



CITY OF MARCO ISLAND

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Marco Island, Florida 34145
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April 23, 2018

Mr. Leo Ochs, Jr., County Manager
Office of the County Manager
8075 Lely Cultural Parkway
Naples, FL 34113

Dear Mr. Ochs,

Attached you will find the responses to the questions generated by County staff on February 6th as well as the additional questions to transmitted to us by the Emergency Medical Authority (EMA) on April 12th.

We would appreciate an agenda for the upcoming May 1st review by the EMA so that the City's representatives can properly prepare and schedule their time. As we continue to collaborate through this process, we look forward to the Collier County Board of County Commissioners meeting on May 22nd as the EMA's recommendation is considered, and the joint City Council/Commission meeting in October continuing the talks of improving our Emergency Medical System as well other shared issues.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'G. Polanco'.

Guillermo A. Polanco, CPA
Interim City Manager
City of Marco Island

Bureau of Emergency Services Division (BES) Questions

1. **Your application states the operation of two ambulances. Knowing the likelihood of breakdowns, what will be your back-up plan, should one or more ambulances be out-of-service for maintenance?**

In order to meet the daily requirement of two ambulances, the city will have two additional ambulance vehicles available for maintenance and repair.

2. **How will you manage unexpected surge or concurrent calls for service with more than one ambulance out-of-service or the high potential of two ambulances being off the island during hospital transport?**

The island will be covered for ALS needs by paramedic engines, ambulances and quick response personnel that will be able to stabilize and treat patients. There will be additional back up ambulance ready to be placed in service.

3. **Your application refers to a hiring of 25% of your fire service staff as credentialed paramedics. Where do you plan to recruit those credentialed Paramedics from?**

Marco Island is an Equal Opportunity Employer. We will advertise to attract the best and most qualified candidates as we have in the past. We are proud of our recruitment process as should any organization.

4. **In the event of a high-rise building fire or alarm, will transport paramedic personnel be pulled from ambulance duty to participate in fire-fighting duties and if so, how many and how will you maintain dual vehicle paramedic transport services during those high-rise fire alarm situations?**

The current system provides for automatic fire department aid from outside jurisdictions on a high-rise building fire. An ambulance does respond on confirmed high-rise fires because of the potential life hazard. Under the current model, ambulances are not dispatched to high-rise fire alarm situations.

As with all emergencies, units are diverted based upon the prioritization of the call.

5. **If in your design model you activate two ALS transport ambulances, how will you continue to staff ALS engines without Collier County EMS personnel or swap program?**

Our design model staffs all ALS engines and ambulances without Collier County personnel, as reflected in the Fitch report.

6. Collier County has reviewed your proposed ALS in-service education program and sees little to no, hands-on clinical, Field Training Officer or Medical Director oversight to maintain proficiency, how would such clinical proficiency and oversight be maintained?

The City disagrees with your assessment of our proposed ALS in-service education program. The proposal places additional supervision to oversee the program's management inclusive of officers assigned to rescue units, the City is currently hiring a Fire/Ems Training Officer position, and the Medical Director will provide oversight in accordance with Florida State Statute.

7. Your application does not address transport unit move-ups, zone coverage, etc. Please advise as to how those system issues will be addressed. Will you be participating in closest unit dispatch?

It is hoped that Collier County will enter into an Interlocal Agreement with the City to address transport unit move up and zone coverages, etc. It is not our intention to get out of closest unit response. The issue would have to be addressed through the Interlocal Agreement with the County.

8. How will your third ambulance be staffed for surge, drugs, staff and related equipment?

All ambulances will be staffed and equipped to meet Florida State requirements in accordance with ALS licensure.

9. Your application states that Marco will receive a higher level of service. Higher or "highest" level of service is defined as the first responding ALS vehicle to arrive, such as your ALS Engines, how could a conversion to a transport unit improve service when a BLS and ALS unit such as the service provided by your ALS engines who arrive first, be considered a higher level of service?

Under our proposal, all ALS engines and ambulance will operate at the same protocol level providing higher levels of service than currently is provided. Additionally, having a transport vehicle immediately on scene will provide a quicker response time to the hospital for patients.

10. Who will be your Medical Director and what contractual arrangements have been made regarding training, oversight, and quality assurance efforts.

In accordance with the City's purchasing ordinance, the city will solicit for the position of Medical Director through the Request for Qualifications (RFQ) process. The RFQ will define the necessary qualifications and standards in accordance with the State of Florida FSS 401.265. The Medical Director will provide the medical training, recertification and develop the City's EMS

protocols. It is the intention of the City to work with Collier County EMS and the County Medical Director to ensure the health and safety of all Collier County residents and visitors.

11. Proposed cost of supplies, equipment, drugs, heart monitors appears to be quite lower than market cost with no room for spares for items during surge demand calls for service. How will you fund and to what levels of essential equipment will you have?

The City will fund these items through its capital and operational budget as it currently does for existing equipment. Upon approval of our COPCN the necessary adjustments will be made in our FY19 budget. In accordance with the medical director requirements and Florida State Statutes

12. As a Class 1 provider you will be responsible for interfacility transports, should a call for service be requested. There is no mention of providing that service, if not, why?

The service will be provided in accordance with Class 1 license upon receipt of a 911 call within the jurisdiction of Marco Island.

13. The community of Goodland is deleted from your service area map. What are your plans to provide service to Goodland?

It is the intention of the City of Marco Island to continue its contractual agreement to provide services to Goodland.

14. If you have a staffing shortage from an extended leave by one or more employees, how will you cover this potential shortfall and will it place a transport unit or surge unit out of service?

The City will handle it's employee coverage in the same manner it currently does and has.

Emergency Medical Authority (EMA) Questions

Standard 1. That there is a public necessity for the service.

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

(1). The response times, both annually and during season, show that, at the current staffing level, Marco Island zone 50 has the second-best ambulance response times in all of Collier County. The county goal, for the urban area, is for travel time to be “8 minutes or less, 90% of the time” and Marco Island has exceeded that goal for years. The County’s Administrative Service Department Head has stated that “adding a second ambulance will not increase service levels.”

What ‘need’ will be attained by providing your own, separate ambulance transport? What higher level of service results do you expect to achieve and how will they be measured? How will Home Rule improve the level of service?

The level of service will increase by adding an additional full-time unit, 24/7/365, stationed at Station 51, an area which experiences 40% of the City’s call load. This will reduce the travel time due to the proximity to the calls.

The City intends to provide a higher level of service because all units that arrive on the scene will have the same capabilities, inclusive of availability of medications and equipment. There will be no separation of protocol by units that arrive. Additionally, the increase in the number of transport units available will reduce travel time due to their availability on the island and not having to be relocated from other areas in the county during surge and concurrent calls. As the County saw a dramatic increase in their 90% compliance upon the staffing of 803, the City will see the same year-round. The Medical Director will determine measurement and QA/QI.

Home Rule will allow acquisition and placement of City EMS resources based on local need rather than county need. Local control will allow a customization of protocols, including community paramedicine, which will better meet the needs of our citizen base.

(2). Marco Island Fire Department (MIFD) could improve “...the overall emergency medical services (EMS) capabilities of the county...” by reducing Basic Life Support (BLS) response times. MIFD is responsible, under the National Fire Prevention Association (NFPA) 1710 Standards, for BLS with a recommended response time of 4 minutes. That goal is not being met. Medical Journals have emphasized the importance of BLS and the 4-minute response time in saving lives, stating that it is more important than responding with Advanced Life Support (ALS) in 8 minutes.

Which 'need' -ALS or BLS –do you think requires more improvement on Marco Island?

Both ALS and BLS will be improved on Marco Island.

Which do you think is more important to Marco Islanders?

Both ALS and BLS are important to Marco Island residents and visitors.

How will you improve BLS response times, if your concentration is on operating the ambulance transport service and keeping sufficient ALS units on the island?

The concentration of the city is to continuously improve ALS and BLS services to our local resident's needs.

1b. The effect of the proposed service on existing services with respect to quality of service and cost of service.

(1). Collier County currently provides a homogeneous EMS system consistent protocols, training, and quality assurance evaluation. It easily shifts assets throughout the county as workload changes, with units moving to back up areas as needed. Marco Island is a major beneficiary of this system as support from other zones moves to Marco daily. Do you think your COPCN, that would disrupt this homogeneous system, is in the best interest of the County as a whole?

Our COPCN will not disrupt the EMS system of Collier County, in fact will enhance both local and County service.

(2) This proposed change to the existing service has both quality of service and cost of service implications for Marco Islanders. The current quality of service is excellent, with respect to response times and your own excellent customer service response survey results—that was based on service to Marco residents under the current CCEMS system. CCEMS has not received any complaints from Marco Island.

Have you received any complaints on CCEMS service from your residents?

Yes, we have.

How can you be sure the quality of service won't be worse under your proposed system?

Will the 12 new paramedics be as well-trained and have the same level of experience as current paramedics serving Marco?

Will your new paramedics have the knowledge, experience, shared common medical direction, training and treatment protocols that your current paramedics have? Or will Marco residents experience a drop-in quality of service with the new paramedics?

The City will work with our local Medical Director to ensure that all personnel and services will exceed the current level of services provided. The City is very proud of its hiring practice and has an excellent track record to ensure the highest quality personnel.

(3). The cost of your new medical transport service will, by your estimates, add over \$1.1million annually to the costs paid by Marco taxpayers. They will pay taxes to Collier County and no longer receive the same services they praised in the recent survey.

What will the benefits be for this additional cost? Has there been a cost/benefit analysis to determine if the identified benefits are worth the additional cost? Should there be an analysis to demonstrate to Marco citizens that there is an essential need and the additional costs are required?

The Fitch Report answers these questions from a technical perspective. Issues of cost-benefit analysis and the appropriate policy are and will be assessed by the City Council.

1.c. The effect of the proposed service on the overall cost of EMS service in the county.

(1). The Fitch Report implies that Marco Island intends to seek the reduction or possible elimination of the portion of County ad valorem taxes collected for the provision of EMS services, citing the case of *Alsdorf v Broward County*, 373 So. 695 (1979).

It is the intention of the City to work with Collier County on an interlocal agreement upon approval of our ALS license. The Fitch report cited examples of collaborative efforts elsewhere in the State that might be looked at. Any policy decisions concerning this issue would have to be agreed upon by both the City Council and the County Commission.

(2). The effect on the overall cost of CCEMS service will be determined by the new relationship between the county and Marco in responding to EMS calls.

Please describe in detail what relationship Marco Island would seek with CCEMS, such as mutual aid, automatic aid, closest unit response, move-ups, training, etc. If a mutual aid agreement between Collier County and Marco Island is anticipated, would it provide equal or roughly equal benefit to both jurisdictions? If so, please provide statistics supporting that contention.

It is the intention of the City to continue a positive relationship with CCEMS and Collier County. We believe an Interlocal Agreement will address all of Collier County's concerns as well as ours and will be beneficial to both jurisdictions.

(3). MIFD expects that, in the future, they would collect \$952,427 in ambulance transport revenue. This is revenue that CCEMS would no longer collect, producing a negative financial impact on CCEMS.

(4) Will you still rely on CCEMS air ambulance helicopter transport to take patients to area trauma centers? Will you pay CCEMS for that service?

Yes, we will continue rely on CCEMS air ambulance which our residents are currently paying for.

Air transport services are paid by the patient and we envision the same to be true in the future.

1.d. The effect of the proposed service on existing hospitals and other healthcare facilities.

There is no apparent effect on existing hospitals and other healthcare facilities.

1.e. 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.

(1). Assume CCEMS retains the ambulances currently assigned to Marco and reassigns them, with their paramedics, to other zones.

Where will you get your new paramedics? If you attempt to hire CCEMS highly-trained and experienced medics, there will be a loss to CCEMS that could harm the advanced life support service to other county residents. It would appear that you intend to try to hire CCEMS paramedics, since your current hiring postings say that paramedics with current Collier County credentials are preferred. Is this correct?

Marco Island is an Equal Opportunity Employer. We will advertise to attract the best and most qualified candidates as we have in the past. We are proud of our recruitment process as should any organization.

(2) If your paramedics aren't hired from the County, how will you insure that you have knowledgeable and experienced paramedics-up to the current standards that Marco Islanders currently have and expect? Where will you find them?

There are many highly qualified and experienced Firefighter/Paramedics within the State of Florida and as stated above we will advertise to attract the best and most qualified candidates as we have in the past. We are proud of our recruitment process as should any organization.

(3) Most of your current non-transport ALS-credentialed paramedics are less trained than CCEMS trained transport paramedics. They aren't trained in the additional medications used during transport and have not graduated from the 4-week Collier County Training Academy, completed a six-month Field Training Officer oversight program, passed a peer review board examination and been cleared by Dr. Tober after a final one-on-one review. Only then can a CCEMS paramedic operate independently.

How will you accomplish this level of training, experience and review for your current paramedics as well as training your newly hired ones from the ground up on all Collier County ALS functions? How will you ensure that your ambulances are not staffed by 2 inexperienced paramedics?

All of these items will be ensured through our hiring practices and the standards set by our Medical Director.

(4) To have sufficiently qualified personnel, training will be an essential function. With upgrading the training for your current paramedics, and adding at least 12 new ones, why haven't you included an additional training officer in your staffing—to ensure that medics receive the highest level of training, comparable to CCEMS? A lot of your current training appears to be on-line courses. How much training will be hands-on?

We have added the new training position to ensure the highest level of training. The level of hands-on training will be determined by the training division and Medical Director.

MIFD's 2013 Insurance Service Office (ISO) evaluation for fire services awarded only 50% of the total available points for Training. If your current level of fire training is not highly rated, how will you ensure that paramedic training is exceptional?

Our current level of paramedic training is exceptional, and we exceed all State requirements for EMS training.

(5). Any paramedics that are not as sufficiently qualified, trained and experienced as CCEMS medics would be a reduction in the current service levels to Marco residents and could result in negative medical outcomes. How will you ensure that the quality of advanced life support (ALS) service to Marco Islanders won't suffer from including Emergency Medical Services under your Home Rule functions?

Through our Medical Director's Quality Assurance/Quality Improvement process.

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

a. Who will be your Medical Director? Who will provide medical training and recertification? Will you continue with the CCEMS protocols? Will you provide response time data and medical quality assurance evaluations to CCEMS so the Collier County Board of County Commissioners can continue to over see the health and safety of all Collier County residents and visitors?

In accordance with the City's purchasing ordinance, the city will solicit for the position of Medical Director through the Request for Qualifications (RFQ) process. The RFQ will define the necessary qualifications and standards in accordance with the State of Florida FSS 401.265 The Medical Director will provide the medical training, recertification and develop the City's EMS

protocols. It is the intention of the City to work with Collier County EMS and the County Medical Director to ensure the health and safety of all Collier County residents and visitors.

b. Your application emphasizes the experience that your former city manager had in operating an integrated fire/EMS service. Does your current interim city manager have the same experience? What if future city managers don't have this experience? CCEMS will always have a deep base of knowledge and experience to operate an ALS service.

The City of Marco Island will always have a deep base of knowledge and experience to operate an ALS service.

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

a. Cost Issues.

(1). While Marco has the revenue base, though increased taxes, to finance the proposed service, there are concerns that the estimated cost of the new service (as included in the Fitch Report dated December 2017) is significantly understated. Estimates were from 2016. Do you have an update for 2018 or 2019 cost estimates?

Yes.

(2) The Recurring Operational Expenses (page 4 of Fitch Report) appear to be for the 2 new ambulances. Where are the costs to supply the current squad car that will serve as the 3rd ambulance/transport until year 3? Are there capital costs to convert the squad car to a third ambulance? What function is the squad car performing right now? Is this function no longer needed? Or should there be an additional squad car to meet the medical need?

Through our capital budget program, the City will ensure the capabilities of all apparatus. The squad is a current functioning apparatus within our system and will continue to do so.

(3) Maintenance costs are very low at your \$2,000 per year cost for the 2 ambulances. CCEMS estimates that their average cost for repair and maintenance for 2 ambulances was \$25,000 last year. Your total uniform cost of \$7,344 for 12 new people appears very low. CCEMS estimates \$4,000 per person for uniforms, boots, bunker gear, etc, for a total of \$48,000.

Should your estimates be increased? What, if any, of these costs would be covered under your lease agreement?

The Fitch report has adjusted figures in their FY 18 updated data.

Specific certifications are required to perform maintenance/repair on ambulances. Are your firefighters certified and expected to perform this maintenance? It doesn't show as a separate line item, but do you have insurance for the ambulances?

No, our firefighters do not perform this maintenance. Yes, the City does have insurance for all City vehicles and will have for the ambulances.

(4) The ambulance lease is \$33,000 per year per ambulance: however, the chart indicates a 3% APR. Should this chart be revised?

This item was updated on the current Fitch Report for FY 18.

(5) Standard 4 questions (below) include significant cost implications.

b. Billing and Collection Issues:

(1). Who will oversee the billing and collection? Who will obtain the Medicare and Medicaid provider numbers and sign the compliance forms (855 Federal) for the City? What is the timeline for obtaining these provider numbers?

The City, through the RFQ process, will hire a billing collection agency. The City staff will obtain the provided numbers and the signature of the 855 Federal form will be delegated by the City Manager through the finance director to assure audit compliance.

Upon receiving approval for the COPCN and prior to implementation all State, Federal licensure and Medicare and Medicaid provider numbers will be completed in the required fashion.

(2) How will Marco Island establish the user transport fees? Will they be determined by City Council and created by a local ordinance? How will they be determined? Will they be based on actual cost or industry examples? How will the billing firm be held accountable? What billing company will you use?

The City of Marco Island will establish through local ordinance all fees related to EMS as they do with all other fees associated with services. It is the intent of the City to utilize outside consultants to help develop actual cost and best practices to ensure accountability.

(3) The consultant's report suggests that \$952,427 will be collected in the first year. Does MIFD believe they will be running and billing 100% of the forecasted transports to generate the projected cash collections of \$952,427? Given this is a startup operation, is there a more realistic dollar amount that will be collected? Marco has a large percentage of Medicare patients and Medicare who pay very little for EMS transport. Has this been considered?

Yes, the \$952,427 was based upon actual county collection and therefore should represent anticipated revenue.

(4) what is the “net/net collection ratio” as compared to the initial gross billing? Does this collection ratio include all contractual adjustments?

The Fitch report obtained the figures from Collier County.

(5) Has the consultant produced a 2nd forecast model that would address the threat of the state of Florida eliminating the balance billing issues for ambulance transports? For example, if Florida will not allow you to bill for the remaining balance on a transport bill, after Medicare pays, there will be a substantial reduction in collections. What revenue reduction would you anticipate?

No, the consultant has not produced a 2nd model based upon potential changes or threats of the State of Florida.

(6) Insurance companies are raising deductibles to \$1,000 and \$1,500-instead of current \$300 level. That would make the entire \$800 medical ground transportation a self-pay, reducing collections. What is your estimate for that loss in expected revenue?

We would not anticipate a loss in revenue as any deductibles have to be met.

(7) Cash collection revenues are projected to be the same for the next five years. Is this projection purposely very conservative? Does MIFD have growth projections for run volumes and revenues over the next three years?

The estimate for revenue collections was purposefully conservative. Based on the current model the City is experiencing 5-7% volume increases per year.

c. Taxation issues

(1). The City will need to clearly inform the citizens of the newly required and additional taxes to support the system. This presents a challenge in the form of the “double taxation” issue. How will you disseminate the true cost of the referendum to voters?

As with any referendum vote, the public will be educated in order to make an informed decision and the referendum will include a cost factor.

(2) How would the new tax dollars be earmarked and set aside for MIFD and not be included in the general fund, so these revenues would not be spent on other items?

This will be done through our budgeting process.

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

a. Consider sufficient personnel and related costs.

- (1) CCEMS estimates that to have 2 positions operational on an ambulance, 24/7/365, it would be necessary to hire 3 people—to cover their vacation/sick/holiday/Kelly and other days off, plus the need for monthly and annual training days away from the rigs. Using CCEMS experience, you would need to hire 18, not 12 people, just for operational requirements. That would increase costs by over \$600,000 annually.

How can you add 12 operational paramedics and not add any additional staffing to cover all the days off?

The professional consultant has analyzed our staffing data and made the appropriate adjustments to ensure continuity of operations.

How many of the 12 people will you allow off per day?

Staffing is based upon the entire department staffing needs and personnel allowed off per day is determined by administration and contractual obligations.

Will there be days when you will not be able to have 2 paramedics in the ambulances?

Vehicles will be staffed in accordance with Florida State statutes requirements and departmental policies.

- (2) How would you cover the shifts if you don't have enough paramedics to staff the 2 ambulances and the separate staff vehicles? CCEMS maintains a Job Bank of CCEMS trained and certified EMTs to fill in where necessary to provide fully staffed shifts Will you hire and train Job Bank personnel too? There are additional costs to establishing a Job Bank to ensure additional qualified people are available when needed.

Yes, we will have enough paramedics to staff all ALS vehicles in accordance with staffing needs. We currently we are not considering a need for a Job Bank.

- (3) If you don't have enough personnel to fully staff each shift, will you mandate that your paramedics stay on duty for another shift-work a double shift? Your shifts are already 48 hours on duty and 96 hours off duty. That would be 48 hours +48 hours, or four straight 24-hour days on duty. With fatigue challenges, can you safely extend a 48-hour shift? Would you need to take an ambulance out of service?

Staffing and overtime are accomplished in accordance with City policy.

- (4) Why are there no additional people for supervision and training? With all the training requirements discussed earlier and increasing the operational staff by 1/3, why wouldn't you need at least one additional medical training officer and additional supervisors?

The city is in the process of hiring a Fire/EMS training officer, currently has supervisors in place, and will increase supervisors as contained within the Fitch Report.

MIFD will need to assume a new medical quality assurance function, which takes a lot of time—to review all procedures performed, determine what medical errors have occurred, determine and implement remediation for the paramedic on major medical errors, etc. Who will perform the quality assurance functions? Will additional personnel be required?

The City looks forward to a more robust QA/QI reviewing system and accountability for local personnel. The QA/QI functions will continue to utilize assigned personnel and additional supervisors.

- (5) The 2017 Marco island Staff Organizational Climate Survey had some findings that affect fire department staffing. Only 12% thought their fire department was appropriately staffed. Only 26% thought their work area was appropriate to fully perform job duties. Less than 50% of the fire department personnel responding to the survey thought their workload was manageable, saying they needed additional staff, vehicles and stations. Morale was also a problem, with over 50% indicating morale was low or extremely low.

Won't adding an additional major function, like medical transport, to an organization that is already understaffed and having morale problems, only exacerbate these issues in the fire department? Especially if you staff the new medical transport function with an insufficient number of additional personnel? Wouldn't there be a high probability that the current level of ALS care to Marco Islanders would be reduced?

The City is very proud of the fact that employee feedback was sought. There are very few organizations, Cities or Counties that would put out an anonymous survey of current and past employees.

The Fire Rescue Department immediately addressed the climate survey and set up focus groups within the organization to address any concerns. This group meets on a regular basis and has taken appropriate action.

No, there is not a high probability that the current level of ALS care to Marco Islanders will be reduced.

- b. Consider sufficient equipment and related costs.

How do you plan to keep the 2 ambulances operational 24/7/365? The plan does not consider ambulance downtime for accidents, normal maintenance, etc. CCEMS has 42 ambulances, with

26 required daily and 16 in standby status. Sometimes all but 2 or 3 ambulances are in use or being repaired.

Don't you think you will need 3 ambulances to have sufficient vehicles to meet the daily operational requirement of 2 ambulances and 1 staff car always available? This would require another \$33,000 in lease costs and related supplies and maintenance annually.

In order to meet the daily requirement of 2 ambulances, the city will have 2 additional ambulance vehicles available for surge, maintenance, and repair.

c. Consider ambulance coverage on Marco Island.

(1) Transports and hospital offload time will keep ambulances off the island for extended periods of time. Total time-on-task will increase. A 90-minute turn-around time should be anticipated before an ambulance would be back on the island. How will you cover the Island during these periods? Will you expect CCEMS back-up?

The City will be covered for ALS needs by the continuation of paramedic engines, squads, and ambulances and quick response personnel that will be able to stabilize and treat patients. The City looks positively to negotiating an Interlocal Agreement with Collier County that will be mutually beneficial to both agencies.

(2) What will you do if both ambulances and the staff vehicles are off the Island at the same time? How often would that happen? Have you experienced 3 or 4 concurrent medical transports from Marco in the past?

The City will be covered for ALS needs by paramedic engines, ambulances and quick response personnel that will be able to stabilize and treat patients. Yes, Collier County has experienced 3 or 4 concurrent medical transports from Marco Island in the past. City looks positively to negotiating an Interlocal Agreement with Collier County that will be mutually beneficial to both agencies.

d. What happens when you have a fire call? Will firefighters/paramedics stay with the ambulances, available for the next medical call? Or will everyone respond to the fire call? What happens if a medial call comes in while ambulances are responding to a fire call?

The current system provides for an ambulance to respond to specific types of fire calls when needed. As with all emergencies, units are diverted based upon the prioritization of the call.