policies.
- Review and document insurance dishonest employee insurance policy.
- Review internal financial controls.
- Review current job descriptions of all personnel with financial responsibilities or written contract / agreement with outside parties with financial responsibility to the agency.

Standard 10

Facilities and Equipment §64-48-4.30.

The EMS agency should develop a program of good routine and preventative maintenance to ensure vehicle and equipment reliability, adequacy and safety. The agency should also maintain facilities and supplies adequate to fulfill staff and mission needs. The agency will be scored on the following sections:

- **Facilities Maintenance Program:**
The EMS agency uses a documented, comprehensive program of routine inspection and preventive maintenance for all agency facilities, **and,**
- **Vehicle Maintenance Program:**
The EMS agency uses a documented, comprehensive program of routine inspection and preventive maintenance performed by qualified personnel for all EMS vehicles, **and,**
- **Medical Equipment:**
The EMS agency uses a documented, comprehensive program of routine inspection and preventive maintenance performed by qualified personnel for all EMS medical equipment.

To evaluate compliance, the inspector shall:

- Inspect agency's facilities, stations, and living quarters.
- Review policies regarding facility maintenance.
- Review facility maintenance and repair records.
- Review policies regarding vehicle maintenance.
- Review EMS vehicle daily inspection forms.
- Inspect vehicle maintenance reports / records.
- Review vehicle accident reports.
- Review written guidelines for ordering and reordering supplies.
- Inspect storage and supply areas.
- Review medical equipment maintenance records and contracts.
- Conduct interviews / conversations with employees / members.

Standard 11a

Accountability and Stability §64-48-4.31

The EMS agency should be recognized and supported by the local governing body. The agency will be scored on one of the following:

- The responsible county commission statutory ambulance authority or other statutory entity charged with the responsibility of providing the service formally recognizes the agency as part of the local EMS system and provides sufficient resources to support agency operations, or;
- The agency is formally recognized by the responsible county commission, statutory ambulance authority or other statutory entity charged with the responsibility of providing the service as part of the local EMS system but receives minimal support.

To evaluate compliance, the inspector shall:

- Review Local EMS System plan.
- Review local government codes or levies that fund the EMS agency.
- Review evidence of indirect governmental support of EMS agency.
- Review contract / agreement / franchise between EMS agency and responsible local government entity.
- Review documentation, from the County Commission, that formally recognizes the agency as an entity of the county EMS system.

Standard 11b

Accountability and Stability §64-48-4.31

The agency should develop a statement outlining its mission and purpose as well as providing on-going managerial training for management. The agency should also be formally and legally organized. The agency will be scored on the following sections:

Organization:

The agency is formally and legally organized with clear lines of managerial authority and responsibility as evidenced by an agency charter or articles of incorporation, current written by-laws, current registration with the Secretary of State, current organizational charts, policies, etc., **and**,

Section on management education is non-applicable to New Agency Inspections.

Management Education:

EMS agency management personnel have documented education in EMS management practices and procedures. Continuing education in management practice is required and current management personnel participation is documented.

To evaluate compliance, the inspector shall:

- Review written mission statement and supporting documentation.
- Confirm current corporate license with Secretary of State if applicable.
- Review enabling ordinance or legislation if applicable.
- Review agency charter or articles of incorporation and bylaws.
- Review management and operational organizational charts
- Review documentation of completion of EMS management courses and continuing education by functional management and supervisory personnel.
- Interview management, supervisory and other staff.

Appendixes

- Appendix 1: EMS Agency License Application**
- Appendix 2: Initial Agency Personnel Roster**
- Appendix 3: Agency Station Register**
- Appendix 4: Agency Rate Structure**
- Appendix 5: Sample Medical Director Agreement**
- Appendix 6: Sample Mutual Aid Agreement**
- Appendix 7: Sample Rapid Response Agreement**
- Appendix 8: Sample Agency Disaster Plan**
- Appendix 9: Fire Department Rapid Response Agency Standards Scoring**
- Appendix 10: Emergency Non Transporting Vehicle Permit Application**
- Appendix 11: EMS Vehicle Permit Inspection Form**
- Appendix 12: EMS Vehicle Equipment and Supply List**
- Appendix 13: WVOEMS Minimum Performance Improvement Plan**
- Appendix 14: WV EMS Technical Support Network Field Office Map**
- Appendix 15: WV Dept. of Education Public Safety Training (RESA) Service Region Map**
- Appendix 16: WV Community & Technical College Services District Map**

Appendix 1:

EMS Agency License Application

To be submitted for any new agency requesting licensure within West Virginia.

To be submitted for any current WV EMS licensed agency requesting renewal or modification.



West Virginia Department of Health and Human Resources
 Bureau for Public Health
 Office of Emergency Medical Services
 350 Capitol Street, Room 425
 Charleston, WV 25301-3716

EMS Agency License Application

Date _____ New Application Renewal Modification (*highlight area for modification*)

Agency:		FEIN:	
DBA:		County	
Physical Address:		Squad Code:	
City:	State:	Zip Code:	
Mailing Address (if different than above)		Website:	
City:	State:	Zip Code:	
Phone:	Fax:	Email Address:	

Official Representative:		Title:	
Mailing Address:		WV OEMS No:	
City:	State:	Zip Code:	
Daytime Phone:	Home Phone:		
Fax:	Cell:	Email Address:	

<input type="checkbox"/> Agency Training Coordinator:		Title:	
<input type="checkbox"/> Agency Training Officer:		WV OEMS No:	
Mailing Address:		Zip Code:	
City:	State:		
Daytime Phone:	Home Phone:		
Fax:	Cell:	Email Address:	

<input type="checkbox"/> Assistant Agency Training Officer:		Title:	
Mailing Address:		WV OEMS No:	
City:	State:	Zip Code:	
Daytime Phone:	Home Phone:		
Fax:	Cell:	Email Address:	

Medical Director:		WV License No:	
Mailing Address:		WV OEMS No:	
City:	State:	Zip Code:	
Daytime Phone:	Home Phone:		
Fax:	Cell:	Email Address:	

Attach additional page(s) if Agency has more than one Asst. Medical Director

revised 2-6-14





**Bureau for Public Health
Office of Emergency Medical Services**

License Level (check all that applies)	
<input type="checkbox"/> Fire Department Rapid Response - Basic Life Support (Non-transporting)** <input type="checkbox"/> Fire Department Rapid Response - Advanced Life Support (Non-transporting)** <input type="checkbox"/> Rapid Response - Basic Life Support (Non-transporting) <input type="checkbox"/> Rapid Response - Advanced Life Support (Non-transporting)	
<input type="checkbox"/> Basic Life Support <input type="checkbox"/> Advanced Life Support <input type="checkbox"/> Critical Care Transport <input type="checkbox"/> Specialized Multipatient Medical Transport <input type="checkbox"/> Rotary Wing <input type="checkbox"/> Fixed Wing	
<p>** Only fire departments recognized by the State Fire Marshall's Office are eligible to apply for a license, under these requirements and standards found in WV Office Emergency Medical Legislative Rule 564CSR48.</p>	

Provider Description	
Corporate Structure:	
<input type="checkbox"/> Government/Public	<input type="checkbox"/> Private Non-Profit
	<input type="checkbox"/> Private-for-Profit
Organization Type:	
<input type="checkbox"/> Ambulance	<input type="checkbox"/> Fire Department
<input type="checkbox"/> Industrial	<input type="checkbox"/> Hospital Based
	<input type="checkbox"/> Other _____

Describe the area(s) in which you provide service. Attach additional pages if necessary and map if available.

Insurance Information (attach copy of current policy)			
Medical Liability Insurance Provider:		Policy No.:	
Address:		Expiration Date:	
City:	State:	Zip code:	
Agent Name:	Phone:	Fax:	



**West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Emergency Medical Services**

Staffing Information					
Staff Level	Full-time	Part-time	Paid per Call	Volunteer	Total
EMVO					
EMR					
EMT					
ACT					
PARAMEDIC					
MCCN/MCCP					
Totals					

Vehicles	
Units	Number of Basic Life Support units (BLS) _____ Number of Advanced Life Support units (ALS) _____ Number of Rotary/Fixed wings units _____ Number of CCT units _____ Number of SMPMT units _____ Number of Non-Transporting Class A _____
Radio Frequencies:	Transmit Frequency _____ Receive Frequency _____ Transmit Frequency PL _____ Receive Frequency PL _____ 12 Lead Transmission Method _____

Rapid Response

Do you have rapid response agencies that are operating under your agency's license through an affiliation agreement:

Yes No If yes, complete chart below:

Do you have written agreements with rapid response agencies, but are licensed independently?

Yes No If yes, complete chart below:

Rapid Response Agency	Level of Service

Attach additional pages if necessary

I verify that all information contained within this document is true and accurate. Any subsequent transactions which alter the information will be promptly reported to the West Virginia Office of Emergency Medical Services.

Signature of Agency's Official Representative _____	Title _____	Date _____
Signature of Agency Medical Director _____		Date _____

Appendix 2:

Initial Agency Personnel Roster

To be submitted for new agency requesting licensure within West Virginia.

For current WV EMS licensed agencies, the agency official representative, needs to verify that the current roster in CIS is up to date. This includes having all members to access their accounts to verify that their personal information, including e-mail, is updated. Print updated roster and have Squad Medical Director verify members and sign.

Appendix 3:

Agency Station Register

To be submitted for new agency requesting licensure within West Virginia.

For current WV EMS licensed agencies, the agency official representative, needs to verify that the current station register in CIS is up to date. If CIS is current, mark the appropriate box, on the top of this form. Please give precise directions to the agency's main station, from a main, marked roadway. Submit changes as needed.

Appendix 4:

Agency Rate Structure

To be submitted for any new agency requesting licensure within West Virginia.

To be submitted for any current WV EMS licensed agency requesting renewal or when rate structure changes have accrued.



West Virginia Department of Health and Human Resources
 Bureau for Public Health
 Office of Emergency Medical Services

Rate Structure

EMS Agency:		Squad Code:
Chief Official:		
Address:		
City	State:	Zip:
County:	Phone:	

Type of Reimbursement	Amount
Basic Life Support (BLS)	\$
Advanced Life Support (ALS)	\$
Critical Care Transport (CCT)	\$
Fixed Wing Air Ambulanced	\$
Rotary Wing Air Ambulance	\$
Mileage	\$
Loading	\$
Total Calls for Previous Years	

Responsible Bill Party or Company:		
_____ EMS Agency Official (Print)	_____ Signature	_____ Date

Appendix 5:

Sample Medical Director Agreement

**Emergency Medical Service
MEDICAL DIRECTOR
AGREEMENT**

This Agreement, entered into this _____ day of _____, 20____ by and between _____ Emergency Medical Service, party of the first part, hereinafter referred to as the "Agency", and _____, M.D./D.O., a physician licensed to practice medicine in the State of West Virginia, party of the second part, hereinafter referred to as the "Medical Director."

RECITALS:

WHEREAS, the Agency renders emergency medical services pursuant to the Emergency Medical Services Act of 1975, as amended, and the Code of West Virginia of 1931; and

WHEREAS, the Agency requires the services of a licensed physician to ensure compliance with the Emergency Medical Services Act of 1975 and the Agency desires to enter into this agreement with the medical director; and

WHEREAS, the medical director desires to perform the services required and the medical director desires to enter into this agreement with the Agency;

NOW, THEREFORE, for and in consideration of the promises made each to the other as hereinafter set forth, the parties agree as follows:

1. The medical director will serve as the medical director for the Agency and as such shall supervise the medical performance of the Agency's emergency medical service personnel and shall authorize said personnel to perform, or prohibit said personnel from performing, as the case may be, basic and/or advanced life support procedures, as established by their scope of practice based on their individual certification level, in connection with their employment with the Agency.
2. The medical director shall advise and train Agency personnel with respect to:
 - a. professionally recognized standards of care;
 - b. medical policies, procedures and standards, as adopted by the Agency;
 - c. West Virginia approved pre-hospital care treatment protocols, procedures, policies and guidelines, as established and approved by the WV Office of EMS;

- d. applicable rules, regulations and policies; and
 - e. applicable security procedures for medications and controlled substances in accordance with United States Drug Enforcement Agency and West Virginia regulations.
3. The medical director shall audit the performance of Agency personnel under an established Quality Assurance/Quality Improvement program which, at a minimum, shall include, but not be limited to, a review of Pre-Hospital Care Reports, direct observation and comparison of field performances with established standards, policies, protocols and guidelines.
4. The Medical Director shall:
- a. ensure the Agency participates in regional Quality Assurance programs;
 - b. oversee the Agency's continuing education programs;
 - c. provide advice and direction to the Agency on the prevention of illnesses and injuries which are common to EMS personnel in the performance of their duties; and
 - d. devote such hours as needed to carry out his duties under this agreement.
5. The Department shall:
- a. provide professional liability coverage for the medical director for any and all activity related to the performance of his duties;
 - b. provide necessary and appropriate clerical and staff support to the medical director as required to perform his duties; and
 - c. be responsible for any reasonable expenses incurred by the medical director in the performance of his duties.
6. This Agreement shall be effective upon signing and shall continue until termination by either party by giving the other written notice thirty (30) days in advance of termination.

SIGNED:

_____ **Emergency Medical Services, THE**
AGENCY

BY: _____, **IT'S** _____

DATED: _____

AND

_____, **M.D./D.O.**
DATED: _____

SAMPLE

Appendix 6:

Sample Mutual Aid Agreement

MUTUAL AID AGREEMENT
FIRE, EMERGENCY MEDICAL SERVICES,
SPECIALIZED RESCUES AND DISASTERS

BETWEEN _____

AND _____

This AGREEMENT made and entered into this ___ day of ___, 20___, by and between the
_____, *Requesting Party* AND _____
Responding Party.

WITNESSETH:

WHEREAS, each of the parties hereto has interest in the control of fires, emergency medical services, specialized rescues, disasters and/or other emergency support; and,

WHEREAS, in the event of a major fire, mass casualty event, specialized rescue, disaster or other emergency, either party may need the assistance of the other party to this Agreement, to provide supplemental fire suppression, emergency medical services equipment and personnel, specialized rescue personnel and/or other emergency support; and,

WHEREAS, _____ and _____
are desirous of providing more adequate protection within their respective territories in the event of a major fire, mass casualty event, specialized rescue, disaster and/or other emergency.

NOW THEREFORE, in consideration of the respective covenants and promises herein, the parties agree as follows:

1. DEFINITIONS, as used herein:

- a. "Requesting Party" shall mean that party requesting aid; and
- b. "Responding Party" shall mean that party affording or responding to a call for aid.

2. AUTHORITY TO REQUEST AID:

- a. Each party authorizes their respective fire chiefs, agency directors, or in their absence the senior officer or other member in charge to request and afford *mutual aid from and to the other party upon request*.
- b. Each party agrees that the request for mutual aid shall comply with the following guidelines:
 - i. The requesting Party must have personnel on scene at the emergency incident at the time of the request; or,
 - ii. The requesting Party must have all their resources involved on another emergency incident at the time of the request; or,

- iii. The requesting Party must be requesting a special piece of equipment or expertise the Requesting Party does not have; or,
- iv. The Requesting Party is responding to an emergency that from information received during the initial dispatch it is believed that the incident will overwhelm the resources of the Requesting Party.

3. LIABILITY:

- a. Each party agrees that the Requesting Party shall assume liability for and hold the Responding Party harmless from all liabilities which arise out of command decisions and judgments.
- b. Each party agrees to assume responsibility for liabilities arising out of the actions of its' own personnel and to hold the other party harmless as to the actions relating to performance.

4. INSURANCE:

- a. Each party agrees to maintain adequate insurance coverage for its' own personnel and equipment.

5. COMPENSATION:

- a. Each party agrees that it will not seek from the other party compensation for services rendered under this Agreement.
- b. Each party shall at all times be responsible to its' own personnel for payment of wages and other compensation and for carrying worker's compensation upon said personnel.
- c. Each party shall be responsible for its' own equipment and shall bear the risk of loss or damage.
- d. However, if fire suppression chemicals are utilized by the Responding Party, the Requesting Party shall compensate the other party for the replacement cost of such chemicals.
- e. Each party agrees that this agreement does not prevent either party from billing third parties for services when such billing is appropriate.

6. TRAINING:

- a. Each party agrees that personnel of the Responding Party answering a request for mutual aid under this Agreement will meet all training requirements of the West Virginia State Fire Commission, The West Virginia Office of Emergency Medical Services and/or any other state or federal requirements that may apply.

7. INCIDENT MANAGEMENT:

- a. Each party agrees that the Requesting Party Shall assume management of the emergency incident; unless, they specifically request the Responding Party to assume management responsibility. The Responding Party has the right to accept or reject this request.

- b. Each Party agrees that the management system to be used during the *emergency incident shall be based on the National Incident Management System (NIMS)*, which is endorsed by the Department of Homeland Security.
- c. Each party agrees that personnel of the Responding Party answering a request for mutual aid shall be trained in the use of the National Incident Management System (NIMS).
- d. Each party agrees that personnel from the Responding Party shall work directly under a supervisor from their own department; but, that the supervisor shall be operating within the National Incident Management System (NIMS).

8. SAFETY:

- a. Each party agrees that SAFETY is the number one priority at any incident.
- b. Each Party agrees that if members of the Responding Party feel an unsafe act is taking place or is about to take place they can withdraw from participation in the operation.

9. OBLIGATION TO RESPOND:

- a. Each party agrees that provisions of this agreement shall not be construed to impose an obligation to respond to a request for mutual aid. At any time the Responding Party may, for any reason, deem it advisable not to respond and may so inform the Requesting Party.
- b. Each party agrees that the Responding Party shall determine the amount of apparatus and personnel to send to a request for aid.

10. TERMINATION:

- a. This agreement shall remain in full force and effect until the first day of July of each year. At which time, if desirable by both parties, the Agreement with any agreed upon changes can be renewed by the two parties.
- b. A party desiring to terminate this Agreement prior to the first day of July shall serve in written notice upon the other party of its' intention to terminate this Agreement. Such notice shall be served not less than thirty calendar days prior to the termination date set forth in said written notice.

The _____ shall act as an agent for all _____
and _____.

IN WITNESS WHEREOF, the Parties hereto have executed this agreement the
day and year first above written.

Signed:

_____, Requesting Party

By: _____, it's _____

Dated: _____

AND

_____, Responding Party

By: _____, it's _____

Dated: _____

SAMPLE

Appendix 7:

Sample Rapid Response Agreement

during the performance of this Agreement. The First Responder shall have the sole control of the manner and means of performing the services provided by the Agreement; with exception of medical direction provided by the Agency's Medical Director. The First Responder shall perform such services according to its own means and administrative methods. The First Responder shall direct the performance of all its employees and agents.

Training: The Agency will, subject to the availability and distribution of its resources, financial and otherwise, assist in providing training to First Responder Personnel who are approved by the Agency to a minimum level of a State Approved First Responder Training. It is anticipated that there will be monthly training meetings held for such personnel on selected nights in various locations throughout the county. The inservices will follow Department of Transportation standards set for by the State of West Virginia. The First Responder shall maintain the certification for training during the term of this Agreement and shall continue their education and skills practice to assure professional performance levels. The First Responder shall abide by the Scope of Practice set forth by the State of West Virginia for the individual's level of training.

Alerting: The Agency shall coordinate the alerting of First Responders through the communications center, or by special arrangement, in the area covered by the First Responder. The Agency shall retain sole determination of pertinent or applicable response situations, the procedures to be used and, method by which the program is to accomplish in accordance with pre-established guidelines according to State Law, Protocols and other guidelines comprised jointly by the participating First Responder and the Agency. The Agency may provide an alternate means for alerting the First Responder depending on the degree of need for that geographical area and available financial or equipment resources. First Responders shall attempt to respond to an incident within five (5) minutes of being alerted; unless they are already on a call.

Duties of the First Responder: The First Responder's responsibility is to respond when called and to provide life support stabilization to a patient until the arrival of an Agency or Agency-authorized vehicle and/or personnel. Upon the arrival of Agency personnel, the First Responder's role shall continue as an assistant to the Agency personnel. After the arrival of Agency personnel, patient care will be under their direction and control.

Insurance: The First Responder shall maintain general liability insurance and medical professional liability insurance with insurance companies acceptable by the Agency. In addition, the First Responder shall maintain worker's compensation, employers' liability insurance and automobile liability

insurance (covering the use of owned, non-owned, hired or borrowed vehicles) with insurance companies acceptable to the Agency. The expense of the required insurance shall be paid by the First Responder. A certificate of insurance shall be provided to the Agency each year upon the renewal of the policy.

Transport: The First Responder shall not transport an emergency patient without the express authorization of the Agency. All patient transportation shall be at the direction and control of the Agency.

Geographical Area: The First Responder shall be assigned a geographical area of operation by the Agency. This area shall be in accordance to the fire department's response area and may be extended upon agreement by the parties hereto.

Designated Representatives: The First Responder must appoint an individual to act as its designated representative for all matters arising from this agreement. Such individual shall be designated to the Agency in writing and shall be required to attend meetings as needed with the Agency's representative. The First Responder understands and agrees that the individual representing the department will act as the First Responder Coordinator. Furthermore, it is agreed and understood that the First Responder Coordinator shall have medical training, at a minimum, as a West Virginia First Responder or greater certification.

First Responders shall limit the number of responding personnel to three (3) qualified individuals unless additional manpower is required and requested by the Agency's personnel.

Records: The First Responder must maintain patient records (WV OEMS Patient Care Record) reflecting response times of First Responders, as well as other documents and records as required by the Agency and the State of West Virginia. The documents and/or records shall be made available to the Agency upon request. All patient care records (WV OEMS Patient Care Records) shall be supplied to the Agency for Quality Assurance and Quality Improvement.

All First Responders are required to have on file with the Agency:

1. Current roster of all responders, including name, address and telephone numbers.
2. Copies of all current certification cards.

10. **Medical Direction:** The Agency Medical Director is responsible for all pre-hospital care. All First Responders will abide by the medical practices, policies and procedures set forth by the Agency's Medical Director.
11. **Terms:** This Agreement shall be effective upon signing and shall continue until terminated by either party by giving the other written notice thirty (30) days in advance of termination.

Signed

Emergency Medical Service, THE AGENCY

By: _____, ITS _____

Dated: _____

AND

_____, THE FIRST RESPONDER

SAMPLE

Appendix 8:

Sample Agency Disaster Plan

Check with your county OES to obtain a copy of your County's All Hazard Disaster Plan.



Implementation Guide

1.1 Definitions

The following definitions will be used throughout the document.

Medical Incident Command (MIC) or Incident Commander (IC) - The person responsible for coordinating all aspects of (_____)’s efforts at the scene of a MCI or disaster.

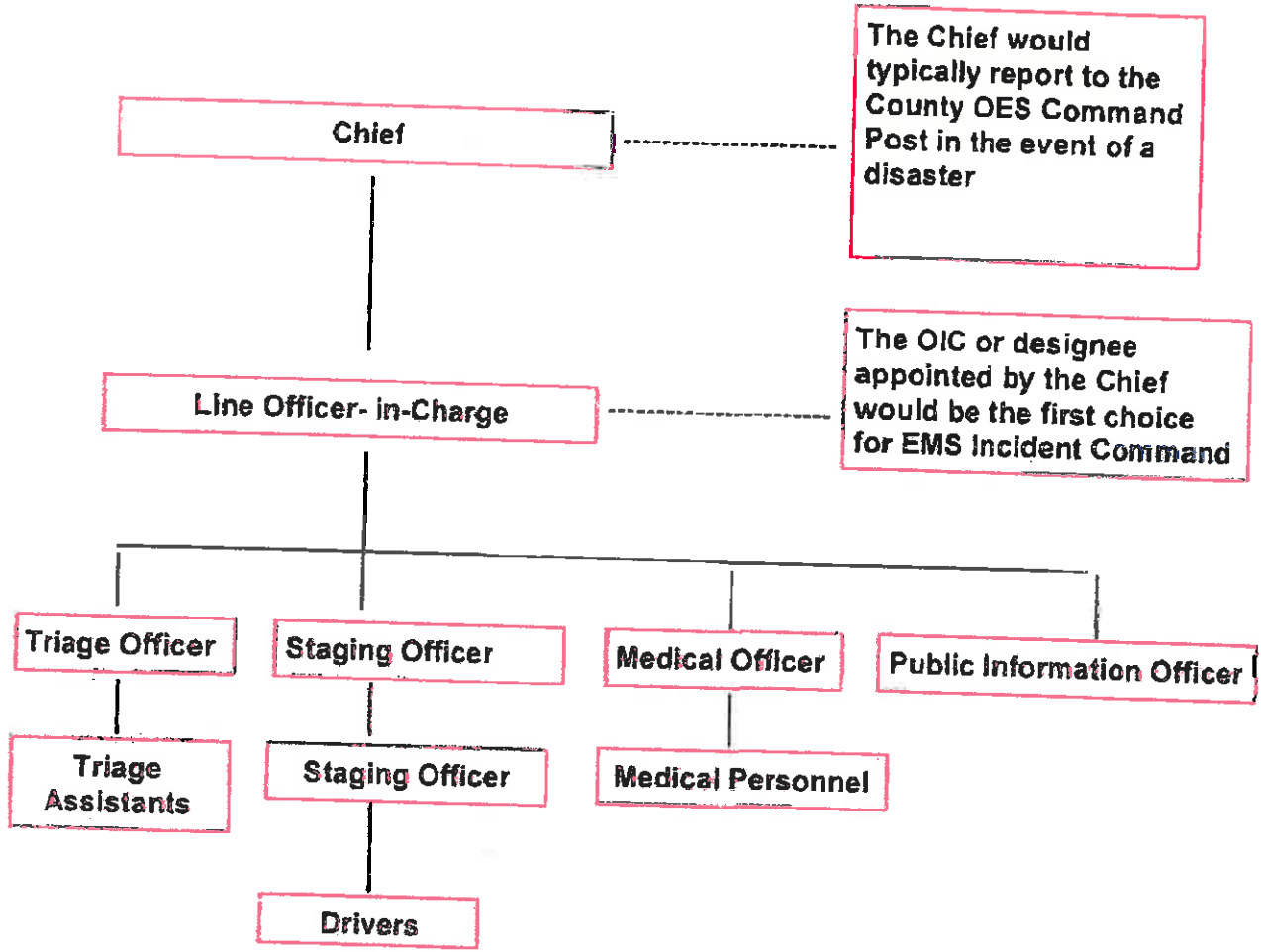
Command Post (CP) - The physical location of the IC from which all activities from all agencies involved in the MCI are disaster coordinated.

Patient Collection Point (MCI) - The site where all casualties are collected during evacuation procedures to be triaged.

Mass Casualty Incident (MCI) - Typically, an isolated incident, such as a transportation accident, that produces casualties sufficient to stress or overwhelm readily available resources.

Disaster - A large scale event, causing widespread destruction and injury, such as a flood, severe storm, etc. A disaster may or may not produce physical casualties.

1.2 Chain of Command



The following section describes the necessary components for an incident command structure and the responsibilities of each officer.

Incident Commander

The Incident Commander (IC) is responsible for coordinating all EMS activities on scene, as well as coordinating with other responding agencies, to rapidly, safely, and efficiently affect rescue, treatment, and transport to appropriate medical facilities of all casualties on scene. The IC should not micro-manage, but disseminate information and orders to no more than six (6) subordinate officers.

Incident Command should be established early by the first arriving units. The chain-of-command will be followed by the IC as qualified personnel begin to arrive on scene. The IC being relieved will give a complete situation report to the incoming IC.

Triage Officer

A triage officer will be the first position assigned by the IC. The triage officer will assemble a team of personnel to locate and evacuate casualties - *when this can be accomplished with absolutely no danger to the team* - to a patient collection point, where they will be triaged, then taken to the appropriate treatment areas. If this cannot be accomplished with complete safety of the rescuers, the triage officer and team will establish a triage point. The victims will be brought by qualified rescuers (i.e. fire department personnel) to the triage point, where the triage will take place and the patients directed to the patient treatment areas. All patients must pass through the triage point.

If there is even a remote possibility that victims have been exposed to hazardous substances, either chemical, biological, or radiation, they **must** be thoroughly decontaminated by qualified hazardous materials response members prior to being brought to a triage point. Under no circumstances will any of (_____)'s personnel enter into a hazardous materials' warm or hot zone.

Triage will be accomplished using either of the following methods:

- a. The START method of triage will be used; or
- b. Only two categories of injury will be noted - Immediate and Delayed. Casualties will be marked appropriately with red or green surveyor's tape, which is carried on each unit. After the triage officer and the triage team have completed their task, they will report to the IC for further assignment.

Medical Officer

A medical officer will be appointed by the IC to oversee the management of all casualties. The medical officer will assign appropriate treatment areas, ensuring that they are in a safe zone, away from all hazards, and located conveniently to the staging area. The medical officer will confer with WVU Medical Command as to the number, disposition, and condition of the casualties, as well as which medical

facilities will be receiving patients.

Individual medic calls will not be made for each patient, but the medical officer will confer and coordinate with _____ Medical Command (800-***-****) as to the number, disposition, and condition of the casualties, as well as determining which medical facilities will receive patients. Medical Command will communicate with area hospitals as to the number and severity of casualties and will determine the ability of each hospital to accept patients. Medical Command will relay the information received from the area hospitals to the Medical Officer so determination can be made as to receiving facilities for patients.

The medical officer will coordinate with the staging officer regarding the transport of any patients. The medical officer will also appoint any subordinates necessary to complete the task of patient care.

Staging Officer

The staging officer will have two main duties. The first duty will be to create a cache of equipment. All portable equipment and any excess equipment brought from the station or from other responding agencies will be carried into a resource area. From there, equipment can be assigned to the necessary areas.

The staging officer's second responsibility will be transportation of casualties. The staging officer will set up a staging area where all incoming ambulance units will muster. The officer will be in constant contact with the medical officer to arrange patient transports. It is important that the staging officer maintain the staging area so that ambulances have convenient access and egress.

Safety Officer

The IC will appoint a safety officer. The safety officer will over see the entire operation and remain alert to hazards of personnel. The safety officer will remain in contact with the IC and report all hazards or potential for developing hazards to the IC. The safety officer has the absolute authority to stop EMS operations at any time should dangers arise that pose a threat to the lives of the rescuers. If time allows, the decision to stop operations should be made in consultation with the IC. If time does not allow for this, the safety officer may suspend operations and withdraw personnel at any time, then report the conditions that led to that decision to the IC. The decision to resume operations will be made by the IC with input from the safety officer.

The safety officer will also be responsible for establishing a rehabilitation area and assigning people to provide rehabilitation should conditions indicate the need for potential rehabilitation to personnel.

The safety officer may select qualified personnel to assist in safety operations should it be necessary.

Public Information Officer

The IC shall appoint a public information officer (PIO) to disseminate appropriate information to any media agencies which are in the area. The PIO shall remain in contact with the IC for information, updates, and shall confer with the IC as to what information is appropriate for public dispersal.

2.1 Implementation

Determining When to Implement This Plan

The MCI/Disaster Mitigation Plan is designed to be of an escalating nature. That is, we can constantly upgrade the level of response to suit the needs of the incident. Before implementing this plan, the differences between a multi-casualty incident and a true disaster must be noted.

An MCI is usually an isolated incident, such as a transportation or industrial accident, which produces enough casualties to severely stress or overwhelm readily available resources. According to the current capabilities and staffing of (_____), this would constitute more than _____ critically ill or injured patients or more than _____ moderately ill or injured patients. A disaster, however, is an incident which causes widespread illness, injury, or destruction, such as flood, severe storm, or large hazardous materials release and can sustain extensive casualties (or none).

The critical difference between these two incidents is the level of response required to resolve the problem. An MCI may require only partial activation of all our resources or the activation of mutual aid agencies from nearby jurisdictions. A disaster response would necessitate a regional or even statewide activation of EMS resources. Because of the sensitive nature of activating such resources, *implementation of a true disaster notification is limited to the Chief or Line Officer in charge.*

2.2 Notification

The first step in notification of an MCI or disaster is the responsibility of the first arriving unit(s). Should two or more crews arrive simultaneously, the senior member on scene will establish command. After arriving on scene and determining the scope of the incident, the crew will take the following steps:

Notification of Dispatch

After identifying that the incident is an MCI or a disaster, the first arriving unit will transmit the following message to Dispatch: "Dispatch, _____ (Unit designation), please broadcast an advisory page for all Company _____ members for a mass casualty incident at this location. Please page the Chief and advise of the situation and have all available (_____) members report to station." This initial alert will begin the primary response phase and with it will notify higher ranking EMS officials to further evaluate the scene and provide a chain of command.

Remember that the first arriving units MUST establish a Command Post immediately. At this time, make certain that local hospitals have been notified of the situation!

Disaster Alert

Only the Chief or (in the absence of the Chief) the Officer-in-Charge may declare a situation as a disaster and request a disaster alert be announced. This is solely an accountability issue, taking into consideration the enormous resources summoned by such an alert. A disaster alert is the final escalation of (_____)'s disaster plan. Further resources must be authorized by the OES Director.

Other Notification

Once personnel begin arriving in the station, one person should be appointed as the station officer. Their first responsibility is to make certain a call down of all personnel is started. A Call Down list appears at the end of this document.

2.3 Response

When the notification of an MCI or a disaster is broadcast, respond immediately to Company _____. **DO NOT go directly to scene!** To do so would cause severe problems with traffic and scene control.

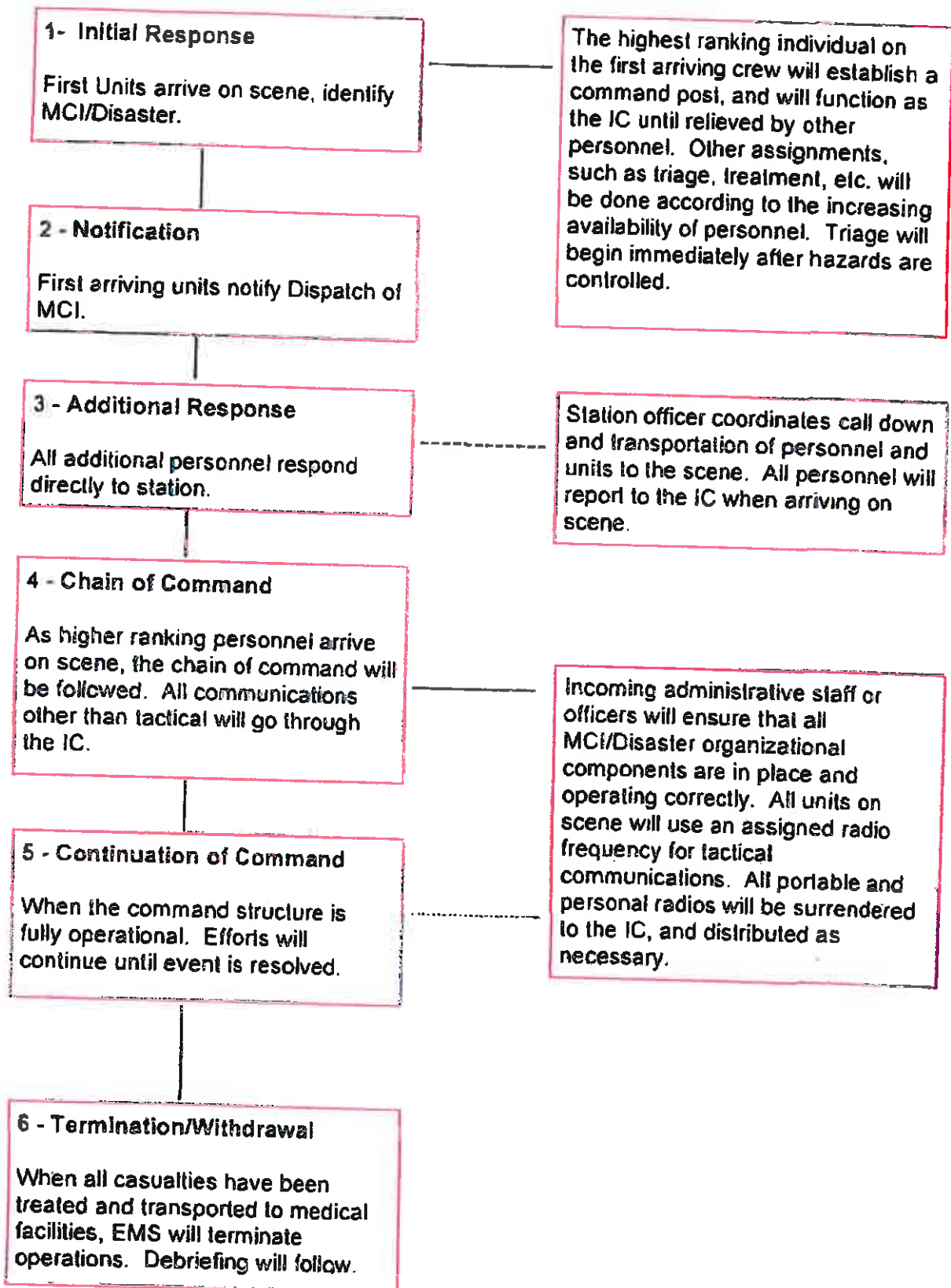
The first person to arrive in the station will be considered Station Officer until relieved by other personnel - preferably a member of the office staff. Two duties are paramount at this point. First, ensure that a call-down of all personnel is initiated with a written record kept of which personnel have been able to be contacted. Second, make absolutely certain that no EMS unit leaves the station unless there is a *minimum* of four (4) personnel on board.

Once a member of the office staff arrives in the station, a status report will be given to that person and Station Officer responsibilities turned over to that member of the office staff.

After the response phase is under way, the station officer will remain in station to:

- 1) Coordinate resupply efforts as needed.
- 2) Establish rehab in station if necessary.
- 3) Monitor and safeguard the station.
- 4) Establish sleeping/living arrangements for personnel should that become necessary.

Sequence of Events



Appendix 9:

Fire Department Rapid Response Agency Self-Scoring

When returning your Agency's Application you will also need to provide copies of your Agency's Medical Director Agreement, Performance Improvement Plan, TSN vehicle inspection and Liability Insurance.



**West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Emergency Medical Services**

**Standards Scoring
(for Fire Department Rapid Response Agencies)**

Standard	Maximum Points Possible	Actual Points Scored
Level of Service	15	
Medical Accountability	10	
Rapid Response	5	
Public Education	5	
Disaster Capability	10	
Mutual Aid	5	
Personnel	15	
Training Officer	10	
Financial	5	
Financial Responsibility	5	
Facilities and Equipment	15	
Accountability and Stability	5	
Organization and management	10	
Total (must score at least 80.5 to be licensed.)	115	

Documentation to be used for verification must accompany application along with errors and omissions insurance

This organization meets and/or exceeds the necessary requirements and standards pertaining to the licensing of rapid response agencies in the West Virginia Division of Health Legislative Rule Title 64, Series 48. Furthermore, all information contained on this document is true and accurate and that any subsequent transactions which alter the information contained herein will be promptly reported to the West Virginia Department of Health and Human Resources, Office of Emergency Medical Services.

Signature of Authorized Representative/Title

Date

This section to be completed by OEMS personnel.

An onsite inspection and verification was conducted by _____ on _____

Any documents for Performance Improvement must be submitted to this office within 10 days of this verification. Date to be submitted by _____.

Appendix 10:

Non Transporting Emergency Vehicle Permit Application

Appendix 11:

EMS Vehicle Permit Inspection Form



**West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Emergency Medical Services**

EMS Agency Vehicle Inspection

Agency:		Region:	County:	
Vehicle Stationed:	Agency Unit #:	WV OEMS Sticker #:	Expiration Date:	
Vehicle ID # (VIN):		Make of Vehicle:	Model Year:	
License Tag #:	Type of Tag: <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Fire Department <input type="checkbox"/> Class A			
Mileage:	Class Applied For: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Class D <input type="checkbox"/> Class E <input type="checkbox"/> Class F			
Vehicle Specification: <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III <input type="checkbox"/> Van <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Rotor Wing <input type="checkbox"/> Other (Please Specify) _____				
Primary Colors of Vehicle:		Four Wheel Drive: <input type="checkbox"/> Yes <input type="checkbox"/> No		
WV Vehicle Inspection Sticker: <input type="checkbox"/> Yes Expires: _____ <input type="checkbox"/> No		Current Vehicle Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Vehicle Equipment: <input type="checkbox"/> Warning Lights Operative <input type="checkbox"/> Siren Operative <input type="checkbox"/> Seatbelts <input type="checkbox"/> Heat and A/C Operative				
AED: Brand and Model: _____		Serial Number: _____		
Monitor/Defibrillator: Brand and Model: _____		Serial Number: _____		
Vehicle Meets Requirements for: <input type="checkbox"/> BLS <input type="checkbox"/> ALS <input type="checkbox"/> Multi-Passenger <input type="checkbox"/> Other _____ <input type="checkbox"/> Does Not Meet Requirements (Document Below or Attach Other Documentation)				
Vehicle Replacement: <input type="checkbox"/> Yes Unit # _____ <input type="checkbox"/> No		OEMS Sticker # _____	Addition to the Fleet: <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMS Vehicle Inspection Deficiency Documentation				
Item	Problem	Resolution	Date	Initials
Comments: _____ _____				
Official Representative:		Inspector:		
Print	_____	Print	_____	
Signature	_____	Signature	_____	
Date	_____	Date	_____	



**West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Emergency Medical Services**

Class E EMS Agency Vehicle Inspection

EMS Agency:		Squad Code:	
Region:	County:	State:	
Aircraft Stationed At:			
Aircraft Identification (Serial) Number:			
Make of Aircraft:		Year of Aircraft:	
Engines: <input type="checkbox"/> Single <input type="checkbox"/> Mul <input type="checkbox"/> Jet <input type="checkbox"/> Prop		Tail Number:	
Type of Aircraft: <input type="checkbox"/> Fixed Wing <input type="checkbox"/> Rotary Wing			
Primary Colors of Aircraft:		Aircraft Range (Miles):	
Seat Belts: <input type="checkbox"/> Pilot <input type="checkbox"/> Passenger <input type="checkbox"/> Attendant <input type="checkbox"/> Inertia Reel <input type="checkbox"/> Shoulder Harness			
Communications:			
<input type="checkbox"/> Cellular <input type="checkbox"/> UHF <input type="checkbox"/> VHF <input type="checkbox"/> Aircraft to Medical Command <input type="checkbox"/> Aircraft to Ground Units <input type="checkbox"/> Medical Crew to Medical Facility <input type="checkbox"/> Flight Crew to Medical Crew Headsets			
Primary Dispatch Frequency: _____			
Patient Compartment: Loading Door Dimension: Width _____ Height _____ Space above cot surface: _____			
Number of Patient Restraint Points _____ Shoulder Harness for Patient: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Observed Loading of Patient by 2 Crew Members: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Rotation of patient during loading: >30 degrees long, axis <input type="checkbox"/> Yes <input type="checkbox"/> No <45 degrees lat. axis <input type="checkbox"/> Yes <input type="checkbox"/> No			
Pilot Name	Certification	Number of Flight Hours in this aircraft (indicate night time flight)	Special Certifications
This is to certify that all information contained is true and accurate and that any subsequent transactions which alter the information contained herein will be promptly reported to the West Virginia Department of Health and Human Resources, Office of Emergency Medical Services.			
Name of Authorized Representative _____		Title: _____	
Signature of Authorized Representative _____		Date: _____	
Signature of Compliance Coordinator _____		Date: _____	
Location of Inspection _____			

Appendix 12:

EMS Vehicle Equipment & Supply Lists

Non Transporting EMS Vehicle Equipment and Supply List

This is the minimum equipment and supplies required on dedicated Class A EMS response vehicles operated by licensed EMS agencies. All supplies must be clean and organized. When applicable, items must be sealed and within current expiration period. Vehicles must have required equipment on-board during EMS response and patient treatment.

Item	Response Type		
	FR Qty	BLS Qty	ALS Qty
A. Airway and Ventilation			
Portable suction unit, assembled and ready for use – commercially available manual unit is acceptable	1	1	1
Large bore rigid oral suction catheters – must have internal diameter greater than or equal to 0.25 inches	1	1	1
Adjustable oxygen flow regulator	1	1	1
Portable oxygen system with non-gravity dependent oxygen flow regulator	1	1	1
Adult nasal cannula	1	1	1
Pediatric nasal cannula	1	1	1
Adult non-rebreather (NRB) mask	1	1	1
Pediatric non-rebreather (NRB) mask	1	1	1
Oxygen connection tubing – may be with BVM or nebulizers	1	1	1
Oropharyngeal airways – sizes 0 through 5	1 set	1 set	1 set
Combitube -OR- King LT/LT-D airway kits – sizes 3, 4, and 5.	NA	1	1
Adult end-tidal CO2 detectors – colorimetric or qualitative	NA	1	1
Pediatric end-tidal CO2 detectors – colorimetric or qualitative	NA	1	1
Adult, child and infant bag valves, self-filling with oxygen reservoir	1	1	1
Clear masks for bag valves, sizes: adult, child, infant and neonatal	1	1	1
Chest decompression large bore needle, minimum of 3.25" length 14 – 16 gauge for adult and 1.5" 16 gauge for pediatrics	NA	NA	1
B. Monitoring and Assessment			
Blood pressure cuffs – adult and child sizes	1 ea	1 ea	1 ea
Stethoscope, suitable for adult and pediatric use	1 ea	1 ea	1 ea
AED with adult defibrillator pads – (pediatric pads OPTIONAL)	1	1	NA
Glucometer with single-use fully disposable lancets and glucose strips	1	1	1
Pulse oximeter for adult and pediatric use with all necessary equipment	1	1	1
Patient monitoring system capable of cardiac rhythm monitoring, 12-lead acquisition, data transmission, transcutaneous pacing, defibrillation and cardioversion	NA	NA	1
Spare battery for patient monitoring system	NA	NA	1
Adult and pediatric defibrillation and transcutaneous pacing cables and pads for patient monitoring system	NA	NA	1 ea
Cables, probes and supplies for ECG monitoring	NA	NA	1 ea
C. Immobilization Equipment			
Rigid cervical collar – large, medium, small and child -OR- adjustable cervical collar – adult and pediatric	1 ea	1 ea	1 ea
Padded extremity splints	2 ea	2 ea	2 ea

Non Transporting EMS Vehicle Equipment and Supply List

D. Wound Management			
Sterile burn sheets	1	1	1
Sterile 10" x 30" multi-trauma dressings	2	2	2
Sterile 4"x4"s	12	12	12
Sterile occlusive dressings, 3" x 8" or larger	1	1	1
Adhesive tape, assorted sizes and types. One roll must be hypoallergenic/latex-free	2 rolls	2 rolls	2 rolls
Self-adhering gauze bandages – Kling or equivalent	4 rolls	4 rolls	4 rolls
Triangular bandages	2	2	2
Commercial Arterial Tourniquet – CAT®, MAT®, etc.	1	1	1
Heavy-duty bandage scissors or shears	1	1	1
E. Infection Control – Quantities sufficient for crew			
Protective eyewear – full peripheral glasses, goggles or face shield	---	---	---
NIOSH N-95 or N-100 face masks	---	---	---
Protective gowns or coveralls	---	---	---
Protective shoe covers	---	---	---
Disposable exam gloves meeting NFPA 1999 requirements – assorted and appropriate sizes. Must include hypoallergenic/latex-free types	---	---	---
Disinfectant waterless hand cleaner	1	1	1
Biohazard trash bags	1	1	1
Portable sharps containers	1	1	1
F. Medications			
Albuterol, 2.5 mg/3 ml unit dose ampule	NA	2	2
Combivent® -OR- Duoneb® - 2.5mg Albuterol mixed with 0.5mg Ipratropium Bromide. (Optional: Squads may also choose to carry Albuterol and Ipratropium Bromide individually.)	NA	2	2
Aspirin, 81 mg tablets, chewable	NA	1 bottle	1 bottle
Atropine, 1 mg, pre-loaded syringe	NA	NA	3
D50W, 25 gm pre-loaded syringe	NA	NA	1
Epinephrine, 1:10,000, 1 mg pre-loaded syringe	NA	NA	6
Epinephrine, 1:1,000, 1 mg (BLS MUST carry Epi 1:1000 -OR- Epi Pen and Epi Pen Jr.)	NA	2	2
Epi Pen and Epi Pen Jr. Option (BLS MUST carry Epi 1:1000 -OR- Epi Pens) (First Responders shall only utilize auto-injectors)	1	1	NA
Ipratropium Bromide (Atrovent®) 500 microgram unit dose ampules 2	NA	2	2
Naloxone, 2 mg total	1	1	1
Nitroglycerin, 0.4 mg (1/150) tablet or spray	NA	1 bottle	1 bottle
Normal saline, 0.9%, 1000 ml	NA	NA	2
Oral glucose, 15 gm	2	2	2
G. OB Equipment			
Sterile OB kits with bulb syringe	1	1	1
Thermal absorbent blanket and head cover made of a heat-reflective material	1	1	1

Ground Ambulance Equipment and Supply List

This is the minimum equipment and supplies required on-board during response and patient transport for BLS (Class B) and ALS (Class C) EMS vehicles. All equipment must be operational. When applicable, items must be sealed and within current expiration period. All supplies and equipment (i.e.: monitors/defibrillators, drug bags/boxes, etc.) must be in enclosed compartments or otherwise secured to restrict movement in the event of vehicle crash. All oxygen cylinders must be secured with brackets that meet Ambulance Manufacturer's Division oxygen tank retention standard 003.

Item	Vehicle Type	
	Class B BLS	Class C ALS
	Quantity	Quantity
A. Airway and Ventilation		
Fixed suction system, electric powered with disposable collection container and large bore tubing, assembled and ready for use	1	1
Portable suction unit, assembled and ready for use – commercially available manual unit is acceptable	1	1
Large bore rigid oral suction catheters – must have internal diameter greater than or equal to 0.25 inches	2	2
Flexible suction catheters – 6F, 10F and 14F	2 each	2 each
Salem sump tubes – 8F, 12F and 18F with irrigation syringe	N/A	1 each
Meconium aspirator ET-tube adaptor	N/A	1
On-board oxygen system ("M"-size cylinder or equivalent) with 2 wall outlets	1	1
Adjustable oxygen flow regulators	2	2
Portable oxygen system with non-gravity dependent oxygen flow regulator	1	1
Full spare portable oxygen cylinder ("D"-size or larger)	1	1
Adult nasal cannula	4	4
Pediatric nasal cannula	2	2
Adult non-rebreather (NRB) mask	4	4
Pediatric non-rebreather (NRB) mask	2	2
Oxygen connection tubing – may be with BVM or nebulizers	2	2
Nasopharyngeal airways – assorted sizes, 16F – 34F. No less than 5 different sizes	1 set	1 set
Oropharyngeal airways – sizes 0 through 5	1 set	1 set
Combitube -OR- King LT/LT-D airway kits – sizes 3, 4, and 5.	1 each	1 each
Adult end-tidal CO2 detectors – colorimetric or qualitative	2 each	2 each
Pediatric end-tidal CO2 detectors – colorimetric or qualitative. (Optional at BLS level if pediatric King airways are utilized)	N/A	2 each
Laryngoscope handle with extra batteries	N/A	1 each
Laryngoscope blades - 0 & 1 straight; 2, 3, 4 straight or curved, with spare bulbs if applicable	N/A	1 each
Et tubes, sizes:		
2.5 uncuffed	N/A	2 each
3.0 or 3.5 uncuffed	N/A	2 each
4.0 or 4.5 cuffed or uncuffed	N/A	2 each
5.0 or 5.5 cuffed or uncuffed	N/A	2 each
6.0 or 6.5 cuffed	N/A	2 each



Ground Ambulance Equipment and Supply List

7.0 or 7.5 cuffed		
8.0 or 8.5 cuffed	N/A	2 each
ET-tube stylettes, adult and pediatric	N/A	2 each
Magill forceps, adult and pediatric	N/A	1 each
Chest decompression large bore needle, minimum of 3.25" length 14 - 16 gauge for adult and 1.25"-1.5" 16 gauge for pediatrics	N/A	1 each
Adult, child and infant bag valves, self-filling with oxygen reservoir	1 each	1 each
Clear masks for bag valves, sizes: adult, child, infant and neonatal	1 each	1 each
Percutaneous Airway Kit - (example: Quick Trach 1® or Quick Trach 2® or other commercially available non-surgical kit.)	N/A	1
B. Monitoring and Assessment		
Blood pressure cuffs – thigh, adult and child sizes	1 each	1 each
Stethoscope, suitable for adult and pediatric use	1	1
AED with adult and pediatric defibrillator pads	1	N/A
Glucometer with single-use fully disposable lancets and glucose strips	1	1
Pulse oximeter for adult and pediatric use	1	1
Thermometer, capable of measuring a range of 86°-105° F.	1	1
Patient monitoring system capable of cardiac rhythm monitoring, 12-lead acquisition, data transmission, transcutaneous pacing, defibrillation and cardioversion	Optional	1
Spare battery for patient monitoring system	N/A	1
Adult and pediatric defibrillation and transcutaneous pacing cables and pads for patient monitoring system	N/A	2 each
Cables, probes and supplies for ECG monitoring and pulse oximetry monitoring	Optional	---
C. Immobilization Equipment		
Rigid cervical collar – large, medium, small and child -OR- adjustable cervical collar – adult and pediatric	2 each	2 each
Head/cervical immobilization devices – towel/blanket rolls are acceptable	2	2
Short spinal immobilization device – KED, XP-1 or equivalent	1	1
Radiolucent, fluid impervious full-length backboards	2	2
Three 9-foot immobilization straps or equivalent	2 sets	2 sets
Traction splint(s), adult and child OR single splint adjustable for both	1 each	1 each
Padded extremity splints	2 each	2 each
D. Wound Management		
Sterile burn sheets	2	2
Sterile 10" x 30" multi-trauma dressings	2	2
Sterile ABD pads, 5" x 9" or larger	2	2
Sterile 4"x4"s	24	24
Sterile occlusive dressings, 3" x 8" or larger	2	2
Adhesive tape, assorted sizes and types. One roll must be hypoallergenic/latex-free	4 rolls	4 rolls
Self-adhering gauze bandages – Kling or equivalent	8 rolls	8 rolls
Triangular bandages	4	4
Commercial Arterial Tourniquet – CAT®, MAT®, etc.	2	2

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Ground Ambulance Equipment and Supply List

Heavy-duty bandage scissors or shears	1	1
Sterile saline irrigation, 1000ml total	---	---

E. Infection Control - Quantities and sizes of all PPE must be sufficient for entire crew.		
Protective eyewear – full peripheral glasses, goggles or face shield	---	---
NIOSH N-95 or N-100 face masks	---	---
Protective gowns or coveralls	---	---
Protective shoe covers	---	---
Disposable exam gloves meeting NFPA 1999 requirements – assorted and appropriate sizes. Must include hypoallergenic/latex-free types	---	---
Disinfectant waterless hand cleaner	---	---
Disinfectant for cleaning vehicle interior and equipment	---	---
Biohazard trash bags	2	2
Fixed and portable sharps containers	1 each	1 each

F. Medications		
Acetaminophen (Tylenol®), 160mg/5mL oral suspension	1 bottle	1 bottle
Albuterol, 2.5mg/3mL unit dose ampule	2	2
Albuterol/Ipratropium (Duo-Neb®), 2.5mg/0.5mg in 3mL unit dose ampule	4	4
Amiodarone, 350mg total (May be substituted with Lidocaine)	N/A	---
Amiodarone, 150mg pre-mixed solution (May be substituted with Lidocaine)	N/A	1
Aspirin, 81mg chewable tablets	1 bottle	1 bottle
Adenosine (Adenocard®), 18mg total	N/A	---
Atropine, 1mg pre-loaded syringe	N/A	3
Combivent® -OR- Duoneb® - 2.5mg Albuterol mixed with 0.5mg Ipratropium Bromide. (Squads may also choose to carry Albuterol and Ipratropium Bromide individually and mix them per the Optional Medication List M.)	2	2
D ⁵⁰ W, 25g pre-loaded syringe	N/A	2
Diiazem (Cardizem®), 100mg total – ADD-Vantage® system or equivalent	N/A	---
Diphenhydramine (Benadryl®), 100mg total	N/A	---
Dopamine (Intropin®), 400mg pre-mixed solution	N/A	1
Epinephrine, 1:10,000, 1mg pre-loaded syringe	N/A	6
Epinephrine, 1:1,000, 1mg total (BLS MUST carry Epi 1:1000 -OR- Epi Pens as outlined in optional medications section M.)	Optional	2
Fentanyl (Sublimaze®), 200mcg total	N/A	---
Furosemide (Lasix®), 100mg total	N/A	---
Glucagon, 1mg	N/A	---
Haloperidol (Haldol®), 10mg total	N/A	---
Labetalol, 30mg total	N/A	---
Lidocaine (Xylocaine®), 100mg pre-loaded syringe (May be substituted with Amiodarone.)	N/A	3
Lidocaine (Xylocaine®), 1gm pre-mixed solution (May be substituted with Amiodarone.)	N/A	1
Magnesium Sulfate, 1g total	N/A	---
Midazolam (Versed®), 10mg total	N/A	---
Morphine Sulfate, 20mg total	N/A	---



Ground Ambulance Equipment and Supply List

Naloxone (Narcan®), 4mg total	---	---
Nitroglycerin, 0.4mg (1/150) tablets or spray	1 bottle	1 bottle
Normal Saline (0.9%), 1,000ml	N/A	4
Ondansetron (Zofran®), 8mg total	N/A	---
Ondansetron (Zofran®) 4mg ODT	2 tablets	Optional
Oral Glucose, 15g tubes	2	2
Thiamine, 100mg total	N/A	---
G. OB Equipment		
Sterile OB kits with bulb syringe	2 each	2 each
Thermal absorbent blanket and head cover made of a heat-reflective material	1 each	1 each.
H. Safety - Quantities and sizes of all PPE must be sufficient for entire crew.		
Protective helmet meeting ANSI Z89.1 Type II, NFPA 1908-2007 or NFPA 1951-2007 standards	---	---
Protective eyewear meeting ANSI Z87.1-2003 standards	---	---
High visibility clothing compliant with 23 CFR Part 643 (Federal Highway Worker Visibility Act) ANSI/ISEA 107-2004-Class 3 or 207.	---	---
Protective gloves, extrication-type or heavy-duty leather	---	---
Current DOT Emergency Response Guidebook (paper or electronic version)	1	1
Fire extinguisher, 5lb 2A-10BC	1	1
Pedi-Mate® child occupant protection system	1	1
Chemical light sticks or reflective triangles, etc.	3	3
I. Miscellaneous		
Blankets	2	2
Cold packs	4	4
Disposable bedpan	1	1
Disposable, splash resistant emesis bags	4	4
Flashlights	2	2
Hot packs	4	4
Impermeable body bag	1	1
Pillow	1	1
Sheets	4	4
Stair chair or suitable substitute	1	1
Towels	2	2
Urinal	1	1
Wheeled stretcher, multi-level, with 5-point (over shoulder) patient restraint system	1	1
WV triage tags	25	25
WV triage tape rolls – red, yellow, green and black	1 each	1 each
Protocol manuals appropriate for level of staffing (paper or electronic version)	---	---
J. IV and Medication Administration		
Mini-drip IV administration set, 60gtts/ml. May utilize Select-3® sets or equivalent	N/A	4
Macro-drip IV administration set, 10 to 15gtts/ml. May utilize Select-3® sets or equivalent	N/A	4
Extension sets. May utilize Select-3® sets or equivalent	N/A	4



Ground Ambulance Equipment and Supply List

IV spike to luer lock adapter (required for Add Vantage Diltiazem administration)	N/A	2
Saline locks and flushes	N/A	4
IV catheters, sizes 14g, 16g, 18g, 20g, 22g and 24g	N/A	4 each
EZ-IO driver	N/A	1
EZ-IO needles – adult, pediatric and bariatric	N/A	2 each
Adequate site preparation materials – alcohol or povidone	---	---
Venous tourniquets	N/A	---
Nebulizer kits	2	2
Drug atomizers	2	2
Syringes in appropriate quantities and sizes – 1ml, 3ml, 5ml, 10ml, 30ml, 60ml	2 each	2 each
Needles in appropriate quantities, sizes and lengths. Some greater than 1.5" in length for IM medication administration	---	---
Length/weight based pediatric drug and equipment reference – Broselow tape or equivalent	1	1
K. Two-Way Communications		
Between vehicle, dispatcher and 911 center (if applicable)	---	---
Between vehicle and regional command	---	---
For disaster operations	---	---
L. Optional Equipment and Supplies		
Blood sample tubes and supplies	---	---
Capnography (Required for RSI agencies)	---	---
Commercially available soft restraints	1 set	1 set
CPAP device with 2 masks and tubing circuits	---	---
Cyano-Kit	---	---
Elastic bandages	---	---
ET Tube Introducer	---	---
Heimlich valves	N/A	---
Hemostatic dressings. Must be impregnated gauze-type hemostatic agent	N/A	---
IV fluid warmer	---	---
IV infusion pump	---	---
Morgan Lens	N/A	---
Needle jet insufflation device	---	---
Non-invasive vital signs monitor	N/A	---
Pediatric King Airways - sizes 2 and 2.5	---	---
Pediatric end-tidal CO2 detectors – colorimetric or qualitative	1 each	1 each
Pediatric spinal immobilization device	1	N/A
Pelvic immobilization device	---	---
Pocket Mask	---	---
Simple ventilator	---	---
Vacuum splints	N/A	---
Video Assisted Laryngoscope	---	---
M. Optional Medications		
EpiPen	N/A	1
EpiPen Jr.	1	N/A
	1	N/A



Ground Ambulance Equipment and Supply List

Etomidate (Amidate®), 80mg total	N/A	RSI ONLY
Sodium Bicarbonate, 50mEq pre-loaded syringe	N/A	Optional
Succinylcholine, 400mg total.	N/A	RSI ONLY
Vecuronium (Norcuron®), 20mg total	N/A	RSI ONLY
Tetracaine (0.5%), 2mL total	---	---
Ipratropium Bromide (Atrovent®) 500 microgram unit dose ampules	2	2

Critical Care Transport EMS Vehicle Equipment and Supply List

This is the minimum equipment and supplies required on-board during response and patient transport for ground and air CCT EMS transport vehicles. All equipment must be operational. When applicable, items must be sealed and within current expiration period. All supplies and equipment (i.e.: monitors/defibrillators, drug bags, etc.) must be in closed compartments or otherwise secured to restrict movement in the event of a vehicle crash. All oxygen cylinders must be secured with brackets that meet Ambulance Manufacturer's Division oxygen tank retention standard 003. Patient care equipment, supplies and oxygen storage in aircraft must be secured in accordance with FAA guidelines.

Item	Vehicle Type	
	Class D Ground	Class E Air
	Quantity	Quantity
A. Airway and Ventilation		
Fixed suction system, electric powered with disposable collection container and large bore tubing, assembled and ready for use	2	1
Portable suction unit, assembled and ready for use – manual units must be V-VAC or equivalent	1	1
Large bore rigid oral suction catheters – <i>Big Stick</i> or equivalent diameter devices	2	1
Flexible suction catheters – 6F, 10F and 14 F	2 each	2 each
Salem sump tubes – 8, 12 and 18 Fr. with irrigation syringe	2 each	1 each
Meconium aspirator adaptor for ET tubes	1	1
Suction connectors, "Y"	2	1
Suction connectors, 5 in 1	2	1
On-board O ₂ system ("M" size cylinder or equivalent) with 2 outlets	1	1
Adjustable liter flow regulators	2 each	1
Portable O ₂ system with non-gravity dependent liter flow regulator	1	1
Full spare portable O ₂ cylinder ("D" size or larger)	1	NA
Adult nasal cannula	2	2
Pediatric nasal cannula	2	1
Adult non-rebreather masks	2	2
Pediatric non-rebreather masks	2	1
O ₂ connecting tubing – may be with BVM or nebulizers	2	2
Nasopharyngeal airways – assorted sizes, 16 Fr – 34 Fr	1 set	1 set
Oropharyngeal airways – sizes 0 through 5	1 set	1 set
<i>King LT</i> airway sizes 2, 3, 4, 5 <i>OR</i> equivalent <i>LMA</i> airways, sizes: 1,2,3,4	1 each	1 each
Adult end-tidal CO ₂ detector – colorimetric	1	1
Pediatric end-tidal CO ₂ detector – colorimetric	1	1
Laryngoscope handle with extra batteries	1	1
Laryngoscope blades – 0 & 1 straight; 2, 3 and 4 straight or curved, with spare bulbs if applicable	1 each	1 each
ET tubes, sizes:		
2.5 uncuffed	2 each	2 each
3.0 or 3.5 uncuffed	2 each	2 each
4.0 or 4.5 cuffed or uncuffed	2 each	2 each
5.0 or 5.5 cuffed or uncuffed	2 each	2 each
6.0 or 6.5 cuffed	2 each	2 each
7.0 or 7.5 cuffed	2 each	2 each
8.0 or 8.5 cuffed	2 each	2 each
Adult and pediatric Stylettes	1 each	1 each
Magill forceps, adult and pediatric	1 each	1 each



Critical Care Transport EMS Vehicle Equipment and Supply List

Item	Vehicle Type	
	Class D Ground	Class E Air
	Quantity	Quantity
Surgical cricothyrotomy set with 5.5 mm cuffed tube	2	2
Wayne pneumothorax kits, 10 fr.	2	2
Pocket mask with one-way valve	1	1
Adult and child bag valves, self-filling with O ² reservoir	1 each	1 each
Clear masks for bag valves, adult, child, infant, and neonatal	1 each	1 each
Portable ventilator with volume and pressure control, SIMV, AC, CPAP, pressure support, adjustable PEEP, adjustable peak flow, adjustable FIO ² range of 21% to 100%	1	1
Ventilator tubing sets, adult and pediatric – (2 total if tubing does both)	2 each	2 each
PEEP valves	2	2
Ventilator filters	2	2
Closed tracheal suction catheters	4	2
Heimlich valves	2	2
B. Monitoring and Assessment		
Blood pressure cuff – thigh, adult, child & infant	1 each	1 each
Stethoscope, suitable for adult and pediatric use	1	1
Glucometer with supplies (lancets must be single use, fully disposable types)	1	1
Doppler stethoscope with gel	1	1
Temperature monitoring device for skin, esophageal or rectal use	1	1
Patient monitoring system capable of cardiac rhythm monitoring, 12 lead acquisition, data transmission, end tidal CO ² waveform capnography, pulse oximetry, non-invasive blood pressure monitoring, arterial pressure monitoring, transcutaneous pacing, defibrillation and cardioversion with battery and AC power supply	1	1
Adult and pediatric defibrillation and transcutaneous pacing cables and pads	2 each	2 each
Cables, transducers, probes and supplies for ECG, CO ² , blood pressure, pulse oximetry and temperature monitoring.	---	---
C. Immobilization Equipment		
Rigid cervical collar – large, medium, small and child, OR adult and pediatric adjustable	2 each	1 each
Head/cervical immobilization devices - towel/blanket rolls are acceptable	2 sets	1 set
Short spinal immobilization device – (KED XP-, etc.)	1	NA
Radiolucent, impervious full-length backboards	2	NA
Three (3) 9-foot straps or equivalent (Spider Strap, etc)	2 sets	NA
Traction splints, adult and child – a single splint is acceptable if adjustable for both	1 each	NA
Padded extremity splints	2 each	NA
D. Wound Management		
Sterile burn sheets	2	2
Sterile 10" x 30" multi-trauma dressings	2	2
Sterile ABD Pads, 5" x 9" or 8" x 10"	2	2
Sterile 4"x 4"s	12	12
Sterile occlusive dressings, 3" x 8", or equivalent	2	2
Adhesive tape – assorted sizes – 1 roll must be hypoallergenic/latex-free	4 rolls	2 rolls
Self-adhering gauze bandages - Kling or equivalent	8 rolls	4 rolls
Triangular Bandages	4	NA



Critical Care Transport EMS Vehicle Equipment and Supply List

Item	Vehicle Type	
	Class D Ground	Class E Air
	Quantity	Quantity
Commercial arterial tourniquet – CAT, MAT, etc.	1	1
Heavy duty bandage scissors or shears	1	1
Sterile saline irrigation, 1000 ml total	---	NA
E. Infection Control - Quantities and sizes of following PPE sufficient for entire crew		
Protective eyewear - full peripheral glasses or goggles or face shield	---	---
NIOSH N-95 or N-100 face masks	---	---
Protective gowns or coveralls, shoe covers	---	---
Disposable exam gloves meeting NFPA 1999 requirements – assorted appropriate sizes, must include hypoallergenic/latex free types	---	---
Disinfectant waterless hand cleaner	---	---
Disinfectant for cleaning vehicle interior and equipment	---	---
Biohazard trash bags	2	1
Fixed and portable sharps containers	1 each	1
F. Medications		
Acetaminophen, 160 mg/5ml oral suspension	1 bottle	NA
Activated charcoal suspension, 25 gm	1	NA
Adenosine, 60 mg total	---	---
Albuterol, 2.5 mg/3 ml unit dose ampules	4	4
Amiodarone (<i>Cordarone</i>), 300 mg	2	2
Aspirin, 81 mg tablets, chewable	1 bottle	1 bottle
Atropine, 1 mg pre-loaded syringes	3	3
Calcium gluconate	1	1
Cimetidine (<i>Tagamet</i>), 300 mg	1	1
Clopidogrel (<i>Plavix</i>), 150 mg	2 tablets	2 tablets
D ⁵ W, 25 gm pre-loaded syringes	2	2
D ⁵ W, 250 ml bags	4	2
Diphenhydramine (<i>Benadryl</i>), 50 mg	---	2
Dopamine (<i>Intropin</i>) 400 mg pre-mixed solution	2	1
Epinephrine, 1:10,000, 1 mg pre-loaded syringes	10	6
Epinephrine, 1:1,000, 1 mg	2	2
Etomidate (<i>Amidate</i>), 20 mg	4	4
Fentanyl (<i>Sublimaze</i>), 100 mcg	6	4
Flumazenil (<i>Romazicon</i>), 0.5 mg	2	2
Furosemide (<i>Lasix</i>), 100 mg	2	2
Glucagon, 1 mg	1	1
Heparin sodium, 5,000 u	2	2
Ipratropium (<i>Atrovent</i>), 500 mcg unit dose ampules	2	2
Ketorolac (<i>Toradol</i>), 60 mg	2	2
Lidocaine (<i>Xylocaine</i>), 100 mg pre-loaded	3	3
Lidocaine (<i>Xylocaine</i>), 1gm pre-mixed solution	2	1
Lorazepam (<i>Ativan</i>) 4 mg	5	5
Mannitol (<i>Osmitrol</i>), 100 gm	2	1

Critical Care Transport EMS Vehicle Equipment and Supply List

Item	Vehicle Type	
	Class D Ground	Class E Air
	Quantity	Quantity
Methylprednisolone (<i>Solu-Medrol</i>), 125 mg	2	2
Midazolam (<i>Versed</i>), 5 mg	5	5
Morphine, 20 mg	4	2
Naloxone (<i>Narcan</i>) 0.4 mg	5	5
Nitroglycerin, 0.4 mg (1/150) tablets or spray	1 bottle	1 bottle
Normal saline (0.9%), 1,000 ml	4	4
Normal saline (0.9%), 10 ml vial	6	2
Normal saline (0.9%), 100 ml bags	6	2
Normal saline (0.9%), 250 ml bags	4	2
Norepinephrine (<i>Levophed</i>), 4 mg	4	2
Ondanestron (<i>Zofran</i>), 4 mg	4	4
Oral glucose, 15 gm tubes	2	NA
Ringer's Lactate, 1,000 ml	2	2
Sodium bicarbonate, 50 meq pre-loaded syringe	2	2
Succinylcholine (<i>Anectine</i>), 200 mg	5	5
Thiamine, 100 mg	2	1
Vecuronium (<i>Norcuron</i>), 10 mcg	6	4
Diltiazem (<i>Cardizem</i>), 25 mg – Class 1 only	6	4
Heparin, 10,000 u – Class 1 only	6	2
Humulin R insulin – Class 1 only	1	NA
Labetalol (<i>Normodyne</i>), 100 mg – Class 1 only	2	2
Metoprolol (<i>Lopressor</i>), 5 mg – Class 1 only	3	2
Nitroglycerin infusion, 50 mcg premixed – Class 1 only	2	1
Racemic epinephrine, 2.25%/ 0.5 ml – Class 1 only	2	2
Vasopressin (<i>Pitressin</i>), 20 u – Class 1 only	4	2
Bumetanide (<i>Bumex</i>), 4 mg – Optional	---	---
Cefazolin (<i>Ancef</i>), 1 gm – Optional - Class 1 only	---	---
Hetastarch (<i>Hespan</i>), 500 ml – Optional	---	---
Lanoxin (<i>Digoxin</i>), 0.5 mg – Optional	---	---
Magnesium Sulfate, 1 gm – Optional	---	---
Nitroprusside (<i>Nipride</i>), 50 mg – Optional – Class 1 only	---	---
Phenytoin (<i>Dilantin</i>), 250 mg – Optional - Class 1 only	---	---
Potassium Chloride, 20 meq – Optional - Class 1 only	---	---
G. OB Equipment		
Sterile OB kits with bulb syringe	2 each	NA
Thermal absorbent blanket, head cover and heat-reflective material	1	NA
H. Safety - Quantities and sizes of PPE sufficient for entire crew		
Protective helmet meeting ANSI Z89.1-2003 Type II, NFPA 1907-2007 or NFPA 1951-2007 standards OR FAA approved helmets for rotor wing aircraft	---	---
Protective eyewear meeting ANSI Z87.1-2003 standards	---	---
Protective gloves, extrication-type or heavy-duty leather	---	---
Current DOT Emergency Response Guidebook	1	1



Critical Care Transport EMS Vehicle Equipment and Supply List

Item	Vehicle Type	
	Class D Ground	Class E Air
	Quantity	Quantity
High visibility clothing compliant with 23 CFR Part 643 (Federal Highway Worker Visibility Act) meeting ANSI/ISEA-107-2004 class 3 requirements	---	---
Pedi Mate child occupant protection system	1	1
Fire extinguisher	1	1
Chemical light sticks or reflective triangles, etc.	4	NA
I. Miscellaneous		
AC power supply with sufficient output to run all on board portable electric equipment (inverter or generator)	1	1
Battery powered transvenous pacemaker with adjustable rate and milliamp settings	1	1
Blankets	2	1
Calculator	1	1
CCT treatment guidelines	1	1
Cellular phone	1	1
Cold packs	4	NA
Current drug reference manual	1	1
Disposable bedpan	1	NA
Disposable, splash resistant emesis bags – Convenience bag, etc.	4	4
Hot packs	4	NA
Impermeable body bag	1	NA
Pillow	1	1
Refrigerator with adjustable temperature controls for medications, blood products, etc.	1	NA
Sheets	4	1
Stair chair or suitable substitute	1	NA
Sterile gloves	6 pair	6 pair
Towels	2	2
WV triage tags	25	25
WV triage tape rolls – red, yellow, green and black	1 each	1 each
Wheeled stretcher or FAA approved stretcher with 5-point (over shoulder) patient restraint system	1	1
J. IV and Medication Administration		
IV administration sets – standard (10, 12 or 15 gtt/ml)	4	4
IV administration sets – minidrip (60 gtt/ml)	4	4
Extension sets (saline locks may meet this requirement if usable as an extension)	4	4
OR IN LIEU OF THE PREVIOUS 3 ITEMS Select-3 IV administration sets	4	4
Saline locks and flushes	4 each	4 each
IV catheters (14, 16, 18, 20, 22 and 24 gauge)	2 each	2 each
EZ IO device with pediatric, adult and bariatric needles (2 each)	1	1
Blunt plastic cannula	10	4
Conical filters	2	1
3-way stopcocks	4	2
"Y" IV connectors	4	2
Blood administration tubing sets	4	2
Pressure infusion bags	2	2

Critical Care Transport EMS Vehicle Equipment and Supply List

Item	Vehicle Type	
	Class D Ground Quantity	Class E Air Quantity
IV fluid warmer		
Portable IV pump(s), AC and battery power, capability to provide 6 simultaneous infusions with independent flow settings.	1	1
Pump-compatible tubing sets	1	1
Nitroglycerine tubing	6	6
Nebulizer kits	2	2
Length/weight based pediatric drug & equipment reference - <i>Broeslow</i> tape or equivalent	4	2
Adequate parental site preparation materials – alcohol or providine preps, venous tourniquet	1	1
Needles, in appropriate quantities and sizes – one at least 1.5" for IM injections	---	---
Drug atomizers	---	---
Syringe, 1 ml	2	2
Syringe, 3 ml	5	2
Syringe, 10 ml	10	2
Syringe, 30 ml	10	4
Syringe, 60 ml Luer tip	2	2
Syringe, insulin	2	2
IV 'clip' cannula	2	NA
6		2
K. Two-Way Communications		
Between vehicle and dispatcher, and 911 Center if applicable	---	---
Between vehicle and regional medical command	---	---
Between vehicle and Statewide Medical Resource Coordination Center	---	---
For disaster operations	---	---
L. Optional Equipment and Supplies		
180° searchlight 400,000 cp		
Adult Pneumatic Anti-Shock Garment (MAST)	NA	---
Blood sample tubes and supplies	---	NA
Elastic bandages	---	---
Foley catheters, sizes: 12 fr, 14 fr, 16 fr, 18 fr	---	NA
Hemostatic dressings – <i>Quick Clot</i> or <i>Hemcon</i>	---	NA
Light to illuminate tail rotor area (<i>Tel Tail</i> or equivalent)	---	---
NVG equipped & certified	NA	---
Non-coring (<i>Huber</i>) needles	NA	---
On board medical air supply with mixer – required only if providing neonatal transports	---	---
Pediatric spinal immobilization device	---	---
Pressurized cabin (if flown at altitude above 10,000 feet)	---	NA
Urethral cathertization (<i>Foley</i>) kits with all necessary supplies for insertion and drainage bag	NA	---
TAWAS	---	NA
Twin-caths	NA	---
---		---

Appendix 13:

WVOEMS Minimum Performance Improvement Plan

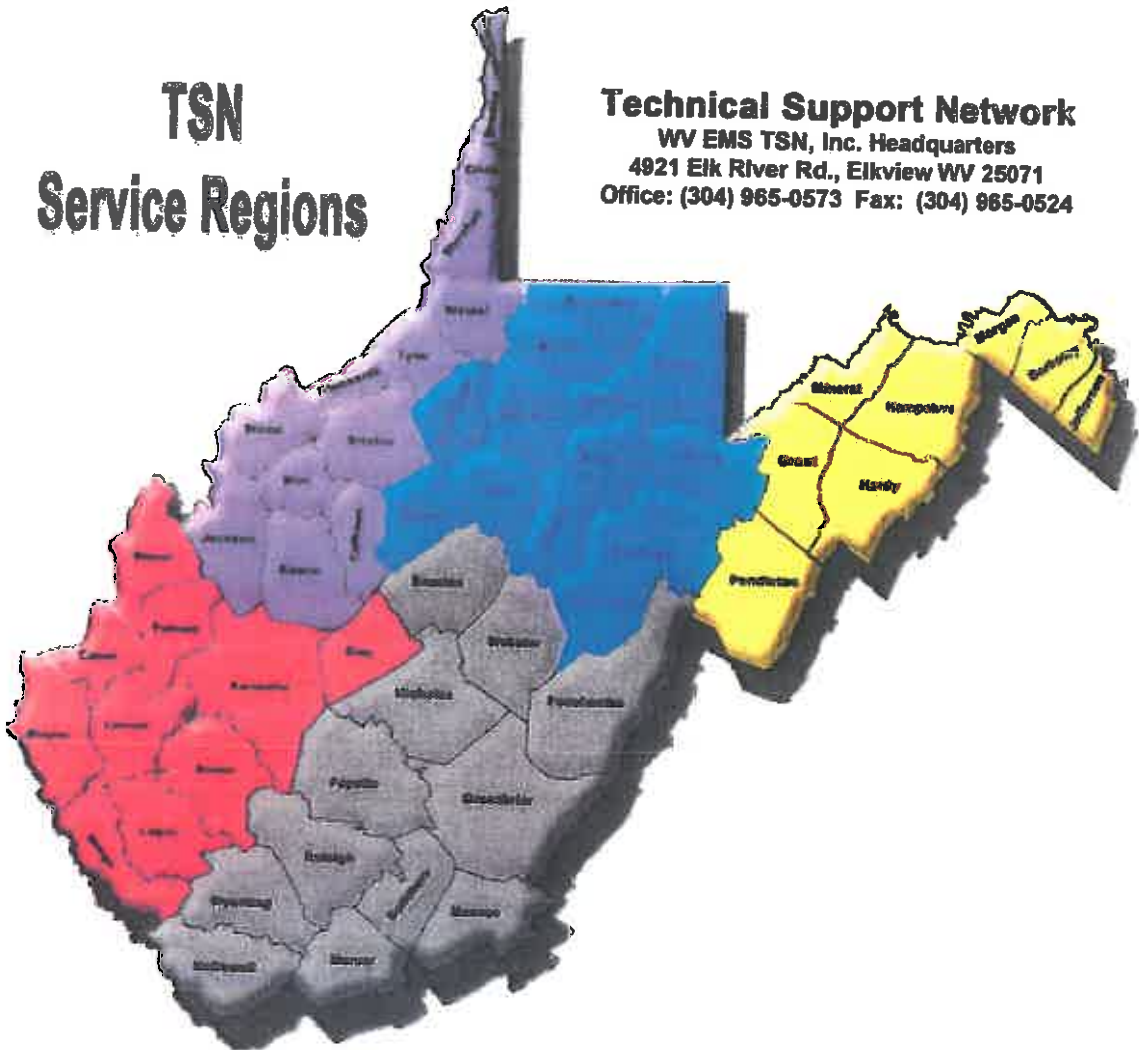
**Performance Improvement will
be forwarded as soon as the
new policy is released**




Appendix 14:



WV EMS Technical Support Network Field Office Map

TSN Service Regions

Technical Support Network
 WV EMS TSN, Inc. Headquarters
 4921 Elk River Rd., Elkview WV 25071
 Office: (304) 965-0573 Fax: (304) 965-0524



- 
Southeast Region (1/4)
 503 Myers Ave, Beckley WV, 25801
 Office: (304) 860-1900 or 1901 Fax: (304) 860-1902
 Program Director: Laura Forren
 Program Assistant: Tori Hall
- 
Southwest Region (2/3)
 PO Box 7005 (722 31st St.), Huntington WV, 25744
 Office: (304) 523-9162 Fax: (304) 523-7800
 Program Director: Jim Donathan
 Program Assistant: Arisba Fink
- 
Northcentral Region (6/7)
 1829 Pleasant Valley Rd, Fairmont WV, 26554
 Office: (304) 366-8764 Fax: (304) 366-5091
 Program Director: Gall Drago
 Program Assistant: Marsha Myers

- 
Northwest Region (5/10/11)
 Program Director: Allisynne Dunlap
Mineral Wells Field Office
 58 Fox Dr #3, Mineral Wells WV, 26150
 Office: (304) 469-1110 Fax: (304) 469-1130
 Program Coordinator: Rocki Loudon
Wheeling Field Office
 1600 National Road, Wheeling WV, 26003
 Office: (304) 233-4440 Fax: (304) 233-4402
 Program Assistant: Regina Patroski
- 
Northeast Region (8/9)
 82 Sue Court, Martinsburg WV, 25405
 Office: (304) 263-4913 Fax: (304) 263-2302
 Program Director: R. Craig Horn
 Program Assistant: Marsha Myers

Appendix 15:

WV Dept. of Education Public Safety Training (RESA) Service Region Map

RESA Service Regions



RESA I & IV
 400 Neville St, Beckley WV, 25801
 Office: (304) 255-4712 Fax: (304) 256-4683
 Coordinator: Rick Rice (ext. 1107)
 Program Specialist: Sandy Hawley (ext. 1108)

RESA III
 501 22nd St, Dunbar WV, 25604
 Office: (304) 766-7655 Fax: (304) 766-7109
 Coordinator: Jim Shedd (ext. 120)
 Program Assistant: Tammy Norman (ext. 122)

RESA V
 2507 Ninth Ave, Parkersburg WV, 26101
 Office: (304) 485-6513 Fax: (304) 485-6515
 Coordinator: Richard Gobble (ext. 121)
 Program Assistant: Roderick Armstrong (ext. 123)

RESA VI
 30 GC&P Rd., Wheeling WV, 26003
 Office: (304) 243-6440 Fax: (304) 243-0443
 Coordinator: Stanley Traylor
 Program Assistant: Mary Ellen Fry

RESA VII
 1201 North 15th St, Clarksburg WV 26301
 Office: (304) 624-8554 Fax: (304) 624-5223
 Coordinator: J. Michael Freeman (ext. 225)
 Program Assistant: Nancy Ancell (ext. 233)

RESA VIII
 108 S. College St, Martinsburg WV, 25401
 Office: (304) 267-3595 Fax: (304) 267-3589
 Coordinator: David Plume (ext. 112)
 Program Assistant: Sharon Taylor

Appendix 16:

WV Community & Technical College Service District Map

