

**AGREEMENT BY AND BETWEEN THE  
CITY OF RIVERSIDE AND AMERICAN MEDICAL  
RESPONSE AMBULANCE SERVICE, INC. FOR ALS FIRST RESPONDER  
AND AMBULANCE SERVICES**

**1. PARTIES AND DATE**

This Agreement is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2024, by and between the City of Riverside, a municipal corporation organized under the laws of the state of California (“City”) and American Medical Response Ambulance Service, Inc., with its principal place of business within City at 879 Marlborough, Riverside, California 92507-2133 (“AMR”). City and AMR are sometimes individually referred to as “party” and collectively as “parties.” Herein referred to as the City/AMR Agreement.

**2. RECITALS**

**2.1 Background**

The County of Riverside (“County”) has entered into an emergency medical services agreement (“County EMS Agreement”) whereby AMR has been designated as a provider of advanced life support transport services (“ALS Transport Services”) throughout the County’s local EMS area. The City of Riverside approved a Franchise Ordinance and Operational Agreement with AMR on October 9, 2018, and November 8, 2018, respectively, which ended on June 30, 2023, and November 8, 2023, respectively, both extended by Resolution set to expire on November 8, 2024, and May 8, 2024, respectively, which encompasses the City of Riverside, which shall be referred to herein as the Riverside City Subzone.

**2.2 Health and Safety Code Section 1797.201**

The City is authorized<sup>1</sup> to administer the delivery of ambulance transport services within its boundaries pursuant to Health and Safety Code Section 1797.201 and Government Code Section 38794.

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<sup>1</sup> Pursuant to *Symons Emergency Specialties v. City of Riverside* (Cal. Ct. App., Jan. 9, 2024, No. E078113) 2024 WL 470492; accord 97 Ops.Cal.Atty.Gen. 90, (2014).

### **2.3 Intent of Agreement**

Pursuant to the County EMS Agreement and the City/AMR Agreement, AMR is permitted to increase its response time from nine (9) minutes and fifty-nine (59) seconds, at least ninety percent (90%) of the time, to eleven (11) minutes and fifty-nine (59) seconds, at least ninety percent (90%) of the time, so long as AMR also provides for Advanced Life Support (ALS) first responder services (ALS First Responder Services) which deliver a fire service Emergency Medical Technician – Paramedic (EMT-P) to scenes in a prompt and timely manner. AMR seeks to provide for such first responder services, through this Agreement with City. City has been approved as a provider of ALS First Responder Services in the Riverside Service Area in accordance with Section 100168 of Title 22 of the California Code of Regulations and other applicable laws and standards.

### **3. ALS FIRST RESPONDER SERVICES**

#### **3.1 City ALS First Responder Fee**

As compensation for the operation of the City ALS First Responder Services, AMR shall pay to City the amounts set forth in Exhibit A, attached hereto.

#### **3.2 Patient Billing**

AMR shall perform all billing for patients receiving City ALS First Responder Services within the Riverside Zone. City will not bill any patient or their public or private third-party payer for any ambulance or transport service. AMR is authorized to bill for any ALS First Responder Services provided by the City and City shall promptly provide AMR with any patient care records. AMR will not bill patients or their public or private third-party payers unless the patient is transported by AMR. Nothing herein shall preclude City from seeking grants to enhance its first responder service. In addition, AMR shall be solely and fully responsible for complying with applicable federal, state, County and City laws,

ordinances, including those relating to Medicare and Medi-Cal, governing the billing and collection of money for services provided by this Agreement.

### **3.3 Supplies/Equipment/Restocking**

AMR shall restock City's first responders in the field on a one-for-one basis for disposable supplies and not-regulated medications used for treatment by the City for patients that AMR transports. AMR shall pay the City \$30,000 annually to reimburse the City for equipment utilized in support of the restocking of supplies and to capture any supplies not restocked through the process above.

### **3.4 ALS Response Times**

AMR's response time for its City ALS First Responder Services shall comply with the standard set by the County EMS agency, unless changed by the Riverside City Council in its sole discretion. Response times are outlined in Schedule "A" of this Agreement.

### **3.5 QA/QI, a Training and Medical Oversight**

City and AMR shall fully implement their own Quality Assurance/Quality Improvement (QA/QI) programs and training programs for their ALS personnel, including preceptor and internship policies, which meet all County requirements. AMR shall assist City in ensuring that its programs meet all applicable County requirements, including providing data gathering and analysis services to City. AMR shall provide a medical director to provide oversight of City's EMS Program.

### **3.6 Dispatch, Communication Link and EMD**

City shall provide emergency medical dispatch (EMD) dispatch services for all 9-1-1 emergency medical services (EMS) calls originating in the Riverside City Subzone during the term of this Agreement. AMR shall provide \$144,821.35 annually, and a 3% annual increase for oversight of the EMD program. AMR shall be required to provide a link to the City's Computer Aided Dispatch (CAD) system in its current or any future configurations and shall pay the costs for all interfaces with the City for

purposes of receiving response data and for hardware at the City's dispatch facility to receive response data.

Each AMR ambulance in the Riverside City Subzone shall be properly equipped and capable of communicating with the City dispatch center and the City Fire units providing ALS or Advanced Life Support (BLS) First Responder Services. AMR shall endeavor to place themselves en-route, on-scene and when leaving the scene so AMR units can be accounted for. AMR shall be required to provide a two way CAD to CAD system that will link to the City's Computer Aided Dispatch (CAD) system in its current or any future configurations and shall pay the costs for all interfaces with the City for purposes of receiving response data and for hardware at the City's dispatch facility to receive response data. This link will provide automatic status updates for AMR ambulances.

### **3.7 AMR Transport of City Personnel**

If AMR responds a BLS ambulance due to the unavailability of an ALS ambulance, for transports not identified in the City of Riverside Fire Department Medical Priority Dispatch Service matrix form for a BLS response, AMR shall be assessed a penalty by the City of five hundred dollars (\$500), each time a firefighter must accompany a patient in a BLS ambulance, provided that doing so is clinically indicated. AMR will be billed for this benefit along with any response time penalties that will be imposed on a quarterly basis.

### **3.8 Deployment Plan**

AMR shall implement an ALS Deployment Plan (DP) within the Riverside City Subzone. An initial DP is attached hereto as Exhibit B, and incorporated herein by this reference. Any changes to the initial plan must be provided in writing to the Contract Administrator. Parties agree to meet and discuss prior to any changes that may result in a reduction in unit hours being deployed in the City.

### **3.9 Personnel Qualifications**

All personnel used to provide City ALS First Responder Services shall be screened, credentialed, certified, licensed, accredited, and trained in accordance with the Applicable Standards. Notwithstanding the foregoing, City and AMR shall have full autonomy and responsibility for conducting its affairs with its workforce, including managing personnel and resources fairly and effectively to ensure compliance with this Agreement and the Applicable Standards.

### **3.10 No Guaranteed Call Volume or Revenue Generation; No Influence on Referrals**

The parties understand, acknowledge, and agree that the health care delivery system is rapidly changing, and that no party guarantees to the other party that a certain call volume or revenue generation will result from this Agreement. It is not the intent of either party to this Agreement that any remuneration, benefit or privilege provided under this Agreement shall influence or in any way be based on the referral or recommended referral by one party to this Agreement of patients to the other party or its affiliated providers, if any, or the purchasing, leasing or ordering of any services other than the specific services described in this Agreement. Any payments or other consideration specified in this Agreement are consistent with what the parties reasonably believe to be a fair market value for the services provided. The intent of the City/AMR Agreement is that no funds shall be used by the City in a manner that may violate 42 U.S.C. Section 1320a-7b, the federal Anti-Kickback Statute.

### **3.11 Safety Net Ambulance**

If AMR is not able to respond an ALS ambulance in eleven (11) minutes and fifty-nine (59) seconds, the City has the option per Exhibit (F) to respond a City Fire Ambulance to provide patient transportation. AMR will provide reimbursement for the time the City Fire Ambulance is being used to respond to and transport the patient to the hospital. This initial charge and per hour rate will be billed at \$203.00 and all supplies used during the transport will be replenished one-for-one.

## 4. TERMS

### 4.1 Term of Agreement

The term of this Agreement shall be three years from the date of execution unless earlier terminated as provided pursuant to the terms of this Agreement. The parties may also mutually agree to extend the term of this Agreement for at least three (3) additional periods of time, of no more than one (1) year each.

### 4.2 Services

Services shall be performed in accordance with all applicable federal, state, County and City laws, ordinances, rules, and regulations, including all Medicare requirements, Medi-Cal requirements, and County ALS performance standards (collectively referred to herein as the “Applicable Standards”). As a condition precedent to this Agreement, City shall enter into a separate County/City Agreement with the County by which City has been approved as a provider of ALS First Responder Services in Riverside City Subzone Sub Zone.

### 4.3 Termination

4.3.1 Termination for Cause. Either party may terminate this Agreement at any time for cause, if once they provide the other party with ninety (90) calendar days advance notice of a material breach of this Agreement, if the breaching party does not cure such breach or make a diligent effort to do so to the reasonable satisfaction of the notifying party. Notwithstanding the foregoing, either AMR or City may immediately terminate this Agreement for cause upon notice to the other party that the breaching party has failed to maintain the insurance required. AMR shall be permitted to terminate this Agreement in accordance with the provisions of Section 4.3 of this Agreement.

4.3.2 Termination for No Cause. Either party may terminate this Agreement without cause upon written notice to the other party at least one hundred eighty (180) calendar days in advance of the desired termination date.

#### **4.4 Representatives**

Each party shall designate a person to act as its representative for the performance of this Agreement. The parties designate the following persons for this purpose: the City designates its Fire Chief, or his or her designee; and AMR designates its Vice President of Operations for the Inland Empire, or his or her designee. Subject to such approval as may be required from the respective governing boards of the parties under applicable law or ordinance, the Representatives shall have the power to negotiate on behalf of their respective parties for all purposes under this Agreement.

#### **4.5 Records**

Each party shall allow the other party reasonable access, as reasonably determined by the providing party, to documentation required to resolve any dispute or controversy with respect to this Agreement, including the resolution of any penalties assessed or claimed by the City against AMR. Additionally, the City shall provide AMR with any patient care records and other documentation that AMR may need to bill for any clinical services provided by the City.

#### **4.6 Independent Contractor Status**

AMR is and shall be acting at all times as an independent contractor and not as an employee of City. AMR shall have no power to incur any debt, obligation, or liability on behalf of City or otherwise act on behalf of City as an agent. Neither City nor any of its agents shall have control over the conduct of AMR or any of AMR's employees, except as set forth in this Agreement. AMR shall not, at any time, or in any manner, represent that it or any of its agents or employees are in any manner agents or employees of City. AMR shall secure, at its sole expense, and be responsible for any and all payment of Income Tax,





AMR: American Medical Response Ambulance Service, Inc.  
879 Marlborough Avenue  
Riverside, California 92507-2133  
Attn: Vice President of Operations, Inland Empire  
Facsimile Number: 951-782-5613

Copy to: Law Department  
c/o Global Medical Response, Inc.  
4400 State Hwy 121, Suite 700  
Lewisville, TX 75056

Such notice may be provided by personal delivery, by first class mail, by express delivery or facsimile transmission. Notice shall be deemed made as follows: (A) when personally delivered, upon actual delivery; (B) when mailed, seventy-two (72) hours after deposit in the U.S. Mail, first class postage prepaid; (C) when sent by express delivery, upon delivery as documented by the delivery service; and (D) when sent via facsimile transmission, upon actual delivery as documented by any verifiable facsimile transmission record; provided, however, that if delivery is after 5:00 p.m., delivery shall be deemed to be on the following day. Facsimile transmissions shall be followed by first class delivery along with a copy of the facsimile transmission record. Notice shall be deemed actual notice on the date actual notice occurred, regardless of the method of service.

#### **4.9 Cooperation and Further Acts**

The parties shall fully cooperate with one another and shall take any additional acts or sign any additional documents as may be necessary, appropriate, or convenient to attain the purposes of this Agreement.

#### **4.10 Attorney's Fees**

If any party commences an action against the other party, either legal, administrative or otherwise, arising out of or in connection with this Agreement, the prevailing party in such litigation shall be entitled

to have and recover from the losing party reasonable attorney's fees and all other reasonable costs of such action.

#### **4.11 Indemnification**

AMR agrees to defend, indemnify, hold free and harmless the City, its elected officials, officers, agents and employees, at AMR's sole expense, from and against any and all claims, actions, suits or other legal proceedings brought against the City, its elected officials, officers, agents and employees arising out of the performance of AMR, its employees, and/or authorized subcontractors, of the work undertaken pursuant to this Agreement. The defense obligation provided for hereunder shall apply without any advance showing of negligence or wrongdoing by AMR, its employees, and/or authorized subcontractors, but shall be required whenever any claim, action, complaint, or suit asserts as its basis the negligence, errors, omissions or misconduct of AMR, its employees, and/or authorized subcontractors, and/or whenever any claim, action, complaint or suit asserts liability against the City, its elected officials, officers, agents and employees based upon the work performed by the AMR, its employees, and/or authorized subcontractors under this Agreement, whether or not AMR, its employees, and/or authorized subcontractors are specifically named or otherwise asserted to be liable. Notwithstanding the foregoing, AMR shall not be liable for the defense or indemnification of the City for claims, actions, complaints or suits arising out of the negligence or willful misconduct of the City.

#### **4.12 Insurance**

AMR shall maintain during the term of this Agreement, such insurance policies and coverages in the types and limits, set forth in Exhibit C, attached hereto and incorporated herein by this reference. The City, its officers, employees and agents make no representation that the types or limits of insurance specified to be carried by AMR pursuant to this Agreement are adequate to protect AMR. If AMR

believes that any required insurance coverage is inadequate, AMR will obtain such additional insurance coverage as AMR deems adequate, at AMR's sole expense.

#### **4.13 Entire Agreement; Amendments; Net Revenue Amendment**

This Agreement contains the entire Agreement of the parties with respect to the subject matter hereof, and supersedes all prior negotiations, understandings or agreements. This Agreement may only be modified by a writing signed by both parties. Further, to assure that AMR remains able to compensate City for its services hereunder in the event of a change in reimbursement methodology, the parties agree that if any actual or reasonably anticipated change in governmental payment systems such as Medicare for medical transportation services rendered in the Riverside Zone results in a verifiable change in net revenues to AMR, using the 2022-2023 fiscal year as a base for such calculation, the parties shall negotiate an amendment to all or some of the provisions of this Agreement to adjust for the change in revenue. In the event the parties are unable to reach agreement upon such an amendment within thirty (30) days of written request therefore by AMR, AMR may terminate this Agreement upon one hundred eighty (180) days written notice. This right of termination shall be in addition to AMR's termination rights in Section 4.3.

#### **4.14 Governing Law**

This Agreement shall be governed by the laws of the State of California. Venue shall be in Riverside County, except as otherwise provided in California Code of Civil Procedure Section 394.

#### **4.15 Successors and Assigns**

This Agreement shall be binding on the successors and assigns of the parties.

#### **4.16 Assignment or Transfer**

No party shall assign, hypothecate, subcontract or transfer, either directly or by operation of law, this Agreement, or any interest herein without the prior written consent of the other party. Any attempt to

do so shall be null and void, and any assignees, hypothecates, or transferees shall acquire no right or interest by reason of such attempted assignment, hypothecation, or transfer. Any assignment, transfer or subcontract by AMR to any commonly controlled affiliate of AMR shall be permitted without any consent; provided, however, AMR shall provide City with sixty (60) days prior written notice of such assignment, transfer, or subcontract, including notice of any change in ownership status of AMR which may result in the sale or transfer of more than fifty percent (50%) controlling interest in the business. Such notice shall be provided to City within fifteen (15) business days of such information being provided to AMR management. Notwithstanding the foregoing, a “transfer of ownership or control” shall not be deemed to occur based solely on the registration by AMR or its corporate parent of its shares of common stock (or other equity securities) in an initial public offering (an IPO) under the Securities Act of 1933, as amended, or based solely on the sale of its securities at any time on a public exchange, so long as there is no change in senior executive management at the AMR management level and no more than forty-nine percent (49%) of the members of the board of directors of the AMR or its parent are replaced as a direct result thereof.

#### **4.17 Construction, References and Captions**

Since the parties or their agents have participated fully in the preparation of this Agreement, the language of this Agreement shall be construed simply, according to its fair meaning, and not strictly for or against any party. Any term referencing time, days or period for performance shall be deemed calendar days and not workdays. All references to any party shall include all officials, officers, employees, and agents of that party, except as otherwise specified in this Agreement. The captions of the various sections are for convenience and ease of reference only, and do not define, limit, augment, or describe the scope, content, or intent of this Agreement.

#### **4.18 Waiver**

No waiver of any default shall constitute a waiver of any other default or breach, whether of the same or other covenant or condition. No waiver, benefit, privilege, or service voluntarily given or performed by a party shall give any other party any contractual rights by custom, estoppel, or otherwise.

#### **4.19 No Third-Party Beneficiaries**

The County is a third-party beneficiary of this Agreement. There are no other third-party beneficiaries of any right or obligation assumed by the parties.

#### **4.20 Invalidity and Severability**

If any portion of this Agreement is declared invalid, illegal, or otherwise unenforceable by a court of competent jurisdiction, the remaining provisions shall continue in full force and effect. In addition, if any portion of this Agreement is declared to be invalid, illegal, or otherwise unenforceable by a court of competent jurisdiction, or is otherwise deemed to be such by legal counsel for the parties to this Agreement, the parties shall use their reasonable best efforts to amend this Agreement to remove the inappropriate provision(s); provided, however, that if the amendment cannot be made in a manner which preserves all essential parts of the consideration for any party, such party may terminate this Agreement as soon as is reasonably practicable or as required by law.

#### **4.21 Equal Opportunity Employment**

Each party represents that it is an equal opportunity employer and that it shall not discriminate against any subcontractor, employee, or applicant for employment because of race, religion, color, national origin, ancestry, sex, age, sexual orientation and disability including the medical condition AIDS or any condition relating thereto or any other protected classification. Such non-discrimination shall include, but not be limited to, all activities, related to initial employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination.

**4.22 Authority to Execute Agreement**

Each party warrants that it has all requisite power and authority to conduct its business and to execute, deliver, and perform the Agreement. Each party also warrants that the individuals who have signed this Agreement have the legal power, right, and authority to make this Agreement and bind each respective party hereto.

**4.23 Counterparts**

This Agreement may be signed in one or more counterparts, each of which shall constitute an original.

CITY OF RIVERSIDE, a California  
Charter city and municipal corporation

AMERICAN MEDICAL RESPONSE,  
AMBULANCE SERVICE, INC.,  
a Delaware corporation

By: \_\_\_\_\_  
City Manager

By: *Russell, Sean* \_\_\_\_\_

Name: Sean Russell  
Title: Region President

Attest: \_\_\_\_\_  
City Clerk

By:  \_\_\_\_\_  
Jeremey Shumaker (Apr 9, 2024 18:40 EDT)

Name: Jeremey Shumaker  
Title: Region Director

Approved as to Form:

By: \_\_\_\_\_  
Assistant City Attorney

## EXHIBIT A

- A. From the effective date of this Agreement as defined in Section 1, AMR shall pay City the monthly amount of one hundred and sixty-five thousand, two hundred and twenty-four dollars, and eleven cents (\$165,224.11) per month. The fee shall increase annually by 3%. This rate will be discussed June of every year before the new fiscal year starts.
- B. The City shall provide the utilization (parking, utilities, station living areas) of up to five mutually agreed upon Riverside City Fire stations for the deployment of AMR ambulances. The fee for housing includes ambulance parking, employee parking and room and board (not including meals) for \$1,800.00 per month per station.
- C. As a condition of AMR utilizing fire stations as deployment stations, AMR management, the City and AMR's local union, agree to collectively select personnel for this assignment through a joint interview process. City shall have the right to request to have AMR personnel not suited within the fire station environment reassigned to AMR facilities. This will only occur after discussions and agreement between AMR management and City management. AMR shall permanently assign personnel to fire stations and shall utilize the same work and shift schedule as the Riverside Fire Department. AMR shall not use fire stations as staging posts or staging locations. City shall have the right to review and to make changes to AMR's utilization of fire stations as deployment stations as needed. All personnel will present themselves in a professional manner. They will show a positive and helpful attitude to other personnel and to the citizens of The City of Riverside. The treatment of others shall always be respectful and above reproach. The goal is to always provide the highest level of Customer Service both internally and externally.
- D. AMR and City shall also provide joint training opportunities to each other's organization. AMR will provide ongoing ALS re-certification training and City will provide Incident Command System (ICS), Hazardous Material First Responder, Multi-Causality and Weapons of Mass Destruction Training.
- E. Payment from AMR shall be due the first of each month of this agreement. AMR shall make payments within fifteen (15) calendar days without penalty. Late penalties will be assessed at five percent (5%). AMR's obligation to pay City shall be conditioned on City's compliance with all terms and conditions of this agreement. City will invoice AMR for any late penalties imposed on a quarterly basis. AMR shall make payments within forty-five (45) days of such invoice.
- F. AMR shall purchase First Watch Online Compliance Utility Module (OCU) for the City of Riverside, so ambulance compliance can be monitored unless the Online Compliance Utility Module is provided by Riverside County EMS. AMR will provide a First Watch dashboard to review and monitor deployment activity in the Riverside City Subzone.
- G. Response Time Penalties and Performance Enhancement Measures
  - 1. Penalties

If AMR fails to meet the response time standards or performance standards in the delivery of service, except as otherwise exempted, AMR shall be assessed penalties in the following amounts:

- a) Response time for Service will be measured from the time AMR receives the dispatch from the City of Riverside with all information necessary to respond to the call until AMR arrives on the scene (or in the case of a location other than the actual scene, the staging area or nearest accessible point, (e.g., fence, apartment complex parking lot) or the call is canceled.
- b) AMR ALS ambulance shall arrive on scene in eleven (11) minutes and fifty-nine (59) seconds or less at least ninety percent (90%) of the time.
- c) AMR BLS ambulance shall arrive on scene in twenty (20) minutes and fifty -nine (59) seconds or less at least ninety percent (90%) of the time.
- d) For each response AMR exceeds the response time standard, the following amounts shall be assessed:

|                    |   |    |           |
|--------------------|---|----|-----------|
| 0.01 – 1 minute    | = | \$ | 5.00      |
| 1.01 – 2 minutes   | = | \$ | 10.00     |
| 2.01 – 3 minutes   | = | \$ | 20.00     |
| 3.01 – 4 minutes   | = | \$ | 50.00     |
| 4.01 – 5 minutes   | = | \$ | 70.00     |
| 5.01 – 6 minutes   | = | \$ | 180.00    |
| 6.01 – 7 minutes   | = | \$ | 220.00    |
| 7.01 – 8 minutes   | = | \$ | 392.00    |
| 8.01 – 9 minutes   | = | \$ | 448.00    |
| 9.01 – 10 minutes  | = | \$ | 5400.00   |
| 10.01 – 15 minutes | = | \$ | 800.00    |
| 15.01 – 20 minutes | = | \$ | 1,000.00  |
| 20.01 – 30 minutes | = | \$ | 1,200.00  |
| 30.01 – 60 minutes | = | \$ | 2,400.00  |
| > 60 minutes       | = | \$ | 10,000.00 |

- e) \$500.00 for any incident when AMR refers a call to a BLS unit, except as expressly permitted by City in the RFD EMD MPDS PROTOCOL MATRIX-City of Riverside.
- f) \$360.00 for failure of the ambulance crew to report their arrival at-scene and the at-scene time is not verifiable by other reliable means.
- g) AMR shall adjudicate all delayed responses quarterly and shall have the information available fifteen (15) calendar days without penalty. Late penalties will be assessed at five percent (5%) of total late fee. The City of Riverside will invoice AMR for late penalties imposed on a quarterly basis. AMR shall make payment within forty-five (45) days of the date of such invoice.
- h) For clarity and to avoid doubt (except for outlier penalties which shall not apply), the penalties in this Agreement are the same penalties set forth in the County EMS Agreement – not additional penalties and AMR shall only be penalized once.



**EXIBIT B**

**11 MINUTES 59 SECONDS STANDARD**

**DEPLOYMENT PLAN CITY OF RIVERSIDE SUBZONE**

This plan is designed to meet the needs of the 911 system in the Riverside City Subzone. The plan is based on current data, response time goals and an assessment to ensure optimal coverage. This plan will be monitored to track changes in demand and may be modified to meet changing demand trends.

Attached are the proposed posting locations, designed to optimal coverage in the Riverside Subzone. In addition to these posting locations, currently there are three (3) hospitals located within Riverside City that creates a network of incoming and outgoing ALS resources in addition to the proposed posting locations. Any changes to the initial plan must be provided in writing to the Contract Administrator. Parties agree to meet and discuss prior to any changes that may result in a reduction in ambulance unit hours being deployed in the City.

If the City identifies the need for additional unit hours above the four (4) units staffed within the Fire Stations, Contract Administrator will work with AMR to negotiate additional unit hours within the Riverside City Subzone.

Only the four (4) AMR units assigned to the Stations are allowed to use the City facilities.

| <b>(4) - 24 Hour Units</b> |
|----------------------------|
| Station 1                  |
| Station 3                  |
| Station 5                  |
| Station 12                 |

| <b>Post Locations In Riverside City</b> |
|---|
| 91/Van Buren                            |
| 215/University                          |
| Alessandro/Trautwein                    |
| Arlington/Van Buren                     |

## EXHIBIT C

### INSURANCE

The combined automobile liability, bodily injury and property damage liability insurance aggregate maintained by AMR shall be not less than Five Million Dollars (\$5,000,000) in coverage for each occurrence;

Professional liability insurance shall be secured in an amount of not less than Five Million Dollars (\$5,000,000) in coverage for any injury or death arising out of any one incident; Workers' Compensation insurance for any and all of AMR's employees in accordance with the California Labor Code;

Except for the workers' compensation policy, said policies shall also name the City as an additional insured of AMR. All policies shall contain a provision requiring a thirty (30) day written notice to be given to the City prior to cancellation, modification, or reduction in limits;

Any insurance carrier providing insurance coverage hereunder shall be admitted to the State of California unless waived, in writing, by City's Risk Manager. In addition, any deductibles or self-insured retentions must be declared by such carrier(s) and such deductibles and retentions shall have prior consent, in writing from the City's Risk Manager, which consent shall not be unreasonably withheld. If no written notice is received from City Risk Manager within ten (10) days of the acceptance of Agreement, then such deductibles or self-insured retentions shall be deemed acceptable.

AMR shall cause its insurance carrier(s) to furnish City with either (1) properly executed original certificate(s) of insurance and certified original copies of endorsements effecting coverage as required herein, or (2) if requested to do so, in writing, by City's Risk Manager or the City Contract Administrator, provide original certified copies of policies including declaration pages and all endorsements and any and all attachments thereto, showing that such insurance is in full force and effect, and City of Riverside, its Directors and Officers, elected officials, employees, agents or representatives are named as additional insured with respect to the acts or omissions of AMR under this Agreement and the obligations of AMR hereunder. AMR shall ensure that the City is listed as an additional insured/certificate holder on such policy of insurance.

Further, said certificate(s) and policies of insurance shall contain the covenant of the insurance carrier(s) that thirty (30) days' written notice shall be given to City prior to any modification, cancellation, expiration or reduction in coverage of such insurance. In the event of any such modification, expiration or reduction in coverage and on the effective date thereof, this Agreement shall terminate forthwith, unless City receives prior to such effective date another properly executed original certificate of insurance and original copies of endorsements or certified original policies including all endorsements and attachments thereto evidencing coverages set forth herein and the insurance required herein is in full force and effect. The original endorsements for such policy and the certificate of insurance shall be signed by an individual authorized by the insurance carrier to do so on its behalf.

It is understood and agreed to by the parties hereto, and the insurance company(ies) that certificate(s) of insurance and policies shall so covenant and shall be construed as primary and City's insurance and/or deductibles and/or self-insured retentions or self-insured programs shall not be construed as contributory.

## EXHIBIT D

| EMERGENT RATE SCHEDULE |            |
|------------------------|------------|
| 1. ALS EMERGENT RATE   | \$2,610.88 |
| 2. BLS EMERGENT RATE   | \$2,452.16 |
| 3. Mileage (loaded)    | \$63.49    |
| 4. Oxygen              | \$271.54   |
| 5. Night Charge        | \$296.93   |
| 6. Dry Run             | \$405.80   |

### Annual Adjustments

(to Rate Schedule in this Exhibit)

The rates set out above may be adjusted in an amount necessary to compensate AMR for increases in AMR's direct and indirect costs as measured by the CPI. The CPI adjustment may be made annually, and such adjustment shall be effective as of the first day of July of each year. The comparison shall be made for each January 1. The first CPI adjustment may occur as of July 1, 2024, based on the change in the CPI. From January 1, 2023, through December 31, 2023. The CPI adjustment shall be determined by taking into account the percentage increase or decrease in the CPI for all urban consumers in the Riverside, San Bernardino, and Ontario Metropolitan Areas during the prior calendar year, including the housing component. The City Contract Administrator shall be responsible for reviewing rate increases up to and including 5% and shall approve any such increase supported by adequate documentation by AMR regarding its calculation. City Council approval shall be required for rate increases over 5%.

Any CPI rate increase shall be confirmed, reviewed, and approved in advance by the City Contract Administrator by May 15 of each year. AMR shall submit an application containing all information necessary to document the increase, including but not limited to present rates, broken down into components, the applicable CPI increases and the need for any increase.

In addition to, and not in lieu of, the annual CPI increase or decrease described above, AMR may also be granted rate increases or decreases in an amount equal to AMR's extraordinary increase or decreases in its cost of operations. The City Contract Administrator shall determine the application process for such extraordinary cost increases or decreases. The City Contract Administrator shall be responsible for reviewing such extraordinary cost increases or decreases up to and including 5% and shall approve any such increase supported by adequate documentation by AMR regarding its calculation. City Council approval shall be required for increases over 5%.

## EXHIBIT E

Deployment Model for tiered dispatching is outlined in the Exhibit E. With mutual agreement between both parties the response for any determinate code can be modified without amending the contract.

| MPDS # | PROTOCOL NAME   | RESP. LEVEL | DETERMINANT DESCRIPTION                     | ALS FR | ALS AMB | BLS AMB |
|--------|---|-------------|---|--------|---------|---------|
| 1      | <b>ABD PAIN/<br/>PROBLEMS</b>   | D-1         | NOT ALERT                                   | H      | H       |         |
|        |   | D-2         | ASHEN OR GRAY COLOR REPORTED $\geq 50$      | H      | H       |         |
|        |   | C-1         | SUSPECTED AORTIC ANEURYSM $\geq 50$         | H      | H       |         |
|        |   | C-2         | DIAGNOSED AORTIC ANEURYSM                   | H      | H       |         |
|        |   | C-3         | FAINTING OR NEAR FAINTING $\geq 50$         | H      | H       |         |
|        |   | C-4         | FEMALE W/ FAINTING OR NEAR FAINTING 12-50   | H      | H       |         |
|        |   | C-5         | MALES WITH APIN ABOVE NAVEL $\geq 35$       | H      | H       |         |
|        |   | C-6         | FEMALES W/ PAIN ABOVE NAVEL $\geq 45$       | H      | H       |         |
|        |   | A-1         | ABDOMINAL PAIN                              |        | H       |         |
|        |   | A-2         | TESTICLE OR GROIN PAIN (MALE)               |        | H       |         |
|        |   | A-3         |   |        | H       |         |
| 2      | <b>ALLERGIES<br/>(REACTIONS)/<br/>ENVENOMATIONS<br/>(STINGS, BITES)</b> | E-1         | INEFFECTIVE BREATHING                       | H      | H       |         |
|        |   | D-1         | NOT ALERT                                   | H      | H       |         |
|        |   | D-2         | DIFFICULTY SPEAKING BETWEEN BREATHS         | H      | H       |         |
|        |   | D-3         | SWARMING ATTACK (BEES, WASPS, HORNETS, ETC) | H      | H       |         |
|        |   | D-4         | SNAKEBITE                                   | H      | H       |         |
|        |   | C-1         | DIFFICULTY BREATHING OR SWALLOWING          | H      | H       |         |
|        |   | C-2         | HX OF SEVERE ALLERGIC REACTION              | H      | H       |         |
|        |   | B-1         | UNKNOWN STATUS/OTHER CODES NOT APPLICABLE   | H      | H       |         |
|        |   | A-1         | NO DIFF. BREATHING OR SWALLOWING            | C      | C       |         |
|        |   | A-2         | SPIDER BITE                                 | C      | C       |         |
|        |   | 3           | <b>ANIMAL BITES/<br/>ATTACKS</b>            | D-1    | ARREST  | H       |
| D-2    | UNCONSCIOUS   |             |   | H      | H       |         |
| D-3    | NOT ALERT   |             |   | H      | H       |         |
| D-4    | CHEST OR NECK INJURY (W/ DIFF. BREATHING)                               |             |   | H      | H       |         |
| D-5    | DANGEROUS BODY AREA   |             |   | H      | H       |         |
| D-6    | LARGE ANIMAL  |             |   | H      | H       |         |
| D-7    | EXOTIC ANIMAL   |             |   | H      | H       |         |
| D-8    | MAULING OR MULTIPLE ANIMALS   |             |   | H      | H       |         |
| D-9    | ATTACK IN PROGRESS  |             |   | H      | H       |         |
| B-1    | POSS. DANGEROUS BODY AREA   |             |   | H      | H       |         |
| B-2    | SERIOUS HEMORRHAGE  |             |   | H      | H       |         |
| B-3    | UNKNOWN STATUS  |             |   | H      | H       |         |
| A-1    | NOT DANGEROUS BODY AREA w/ DEFORMITY                                    |             |   | C      | C       |         |

|     |  |     |   |     |  |   |   |  |
|-----|--|-----|---|-----|--|---|---|--|
|     |  | A-2 | NOT DANGEROUS BODY AREA   | C   | C                                      |   |   |  |
|     |  | A-3 | NON RECENT ( $\geq 6$ HRS) INJ. (W/O PRI. SYMPTOMS)               | C   | C                                      |   |   |  |
|     |  | A-4 | SUPERFICIAL INJURIES  | C   | C                                      |   |   |  |
| 4   | <b>ASSAULT/<br/>SEXUAL ASSULT/<br/>STUN GUN</b>                | D-1 | ARREST  | H   | H                                      |   |   |  |
|     |  | D-2 | UNCONSCIOUS   | H   | H                                      |   |   |  |
|     |  | D-3 | NOT ALERT   | H   | H                                      |   |   |  |
|     |  | D-4 | CHEST OR NECK INJURY (W/ DIFF. BREATHING)                         | H   | H                                      |   |   |  |
|     |  | D-5 | MULTIPLE VICTIMS  | H   | H                                      |   |   |  |
|     |  | B-1 | POSS. DANGEROUS BODY AREA   | H   | H                                      |   |   |  |
|     |  | B-2 | SERIOUS HEMORRHAGE  | H   | H                                      |   |   |  |
|     |  | B-3 | UNKNOWN STATUS/OTHER CODES NOT APPL.                              | H   | H                                      |   |   |  |
|     |  | A-1 | MARKED (*) NOT DANG. BODY AREA W/ DEFORM                          | C   | C                                      |   |   |  |
|     |  | A-2 | NOT DANGEROUS BODY AREA   | C   | C                                      |   |   |  |
|     |  | A-3 | NON RECENT ( $\geq 6$ HRS) INJ. (W/O PRI. SYMPTOMS)               | C   | C                                      |   |   |  |
|     |  | 5   | <b>BACK PAIN<br/>(NON-TRAUMATIC<br/>OR NON-RECENT<br/>TRUAMA)</b> | D-1 | NOT ALERT                              | H | H |  |
|     |  |     |   | D-2 | ASHEN OR GRAY COLOR REPORTED $\geq 50$ | H | H |  |
| C-1 | SUSPECTED AORTIC ANEURYSM (TEARING/RIPPING PAIN) $\geq 50$     |     |   | H   | H                                      |   |   |  |
| C-2 | DIAGNOSED AORTIC ANEURYSM                                      |     |   | H   | H                                      |   |   |  |
| C-3 | FAINTING OR NEAR FAINTING $\geq 50$                            |     |   | H   | H                                      |   |   |  |
| C-4 | DIFFICULTY BREATHING   |     |   | H   | H                                      |   |   |  |
| A-1 | NON-TRAUMATIC BACK PAIN  |     |   |     | H                                      |   |   |  |
| A-2 | NON RECENT ( $\geq 6$ HRS) TRAUMATIC BACK PAIN (W/O PRI. SYM.) |     |   |     | H                                      |   |   |  |
| 6   | <b>BREATHING<br/>PROBLEMS</b>                                  | E-1 | INEFFECTIVE BREATHING   | H   | H                                      |   |   |  |
|     |  | D-1 | NOT ALERT   | H   | H                                      |   |   |  |
|     |  | D-2 | DIFFICULTY SPEAKING BETWEEN BREATHS                               | H   | H                                      |   |   |  |
|     |  | D-3 | CHANGING COLOR  | H   | H                                      |   |   |  |
|     |  | D-4 | CLAMMY OR COLD SWEATS   | H   | H                                      |   |   |  |
|     |  | D-5 | TRACHEOSTOMY (OBVIOUS DISTRESS)                                   | H   | H                                      |   |   |  |
|     |  | C-1 | ABNORMAL BREATHING  | H   | H                                      |   |   |  |
|     |  | C-2 | TRACHEOSTOMY (NO OBVIOUS DISTRESS)                                | H   | H                                      |   |   |  |
| 7   | <b>BURNS (SCALDS)/<br/>EXPLOSION<br/>(BLAST)</b>               | E-1 | PERSON ON FIRE  | H   | H                                      |   |   |  |
|     |  | D-1 | MULTIPLE VICTIMS  | H   | H                                      |   |   |  |
|     |  | D-2 | ARREST  | H   | H                                      |   |   |  |
|     |  | D-3 | UNCONSCIOUS   | H   | H                                      |   |   |  |
|     |  | D-4 | NOT ALERT   | H   | H                                      |   |   |  |
|     |  | D-5 | DIFFICULTY SPEAKING BETWEEN BREATHS                               | H   | H                                      |   |   |  |
|     |  | C-1 | FIRE W/ PERSONS REPORTED INSIDE                                   | H   | H                                      |   |   |  |
|     |  | C-2 | DIFFICULTY BREATHING  | H   | H                                      |   |   |  |
|     |  | C-3 | BURNS $\geq 18\%$ BODY AREA                                       | H   | H                                      |   |   |  |
|     |  | C-4 | SIGNIFICANT FACIAL BURN   | H   | H                                      |   |   |  |

|     |  |                  |   |   |  |   |   |
|-----|--|------------------|---|---|--|---|---|
|     |  | B-1              | BLAST INJ. (W/O PRIORITY SYMPTOMS)                                | H   | H  |   |   |
|     |  | B-2              | UNKNOWN STATUS/OTHER CODES NOT APPLICABLE                         | H   | H  |   |   |
|     |  | A-1              | BURNS <18% BODY AREA  |   | C  |   |   |
|     | <b>FIRE ONLY</b>                           | A-2              | <b>FIRE ALARM</b> (UNKNOWN SITUATION)                             |   |  |   |   |
|     |  | A-3              | MINOR BURNS   | H   | H  |   |   |
|     |  | A-4              | SUNBURN   | H   | H  |   |   |
|     |  | A-5              | NON RECENT (≥6HRS) BURNS/INJURIES (W/O PRI. SYMPTOMS)             | H   | H  |   |   |
| 8   | <b>CO/INHALATION HAZMAT/CBRN</b>           | D-1              | ARREST  | H   | H  |   |   |
|     |  | D-2              | UNCONSCIOUS   | H   | H  |   |   |
|     |  | D-3              | NOT ALERT   | H   | H  |   |   |
|     |  | D-4              | DIFFICULTY SPEAKING BETWEEN BREATHS                               | H   | H  |   |   |
|     |  | D-5              | MULTIPLE VICTIMS  | H   | H  |   |   |
|     |  | D-6              | UNKNOWN STATUS/OTHER CODES NOT APPL.                              | H   | H  |   |   |
|     |  | C-1              | ALERT W/ DIFFICULTY BREATHING                                     | H   | H  |   |   |
|     |  | B-1              | ALERT W/O DIFFICULTY BREATHING                                    | H   | H  |   |   |
|     |  | <b>FIRE ONLY</b> | Ω-1   | <b>CO DETECTOR ALARM</b> (SCENE CONTACT W/O PRI. SYMPT) |  |   |   |
|     |  | <b>FIRE ONLY</b> | Ω-2   | <b>CO DETECTOR ALARM</b> (ALARM ONLY, NO SCENE CONTACT) |  |   |   |
| 9   | <b>CARDIAC OR RESPIRATORY ARREST/DEATH</b> | E-1              | NOT BREATHING AT ALL (WORKABLE ARREST/INEFF. BREATHING)           | H   | H  |   |   |
|     |  | E-2              | UNCERTAIN BREATHING   | H   | H  |   |   |
|     |  | E-3              | HANGING   | H   | H  |   |   |
|     |  | E-4              | STRANGULATION   | H   | H  |   |   |
|     |  | E-5              | SUFFOCATION   | H   | H  |   |   |
|     |  | D-1              | INEFFECTIVE BREATHING   | H   | H  |   |   |
|     |  | D-2              | OBVIOUS OR EXPECTED DEATH QUESTIONABLE (A THROUGH H, X THROUGH Z) | H   | H  |   |   |
|     |  | B-1              | OBVIOUS DEATH UNQUESTIONABLE (A THROUGH H)                        | H   | H  |   |   |
|     |  | Ω-1              | EXPECTED DEATH UNQUESTIONABLE (X THROUGH Z)                       | C   | C  |   |   |
|     |  | 10               | <b>CHEST PAIN/ CHEST DISCOMFORT/ (NON-TRUMATIC)</b>               | D-1   | NOT ALERT                                  | H | H |
| D-2 | DIFFICULTY SPEAKING BETWEEN BREATHS        |                  |   | H   | H  |   |   |
| D-3 | CHANGING COLOR                             |                  |   | H   | H  |   |   |
| D-4 | CLAMMY OR COLD SWEATS                      |                  |   | H   | H  |   |   |
| D-5 | HEART ATTACK OR ANGINA HX                  |                  |   | H   | H  |   |   |
| C-1 | ABNORMAL BREATHING                         |                  |   | H   | H  |   |   |
| C-2 | COCAINE                                    |                  |   | H   | H  |   |   |
| C-3 | BREATHING NORMALLY ≥35                     |                  |   | H   | H  |   |   |
| A-1 | BREATHING NORMALLY <35                     |                  |   | H   | H  |   |   |
| 11  | <b>CHOKING</b>                             |                  |   | E-1   | COMPLETE OBSTRUCTION/INEFFECTIVE BREATHING | H | H |
|     |  | D-1              | ABNORMAL BREATHING (PARTIAL OBSTRUCTION)                          | H   | H  |   |   |
|     |  | D-2              | NOT ALERT   | H   | H  |   |   |
|     |  | A-1              | NOT CHOKING NOW (CAN TALK/CRY, IS ALERT & BREATH. NORM.)          |   | C  |   |   |

|     |  |     |  |     |                                     |   |   |  |
|-----|--|-----|--|-----|-------------------------------------|---|---|--|
| 12  | <b>CONVULSION/<br/>SEIZURES</b>  | D-1 | NOT BREATHING (AFTER KEY QUESTIONS)  | H   | H                                   |   |   |  |
|     |  | D-2 | CONTINUOUS OR MULTIPLE SEIZURES  | H   | H                                   |   |   |  |
|     |  | D-3 | AGONAL/INEFFECTIVE BREATHING   | H   | H                                   |   |   |  |
|     |  | D-4 | EFFECTIVE BREATHING NOT VERIFIED $\geq 35$   | H   | H                                   |   |   |  |
|     |  | C-1 | FOCAL/ABSENCE SEIZURE (NOT ALERT)  | H   | H                                   |   |   |  |
|     |  | C-2 | PREGNANCY  | H   | H                                   |   |   |  |
|     |  | C-3 | DIABETIC   | H   | H                                   |   |   |  |
|     |  | C-4 | NOT SEIZING NOW & EFFECTIVE BREATHING VERIFIED (>6 YEARS OLD, CONFIRMED NO SEIZURE DISORDER) | H   | H                                   |   |   |  |
|     |  | C-5 | HX OF STROKE OR BRAIN TUMOR  | H   | H                                   |   |   |  |
|     |  | C-6 | OD/POISONING (INGESTION)   | H   | H                                   |   |   |  |
|     |  | C-7 | ATYPICAL SEIZURE   | H   | H                                   |   |   |  |
|     |  | B-1 | EFFECTIVE BREATHING NOT VERIFIED >35   | H   | H                                   |   |   |  |
|     |  | A-1 | NOT SEIZING NOW & EFF. BREATHING VERIFIED (KNOWN SEIZURE DIS.)                               | C   | C                                   |   |   |  |
|     |  | A-2 | NOT SEIZING NOW & EFF. BREATHING VERIFIED (UNKNOWN SEIZURE DIS.)                             | C   | C                                   |   |   |  |
|     |  | A-3 | NOT SEIZING NOW & EFF. BREATHING VERIFIED ( $\leq 6$ , CONF. NO SEIZURE DIS.)                | C   | C                                   |   |   |  |
|     |  | A-4 | FOCAL/ABSENCE SEIZURE (ALERT)  | C   | C                                   |   |   |  |
|     |  | A-5 | IMPENDING SEIZURE (AURA)   | C   | C                                   |   |   |  |
|     |  | 13  | <b>DIABETIC<br/>PROBLEMS</b>   | D-1 | UNCONSCIOUS                         | H | H |  |
| C-1 | NOT ALERT  |     |  | H   | H                                   |   |   |  |
| C-2 | ABNORMAL BEHAVIOR  |     |  | H   | H                                   |   |   |  |
| C-3 | ABNORMAL BREATHING   |     |  | H   | H                                   |   |   |  |
| A-1 | ALERT & BEHAVING NORMALLY  |     |  |     |                                     | C |   |  |
| 14  | <b>DROWNING/<br/>NEAR<br/>DROWNING/<br/>DIVING/ SCUBA<br/>ACCIDENT</b> | E-1 | ARREST (OUT OF WATER)  | H   | H                                   |   |   |  |
|     |  | E-2 | UNDERWATER (DOMESTIC RESCUE)   | H   | H                                   |   |   |  |
|     |  | D-1 | UNCONSCIOUS  | H   | H                                   |   |   |  |
|     |  | D-2 | UNDERWATER (SPECIALIZED RESCUE)  | H   | H                                   |   |   |  |
|     |  | D-3 | STRANDED (SPECIALIZED RESCUE)  | H   | H                                   |   |   |  |
|     |  | D-4 | JUST RESUSCITATED AND/OR DEFIBRILLATED (EXTERNAL)  | H   | H                                   |   |   |  |
|     |  | D-5 | NOT ALERT  | H   | H                                   |   |   |  |
|     |  | D-6 | SUSPECTED NECK INJURY  | H   | H                                   |   |   |  |
|     |  | C-1 | ALERT WITH ABNORMAL BREATHING  | H   | H                                   |   |   |  |
|     |  | C-2 | DECOMPRESSION SICKNESS (THE BENDS)   | H   | H                                   |   |   |  |
|     |  | B-1 | ALERT AND BREATHING NORMALLY (INJURIES OR IN WATER)  | H   | H                                   |   |   |  |
|     |  | B-2 | OBVIOUS DEATH (SUBMERSION $\geq 6$ HRS.)   | H   | H                                   |   |   |  |
|     |  | B-3 | UNKNOWN STATUS/OTHER CODES NOT APPLICABLE  | H   | H                                   |   |   |  |
|     |  | A-1 | ALERT AND BREATHING NORMALLY (NO INJURIES AND OUT OF WATER)                                  |     |                                     | C |   |  |
|     |  | 15  | <b>ELECTRICUTION/<br/>LIGHTNING</b>  | E-1 | NOT BREATHING/INEFFECTIVE BREATHING | H | H |  |
|     |  |     |  | D-1 | MULTIPLE VICTIMS                    | H | H |  |
| D-2 | UNCONSCIOUS  |     |  | H   | H                                   |   |   |  |

|     |   |     |  |     |   |   |   |  |
|-----|---|-----|--|-----|---|---|---|--|
|     |   | D-3 | NOT DISCONNECTED FROM POWER  | H   | H   |   |   |  |
|     |   | D-4 | POWER NOT OFF OR HAZARD PRESENT                                    | H   | H   |   |   |  |
|     |   | D-5 | EXTREME FALL ( $\geq 30\text{FT}/10\text{M}$ )                     | H   | H   |   |   |  |
|     |   | D-6 | LONG FALL  | H   | H   |   |   |  |
|     |   | D-7 | NOT ALERT  | H   | H   |   |   |  |
|     |   | D-8 | ABNORMAL BREATHING   | H   | H   |   |   |  |
|     |   | D-9 | UNKNOWN STATUS/OTHER CODES NOT APPLICABLE                          | H   | H   |   |   |  |
|     |   | C-1 | ALERT AND BREATHING NORMALLY                                       | H   | H   |   |   |  |
| 16  | EYE PROBLEMS/<br>INJURIES                 | D-1 | NOT ALERT  | H   | H   |   |   |  |
|     |   | B-1 | SEVERE EYE INJURIES  | H   | H   |   |   |  |
|     |   | A-1 | MODERATE EYE INJURIES  |     | C   |   |   |  |
|     |   | A-2 | MINOR EYE INJURIES   |     |   | C |   |  |
|     |   | A-3 | MEDICAL EYE PROBLEMS   |     |   | C |   |  |
| 17  | FALLS                                     | D-1 | EXTREME FALL ( $\geq 30\text{FT}/10\text{M}$ )                     | H   | H   |   |   |  |
|     |   | D-2 | ARREST   | H   | H   |   |   |  |
|     |   | D-3 | UNCONSCIOUS  | H   | H   |   |   |  |
|     |   | D-4 | NOT ALERT  | H   | H   |   |   |  |
|     |   | D-5 | CHEST OR NECK INJURY (W/ DIFF. BREATHING)                          | H   | H   |   |   |  |
|     |   | D-6 | LONG FALL  | H   | H   |   |   |  |
|     |   | B-1 | POSS. DANGEROUS BODY AREA  | H   | H   |   |   |  |
|     |   | B-2 | SERIOUS HEMORRHAGE   | H   | H   |   |   |  |
|     |   | B-3 | FALL DOWN (NOT ON) STAIRS  | H   | H   |   |   |  |
|     |   | B-4 | UNKNOWN STATUS/OTHER CODES NOT APPLICABLE                          | H   | H   |   |   |  |
|     |   | A-1 | MARKED (*) NOT DANG. BODY AREA W/ DEFORM                           | C   | C   |   |   |  |
|     |   | A-2 | NOT DANGEROUS BODY AREA  | C   | C   |   |   |  |
|     |   | A-3 | NON-RECENT ( $\geq 6\text{HRS}$ ) INJURIES (W/O PRIORITY SYMPTOMS) | C   | C   |   |   |  |
|     |   |     | <b>FIRE ONLY</b>   | A-4 | <b>PUBLIC ASSIST</b> (NO INJURIES AND NO PRIORITY SYMPTOMS) |   |   |  |
|     |   | 18  | HEADACHE   | C-1 | NOT ALERT   | H | H |  |
| C-2 | ABNORMAL BREATHING                        |     |  | H   | H   |   |   |  |
| C-3 | SPEECH PROBLEMS                           |     |  | H   | H   |   |   |  |
| C-4 | SUDDEN ONSET OF SEVERE PAIN               |     |  | H   | H   |   |   |  |
| C-5 | NUMBNESS                                  |     |  | H   | H   |   |   |  |
| C-6 | PARALYSIS                                 |     |  | H   | H   |   |   |  |
| C-7 | CHANGE IN BEHAVIOR ( $\leq 3\text{HRS}$ ) |     |  | H   | H   |   |   |  |
| B-1 | UNKNOWN STATUS/OTHER CODES NOT APPLICABLE |     |  | H   | H   |   |   |  |
| A-1 | BREATHING NORMALLY                        |     |  |     | C   |   |   |  |
| 19  | HEART PROB./<br>A.I.C.D.                  | D-1 | NOT ALERT  | H   | H   |   |   |  |
|     |   | D-2 | DIFFICULTY SPEAKING BETWEEN BREATHS                                | H   | H   |   |   |  |
|     |   | D-3 | CHANGING COLOR   | H   | H   |   |   |  |



|    |  |     |   |   |   |   |
|----|--|-----|---|---|---|---|
|    |  | D-4 | CLAMMY OR COLD SWEATS   | H | H |   |
|    |  | D-5 | JUST RESUSCITATED AND/OR DEFIBRILLATED<br>(EXTERNAL)                        | H | H |   |
|    |  | C-1 | FIRING OF A.I.C.D.  | H | H |   |
|    |  | C-2 | ABNORMAL BREATHING  | H | H |   |
|    |  | C-3 | CHEST PAIN/DISCOMFORT $\geq 35$   | H | H |   |
|    |  | C-4 | CARDIAC HX  | H | H |   |
|    |  | C-5 | COCAINE   | H | H |   |
|    |  | C-6 | HEART RATE $< 50\text{BPM}$ OR $\geq 130\text{BPM}$ (W/O PRIORITY SYMPTOMS) | H | H |   |
|    |  | C-7 | UNKNOWN STATUS/OTHER CODES NOT APPLICABLE                                   | H | H |   |
|    |  | A-1 | HEART RATE $\geq 50\text{BPM}$ OR $< 130\text{BPM}$ (W/O PRIORITY SYMPTOMS) | H | H |   |
|    |  | A-2 | CHEST PAIN/DISCOMFORT $< 35$ (W/O PRIORITY SYMPTOMS)                        | H | H |   |
| 20 | <b>HEAT/COLD EXPOSURE</b>                                    | D-1 | NOT ALERT   | H | H |   |
|    |  | D-2 | MULTIPLE VICTIMS (W/ PRIMARY SYMPTOMS)                                      | H | H |   |
|    |  | C-1 | HEART ATTACK OR ANGINA HX   | H | H |   |
|    |  | B-1 | CHANGE IN SKIN COLOR  | H | H |   |
|    |  | B-2 | UNKNOWN STATUS/OTHER CODES NOT APPLICABLE                                   | H | H |   |
|    |  | A-1 | ALERT   |   |   | C |
| 21 | <b>HEMORRHAGE/ LACERATIONS</b>                               | D-1 | ARREST  | H | H |   |
|    |  | D-2 | UNCONSCIOUS   | H | H |   |
|    |  | D-3 | NOT ALERT   | H | H |   |
|    |  | D-4 | DANGEROUS HEMORRHAGE  | H | H |   |
|    |  | D-5 | ABNORMAL BREATHING  | H | H |   |
|    |  | C-1 | HEMORRHAGE THROUGH TUBES  | H | H |   |
|    |  | C-2 | HEMORRHAGE OF DIALYSIS FISTULA  | H | H |   |
|    |  | C-3 | HEMORRHAGE FROM VARICOSE VEINS  | H | H |   |
|    |  | B-1 | POSSIBLY DANGEROUS HEMORRHAGE   | H | H |   |
|    |  | B-2 | SERIOUS HEMORRHAGE  | H | H |   |
|    |  | B-3 | BLEEDING DISORDER   | H | H |   |
|    |  | B-4 | BLOOD THINNERS  | H | H |   |
|    |  | A-1 | NOT DANGEROUS HEMORRHAGE  |   |   | C |
|    |  | A-2 | MINOR HEMORRHAGE  |   |   | C |
| 22 | <b>INACCESSIBLE INCIDENT/OTHER ENTRAPMENTS (NON-TRAFFIC)</b> | D-1 | MECHANICAL/MACHINERY/OBJECT ENTRAPMENT                                      | H | H |   |
|    |  | D-2 | TRENCH COLLAPSE   | H | H |   |
|    |  | D-3 | STRUCTURE COLLAPSE  | H | H |   |
|    |  | D-4 | CONFINED SPACE ENTRAPMENT   | H | H |   |
|    |  | D-5 | INACCESSIBLE TERRAIN SITUATION  | H | H |   |
|    |  | D-6 | MUDSLIDE/AVALANCHE  | H | H |   |
|    |  | B-1 | NO LONGER TRAPPED (UNKNOWN INJURIES)  | H | H |   |

|     |   |     |  |     |             |   |   |  |
|-----|---|-----|--|-----|-------------|---|---|--|
|     |   | B-2 | PERIPHERAL ENTRAPMENT ONLY                                     | H   | H           |   |   |  |
|     |   | B-3 | UNKNOWN STATUS (INVESTIGATION)/OTHER CODES NOT APPLICABLE      | H   | H           |   |   |  |
|     | <b>FIRE ONLY</b>                                  | A-1 | <b>NO LONGER TRAPPED (NO INJURIES)</b>                         |     |             |   |   |  |
| 23  | <b>OVERDOSE/<br/>POISONING<br/>(INGESTION)</b>    | E-1 | NARCOTIC/OPIOD ARREST (OBVIOUS)                                | H   | H           |   |   |  |
|     |   | D-1 | ARREST   | H   | H           |   |   |  |
|     |   | D-2 | UNCONSCIOUS  | H   | H           |   |   |  |
|     |   | D-3 | CHANGING COLOR   | H   | H           |   |   |  |
|     |   | C-1 | NOT ALERT  | H   | H           |   |   |  |
|     |   | C-2 | ABNORMAL BREATHING   | H   | H           |   |   |  |
|     |   | C-3 | ANTIDEPRESSANTS (TRICYCLIC)                                    | H   | H           |   |   |  |
|     |   | C-4 | COCAINE, METHAMPHETAMINE (OR DERIVATIVES)                      | H   | H           |   |   |  |
|     |   | C-5 | NARCOTICS (HEROIN, MORPHINE, METHADONE, OXYCONTIN, ETC.)       | H   | H           |   |   |  |
|     |   | C-6 | ACID OR ALKALI (LYE)   | H   | H           |   |   |  |
|     |   | C-7 | UNKNOWN STATUS/OTHER CODES NOT APPLICABLE                      | H   | H           |   |   |  |
|     |   | C-8 | POISON CONTROL REQUEST FOR RESPONSE                            | H   | H           |   |   |  |
|     |   | B-1 | OVERDOSE (W/O PRIORITY SYMPTOMS)                               | H   | H           |   |   |  |
|     |   | Ω-1 | POISONING (w/o PRITOITY SYMPTOMS)                              | C   | C           |   |   |  |
| 24  | <b>PREGNANCY/<br/>CHILDBIRTH/<br/>MISCARRIAGE</b> | D-1 | BREECH OR CORD   | H   | H           |   |   |  |
|     |   | D-2 | HEAD VISIBLE/OUT   | H   | H           |   |   |  |
|     |   | D-3 | IMMINENT DELIVERY (≥6 MONTHS/24 WEEKS)                         | H   | H           |   |   |  |
|     |   | D-4 | 3rd TRIMESTER HEMORRHAGE                                       | H   | H           |   |   |  |
|     |   | D-5 | HIGH RISK COMPLICATIONS  | H   | H           |   |   |  |
|     |   | D-6 | BABY BORN (COMPLICATIONS WITH BABY)                            | H   | H           |   |   |  |
|     |   | D-7 | BABY BORN (COMPLICATIONS WITH MOTHER)                          | H   | H           |   |   |  |
|     |   | D-8 | POSSIBLE MISCARRIAGE W/ SIGNS OF LIFE                          | H   | H           |   |   |  |
|     |   | C-1 | 2nd TRIMESTER HEMORRHAGE OR MISCARRIAGE                        | H   | H           |   |   |  |
|     |   | C-2 | 1st TRIMESTER SERIOUS HEMORRHAGE                               | H   | H           |   |   |  |
|     |   | C-3 | ABNORMAL PAIN/CRAMPING (<6MOS/24WKS AND NO FETUS OR TISSUE)    | H   | H           |   |   |  |
|     |   | C-4 | BABY BORN (NO COMPLICATIONS)                                   | H   | H           |   |   |  |
|     |   | B-1 | LABOR (DELIVERY NOT IMMINENT, ≥6MONTHS/24WEEKS)                | H   | H           |   |   |  |
|     |   | B-2 | UNKNOWN STATUS/OTHER CODES NOT APPLICABLE                      | H   | H           |   |   |  |
|     |   | A-1 | 1st TRIMESTER HEMORRHAGE OR MISCARRIAGE                        | C   | C           |   |   |  |
|     |   | A-2 | CONFIRMED STILLBIRTH SITUATION (≥6MOS/24WKS AND COMPLICATIONS) | C   | C           |   |   |  |
|     |   | Ω-1 | WATER BROKEN (NO CONTRACTIONS OR PRESENTING PARTS)             | C   | C           |   |   |  |
|     |   | 25  | <b>PSYCHIATRIC/<br/>ABNORMAL BEH./<br/>SUICIDE ATTEMPT</b>     | D-1 | ARREST      | H | H |  |
|     |   |     |  | D-2 | UNCONSCIOUS | H | H |  |
| D-3 | NOT ALERT   |     |  | H   | H           |   |   |  |
| D-4 | DANGEROUS HEMORRHAGE                              |     |  | H   | H           |   |   |  |

|    |   |      |   |   |   |   |
|----|---|------|---|---|---|---|
|    |   | D-5  | NEAR HANGING, STRANGULATION, OR SUFFOCATION (ALERT W/ DIFF. BREATHING)  | H | H |   |
|    |   | D-6  | JUMPED NOW  | H | H |   |
|    |   | B-1  | SERIOUS HEMORRHAGE  | H | H |   |
|    |   | B-2  | NON-SERIOUS OR MINOR HEMORRHAGE   | H | H |   |
|    |   | B-3  | THREATENING SUICIDE   | H | H |   |
|    |   | B-4  | JUMPER (THREATENING)  | H | H |   |
|    |   | B-5  | NEAR HANGING, STRANGULATION, OR SUFFOCATION (ALERT W/O DIFF. BREATHING) | H | H |   |
|    |   | B-6  | UNKNOWN STATUS/OTHER CODES NOT APPLICABLE                               | H | H |   |
|    |   | A-1  | NON-SUICIDAL AND ALERT  | C | C |   |
|    |   | A-2  | SUICIDAL (NOT THREATENING) AND ALERT                                    | C | C |   |
| 26 | <b>SICK PERSON<br/>(SPECIFIC DIAG.)</b> | D-1  | NOT ALERT   | H | H |   |
|    |   | C-1  | ALTERED LEVEL OF CONSCIOUSNESS  | H | H |   |
|    |   | C-2  | ABNORMAL BREATHING  | H | H |   |
|    |   | C-3  | SICKLE CELL CRISIS/THALASSEMIA  | H | H |   |
|    |   | C-4  | AUTONOMIC DYSREFLEXIA/HYPERREFLEXIA                                     | H | H |   |
|    |   | C-5  | ACUTE ADRENAL INSUFFICIENCY/CRISIS or ADDISON'S DISEASE                 | H | H |   |
|    |   | B-1  | UNKNOWN STATUS/OTHER CODES NOT APPLICABLE                               | H | H |   |
|    |   | A-1  | NO PRIORITY SYMPTOMS (COMPLAINT CONDITION 2-12 NOT IDENTIFIED)          |   | H |   |
|    |   | A-2  | BLOOD PRESSURE ABNORMALITIES (ASYMPTOMATIC)                             |   | H |   |
|    |   | A-3  | DIZZINESS/VERTIGO   |   | H |   |
|    |   | A-4  | FEVER/CHILLS  |   | C |   |
|    |   | A-5  | GENERAL WEAKNESS  |   | H |   |
|    |   | A-6  | NAUSEA  |   | H |   |
|    |   | A-7  | NEW ONSET OF IMMOBILITY   |   | H |   |
|    |   | A-8  | OTHER PAIN (NON Q LEVEL)  |   | H |   |
|    |   | A-9  | TRANSPORTATION ONLY   |   | C |   |
|    |   | A-10 | UNWELL/ILL  |   | H |   |
|    |   | A-11 | VOMITING  |   | H |   |
|    |   | A-12 | POSSIBLE MENINGITIS   |   | H |   |
|    |   | Ω-1  | THIS CODES IS NOT IN USE  |   | H |   |
|    |   | Ω-2  | BOILS   |   | C |   |
|    |   | Ω-3  | BUMPS (NON-TRAUMATIC)   |   | C |   |
|    |   | Ω-4  | CAN'T SLEEP   |   |   | C |
|    |   | Ω-5  | CAN'T URINATE (w/o ABDOMINAL PAIN)                                      |   | C |   |
|    |   | Ω-6  | CATHETER (URINARY - IN/OUT w/o HEMORRHAGING)                            |   |   | C |
|    |   | Ω-7  | CONSTIPATION  |   |   | C |
|    |   | Ω-8  | CRAMPS/SPASMS/JOINT PAIN (IN EXTREMITIES AND NON TRAUMATIC)             |   | C |   |
|    | <b>FIRE ONLY</b>                        | Ω-9  | CUT OFF RING REQUEST  |   |   |   |
|    |   | Ω-10 | DEAFNESS  |   |   | C |

|    |  |      |   |   |   |   |   |
|----|--|------|---|---|---|---|---|
|    |  | Ω-11 | DEFECATION/DIARRHEA   |   |   | C |   |
|    |  | Ω-12 | EARACHE   |   |   | C |   |
|    |  | Ω-13 | ENEMA   |   |   | C |   |
|    |  | Ω-14 | GOUT  |   |   | C |   |
|    |  | Ω-15 | HEMORRHOIDS/PILES   |   |   | C |   |
|    |  | Ω-16 | HEPATITIS   |   |   | C |   |
|    |  | Ω-17 | HICCUPS   |   |   | H |   |
|    |  | Ω-18 | ITCHING   |   |   | C |   |
|    |  | Ω-19 | NERVOUS   |   |   | C |   |
|    |  | Ω-20 | OBJECT STUCK (NOSE, EAR, VAGINA, RECTUM, PENIS)             |   |   | C |   |
|    |  | Ω-21 | OBJECT SWALLOWED (w/o CHOKING OR DIFF. BREATHING, CAN TALK) |   |   | C |   |
|    |  | Ω-22 | PAINFUL URINATION   |   |   | C |   |
|    |  | Ω-23 | PENIS PROBLEMS/PAIN   |   |   | H |   |
|    |  | Ω-24 | RASH/SKIN DISORDER (w/o DIFF. BREATHING OR SWALLOWING)      |   |   | C |   |
|    |  | Ω-25 | SEXUALLY TRANSMITTED DISEASE (STD)                          |   |   |   | C |
|    |  | Ω-26 | SORE THROAT (w/o DIFF. BREATHING OR SWALLOWING)             |   |   | C |   |
|    |  | Ω-27 | TOOTHACHE (w/o JAW PAIN)                                    |   |   | C |   |
|    |  | Ω-28 | WOUND INFECTED (FOCAL OR SURFACE)                           |   |   | H |   |
| 27 | <b>STAB/GUNSHOT/<br/>PENETRATING<br/>TRAUMA</b>                | D-1  | ARREST  | H | H |   |   |
|    |  | D-2  | UNCONSCIOUS   | H | H |   |   |
|    |  | D-3  | NOT ALERT   | H | H |   |   |
|    |  | D-4  | CENTRAL WOUNDS  | H | H |   |   |
|    |  | D-5  | MULTIPLE WOUNDS   | H | H |   |   |
|    |  | D-6  | MULTIPLE VICTIMS  | H | H |   |   |
|    |  | B-1  | NON-RECENT (≥6HRS) SINGLE CENTRAL WOUND                     | H | H |   |   |
|    |  | B-2  | KNOWN SINGLE PERIPHERAL WOUND                               | H | H |   |   |
|    |  | B-3  | SERIOUS HEMORRHAGE  | H | H |   |   |
|    |  | B-4  | UNKNOWN STATUS/OTHER CODES NOT APPLICABLE                   | H | H |   |   |
|    |  | B-5  | OBVIOUS DEATH   | H | H |   |   |
|    |  | A-1  | NON-RECENT (>6HRS) PHERIPHERAL WOUNDS (W/O PRI. SYMPTOIMS)  | C | C |   |   |
| 28 | <b>STROKE/CVA/<br/>TRANSIENT<br/>ISCHEMIC<br/>ATTACK/(TIA)</b> | C-1  | NOT ALERT   | H | H |   |   |
|    |  | C-2  | ABNORMAL BREATHING  | H | H |   |   |
|    |  | C-3  | SUDDEN SPEECH PROBLEMS                                      | H | H |   |   |
|    |  | C-4  | SUDDEN WEAKNESS OR NUMBNESS (ONE SIDE)                      | H | H |   |   |
|    |  | C-5  | SUDDEN PARALYSIS OR FACIAL DROOP (ONE SIDE)                 | H | H |   |   |
|    |  | C-6  | SUDDEN LOSS OF BALANCE OR COORDINATION                      | H | H |   |   |
|    |  | C-7  | SUDDEN VISION PROBLEMS                                      | H | H |   |   |
|    |  | C-8  | SUDDEN ONSET OF SEVERE HEADACHE                             | H | H |   |   |
|    |  | C-9  | STROKE HX   | H | H |   |   |
|    |  | C-10 | TIA (MINI-STROKE) HX  | H | H |   |   |

|     |   |      |   |            |  |   |   |  |
|-----|---|------|---|------------|--|---|---|--|
|     |   | C-11 | BREATHING NORMALLY $\geq 35$                                    | H          | H  |   |   |  |
|     |   | C-12 | UNKNOWN STATUS/OTHER CODES NOT APPLICABLE                       | H          | H  |   |   |  |
|     |   | A-1  | BREATHING NORMALLY $< 35$                                       | H          | H  |   |   |  |
| 29  | TRAFFIC/<br>TRANSPORTATION<br>INCIDENTS                     | D-1  | MAJOR INCIDENT (A THROUGH H)                                    | H          | H  |   |   |  |
|     |   | D-2  | HIGH MECHANISM (K THROUGH T)                                    | H          | H  |   |   |  |
|     |   | D-3  | HIGH VELOCITY IMPACT  | H          | H  |   |   |  |
|     |   | D-4  | HAZMAT  | H          | H  |   |   |  |
|     |   | D-5  | PINNED (TRAPPED) VICTIM   | H          | H  |   |   |  |
|     |   | D-6  | ARREST  | H          | H  |   |   |  |
|     |   | D-7  | UNCONSCIOUS   | H          | H  |   |   |  |
|     |   | D-8  | NOT ALERT WITH NOISY BREATHING (ABNORMAL)                       | H          | H  |   |   |  |
|     |   | D-9  | NOT ALERT WITH NORMAL BREATHING                                 | H          | H  |   |   |  |
|     |   | B-1  | INJURIES  | H          | H  |   |   |  |
|     |   | B-2  | SERIOUS HEMORRHAGE  | H          | H  |   |   |  |
|     |   | B-3  | OTHER HAZARDS   | H          | H  |   |   |  |
|     |   | B-4  | LOW MECHANISM (1st OR 2nd PARTY CALLER)                         | H          | H  |   |   |  |
|     |   | B-5  | UNKNOWN STATUS/OTHER CODES NOT APPLICABLE                       | H          | H  |   |   |  |
|     |   | A-1  | 1st PARTY CALLER WITH INJ. TO NOT DANGEROUS BODY AREA           | C          | C  |   |   |  |
|     |   | A-2  | NO INJURIES REPORTED (UNCONFIRMED OR $\geq 5$ PERSONS INVOLVED) | C          | C  |   |   |  |
|     |   |      | <b>POLICE ONLY</b>  | <b>Ω-1</b> | <b>NO INJURIES (CONFIRMED FOR ALL PERSONS UP TO 4)</b> |   |   |  |
|     |   | 30   | TRAUMATIC INJ.<br>(SPECIFIC)                                    | D-1        | ARREST   | H | H |  |
|     |   |      |   | D-2        | UNCONSCIOUS  | H | H |  |
| D-3 | NOT ALERT   |      |   | H          | H  |   |   |  |
| D-4 | CHEST OR NECK INJURY (W/ DIFF. BREATHING)                   |      |   | H          | H  |   |   |  |
| D-5 | HIGH VELOCITY IMPACT/MASS INJURY                            |      |   | H          | H  |   |   |  |
| B-1 | POSSIBLY DANGEROUS BODY AREA                                |      |   | H          | H  |   |   |  |
| B-2 | SERIOUS HEMORRHAGE  |      |   | H          | H  |   |   |  |
| B-3 | UNKNOWN BODY AREA (REMOTE PATIENT LOCATION)                 |      |   | H          | H  |   |   |  |
| A-1 | MARKED (*) NOT DANG. BODY AREA W/ DEFORMITY                 |      |   | C          | C  |   |   |  |
| A-2 | NOT DANGEROUS BODY AREA                                     |      |   | C          | C  |   |   |  |
| A-3 | NON-RECENT ( $\geq 6$ HRS) INJURIES (W/O PRIORITY SYMPTOMS) |      |   | C          | C  |   |   |  |
| 31  | UNCONSCIOUS/<br>FAINTING (NEAR)                             |      |   | E-1        | INEFFECTIVE BREATHING                                  | H | H |  |
|     |   |      |   | D-1        | UNCONSCIOUS-AGONAL/INEFFECTIVE BREATHING               | H | H |  |
|     |   | D-2  | UNCONSCIOUS-ABNORMAL BREATHING                                  | H          | H  |   |   |  |
|     |   | D-3  | UNCONSCIOUS-EFFECTIVE BREATHING                                 | H          | H  |   |   |  |
|     |   | D-4  | NOT ALERT   | H          | H  |   |   |  |
|     |   | D-5  | CHANGING COLOR  | H          | H  |   |   |  |
|     |   | C-1  | ALERT WITH ABNORMAL BREATHING                                   | H          | H  |   |   |  |

|    |   |   |  |                                     |   |   |  |
|----|---|---|--|-------------------------------------|---|---|--|
|    |   | C-2   | FAINTING EPISODE(S) AND ALERT $\geq 35$ (W/ CARDIAC HX)      | H                                   | H |   |  |
|    |   | C-3   | FEMALES 12-50 W/ ABDOMINAL PAIN                              | H                                   | H |   |  |
|    |   | A-1   | FAINTING EPISODE(S) AND ALERT $\geq 35$ (W/O CARDIAC HX)     | H                                   | H |   |  |
|    |   | A-2   | FAINTING EPISODE(S) AND ALERT $< 35$ (W/ CARDIAC HX)         | H                                   | H |   |  |
|    |   | A-3   | FAINTING EPISODE(S) AND ALERT $< 35$ (W/O CARDIAC HX)        | H                                   | H |   |  |
| 32 | <b>UNK. PROBLEM<br/>(PERSON DOWN)</b>                   | D-1   | LIFE STATUS QUESTIONABLE                                     | H                                   | H |   |  |
|    |   | B-1   | STANDING, SITTING, MOVING, OR TALKING                        | H                                   | H |   |  |
|    |   | B-2   | MEDICAL ALARM (ALERT) NOTIFICATIONS (NO PATIENT INFORMATION) | H                                   | H |   |  |
|    |   | B-3   | UNKNOWN STATUS/OTHER CODES NOT APPLICABLE                    | H                                   | H |   |  |
|    |   | B-4   | CALLER'S LANGUAGE NOT UNDERSTOOD (NO INTERPRETER IN CENTER)  | H                                   | H |   |  |
| 33 | <b>TRANSFER/<br/>INTERFACILITY/<br/>PALLIATIVE CARE</b> | D-1   | SUSPECTED CARDIAC OR RESPIRATORY ARREST                      | H                                   | H |   |  |
|    |   | D-2   | JUST RESUSCITATED AND/OR DEFIBRILLATED (EXTERNAL)            | H                                   | H |   |  |
|    |   | C-1   | NOT ALERT (ACUTE CHANGE)                                     | H                                   | H |   |  |
|    |   | C-2   | ABNORMAL BREATHING (ACUTE ONSET)                             | H                                   | H |   |  |
|    |   | C-3   | SIGNIFICANT HEMORRHAGE                                       | H                                   | H |   |  |
|    |   | C-4   | SHOCK  | H                                   | H |   |  |
|    |   | C-5   | POSSIBLE ACUTE HEART PROBLEMS OR MI (HEART ATTACK)           | H                                   | H |   |  |
|    |   | C-6   | SEVERE PAIN  | H                                   | H |   |  |
|    |   | C-7   | EMERGENCY RESPONSE REQUESTED                                 | H                                   | H |   |  |
|    |   | A-1 ACUITY I  | GENERAL WEAKNESS OR DIZZINESS W/O A DEC. LEVEL OF CONSC.     |                                     | H |   |  |
|    |   | A-1 ACUITY I  | ABNORMAL LAB VALUES  |                                     | H |   |  |
|    |   | A-1 ACUITY I  | DEHYDRATION  |                                     | H |   |  |
|    |   | A-1 ACUITY I  | NON-TRAUMATIC BODY PAIN (NOT SEVERE AND NO CHEST PAIN)       |                                     | C |   |  |
|    |   | A-1 ACUITY I  | G-TUBE/FEEDING TUBE DISPLACEMENT                             |                                     |   | C |  |
|    |   | A-1 ACUITY I  | CATHETER DISPLACEMENT  |                                     |   | C |  |
|    |   | A-1 ACUITY I  | NAUSEA/VOMITING W/O BLOOD                                    |                                     | C |   |  |
|    |   | A-1 ACUITY I  | IRREGULAR HEARTBEAT/RATE W/O THE PRES. OF SHOCK SYMPTOMS     |                                     | H |   |  |
|    |   | A-1 ACUITY I  | LOW OXYGEN LEVELS W/O ABNORMAL OR DIFF. BREATHING            |                                     | H |   |  |
|    |   | NA  | ACUITY II (NO PRIORITY SYMPTOMS)                             | H                                   | H |   |  |
|    |   | NA  | ACUITY III (NO PRIORITY SYMPTOMS)                            | H                                   | H |   |  |
| 34 |   | <b>AUTOMATIC<br/>CRASH<br/>NOTIFICATION<br/>(ACN)</b> | D-1  | HIGH MECHANISM (H THROUGH N)        | H | H |  |
|    |   |   | D-2  | UNCONSCIOUS OR NOT ALERT            | H | H |  |
|    |   |   | D-3  | NOT BREATHING/INEFFECTIVE BREATHING | H | H |  |
|    | D-4   |   | LIFE STATUS QUESTIONABLE                                     | H                                   | H |   |  |
|    | B-1   |   | INJ. INVOLVED  | H                                   | H |   |  |
|    | B-2   |   | MULTIPLE VICTIMS (ONE UNIT)                                  | H                                   | H |   |  |
|    | B-3   |   | MULTIPLE VICTIMS (ADDITIONAL UNITS)                          | H                                   | H |   |  |

|           |   |            |  |     |                                     |    |
|-----------|---|------------|--|-----|-------------------------------------|----|
|           |   | B-4        | AIRBAG/OTHER AUTOMATIC SENSOR (NO VOICE)                               | H   | H                                   |    |
|           |   | B-5        | UNKNOWN SITUATION/OTHER CODES (NOT APPLICABLE)                         | H   | H                                   |    |
|           |   | A-1        | NOT DANGEROUS INJURIES (1ST PARTY AND SINGLE OCCUPANT)                 | C   | C                                   |    |
|           | <b>POLICE ONLY</b>                                  | <b>Q-1</b> | <b>NO INJURIES</b>   |     |                                     |    |
| <b>36</b> | <b>PANDEMIC<br/>/EPIDEMIC/<br/>OUTBREAK</b>         | D-1        | INEFFECTIVE BREATHING WITH FLU-LIKE SYMPTOMS                           | H   | H                                   |    |
|           |   | D-2        | DIFFICULTY SPEAKING BETWEEN BREATHS WITH FLU-LIKE SYMPTOMS             | H   | H                                   |    |
|           |   | D-3        | NOT ALERT WITH FLU-LIKE SYMPTOMS                                       | H   | H                                   |    |
|           |   | D-4        | CHANGING COLOR WITH FLU-LIKE SYMPTOMS                                  | H   | H                                   |    |
|           |   | C-1        | ABNORMAL BREATHING WITH SINGLE FLU-LIKE SYMPTOMS OR ASTHMA/COPD        | H   | H                                   |    |
|           |   | C-2        | ABNORMAL BREATHING WITH MULTIPLE FLU-LIKE SYMPTOMS                     | H   | H                                   |    |
|           |   | C-3        | CHEST PAIN/DISCOMFORT $\geq 35$ WITH SINGLE FLU-LIKE SYMPTOMS          | H   | H                                   |    |
|           |   | C-4        | CHEST PAIN/DISCOMFORT $\geq 35$ WITH MULTIPLE FLU-LIKE SYMPTOMS        | H   | H                                   |    |
|           |   | C-5        | HIGH RISK  | H   | H                                   |    |
|           |   | A-1        | CHEST PAIN/DISCOMFORT $< 35$ WITH SINGLE FLU-LIKE SYMPTOMS             | C   | C                                   |    |
|           |   | A-2        | CHEST PAIN/DISCOMFORT $< 35$ WITH MULTIPLE FLU-LIKE SYMPTOMS           | C   | C                                   |    |
|           |   | A-3        | FLU-LIKE SYMPTOMS ONLY (COUGH, FEVER, CHILLS, SWEAT, SORE THROAT,      | C   | C                                   |    |
|           |   |            | VOMITING, DIARRHEA, MUSCLE/BODY ACHE, FATIGUE/WEAKNESS, HEADACHE ETC.) |     |                                     |    |
|           |   | <b>37</b>  | <b>INTERFACILITY<br/>EVALUATION/<br/>EVALUATION/</b>                   | D-1 | NOT BREATHING/INEFFECTIVE BREATHING | NA |
| D-2       | EVALUATION  |            |  | NA  |                                     |    |
| D-3       | TRANSFER  |            |  | NA  |                                     |    |
| C-1       | ACUTE ONSET OF PRIORITY SYMPTOMS                    |            |  | NA  |                                     |    |
| C-2       | SUSPECTED ACUTE HEART PROBLEMS OR MI (HEART ATTACK) |            |  | NA  |                                     |    |
| C-3       | SUSPECTED STROKE ( $\leq T$ HOURS)                  |            |  | NA  |                                     |    |
| C-4       | MEDICATION MANAGEMENT REQUIRED                      |            |  | NA  |                                     |    |
| C-5       | EMERGENCY RESPONSE REQUESTED                        |            |  | NA  |                                     |    |
| C-6       | EVALUATION  |            |  | NA  |                                     |    |
| C-7       | TRANSFER LEVEL 1                                    |            |  | NA  |                                     |    |
| C-8       | TRANSFER LEVEL 2                                    |            |  | NA  |                                     |    |
| C-9       | TRANSFER LEVEL 3                                    |            |  | NA  |                                     |    |
| B-1       | EVALUATION  |            |  | NA  |                                     |    |
| B-2       | TRANSFER  |            |  | NA  |                                     |    |
| A-1       | EVALUATION  |            |  | NA  |                                     |    |
| A-2       | TRANSFER LEVEL 1                                    |            |  | NA  |                                     |    |
| A-3       | TRANSFER LEVEL 2                                    |            |  | NA  |                                     |    |
| A-4       | TRANSFER LEVEL 3                                    |            |  | NA  |                                     |    |
| <b>38</b> | <b>ADVANCED SEND</b>                                | NA         | NA   | NA  |                                     |    |
| <b>39</b> | <b>ACTIVE<br/>ASSAILANT</b>                         | E-1        | ACTIVE ASSAILANT (SHOOTER)   | H   |                                     |    |

## EXHIBIT F

### Introduction

- I. Operational use of a Safety Net Ambulance(s) (SNA)—designated as Rescue Ambulance(s)—in the City of Riverside
  - The City of Riverside Fire Department (RFD) and AMR have partnered together to staff a SNA. The purpose of the SNA is to transport a patient with a life-threatening emergency and a confirmed delayed response for the assigned and dispatched AMR ambulance.

### Procedure

- II. A SNA shall be requested by an on-scene RFD unit when any one of the following conditions exist, and the assigned AMR ambulance has an ETA greater than twelve (12) minutes from the time of the request (not the time of dispatch)
  - A patient suffering from a cardiac arrest
  - A patient suffering from a compromised or unmanageable airway
  - A patient determined to be in decompensated shock and will not respond to corrective measures.
  - A patient that meets critical trauma criteria due to severe mechanism of injury or “immediate” triage status
  - A patient with signs and symptoms of Acute Coronary Syndrome (ACS) as defined by REMSA Policy 4401.
  - A patient who requires continuous transcutaneous pacing to maintain status.
  - A patient with clear signs of stroke with an onset of under 4 hours and marked hemiparesis or dysphasia.
  - A patient with clear signs of intracerebral hemorrhage with symptoms of Cushing’s Triad, posturing, or un-equal pupils
  - A patient experiencing complications of childbirth, including breech delivery or prolapsed cord.



## Operations

- III. The on-scene RFD unit will determine the need for expedited transport and will obtain an ETA for the assigned AMR ambulance from the dispatch center. If the assigned AMR ambulance has an ETA greater than 12 minutes, a SNA shall be requested.
- The dispatched AMR ambulance and SNA will continue until one arrives first; the on-scene RFD unit will cancel the second responding resource. If both resources arrive simultaneously, the AMR ambulance will be used for transport.
  - The unit identifier of SNA will only be used for a resource that has the physical capability to transport a patient. When a reserve unit is placed in service that does not have a physical capability to transport a patient the unit identifier of Squad will be used (i.e. Squad 5)

**Exemption:** Any Firefighter, Law Enforcement or City personnel that need immediate treatment or transportation outlined in Section II.

## DEFINITIONS:

Safety Net Ambulance(s) – Rescue Ambulance(s) is an ALS ambulance staffed by members of the City of Riverside Fire Department.

## EXHIBIT G

Exhibit G documents the Code-of-Conduct for AMR Employees, which was developed by The City of Riverside Fire Department and AMR Management. With mutual agreement between both adjustments to the Code-of-Conduct can be made without amending the contract.

### **Expectations for the City of Riverside Fire Department AMR Paramedics and EMTs Assigned Fire Stations**

#### **Intent**

The intent of this document is to provide guidance to American Medical Response (AMR) personnel working at fire stations within the City of Riverside Fire Department (RFD), and to clarify the department's expectations and standards of performance of the AMR crews. The expectations have been based on the RFD's SOP Manuals with appropriate modifications to include AMR personnel.

#### **General Conduct and Duties**

To perform their duties properly, it is essential that all AMR personnel familiarize themselves with the rules, regulations and standard operating procedures of the RFD, and pertaining to their position, and to conduct themselves in such a manner that will not discredit the City of Riverside Fire Department or AMR. They shall not violate established policies or procedures. All personnel are required to comply with federal, state, and local laws. The **Teamwork** approach exhibited in the field translates to station life. All personnel will present themselves in a professional manner. They will show a positive and helpful attitude to other personnel and to the citizens of the City of Riverside. The treatment of others shall always be respectful and above reproach. The goal is to provide the highest level of customer service internally and externally, always.

#### **Conflict Resolution**

Conflicts among personnel can arise as part of living and working in a fire station environment. In these situations, communication among the parties involved to find resolution is imperative. It should be the intent to resolve conflicts at the lowest level possible. If the situation cannot be resolved by the involved parties, the station captain should be involved to assist. If resolution

cannot be found, or the situation warrants, the duty Battalion Chief, and AMR Shift Supervisor shall be contacted.

## **Personnel**

### **Duties of Contract Personnel**

While at the fire station, AMR personnel shall be under the immediate supervision of the station captain(s). The station captain(s) shall collaborate with AMR's management in resolving concerns associated with contract personnel.

AMR personnel shall keep their quarters and equipment clean, and in good order.

They shall cooperate with all members of the RFD and perform work relative to the maintenance and upkeep of quarters as their station captain(s) may direct.

## **Station Maintenance/Morning Routine**

Off going shift members will arise no later than 0630 hours unless the station captain(s), due to excessive night time activity, grants special exemption. It is the expectation that all AMR personnel assigned to the City of Riverside Fire Department will participate in the station maintenance/morning routine on a daily basis.

### **Condition of Station and Equipment**

The fire station and equipment shall be clean, neat and be in an acceptable condition for the oncoming crew, based on the captain(s) discretion.

### **Station Cleaning**

**Appearance** – Crews shall assist in maintaining overall cleanliness of the station and adjacent grounds at all times.

**Apparatus Floor** – All fluids shall be cleaned from the apparatus floor to prevent slipping and tracking product around the station.

**Morning Routine** – The oncoming crew shall assist in cleaning the station each morning or as directed by the station captain(s). This should include,

but is not limited to, cleaning all floors, making beds, washing dishes, cleaning sinks and toilets.

**Crews Dorm** – AMR crews will ensure that their dorm areas are kept in a neat and orderly condition. Beds are to be made at all times. While the dorm area is a good place to study, crew members are encouraged to participate in daily station activities.

## **Personal Appearance**

Every person shall comply with established uniform standards of the AMR and/City of Riverside Fire Department as applicable.

### **Uniforms**

During business hours 0800-1700 crews shall be in their class B uniform or any time while in public view and or in public areas of their station.

After hours station attire will be at the discretion of the station captain.

However, the minimum standard shall be those items within the P.T. class anytime AMR personnel are outside the dorm or bathroom area. After hours are considered to be between 1700 – 0730. AMR personnel shall abide by AMR's uniform policies at all times when interacting with the general public.

Fire Service T-shirts and/or ball cap are not permitted to be worn on duty at any time.

As outlined in the AMR Handbook, crew members must adhere to the following; Crew members earrings must be a plain single post - type earring which does not extend below the earlobe. Policy 111

Crew members hair should be clean, neatly arranged, and color should be one that replicates a natural hair tone". Policy 116

## **Condiment, Chow Fund, Cooking and Cleanup**

1. Condiment Fund is paid 100% by AMR.
2. Daily shift chow fund buy in is not required, but is encouraged.
3. Cooking and cleanup is part of normal station routine.

AMR personnel are not required to buy into the daily chow fund, but it is encouraged as this is another teamwork type function that promotes camaraderie and cohesiveness of the crew.

## **Station Security**

### **Station Left Empty**

AMR personnel shall have all City of Riverside facilities exterior entrances closed and locked when City of Riverside Personnel are not in attendance when leaving the buildings.

In emergency situations it is recommended that the station captain(s) assign personnel as needed to secure the station.

### **Station Access Code**

**ONLY** City of Riverside employees and specific personnel designated by the Fire Chief, or his/her designee, are to have the building access/door code. **NO** family members are to have the code. Violations will be considered a security breach and handled accordingly. These codes are issued to you and cannot be shared with anyone. AMR personnel not assigned and working OT, will need to make contact with station captain(s) or duty supervisor to gain access, if needed.

### **Visitors in Station**

**Permission** – All visitors admitted on fire department premises shall have the permission of the station captain(s). Visiting hours shall be 0930-2100.

**Duration** – All visits shall be of a limited duration.

**Visitors** - Shall not be allowed in the station unsupervised and will be asked to leave in the event of a response. Immediate family members may be exempted with approval from the on-duty captain(s). At no time will any AMR off-duty employees or visitors be allowed to remain in the station, or on city property, overnight or to sleep in any station unless specifically approved by the station captain(s) and AMR Supervisor. On duty contract employees assigned to medic units and paramedic students are exempted.

**Privacy** – All visitors shall be limited to non-private areas (i.e. classroom, kitchen, apparatus floor). All members may give permission to visitors to use the bathroom facilities.

**Minors** – All minors shall be accompanied by a responsible adult.

**Solicitation** - Any solicitation in one of the RFD Stations is prohibited.

## **Loss or Theft / City or District Owned Property**

**Reports** – City property, which is lost, stolen or damaged, shall be reported to the station captain(s) immediately after it is discovered.

### **Loss or Theft / Non- City or District Owned Property**

**Reports** – Personal property, which is lost or stolen while on city property, shall be reported to the station captain(s). The City of Riverside accepts no responsibility for lost, stolen or damaged personal property.

## **Parking Private Vehicles**

**Allowable Parking** – Private vehicles may be parked on station/city property:

1. While on duty.
2. While conducting business or visiting the station.

**Duration** – No vehicle shall be parked on station/city property for greater than 24 hours, while not on duty or on official business, without the Chief's approval.

## **Station Repairs**

**Routine Maintenance** – AMR personnel shall notify the station captain(s) of any needed repair work in a timely manner. All routine maintenance and repair work should be completed as soon as practical and noted in the station log.

**Emergency Repairs** – Any emergency repairs or maintenance which affects health or safety shall be done immediately. Therefore, it is vital that the station captain(s) or the on-duty Battalion Chief is notified as soon as possible.

## **Lockers/Private Quarters**

### **Prohibited Storage**

Store appropriate material only. Do not store:

- a. Alcoholic beverages
- b. Illegal drugs
- c. Hazardous materials
- d. Fireworks
- e. Food, which may cause a pest problem
- f. Money or valuables in excess of immediate needs

- g. Firearms
- h. Pornographic material
- i. Any other items that violates contract agency policy

## **Management Rights**

AMR personnel shall be subject to AMR's policies at all times.

## **City Department Phones**

**Station Phone** – The city telephones at each station should be answered by saying “City of Riverside Fire Department\*\*,” name and rank of member of answering phone.

**Personal Calls** – There may occasionally be times personal calls must be made or received during business hours. Such calls should be held to a minimum. Employees are encouraged to make or receive phone calls on their breaks, during lunchtime or after business hours, and keep them reasonable in length.

**Long Distance** – Non-departmental long distance phone calls shall not be made on department phones without the express permission of the station captain. Other arrangements must be made such as using a personal cell phone,

## **Station Alerting**

Each station has a call alerting system with tones, lights and verbal messaging. AMR employees shall always keep their unit phones on them, even while at the station.

Chute Times – During the day the chute time is 1 minute and at night the chute time is 2 minutes for medical calls.

## **Physical Training**

Physical training (P.T.) should take place between the hours of 0730- 0930 and/or after 1700. AMR personnel P.T. hours may be at the captain(s) discretion.

While AMR personnel P.T. they must wear clothing that easily identifies them as an AMR employee.

### **Smoke Free & Drug Free Workplace**

The City of Riverside Fire Department maintains a smoke free and drug free workplace. Smoking, drinking and the use of illicit drugs on City of Riverside property is forbidden.

### **Safety**

Where safety devices or protective equipment is required, their use shall be mandatory by all personnel.

### **Technology Policy**

All contract personnel shall comply with City of Riverside Technology Usage Policy. A copy of this policy may be found in the Captain(s) office.

### **Conservation of Resources**

All personnel will exercise care to avoid loss or damage to city property and equipment. Each person will use every opportunity to conserve all utilities and resources such as water, telephone, electricity, and other station supplies.











# AGREEMENT BY AND BETWEEN THE

Final Audit Report

2024-04-10

|                 |  |
|-----------------|--|
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