Town of Southbury, Connecticut

Local Emergency Medical Services Plan

December 2023

This plan was developed in collaboration with the Southbury Board of Selectman, Southbury EMS Committee and the EMS Entities providing care and service to the residents and visitors in the Town of Southbury.

Approved by the Board of Selectman per resolution on December 21, 2023

Southbury First Selectman, Jeffrey Manville — **Date** 11/12/2023

Accepted by EMS Agencies:

Southbury Ambulance Association

Heritage Village Ambulance Association

Southbury Police Department

Heritage Village Masters Association

Plan drafted by the Southbury Emergency Management Office

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Glossary of Terms

Advanced Life Support (ALS): Prehospital care provided by paramedic above that of an EMT.

Basic Life Support (BLS): Prehospital care provided by an EMT or EMR.

Bundle Billing: A bundled payment is a method of billing for healthcare services that groups or "bundles", together all the services used to treat a particular medical episode. This means that instead of paying for each medication, procedure, and service, you'll have a single payment for the total service.

Cardio Pulmonary Resuscitation (CPR): a medical procedure involving repeated compression of a patient's chest, performed in an attempt to restore the blood circulation and breathing of a person who has suffered cardiac arrest.

Connecticut Public Act 16-43: A Public Act concerning opioids and access to overdose reversal drugs.

Defibrillator (Automatic or Semiautomatic- AED or SAED): an apparatus used to control heart fibrillation by application of an electric current to the chest wall or heart.

Emergency Medical Dispatching (EMD): the management of requests for emergency medical assistance using a system of (1) tiered response or priority dispatching of emergency medical resources based on the level of assistance needed and (2) pre-arrival first aid or other medical instructions given by trained personnel who are responsible for receiving 9-1-1 calls and directly dispatching emergency response services. Any PSAP arranging for EMD from a public or private agency or regional center must file with the office documentation demonstrating that the agency or center satisfies the bill's requirements.

Emergency Medical Services (EMS): The treatment and transport of people in crisis health situations that may be life threatening.

Emergency Medical Technician (EMT): Individual who is specially trained and certified to administer basic emergency services to victims of trauma or acute illness before and during transportation to a hospital or other healthcare facility.

Emergency Medical Responder (EMR): individual that has been trained in providing pre-hospital care. With more knowledge and training than what is provided in a first aid and CPR course but not at the same training as an EMT.

First Responder (by OEMS): A service that does not transport that provides pre hospital care. The level of care is at the Emergency Medical Responder level or Emergency Medical Technician level of care.

Girard and Girard: A third party firm that provides patient care quality improvement services. Utilized by Southbury Ambulance Association.

HEARTSafe Community: The Connecticut Department of Public Health's Office of Emergency Medical Services and the American Heart Association encourage and promote community awareness of the potential for saving the lives of sudden cardiac arrest victims through the use of cardiopulmonary resuscitation (CPR) and increased public access to defibrillation. In order to increase this awareness, the Connecticut Department of Public Health and the American Heart Association developed an initiative to designate Connecticut municipalities, campuses, and workplaces as "HEARTSAFE.".

Heritage Village Ambulance Association (HVAA): A BLS Transport Service for "the boundaries of the Heritage Village".

Heritage Village Master Association: A supplemental first responder agency providing services to the boundaries of Heritage Village.

Local Emergency Medical Services Plan (LEMSP): A local municipal plan that satisfies the municipality's statutory requirement and provides a comprehensive local EMS plan (LEMSP) that communicates information about the local EMS system to all stakeholders and to establish methods to monitor how well the EMS system is functioning and frames objectives and methods for improving the EMS system.

Mass Casualty Incident (MCI): An incident within the United States in which emergency medical services resources, such as personnel and equipment, are overwhelmed by the number and severity of casualties. For example, an incident where a two-person crew is responding to a motor vehicle collision with three severely injured people could be considered a mass casualty incident.

Medical Control: Direction of life support procedures by a physician and carried out by EMS in the pre-hospital setting.

Mobile Intensive Care (MIC): All equipped ambulance service staffed with a paramedic providing services above that of a BLS service.

Mobile Integrated Health (MIH): Defined as patient-centered, mobile resources in the out-of-hospital environment, MIH components can include traditional EMS response, community paramedics, advanced practice provider (PA-C, NP) responders, 911 nurse triage lines, and alternate destination/ER diversion. The approach aims to deliver higher quality and more cost-effective medical care by coordinating resources and helping patients get the right care at the right location, including assisting them in taking better care of themselves in their own homes.

Mutual Aid: Services provided through an agreement to assist another agency.

Northwest Connecticut Public Safety (Northwest C-Med): provides EMS dispatch services and hospital communications coordination since 1975 and processes over 200,000 calls for service annually in the greater Waterbury and Naugatuck Valley area.

Office of Emergency Medical Services (OEMS): The Office of Emergency Medical Services is responsible for strategic planning, regulatory & statutory oversight, as well as programmatic implementation of the Emergency Medical Services (EMS) system in Connecticut.
Opioid Antagonist: Medication to treat certain drug overdoses.

Paramedic (EMT-P) is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The Paramedic is a link from the scene into the health care system

Primary Service Area (PSA): A specific geographic area that is served exclusively by an emergency medical services (EMS) provider. The State of Connecticut Department of Public Health (DPH) designates this provider. Only the Primary Service Area Responder (PSAR) designated by the State may answer emergency calls in the specified geographic area.

Public Safety Answering Point (PSAP): The first point of reception of a 911 call in Connecticut.

Quality Assurance: All planned or systematic actions necessary to provide adequate confidence that a service or product will satisfy given the requirements for quality.

Quality Improvement: The process of working towards higher levels of performance or quality associated with changes in system or process design, rather than improving process quality assurance.

Southbury Ambulance Association (SAA): A Mobil Intensive Care transport service for the geographical area of the Town of Southbury.

Southbury Police Department: The holder of the Public Safety Answering Point and serves as a Supplemental First Responder in the entire Town of Southbury.

Supplemental First Responder: A First Responder agency that is not required to respond to every call for service, serves to assist the BLS Transport Service.

System Overload: The time period of requests for service either at one scene or a series of multiple calls exceeds the available resources of the PSA for EMS care.

Purpose Statement

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

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

Local EMS Planning Statutory Requirement

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

Municipal Information

Town Contact Information:

Office of the First Selectman
Southbury Town Hall
501 Main Street South
Southbury, CT 06488

Phone: (203) 262-0647

Email: selectman@southbury-ct.gov
Town Tax Code: 130

Demographic Information:
State Office of Rural Health designation: Non-Rural
Population: 19,879 (2020 census) 40% of the population of Southbury is of older adults with concentrations within the Heritage Village Retirement Community and six extended care facilities.
Square Miles: 39.0

Southbury Emergency Medical Services Committee
John Potz, Chairman
Southbury Town Hall
501Main Street, South
Southbury, CT 06488

Phone: 203-262-0647
Fax: 203-264-9762

The Committee shall serve in an advisory capacity to the First Selectman and Board of Selectmen, and such other boards, commissions, committees, departments, and offices as the Board of Selectmen may require or request, as to the implementation of emergency medical services in the Town of Southbury. This Committee will establish a mechanism for objective, periodic (e.g., monthly) reporting with verification that actual performance results meet or exceed established service requirements or recommend actions to mitigate circumstances when performance fails to meet such requirements. This independent oversight committee will consist of an objective group of town citizens selected for their professional disciplines, life experiences, skills, and capabilities.

Plan Development

Local Emergency Medical Services Plan has been developed as a collaborative effort between the Town of Southbury, Southbury Police Department, Southbury Ambulance Association, Heritage Village Ambulance Association, Heritage Village Security and the Town of Southbury EMS Committee.

Plan development was based on the CT Department of Public Health Office of Emergency Medical Services "EMS Planning Toolkit". Public Stakeholder meetings were held to have open discussion on many aspects of the plan.

The Plan upon completion has been approved by the Board of Selectman and the CT Dept. of Public Health.

System Overview

The Emergency Medical Services (EMS) System for the Town of Southbury is based upon a multi-tiered response; 911 PSAP, supplemental first responder, first responder, Basic Ambulance, and Paramedic Response. The Town of Southbury is served by two ambulance services, each holding their own primary service area (PSA) in accordance with State of Ct. DPH OEMS regulations. The services cover a specific geographic area: SAA provides ALS and BLS Ambulance service to "The Town of Southbury including Heritage Village, HVAA covers "The Boundaries of Heritage Village, Southbury CT" as a BLS provider. A system of "first responders" is within the system to include Southbury Police Department as a supplemental first responder to all geographical areas of the municipality, Heritage Village Security as a supplemental first responder to the geographical area of the Heritage Village property.

The Town of Southbury Dispatch (PSAP) receives 911 calls originating within the Town. The PSAP then processes the call through Total Response Computer-Aided Call Handling (CACH) as required under CGS 28-25b (g) (1). This is a software tool used to display and present protocols and procedures used when handling calls for service and are subject to approval by the Medical Control.

The PSAP dispatcher then dispatches the appropriate service via "tone-activated dispatching." Paramedic level service is activated following Emergency Medical Dispatching (EMD) protocol or as requested by EMS responders at the scene. Southbury Ambulance Association provides paramedic-level service to the entire town by OEMS designation from OEMS. Patients are transported to the most appropriate local primary receiving facility (Emergency Department) in accordance with patient requests, State Regulations and Regional Patient Care Protocols. All ambulances are equipped with "CMED" hospital coordination radios for radio contact with all hospitals in the state. Depending upon severity of the call and the destination facility the ambulance crew can and will advise the hospital of their incoming patient and condition.

A comprehensive mutual-aid system based on written mutual aid agreements provided by each service helps to assure EMS response during times of "system overload," which is defined as having more requests for emergency response than the system's providers have resources to handle This system is managed by the Southbury PSAP dispatcher who will determine the mutual aid provider and resources needed.

The EMS system in Connecticut requires that all services have medical oversight from a Medical Control Hospital and Physician. In Southbury all First Responder, Transport and Paramedic Contract provider as well as the PSAP operate under the medical control of Trinity Health of New England.

Independent Agency Status

The organizations providing each segment of EMS to the Town of Southbury are incorporated independently of the Town of Southbury with the exception of Southbury Police Department. As such, they are governed by their own Tables of Organizations, and operate in compliance with State and Federal laws. The following details the day to day operations of each organization.

Southbury Police Department (SPD): The SPD is responsible for the Public Safety Answering Point (PSAP) and a Supplemental First Responder program (SFR).

Under the PSAP the dispatch center is staffed with 5 Full time and 4 Part time certified dispatchers. They are scheduled with a minimum of 1 on first shift, 1 on second and 1 on third. They utilize Power Phone for EMD purposes and a program from NEXGEN services for EMS provider call handling.

Under the SFR program all police officers are certified by OEMS at a minimum of the Emergency Medical Responder level. They are scheduled with between 2 and 9 first responder staff dependent upon the staffing levels and the shift. All in-service cruisers are equipped with defibrillation and other SFR required equipment as well as opioid antagonist supplies.

All employees are municipal town employees. Funding for both the PSAP and the SFR are part of the municipal budget.

Southbury Ambulance Association (SAA) SAA provides BLS transport services to "The Town of Southbury" and for ALS services, includes Heritage Village for their BLS services.

SAA began operations in October of 1953 providing ambulance transportation in the Town of Southbury originally as part of the Southbury Lions Club. Over the years they separated from the Lions Club. In 2019 they assumed the assigned area of the STS for EMS transport.

SAA operates with five ambulances utilizing a minimum of one 24/7 ambulance daily with a paramedic. A second ambulance crew is staffed daily as well. Additional crews are scheduled as call volume warrants. The volunteer members that staff the ambulance vehicles include one EMR and twelve EMT's. The balance of coverage is provided by a contract staffing service with all costs assumed by SAA.

Funding of the SAA comes from billing, donations and various grants.

Heritage Village Ambulance Association (HVAA) HVAA provides BLS transport and first responder services to "The Boundaries of Heritage Village, Southbury CT" which is defined locally as any property within the Heritage Village Master Association. In compliance with a Coverage Area Agreement dated 7/15/2021 HVAA also covers The Watermark, Heritage Crest, Heritage Circle, Pomperaug Woods and the Lutheran Home. The commercial areas and local roads) fall under the SAA Primary Service Area.

HVAA began operations in April of 1971 as an incorporated organization providing ambulance transportation to the residents of the Heritage Village Retirement Community.

HVAA operates with one ambulance with two volunteer members and 18 paid staff providing prehospital medical care.

Funding of the HVAA comes from billing, donations and various grants.

Heritage Village Master Association: HV Security provides supplemental first responder coverage to the geographical boundaries of Heritage Village as described under the HVAA.

Under the SFR program all Security Officers are certified by OEMS at a minimum of the Emergency Medical Responder level. They are scheduled with 1 staff on all shifts. The security vehicle is equipped with defibrillation and other SFR required equipment as well as opioid antagonist supplies.

Funding of the Heritage Village Security and SFR program comes from the maintenance fees imposed on the condominium owners of Heritage Village.

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

Public Safety Answering Point (PSAP):

Southbury Emergency Dispatch
421 Main Street South
Southbury, CT 06488

Phone: (203) 264-5912
Fax: (203) 264-5913
Contact: Sergeant Chris Grillo

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

First Responder:

Southbury Police Department
421 Main Street South
Southbury, CT 06488

Phone: (203) 264-5912
Fax: (203) 264-5913
Contact: Sergeant Chris Grillo

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

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

Heritage Village Security
1 Heritage Way
Southbury, CT 06488

Phone: 203-264-4600
Fax: Not available
Contact: Dan Drew

Has been designated as a supplemental first responder by the Dept. of Public Health for Heritage Village in the Town of Southbury.

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

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

Basic Ambulance Service:

Southbury Ambulance Association
68 Georges Hill Road
Southbury, CT 06488

Phone: 203-262-8082
Fax: 203-262-8082
Contact: Geralyn Hoyt, Chief

Has been assigned the PSA for first responder by the Dept. of Public Health for "The Town of Southbury excluding Heritage Village. This agency is equipped with five transport vehicles.

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

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

Heritage Village Ambulance
PO Box 2045
Southbury, CT 06488

Phone: 203-267-1515
Fax: Not available
Contact: George Goodwin, Chief

Has been assigned the PSA for first responder by the Dept. of Public Health for "The Boundaries of Heritage Village, Southbury CT". This agency is equipped with one BLS transport vehicle.

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

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

Advanced Life Support Providers (Paramedic Level):

Southbury Ambulance Association
68 Georges Hill Road
Southbury, CT 06488

Phone: 203-262-8082
Fax: 203-264-8082
Contact: Geralyn Hoyt, Chief

Has been assigned the PSA as a certified ALS provider by the Connecticut Office of Emergency Medical Services for the Town of Southbury.

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

Medical Oversight/Medical Control:

Trinity Health of New England
56 Franklin Street
Waterbury CT. 06706

Phone: 203-709-3534
Fax:
Contact: Paul Yeno- EMS Coordinator

All Southbury EMS entities in this plan are provided EMS Medical Control from Trinity Health of New England

Mutual Aid Call Arrangements:

PSAP: During system overload, equipment failure, or other situations where the PSAP cannot answer E-911 calls, calls are transferred automatically to another designated PSAP. Town of Newtown, CT, CSP Troop L & Northwest Public Safety Communications

Basic Ambulance: SAA and HVAA provide mutual aid respectively to each other. Under most circumstances, the mutual aid will be provided by, but not limited to:

American Medical Response	Contact: 203-573-7710
Trinity Health of NE EMS	Contact: 203-753-5055 X 0
Middlebury Fire Dept. Ambulance	Contact : 203-577-4036
Newtown Ambulance	Contact: 203-270-4380
Oxford Ambulance	Contact: 203-888-9090
Roxbury Ambulance	Contact: 860-354-9938
Woodbury Ambulance	Contact: 203-263-3777
Hatzalah of Waterbury	Contact: 203-754-4200
Heritage Village	Contact: 203-267-1515

Subcontracts or Other Agreements for segments of the EMS System:

Sponsor Hospital Agreements: Details on sponsor hospital agreements to include skill authorization and quality assurance measures are in place with Trinity Health of New England.

Bundle Bill agreements are located within this plan.

Currently there are no additional subcontracts or other agreements that have been submitted for this plan from any of the Southbury response agencies.

Local System comparison to a Model EMS Plan

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

1) Accident/Injury Prevention and Community Response

Having a community knowledgeable and prepared to act in the time of an accident or other emergency contributes significantly to a positive outcome. Just as important is the ability to prevent an accident or emergency before it even occurs.

It is estimated that 10% of the Town's citizens are trained in CPR. Both ambulance services offer CPR on a regular basis. There are also several other organizations in Town that also offer CPR classes. The tracking of how many citizens are trained in CPR is very difficult. Southbury Training School provides mandatory annual CPR training to their entire residential and day program staff, of which is in excess of 50% of their staff on campus. The local Parks and Recreation Department offers CPR training as part of their seasonal activities programs as well as training of their staff which is upwards of over 50 people per year. Regional School District 15 teaches all of their staff CPR. The Southbury Ambulance Association successfully obtained the "HEART Safe Community" designation from the Connecticut Department of Public Health in 2011 and has been renewed in 2020.

The Southbury Ambulance Association conducts several programs associated with Children safety which include annual Amber Alert ID program, First Aid badge training for various scout groups, Mock drills associated with the High School and the drinking and driving concerns as well as Emergency Medical Responder and Emergency Medical Technician training for all populations.

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

In an emergency, call 911 from any hard wired or cellular phone. An emergency is any situation that requires immediate assistance from the ambulance, police or fire department. Examples include a medical emergency, an accident, a crime or a fire.

There is a multi-agency effort in educating the citizens in Town; Southbury Volunteer Firemen's Association has many sessions in the school system and a public safety day, the local police department in the school system conducting the DARE program. SAA attends many public events educating the public of all aspects of EMS as well as information on their web site.

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

The Southbury Public Works Department is proactive in insuring the proper identification of the streets in town. SAA does at least one publicity spread each year expressing the importance and need to number their mail box and home with reflective decals specifying size, and location of numbering. Heritage Village Master Association continually maintains the marking of the addresses in their community.

4) Public Safety Answering Point utilizes Emergency Medical Dispatch

The PSAP for the Town of Southbury is the Southbury Police Department. The PSAP utilizes the Power Phone EMD Program which utilizes interview/interrogation techniques systems which meets the requirements under Public Act 00-151and is under medical control approval of Trinity Health of New England. Dispatching of response priority. Dispatching protocols and procedures are facilitated jointly between the PSAP and the response agencies.

5) Rapid deployment of Opioid Antagonist by EMS Responders

The Town of Southbury assures rapid deployment of opioid antagonist through the use of all EMS response agencies to include all First Responder Agencies, Transport Ambulance providers and ALS Providers. All agencies are equipped and trained in compliance with Public Act 16-43.

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

The Southbury Ambulance Association and Heritage Village Ambulance Association provide PSA First Responder within their assigned Primary Service Areas.

7) EMS First Responder (Supplemental) with automatic defibrillators:

a. The Heritage Village Security provides Supplemental First Responder within the geographical boundaries of Heritage Village.
b. The Town of Southbury Police Department provides Supplemental First Responder coverage for all areas of the Town of Southbury.

8) EMS First Responder (Non Supplemental) with automatic defibrillators

a. SAA is assigned the First Responder for the geographical boundaries of the Town of Southbury except the PSA boundaries of Heritage Village.
b. HVAA is assigned the PSA for first responder by the Dept. of Public Health for the geographical boundaries of Heritage Village in the Town of Southbury.

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

a. Heritage Village Ambulance serves the PSA assignment of the geographical boundaries of the Heritage Village retirement community.

** The BLS transport ambulance providers are authorized for the Medical Control authorized skills of AED, Aspirin Administration, Glucometer, Epinephrine Auto injector and Naloxone (Opioid Antagonist)

10) Paramedic Service with PSA assignment for the community:

a. Southbury Ambulance Association provides paramedic transport service in the Town of Southbury through a designation from OEMS HVAA has an agreement with SAA to bundle bill for the service.
b. Trinity Health of New England EMS through a mutual aid agreement provides intercept or transport ALS in the Town of Southbury.
c.

11) Ongoing EMS System Evaluation

Medical Quality Assurance and Improvement

a. In Appendix 6 of this local Emergency Medical Services Plan are performance measures for all aspects of the EMS system
b. Trinity Health of New England, who serves as the Sponsor Hospital and the Medical Control for all EMS services in Southbury, provides Medical Quality Assurance and Quality Improvement for their protocols.
c. Each service has an in house system that reviews their calls in conjunction with electronic and paper patient care reports.
    i. Southbury PD- by the CT State Police
    ii. SAA has an in house policy and does utilize the services Girard and Girard as needed.
    iii. HVAA has a committee that performs this function

Staffing and Coverage of each segment of the EMS System

a) PSAP- the Town of Southbury Dispatch has 24 hour per day paid staff assigned to answer E-911 calls and to provide dispatch services to the service agencies.
b) Southbury PD First Responders- the Town of Southbury PD utilizes all patrol officers and supervisors as first responder staff. They are assigned 24 hours per day, 7 days per week.
c) SAA-SAA operates with five ambulances utilizing a minimum of one 24/7 ambulance daily with one paramedic minimum. A second ambulance crew is staffed daily as well. The crews are dispatched via tone activated dispatching.
d) HVAA- Basic Transport. Staffing is provided by volunteers and agency hired staff to provide 24 hours per day service with one crew. The crews are dispatched via tone activated dispatching
e) Heritage Village Master Association Supplemental First Responder-Staffing is provided by Security Staff with one staff assigned 24 hours per day. They are dispatched from their security dispatcher via two way radio.

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

Definition: "System Overload." System Overload occurs when the requests for assistance exceeds the resources of a specific provider of a segment of the emergency medical services system. Example: If an ambulance

service has two ambulances and three calls requesting ambulance service are received within their response area at the same time, the service's ambulances are already committed for the first two calls received. During system overload, mutual aid is requested from neighboring services to provide assistance in fulfilling any request for service that has exceeded the designated service's resources, usually through CMed.

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

Basic Ambulance: Each service has written mutual-aid agreements.

Paramedic: SAA provides a transport paramedic. SAA has a mutual aid agreement with Trinity Health of New England EMS for an intercept or transport paramedic.

13) Written Mass Casualty Plan:

There is a written mass casualty plan for each service and a letter on file with the First Selectman for the Town of Southbury as to the protocol for the Town covering both EMS services.

14) Mass Casualty Plan Exercise:

SAA has sponsored Smart Tag training for staff and exercised table top scenarios in house.
HVAA has trained in cooperative training sessions with SAA.

Potential impediments to response in EMS in the Town of Southbury

The Town of Southbury, as well as other communities, face certain potential concerns that may affect the Emergency Medical Services System. The following areas of concern are potentially a challenge in communities such as Southbury in Connecticut and across the nation.

CONCERNS:

1. Local demographics generally results in a smaller pool of people from which to recruit volunteer EMS personnel as many families are dual income working families.
2. Southbury with over 40 square miles is a large geographical area with secondary roadways is often difficult to navigate, making the Model EMS Response System recommended time of less than 8 minutes for a transport unit to arrive difficult from the response agency base location.
3. Inclement weather and hilly terrain further delays response time.
4. Volunteer EMS personnel living in Southbury frequently work out of town and thus are not available to serve their home community during the weekday hours.
5. Recruitment and retention is difficult with volunteer personnel because they must attend EMS initial education and training courses at night and on weekends as well as attend recertification and continuing education courses in order to receive and maintain state certification. This is a significant time commitment in addition to the hours they actually spend "on duty". This is uncompensated time not spent with their families or in pursuing career development. In addition, EMS personnel are frequently working under hazardous conditions.
6. There is difficulty in keeping EMS staff current with newest technology and training due to the time commitment issues.

EMS System Development Goals and Objectives

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

Objectives:

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

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

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

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

- EMS Agencies to develop response data and clinical data reporting mechanisms to implement the performance measures agreed to with the Town. Timeframe: 12 months.
- EMS Agencies to train personnel in the 2014 CHEMS protocol updates that provide expanded skill sets. Timeframe: 100% compliance within eighteen months.

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

- Maintain criteria to meet Connecticut Department of Public Health "HEARTSafe" designation. Timeframe: Renewal every three years based on 2012 initial certification.

Evaluate the efficacy of initiatives and incentive programs to promote volunteerism in the EMS Agencies. Timeframe: 12 months.

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

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

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

- Participation of EMS Agencies in the Regional EMS Council and its committees, as deemed appropriate by EMS Agency's leadership. Timeframe: Monthly attendance.

Goal: Foster the development of public education.
Objectives:

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

First Selectman closing remarks.
The components of this Local EMS Plan are in a constant state of development. The system as reflected in this plan will change. The underlying objective will always be the same: to provide our citizens and visitors with the best EMS system possible with the resources we have available to us. I encourage you to participate as a volunteer or career provider to help us succeed in our mission.

Southbury, Connecticut

General

ACS, 2017–2021

	Southbury	State
Current Population	19,866	3,605,330
Land Area *mi²*	39	4,842
Population Density *people per mi²*	509	745
Number of Households	8,029	1,397,324
Median Age	51	41
Median Household Income	$102,044	$83,572
Poverty Rate	4%	10%

Economy

Top Industries

Lightcast, 2021 (2 and 3 digit NAICS)

	Jobs	Share of Industry
1 Government	1,815	
Local Government		*75%*
2 Manufacturing	1,152	
Fabricated Metal Product Mfg		*100%*
3 Retail Trade	868	
Food and Beverage Stores		*30%*
4 Accommodation and Food Services	524	
Food Services and Drinking Places		*92%*
5 Health Care and Social Assistance	460	
Hospitals		*62%*
Total Jobs, All Industries	6,540	

SOTS Business Registrations

Secretary of the State, August 2023

New Business Registrations by Year

Year	2018	2019	2020	2021	2022
Total	152	149	141	175	220

Total Active Businesses 1,958

Key Employers

Data from Municipalities, 2023

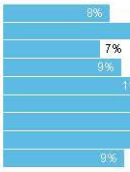
1. IBM
2. CL&P
3. Southbury Green
4. Southbury Plaza
5. FirstLight CT

Demographics

ACS, 2017–2021

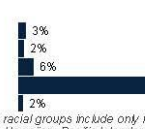
Age Distribution

		State
Under 10	1,624	11%
10 to 19	2,541	13%
20 to 29	1,467	13%
30 to 39	1,799	12%
40 to 49	2,265	12%
50 to 59	3,090	15%
60 to 69	2,643	12%
70 to 79	2,601	7%
80 and over	1,836	4%



Race and Ethnicity

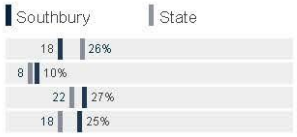
	State
Asian	5%
Black	10%
Hispanic or Latino/a	17%
White	65%
Other	4%



Hispanic includes those of any race. Remaining racial groups include only non-hispanic. 'Other' includes American Indian, Alaska Native, Native Hawaiian, Pacific Islander, two or more races.

Language Spoken at Home

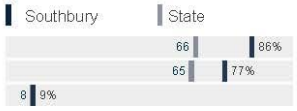
Educational Attainment



Housing

ACS, 2017–2021

	Southbury	State
Median Home Value	$327,800	$286,700
Median Rent	$1,624	$1,260
Housing Units	8,797	1,527,039



Schools

CT Department of Education, 2022-23

School Districts

	Available Grades	Total Enrollment	Pre-K Enrollment	4-Year Grad Rate (2021-22)
Regional School District 15	PK-12	3,469	67	94%
Statewide	-	513,513	19,014	89%

Smarter Balanced Assessments

Met or Exceeded Expectations, 2021-22

	Math	ELA
Regional School District 15	58%	58%
Statewide	42%	48%

Southbury, Connecticut

Labor Force

CT Department of Labor, 2022

	Southbury	State
Employed	8,499	1,851,993
Unemployed	376	80,470
Unemployment Rate	4 4%	
Self-Employment Rate*	10 12%	

*ACS, 2017–2021

Catchment Areas of 15mi, 30mi, and 60mi

Access

ACS, 2017–2021

	Southbury	State
Mean Commute Time *	32 min	26 min
No Access to a Car	6 8%	
No Internet Access	8 9%	

Commute Mode

Public Transport	0 4%
Walking or Cycling	0 3%
Driving	82 86%
Working From Home *	10 13%

Public Transit

CT*transit* Service	-
Other Public Bus Operations	-
Train Service	-

** 5 year estimates include pre-pandemic data*

Fiscal Indicators

CT Office of Policy and Management, State FY 2020-21

Municipal Revenue

Total Revenue	$70,508,330
Property Tax Revenue	$63,546,730
per capita	$3,180
per capita, as % of state avg.	99%
Intergovernmental Revenue	$4,749,602
Revenue to Expenditure Ratio	108%

Municipal Expenditure

Total Expenditure	$65,522,855
Educational	$48,007,514
Other	$17,515,341

Grand List

Equalized Net Grand List	$3,313,326,363
per capita	$167,374
per capita, as % of state avg.	103%
Commercial/Industrial Share of Net Grand List	13%
Actual Mill Rate	29.10
Equalized Mill Rate	19.00

Municipal Debt

Moody's Rating (2023)	Aa1
S&P Rating (2023)	-
Total Indebtedness	$5,000,000
per capita	$253
per capita, as % of state avg.	9%
as percent of expenditures	8%
Annual Debt Service	$862,850
as % of expenditures	1%

About Town Profiles

The Connecticut Town Profiles are two-page reports of demographic and economic information for each of Connecticut's 169 municipalities. Reports for data are available from profiles.ctdata.org

Feedback is welcome, and should be directed to info@ctdata.org.

ADVANCECT CONNECTICUT Connecticut CTdata collaborative

Resolution to Establish a Revised EMS Committee

AUTHORITY

Be it resolved, as of January 15, 2020, the Southbury Board of Selectmen shall dissolve the existing **Emergency Medical Services Committee** and replace it with a newly formed **Emergency Medical Services Committee** (referred to as the "EMS Committee" or the "Committee") per the parameters defined within this Resolution. The EMS Committee will be responsible for the independent oversight of Southbury's EMS providers.

CITIZEN REPRESENTATIVES – THE VOTING MEMBERSHIP

The Board of Selectmen shall appoint the voting members to the EMS Committee. The Committee will be comprised of six (6) regular and two (2) alternate members; all are required to be Southbury residents. All regular and alternate members will be Citizen Representatives, independent of an EMS organization that operates within the Town of Southbury.

The Board of Selectmen will seek Citizen Representatives with the relevant experience, capabilities, qualifications and availability to further the cause and facilitate the ongoing process of EMS oversight and future enhancement. Citizen Representatives with the following credentials will be encouraged to apply. However, applicants with qualifications and credentials that do not match any of those listed below may also be considered for Committee membership.

- Experienced EMS Professionals, such as EMT's and Paramedics
- Doctors and Nurses who have experience in working with EMS services
- Other health care professionals, patient advocates, and hospital administrators who have relevant experience
- Legal Professionals – Attorneys
- Local Business Leaders
- Accounting professionals
- Experts in Data Management and Analytics
- One Citizen Representative on this Committee will be purposely chosen to represent the town's senior population.

TERMS, RESIGNATIONS, ATTENDANCE, AND VACANCIES

The Commission members shall be appointed on a rotating basis as terms expire. The initial term, regardless of the date of appointment, shall be effective as of January 15, 2020, for purposes of determining terms per this section.

Initially, three (3) regular members and one (1) alternate shall be appointed to a term of three (3) years, and two (2) regular members and one (1) alternate shall be appointed to a term of two (2) years. After that, all members shall serve a term of three (3) years on a rotating basis as terms expire.

EX-OFFICIO - NON-VOTING MEMBERSHIP

The groups listed below, as well as any others determined by the Board of Selectmen, will have the right to designate one ex-officio, non-voting member to the Committee. Alternates can and should be appointed when the regular member is not available.

1. Southbury Board of Selectmen
2. Southbury Ambulance Association
3. Heritage Village Ambulance Association
4. Southbury Police Department (also representing Dispatch operations)
5. Southbury First Selectman

OTHER CONTRIBUTORS

As needed or upon invitation, the following people will be able to attend and contribute to Committee meetings.

1. Southbury Emergency Management Director
2. Finance Director
3. Senior Services Director
4. Southbury Fire Department
5. STS Fire Department (as First Responders)
6. Heritage Village Security (as First Responders)
7. Medical Control

ORGANIZATION

The Committee shall elect a Chair and a Vice-Chair from among its members and a Secretary who need not be a member of the Committee.

There shall be at least one meeting per month.

The Committee must submit a meeting schedule for the following calendar year by December 1st of the year, to the Town Clerk. This meeting schedule will include the dates and times agreed upon for regular meetings.

All changes in meeting dates or locations, the scheduling of special meetings, agendas, minutes, or any meeting related materials must be filed with the Town Clerk

PROCEDURES

The Committee shall keep proper minutes and records of its meetings and record the same with the Town Clerk per the Freedom of Information Act.

The Committee will establish its Bylaws, within the constraints and parameters of this Resolution, for approval by the Southbury Board of Selectmen.

POWERS AND DUTIES

The Committee shall serve in an advisory capacity to the First Selectman and Board of Selectmen, and such other boards, commissions, committees, departments, and offices as the Board of Selectmen may require or request, as to the implementation of emergency medical services in the Town of Southbury. This Committee will establish a mechanism for objective, periodic (e.g., monthly) reporting with verification that actual performance results meet or exceed established service requirements or

recommend actions to mitigate circumstances when performance fails to meet such requirements. This independent oversight committee will consist of an objective group of town citizens selected for their professional disciplines, life experiences, skills, and capabilities.

This Committee has no discretionary spending authority.

The duties and responsibilities of the Emergency Medical Services Committee shall be as follows;

Study, Review, Analyze our EMS in a Comprehensive Manner

1. To study and review all aspects of the delivery of emergency medical services to the people in Southbury.
2. To meet regularly with the Town's Emergency Management Director to discuss and review issues that might be pertinent to EMS plans and procedures.
3. To periodically review the Town's EMS Plan, suggest modifications or improvements and refer it to the Board of Selectmen with recommendations for modification or approval.

Performance Evaluation and Auditing Responsibilities

4. To establish performance criteria and minimum standards for each segment of the town's emergency medical services system, to include but not limited to:
    a. Failure to Respond Rate per cgs Chapter 368D, Section 19a-181c
    b. Response Times, including dispatch related delays
    c. The Quality of Care Provided
    d. Service Area Coverage Patterns
    e. Rate of Service Call Overload (when mutual aid has to be called in)
    f. Other parameters listed in the Town's EMS Plan
5. To appraise the Town's EMS providers against the performance criteria listed above, and others that might be established by the Committee. This evaluation must be completed within eighteen months after the Committee is established.
6. To recommend criteria for the Town of Southbury Emergency Services Volunteer Appreciation Program for EMS volunteers. Audit, approve and recommend the annual payment for EMS volunteers.

Suggest Improvements and Upgrades

7. To conceive, consider, and recommend ways and means to improve and enhance our EMS coverage, even beyond the previously established performance criteria.
    a. To improve coordination between the various providers within the town.
    b. To seek ways and means to deliver EMS care in a more timely manner based on best practices.
    c. To review the Town's existing EMS contracts related to the delivery of services and to recommend and changes to the Board of Selectman that will benefit the community.
8. To recommend performance and service enhancement goals with suggested timelines.

Reporting

9. To present an annual report to the Board of Selectmen at a time to be agreed upon each year by the Committee and the Board of Selectmen. This annual report should include, but not limited to the following items:
    a. Call volume
    b. Rate of mutual aid
    c. Number of calls by ALS providers
    d. Response times with statistical distributions
10. To advise the Board of Selectmen concerning financial support or material assistance to our emergency medical service providers.

Public and Outside Agency Interactions

11. One meeting each year will include a public forum to provide an opportunity to receive public comments regarding EMS issues and concerns.
12. To provide education in EMS to the community.
13. To ensure that the Town's EMS providers maintain good relations with agencies and organizations outside the Town to share ideas and methods and to coordinate and improve the delivery of emergency medical services.

Additional

14. To undertake any other responsibilities as may be delegated by the Board of Selectmen from time to time.

Local EMS Plan Performance Measures
First Responder Level of Service PSAR

After a detailed analysis of the first responder programs in Southbury a decision has been made to not develop performance measures for the first responder level of service

The First Responder Program is addressed as follows:

PSAR First Responder-

Southbury Ambulance Association meets their First Responder requirements with the use of the BLS Transport ambulance. This service has performance measures established under the BLS Transport program. The establishment of performance measures for first responder would be redundant.

Heritage Village Ambulance Association meets their First Responder requirements with the use of the BLS Transport ambulance. This service has performance measures established under the BLS Transport program. The establishment of performance measures for first responder would be redundant.

First Responder-

Southbury Police Department has an established < 1 minute activation time as they are simulcast dispatched with the corresponding BLS Transport service and the responder is on the road. As the supplemental designation there is no requirement for a response, as such there will be no measures established

Heritage Village Security has an established < 1 minute activation time as they are simulcast dispatched with the corresponding BLS Transport service and the responder is on the road. As the supplemental designation there is no requirement for a response, as such there will be no measures established.

The following performance measure agreement, required pursuant to Section 19a-181b of the Connecticut General Statutes is being entered into between the **Heritage Village Ambulance Association** (the basic ambulance service PSAR) and the Town of Southbury.

Minimum response data reporting

The basic ambulance PSAR shall report activation and response times in the following format and schedule. Each fractile response category may vary +1- 5% for any given reporting period:

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

Percentage of responses where activation time was:

Greater than 3.0 minutes but less than or equal to 3.9 minutes ..... Standard 90%

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

Percentage of Hot responses where the response time was:
Greater than 7.5 minutes but less than or equal to 8.5 minutes ..... Standard 90%

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

Rolling average - Mo 1: **90%.** Mo 2: **90%.** Mo 3: **90%.** Standard: 90% or greater

PSAR must respond to at least eighty percent or more first call responses, excluding those responses excused by the municipality in any rolling twelve-month review period.

Rolling average - Mo 1: **90 %.** Mo 2: **90%.** Mo 3: **90%.** Standard: 90% or greater

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

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

The reports shall be generated from data collected from a combination of sources including Southbury Police Department Dispatch and EMS Charts, (or the E-PCR software in use by the agency if applicable). Reported times are not based on hot and/or cold responses, due to the fact that Southbury Police Department Dispatch does not document calls as such. The PSAR must meet defined response time

standards agreed to with the municipality, excluding those responses excused by the municipality under the criteria listed below.

- *Delayed response times due to inclement weather*
- *Mechanical failure enroute*
- *Unsafe scene or difficult scene access*
- *Second calls (A call that is received while the department is currently responding to another call without another ambulance in service)*

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

- *Response is halted due to catastrophic weather, in consultation with the First Selectman*
- *Mechanical failure of ambulance, provided*
- *Second calls (A call that is received while the department is currently responding to another call without another ambulance in service)*

There are no clinical measures/ patient outcomes evaluation being conducted at this time as these are already evaluated through other aspects of the EMS systems in place
The provisions of this agreement will be assessed regularly and revised not less than annually or as needed based on results of the clinical findings, system status measurements and state and national recommendations for performance measurements.

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

Signed this 22nd day of January, ~~2023.~~ 2024

By: _____ By: _____

Town of Southbury | Heritage Village Ambulance Association

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

Minimum response data reporting

The basic ambulance PSAR shall report activation and response times in the following format and schedule. Each fractal response category may vary +1- 5% for any given reporting period:

Activation Time means the measure of time from notification to the PSAR that an emergency exists, to the beginning of the response of PSAR personnel.
Percentage of responses where activation time was:
Greater than 3.0 minutes but less than or equal to 3.99 minutes ..... Standard 90%

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

Percentage of Hot responses where the response time was:

Greater than 11 minutes but less than or equal to 12 minutes..... Standard 90%

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

Rolling average - Mo 1: **90%.** Mo 2: **90%.** Mo 3: **90%.** Standard: 90% or greater

PSAR must respond to at least eighty percent or more first call responses, excluding those responses excused by the municipality in any rolling twelve-month review period.

Rolling average - Mo 1: **90 %.** Mo 2: **90%.** Mo 3: **90%.** Standard: 90% or greater

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

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

The reports shall be generated from data collected from a combination of sources including Southbury Police Department Dispatch and EMS Charts, (or the E-PCR software in use by the agency if applicable). Reported times are not based on hot and/or cold responses, due to the fact that Southbury Police Department Dispatch does not document calls as such. The PSAR must meet defined response time standards agreed to with the municipality, excluding those responses excused by the municipality under the criteria listed below.

- *Delayed response times due to inclement weather*
- *Mechanical failure enroute*
- *Unsafe scene or difficult scene access*
- *Second calls (A call that is received while the department is currently responding to another call without another ambulance in service)*

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

- *Response is halted due to catastrophic weather, in consultation with the First Selectman*
- *Mechanical failure of ambulance, provided*
- *Second calls (A call that is received while the department is currently responding to another call without another ambulance in service)*

There are no clinical measures/ patient outcomes evaluation being conducted at this time as these are already evaluated through other aspects of the EMS systems in place
The provisions of this agreement will be assessed regularly and revised not less than annually or as needed based on results of the clinical findings, system status measurements and state and national recommendations for performance measurements.

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

Signed this 18 day of January, 2024.

By: _____ By: _____

Town of Southbury Southbury Ambulance Association

Local EMS Plan Performance Measures
Paramedic Level of Service PSAR

The following performance measure agreement, required pursuant to Section 19a-181b of the Connecticut General Statutes is being entered into between Southbury Ambulance Association Inc., the paramedic PSAR, and the Town of Southbury.

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

Activation Time means the measure of time from notification to the PSAR that an emergency exists, to the beginning of the response of PSAR personnel. Percentage of responses where activation time was:

Greater than 3.0 minutes but less than or equal to 3.99 minutes ...Standard 90%

Response Time means the total measure of time from notification to the PSAR that an emergency exists, to arrival at the patient's side, including the activation time. Percentage of responses where the response time was:

Greater than 11 minutes but less than or equal to 12 minutes..... Standard 90%

First call responses: PSAR must respond to at least fifty percent or more first call responses in any rolling three-month period.
Rolling average - Mo 1: _____ %. Mo 2: _____ %. Mo 3: _____ %.Standard: 50% or greater

PSAR must respond to at least eighty percent or more first call responses, excluding those responses excused by the municipality in any rolling twelve-month review period.
Rolling average - Mo 1: _____%. Mo 2: _____%. Mo 3:_____ %. Standard: 80% or greater Reporting period:
The PSAR shall submit written reports based on the total EMS responses quarterly to the Office of the First Selectman.
Due: First quarter — April 30, Second quarter — July 31, Third quarter — October 31, Fourth quarter — January 31

The reports shall be generated from data collected from a combination of sources including (PSAP/Dispatch) Emergency Communications, Inc., and the EMS Service Software.
The PSAR must meet defined response time standards agreed to with the municipality, excluding those responses excused by the municipality under the criteria listed below.
Delayed response times due to inclement weather, Mechanical failure enroute, unsafe scene or difficult scene access, Second calls (A call that is received while the department is currently responding to another call).

The PSAR's failure to respond to a first call shall be excused by the municipality. Response is halted due to catastrophic weather, in consultation with the First Selectman, mechanical failure of an ambulance and second calls (A call that is received while the department is currently responding to another call)

Clinical Measures / Patient Outcomes:
PSAR will generate reports on currently collected e-PCR data points if required to submit data electronically to OEMS.

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

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

Performance measures based on 2009 NHTSA EMS Model Performance Measures

The provisions of this agreement will be assessed regularly and revised not less than annually or as needed based on results of the clinical findings, system status measurements and state and national recommendations for performance measurements. This constitutes the entire agreement between the PSAR and the municipality with regard to performance standards of the provision of emergency medical services and supersedes any and all other agreements, verbal or written. Any amendments to this agreement must be done in writing and agreed to by the authorized representatives of both parties

Signed this 18 day of January, 2024.

By: _____ By: _____

Town of Southbury Southbury Ambulance Association

MEDICAL DISPATCH CENTER PERFORMANCE STANDARDS

I. PURPOSE

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

II. POLICY

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

Power Phone is the designated Emergency Medical Dispatch Priority Reference System authorized for use within the Town of Southbury EMS System.

REQUIREMENTS

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

Have a current Federal Communications Commission (FCC) license.

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

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

At least one certified Emergency Medical Dispatcher must be available to perform dispatching at all times. Have available at all times a Dispatch Supervisor for the Emergency Medical Dispatchers. Provide a structured training program for dispatchers that minimally include:

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

Medical Dispatch Centers must use the POWER PHONE Card Set or computerized system. Each on-duty call taker workstation must be provided with a POWER PHONE Card Set or properly enabled computer terminal for POWER PHONE.

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

- The standardized caller interrogation and response assignment protocols; and
- Pre-arrival instructions when appropriate for a call.
- Use of POWER PHONE may be suspended during disaster situations or during periods of unusual extreme call demand. The Medical Dispatch Center must notify the EMS Agency Medical Director of all incidents that trigger suspension of POWER PHONE. Notification must occur within 1 business day after the suspension. Have a Quality Improvement program that meets the standards listed in Section IV of this policy.

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

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

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

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

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

IV. QUALITY IMPROVEMENT PROGRAM REQUIREMENTS

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

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

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

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

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

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

Signed this 22nd day of January, ~~2023.~~ 2024

By: _____ By: _____

Town of Southbury

Southbury Police Department

-

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner

Ned Lamont
Governor

Susan Bysiewicz
Lt. Governor

OFFICE OF EMERGENCY MEDICAL SERVICES

PRIMARY SERVICE AREA RESPONDER

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

THE BOUNDARIES OF THE TOWN OF SOUTHBURY, CT EXCLUDING HERITAGE VILLAGE

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

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

DATE: 11/3/2023

Raffaella, Calciano, R.N., MEd., Paramedic
Director, Office of Emergency Medical Services

Phone: (860) 509-7975 • Fax: (860) 730-8384
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer

Southbury Police Department First Responder Certificate

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF OPERATION 01303SR

FOR

SOUTHBURY POLICE DEPT.
421 MAIN ST S
SOUTHBURY, CT 06488-2210

The above referenced service is hereby certified at the Supplemental Responder level of service beginning 10/01/2023 and ending 09/30/2024. This certificate demonstrates compliance with the following criteria:

Applicant has met the minimum standards of the Department of Public Health in the areas of training, equipment and personnel. Applicant has demonstrated its suitability to provide first responder services.

A copy of this certificate shall be displayed prominently in the above stated operational headquarters of each location from which the provider is granted to operate under this certificate.

Dated: September 29, 2023

Manisha Juthani, MD
Commissioner

Phone: (860) 509-8100
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12EMS
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

Heritage Village Masters Association First Responder Certificate

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF OPERATION **01302SR**

FOR

HERITAGE VILLAGE MASTER ASSOCIATION
719 E HILL RD
SOUTHBURY, CT 06488-1389

The above referenced service is hereby certified at the Supplemental Responder level of service beginning 01/01/2023 and ending 12/31/2023. This certificate demonstrates compliance with the following criteria:

Applicant has met the minimum standards of the Department of Public Health in the areas of training, equipment and personnel. Applicant has demonstrated its suitability to provide first responder services.

A copy of this certificate shall be displayed prominently in the above stated operational headquarters of each location from which the provider is granted to operate under this certificate.

Dated: November 17, 2022

Manisha Juthani, MD
Commissioner

Phone: (860) 509-8100
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12EMS
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF OPERATION C130P1

FOR

SOUTHBURY AMBULANCE ASSN.
68 GEORGES HILL RD
SOUTHBURY, CT 06488-2613

Is hereby authorized to operate **5** vehicle(s) in a FR/BA/MIC-P category beginning **07/01/2023** and ending **06/30/2024**.

Of the **5** authorized vehicles, the certificate holder will be permitted to equip and use not more than **5** ambulance(s), **0** invalid coach(es), as defined by Chapter 368d, Section 19a-175 of the Connecticut General Statutes, and **0** as non-transporting emergency medical service vehicle(s) as defined in Section 19a-180-1(b)(4) of the Regulations of Connecticut State Agencies. The applicant is also authorized to operate **0** branch locations. Addresses of the authorized branch locations are on file in the Department of Public Health.

Applicant has furnished evidence of financial responsibility as required by Section 19a-180 of the Connecticut General Statutes, as amended

Applicant has met the minimum standards of the State Department of Public Health in the areas of training, equipment and personnel for operation of an emergency medical service or is presently operating under a waiver of certain provisions of the regulations

Applicant has demonstrated its suitability to provide emergency medical service.

A copy of this certificate shall be displayed prominently in the above stated operational headquarters and at each location from which the provider is granted to operate under this certificate.

Dated: June 13, 2023

Manisha Juthani, MD
Commissioner

Phone: (860) 509-8100
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12EMS
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

Heritage Village Ambulance Association Basic Ambulance Certificate

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

CERTIFICATE OF OPERATION C130B2

FOR

HERITAGE VILLAGE AMBULANCE ASSN.
PO BOX 2045
SOUTHBURY, CT 06488-5045

Is hereby authorized to operate **1** vehicle(s) in a FR/BA category beginning **10/01/2023** and ending **09/30/2024**.

Of the **1** authorized vehicle, the certificate holder will be permitted to equip and use not more than **1** ambulance(s), **0** invalid coach(es), as defined by Chapter 368d, Section 19a-175 of the Connecticut General Statutes, and **0** as non-transporting emergency medical service vehicle(s) as defined in Section 19a-180-1(b)(4) of the Regulations of Connecticut State Agencies. The applicant is also authorized to operate **0** branch locations. Addresses of the authorized branch locations are on file in the Department of Public Health.

Applicant has furnished evidence of financial responsibility as required by Section 19a-180 of the Connecticut General Statutes, as amended.

Applicant has met the minimum standards of the State Department of Public Health in the areas of training, equipment and personnel for operation of an emergency medical service or is presently operating under a waiver of certain provisions of the regulations.

Applicant has demonstrated its suitability to provide emergency medical service.

A copy of this certificate shall be displayed prominently in the above stated operational headquarters and at each location from which the provider is granted to operate under this certificate.

Dated: October 04, 2023

Manisha Juthani, MD
Commissioner

Phone: (860) 509-8100
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12EMS
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

Bundle Billing Agreements

BUNDLE BILLING AGREEMENT

by and between **SOUTHBURY AMBULANCE ASSOCIATION,** located at 68 Georges Hill Road Southbury, CT 06488 and **HERITAGE VILLAGE AMBULANCE ASSOCIATION**, located at 719 Heritage Village Southbury, CT 06488, is entered into with an effective date of the **15th day of July 2021.**

Southbury Ambulance Association, Inc. (SAA) will provide a paramedic to Heritage Village Ambulance Association (HVAA):

HVAA will reimburse SAA a flat rate of $ per intercept should the paramedic ride in the back of an HVAA ambulance and perform ALS I intervention
SAA will provide HVAA (Billing Service) all necessary PCR documentation to allow HVAA to properly bill for services.
SAA will provide to HVAA an invoice (through SAA/HVAA billing process) for each paramedic intercept which will have net thirty (30) day payment terms.

This bundle billing agreement shall be in effect when SAA provides a paramedic as outlined below to HVAA for any patient with any type of insurance or any self-pay patient. (ie. Medicare and Medicare HMO patients only, Medicare and Medicaid, etc)

Effective Date of Service: July 15, 2021

Geralyn Hoyt, President/ Chief
Southbury Ambulance Association
Association
68 Georges Hill Road
Southbury, CT 06488

George Goodwin, President
Heritage Village Ambulance
P O ox 2045
719 E Hill Road
Southbury, CT 06488

Trinity Health Of New England | Emergency Medical Services

Bundle Bill Agreement

By and Between

Southbury Ambulance Association

and

Trinity Health of New England Emergency Medical Services, Inc.

This fee agreement is entered into by and between the Southbury Ambulance (hereinafter referred to as SAA) and Trinity Health of New England Emergency Medical Services, Inc. (hereinafter referred to as THOfNEEMS).

WHEREAS Southbury Ambulance Association is a holder of a service area assignment at the ALS level for the Town of Southbury and.

WHEREAS THOfNEEMS is a paramedic provider used by SAA; and

WHEREAS SAA and THOfNEEMS wish to enter into a fee agreement for the provision and payment of paramedic intercept services by THOfNEEMS to Medicare and other eligible patients.

The parties hereto agree as follows:

1. Whenever THOfNEEMS provides paramedic intercept services to any eligible patient and said paramedic provides advanced life support treatment enroute to a medical facility with the patient in a transport vehicle operated by SAA, the SAA billing agent will bill ALL intercept calls on behalf of THOfNEEMS and upon payment, SAA will pay THOfNEEMS as set out in paragraph 2 of this agreement.

   This agreement only covers the billing of BLS and ALS services when provided as part of a single emergency response including both BLS and ALS services. THOfNEEMS and SAA authorize the SAA billing agent to submit claims for ALS services.

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

2. A. THOfNEEMS shall, on a bi-weekly basis, submit completed patient care reports for all paramedic intercept services performed by THOfNEEMS in conjunction with SAA. These shall be accompanied by a copy of all associated documents including insurance data sheets, W-10s, etc. THOfNEEMS will send a consolidated bill for services to SAA on a monthly basis which shall include a listing of all calls by date and patient.

Trinity Health Of New England | Emergency Medical Services

Southbury Ambulance Association

By: _____
Its Duly Authorized Agent

John Pickering Jr.
Trinity Health of New England
Emergency Medical Services, Inc.

By: _____
Its Duly Authorized Agent

BUNDLE BILLING AGREEMENT

This fee agreement is entered into by and between the Heritage Village Ambulance Association (hereinafter referred to as Heritage Village), Campion Ambulance Service, Inc., (hereinafter referred to as Campion) and the Town of Southbury (Town).

Whereas, Heritage Village Ambulance Association is a holder of a service area assignment at the BLS level for the Town of Southbury and;

Whereas, Campion is the provider of paramedic services for the Town of Southbury by virtue of a contract signed 5/17, 2000 ; and

Whereas, the Town is committed to providing the highest quality emergency medical services to its residents and visitors; and

Whereas, the Town, Heritage Village and Campion wish to enter into an agreement to allow for the collection of fees to be used to offset the cost of the Campion service contract;

The parties hereto agree as follows:

1. Whenever Campion provides paramedic intercept services to a patient and said paramedic provides advanced life support treatment enroute to a medical facility with the patient in a transport vehicle operated by Heritage Village , the Heritage Village billing agent will bill all applicable charges on behalf of Campion and Heritage Village and upon receipt of payment, Heritage Village will reimburse the ALS portion of the payment to the Town to offset the cost of the paramedic contract.

   This agreement only covers the billing of BLS and ALS services when provided as part of a single emergency response including both BLS and ALS services. Campion and Heritage Village authorize the Heritage Village billing agent to submit all claims for ALS services.

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

2. Campion shall, on a weekly basis, submit copies of patient care reports for all paramedic intercept services performed by Campion in Southbury. These patient care reports must be received by the Heritage Village billing agent before claims can be submitted.

   Upon receipt of payments, Heritage Village shall reimburse to the Town the difference between their customary BLS reimbursement and the amount paid for the ALS bundle bill. The Heritage Village billing agent will bill the co-payment and upon receipt of payment, Heritage Village shall reimburse to the Town the difference between their customary BLS co-payment and the total co-pay amount.

   Heritage Village shall, within (30) days of receipt of any payments, render reimbursement payments to the Town minus any billing service administrative costs.

3. This agreement represents the entire agreement between the parties relating to fees for paramedic intercept services provided to Heritage Village by Campion.

4. This agreement may not be amended, modified, or terminated orally, but only in writing and duly executed by the authorized representatives of both parties. It is agreed that the compensation amount shall be reviewed during the first quarter of each calendar year.

5. The term of this agreement shall commence this 1st day of July, 2000. This agreement shall continue in effect unless cancelled by either party with a minimum of 30 days written notice

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

7. The invalidity or enforceability of any term or provision of this agreement shall not impair or affect the remainder of this agreement and the remaining terms and provisions hereof shall not be invalidated but shall remain in full force and effect.

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

Dated at Southbury, Connecticut this 17th day of ~~July~~ August, 2000.

Town of Southbury
BY: Alfie Candido
Its Duly Authorized Agent

Heritage Village Ambulance Association
BY: Christine Curtis
Its Duly Authorized Agent

Campion Ambulance Service, Inc.
BY: William T. Campion Jr.
Its Duly Authorized Agent

HERITAGE VILLAGE AMBULANCE ASSOCIATION, Inc.
P. O. BOX 2045
SOUTHBURY, CONNECTICUT 06488

NON-EXCLUSIVE SERVICE AND BILLING AGREEMENT BY AND BETWEEN
HERITAGE VILLAGE AMBULANCE ASSOCIATION AND
DANBURY AMBULANCE SERVICE, INC.

Danbury Ambulance Service, Inc. (DAS) shall be a non-exclusive provider of paramedic Advanced Life Support(ALS) intercept service to Heritage Village Ambulance Association (HVAA) patient transports to anyplace on an "as needed/as requested" basis.

In consideration thereof, it is agreed that DAS charges for all such services shall be billed by HVAA to the patient and/or patient's insurer or other payor in Office of Emergency Medical Services approved rates and in accordance with its billing practices and contractual agreement with Holdsworth-Pelton Associates, its billing agent.

As soon as practicable finishing such services, but no later than 30 days after the date of service, DAS shall promptly notify HVAA of such charges and share with it patient information pertaining to the services rendered so as to enable HVAA's billing agent to conduct accurate and timely billing. Failure to provide ALS documentation with 30 days will relieve HVAA of any obligation to bill for that claim. HVAA and its billing agent shall in all instances, comply with all pertinent HIPAA protected requirements for the receipt, dissemination, retention and destruction of all HIPAA protected records and HVAA shall authorize and instruct its billing agent to submit claims and bills to payors for DAS services. HVAA will forward all monies (net after H-P billing charges as levied on all such payments) collected in payment of DAS services to DAS, monthly, on a "pay when paid basis". HVAA shall not be responsible for any amount or amounts that are not paid by or on behalf of the patient by the patient, the patient's insurer or other payor.

In the event of billing disputes, the parties and the billing agent shall meet within 15 days of notice of a disputed item to resolve the disagreement.

Dated this 13 day of June, 2012

Heritage Village Ambulance Association

By _____
George Goodwin, President

Danbury Ambulance Service, Inc.

By _____
Joseph DeSimone, President

BUNDLE BILLING AGREEMENT

By and Between

Heritage Village Ambulance Association Inc
and
Hatzalah of Waterbury Inc..

This Agreement, by and among the **Heritage Village Ambulance Association Inc** (hereinafter "HVAA") and **Hatzalah of Waterbury Inc**. (hereinafter "**Hatzalah**"), collectively, "the Parties" is effective on January 1, 2023.

WHEREAS, HVAA is the holder of the primary service area ("PSA") assignment at the basic life support ("BLS") level for Heritage Village In Southbury; and

WHEREAS, **Hatzalah**, a Connecticut licensed Advanced Life Support Emergency Medical Service has agreed to provide paramedic intercept service ("ALS") to Heritage Village In Southbury on an 'as available' basis; and

WHEREAS, HVAA and **Hatzalah** desire to enter into a "Bundle Billing" Agreement for the billing of and payment for paramedic intercept services provided by Hatzalah to allow the HVAA Billing Agent to bill for such services on behalf of **Hatzalah**;

NOW THEREFORE, in consideration of the mutual covenants hereinafter contained and upon the terms and conditions hereinafter the parties hereto agree as follows:

Whenever **Hatzalah** provides paramedic intercept, advanced life support (ALS) services to a patient including but not limited to paramedic assessment for a patient transported in a vehicle operated by HVAA, the HVAA will through their Billing Agent and on behalf of Hatzalah, bill the patient, the patient's insurance carrier and/or other third party payers, including Centers for Medicare and Medicaid Services ("CMS"), or other respective government assistance agency, for all applicable charges, as appropriate, and as set forth by the State of Connecticut Department of Public Health ("DPH").

This Agreement covers the billing of ALS services, only when provided as part of a dual emergency response that includes both BLS and ALS services during which HVAA provides the BLS transportation and **Hatzalah** provides ALS services. Hatzalah and HVAA authorize the HVAA Billing Agent to submit claims for all ALS services rendered by Hatzalah consistent with the DPH maximum schedule of rates and all applicable regulations. The fees to be charged by Hatzalah are attached as Exhibit A to this agreement.

Hatzalah shall upon request, in a mutually agreed manner, and on a mutually agreed schedule, furnish PCRs for all Paramedic Intercept Services rendered to HVAA to the HVAA billing service.

HVAA and Hatzalah shall meet, within fifteen (15) days of notice of disputed calls, to resolve any disputed billings arising under this agreement.

This Agreement represents the entire agreement between the parties relating to Bundle Billing for paramedic intercept services performed by Hatzalah as part of a dual emergency response by HVAA and Hatzalah, which includes both BLS and ALS and for which the patient is transported in a HVAA transport vehicle.

This Agreement may not be amended, modified or terminated orally. Any amendments, modifications or termination must be conveyed in writing and executed by the authorized representatives of both Parties.

Should a change in Medicaid, Medicare, welfare, SAGA, or other applicable insurance or emergency medical service regulations or policies regarding paramedic intercept services and/or the payment practices for paramedic intercept services be allowed or promulgated, a review of this agreement will be conducted, and alterations of this agreement will be discussed by the parties no later than thirty (30) days following the implementation of such a change. Notwithstanding the foregoing, this Agreement may be amended unilaterally by either Party with written notice to the other Party in order to comply with applicable regulatory changes and said amendment will become effective thirty (30) days after receipt of the written notice

This Agreement shall continue in effect for a period of one (1) year and shall automatically and subsequently renew for one (1) year periods unless either Party notifies the other in writing of its intent to terminate at the end at the then current term. Termination and/or cancellation of this agreement requires at least thirty (30) days' advance written notice.

This agreement may be terminated by either party in the following circumstances:

A. failure by either party to comply with the stipulations of this agreement regarding claims submission and reimbursement. The party in non-compliance shall have thirty (30) days to correct, remedy or remove the condition upon receipt of the written notice of the non-compliance;or

B. Upon termination of the Paramedic Intercept agreement between HVAA and Hatzalah; or

C. Upon written notice by either party to the other for any reason whatsoever. Termination shall be effective 30 days following written notice.

EXHIBIT A

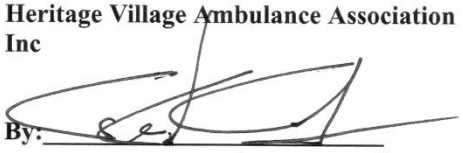
Effective upon execution of this agreement, Hatzalah shall charge a fee of $320 for each paramedic intercept where services are provided and reimbursable as set forth in the Medicare Ambulance Fee Schedule.

The invalidity or enforceability of any term or provision of this agreement shall not impair or affect the remainder of this agreement and the remaining terms and provisions hereof shall not be invalidated but shall remain in full force and effect.

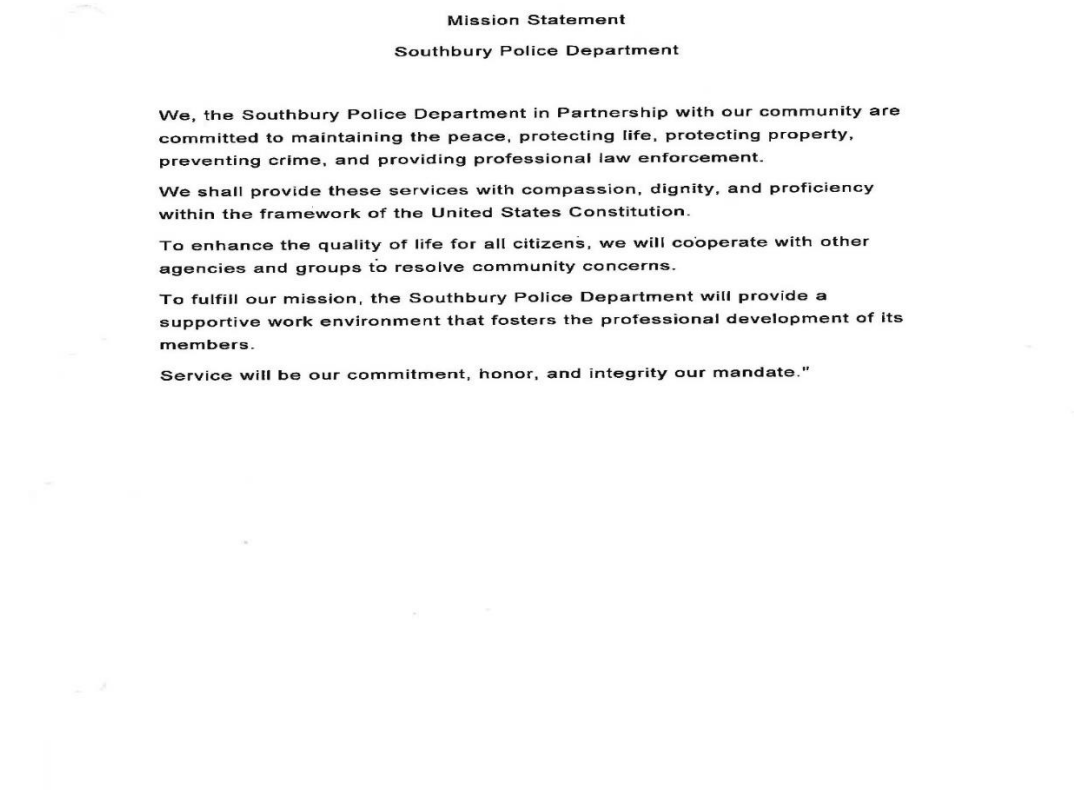
This agreement shall be governed and construed in accordance with the laws of the State of Connecticut.

In witness thereof, each party hereto has caused the Agreement to be executed in its name, effective this date.

Duly Authorized

Hatzalah of Waterbury Inc.	**Heritage Village Ambulance Association Inc**
By:_____	**By:** 
Print:_____	**Print:** George W. Goodwin
Title:_____	**Title:** Pres / Admin
Date: _____	**Date:** 01 / 01 / 2023

Southbury Police Department Mission Statement



Mission Statement

Southbury Police Department

We, the Southbury Police Department in Partnership with our community are committed to maintaining the peace, protecting life, protecting property, preventing crime, and providing professional law enforcement.

We shall provide these services with compassion, dignity, and proficiency within the framework of the United States Constitution.

To enhance the quality of life for all citizens, we will cooperate with other agencies and groups to resolve community concerns.

To fulfill our mission, the Southbury Police Department will provide a supportive work environment that fosters the professional development of its members.

Service will be our commitment, honor, and integrity our mandate."

Southbury Police Department

Organizational Statement

The Southbury Police Department is staffed for 25 full-time police officers, one Resident Trooper Supervisor, 5 Full-time dispatchers, 3 part-time dispatchers and 2 civilian employees.

Southbury Police Department

Mobile Intensive Care Authorization

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
Office of Emergency Medical Services

MOBILE INTENSIVE CARE AND AUTHORIZED SKILL UPDATE SIGNATURE PAGE

PROVIDER AGREEMENT

I, Jeffrey Manville (CEO-NAME), Chief of Police/First Selectman (TITLE), of Southbury Police Department/Town of Southbury (ORGANIZATION), acknowledge that the information provided with this recertification packet is current and accurate. I understand and agree that the skill(s) for which we are authorized is contingent upon the continuance of sponsor hospital medical control and compliance with Section 19a-179-12 of the Regulations which govern the delivery of prehospital emergency medical services.

Jeffrey Manville — CEO (PRINT NAME) | CEO SIGNATURE | 09/20/2023 — DATE

SPONSOR HOSPITAL AGREEMENT

The Saint Mary's Hospital ☑ is currently the Sponsor Hospital for: The Southbury Police Department at the level of *(specify highest level of service)* ☑ EMR ☐ EMT ☐ AEMT ☐ Paramedic

and for the following authorized BLS skills:

Please check all appropriately:

Aspirin (EMT and above)	Yes ☐	No ☑
Continuous Positive Airway Pressure (CPAP) (EMT and above)	Yes ☐	No ☑
Glucometer (EMT and above)	Yes ☐	No ☑
Naloxone (Narcan®) Intranasal and/or Autoinjector (EMR and above)	Yes ☑	No ☐
Twelve Lead ECG Acquisition and Transmission (EMT and above)	Yes ☐	No ☑

The above provider has complied with all conditions as set forth by this Sponsor Hospital for Mobile Intensive Care and/or BLS skill authorization including, but not limited to, initial provider training and ongoing maintenance of competency. Therefore, on behalf of the Sponsor Hospital, we agree to continue to provide medical control in accordance with Section 19a-179-12 of the Regulations of Connecticut State Agencies which govern the delivery of pre-hospital emergency medical services.

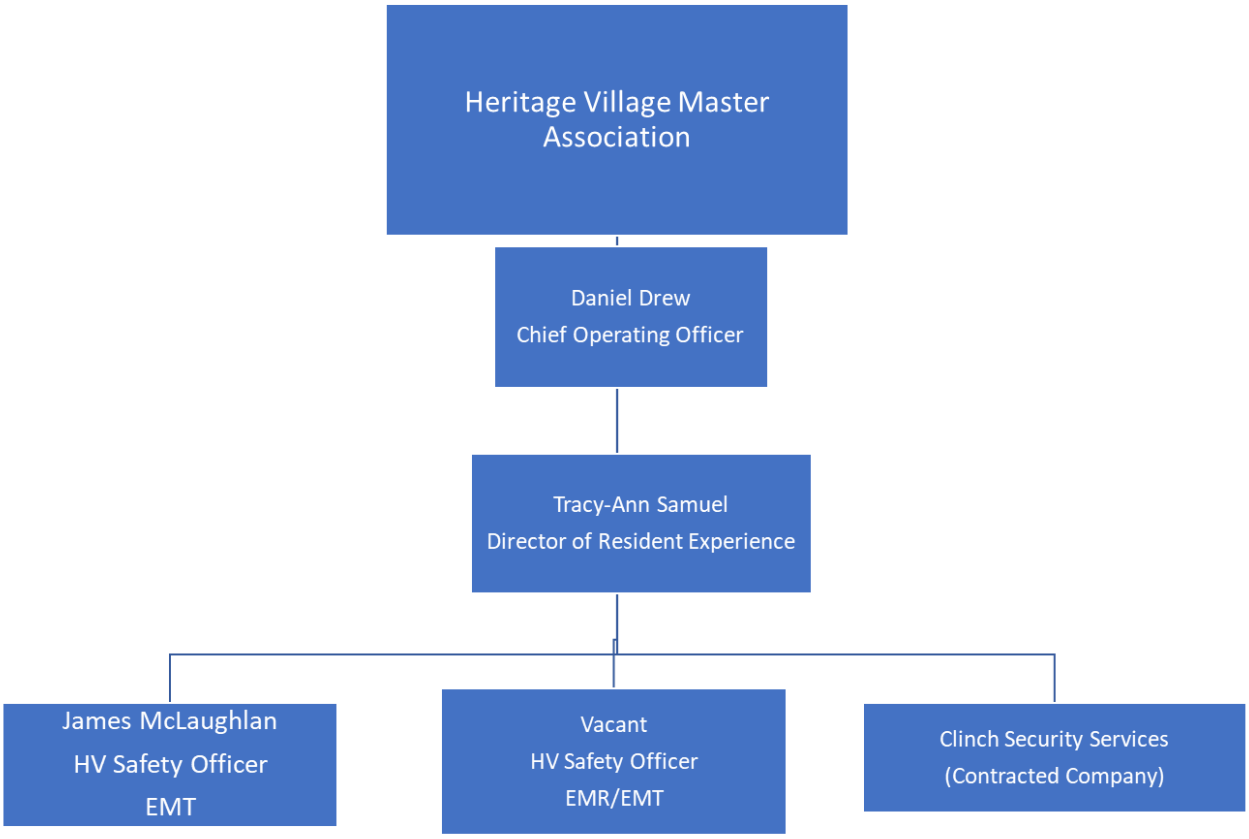
KENT BURGUIERES DO — MEDICAL DIRECTOR (PRINT) | SIGNATURE | 9/26/23 — DATE

PAUL ENO — EMS COORDINATOR (PRINT) | SIGNATURE | 26 SEPT 2023 — DATE

Heritage Village Masters Association Mission Statement

The Heritage Village Emergency Services Unit is committed to delivering exceptional support to local ambulance and fire department. Our primary objective is to ensure prompt dispatch as available to emergency locations within the Heritage Village Community. Where we will provide reassurance to patients while relaying critical updates to responding EMS and fire personnel until their arrival on scene.
Upon reaching the emergency location, our utmost priority is to seamlessly transition patient care to the on-scene medical professionals. Heritage Village Safety Officer will remain present, offering assistance as requested, and will only leave once released by the on-scene ambulance.
We strive to be a dedicated resource within the emergency response community, focusing on maintaining open lines of communication, ensuring the well-being of our residents, and providing seamless coordination between various response teams.

Heritage Village Master Association Organizational Chart



Heritage Village Master Association

Mobile Intensive Care Authorization

13029R

MOBILE INTENSIVE CARE AND AUTHORIZED SKILL UPDATE SIGNATURE PAGE

PROVIDER AGREEMENT

I, Daniel T. Drew, Chief Operating Officer, of
(CEO-NAME) (TITLE)

Heritage Village Master Association acknowledge that the information
(ORGANIZATION)

provided with this recertification packet is current and accurate. I understand and agree that the skill(s) for which we are authorized is contingent upon the continuance of sponsor hospital medical control and compliance with Section 12a-1 79-12 of the Regulations which govern the delivery of prehospital emergency medical services,

Daniel T. Drew — 11/10/22
(CEO-PRINT NAME) (CEO - SIGNATURE) (DATE)

SPONSOR HOSPITAL AGREEMENT

The is currently the St. Mary's Hospital
(NAME OF HOSPITAL)

Sponsor Hospital for: Heritage Village Master Association at the level of
(NAME OF ORGANIZATION)

(Specify highest level of service) ☐EMR ☑EMT ☐AEMT ☐Paramedic

and for the following authorized BLS skills:

Please check all appropriately:

AED (EMR and above)	Yes ☑	No ☐
Aspirin (EMT and above)	Yes ☑	No ☐
Continuous Positive Airway Pressure (CPAP) (EMT and above)	Yes ☐	No ☑
Glucometer (EMT and above)	Yes ☑	No ☐
Epinephrine Autoinjector (EMT and above)	Yes ☑	No ☐
Naloxone (Narcan®) Intranasal and/or Autoinjector (EMR and above)	Yes ☑	No ☐
Twelve Lead ECG Acquisition and Transmission (EMT and above)	Yes ☐	No ☑

The above provider has complied with all conditions as set forth by this Sponsor Hospital for Mobile Intensive Care and/or BLS skill authorization including, but not limited to, initial provider training and ongoing maintenance of competency. Therefore, on behalf of the Sponsor Hospital, we agree to continue to provide medical control in accordance with Section 19a-179-12(a) of the Regulations of Connecticut State Agencies which govern the delivery of pre-hospital emergency medical services.

KENT BURGHART — 11/9/22
(MEDICAL DIRECTOR) (PRINT) (SIGNATURE) (DATE)

PAUL YORO — 09 NOV 22
(EMS COORDINATOR) (PRINT) (SIGNATURE) (DATE)

Updated 12/12/14

Southbury Ambulance Association Mission Statement

SAA Mission: To Serve Southbury and the neighboring community by providing emergency medical care, transport and education. SAA works to reduce the impact of emergency medical conditions and delivers service with care, integrity, compassion, skilled professionalism and state of the art technology.

Southbury Ambulance Association

Organizational Statement

Geralyn Hoyt President/Chief
148 Hawley Road
Oxford, CT 06478
ghoyt@southburyambulance.org
Telephone No. 203 262 8082 Work
203 228 2785 Cell

Burt Cieply Vice President
618 Patriot Road
Southbury, CT 06488
bcieply@southburyambulance.org
Telephone No. 203 262 8082 Work
203 232 9361 Cell

Linda Baker Secretary/ Treasurer
12 Prospect Street
Bethel, CT 06801
lbaker@southburyambulance.org
Telephone No. 203 262 8082 Work
203 770 9228 Cell

Suzanne Vetter Personnel Officer
6 Ohehyahtah Place
Danbury, CT 06810
svetter@southburyambulance.org
Telephone No. 203 262 8082 Work
203 748 1105/ 203 733 3835 Home/Cell

Megan Posey Education Officer
5215 Island View Circle North
Polk City, FL 33868-8907
mposey@southburyambulance.org
Telephone No. 203 262 8082 Work
203 577 8599 Cell

Heritage Village Ambulance Association

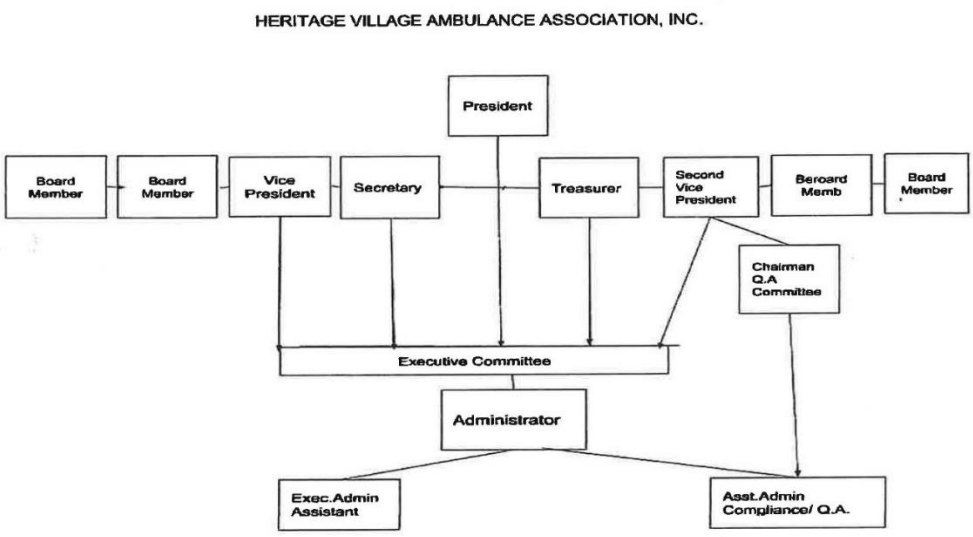
Mission Statement

Mission Statement Heritage Village Ambulance Association

The Mission of the Heritage Village Ambulance Association shall be to provide Emergency Ambulance service to residents of Heritage Village community, Southbury, Connecticut; to their guests while in the Heritage Village area; and to employees of the Heritage Village Master Association and the Heritage Village Foundation while on duty in Heritage Village.
The HVAA will also provide mutual aid (by contract) to the Town Of Southbury including Southbury Training School, when requested and as available.

Heritage Village Ambulance Association

Organizational Chart



Heritage Village Ambulance Association

Mobile Intensive Care Authorization

C130B2

MOBILE INTENSIVE CARE AND AUTHORIZED SKILL UPDATE SIGNATURE PAGE

PROVIDER AGREEMENT

I, George W Goodwin (CEO-NAME) President (TITLE), of Heritage Village Ambulance Association (ORGANIZATION) acknowledge that the information provided with this recertification packet is current and accurate. I understand and agree that the skill(s) for which we are authorized is contingent upon the continuance of sponsor hospital medical control and compliance with Section 12a-I 79-12 of the Regulations which govern the delivery of prehospital emergency medical services,

George W Goodwin (CEO-PRINT NAME) _____ (CEO - SIGNATURE) _____ (DATE)

SPONSOR HOSPITAL AGREEMENT

The is currently the Saint Marys (NAME OF HOSPITAL)

Sponsor Hospital for: Heritage Village Ambulance Assocation (NAME OF ORGANIZATION) at the level of

(Specify highest level of service) ☐EMR ☒EMT ☐AEMT ☐Paramedic

and for the following authorized BLS skills:

Please check all appropriately:		
AED (EMR and above)	Yes ☒	No ☐
Aspirin (EMT and above)	Yes ☒	No ☐
Continuous Positive Airway Pressure (CPAP) (EMT and above)	Yes ☒	No ☐
Glucometer (EMT and above)	Yes ☒	No ☐
Epinephrine Autoinjector (EMT and above)	Yes ☒	No ☐
Naloxone (Narcan®) Intranasal and/or Autoinjector (EMR and above)	Yes ☒	No ☐
Twelve Lead ECG Acquisition and Transmission (EMT and above)	Yes ☐	No ☒

The above provider has complied with all conditions as set forth by this Sponsor Hospital for Mobile Intensive Care and/or BLS skill authorization including, but not limited to, initial provider training and ongoing maintenance of competency. Therefore, on behalf of the Sponsor Hospital, we agree to continue to provide medical control in accordance with Section 19a-179-12(a) of the Regulations of Connecticut State Agencies which govern the delivery of pre-hospital emergency medical services.

KEATT BURGUIERES DO _____ 9/28/23
(MEDICAL DIRECTOR) (PRINT) (SIGNATURE) (DATE)

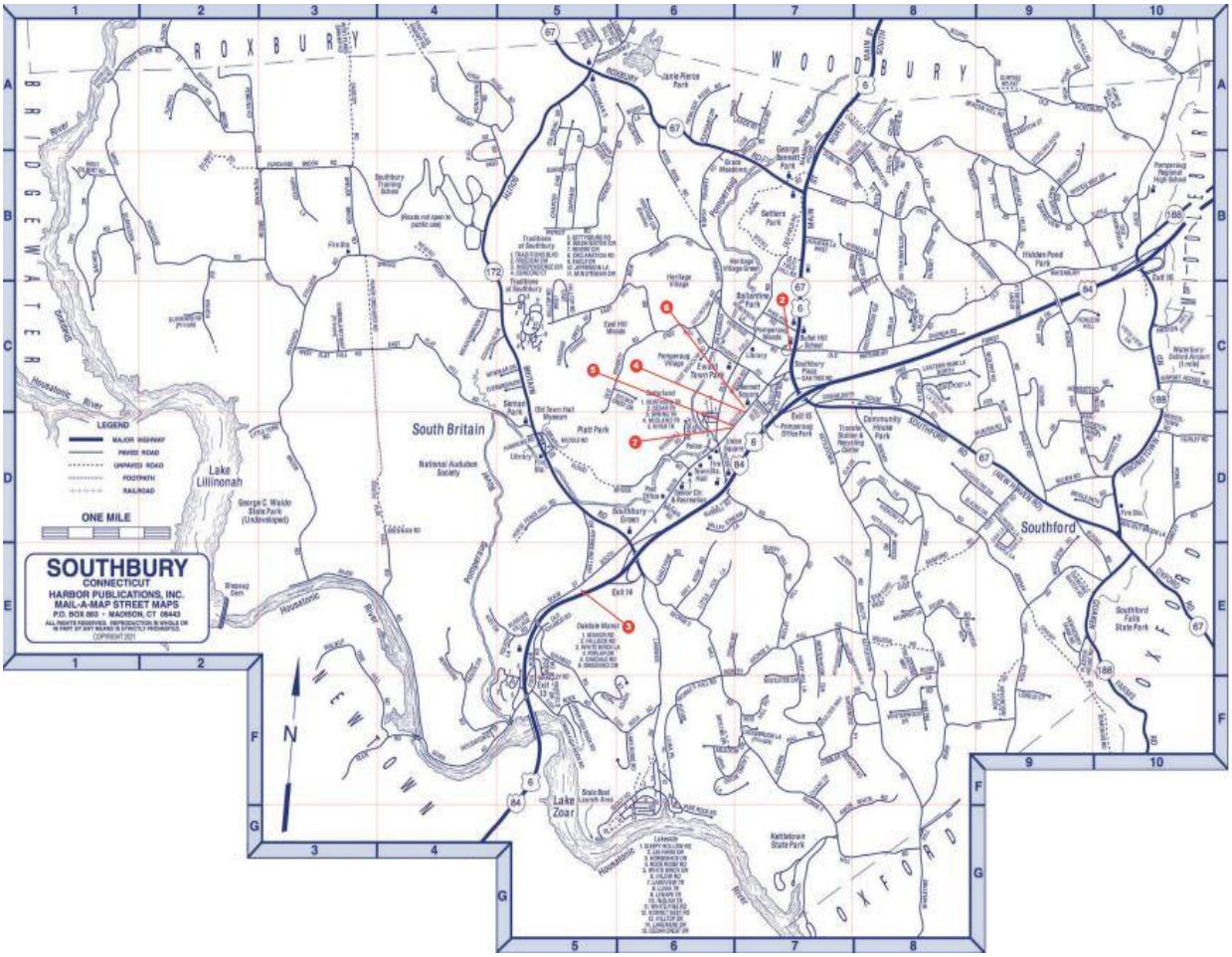
Faye Yeno _____ 28 SEP 23
(EMS COORDINATOR) (PRINT) (SIGNATURE) (DATE)

Updated 1212/14

Southbury Police Department – Supplemental Frist Responder

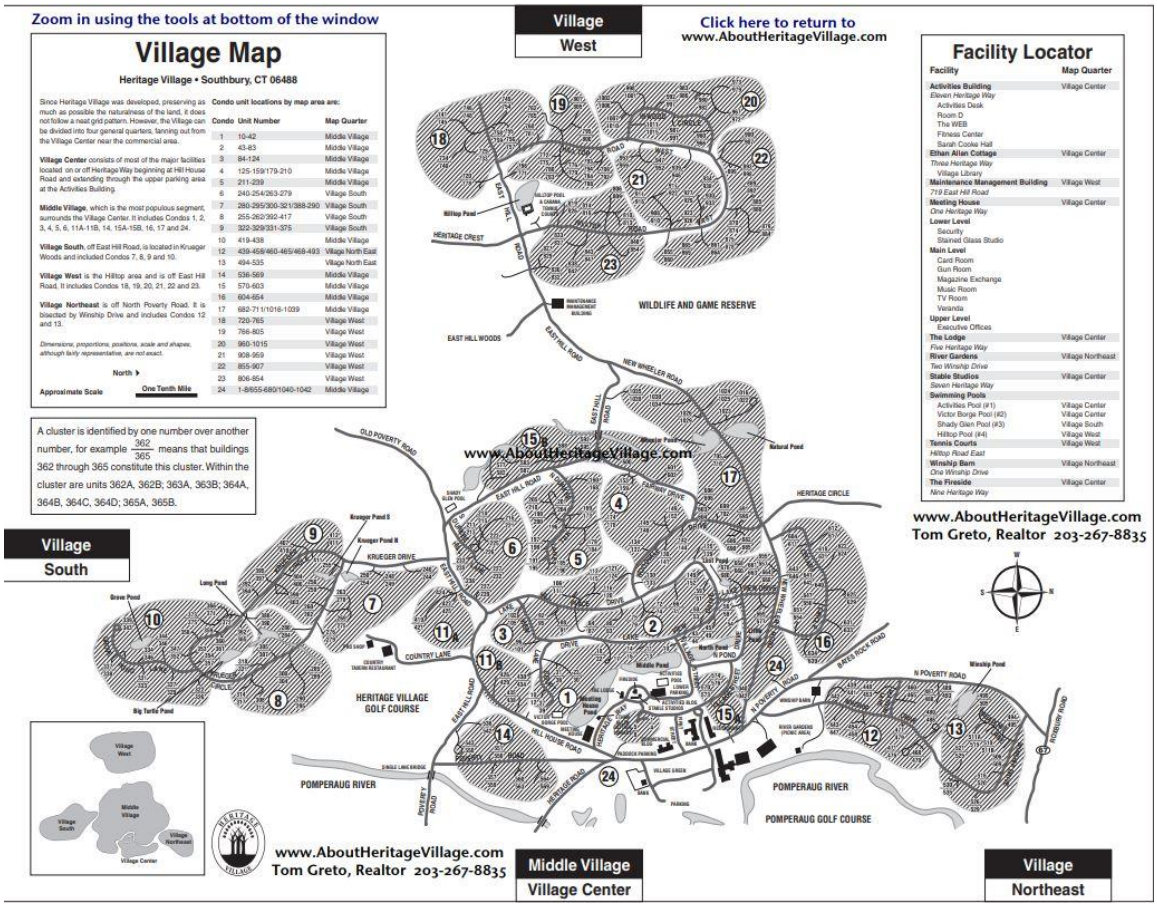
Southbury Ambulance Association BLS PSAR (excluding Heritage Village)

Southbury Ambulance Association ALS PSAR



Heritage Village Ambulance Association – BLS PSAR

Heritage Village Masters Association – Supplemental First Responder



CERTIFICATE OF INCORPORATION

AMENDMENT AND RESTATEMENT OF THE ARTICLES OF INCORPORATION OF SOUTHBURY AMBULANCE ASSOCIATION, INC.

Pursuant to Connecticut General Statutes Section 33-1145 of the Connecticut Revised Nonstock Corporation Act, the Board of Trustees of Southbury Ambulance Association, Inc. has amended its Articles of Incorporation and has restated those Articles of Incorporation as a Certificate of Incorporation under the Connecticut Revised Nonstock Corporation Act as follows:

ARTICLE I

Name

The name of the corporation shall be Southbury Ambulance Association, Inc.

ARTICLE II

Purposes

The nature and purpose of the activities to be promoted by the Southbury Ambulance Association, Inc. are as follows:

1. To acquire, own, equip, house, maintain, and operate one or more motor ambulances for the purpose of providing ambulance service in the Town of Southbury, without profit, subject to law and lawful regulations.

2. To provide the residents of the Town of Southbury with ambulance service and ambulance transportation for the sick, injured, and disabled between the Town of Southbury and various hospitals, institutions, and other places.

3. To provide ambulance service and ambulance transportation within its sole discretion for anyone sick, injured, or disabled within the Town of Southbury, to various hospitals, institutions, or other places convenient to the Town of Southbury.

4. In the case of emergency or disaster outside the town limits of Southbury, to provide ambulance transportation on a mutual aid basis to such persons of other towns as maybe sick, injured, or disabled to such Hospitals, institutions, or other places convenient to the place of emergency or disaster.

5. To engage in any other lawful act or activity which may be carried on by a nonstock corporation under the laws of the State of Connecticut, which act or activity shall be for charitable, educational, and scientific purposes qualifying as tax exempt activities under Section 501(c)(3) of the United States Internal Revenue Code, as amended.

ARTICLE III

Nonprofit Status

1. The Corporation is non-profit and shall not have or issue shares of stock or pay dividends.

2. Southbury Ambulance Association, Inc. is organized, and, notwithstanding any other provisions of the Certificate of Incorporation, shall be operated exclusively for charitable, educational, and religious purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and the regulations thereunder, as the same now exist and may hereafter be amended from time to time.

3. No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its Trustees, officers, or other private persons (except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article II hereof), and no Trustee or officer of Southbury Ambulance Association, Inc. or any private individual shall be entitled to share in the distribution of any of the corporate assets on dissolution of Southbury Ambulance Association, Inc.

4. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall

not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

5. Notwithstanding any other provision of these articles, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal Tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE IV

Membership

Southbury Ambulance Association, Inc. shall not have members.

ARTICLE V

Directors and Officers

1. Southbury Ambulance Association, Inc. shall elect sufficient number of officers to manage the Corporation. These Officers and the immediate past President shall constitute the Board of Trustees of this Corporation.

2. The Board of Trustees shall serve for a period of two years, except for the Past President, who shall serve for a period of one year.

3. The Board of Trustees shall have the power to propose and approve By-Laws providing for the election of its successors, for the filling of vacancies, for the creation of officers of the Corporation, for the election of persons to fill said offices, and for the terms of said officers.

4. Said By-Laws may also contain such other provisions not inconsistent with law as the Trustees may determine for the conduct and management of the affairs of the Corporation.

5. Said By-Laws may also provide for their amendment and for such other matters as the Trustees deem to be expedient and proper, and as permitted by law, to carry out the purposes of incorporation.

6. There shall be no personal liability of a Trustee or officer of the Corporation for monetary damages for breach of duty as a Trustee or officer if such breach did not:

(A) involve a knowing and culpable violation of law by the trustee;

(B) show a lack of good faith and a conscious disregard for the duty of the trustee to the Corporation under circumstances in which the trustee was aware that his or her conduct or omission created an unjustifiable risk of serious injury to the Corporation; or

(C) constitute a sustained and unexcused pattern of inattention that amounted to an abdication of the trustee's duty to the Corporation.

Any repeal or modification of this Article V shall not adversely affect any right or protection of a trustee of the Corporation existing at the time of such repeal or modification.

The effective date of the provisions of this Article V shall be the date of filing with the Secretary of State of the State of Connecticut of the Amended and Restated Articles of Incorporation which contain this Article.

Nothing contained in this Article V shall be construed to deny to the Trustees of the Corporation the benefit of Section 52-557m of the Connecticut General Statutes as in effect at the time of the violation.

ARTICLE VI

Registered Office and Agent

The location of the principal office is in the Town of Southbury, New Haven County, Connecticut. The registered agent for Southbury Ambulance Association, Inc. shall be: Mary Alice Moore Leonhardt.

ARTICLE VII

Amendments

The Articles of Incorporation of the Southbury Ambulance Association, Inc. may be repealed or amended by the vote of two-thirds of The Board of Trustees.

ARTICLE VIII

Dissolution

In the event of and upon the dissolution of the Corporation, at the discretion of the Board of Trustees, the assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c) (3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of competent jurisdiction of the county in which the principal office of the Corporation is located, exclusively for such purposes or to such organization or organizations, as determined by said Court, which are organized and operated exclusively for such purposes.

As Approved by the Board of Trustees November 06, 2019

Coverage Area Agreement

This agreement is entered on the 15th day of July, 2021 between Southbury Ambulance Association, Inc. of Southbury. Connecticut. (Hereinafter referred to as "SAA") and Heritage Village Ambulance Association of Southbury. Connecticut (hereinafter referred to as "HVAA").

WHEREAS: SAA is the holder of the Primary Service Area (PSA) at the Advance Life Support (ALS) level and Basic Life Support (BLS) level for the Town of Southbury, except for the assigned area held by HVAA; and

WHEREAS: HVAA is the holder of the Primary Service Area at the Basic Life Support (BLS) level for their area as assigned by Office of Emergency Medical Services (OEMS); and

WHEREAS; SAA and HVAA mutually wish to enter into this agreement for the provision of BLS level coverage by HVAA to enhance delivery of EMS of the following specific locations:

1) The Watermark at East Hill
2) Heritage Crest
3) Heritage Circle
4) Pomperaug Woods
5) Lutheran Home

The Parties agree to:

1. HVAA will be dispatched to the above named locations as the Primary **BLS** responder.
   a. SAA will be mutual aid if HVAA is not available
2. SAA will be dispatched to the above named locations as the Primary **ALS** responder.
   a. If SAA does not have an available ALS crew. Trinity shall be contacted for ALS mutual aid and,
   b. HVAA will be the mutual aid BLS responder.
3. Data generated for these locations and call types will be reviewed quarterly by both services to determine efficiency & effectiveness.
4. All notices pertaining to this agreement shall be in writing between parties and shall be sent by email and/or USPS with return receipt.
5. HVAA or SAA with 30 days notice may request termination of this agreement either with or without cause.

The terms of this agreement shall become effective on this 15th day of July, 2021 at Southbury Connecticut By:

George Goodwin
President
Heritage Village Ambulance Association

Geralyn Hoyt
President
Southbury Ambulance Association, Inc.

Medical Services Mutual Aid Agreement

THIS AGREEMENT is made between the American Medical Response company and the provider set out on the signature page of this Agreement. The parties shall mutually be referred to as the "Contracting Agencies" or singularly as "Agency".

WHEREAS, the Contracting Agencies maintain paid and/or volunteer emergency medical services, together with personnel and equipment used to provide such services;

WHEREAS, more than one medical emergency may arise contemporaneously in one or the other of the jurisdictions of the Contracting Agencies resulting in greater demands than the manpower and/or equipment of that Agency can handle or an emergency may arise that is of such intensity that it cannot be handled solely by the equipment and manpower of the Agency in whose jurisdiction the emergency occurs or an emergency may arise which transcends jurisdictional boundaries;

WHEREAS, non-emergency or scheduled requests for medical transportation may arise that cannot be performed with the manpower of the Agency in whose jurisdiction the non-emergency occurs or a non-emergency may arise which transcends jurisdictional boundaries;

NOW, THEREFORE, in consideration of the mutual covenants, performances and agreements hereafter set forth, it is mutually understood and agreed between the Contracting Agencies as follows:

1. Definitions. The "Answering Agency" is the Agency that responds to the request for emergency medical services or non-emergency medical services. The "Requesting Agency" is the Agency requesting medical transportation services assistance under this Agreement.

2. Mutual Assistance and Aid. Subject to the exceptions stated below, the Contracting Agencies agree to respond when possible to requests for medical transportation services assistance. These requests by the requesting agency may or may not originate within jurisdictional boundaries of the other Contracting Agency. The extent of any response to a request, including the choice of personnel and equipment, shall be entirely within the discretion of the Answering Agency. Included in such Answering Agency's discretion shall be a determination of whether or not such a request for assistance may be answered without jeopardizing the safety and protection of the citizens and property of the Answering Agency. Any decision not to respond to a request for aid shall be promptly communicated to the Requesting Agency.

3. Requests for Assistance and Aid. An authorized official representing a Requesting Agency shall make all requests for aid. Each request for aid is subject to approval by an official of the Answering Agency, without charge to the Requesting Agency, and with the understanding that personnel and equipment of the Answering Agency shall be subject only to the liability, workers' compensation, and/or other insurance of that Answering Agency. Any request for assistance hereunder should include a statement of the amount and type of equipment and personnel requested, and shall specify the location to which the equipment and response personnel are to be dispatched. However, an official of the Answering Agency shall determine the type and quantity of equipment and personnel to be furnished. The equipment and personnel of the Answering Agency shall at all times be under the supervision and control of the official(s) of that Answering Agency.

4. Emergency Medical Services. When emergency medical services are requested, the Answering Agency shall have its personnel report to the Incident Commander ("IC") or other scene commander at the location to which the equipment and personnel are dispatched. All activities shall be coordinated with the IC. Though coordination of activities occurs by the IC, the equipment and personnel of the Answering Agency shall be under the ultimate supervision of the designated personnel of the Answering Agency. The personnel of the Answering Agency shall coordinate the Answering Agency's efforts with the IC. At no time shall the Answering Agency be expected to operate contrary to standing orders or protocols of its physician advisor, company policies, operating licenses, or federal or state regulations, except as specifically provided for in writing by local, state or federal authority and/or except when destination policies are otherwise modified as necessary.

   If at any time the Answering Agency responds to a mutual aid call for emergency medical services where the Requesting Agency is not at the scene, the Answering Agency will follow the treatment protocols and procedures of its physician advisor or other medical control, pursuant to the applicable Incident Command System. Response personnel shall contact the medical base of their own Agency for further orders and designation sites.

   It is agreed that the Answering Agency shall not be responsible for any response time compliance or penalties under this Agreement.

5. **Release of Answering Agency.** For emergency medical services, an Answering Agency shall be released from service by the Requesting Agency/Incident Commander when the services of the Answering Agency are no longer required, or when the Answering Agency determines, in its discretion, that its services are needed in another jurisdiction.

   For non-emergency medical services, an Answering Agency shall be released from service when the services are complete or the Requesting Agency notifies the Answering Agency that the services are no longer required.

6. **Rights and Privileges Retained.** The personnel of each Agency, while engaged in performing any mutual aid service, activity, or undertaking under provisions of this Agreement, shall have and retain all rights and privileges notwithstanding that mutual aid service is being performed in or for the other Agency. Additionally, the Answering Agency's physician advisor and appropriate medical protocols shall govern the Answering Agency's actions.

7. **Compensation and Billing.** The Answering Agency shall be responsible for all Patient and third party billing, and agrees that the rates to be billed shall comply with applicable laws.

8. **Indemnification.** Each party will indemnify and hold the other party harmless from and against liability claims resulting from or alleged to result from any negligence or willful misconduct of the indemnifying party related to the performance of this Agreement.

9. **Insurance.** Each party represents that it has and will maintain comprehensive automobile insurance, comprehensive general liability insurance, and professional liability insurance all in minimum amounts that are customary and usual within the emergency medical services industry and workers' compensation insurance in the statutory required amounts.

10. **Notices.** Any notice required or permitted by this Agreement shall be in writing and shall be delivered as follows, with notice deemed given as indicated: (a) by personal delivery, when delivered personally; (b) by overnight courier, upon written verification of receipt; (c) by facsimile transmission, upon acknowledgment of receipt of electronic transmission; or (d) by certified or registered mail, return receipt requested, upon verification of receipt. Notice shall be sent to the following addresses:

   If to Other Agency:
   Geralyn Hoyt
   Southbury Ambulance Association, Inc
   68 Georges Hill Rd
   Southbury, CT 06488

   If to AMR:

   General Manager
   American Medical Response
   117 E Aurora St
   Waterbury, CT 06708

   With Mandatory Copy to:

   Legal Department
   American Medical Response, Inc.
   6200 South Syracuse Way, Suite 200
   Greenwood Village, Colorado 80111

11. **Term.** The initial term of this Agreement shall be one year, commencing on the commencement date hereof, and this Agreement shall automatically renew for subsequent one-year periods thereafter, subject to the termination rights herein. The initial term and all renewal periods shall be cumulatively referred to as the "Term".

12. **Termination.** Each party may terminate this Agreement: (a) at any time without cause and at its sole discretion upon fifteen (15) days written notice to the other party; or (b) immediately upon the material breach of this Agreement by the other party.

13. **Referrals.** It is not the intent of either party that any remuneration, benefit or privilege provided for under this Agreement shall influence or in any way be based on the referral or recommended referral by either party of patients to the other party or its affiliated providers, if any, or the purchasing, leasing or ordering of any services other than the specific services described in this Agreement. Any payments specified herein are consistent with what the parties reasonably believe to be a fair market value for the services provided.

14. **Relationship.** In the performance of this Agreement, each party hereto shall be, as to the other, an independent contractor and neither party shall have the right or authority, express or implied, to bind or otherwise legally obligate the other. Nothing contained in this Agreement shall be construed to constitute either party assuming or undertaking control

or direction of the operations, activities or medical care rendered by the other. The parties' administrative staff shall meet on a regular basis to address issues of mutual concern related to the provision of aid and the parties' respective rights and obligations hereunder. It is agreed that the parties shall not be liable for payment of any salary, wages, or other compensation for any of the other Agency's personnel performing services under this Agreement.

15. **Force Majeure.** Neither party shall be responsible for any delay in or failure of performance resulting from acts of God, riot, war, civil unrest, natural disaster, labor dispute or other circumstances not reasonably within its control.

16. **Compliance.** The parties will comply in all material respects with all applicable federal, state and local laws and regulations, including the federal Anti-kickback Statute. Each party's ambulances will conform to applicable state and local regulations for medical equipment for ambulances and be duly licensed for the transportation of patients. All personnel staffing vehicles that provide the Services will be licensed or certified as required by applicable law.

17. **Compliance Program and Code of Conduct.** AMR has made available to the Facility a copy of its Code of Conduct, Anti-kickback policies and other compliance policies, as may be changed from time-to-time, at AMR's web site, located at: www.amr.net, and the Facility acknowledges receipt of such documents. AMR warrants that its personnel shall comply with AMR's compliance policies, including training related to the Anti-kickback Statute.

18. **Non-Exclusion.** Each party represents and certifies that neither it nor any practitioner who orders or provide Services on its behalf hereunder has been convicted of any conduct that constitutes grounds for mandatory exclusion as identified in 42 U.S.C.§ 1320a-7(a). Each party further represents and certifies that it is not ineligible to participate in Federal health care programs or in any other state or federal government payment program. Each party agrees that if DHHS/OIG excludes it, or any of its practitioners or employees who order or provide Services, from participation in Federal health care programs, the party must notify the other party within five (5) days of knowledge of such fact, and the other party may immediately terminate this Agreement, unless the excluded party is a practitioner or employee who immediately discontinues ordering or providing Services hereunder.

19. **Miscellaneous.** This Agreement (including the Schedules hereto): (a) constitutes the entire agreement between the parties with respect to the subject matter hereof, superseding all prior oral or written agreements with respect thereto; (b) may be amended only by written instrument executed by both parties; (c) may not be assigned by either party without the written consent of the other party, such consent not to be unreasonably withheld; (d) shall be binding on and inure to the benefit of the parties hereto and their respective successors and permitted assigns; (e) shall be interpreted and enforced in accordance with the laws of the state where the Services are performed, without regard to the conflict of laws provisions thereof, and the federal laws of the United States applicable therein; (f) may be executed in several counterparts (including by facsimile), each of which shall constitute an original and all of which, when taken together, shall constitute one agreement; and (g) shall not be effective until executed by both parties. In the event of a conflict between this Agreement and any Schedule hereto, the terms of this Agreement shall govern.

[Signature page to follow]

Medical Services Mutual Aid Agreement

IN WITNESS WHEREOF, the parties have hereto executed this Agreement as of January 11, 2019 ("Commencement Date").

AMR of Connecticut

By: _____
Robert Retallick, Regional Director

Southbury Ambulance Association, Inc

By: _____

Print Name: Geralyn Hoyt

Print Title: Chief/President

Southbury Ambulance Association Inc. (SAA)

MUTUAL AID AGREEMENT

WHEREAS, the safety of the citizens of the State of Connecticut is of utmost importance to all levels of state and local government;

WHEREAS, Southbury Ambulance Association and the EMS agencies listed at the end of the agreement is to provide for the performance of the functions of pre-hospital patient care and transportation. This agreement recognizes that the prompt, full, and effective utilization of the personnel, apparatus, equipment, supplies, and other resources of the respective EMS providers is essential to the safety, care, and welfare of the people of the jurisdictions that they serve.

Agreement in order to provide for the sharing of resources, personnel and equipment in the event of a local disaster or other emergency;

WHEREAS, the State of Connecticut and the Federal Emergency Management Agency (FEMA) have recognized the importance of the concept of written mutual aid agreements between all levels of government to facilitate reimbursement; and

WHEREAS, pursuant to the Constitution of the State of Connecticut, municipalities are allowed to enter into mutual aid and assistance agreements that may include provisions for the furnishing and exchanging of supplies, equipment facilities, personnel and services during a natural or man-made disaster and/or emergency; now agree to:

RIGHTS, DUTIES, AND RESPONSIBILITIES

1. Whenever a representative of an EMS provider, which is party to this agreement, feels it is advisable to request assistance from another EMS provider, which is party to this agreement, they are authorized to do so. Circumstances which could justify requesting aid under this agreement would include, but are not limited to, the following:
    a. unavailability of an ambulance for response within the service area in which a medical emergency has occurred;
    b. a potential for prolonged or delayed response by an ambulance from the requesting jurisdiction;
    c. A major EMS incident in which the resources of the local EMS system are not adequate to provide effective and efficient pre-hospital care and transportation for the victims of the incident.

2. Requests for mutual aid under this agreement will generally be coordinated through the Town of Southbury Dispatch Center (Public Safety Answering Point- PSAP) serving the EMS agency requested.
3. The representative of an EMS provider receiving a request for mutual aid under this agreement shall immediately take the following actions:
    a. determine if the requested apparatus and personnel can be spared in response to the request while continuing to provide reasonable protection to persons within its jurisdiction:
    b. Provide the EMS apparatus and personnel requested or such apparatus and personnel, which can respond to the request.
4. The rendering of assistance under the terms of this agreement shall not be mandatory, but the party receiving the request shall immediately inform the party requesting aid, for any reason, if assistance cannot be provided.
5. The apparatus, personnel and equipment of the assisting provider shall remain under the immediate supervision of, and shall be the immediate responsibility of, the senior representative of the assisting provider.
6. The representatives of the assisting provider shall be empowered to provide patient care under the procedures and protocols in effect in assisting provider's jurisdiction. On-line Medical Control will decide any disputes arising over the delivery of direct patient care.
7. The staff for each EMS provider, which are party to this agreement are invited and encouraged on a reciprocal basis to visit each other's area of responsibility for pre-incident planning, training sessions, and drills.

COMPENSATION

The EMS provider agrees to provide payment of compensation to the members of its own EMS organization who sustain injury or death benefits to the representatives of deceased members who were killed while rendering assistance pursuant to this agreement, in the same manner and on the same terms as if the injury or death were sustained within the EMS provider's service area or jurisdiction.

FINANCE

Each EMS provider who provides assistance under this agreement will be responsible for all of their own financial obligations or losses incurred while providing aid under this agreement. Each EMS provider receiving aid under this agreement agrees that the EMS provider rendering aid may bill the patient or the patient's third party carrier, as appropriate, at the assisting provider's prevailing rate for supplies, equipment, transport, and other services.

IMPLEMENTATION

This agreement shall be effective once signed and dated by both parties. This agreement shall continue and remain binding on each EMS provider until canceled by mutual agreement of both parties hereto or by written notice of one party to the other party giving thirty days (30) written notice of said cancellation.

AUTHORIZED SIGNATURES

I, the authorized representative for the service listed below, do hereby agree to the above mutual aid agreement. This agreement will remain in effect until canceled (in writing) or replaced by another agreement.

Name: Geralyn Hoyt
Title: Chief/President
Organization: SAA
Signature Geralyn Hoyt 7/2023

Name: Yitz Rabinowitz
Title: Chief
Organization: Hatzalah of Waterbury INC
Signature Yitz Rabinowitz

Supporting Organization Name:
Hatzalah of Waterbury Inc.

Address
50 Buckingham St Waterbury, CT 06710

Email address
yrabinowitz@hatzalahofwaterbury.org

Telephone contact
203-445-6701

Southbury Ambulance Association Inc. (SAA)

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Name: Geralyn Hoyt
Title: Chief/President
Organization: SAA
Signature Geralyn Hoyt 7/2023

Name: George W. Goodwin
Title: Chief Admin
Organization: HVAAA
Signature

Supporting Organization Name:
Heritage Village Ambulance Assoc.
Address
P.O. Box 2045 719A East Hill Rd., Southbury, CT 06488
Email address
geog.hvaa@gmail.com
Telephone contact
(203) 267-1515

Southbury Ambulance Association Inc. (SAA)

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Name: Geralyn Hoyt
Title: Chief/President
Organization: SAA
Signature Geralyn Hoyt 7/3/2023

Name: James S. Grohs
Title: Deputy chief
Organization: Millbury Vol. Fire Dept
Signature 6/26/23

Supporting Organization Name:
Millbury Volunteer Fire Dept.

Address
65 Tucker Hill Rd Millbury, CT 06762

Email address
Deputychief2@Millburyfire-CT.org

Telephone contact
203-577-4036

Southbury Ambulance Association Inc. (SAA)

MUTUAL AID AGREEMENT

WHEREAS, the safety of the citizens of the State of Connecticut is of utmost importance to all levels of state and local government;

WHEREAS, Southbury Ambulance Association and the EMS agencies listed at the end of the agreement is to provide for the performance of the functions of pre-hospital patient care and transportation. This agreement recognizes that the prompt, full, and effective utilization of the personnel, apparatus, equipment, supplies, and other resources of the respective EMS providers is essential to the safety, care, and welfare of the people of the jurisdictions that they serve.

Agreement in order to provide for the sharing of resources, personnel and equipment in the event of a local disaster or other emergency;

WHEREAS, the State of Connecticut and the Federal Emergency Management Agency (FEMA) have recognized the importance of the concept of written mutual aid agreements between all levels of government to facilitate reimbursement; and

WHEREAS, pursuant to the Constitution of the State of Connecticut, municipalities are allowed to enter into mutual aid and assistance agreements that may include provisions for the furnishing and exchanging of supplies, equipment facilities, personnel and services during a natural or man-made disaster and/or emergency; now agree to:

RIGHTS, DUTIES, AND RESPONSIBILITIES

1. Whenever a representative of an EMS provider, which is party to this agreement, feels it is advisable to request assistance from another EMS provider, which is party to this agreement, they are authorized to do so. Circumstances which could justify requesting aid under this agreement would include, but are not limited to, the following:
    a. unavailability of an ambulance for response within the service area in which a medical emergency has occurred;
    b. a potential for prolonged or delayed response by an ambulance from the requesting jurisdiction;
    c. A major EMS incident in which the resources of the local EMS system are not adequate to provide effective and efficient pre-hospital care and transportation for the victims of the incident.

2. Requests for mutual aid under this agreement will generally be coordinated through the Town of Southbury Dispatch Center (Public Safety Answering Point- PSAP) serving the EMS agency requested.
3. The representative of an EMS provider receiving a request for mutual aid under this agreement shall immediately take the following actions:
    a. determine if the requested apparatus and personnel can be spared in response to the request while continuing to provide reasonable protection to persons within its jurisdiction;
    b. Provide the EMS apparatus and personnel requested or such apparatus and personnel, which can respond to the request.
4. The rendering of assistance under the terms of this agreement shall not be mandatory, but the party receiving the request shall immediately inform the party requesting aid, for any reason, if assistance cannot be provided.
5. The apparatus, personnel and equipment of the assisting provider shall remain under the immediate supervision of, and shall be the immediate responsibility of, the senior representative of the assisting provider.
6. The representatives of the assisting provider shall be empowered to provide patient care under the procedures and protocols in effect in assisting provider's jurisdiction. On-line Medical Control will decide any disputes arising over the delivery of direct patient care.
7. The staff for each EMS provider, which are party to this agreement are invited and encouraged on a reciprocal basis to visit each other's area of responsibility for pre-incident planning, training sessions, and drills.

COMPENSATION

The EMS provider agrees to provide payment of compensation to the members of its own EMS organization who sustain injury or death benefits to the representatives of deceased members who were killed while rendering assistance pursuant to this agreement, in the same manner and on the same terms as if the injury or death were sustained within the EMS provider's service area or jurisdiction.

FINANCE

Each EMS provider who provides assistance under this agreement will be responsible for all of their own financial obligations or losses incurred while providing aid under this agreement. Each EMS provider receiving aid under this agreement agrees that the EMS provider rendering aid may bill the patient or the patient's third party carrier, as appropriate, at the assisting provider's prevailing rate for supplies, equipment, transport, and other services.

IMPLEMENTATION

This agreement shall be effective once signed and dated by both parties. This agreement shall continue and remain binding on each EMS provider until canceled by mutual agreement of both parties hereto or by written notice of one party to the other party giving thirty days (30) written notice of said cancellation.

AUTHORIZED SIGNATURES

I, the authorized representative for the service listed below, do hereby agree to the above mutual aid agreement. This agreement will remain in effect until canceled (in writing) or replaced by another agreement.

Name: Geralyn Hoyt
Title: Chief/President
Organization: SAA
Signature Geralyn Hoyt 7/2023

Name: Madalene Taggart
Title: Director
Organization: OAA
Signature Madalene Taggart

Supporting Organization Name:
Oxford Ambulance

Address
484 Oxford Rd

Email address
admin@oxfordambulance.com

Telephone contact
203-881-5216 x 3301

SOUTHBURY AMBULANCE ASSOCIATION, INC.
68 Georges Hill Road • Southbury, CT 06488 • 203-262-8082

To: Sarah Lauriat
Chief, Roxbury Ambulance Association

From: Geralyn Hoyt

Date: March 1, 2023

Re: Paramedic Intercept

Southbury Ambulance Association, Inc. (SAA) will provide a paramedic to Roxbury Ambulance Association:

Roxbury Ambulance will reimburse SAA a flat rate of $ 500 per intercept should the paramedic ride in the back of a Roxbury ambulance and perform ALS I intervention

Roxbury Ambulance will reimburse SAA a flat rate of $ 500 per intercept should the paramedic ride in the back of a Roxbury ambulance and perform ALS II intervention

SAA will provide Roxbury Ambulance (Billing Service) all necessary ePCR documentation to allow Roxbury Ambulance to properly bill for services.

SAA will provide to Roxbury Ambulance an invoice for each paramedic intercept which will have net thirty (30) day payment terms.

Geralyn Hoyt, President/ Chief
Southbury Ambulance Association
68 Georges Hill Road
Southbury, CT 06488

Sarah Lauriat, Chief
Roxbury Ambulance Association
27 North Street
PO Box 94
Roxbury, CT 06783

Serving The Community Since 1953

To: Chief Yitz Rabinowitz

From: Geralyn Hoyt

Date: May 1, 2023

Re: Paramedic Intercept

Hatzalah of Waterbury Inc. (HOW) will provide a paramedic to Southbury Ambulance Association (SAA):

SAA will reimburse HOW a flat rate of $ 325 per intercept should the paramedic ride in the back of an ambulance and perform ALS I intervention

SAA will reimburse HOW a flat rate of $ 350 per intercept should the paramedic ride in the back of ambulance and perform ALS II intervention

HOW will provide SAA (Billing Service) all necessary e-PCR documentation to allow SAA to properly bill for services within five business days.

HOW will provide to SAA an invoice for each paramedic intercept which will have net thirty (30) day payment terms.

Geralyn Hoyt, President/ Chief
Southbury Ambulance Association
68 Georges Hill Road
Southbury, CT 06488

Yitz Rabinowitz
Hatzalah of Waterbury
50 Buckingham Street
Waterbury CT. 06710

Southbury Ambulance Association Inc. (SAA)

MUTUAL AID AGREEMENT

WHEREAS, the safety of the citizens of the State of Connecticut is of utmost importance to all levels of state and local government;

WHEREAS, Southbury Ambulance Association and the EMS agencies listed at the end of the agreement is to provide for the performance of the functions of pre-hospital patient care and transportation. This agreement recognizes that the prompt, full, and effective utilization of the personnel, apparatus, equipment, supplies, and other resources of the respective EMS providers is essential to the safety, care, and welfare of the people of the jurisdictions that they serve.

Agreement in order to provide for the sharing of resources, personnel and equipment in the event of a local disaster or other emergency;

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WHEREAS, pursuant to the Constitution of the State of Connecticut, municipalities are allowed to enter into mutual aid and assistance agreements that may include provisions for the furnishing and exchanging of supplies, equipment facilities, personnel and services during a natural or man-made disaster and/or emergency; now agree to:

RIGHTS, DUTIES, AND RESPONSIBILITIES

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    a. determine if the requested apparatus and personnel can be spared in response to the request while continuing to provide reasonable protection to persons within its jurisdiction;
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7. The staff for each EMS provider, which are party to this agreement are invited and encouraged on a reciprocal basis to visit each other's area of responsibility for pre-incident planning, training sessions, and drills.

COMPENSATION

The EMS provider agrees to provide payment of compensation to the members of its own EMS organization who sustain injury or death benefits to the representatives of deceased members who were killed while rendering assistance pursuant to this agreement, in the same manner and on the same terms as if the injury or death were sustained within the EMS provider's service area or jurisdiction.

FINANCE

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IMPLEMENTATION

This agreement shall be effective once signed and dated by both parties. This agreement shall continue and remain binding on each EMS provider until canceled by mutual agreement of both parties hereto or by written notice of one party to the other party giving thirty days (30) written notice of said cancellation.

AUTHORIZED SIGNATURES

I, the authorized representative for the service listed below, do hereby agree to the above mutual aid agreement. This agreement will remain in effect until canceled (in writing) or replaced by another agreement.

Name: Geralyn Hoyt
Title: Chief/President
Organization: SAA
Signature Geralyn Hoyt 7/2023

Name: David Kosack
Title: President
Organization: Trinity Health of New England EMS
Signature

Supporting Organization Name:
Trinity EMS
Address
15 West Main St Waterbury CT 06105
Email address
David.Kosack@TrinityHealthofne.org
Telephone contact
203 3297701

IMPLEMENTATION

This agreement shall be effective once signed and dated by both parties. This agreement shall continue and remain binding on each EMS provider until canceled by mutual agreement of both parties hereto or by written notice of one party to the other party giving thirty days (30) written notice of said cancellation.

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Name: Geralyn Hoyt
Title: Chief/President
Organization: SAA
Signature Geralyn Hoyt 7/2023

Name: Julie Duff
Title: President
Organization: WAA
Signature Julie Duff

Supporting Organization Name:
Woodbury Ambulance Association
Address PO Box 581 Woodbury CT 06798
Email address woodburyems@gmail.com
Telephone contact 203-263-5252

Trinity Health Of New England | Emergency Medical Services

Paramedic and Ambulance Service Mutual Aid Agreement.

This agreement is entered into this 15th day of July, 2021 by and between Trinity Health Of New England Emergency Medical Services, Inc. of Waterbury, Connecticut (hereinafter referred to as "THOfNEEMS") and the Southbury Ambulance Association Inc., of Southbury, Connecticut (hereinafter referred to as "SAA").

WHEREAS, SAA is the holder of the Primary Service Area at the Advanced Life Support level for the Town of Southbury; and

WHEREAS, THOfNEEMS is a provider of Paramedic Intercept Service as duly authorize by the State of Connecticut, Department of Public Health, Office of Emergency Medical Services; and

WHEREAS, SAA and THOfNEEMS wish to enter into a mutual aid agreement for the provision of paramedic intercept, and mutual aid ambulance services to the residents of the Town of Southbury.

The parties hereto agree as follows:

1. THOfNEEMS will initiate a request for paramedic intercept service for each such request for service into the Town of Southbury within five (5) minutes, as verified by the times as recorded by the Northwest Connecticut Public Safety Communication Center Inc., (hereinafter referred to as "CMED"

2. If THOfNEEMS does not have an intercept vehicle available at the time of request, a full ALS ambulance may be sent, if this occurs THOfNEEMS will provide transport and bill the patient at our regular transport rate.

3. The term of this agreement shall commence the 15th day of July, 2021. This agreement shall continue in effect for a period of one (1) year and may be extended by the mutual written consent of both parties.
   This agreement may be terminated, by either party, with written notice of intent to terminate given no later than ninety (30) days prior to the effective date of termination.

4. Each party shall comply with all applicable federal, state and local laws, rules, regulations and standards while performing under the Agreement.

5. All notices and correspondence from one party to the other pursuant to this agreement shall be sent via first class mail, return receipt requested to:

HERITAGE VILLAGE AMBULANCE ASSOCIATION, Inc.

P. O. BOX 2045
SOUTHBURY, CONNECTICUT 06488

Mutual Aid Agreement

This Agreement is a formalized understanding of Mutual Aid assistance for provision of emergency services between the Oxford Ambulance Assoc. and the Heritage Village Ambulance Assoc, Inc.

In the event that Heritage Village Ambulance Assoc, Inc. is requesting Mutual Aid, the service to which the request is made shall, unless unavailable, act as assisting emergency service in that particular instance. Once a service has agreed to assume the responsibilities of Mutual Aid, it shall provide assistance in accordance with this agreement.

The Mutual Aid service shall maintain all the necessary records of the service provided, including all records required by the Connecticut Office of Emergency Medical Services.

Both the requesting service and the Mutual Aid service shall be liable for their own actions at all times regardless of where operating or at whose request.

Signature:
Authorized name: George W. Goodwin/President
Date: 2/25/2019

Please sign and date and return.

Signature:
Authorized name: Madelene Taggart/Exec. Director
Date: 6/17/19

HERITAGE VILLAGE AMBULANCE ASSOCIATION, Inc.

P. O. BOX 2045
SOUTHBURY, CONNECTICUT 06488

Mutual Aid Agreement

This Agreement is a formalized understanding of Mutual Aid assistance for provision of emergency services between the WoodburyAmbulance Assoc. and the Heritage Village Ambulance Assoc, Inc.

In the event that Heritage Village Ambulance Assoc, Inc. is requesting Mutual Aid, the service to which the request is made shall, unless unavailable, act as assisting emergency service in that particular instance. Once a service has agreed to assume the responsibilities of Mutual Aid, it shall provide assistance in accordance with this agreement.

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Both the requesting service and the Mutual Aid service shall be liable for their own actions at all times regardless of where operating or at whose request.

Signature:

Authorized name: George W. Goodwin/President
Date: 2/25/2019

Please sign and date and return.

Signature:
Authorized name: ~~Judy Saari~~/President
Date: 7.2.19 Julie Duff

MUTUAL AID AGREEMENT

WHEREAS, the safety of the citizens of the State of Connecticut is of utmost importance to all levels of state and local government;

WHEREAS, Hatzalah of Waterbury Inc. and the EMS agency listed at the end of the agreement is to provide for the performance of the functions of pre-hospital patient care and transportation. This agreement recognizes that the prompt, full, and effective utilization of the personnel, apparatus, equipment, supplies, and other resources of the respective EMS providers is essential to the safety, care, and welfare of the people of the jurisdictions that they serve.

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AUTHORIZED SIGNATURES

I, the authorized representative for the service listed below, do hereby agree to the above mutual aid agreement. This agreement will remain in effect until canceled (in writing) or replaced by another agreement.

EMS Agency: Hatzalah of Waterbury Inc.

Name: Yitz Rabinowitz

Title: Chief/President

Signature: Yitz Rabinowitz

Address: 50 Buckingham Street
Waterbury, CT 06710

Email: office@hatzalahofwaterbury.org

Emergency Number: 203-754-4200

Non-Emergency Number: 203-228-7911

EMS Agency: HVAA

Name: George W Goodwin

Title: Pres/Admin

Signature:

Address: P.O Box 2045
Southbury CT 06488

Email: geog.hvaa@gmail.com

Emergency Number: (203) 509-8152 cell

Non-Emergency Number: 203-267-1515

Quality Assurance

Southbury Ambulance Association Inc. Quality Assurance-Quality Improvement (QA-QI)

February 25, 2021

Purpose:
To establish a policy for the continuous review, evaluation, and improvement of EMS for Southbury Ambulance Association (SAA) by performing Quality Assurance (QA) and improvement (QI) of patient care reports (PCR) in compliance with regulations, protocols and policies set by organization standards, St Mary's Hospital Medical Control and the State of Connecticut Office of Emergency Medical Services (OEMS).

QA is overseen by SAA Training Officer working with SAA staff who have the qualification levels to do such reviews, and reports to the Executive Board for BLS and ALS. The staff can include Medical Control, Vintech Supervision, Vintech QA staff, Girard & Girard, and SAA staff.

Twenty percent PCR's are viewed for completeness and accuracy complying with all relevant protocols to provide good patient care. Reports are submitted to the training officer of whom can present to the SAA Executive Board. There are various levels viewing and reporting to the Training Officer. Feedback is shared with staff and re-training is provided as needed. Additional training events are scheduled as needed.

PCR's are sent to Saint Mary's Medical Control for review, evaluation, and feedback when requested and or when there is a concern or conflict within SAA review process. ALS PCR's are sent for all new to SAA medics, as requested, those reviews by independent company and for any other need.

SAA does use to an independent PCR QA/QI (Girard & Girard) company for review and evaluation. PCR's are randomly picked and sent for review.

Patient complaints and compliments are reviewed and addressed. Saint Mary's Medical Control is also involved as needed and an independent PCR QA/QI company is available for additional feedback if applicable.

Revised July 7, 2021

Heritage Village Ambulance Association Inc,

Quality Assurance Program

PURPOSE:

To ensure high quality service to our patients and to guarantee compliance with all regulatory, licensing, and State of Connecticut EMS Protocols.

Policy:

The QA. Compliance Committee will review all quality measures.

The Committee is comprised of:
Chairman- An appointed Board member
Administrator
Asst. Administrator Q.A./Compliance

Quality Measures are reviewed monthly.

The Committee meets Quarterly – unless there is a quality/compliance issue which needs immediate attention.

QA/Compliance Measures:

Response Times-Monthly

Run Form Review-Daily

AED:
Equipment checked twice a day - beginning of each shift.
Usage checked each time used with inhouse software.

Pre-shift checklist- to ensure ambulance readiness-beginning of each shift.
(unannouced regular ambulance inspections)

Employee Certification – Month prior to submission of next schedule.

Patient Complaints or Complements- reviewed with staff involved as received.

Total Response QA Assessment Summary Tool

QA Assessments help to provide a subjective measurement regarding how a call was handled and acted upon. The process is intended to offer an opportunity to discover what can be learned from the events being assessed rather than focus on what went wrong. This is an important distinction as too many centers use QA assessment in a manner that causes it to be seen in a negative light by the operators whose actions are being scrutinized.

As the person undertaking the assessment, it is your role to be impartial and appraise each situation based upon what you hear took place and see was recorded. The primary outcome from the assessment will be the score, weighted across different parts of the process to reflect their significance. A single score from a single call isn't going to indicate whether an operator is effective or the center is performing efficiently. This kind of assumption can only be determined over time, through analysis of trends that the data provides.

To compile a trend analysis the results from a number of individual assessments need to be summarized. These summaries can be gathered at the conclusion of each assessment using the Excel workbook TR_QA_Summary Data.

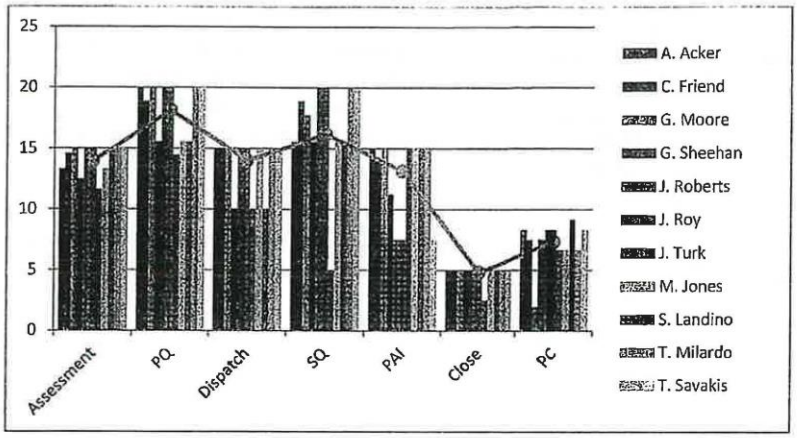
When opened, the file contains a collection of spreadsheets;

- **Weights** – contains the weights for each phase of the assessment.
- **Assessor** – a list of operators who are approved to complete QA assessments. This list provides content for a drop-down list in the Summary Database.
- **Operator** – A list of operators in the center who may be subject to QA assessment. Notice the blue area to the right of the operator list. This area will be populated automatically as assessment results are entered into the Database.
- **Response** – A list of Incident Type codes that represent the codes calls are dispatched with. The default list supplied with the Workbook is the APCO Standard Default CAD Incident Types. The column next to the incident types is the prime agency type associated to the Incident Type. The blue area to the right will populate automatically as the database is compiled.
- **Chief Complaint** – A list of the Chief Complaints (protocols) that are used by the agency. The blue area to the right will populate automatically as the database is compiled.
- **Time & Day** – This sheet provides analysis of QA assessments by day of the week and hour of day. The content will populate automatically as the database is compiled.
- **Database** - This worksheet contains the summary data taken from individual QA assessments. Each assessment is summarized in a single row. Cells colored white require values to be typed in. Cells in grey are populated from drop-down lists. Cells in blue are populated from formulas using data in the white or grey areas.

As the Database table is filled, a number of different data views are generated:

1. **Operator** - For each operator the total number of reviews they have been subjected to is displayed together with their average score for each segment of the QA assessment process. These scores are compared with the average for the entire center. A score that is less than the

center average is highlighted in red making these values stand out within the table. At the top of the table some of the Center Average values may be displayed in yellow highlight boxes, this identifies that the Center Average is below the Weight Score on which all assessments are based (remember that all values in the table are rounded to exclude decimal places, so values that appear equal are in fact being compared by their true value that includes decimals).

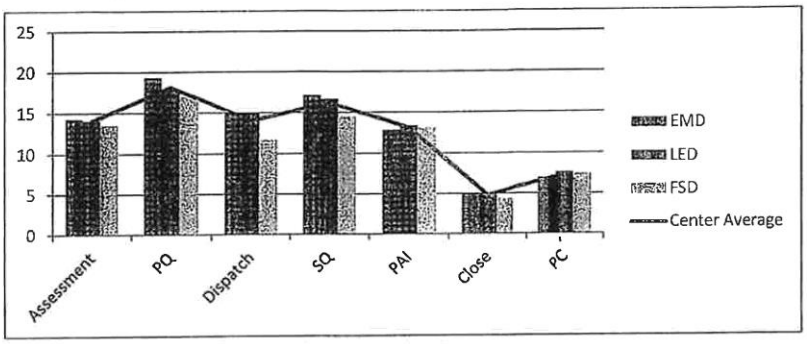


So, what does the chart, which is displayed with the table, tell us? The chart is comparing the average assessment segment score for each operator with the overall center average. By selecting the color bar for an individual operator you can quickly see how their scores compare with their colleagues. For example, the scores for T. Milardo are represented by the blue column, second from the right with each segment. With the exception of PC (PowerPhone Considerations – general communication skills), these scores are above or equal to the center average. On the face of it, you might regard this performance indicator to be evidence of a job well done. However, remember that while this operator appears to be scoring well for their use of protocols to handle calls, the assessor has questioned their communication skills. This might be something that requires closer scrutiny. In addition to this, we also need to factor in that this chart example is based on the scores from just one assessment relating to T. Milardo. To obtain a more robust assessment of the operator's skills, they really need to be the subject of many more assessment reviews before remedial action is considered. To use another example, T. Savakis (first from right) appears to score above average in the segments relating to protocol use (assessment, primary questions, dispatch recommendation and secondary questions), but not so well for pre-arrival instructions and call closure. Could this operator be lacking care and compassion? Cross reference to the data table reveals that this operator has also been the subject of a single review but, as over 4 out of the 11 operators (36%) appear to be below average for PAI's, this is a trend that needs observation of the coming weeks. This could be a situation that indicates a training need, or if these operators work together on the same shift, it

could raise questions over whether call demand is putting too much pressure on them to provide sufficient attention to pre-arrival instructions.

If an operator name needs to be added, enter the name in the first empty cell at the bottom of the list. Then select the list of names (do not include any of the blue area) and sort the names into alphabetical order. The values in the blue area update automatically.

2. **Response** – The Response table is associating the average assessment scores with the Dispatch Event Type that the call was dispatched against. The objective is that over time, the table should reveal if there are significant differences between how calls are handled in relation to incidents of different type.



The worksheet also provides another summary that is based upon the agency type associated to each Dispatch Event Type. The result is a summary view for calls that were dispatched as EMD, FSD and LED incidents. In the chart example provided, the data suggests that calls dispatched as EMD or LED incidents generally scored at or above average, whereas FSD incidents score below average. Because Total Response doesn't differentiate protocols between agency types, this chart may include Chief Complaints such as Motor Vehicle Accident that, depending on the scene conditions being reported, could have generated have recommended incident types that covered all agency types. So what might explain these differences? As the concept of structured questioning and pre-arrival instructions is more widely recognized for EMD situations, operators may be more familiar and comfortable in using scripts to handle these situations. The approach to fire dispatch is much more focused on speed and minimal prioritization questioning because of the speed that fire dangers can present. Handling calls for Law Enforcement assistance often requires the operator to gather more information than other scenarios particularly when descriptive details are required.

3. **Time & Day** – The third summary view provides an analysis of assessment scores by hour of day and day of week. As the number of assessment scores builds in the database, these views provide the opportunity to see if there are significant differences between when calls occur. This

may provide insight into different working practices between shifts either because of the way they are supervised or because of fluctuating demand.

Town of Southbury Emergency Services Volunteer Appreciation Program Criteria Individual Emergency Service's Processes and Record keeping Procedures:

Southbury Volunteer Firemen's Association Process and Record keeping Procedures:

Fire Calls -

1. The Board of Directors shall establish the number of calls for a calendar year.
2. Attendance at a call shall be verified on the run form and signed by the Officer in Charge and reviewed and approved by the Fire Chief/ Assistant Chief monthly.

Drills –

1. The Board of Directors shall establish the number of drills for a calendar year.
2. Firefighters name must be checked on the drill attendance sheet, exceptions are listed below
3. A firefighter attending and completing a Department approved training course, may receive credit for a department drill by presenting a certificate for the course to the Training Officer.
4. A firefighter who does not make a call due to attending an authorized Fire Department meeting or training shall receive credit for the call or training. It is the firefighter responsibility to bring this to the attention of a department officer.

Heritage Village Ambulance Association Process and Record keeping Procedures:

Recording Activity Hours:

1. All Monthly schedules for riding crew members are monitored daily by the scheduler and the President. At the end of each month the scheduler prepares a list of riding crew members for the President's final review and approval.
2. Committee Chairs for each of the ambulance committees: Schedulers, Instructors, Maintenance and Stockers will prepare a report each month showing times worked for each of their respective member. The Chair signs off on these activity reports forwarding them to the President for final review and approval.
3. The President then tallies and records all members' activity times for the month.
4. The President then prepares a quarterly report showing all accumulated times for all if it's participating members for and submits to the Town of Southbury EMS committee.
5. Officers: Based on the assigned duties the Officers of the respective ambulance organizations, it has been determined that each officer's duties automatically are equivalent to 601 plus hours. This shall be certified by each service chief annually

Training Requirements:

1. Minimum training requirements include maintaining state EMT certifications, required OSHA training and other training Sessions deemed mandatory by the President of the Association.
2. The President will maintain records and certify that each member attends the required training annually.

Southbury Ambulance Association Process and Record keeping Procedures:

Recording Activity Hours:

1. All documents are to be submitted to the President/Chief by the 5th of each month for time served the previous month on designated form.
2. Staff must submit hours to the President/Chief for time served (other than those of scheduled SAA training sessions with a sign in log sheet and those on electronic schedule) examples of hours needed are: clerical, shift going longer than on electronic schedule, special events and etc.
3. SAA Admin Staff will compile all training hours and schedule hours. They will be submitted to the President/Chief for approval.
4. SAA Admin Staff will enter all approved hours to the VAP monthly report. This report will reflect each month's hours and year to date total hours for each staff person for the current year.
5. The President/Chief will assign a staff person to audit at least ten percent of data entered. Once this is done the President/Chief will sign off for the report to be posted (in locked bulletin board) for all Staff to view.
6. Each Staff person is responsible to report any discrepancy in their hours to the President/Chief.
7. Officers: Based on the assigned duties the Officers of the respective ambulance organizations, it has been determined that each officer's duties automatically are equivalent to 601 plus hours. This shall be certified by each service chief annually.

Training Requirements:

1. Minimum training requirements include maintaining state EMR/EMT certifications, SAA annual required training and other training Sessions deemed mandatory by the President/Chief of the Association.

2. The President/Chief will maintain records and certify that each Staff person fulfills the required training annually.

Minimum Eligibility to Participate & Payment Amounts

Membership:

As of December 31st of beginning of program year:

SVFA: Must have been an active member in the Southbury Volunteer Firemen's Association for at least the two (2) preceding calendar years.

EMS: Must be a volunteer member of the Southbury Ambulance Association, Heritage Village Ambulance Association or an active Q-Item.

Training:

SVFA: Must meet all department minimum-training requirements annually and must attend at least four (4) department drills.

EMS: Must meet all Association's minimum training requirements annually.

Participation:

SVFA: Must respond to a minimum of 10 % of the calls for the calendar year.

EMS: Minimum of 50 hours participation in organizations duties, each year to participate

Payment Amounts:

Amount of Payment eligible is based on the following:

SOUTHBURY VOLUNTEER FIREMEN'S ASSOCIATION		
Calendar Years In Services	10 – 24 % of calls	At least 25% of calls
2 - 3	$200	$400
4 – 5	$400	$800
6 or more	$800	$1,000

EMS SERVICES	
50 – 100 hours	$ 150
101- 200 hours	$ 300
201 – 300 hours	$ 500
301- 400 hours	$ 650
401 – 500 hours	$ 800
501 – 600 hours	$ 900
Greater than 601 hours	$ 1000

Payment:

The Chief of Southbury Firemen's Association and the Chiefs of the Ambulance Associations shall, on or before the certification date, submit their original certifications and criteria currently in effect to the Town of Southbury Fiscal Office for review and requested Approval of the herein reimbursement sum. Each certification shall be made only for a currently serving **"Eligible Volunteer"** and based upon that individual's activity in the previous calendar year.

SOUTHBURY AMBULANCE ASSOCIATION
SOUTHBURY, CONNECTICUT
MASS CASUALTY PLAN

1.0 NOTIFICATION AND DECLARATION

1.1 EARLY ALERT: DISPATCH PROTOCOL

Any dispatcher, upon learning of the POTENTIAL for a mass casualty event, shall provide an early notice of the possibility of a mass casualty response to the Southbury emergency services (fire, ambulance, police), and state police, in accordance with the protocol in the DISPATCH DUTIES section of this plan. It is anticipated that the Official Declaration of mass casualty would occur within the next few minutes by the senior fire officer present at the scene but could be EMS. Following the official declaration of a mass casualty incident, the dispatcher will then notify all of the emergency services and agencies listed in the DISPATCH DUTIES section of this plan.

The dispatch center responsible for emergency equipment dispatch in the Town of Southbury is Southbury Dispatch Center.

1.2.1 DETERMINATION OF INCIDENT COMMANDER AND SIZEUP:

The first responding medical unit shall determine and report the following:

a. Extent (# of casualties)
b. Nature (mechanisms of injury)
c. Severity (# of non-ambulatory patients)
d. Spread (geographic area covered)

According to state law it is recognized that the senior fire officer is in large of the on-scene operations where large numbers of injured victims are present. In this capacity, the senior officer will serve as INCIDENT COMMANDER with the primary mission of coordinating overall operations and cooperation between the various responding services. An exception to this would be, for example, a sniper incident where the senior police office will serve as INCIDENT COMMANDER.

The INCIDENT COMMANDER, if on the scene when the first medical units arrive, will be the single individual from whom authority will be obtained to enter the area where the victims are locate ,and will be the official who will designate the EMS SCENE CONTROL OFFICER to serve in that capacity to coordinate medical responses. In the absence of an INCIDENT COMMANDER in the initial phase of operations, the first medical unit crew chief or leader on the scene assumes the role of EMS SCENE CONTROL OFFICER and begins to function in that capacity without supervision until the INCIDENT COMMANDER functions emerge at a later time.

1.2.3 SIZE UP: FIRST MEDICAL RESPONDER PROTOCOL

Size up will be done in accordance with the determination of the resources that can be reasonably expected to respond within the first fifteen minutes to a local event (number of ambulance vehicles times 2 patients per vehicle equals the number of patients that can be served by normal mutual aid). The threshold number to declare a mass casualty has been established at 8 VICTIMS.

1.3 DECLARATION

First responding emergency units may declare a POTENTIAL MASS CASUALTY. The official confirmation of an ACTUAL MASS CASUALTY will come from the senior fire department officer to "EXECUTE THE MASS CASUALTY PLAN."

1.3.1 ADDITIONAL RESOURCES

Following dispatch protocols defined under DISPATCH DUTIES, the appropriate number of additional resources will be requested. Information is provided directly through the dispatch center to the emergency services identified in the dispatch

Southbury Dispatch Center shall notify the emergency services and agencies listed in the dispatch section.

2.0 MUTUAL AID DISPATCH PRE-PLANS AND PROTOCOLS

The dispatch section of this document contains worksheets for the completion of local dispatch protocols for resource mobilization on authorized command from the scene. These are provided as separate documents to allow the completed protocols to be filed at dispatcher consoles for direct consultation.

2.1 EQUIPMENT AND SUPPLIES

The following BLS equipment items should be stockpiled by each ambulance service and unloaded at the treatment area upon arrival at the scene.

Backboards	(10)	Portable Oxygen (inhalation and demand valves)
Cravats	(50)	Dressings and Bandages (in cases)

Specialized rescue equipment will be called for by the Senior Fire Official in charge of the scene, and will be dispatched according to the Town Emergency Plan on file in the dispatch center and considered as an appendix to this document.

2.2 NON-TRANSPORTING RESCUE SERVICE DISPATCH PROTOCOLS

MISSION: This activity is assigned to SOUTHBURY DISPATCH CENTER

FUNCTION: Receive initial information of a possible mass casualty' incident, dispatch the appropriate resources to size up and initiate on scene activity, and to act on authorized orders to dispatch additional resources required.

REPORTS TO: Chiefs of all services who have authorized their units and resources to be dispatched.

SUPERVISES: Dispatch personnel.

OPERATIONAL COMMENTS: Following written protocols, the dispatcher on duty will provide initial responses and, if indicated, additional resources, before a formal declaration of mass casualty incident is made at the scene.

Initial dispatching of responding units.

1. Receive initial information on the nature and extent of the situation
2. Initial dispatching of responding units.
3. When indicated, notify other public safety dispatchers to coordinate fire, police and area ambulance units.
4. When initial information is received from the scene, following written protocols, step up the number of units dispatched as indicated.
5. When acting on authorized command from the scene, coordinate the dispatching of the required ambulances and other medical response unit to the scene.

RADIO CALL SIGN: "Southbury Dispatch"

3.0 ON SITE ORGANIZATION AND OPERATION

3.1 COMMAND STRUCTURE:

In a declared mass casualty situation, the following structure of command organization will apply:

INCIDENT COMMANDER

FIRE SERVICE CHIEF	EMS SCENE CONTROL OFFICER	STATE PERSONNEL	
PRIMARY TRIAGE OFFICER	SECONDARY TRIAGE OFFICER	TREATMENT OFFICER	LOADING OFFICER

3.2 GENERAL PROCEDURES:

3.2.1 PERSONNEL: A Command Post will be established for coordination of all resources in the scene to include the

following personnel:

A. Senior Fire Officer
B. Fire Officer
C. Police Officer
D. EMS Control Officer

3.2.2 STRUCTURE

The Communication Center will usually be located at the Southbury Town Hall Annex during any mass casualty incident (medical and non-medical) because of its enhanced communications facilities.

3.3 SCENE ACCESS AND SECURITY: POLICE PROTOCOL

Police agencies will establish a secure perimeter to control access to the scene. This function is critical to efficient on-site operations.

Communication will be established between the Command Post and p1lice units at the perimeter in order to verify the need for, and to direct all incoming personnel and apparatus. Personal vehicles will not be permitted on the scene. All incoming apparatus will be directed as follows:

A. Fire apparatus to Fire Officer
B. Rescue Squads to Fire Officer

C. Ambulances to Loading Officer once established; to EMS Scene Control Officer early in the operation.

All incoming personnel will be directed as follows:

A. Firefighters to Fire Officer
B. Police Officers to Police Officer
C. EMS Personnel to EMS Control Officer.

3.4 TREATMENT AREA. This is the responsibility of the TREATMENT OFFICER.

3.5 EQUIPMENT

When indicated, incoming ambulances will be asked to offload the following medical supplies at a stockpile adjacent to the) Category 1 (RED) Treatment Area:

1. Backboards and straps (10 sets)
2. Cravats (50)
3. Portable Oxygen (inhalation and demand valves)
4. Dressings, Bandages (in cases)
5. Portable Suction
6. Splints
7. Airways
8. Trauma Kits

3.6 RESCUE EQUIPMENT

Specialized rescue equipment will be called for by the Senior Fire Official in charge of the scene, and will be dispatched according to the Town Emergency Plan on file in the dispatch center.

3.7 TRIAGE AND STAGING

After unloading medical supplies, ambulances will be requested to report to a loading area adjacent to the category I treatment area and await assignment by the Treatment Officer or Loading Officer.

CATEGORY I (RED) TREATMENT: Category I (red) patients will be carried on spine boards to a treatment area for immediate care to be assigned by the Treatment Officer. The Treatment Officer will further sort Category I patients as either A (highest priority) or B (high priority).

CATEGORY II (YELLOW) TREATMENT: Category II (yellow) patients will be carried on spine boards to a treatment area for delayed care to be assigned by the Treatment Officer.

CATEGORY **III** (GREEN) TREATMENT: Category III (green) patients will be escorted to an area for evaluation and care of minor injuries not requiring immediate hospital care, and for psychological support. This area will be staffed primarily by non-medical personnel but supervised by an EMT. An E.R physician should evaluate all persons involved in the incident, including Category III (green) patients. Category III patients can be transported by bus to an area hospital as time permits. An EMT must be on the bus and an ambulance must escort the bus.

3.8 TRANSPORTATION: LOADING OFFICER PROTOCOL

The Loading Officer will give incoming ambulance crews their patient assignments.

No Category II (yellow) patients will be transported until all Category 1(red) patients have been transported.

3.9 TRANSPORTATION

Transportation is the responsibility of the Loading Officer. The E.R. Physician at St. Mary's Hospital will be the final authority in designating the hospital to which a patient will be transported. The hospital designation will normally be done after consultation with the Treatment Officer. All communications between the scene and the E.R. physician will be through Northwest C-Med. If physician guidance is not available, the Treatment Officer will exercise the authority to distribute patients between New Milford, Waterbury, St. Mary's, and Danbury Hospitals, taking into consideration the distance and stability of the patients. Ambulances will return to the Loading Officer or further instructions. Patients requiring inter-hospital transfer will be transported by ambulances dispatched from the receiving hospital.

3.10 Termination

The EMS Control Officer will assist the Incident Commander to decide when no additional resources are necessary and when the last patient has been transported, including all Category III (green) patients. The Incident Commander will terminate the Mass Casualty operations. This information will be communicated to t e dispatcher and to the hospitals involved in the operation. The EMS Control Officer will decide which units are to remain at the scene during recovery operations when the Incident Commander has requested this resource.

FUNCTIONS OF EMS COMMAND PERSONNEL

The following pages contain the duties and job descriptions of the EMS command personnel. Each of the officers should be trained and thoroughly familiar not only with their specific duties but also with the duties of the other officers so that there will be smooth interaction throughout the chain of command.

EARLY ALERTING AND DISPATCH

INCIDENT COMMAND

EMS SCENE CONTROL OFFICER

PRIMARY TRIAGE OFFICER

SECONDARY TRIAGE OFFICER

TREATMENT OFFICER

LOADING OFFICER

EARLY ALERTING AND DISPATCH

DISPATCH DUTIES

MISSION: This activity is assigned to the Southbury Dispatch Center

FUNCTION: Receive initial information of a possible mass casualty incident, dispatch appropriate resources to evaluate and initiate scene activity, and to act on authorized orders to dispatch appropriate, additional resources as required.

REPORTS TO: Incident Commander and chiefs of all services.

OPERATIONS: Following written protocols, the dispatcher on duty will provide initial responses and, as indicated, dispatch additional resources, prior to a formal declaration of a mass casualty incident at the scene.

TASKS: 1. To receive the initial report of the incident, determining the nature and scope of the event, to the extent possible.

2. Initiate dispatch of responding agencies and units.

3. As indicated, request an additional dispatcher to assist with the incident.

4. When information is received from the scene, following written protocols and as authorized from scene command, dispatch required medical units to the scene.

RADIO CALL SIGN: Southbury Dispatch, Base, GB, and HQ, depending on agency.

RADIO FREQUENCIES:

Southbury Fire 153.7925
Southbury PD 155.7825
Southbury Ambulance 155.0625
HVAA 151.925
HV Security 153.620

Any Dispatcher, upon learning of the potential for a MASS CASUALTY EVENT, shall provide early notice to Southbury Emergency Services, Southbury Resident Trooper Office, and Connecticut State Police Troop A immediately, without waiting for official confirmation from the scene:

1. Immediately advise personnel of the Southbury Resident Troopers' Office of the incident and the potential for multiple victims.

2. Advise Troop A of the event, location and potential for multiple victims.

3. If a fire or need for rescue is reported, standard fire protocols shall be completed prior to Mass Casualty Incident Procedures. The initial tone out should indicate all available personnel to respond to Center Firehouse for further instructions, and for the fire officer to contact Dispatch for information.

4. Tone out Southbury Ambulance, Mass Casualty Tone, indicating nature of event, location, and number of victims. Advise all available personnel to report to Center Firehouse, and the crew to contact Dispatch.

5. Contact Southbury Civil Preparedness and advise of the incident, and for them to report to Center Firehouse to collect equipment and supplies.

After notifying the services listed previously, the dispatcher will next advise Northwest Connecticut Public Safety Communication Center (CMED) with a message similar to the following.

"•..Southbury Ambulance/Fire Department has reported a potential Mass Casualty incident, (state nature of incident). The initial estimate of casualties is (state number)..."

At that point, CMED will notify State OEMS and the following facilities.

1 Waterbury Hospital
2 St. Mary's Hospital
3 Danbury Hospital
4 New Milford Hospital
5 Bridgeport Bum Center
6 Yale New Haven Hospital, Pediatric Center

Confirmation that there is an actual Mass Casualty Incident will be the order from the Incident Commander to "... Execute the Southbury Mass Casualty Plan..." Upon receiving this order, the dispatcher will notify the following services, in the order listed, and with a message similar to the one listed below.

"*... (name of town or service) Ambulance is requested to respond to Mass Casualty Incident (state the nature of the incident). They are requested to proceed to (state the location of incident) with all available personnel, long boards and mass casualty equipment... "*

1. Southbury Training School (STS)
2. Campion Ambulance (full car & medic)
3. Middlebury Ambulance
4. CMED
    a) Oxford Ambulance
    b) Woodbury Ambulance
    c) Bethlehem Ambulance
    d) Naugatuck Ambulance
5. Newtown Ambulance
6. Litchfield County Dispatch (LCD)
    a) Roxbury Ambulance
    b) Bridgewater Ambulance
7. Brookfield Ambulance
8. American Medical Response (AMR)

INCIDENT COMMANDER

MISSION: This activity is assigned to Southbury Volunteer Fire Department.

FUNCTION: Size up and formally declare a mass casualty incident when this is indicated, serving then as primary authority to make control decisions affecting coordination of the various agencies and services responding.

REPORTS TO: The First Selectman of Southbury

SUPERVISES: A designated officer in each of the following public safety service;: police, fire, and EMS; also all other agency and support groups responding to the situation including, but not limited to civil preparedness, Red Cross, military support groups, etc.

OPERATIONAL COMMENTS:

l. This person must avoid an extended span of authority, limiting the number of personnel reporting and requiring guidance.
2. A command post may be set up to serve any of the following needs:

a. To house together the chiefs of police, fire, civil preparedness and EMS Scene Control Officer to allow direct face to face decisions.
b. To coordinate inter-agency tactical on-scene communications.
c. To communicate inter-agency strategic (scene to dispatch land other centers away from the scene) communications.
d. To serve as a focus for the news media to receive up-to-date information.
e. A shelter for personnel who need a place to rest.
f. A location to store equipment, especially drugs and valuable supplies.

TASKS:

l. Designates the individuals to report to him/her, defining their ~cope of responsibilities and authorities.

2. Communicates appropriate information and requests for decisions between officials involved.

3. Designates loading area adjacent to patient treatment area.

4. Establishes outlying communications points.

EMS SCENE **CONTROL OFFICER**

MISSION: This activity is assigned to Southbury Ambulance Association.

FUNCTION: Direct all medical operations.

REPORTS TO: Incident Commander

SUPERVISES:
1 Primary Triage Officer
2 Secondary Triage Officer
3 Treatment Officer
4 Loading Officer

OPERATIONAL COMMENTS: This role should be assumed immediately by the crew chief of the first arriving ambulance. A senior ambulance member may relieve this person with concurrence of the incident commander. This person should be at the command post.

TASKS

1. Obtain authority from the incident commander to enter the scene and establish medical operations.

2. Communicate an estimate of casualties to the primary receiving hospital(s) and to the dispatch center

3. Designate and supervise the Primary Triage Officer

4. Designate and supervise the Secondary Triage Officer

S. Direct incoming EMTs to assist in back boarding and other activities needed

6. Designate and supervise the Treatment Officer

7. Designate and supervise the Loading Officer

8. Give periodic reports with appropriate information to the incident commander

9. Identify problem areas and assign resources (assign least certified member to call SAA personnel from SAA office or Firehouse telephone)

PRIMARY TRIAGE OFFICER

MISSION: This activity is assigned to Southbury Ambulance Association.

FUNCTION: View all patients to identify and immediately correct life-threatening problems

B	Bleeding
A	Airway
S	Shock
I	Immobilization (Secondary Triage) after
C	Classification (Secondary Triage)

REPORTS TO: EMS Scene Control Officer

SUPERVISES: Personnel assigned to treat immediate life-threatening problems

OPERATIONAL COMMENTS: Under ideal conditions, the first arriving medically trained person should perform this function immediately. If a fire or other hazard exists, the Incident Commander will decide on alternatives:

1. Evacuate all patients prior to any triage and care.
2. Control hazard first, followed by triage and care.

TASKS:

a. Circulate among all patients
b. Identify life-threatening problems: Bleeding, Airway, and Shock.
c. After treatment of life threatening injuries, remain in casualty area and direct care of the remaining patients.
d. Direct others to conduct patient care. Assign personnel with EMT level training to bandage and immobilize patients on long boards for transfer to the treatment area. If needed, non-EMT personnel may assist in moving patients as long as they are under the direct supervision of an EMT.
e. Give periodic reports to the EMS Scene Control Officer.
f. Responsible until all patients have been moved to the treatment area.

SECONDARY TRIAGE OFFICER

MISSION: This activity is assigned to Southbury Ambulance Association.

FUNCTION: Determine the order of patient evacuation from the scene to the treatment area.

REPORTS TO: EMS Control Officer.

SUPERVISES: Other team members

OPERATIONAL COMMENTS: Unlike the functions of the EMS Control Officer and the Primary Triage Officer, this function may not start immediately. During the first minutes of the incident, when resources are limited, focus must be on establishing a command structure and primary triage. It is unlikely that secondary triage will occur until at least 30 minutes into operations.

TASKS:

1 View all patients.
2 Classify all patients according to their need for treatment
3 Tag all patients with METTAGs according to protocol:

Category	Color	Indication
o	Black	Clinical Death
1	Red	Rapid Transport
2	Yellow	Delayed Transport
4	Green	Final Transport by Van if Necessary

1. After all patients are tagged, remain in the area and assist Primary Triage Officer in directing treatment and removal of patients to the treatment area.
2. Give periodic reports with appropriate information to EMS scene control officer. After all patients have been tagged, prepare two identical written reports identifying the total number of victims tagged and the number in each color category. The secondary triage officer will retain one copy and the other is given to the EMS scene control officer.

TREATMENT OFFICER

MISSION: This activity is assigned to Southbury Ambulance Association.

FUNCTION: Establish and supervise the treatment area including assignment of personnel for patient care.

REPORTS TO: EMS Control Officer.

SUPERVISES: All personnel moving and treating patients in the treatment area.

OPERATIONAL COMMENTS: This person should have a high level of medical training and must match the limited

Treatment resources to patients on a priority basis, and must make appropriate assignment of paramedical and medical personnel.

TASKS:

1. Identify and mark patient treatment and staging areas.
2. Assume command and control over all personnel within the treatment area -supervise all patient care and provide for required security arrangements.
3. Assign personnel with advanced medical training to provide care in the patient treatment area.
4. Receive and review the condition of all patients as they arrive in the patient treatment area.
5. Conduct or oversee the third level of triage *(AIB* sorting of red tagged patients) establishing priority for treatment.
6. Communicate to the hospital for each patient:

    a) The MEITAG number
    b) Age and sex of patient
    c) Major characteristics of injury
    d) Request for identification of destination hospital
    e) Anticipated departure time

    Some or all of these communication tasks may be assigned to the Loading Officer

7. Give periodic reports to the EMS Scene Control Officer

COMMUNICATIONS: Radio communications will be via EMS Portable Remote through Northwest CT Public Safety Communication Center on assigned frequency to command post, monitored by the Northwest CT Public Safety Communication Center.

LOADING OFFICER

MISSION: This activity is assigned to Southbury Ambulance Association.

FUNCTION: Assign ambulance crews to receive patients.

REPORTS TO: EMS Scene Control Officer.

SUPERVISES: Ambulance Crews.

TASKS:

1. Identify and mark staging area for ambulances. Coordinate this with the Incident Commander and EMS Scene Control Officer.

2. Remind incoming ambulance crews to keep driver and gurney with their ambulance. Remaining crew members can assist in treating and moving patients.

3. Coordinate, identify and mark location of loading area with Treatment Officer adjacent to the patient treatment area.
4. On request of the Treatment Officer, direct ambulance crews to the treatment area for assignments for patient care.
5. Dispatch ambulances to hospitals designated by the Treatment Officer.

6. Communicate to the hospital for each patient:

    a. The METTAG number
    b. Age and sex of patient
    c. Major characteristics of injury
    d. Request for identification of destination hospital
    e. Anticipated departure time

    Some or all of these communication tasks may be assigned to the treatment officer

7. Give periodic reports to the EMS Scene Control Officer

4.0 MEDICAL PROTOCOLS

4.1 ON SITE TRIAGE

Primary Triage: The EMS Control Officer will designate the Primary Triage Officer who will conduct Primary Triage. The Primary Triage Officer (with the assistance of others if necessary) will:

A. Circulate among and view each patient.

B. Identify life-threatening problems:

1. Bleeding
2. Airway
3. Shock

C. Direct others to conduct patient care for these problems only.

D. Not order resuscitation of any patient who appears clinically dead until sufficient resources are available.

Secondary Triage:

The EMS Control Officer will designate the Secondary Triage Officer who will conduct Secondary Triage. The function of the Secondary Triage Officer (with the assistance of aids, if necessary) is to determine the order of patient evacuation from the scene to treatment areas as follows:

A. View all patients

B. Classify all patients according to the need for treatment

C. Direct others to conduct patient care for these problems only.

D. Not order resuscitation of any patient who appears clinically dead until sufficient resources are available.

Third Level Triage:

The EMS Control Officer will designate the Treatment Officer who will conduct the third level of Triage. The function of the Treatment Officer is to supervise the transfer of patients to treatment areas, and to assign personnel for patient care on a priority basis, as follows:

1. Identify and mark patient treatment area and the location of color zones.
2. Assign personnel with basic medical training to bandage and immobilize patients in long spine boards for transfer to appropriate treatment areas.
3. Assign personnel with advanced medical training to provide care in the patient treatment area.
4. Receive and review the condition of all patients as they arrive in the patient treatment area.
5. Mark the METTAG of each Category I (red) patient as follows: "A" most critical "B" less critical
   Position "A" and "B" patients in separate lines, thus dividing the Category I (red) patients into two distinct priorities for treatment.

Fourth Level Triage:

Fourth level triage will consist of the assignment of ambulance crews to individual patients for transportation to the hospital. Either the Treatment Officer or Loading Officer will perform this function upon consultation with the hospital emergency department.

TRIAGE SUMMARY			
SEQUENCE	LOCATION	CARE	SUPERVISOR
Primary	Scene	Bleeding Airway Shock	Primary Triage Officer
Secondary	Scene	Immobilization after classification	Secondary Triage Officer
Third	Treatment Area	EMT level	Treatment Officer
Fourth	Treatment Area and in ambulance	Continuing care and transport	Treatment Officer & Loading Officer

REVIEW AND REVISIONS

This plan is to be reviewed annually for possible update and confirmation of all telephone numbers. Any changes shall be submitted to every organization holding a copy of this plan. A description of all changes shall become part of the original plan currently being retained by Southbury Ambulance Association.

Organizations holding copies of the plan:

Town of Southbury EMS Plan –
EMS Committee
First Selectman
Dispatch
Police
Southbury Ambulance

REVIEW DATE

October I, 1987 (original draft)
Revised April 1988 Revised
November 1993 Revised
January 1995 Revised June
2000 Revised May 2001
November 2023

Data Gathering and Reporting

Paramedic Service Delivery

In 2021 the paramedic delivery model was changed from a contracted arrangement with a commercial provider to Southbury Ambulance Association assuming the responsibilities of paramedic coverage for the geographical boundaries of the Town of Southbury.

The System

The paramedic delivery system will be activated through the 911 PSAP and dispatched according to Emergency Medical Dispatching protocols. When Advanced Life Support (ALS) services are to be dispatched they will be sent on the in- service transport ambulance of SAA.
For ALS calls originating within the Heritage Village Ambulance Association (HVAA) Primary Service Area (PSA) the paramedic will transfer from operating on the SAA ambulance and will operate on the HVAA ambulance. One of the two EMT staff on the HVAA ambulance will then become a crew of the SAA transport ambulance and will go into service immediately to provide service for another call in town, should one occur.
At times that the one paramedic from SAA is involved with an ALS call, Southbury Ambulance will maintain a contract for a second paramedic 24/7/365 to respond to Southbury. This paramedic will most likely not be stationed in Southbury.

Reporting

The EMS committee, as providing oversight for EMS in the Town of Southbury, will receive reports on or about the 10th of each month for the preceding month on providing ALS in town as has been the regular practice of Southbury Ambulance Association during the most recent calendar year. The report shall contain the following minimum content.

Primary ALS ambulance

- Date, time of day, call number
- Condition dispatched for
- Pick up location and patient destination
- Calls that were downgraded but paramedic went to hospital
- Specific dates, times and reasons for not having any paramedic at all operating at SAA (relying on a mutual aid or contract paramedic for first call)

Intercept

- What service the intercept was with including SAA other BLS transport units Date, time of day, call number and paramedic number
- Condition dispatched for
- Pick up location and destination
- Downgrades- how (BLS crew cancel, paramedic assessment, etc.) Mutual Aid requests

Monthly summary of transports, downgrades, call cancellations and Paramedic Mutual Aid requests and cancellations.

Second Paramedic

- This paramedic delivery program has evolved based on the desire of the community to have the same level of care as has been provided for many years in town, but to be based in town. One aspect of the same level of care is to ensure that there are two paramedics available for the community.
- To meet this objective Southbury Ambulance Association has committed to contracting with a provider for a second medic to respond to the Town of Southbury.
- A copy of the executed contract/agreement will be sent to the EMS Committee within 15 days of issuance and any and all changes and a proper copy of the document will be included in Appendix 4 of the "Emergency Medical Services Plan for the Town of Southbury".
- The same data as being sought for the Southbury Ambulance Association paramedic shall be provided for the contract paramedic.

Quality Assurance

As the EMS committee is responsible for oversight of EMS in the Town of Southbury, the EMS Committee will have a subcommittee to receive and review summary reports for the preceding month from Southbury Ambulance Association to include ALS cases which were sent to Medical Control for review and the number of charts reviewed.

Funding

- The ability to provide ALS care is not without costs. Historically the Town of Southbury has borne that cost but the current paramedic model has transferred responsibility to SAA.
- Assurances have been made that there is no expectation of assuming any part of the costs of this program by the town.
- Should there be an issue with financial viability of the program and that supplemental funds may be needed for any reason, the town through the Fiscal Director (or his designee) and a subcommittee of the EMS committee as appointed by the committee chair will review 2 years of all financial documents as needed to understand and provide guidance to the EMS Committee and the Board of Selectman to support and justify or not of any and all needs of supplemental funds.

Report Period	Dispatch log # Requests	Total # Responded	covered by M/aid	Mutual Aid by SAA	No Transport	Trinity ALS	Trinity Dngrade	SAA medic ALS	SAA medic Dngrade	BLS Call	# Vol calls	#1 Call Type	#2 Call Type	#3 Call Type
1/1/2021														
2/1/2021														
3/1/2021														
4/1/2021														
5/1/2021														
6/1/2021														
7/1/2021														
8/1/2021														
9/1/2021														
10/1/2021														
11/1/2021														
12/1/2021														
Total 2021	0	0	0	0	0			0	0	0	0	0	0	0

Quality Assurance / Quality Improvement

Total ALS Charts ALS Reviewed ALS to Medical Control Exceptions

Total BLS Charts BLS Reviewed BLS to Medical Control Exceptions