

Marco Island COPCN Application 2017



City of Marco Island

Address: 50 Bald Eagle Drive
Marco Island FL 34145



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City of Marco Island

December 20, 2017

Leo E. Ochs, Jr., County Manager
3299 Tamiami Trail East, Ste 202
Naples, FL 34112

Re: Certificate of Public Convenience and Necessity (COPCN) Application
Marco Fire Rescue Department
Class1 - ALS Transport

Dear ^{Leo} Mr. Ochs,

I look forward to working with you on the completion of this application process. As a prior County Administrator, I have managed similar county-wide EMS systems and I am keenly aware of the process involved in application approval. I feel confident our cooperative partnership will enhance the EMS care that we provide to our residents. The City of Marco Island has hired the national consulting firm of Fitch & Associates, LLC, that specialize in EMS, to review and assist us in transitioning from a highly experienced ALS provider to a full transport system.

In accordance with Collier County Ordinance No. 04-12, Chapter 50, Article III, Section 1-25, please find attached the *Certificate of Public Convenience and Necessity (COPCN) Application*, for the Marco Island Fire Rescue Department, to provide Basic/Advanced Life Support Emergency Medical Services, Class-1 Transport to the residents of the City of Marco Island, located in Collier County.

The department plans to continue to work with Collier County Emergency Medical Services (EMS) through this process, and will enter into any necessary automatic and/or mutual-aid agreements required.

Your assistance in this matter is greatly appreciated. Should you have any questions please Contact Chief Mike Murphy at (239) 389-5040 or me at (239) 389-3987 at your earliest convenience.

Respectfully,


Dr. Lee A. Niblock, ICMA-CM
City Manager
Marco Island Florida

Attachments

50 Bald Eagle Drive, Marco Island, Florida 34145
(239) 389-5000 Fax (239) 389-4359
www.cityofmarcoisland.com

An applicant for a certificate shall provide the Administrator with the following information in order for a request for a certificate to be considered. Each request shall contain:

- (1) *The name, age, and address of the owner of the ambulance or ALS Operator, or if the owner is a corporation, then of the directors of the corporation and of all the stockholders holding more than 25% of the outstanding shares. For governmental units, this information shall be supplied for members of the governing body.*

Applicant: City of Marco Island, Florida

- **SEE Exhibit #1**

Jared Grifoni, Chair	Age 34
Charlotte Roman, Vice Chair	Age 64
Joe Batte, Councilor	Age 76
Bob Brown, Councilor	Age 69
Larry Honig, Councilor	Age 69
Howard Reed, Councilor	Age 66
Victor Rios, Councilor	Age 75

C/o City of Marco Island
50 Bald Eagle Drive
Marco Island, FL 34145

- (2) *The boundaries of the territory desired to be served*

The following shall constitute the Corporate Limits of the City of Marco Island
(See Exhibit 2; GIS Map):

A Corporate Line lying offshore from Marco Island, in portions of Township 52 South, Range 26 East, Collier County, Florida, which line is described as follows: From the corner common to Sections 17, 18, 19, 20, Township 52 South, Range 26 East, run Westerly along the line common to said Sections 18 and 19 to a point 2,640 feet offshore in the Gulf of Mexico from the Mean High Tide Line Section 18 and the point of beginning. From said point of beginning, run Southerly 2,640 feet offshore from the Mean High Tide Line of Marco Island, past the Southerly point of said Island to the mouth of Caxambas Pass, thence run Northeasterly in the waters of Caxambas Pass to the center line of the channel of said Caxambas Pass; thence run Easterly along the centerline of the channel of Caxambas Pass to a point intersecting a marked channel running Northerly towards Barfield Bay; thence run Northerly along the centerline of said channel to a point 300 feet offshore in Barfield Bay from the Mean High Tide Line of the Easterly end of lands formerly known as J.M. Barfield Subdivision, thence run Northerly, Easterly, and Southerly, 300 feet offshore in Barfield Bay from the Mean High Tide Line of Marco Island to intersection with the centerline of Blue Hill Creek; thence run Southeasterly along the centerline of Blue Hill Creek to a point 300 feet offshore in Blue Hill Bay from the Mean High Tide Line of Marco Island; thence continue Northerly, Easterly, and Southerly 300 feet offshore in Blue Hill Bay from the Mean High Tide Line of Marco Island to centerline of the aforementioned Blue Hill Creek, thence run Northeasterly along the centerline of Blue Hill Creek, but to a point intersecting the line common to Range 26 East and Range 27 East, Township 52 South, Collier County, Florida; thence run Northerly along the line common to

said Range 26 and 27, but to a point intersecting the centerline of the channel of the Big Marco River thence Northerly, Northwesterly, and Westerly along the centerline of the aforementioned Big Marco River and out through the marked Capri Pass, being 2,640 feet offshore from the Mean High Tide Line of Marco Island; thence run Southwesterly, Southerly, and Southeasterly 2,640 feet offshore from the Mean High Tide Line of Marco Island to the point of Beginning lying along the East-West line common to Sections 18 and 19, Township 52 South; Range 26 East.

(Ord. No. 02-20, 1,6-17-2002, referendum 9-10-2002)

The City will also agree to provide ALS services to areas outside the City's boundaries. By allowing the City to provide ALS and transport services to these areas, the City will further augment and enhance Collier County's provision of Emergency Medical Care Services (EMS).

(3) *The number and brief description of the ambulances or other vehicles the applicant will have available.*

- **Two (2) Advanced Life Support fire apparatus**
 - Tower 50: PIERCE DSHCB 75 ft. Platform
 - Engine 51: 2010 PIERCE QTM-P
- **Two Primary (2) Medical Rescue Units (Ambulances), 1 squad ambulance**
 - Medic Rescue 50: - Class 1
 - Medic Rescue 51: - Class 1
 - Squad 50: Class 1 squad/surge capable ambulance
- **Two (2) Fire EMS supervisory vehicles**
 - Battalion 50: Supervisor, Exempt [Rescue Services (Non-ALS)w/paramedic]
 - Chief 52: Supervisor, Exempt [Rescue Services (Non-ALS)w/paramedic]

Note: Only permanently assigned vehicles listed above. MIFR has additional spare Fire/EMS vehicles used for temporary maintenance, back-fill or special events permitted in accordance with Florida Statutes 401 and FDOH regulation 64-E.

(4) *The address of the intended headquarters and any substations.*

Fire Rescue Headquarters:
Station 50
1280 San Marco Road
Marco Island, FL 34145

Mailing Address:
50 Bald Eagle Drive
Marco Island, FL 34145

Fire Rescue Substation
Station 51
751 Elkcam Circle E
Marco Island, FL 34145

Mailing Address:
50 Bald Eagle Drive
Marco Island, FL 34145

(5) *The training and experience of the applicant.*

Experience - The Executive Management team of the City and the Fire Rescue Department brings the knowledge, skills and experience of operating an integrated Fire Rescue Class 1 system. The current City Manager served as a County Manager in two Florida counties that had oversight, delivered and operated Fire and EMS services. The current Fire Rescue Chief operated a fully integrated, recognized Fire/EMS Class 1 service in Broward County. The Fire Rescue management team has an average of 36.5 years of experience in Fire and Emergency Medical Services Administration, and the field operations personnel average 12+ years of experience. Currently, 100% of the Fire Rescue personnel are dual certified licensed through the State of Florida. In addition, 25% of the Fire Rescue personnel are prior Collier County EMS employees.

The City of Marco Island Fire Rescue Control District was established in 1965 by the State. In 1975, the department hired their first paid firefighters and since that time has transitioned into a fully paid professional organization. In 1997, the Fire Rescue Control District transitioned into the City of Marco Fire Rescue Department. Since incorporation, the Fire Rescue Department continues its mission and provides high quality response to fire and medical calls. The Fire Rescue Department also is an integral part of the County, Regional and Statewide provision of emergency services. The Department maintains executed contracts, agreements and mutual and automatic aid agreements. The department is proud to celebrate 52 years of continuous emergency services to the Marco Island and Goodland areas.

The Department directly serves over 17,000 permanent residents and seasonal and resort visitors. The Department currently responds annually to over 3,600 requests for 911 emergency service. The Fire Rescue Department is highly regarded by the residents of the City and other agencies within Collier County.

The Fire Rescue Department, in partnership with Collier County EMS, currently provides advanced life support and emergency medical services. Through this cross-training partnership, the Department has exchanged personnel between City fire apparatus and the Collier County EMS ambulance. This program allowed Marco Island Fire Rescue personnel to operate independently in the provision of patient care upon arrival at scene. Since 2002, Marco Island Fire Rescue Department has met and exceeded all training requirements required by the Office of the Medical Director and Collier County EMS as well as complied with the County Medical Director certification program. The Marco Island Fire Rescue Department reports to the State of Florida for annual data requirements concerning NFIRS and FFIRS. Additionally, the City of Marco Island participates and reports through Image Trend to Collier County EMS for compliance to the State of Florida DOH reporting requirements.

The City of Marco Island is very proud of its personnel and customer service satisfaction. Individuals within the Department have been recognized county wide through Phoenix Awards

as well as the Naples Chamber of Commerce Paramedic of the Year, and one individual was recognized as the State of Florida Paramedic of the Year. The Fire Rescue Department does customer service surveys on every emergency call. The response rate on these surveys is over 95% overall satisfaction (**Exhibit #3**).

Training (Exhibit #4)-The City of Marco Island Fire Rescue personnel have participated and complied with the Office of the Medical Director and Collier County EMS training requirements for the last 15 years. The Department employs one Lieutenant per shift assigned specifically for EMS training, operations, and quality control. These individuals conduct training classes and assess employee's skills continuously. Department employees exceed patient contact hours required by the Office of the Medical Director. All employees go through a 12-month probationary period when hired. When paramedics are hired they must complete the requirements of the Office of the Medical Director. In addition to Collier County Office of Medical Director requirements, all paramedic personnel must complete the educational training requirements by the State of Florida and the City. The Department's personnel currently operate under the Collier County Medical protocol.

The department has a strong public education outreach which includes the following classes: CPR, First Aid, Crowd Management, Water wise, Senior Safety, Senior Fall Prevention, and youth safety programs. This proactive life-safety training reached over 1,500 people during 2017.

(6) *The names and addresses of three Collier County residents who will act as references for the applicant.*

1. Keith Dameron, 1549 Buccaneer Court, Marco Island, FL 34145
2. Dianna Dohm, 159 Copperfield Court, Marco Island, FL 34145
3. Jim and Allyson Richards, 1884 Cascade Lane, Marco Island, FL34145
4. Bob Rommel, 7633 Mulberry Lane, Naples, FL 34114
5. Neil Snyder, 341 Landmark Street, Marco Island, FL 34145

(7) *A schedule of rates which the service intends to charge.*

It is the intention of the City of Marco Island to adopt Collier County fee resolution #2008-27 as attached in **Exhibit # 5**.

(8) *Such other pertinent information as the administrator may require.*

The City is providing the following exhibit prepared by Fitch & Associates to address the requirements the Board of County Commission must consider granting a COPCN under section 50-57 (**Exhibit # 6**)

Additionally, please see the Fitch & Associates, LLC Consultant Final Report (**Exhibit #7**)

Marco Island Resolution 17-121 (**Exhibit #8**)

(9) *An application or renewal fee of \$250.00. (Exception Collier County EMS).*

(10) Financial data including assets and liabilities of the operator. A schedule of all debts encumbering any equipment shall be included. Please see attached (Exhibit #9), COMPREHENSIVE ANNUAL FINANCIAL REPORT For the Fiscal Year Ended September 30, 2016

Exhibit #1

Calendar | News | Jobs | Contact Us | Employees | Boil Water Info | Español

CITY OF MARCO ISLAND FLORIDA

HOME GOVERNMENT LIVING VISITING DOING BUSINESS HOW DO I... Search...

- City Council
- City Council Voting Record
- Meeting Calendar
- City Charter
- Rules of Procedure
- Councilor Joe Batte
- Councilor Bob Brown
- Chairman Jared Grifoni
- Councilor Larry Honig
- Councilor Howard Reed
- Councilor Victor Rios
- Vice-Chair Charlette Roman

Government » City Council

CITY COUNCIL

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The Marco Island City Council meets on the first and third Mondays of the month, unless the meeting date falls on a scheduled holiday. Regular scheduled meetings begin at 5:30 p.m. at the Community Room, 51 Bald Eagle Drive, Marco Island, Florida. The second meeting of the month will begin with a Council work session at 3:00 pm and conclude by 5:00 pm. The regular meeting will begin at 5:30 pm.

Special-called meetings and workshops are scheduled as needed. Meeting Notices will be posted at Marco Island City Hall, 50 Bald Eagle Drive, Marco Island, FL 34145. Resident's comments shall be held during regular City Council Meetings, as noted on the Agenda. Each speaker shall be given 4 minutes to speak. If more than 10 speakers register, the Council shall limit the amount of time per speaker.



Exhibit #2

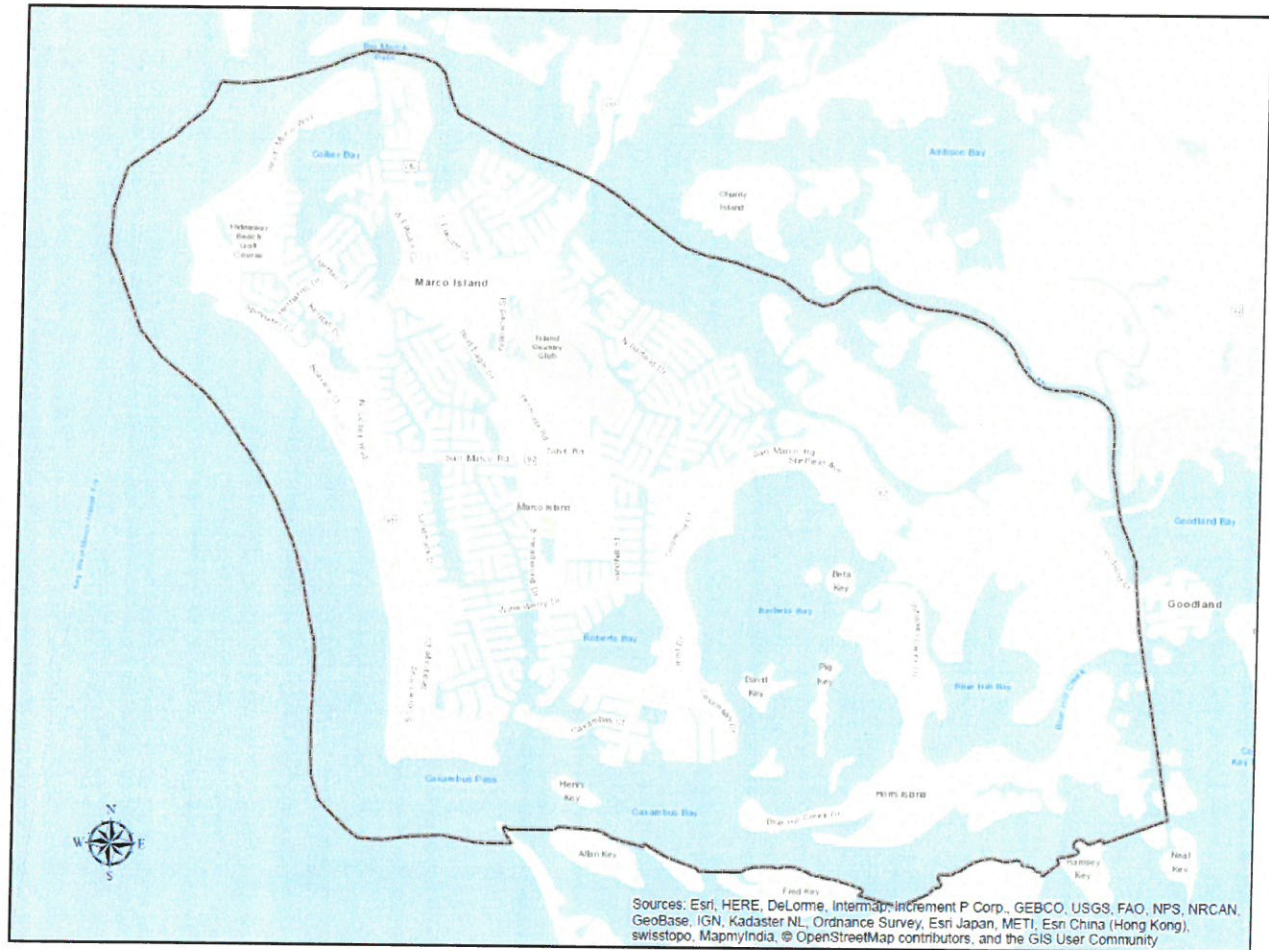


Exhibit #3

2017 SURVEY RESULTS

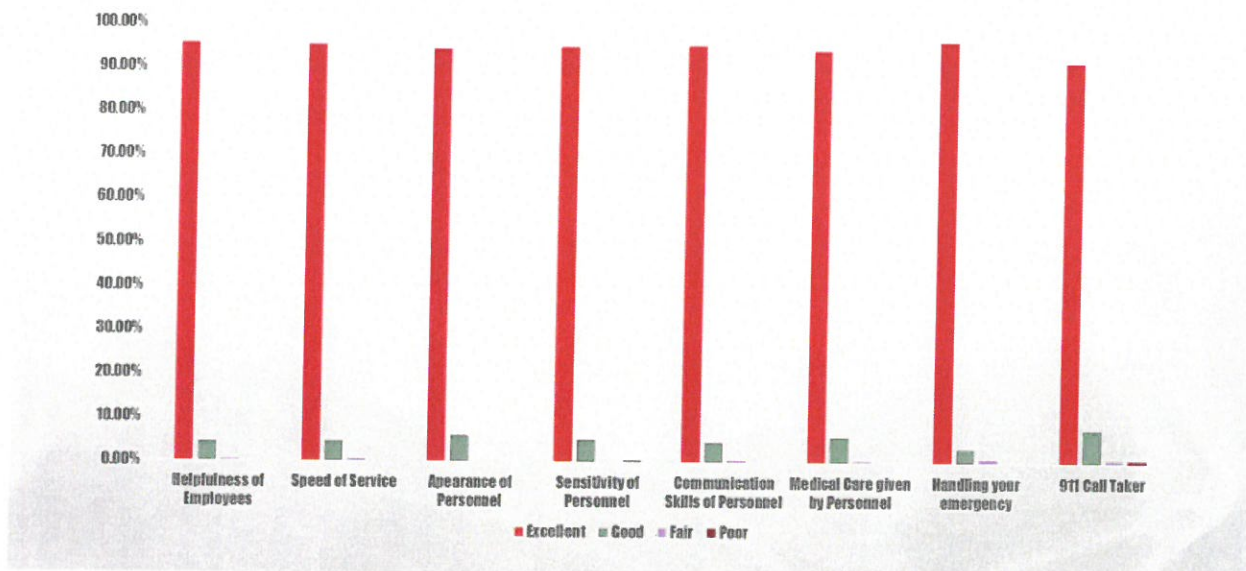


Exhibit #4 Training



City of Marco Island
Fire & Rescue Department
Training Division



Annual Paramedic & EMT Training (Even Years)

Week #	Paramedic	EMT	Start Date	Due Date
January	BLS Recert Hands On- N/A Protocol Review- 8-2, 8-12, 8-14, 8-17, 9-5, 9-6, 9-10, 9-12			
Week 01				
Week 02	TS Self Study- EMS HIPAA Awareness	TS Self Study- EMS HIPAA Awareness	January 1, 2018	January 7, 2018
Week 03			January 8, 2018	January 14, 2018
Week 04	TS Self Study- EMS HIV/AIDS Awareness (Florida)	TS Self Study- EMS HIV/AIDS Awareness (Florida)	January 15, 2018	January 21, 2018
February	ACLS Recert Hands On- Cardiac Monitor, Auto Pulse Protocol Review- 8-6, 8-7, 8-8, 8-9, 8-10, 8-11, 8-18, 8-19, 8-20, 8-21, 9-1, 9-4		January 22, 2018	January 28, 2018
Week 05	TS Self Study- EMS Pharmacology/Advanced			
Week 06			January 29, 2018	February 4, 2018
Week 07	TS Self Study- EMS Medication Errors		February 5, 2018	February 11, 2018
Week 08			February 12, 2018	February 18, 2018
Week 09	TS Self Study- EMS Communication and Documentation		February 19, 2018	February 25, 2018
March	Hands On- Burns 1st & 2nd Degree , Burns 2nd & 3rd Degree / Chemical Burns, Rule of Nines Diagram , Single System Trauma Pain Control Protocol Review- 7-2, 7-3, 7-4, 9-20	TS Self Study- EMS Communication and Documentation	February 26, 2018	March 4, 2018
Week 10	TS Self Study- EMS Geriatric Emergencies Advanced			
Week 11	TS Self Study- EMS Non-Traumatic Abdominal Injuries	TS Self Study- EMS Geriatric Emergencies Basic	March 5, 2018	March 11, 2018
Week 12	TS Self Study- EMS Renal Failure Advanced	TS Self Study- EMS Non-Traumatic Abdominal Injuries	March 12, 2018	March 18, 2018
Week 13	TS Self Study- EMS Patient Abuse and Assault	TS Self Study- EMS Patient Abuse and Assault	March 19, 2018	March 25, 2018
April	Hands On- Medical Equipment review(KED, Stair chair, Traction split, Pedi immobilizer, Back boarding and C-spine) Protocol Review- 2-15, 7-1, 8-15, 8-16, 9-23		March 26, 2018	April 1, 2018
Week 14	TS Self Study- EMS Therapeutic Communications			
Week 15	TS Self Study- EMS Carbon Monoxide Poisoning	TS Self Study- EMS Therapeutic Communications	April 2, 2018	April 8, 2018
Week 16	TS Self Study- EMS Introduction to Hazardous Materials	TS Self Study- EMS Carbon Monoxide Poisoning	April 9, 2018	April 15, 2018
Week 17		TS Self Study- EMS Introduction to Hazardous Materials	April 16, 2018	April 22, 2018
Week 18			April 23, 2018	April 29, 2018
			April 30, 2018	May 6, 2018

STATION - SKILLS SIGN OFF

<u>May</u>	Hands On- CVA/ Stroke, Code Save-a-Brain, Altered Mental Status / Unconscious States / ETOH, Overdose, Excited Delirium Protocol Review- 4-1, 4-2, 4-7, 4-8, 4-9, 4-10, 4-11, 6-1, 6-14			
Week 19	TS Self Study- EMS Toxicology and Substance Abuse Advanced	May 7, 2018		May 13, 2018
Week 20	TS Self Study- EMS Diabetic Ketoacidosis Advanced	May 14, 2018		May 20, 2018
Week 21	TS Self Study- EMS Cultural Diversity for EMS Providers	May 21, 2018		May 27, 2018
Week 22	TS Self Study- EMS Incident Command System	May 28, 2018		June 3, 2018
<u>June</u>	Hands On- Diving Sickness, Envenomations / Bites / Stings (Snakes, Spiders & Scorpions), Hyperthermia, Hypothermia, Marine Fauna Envenomations, Anaphylaxis / Allergic Reaction Protocol Review- 3-1, 3-2, 3-4, 3-5, 3-6, 3-7, 3-8, 3-9, 3-10, 3-11, 3-12, 3-13, 9-13, 9-15			
Week 23	TS Self Study- EMS Allergies and Anaphylaxis Advanced			
Week 24	TS Self Study- EMS Aquatic Emergencies	June 4, 2018		June 10, 2018
Week 25	TS Self Study- EMS Environmental Emergencies Advanced	June 11, 2018		June 17, 2018
Week 26	TS Self Study- EMS Heat Illness and Emergencies	June 18, 2018		June 24, 2018
<u>July</u>	Hands On- Trauma Alert Criteria- Adult & Pediatric, Tension Pneumothorax / Hemothorax, C-Spine Range of Motion, Glasgow - Adult & Pediatric, Taser Injury, Head Injury/ Increased ICP, Football injuries Protocol Review- 6-9, 6-11, 6-17, 6-18, 7-6, 7-7, 7-8, 7-10, 7-11, 7-12, 7-13, 7-14, 7-15, 7-16, 7-17, 8-1	June 25, 2018		July 1, 2018
Week 27	TS Self Study- EMS Amputation Injuries Advanced			
Week 28	TS Self Study- EMS Spinal Cord Injuries	July 2, 2018		July 8, 2018
Week 29	TS Self Study- EMS Gunshot Wounds	July 9, 2018		July 15, 2018
Week 30	TS Self Study- EMS Burn Management Advanced	July 16, 2018		July 22, 2018
Week 31	TS Self Study- EMS Abdominal Trauma Advanced	July 23, 2018		July 29, 2018
<u>August</u>	PALS Recert Hands On- APGAR - Newborn Scoring, Childbirth - (Labor & Delivery, Complications, Eclampsia / Pre-Eclampsia), Post-partum Vaginal Bleed / Vaginal Bleed of Unknown Origin, Stridor - Pediatric, Asthma- Pediatric, Fever - Pediatric, Normal Vitals/ Glucose - Pediatric Protocol Review- 0-6, 0-7, 5-1, 5-2, 5-3, 5-4, 5-5, 5-6, 6-2, 6-3, 6-4, 6-5, 6-8, 6-12, 6-13, 6-16, 6-19, 9-2, 9-3, 6-10, 6-15	July 30, 2018		August 5, 2018
Week 32	TS Self Study- EMS Obstetrical Emergencies Advanced (2 hour)			
Week 33	TS Self Study- EMS Traumatic Injury During Pregnancy	August 6, 2018		August 12, 2018
Week 34	TS Self Study- EMS Pediatric Emergencies Advanced	August 13, 2018		August 19, 2018
Week 35	TS Self Study- EMS Pediatric Shock Advanced (2 hours)	August 20, 2018		August 26, 2018
<u>September</u>	Hands On- Bradycardia , Cardiogenic Shock , CHF, Chest Pain / Acute Coronary Syndrome , Code Save-a-Heart Interfacility Transport, PVC's - Cardiac Related , Tachycardia - Acute with Pulses Protocol Review- 0-4, 0-5, 1-2, 2-1, 2-2, 2-3, 2-4, 2-5, 2-7, 2-9, 2-10, 2-11, 2-12, 2-13, 2-14	August 27, 2018		September 2, 2018
Week 36	TS Self Study- EMS Intraosseous Infusion Advanced			
Week 37	TS Self Study- EMS Thoracic Emergencies Advanced	September 3, 2018		September 9, 2018
Week 38	TS Self Study- EMS Managing Multiple Casualty Incidents	September 10, 2018		September 16, 2018
Week 39	TS Self Study- EMS Managing Multiple Casualty Incidents	September 17, 2018		September 23, 2018
Week 40		September 24, 2018		September 30, 2018
		October 1, 2018		October 7, 2018
	STATION - SKILLS SIGN OFF			

October	Hands On- Airway Rescue for the Endangered Airway, Asthma, Basic and Advanced Airway Management, CHF, COPD, Stridor Protocol Review- 1-1, 1-2, 1-3, 1-4, 7-9, 7-18, 7-19, 8-13			
Week 41				
Week 42	TS Self Study- EMS Injuries and Infections of the Eye	October 8, 2018	October 14, 2018	
Week 43	TS Self Study- EMS Kinematics of Trauma	October 15, 2018	October 21, 2018	
Week 44	TS Self Study- EMS Head & Facial Injuries Advanced	October 22, 2018	October 28, 2018	
November	Hands On- Medical Equipment review (Monitor, Auto Pulse, KED, Stair chair, Traction split, Pedi immobilizer, Back boarding and C-spine) Protocol Review- 8-3, 8-4, 8-5	October 29, 2018	November 4, 2018	
Week 45	TS Self Study- EMS Emergency Response to Terrorism (MOD #1)			
Week 46	TS Self Study-EMS Emergency Response to Terrorism (MOD #2)	November 5, 2018	November 11, 2018	
Week 47	TS Self Study- EMS Emergency Response to Terrorism (MOD #3)	November 12, 2018	November 18, 2018	
Week 48	TS Self Study-EMS Emergency Response to Terrorism (MOD #4)	November 19, 2018	November 25, 2018	
December	Hands On- Report writing & Department case studies Protocol Review- 9-7, 9-8, 9-14, 9-16, 9-18	November 26, 2018	December 2, 2018	
Week 49	TS Self Study- EMS Medical, Ethical, and Legal Issues			
Week 50	TS Self Study- EMS Diet & Nutrition	December 3, 2018	December 9, 2018	
Week 51		December 10, 2018	December 16, 2018	
Week 52		December 17, 2018	December 23, 2018	
		December 24, 2018	December 30, 2018	
STATE LICENSURE RENEWAL				

Annual Paramedic & EMT Training (Odd Years)

January	BLS Review Hands On- Medical Equipment review (Monitor, Auto Pulse, KED, Stair chair, Traction split, Pedi immobilizer, Back boarding and C-spine) Protocol Review- 8-2, 8-12, 8-14, 8-17, 9-5, 9-6, 9-10, 9-12			
Week 01	TS Self Study- EMS HIPAA Awareness	TS Self Study- EMS HIPAA Awareness	December 31, 2018	January 6, 2019
Week 02	TS Self Study- EMS HIV/AIDS Awareness (Florida)	TS Self Study- EMS HIV/AIDS Awareness (Florida)	January 7, 2019	January 13, 2019
Week 03	TS Self Study- EMS Back Injury Prevention	TS Self Study- EMS Back Injury Prevention	January 14, 2019	January 20, 2019
Week 04	TS Self Study- EMS Patient Assessment Advanced	TS Self Study- EMS Patient Assessment Basic	January 21, 2019	January 27, 2019
February	Hands On- Asystole/PEA, Induced hypothermia, Post arrest, V-Fib/Pulseless V-tach Protocol Review- 2-1, 2-6, 2-10, 2-11, 2-14			
Week 05	TS Self Study- EMS Rapid Secondary Assessment	TS Self Study- EMS Rapid Secondary Assessment	January 28, 2019	February 3, 2019
Week 06	TS Self Study- EMS Assessing the Patient with Major Trauma	TS Self Study- EMS Assessing the Patient with Major Trauma	February 4, 2019	February 10, 2019
Week 07	TS Self Study- EMS Special Challenges in Patient Assessment	TS Self Study- EMS Special Challenges in Patient Assessment	February 11, 2019	February 17, 2019
Week 08	TS Self Study- EMS Respiratory System A&P Review		February 18, 2019	February 24, 2019
Week 09		STATION - SKILLS SIGN OFF	February 25, 2019	March 3, 2019
March	Hands On- Airway Rescue for the Endangered Airway, Asthma, Basic and Advanced Airway Management, CHF, COPD, Stridor Protocol Review- 1-1, 1-2, 1-3, 1-4, 7-9, 7-18, 7-19, 8-13			
Week 10	TS Self Study- EMS Airway Management Advanced (2 hours)	TS Self Study- EMS Airway Management Basic	March 4, 2019	March 10, 2019
Week 11	TS Self Study- EMS Respiratory Emergencies Advanced	TS Self Study- EMS Respiratory Emergencies Basic	March 11, 2019	March 17, 2019
Week 12	TS Self Study- EMS Orotracheal Intubation		March 18, 2019	March 24, 2019
Week 13	TS Self Study- EMS Supplemental Oxygen	TS Self Study- EMS Supplemental Oxygen	March 25, 2019	March 31, 2019
April	Hands On- Burns 1st & 2nd Degree, Burns 2nd & 3rd Degree / Chemical Burns, Rule of Nines Diagram, Single System Trauma Pain Control Protocol Review- 7-2, 7-3, 7-4, 9-20			
Week 14	TS Self Study- EMS Protecting Yourself from Influenza	TS Self Study- EMS Protecting Yourself from Influenza	April 1, 2019	April 7, 2019
Week 15	TS Self Study- EMS Infectious Disease Control	TS Self Study- EMS Infectious Disease Control	April 8, 2019	April 14, 2019
Week 16	TS Self Study- EMS MRSA Infections	TS Self Study- EMS MRSA Infections	April 15, 2019	April 21, 2019
Week 17	TS Self Study- EMS H1N1 (Swine Flu)	TS Self Study- EMS H1N1 (Swine Flu)	April 22, 2019	April 28, 2019
Week 18		STATION - SKILLS SIGN OFF	April 29, 2019	May 5, 2019
May	Hands On- CVA/ Stroke, Code Save-a-Brain, Altered Mental Status / Unconscious States / ETOH, Overdose, Excited Delirium Protocol Review- 4-1, 4-2, 4-7, 4-8, 4-9, 4-10, 4-11, 6-1, 6-14			
Week 19	TS Self Study- EMS Clinical Decision-Making	TS Self Study- EMS Clinical Decision-Making	May 6, 2019	May 12, 2019
Week 20	TS Self Study- EMS Workplace Stress	TS Self Study- EMS Workplace Stress	May 13, 2019	May 19, 2019
Week 21			May 20, 2019	May 26, 2019
Week 22			May 27, 2019	June 2, 2019

June	Hands On- Cyanide Poisoning, Smoke Inhalation, Hazardous Materials Exposures, Poisoning, Anaphylaxis / Allergic Reaction, Pepper Spray Contamination Protocol Review- 3-1, 3-2, 3-3, 3-4, 3-5, 3-6, 3-7, 3-8, 3-9, 3-10, 3-11, 3-12, 3-13, 9-13, 9-15			
Week 23	TS Self Study- EMS Asthma Advanced		June 3, 2019	June 9, 2019
Week 24	TS Self Study- EMS Prehospital Pulmonary Embolism Care		June 10, 2019	June 16, 2019
Week 25	TS Self Study- EMS Suctioning the Patient Airway	TS Self Study- EMS Suctioning the Patient Airway	June 17, 2019	June 23, 2019
Week 26	TS Self Study- EMS Driving Safety	TS Self Study- EMS Driving Safety	June 24, 2019	June 30, 2019
July	Hands On- Trauma Alert Criteria- Adult & Pediatric, Tension Pneumothorax / Hemothorax, C-Spine Range of Motion, Glasgow - Adult & Pediatric, Taser Injury, Head Injury/ Increased ICP, Football Injuries Protocol Review- 6-9, 6-11, 6-17, 6-18, 7-6, 7-7, 7-8, 7-10, 7-11, 7-12, 7-13, 7-14, 7-15, 7-16, 7-17, 8-1			
Week 27				
Week 28	TS Self Study- EMS Driving Safety	TS Self Study- EMS Driving Safety	July 1, 2019	July 7, 2019
Week 29	TS Self Study- EMS Cardiac Emergencies Advanced	TS Self Study- EMS Cardiac Emergencies Basic	July 8, 2019	July 14, 2019
Week 30	TS Self Study- EMS Cardiovascular Anatomy & Physiology Review		July 15, 2019	July 21, 2019
Week 31	TS Self Study- EMS CNS Injuries Advanced		July 22, 2019	July 28, 2019
August	Hands On- Cardiac Monitor, Auto Pluse Protocol Review- 8-6, 8-7, 8-8, 8-9, 8-10, 8-11, 8-18, 8-19, 8-20, 8-21, 9-1, 9-4		July 29, 2019	August 4, 2019
Week 32	TS Self Study- EMS Understanding the Basics of ECGs			
Week 33	TS Self Study- EMS Fundamentals of 12 Lead ECG Operation and Interpretation		August 5, 2019	August 11, 2019
Week 34	TS Self Study- EMS Intro to Arrhythmias: Escape Rhythms and Premature Complexes		August 12, 2019	August 18, 2019
Week 35	TS Self Study- EMS Intro to Arrhythmias: Escape Rhythms and Premature Complexes		August 19, 2019	August 25, 2019
September	Hands On- APGAR - Newborn Scoring, Childbirth-(Labor & Delivery, Complications, Eclampsia / Pre-Eclampsia), Post-partum Vaginal Bleed / Vaginal Bleed of Unknown Origin, Stridor - Pediatric, Asthma- Pediatric, Fever - Pediatric, Normal Vitals/ Glucose - Pediatric Protocol Review- 0-6, 0-7, 5-1, 5-2, 5-3, 5-4, 5-5, 5-6, 6-2, 6-3, 6-4, 6-5, 6-8, 6-12, 6-13, 6-16, 6-19, 9-2, 9-3, 6-10, 6-15	STATION - SKILLS SIGN OFF	August 26, 2019	September 1, 2019
Week 36	TS Self Study- EMS Pediatric Airway Management Advanced			
Week 37	TS Self Study- EMS Neonatology Advanced		September 2, 2019	September 8, 2019
Week 38	TS Self Study- EMS Pediatric Cardiac Arrest Advanced		September 9, 2019	September 15, 2019
Week 39	TS Self Study- EMS Sudden Infant Death Syndrome (SIDS)	TS Self Study- EMS Sudden Infant Death Syndrome (SIDS)	September 16, 2019	September 22, 2019
October	Hands On- Bradycardia , Cardiogenic Shock , CHF, Chest Pain / Acute Coronary Syndrome , Code Save-a-Heart Inter-facility Transport, PVC's - Cardiac Related , Tachycardia - Acute with Pulses Protocol Review- 0-4, 0-5, 1-2, 2-2, 2-3, 2-4, 2-5, 2-7, 2-12, 2-13		September 23, 2019	September 29, 2019
Week 40	TS Self Study- EMS Intro to Arrhythmias: Tachy-arrhythmias and Fibrillation			
Week 41	TS Self Study- EMS Managing Cardiac Arrest: During and After Resuscitation		September 30, 2019	October 6, 2019
Week 42	TS Self Study- EMS Non-Traumatic Chest Pain		October 7, 2019	October 13, 2019
Week 43	TS Self Study- EMS Capnography		October 14, 2019	October 20, 2019
Week 44		STATION - SKILLS SIGN OFF	October 21, 2019	October 27, 2019
			October 28, 2019	November 3, 2019

November	Hands On- CVA/ Stroke, Code Save-a-Brain, Altered Mental Status / Unconscious States / ETOH, Overdose, Excited Delirium Protocol Review- 4-1, 4-2, 4-7, 4-8, 4-9, 4-10, 4-11, 6-1, 6-14			
Week 45	TS Self Study- EMS Behavioral Emergencies Advanced	TS Self Study- EMS Behavioral Emergencies Basic	November 4, 2019	November 10, 2019
Week 46	TS Self Study- EMS Altered Mental Status Advanced		November 11, 2019	November 17, 2019
Week 47	TS Self Study- EMS Geriatric Behavioral Emergencies	TS Self Study- EMS Geriatric Behavioral Emergencies	November 18, 2019	November 24, 2019
Week 48			November 25, 2019	December 1, 2019
December	Hands On- Report writing & Department case studies Protocol Review- 9-7, 9-8, 9-14, 9-16, 9-18			
Week 49	TS Self Study- EMS Methamphetamine	TS Self Study- EMS Methamphetamine	December 2, 2019	December 8, 2019
Week 50	TS Self Study- EMS Epilepsy	TS Self Study- EMS Epilepsy	December 9, 2019	December 15, 2019
Week 51	TS Self Study- EMS Date Rape Drugs	TS Self Study- EMS Date Rape Drugs	December 16, 2019	December 22, 2019
Week 52			December 23, 2019	December 29, 2019

Exhibit #5

RESOLUTION NO. 08 - 27

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF COLLIER COUNTY, FLORIDA, PROVIDING FOR UP-DATED EMS USER FEES FOR COLLIER COUNTY AMBULANCE SERVICES, UP-DATED BILLING AND COLLECTION PROCEDURE, HOSPITAL TRANSPORT BILLING AND FEES, ADJUSTMENTS OF EMS USER FEES PURSUANT TO COLLIER COUNTY ORDINANCE NO. 96-36, WAIVER OF EMS USER FEES FOR SPECIAL EVENTS, AND AN UPDATED PROCEDURE FOR APPROVING HARDSHIP CASES AND PAYMENT PLANS; SUPERSEDING RESOLUTION NO. 07-192; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, Collier County Emergency Medical Services (hereinafter referred to as "EMS") provides ambulance services to the residents and visitors of Collier County; and

WHEREAS, the Collier County EMS operating budget is funded exclusively through ad valorem taxes and user fees; and

WHEREAS, the Board of County Commissioners recently entered into an Agreement with Advanced Data Processing, Inc. (hereinafter referred to as to "Billing Consultant") to provide collection services for ambulance services and associated fees; and

WHEREAS, this Resolution is intended to apply irrespective of whether EMS billing staff, Advanced Data Processing, Inc., or any other billing consultant is responsible for the collection of fees for ambulance services; and

WHEREAS, Collier County Ordinance No. 96-36 § 5 provides that the user fees for ambulance services may be established by Resolution of the Board of County Commissioners (hereinafter referred to as to "the Board").

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF COLLIER COUNTY, FLORIDA, that:

SECTION ONE: EMS USER FEES

BASE RATES:

<u>SERVICE LEVELS</u>	<u>CODES</u>		
<u>BASE CHARGES</u>			
A. EMS – BLS NON-EMERGENCY	A0428	\$	700.00
B. EMS – BLS EMERGENCY	A0429	\$	700.00
C. EMS – ALS 1 NON-EMERGENCY	A0426	\$	700.00
D. EMS – ALS 1 EMERGENCY	A0427	\$	700.00
E. EMS – ALS 2 EMERGENCY	A0433	\$	750.00
F. EMS – SPECIALTY CARE	A0434	\$	800.00
G. EMS – TREATMENT W/O TRANSPORT	A0098	\$	175.00
H. EMS – HELICOPTER	A0431	\$	5,900.00

MILEAGE RATES:

<u>SERVICE LEVELS</u>	<u>CODES</u>	<u>MILEAGE CHARGE</u>
A. EMS – GROUND UNIT (Minimum Charge of 1 mile and no cap)	A0425	\$ 12.25
B. EMS – AIR UNIT	A0436	\$ 110.00

SPECIAL EVENTS AND MISCELLANEOUS RATES:

<u>SERVICE LEVELS</u>	<u>RATES</u>
A TWO (2) MEDICS/ONE ALS VEHICLE (PER HOUR)	\$ 150.00

B. ONE (1) MEDIC/NO VEHICLE (PER HOUR) \$ 50.00

COPIES*:

Subject to statutory exemptions, "public records" are required by Chapter 119, F.S. to be open to inspection and copying. Consistent with Chapter 119, Resolution No. 07-327 establishes copying fees as follows:

<u>COPIES OF DOCUMENTS</u>	<u>RATES</u>
A. One-sided copy which is 14 inches by 8 1/2 inches or less	\$.15
B. Two-sided copy which is 14 inches by 8 1/2 inches or less	\$.20

COPY SERVICES

The actual cost of duplication for all other copies will be charged. The first hour of cost of duplication will not be charged. "Actual cost of duplication" is defined in § 119.07(1), F.S. as "the cost of the material and supplies used to duplicate the record," but does not include the labor cost and overhead cost associated with such duplication.

*Copying fees are subject to change only to the extent that either Chapter 119, F.S. or Resolution No. 07-327, or both, are amended, replaced, or superseded.

PAST DUE ACCOUNTS

INTEREST ON PAST DUE ACCOUNTS \$ 1% monthly

SECTION TWO: BILLING COLLECTION PROCEDURE

The following shall be the minimum guidelines for billing and collection procedures for ambulance service fees and charges:

- A. Initial fees and charges for ambulance service(s) shall be assessed either prior to or following the provision of service, as service dynamics reasonably allow. Unpaid fees and charges, subsequent to time of service shall be reflected in an accounts receivable subsidiary ledger system to be maintained by the EMS Department.
- B. EMS Billing Staff will transmit all data necessary to Billing Consultant to process the claim.
 - 1. Billing Consultant will send an initial bill to the service recipient's or responsible party's insurance carrier as soon as insurance information has been received, validated, and entered by the Billing Consultant on the account.
 - 2. When a valid patient address is present, the Billing Consultant will follow the patient statement cycle outlined below.
 - i. An initial statement for ambulance services, including the HIPAA notice of privacy practices shall be sent fourteen (14) or more days after the data is entered by the Billing Consultant, but no later than 30 days after service has been provided.
 - ii. If a non-Medicaid account remains unpaid, statements will be sent to the patient no later than every 60 days from the last filed date. If a claim is denied, a bill will be sent to the service recipient or responsible party.
 - iii. For Medicaid accounts, if the claim is denied because of no coverage at the time of service, or because it was determined to be not medically necessary to be transported by ambulance, a bill will be sent to the service recipient or responsibly party.

- iv. In the event the service recipient or responsible party does not have or does not provide proof of insurance coverage, statements will be sent to the patient no later than every 60 days from the last statement date.
- C. The Billing Consultant will provide a file with patients to be sent to collections to the County's contracted collection agency when all attempts to collect on the account have been exhausted by the Billing Consultant. The County may direct the Billing Consultant to not send a patient to collections at any time. Billing Consultant may send a patient to collections prior to exhaustion of all collection efforts when:
 - 1. The patient account has an invalid address.
 - 2. Billing Consultant is directed by County to send a patient to collections.
- D. Interest will be assessed at 1% per month on all accounts that are sent to the County's contracted collection agency.
- E. A reasonable and customary payment plan will be made available for all service recipients or responsible parties. Should the service recipient or responsible party at the time fail to meet the terms and conditions of the payment plan for a period of (60) sixty days, the unpaid balance shall reenter the collections process set forth in Section C. above at the point in the collections process at which it was taken out for a payment plan to be administered.
- F. When ambulance service bill(s), at the any stage in this billing and collection procedure, are returned because the Postal Service cannot effectuate delivery, the EMS Billing Section shall make reasonable effort to ascertain the correct mailing address. If reasonable efforts to ascertain a correct address fail, the account(s) may be considered for other collection alternatives.
- G. Nothing contained in this Section shall preclude reasonable telephone or other appropriate contact for billing and collection purposes, in accordance with all applicable laws.
- H. Throughout the fiscal year, the EMS Billing Section shall review all past due accounts and report to the Board of County Commissioners on an annual basis, of all past due accounts which are believed to be uncollectible.
- I. The Board may, after reviewing these past due accounts and after finding that diligent efforts at collection have proven unsuccessful, remove these past due accounts from active accounts receivable in accordance with generally accepted accounting procedures and pursuant to law by Resolution.
- J. Probate Estate Cases: Should a decedent have an unpaid balance for ambulance services, the following shall occur:
 - 1. The decedent's Personal Representative will notify EMS Billing Staff that a probate estate has been filed with the Probate Court.
 - 2. EMS Billing Staff shall ensure that a Notice of a Claim is timely filed with the Probate Court.
 - 3. EMS Billing Staff shall ensure that the Office of the County Attorney is timely notified of such claim and provided with: 1) a copy of ambulance bill(s), 2) all correspondence between EMS Billing Staff/Billing Consultant) and Personal Representative, 3) Notice of Claim filed with the Probate Estate, and any other information necessary to pursue the claim.

4. The Office of the County Attorney shall take all reasonable actions that are necessary to pursue such claim, including but not limited, to filing a lawsuit in the County Court to pursue such claim.
5. If the estate has assets and \$10,000 or less is owed for ambulance services, the EMS Director and the County Attorney (or his designee) are authorized to take reasonable actions to reach a settlement with the Personal Representative or his attorney. Should a settlement be reached, the EMS Director and the County Attorney (or his designee) are authorized to execute a satisfaction and/or release on behalf of the County. If the estate has assets and in excess of \$10,000 is owed for ambulance services, any negotiated settlement/compromise of the ambulance billing claim shall be approved by the Board of County Commissioners. If the estate has nominal assets or no assets, the County Manager may waive the rates, fees, and charges as set forth in Ordinance No. 96-36, as it may be amended, replaced, or superseded.

K. All accounts with a balance of \$10 or less will be written off.

SECTION THREE: HOSPITAL TRANSPORT BILLING AND FEES

- A. The fees set forth in Section One of this Resolution shall apply to ambulance transports that occur between a hospital's facilities.
- B. Should a hospital within the boundaries of Collier County have the need for a transport of a patient between hospital facilities located *within* the boundaries of Collier County, ambulance transport will be provided.
- C. Should a hospital within the boundaries of Collier County have the need for a transport of a patient to hospital facilities located *outside* the boundaries of Collier County, the County, will subject to equipment and manpower availability, at its sole discretion, utilize its resources to provide patient transport.
- D. Hospitals requesting ambulance transports shall be invoiced directly for ambulance transport service on a monthly basis.

SECTION FOUR: ADJUSTMENT OF EMS USER FEES

The following shall be minimum guidelines for adjustments to ambulance service fees. The Board of County Commissioners, in accordance with criteria established by the enabling Ordinance, may authorize other adjustments.

- A. Medicare and Medicaid Adjustments. Contractual adjustments under Medicare and/or Medicaid assignment will be made in accordance with applicable Medicare and/or Medicaid rules and regulations.
- B. Victim's Compensation Contractual Adjustments. Contractual adjustments will be made in accordance with applicable state, federal and local rules and regulations.
- C. Worker's Compensation Contractual Adjustments. Contractual adjustments will be made in accordance with applicable state, federal and local rules and regulations.
- D. County Employee Adjustments. Board of County Commissioners and Constitutional Officers' employees that have Primary coverage under Collier County's insurance policy will be responsible for any deductibles, co-payments or unpaid balances. An employee

may dispute his/her ambulance charge in accordance with procedures set forth in Ordinance No. 96-36.

- E. Champus/Tricare Adjustments. Contractual adjustments will be made in accordance with applicable Champus/Tricare rules and regulations.
- F. Railroad Retirement Adjustments. Contractual adjustments will be made in accordance with applicable state, federal and local rules and regulations pertaining to Railroad Retirement Adjustments.
- G. Social Services Adjustments. Contractual adjustments will be made in accordance with rules established by the County Manager and memorialized by a memorandum of understanding executed by the Social Services Director and the EMS Director.

SECTION FIVE: WAIVER OF EMS USER FEE FOR SPECIAL EVENTS.

Pursuant to Ordinance No. 96-36, and from the effective date of this Resolution, user fees for EMS ambulance stand-by services may be waived if the Board finds that a valid public purpose has been established in recognition of their charitable contributions to the Community.

SECTION SIX: HARDSHIP CASES AND PAYMENT PLANS.

The Board recognizes that certain service recipients may need to be identified and processed as hardship cases. Payment plans will be established pursuant to the minimum guidelines set forth in this Resolution.

- A. Hardship cases will be established in accordance with the Federal Poverty guidelines, as used by the Social Services Department of Collier County.
- B. Payment plans for hardship cases will be set up on a monthly basis, with a minimum payment of \$10.00 per month. Hardship cases, placed on a payment plan will not accrue interest or be placed into collection. Notwithstanding the foregoing, if a service recipient has a payment plan and does not make the agreed scheduled payments for a period longer than two (2) months, the account will be turned over to the County's contracted collection agency and interest will begin to accrue.

SECTION SEVEN: SUPERCISSION OF RESOLUTION 07-192

This Resolution shall supersede Resolution No. 07-192

SECTION EIGHT: EFFECTIVE DATE

This Resolution shall become effective on January 29, 2008

PASSED AND DULY ADOPTED by the Board of County Commissioners of Collier County, Florida, this 29th day of January, 2008.

ATTEST:
DWIGHT E. BRQCK, CLERK

BOARD OF COUNTY COMMISSIONERS
COLLIER COUNTY, FLORIDA

By: [Signature]
Approved as to form and legal sufficiency:

By: [Signature] 1/29/08
TOM HENNING, CHAIRMAN

[Signature]
Jennifer A. Belpedio
Assistant County Attorney

Exhibit #6
COPCN criteria Fitch & Associates, LLC

COPCN CRITERIA

Collier County's Code of Ordinances establishes uniform countywide standards for certification of ambulance or advanced life support services. These can be found in their entirety in Attachment A. The following section takes the earlier findings and recommendations and formats them to address each of the specific requirements⁶ for the Board of County Commissioners to consider the application for the COPCN certificate.

The following represents the required revisions to address paramedic level full transport services by the City's Fire Rescue Department. The specific procedure for obtaining a COPCN is outlined in County Code, specifically Section 50.55. The following language addresses the requirements the Board of County Commission must consider in granting a COPCN under Section 50-57. *FITCH* remains available to the City during the application process.

1(a). Public necessity for the service: The extent to which the proposed service is needed to improve the overall emergency medical services (EMS) capabilities of the County.

Approval of the City's COPCN application will improve the overall capabilities of EMS for the County through a number of mechanisms. First, for Marco Island residents and visitors the total amount of EMS services available on the Island will increase through the addition of an additional full-time ALS transport vehicle. The proposed deployment will provide 2 full-time units on the Island, funded and operated by the City of Marco Island, along with a staffed 3rd transport capable unit required during surge conditions. Compared to the current 1.2 full-time equivalents, these three units represent a 150% improvement in deployed resources for Marco Island. Second, this COPCN fully relieves the Collier County EMS (CEMS) from funding or staffing the current fulltime and peak season/peak hour units on Marco Island. Noting that CEMS presently staffs 24 full-time EMS units off the Island, the release of the equivalent of 1.2 units provides an increased deployment of 5% additional resources off the Island. Finally, the deployment of City staffed units on the Island will almost eliminate, and considering the 3rd staffed surge unit, eliminate the number of times resources from off the Island (e.g. R90, R23, etc.) will be required to relocate and/or respond to Marco Island incidents except during an extraordinary incident. This increased capacity for R90 and R23 specifically is expected to improve their current response time performance which currently do not meet the County's stated target performance.⁷

This COPCN adds resources to the existing system and therefore improves overall EMS capabilities in the County.

⁶ Collier County Code of Ordinances, Section 50-57 Requirement for board approval in granting certificate.

⁷ Collier County 2017 Annual Update and Inventory Report on Public Facilities.

1(b). Public necessity for the service: The effect of the proposed service on existing services with respect to quality of service and cost of service.

The proposed deployment and operation of an ALS transport units by Marco Island Fire Rescue improved overall EMS capabilities within Collier County, as outlined above.

The cost of service, as proposed herein, actually assists County taxpayers by allowing redeployment of existing resources to other areas of the County where need exists. Marco Island City Commissioners, as evidenced by this application, have made a local decision to seek a higher level of EMS capabilities for the Island, funded by city funds. This decision will not adversely impact county taxpayers. Any impact on Marco Island residents and business owners for this enhanced level of service will be addressed through the local government's existing budget process.

By permitting the City to deploy and staff their own units, Marco Island Fire Rescue will also have an increased ability to implement and/or enhance community paramedic programs along with outreach to senior citizens, children and businesses on the Island.

1(c). Public necessity for the service: The effect of the proposed service on the overall cost of EMS service in the county.

The cost of service, as proposed herein, does not adversely impact County taxpayers. At the Board of County Commissioners discretion, there is also a potential for reductions in the County cost for provision of EMS services by reducing the number of EMS units the County currently deploys.

This decision will not adversely impact county taxpayers. Any impact on Marco Island residents and business owners for this enhanced capability will be addressed through the local government's existing budget process.

1(d). Public necessity for the service: The effect of the proposed service on existing hospitals and other health care facilities.

The granting of a COPCN for the City of Marco Island will not have any effect on existing hospitals. Demand for 9-1-1 EMS services and transportation are independent of the number of COPCNs in the County. Medical emergencies requiring the activation of 9-1-1, response from paramedics and transport to the closest appropriate hospital will continue exactly as they occur today.

The effect on other health care facilities, if any, will be positive. As outlined elsewhere in the City's COPCN request, the granting of an ALS Transport certificate to the City will increase the overall capacity of EMS within the County. Such increased capacity would only have a positive effect on other health care facilities.

1(e). Public necessity for the service: The effect of the proposed service on personnel of existing services and the availability of sufficient qualified personnel in the local area to adequately staff all existing services.

Upon approval of the COPCN, the City intends to hire the necessary additional personnel to properly staff an additional ALS transport unit. The City's initial plan is to hire and staff two new Medic Rescue units with two, dual certified firefighter paramedics. In addition, the City will have a staffed transport capable squad which can be deployed during periods of any surge activity.

There is no impact anticipated on personnel of existing EMS services. There is also no significant impact anticipated on the availability of qualified personnel in the County and surrounding areas. Compared to the total number of existing personnel in the County, and those undergoing training at regional fire and EMS institutions, the City's future personnel needs are minimal compared to the current and future applicant pool.

2. Applicant's sufficient knowledge and experience to properly operate the proposed service.

Marco Island Fire Rescue and CCEMS have enjoyed an existing and strong relationship in the delivery of paramedic level services. The Marco Island personnel presently co-staff emergency response vehicles, share common medical direction, training and treatment protocols. City personnel meet or exceed the Medical Director's patient transport contact hour requirements.

In that Marco Island personnel already staff transport capable ambulances with CCEMS, the City has demonstrated the requisite knowledge and experience to operate an ALS ambulance. This shared staffing program has been in place since 2002 and reflect the County's own assessment of the applicant's capabilities.

3. That, if applicable, there is an adequate revenue base for the proposed service.

Marco Island is a local government properly incorporated under the laws of the State of Florida. The City has the capability to adequately raise the revenue necessary to operate the expanded level of service proposed under this application.

4. Proposed service will have sufficient personnel and equipment to adequately cover the proposed service area.

Marco Island Fire Rescue currently has 36 personnel assigned to operational shifts. Of the current personnel, 100% are certified as Florida's EMS providers, with 74% of those certified as paramedics. The City will hire personnel as required to provide the additional staffing for new transport units.

Exhibit #7
Fitch & Associates, LLC Consultants Report