Part I.

Credentials: Experience, Financial Strength

Our Proposal Includes a S.M.A.R.T. unit in each Zone A, B, and C. These units have a 5.5 kVA generator, 2 full size Stryker cots and seating for 5 practitioners.
I-A Credentials

We are pleased to present to you over the next few pages all of the data that demonstrates evidence of our credentials and qualifications to provide the services we are proposing for the specific zones in which we would be honored to serve San Joaquin County.

Priority One Medical Transport, Inc. has utilized the latest technologies available for all aspects of our operations. These high-tech applications are coupled with a team of dedicated and talented professionals that are passionate about the work they do.

We realize there are other choices in addition to Priority One. However, we believe after you have reviewed the material we have assembled for you in this proposal, you will understand why we assert that Priority One Medical Transport is the best choice for San Joaquin County to assign the responsibilities of the provision of emergency advanced life support ambulance service to the millions of people living, working and traveling through San Joaquin County everyday.

Such a vote of confidence is one that must be made after careful consideration. We trust that the management of the San Joaquin County Heath Agency and its Emergency Medical Services Agency will be diligent in the review and selection of a partner to recommend to the Board of Supervisors for approval for the provision of providing the out-of-hospital care and services required under this procurement. We look forward to participating in this competitive process and we stand ready to serve.

Type II ambulance vehicles possess the most mobility in an urban environment.
1. Credentials Overview

   a) Overview of Analogous Experience

   In July 2002, after completing the permit process, Priority One Medical Transport was issued a permit to provide emergency Advanced Life Support ambulance service in San Joaquin County. On July 22, 2002 our paramedic ambulance (M103) ran our first 911 request for service in the city of Stockton at approximately 08:00 hours. A few minutes later, our second paramedic ambulance (M143) ran our second 911 request, also in the city of Stockton.

   Priority One Medical Transport subsequently initiated 911 ALS ambulance service to the city of Lodi. Since our first day in July of 2002, Priority One Medical Transport has answered the call for service to over 21,000 911 requests for service in San Joaquin County. Priority One Medical Transport currently provides 911 ALS service in Zones A and B within the cities of Stockton and Lodi as well as the surrounding unincorporated areas.

   According to the U.S. Census Bureau, San Joaquin County had a population of approximately 563,598 in the year 2000. The cities of Stockton and Lodi had a combined population of 300,770 in the year 2000. The U.S. Census Bureau estimates the combined population to be at 341,849 as of 2004.

   Therefore, we estimate that Zones 1, 2, 3, and 4 comprise a population of at least 341,849 or approximately 52.6% of the population in San Joaquin County as of 2004. The U.S. Census bureau estimates the total San Joaquin County population as of 2004 to be 649,898.

   The minimum population requirements set forth in section 3.1 of the RFP issued by the county indicate that the bidder must have experience managing an emergency ALS ambulance service with a population of at least 33,500 for Zone A, 213,000 for Zone B and 29,000 for Zone C.

   Our experience in operating and managing an emergency Ambulance service within San Joaquin County over the past three years meets the above criteria and therefore we submit that we are qualified and have the analogous experience pursuant to the terms of the RFP issued by San Joaquin County.

   b) Overview of Regulatory Compliance and Litigation Record

   Priority One Medical Transport, Inc. has enjoyed a stellar track record performing the duties of the provision of emergency ALS ambulance service in San Joaquin County over the past three years. We have provided this service in accordance to the response time standards set forth by the San Joaquin County EMS Agency. In fact, we have consistently exceeded the minimum response time requirements and provided faster response times.
throughout our tenure in the Stockton and Lodi area ambulance zones we serve.

We are pleased to submit the detailed response time performance reports in Attachment N for your review. These reports serve as evidence of our compliance with the regulatory/contractual requirements set forth by the San Joaquin EMS Agency during the past three years.

Priority One Medical Transport, Inc. has never been involved in litigation in conjunction with an EMS contract, except for the cases disclosed in Section 2, k hereof.

c) Overview of Financial Stability

The board of directors of Priority One Medical Transport, Inc. has insisted on maintaining a sound financial footing for the company. While the lifecycle of every company’s financial position can vary from year to year, rest assured Priority One Medical Transport, Inc. has always responded with swift and responsive actions subsequent to experiencing downturns in profitability.

The company enjoys liquid reserves, assets and credit lines sufficient for the provision of ongoing operations that are proposed herein. In section 3.2 hereof, we have submitted detailed financial data about the company’s financial position and are confident in our ability to meet the financial obligations required to perform the services we are proposing though the life of any resultant contract.

More than 80% of our fleet is lien free.
2. Content of Credentials

a) Organizational History and Experience

Priority One Medical Transport, Inc. was incorporated on December 19, 1996 in the State of California. It is a “C” corporation based in Ontario, CA. The company has provided emergency ambulance service since it first commenced service in January 1997.

Priority One Medical Transport, Inc. is a wholly-owned subsidiary of A. W. M. Message Corp. a California C-corporation based in Ontario, CA. A. W. M. Message Corp. is a privately held for-profit corporation and is wholly-owned by one stockholder: Mr. Michael D. Parker.

There have been no other controlling interest business partners associated with Priority One Medical Transport, Inc. or A. W. W. Message Corp. during the past five years.

Priority One Medical Transport, Inc. holds no other controlling interest in any organization. Its stockholders do hold controlling interests in other organizations not affiliated with Priority One Medical Transport, Inc.

Priority One Medical Transport is both the company’s corporate and operating name. The company does business under its operating name, Priority One Ambulance and Priority One Medical.

The company entered the ambulance business by providing a service tailored to meeting the needs of a niche market in the non-emergency inter-facility arena.

Our service offerings expanded from non-emergency basic life support ambulance service to include emergency basic life support ambulance service, critical care transport/nurse-staffed specialty care transport services, neonatal/pediatric specialty care transport services, event and first aid services, community educational training services, and eventually emergency advanced life support services.

We currently are permitted to provide ambulance service in 14 California counties. Priority One Medical Transport, Inc. conducts these business operations with the assistance of hundreds of employees with a fleet of 100 emergency response vehicles.
b) Communities Served

Priority One Medical Transport, Inc. presents the following listing of Counties in which we serve. The counties are listed in the order in which services were commenced.

In each County, Priority One Medical Transport, Inc. provides services to the majority of cities within the County. A County permitting process exists in each of the Counties with the exception of Alameda and San Mateo; and in those Counties a letter of operational notice has been filed:

Orange County
BLS, CCT Non-Emergency/Non-Exclusive

Los Angeles County
BLS, ALS, CCT Non-Emergency/Non-Exclusive

San Diego County
BLS, CCT Non-Emergency/Non-Exclusive

Riverside County
BLS, CCT Non-Emergency/Non-Exclusive

San Bernardino County
BLS, ALS Special Events

Sacramento County
BLS, ALS, CCT Immediate Need/Non-Exclusive

Alameda County
BLS, CCT Non-Emergency/Non-Exclusive

Santa Clara County
BLS, CCT Non-Emergency/Non-Exclusive

Contra Costa County
BLS, CCT Non-Emergency/Non-Exclusive

Yolo County
BLS, ALS, CCT Non-Emergency/Non-Exclusive

Placer County
BLS, ALS, CCT Non-Emergency/Non-Exclusive

San Mateo County
BLS, CCT Non-Emergency/Non-Exclusive

San Joaquin County
BLS, ALS, CCT 9-1-1 Emergency/Non-Emergency

Stanislaus County
BLS Non-Emergency/Non-Exclusive

Butte County
Pending ALS 9-1-1 Emergency

Priority One Medical Transport, Inc. has multiple resources throughout Northern California and in the event of Mutual Aid or Disaster response, we have the ability to send additional ambulances to San Joaquin County from
the surrounding Counties; Sacramento, Contra Costa, Alameda, and Stanislaus.

c) Emergency Ambulance Experience

Priority One Medical Transport, Inc. has provided emergency ALS ambulance service in zones 1, 2, 3 and 4 within San Joaquin County over the past three years. We are pleased to submit response time data in Attachment N that serves as evidence of our experience in providing emergency ALS ambulance services meeting independently verifiable maximum (fractile) response time standards for both code-2 and code-3 requests. In Attachment N, we have presented examples of compliance for a period of at least two years of our fractile response times within San Joaquin County for each metropolitan/urban, suburban, rural and wilderness areas we serve.

d) Response Time Experience

Priority One Medical Transport, Inc. is proud of its demonstrated track record of providing a uniform level of service throughout the areas we serve. While some areas may present more challenges than others, we strive to maintain an ability to provide equitable service to all of our constituents.

In attachment N, we have provided response time report data that serves as evidence of our experience of providing equitable response time among neighborhoods and/or communities in the County of San Joaquin during the past three years.

e) Integrated EMS Systems Experience

Since first commencing service in 1997, Priority One Medical Transport has participated in integrated EMS systems throughout the state of California. In July of 2002, Priority One Medical Transport initiated its operations in San Joaquin County and began providing emergency ambulance services within an organized EMS system.

Our company works everyday in San Joaquin County with county area fire departments, law enforcement agencies and hospitals. While we do not currently utilize any sub-contractors for the provision of EMS services, we regularly participate in county EMS planning and review meetings as well as participating in joint training with other system agencies when requested.

We are prepared to consider all types of equitable arrangements with other public safety stakeholders that desire to partner with Priority One in creating a cooperative that will result in providing enhanced patient care and services to our constituents.
f) Net Worth

The following information documents our organization’s current net worth and our capacity to convert non-liquid assets into cash.

Our organization is currently structured in the following way:

1. Priority One Medical Transport, Inc. is wholly owned by Michael Parker.
2. Priority One Medical Transport, Inc. is leasing ambulances and equipment from E.A.R.S. Inc. which is a corporation wholly owned by Michael Parker.
3. Priority One Medical Transport, Inc. leases its corporate office and other operating facilities from Michael Parker, whom is the sole owner of those facilities.

We estimate our organization’s net worth to be 35.3 Million, broken down as follows:

1. Retained Earnings of Priority One (as of 6-30-04) $1,195,000
2. Goodwill of Priority One based on 500,000.00 per operating unit $30,000,000
3. Goodwill of E.A.R.S. Inc based on 10 times earnings $700,000
4. Equity in operating facilities based on market pricing $3,436,000

Our ability to convert current non-liquid assets into cash consists of the following. (The amounts listed below do not include additional funds available to us upon final award of the RFP contract. Various banks and lending institutions have pledged additional funding in the event of the contract award. Please see questions G. and H. in this section.)

1. Accounts receivable in excess of payables and current liabilities $500,000
2. Borrowing on credit line (current available) $750,000
3. Credit line equity on operating facilities $2,700,000
4. Personal credit lines afforded to Mr. Parker $1,000,000
5. Credit line equity on E.A.R.S. Inc. $300,000

Included in Attachment A, please see audited financial statements for the past two years showing current assets and liabilities. Additionally, we have included current financial statements as of 6-30-05 in Attachment A as well.

g) Access to Working Capital

Priority One Medical Transport, Inc. has been approved for a line of credit with Ford Motor Credit in the amount of One Million Eight Hundred
Thousand Dollars ($1,800,000.00). This line of credit will be used to purchase ambulances, Quick Response Vehicles, Supervisor Vehicles, and disaster response vehicles. Please see Attachment P of this proposal for a copy of the Ford Motor Credit letter.

**TCF Equipment Finance** has tentatively approved **Five Hundred Thousand Dollars ($500,000.00)** for the financing of additional vehicles and is working with other local banks for the approval for Fifteen (15) additional units. Final approval is contingent upon a review of Priority One Medical provided any updated financials as required. A copy of the TCF Equipment Finance letter is also included in Attachment P hereof for your review. A letter from Leader Industries (the ambulance manufacturer) is also included in Attachment P for your review.

h) Reserve Borrowing Power

Priority One Medical Transport, Inc. currently has a **One Million Dollar** ($1,000,000.00) credit line with **Pacific Western Bank**. Contingent on Priority One Medical Transport, Inc. becoming the successful bidder in one or more Area’s in San Joaquin County the amount will receive favorable consideration to an increase up to Four Million Dollars. This line of credit will be used to provide additional start up capabilities. Please see Attachment Q of this proposal for a copy of the Pacific Western Bank letter.

**Lehman Brothers Bank** currently provides financing for commercial properties where Priority One Medical has operation centers throughout the state. Our existing loans equal an amount of $1,150,000.00. Based on the preliminary information received from the budgets provided in this response to proposal Lehman Brothers is interested in pursuing an additional loan transaction of **Five Million Dollars** ($5,000,000.00). A copy of the Lehman Brothers Bank letter is also included in Attachment Q hereof for your review.

Priority One Medical Transport, Inc. is currently looking for an approximately 40,000 Square Foot Concrete Tilt-up Building (CTU) to conduct its San Joaquin County operations. Once completed, this building will house our division operations headquarters, dispatch, billing, vehicle maintenance facility, crew quarters and training center for use by Priority One and the California EMS Academy – San Joaquin Paramedic and EMT Training Center (under our Joint Venture Agreement with CEA).

i) Commitments Disclosure

There are no known commitments or potential commitments, affecting our company’s ability to implement a new contract with San Joaquin County. Our San Joaquin County operations is empowered to make decisions, provide
local leadership, has its own revenues, its own budget and its own overhead and operational cost.

j) Bankruptcy Filings and Contract Termination Disclosure

Since the formation of the corporation in November of 1996, Priority One Medical Transport has not filed for bankruptcy or experienced any termination of a contract for emergency ambulance service.

k) Litigation Disclosure

Priority One Medical Transport, Inc. is proud of its proactive record of limiting its liabilities through prudent business practices and by placing an emphasis on safety, training and other risk management activities. However, occasionally, every organization will experience litigation proceedings due to many factors both within and outside of a management team’s control.

The following cases represent the litigation record for Priority One Medical Transport, Inc. as requested in section 3.2 Content of Credentials sub section “K”. - litigation in the past five years involving Priority One Medical Transport or any principal officers in connection with any contract for similar services.

City of Stockton v. Priority One Medical Transport, Inc.  
Case Number CV-026436  
Superior Court of California, County of San Joaquin  
Monetary Amount – Case Pending – Dispute over dispatch fees.

Jahnelle Marie Astorino v. Amanda Jean Summers, Priority One Medical Transport, Inc.  
Case Number CV-0223669  
Superior Court of California, County of San Joaquin  
Monetary Amount – Case Pending – Results from an auto accident (covered under auto insurance limits).

l) Regulatory Actions and/or Sanctions Disclosure

Since the formation of the corporation, Priority One Medical Transport has not had any instances of major regulatory actions, sanctions taken against it, nor has it had any business permit revoked.

m) Business and Professional Licenses Held

The following represents a complete list of licenses and/or certificates held by Priority One Medical Transport, Inc. that are required for the provision of services under a resultant contract. Copies of each of these licenses are located in Attachment O for your review.
n) Key Personnel

Priority One Medical Transport is proud of the management team it has assembled to lead our company. The following key personnel shall be responsible for operations within San Joaquin County upon the award of a resultant agreement.

♦ Michael D. Parker, NREMT-P, President and Chief Operations Officer

Mr. Parker founded Priority One Medical Transport in 1996. He has led the company from its inception and has overseen its growth from one operating location with two ambulances to hundreds of employees and licensed to provide service throughout most of California. Mr. Parker has many years of business leadership experience in addition to that of leading Priority One. Previous to his tenure at the helm of Priority One, Mr. Parker served as one of the principals of Priority One Plus Long Distance, Inc. from 1992 – 1996.

In addition to his vast business experience, Mr. Parker has an extensive public safety service record in both law enforcement and EMS. He worked as a background investigator for the San Bernardino County Sheriffs Department and is a nationally registered paramedic licensed in California and accredited to practice in San Joaquin County as well as many other counties throughout the state.

Mr. Parker is a member in good standing with the National Academies of Emergency Dispatch. He holds NAED certifications in emergency medical dispatcher, emergency fire dispatcher in addition to a National Association of EMS Educators “EMS Instructor Course” certificate of completion. He also is a California licensed insurance broker and serves as the principal for Priority Link Insurance Services, an insurance agency located in Ontario, CA.

♦ Jim Karras, EMT-1, Vice President and General Manager

Mr. Karras is new to Priority One having joined the company in January of 2005 to serve in the newly created position of vice president and general manager. While Mr. Karras is new to the company, he is no stranger to the California EMS community. Previous to joining Priority One, Mr. Karras served as the general manager for Emergency Ambulance
Service based in Brea, California from 1999-2004. Prior to that, he worked for Schaefer Ambulance Service based in Los Angeles from 1982-1999 performing in many positions, including his last assignment as the regional manager for the Orange County division from 1989-1999. He also served as the company’s regional manager for its San Diego County division concurrently from 1995-1998.

As an active member of many association and committees, Mr. Karras is involved in many areas of EMS planning throughout the state. Currently, Mr. Karras serves as the vice chairman for the California Council of EMS educators, vice chairman for the Orange County EMS Education and Training Committee and is a past member of the Orange County EMCC committee.

Mr. Karras is a member of the California Ambulance Association, American Ambulance Association, Private Ambulance Providers Association of Los Angeles County, past president of the Ambulance Association of Orange County and past vice president of the San Diego County Ambulance Association. He first received his EMT-1 training at Rio Hondo College in Whittier in 1981 and remains a California certified EMT-1 today. Mr. Karras recently obtained a certificate of completion of the National Association of EMS Educators “EMS Instructor Course” and is a member of good standing in that organization as well. Mr. Karras oversees the day-to-day operations of the company and works closely with the company’s president.

♦ Milton Miller, M.D., Corporate Medical Director

Dr. Miller has served as the corporate medical director for Priority One Medical Transport since the company’s inception. He oversees the company’s quality improvement program, provides medical direction for the company’s CCT program and approves the company’s clinical and educational programs for its inter-facility non-emergency business operations.

Dr. Miller is a Diplomat of the National Board of Medical Examiners, the American Board of Ophthalmology, Advanced Cardiac Life Support; a member in good standing of the American Society of Cataract and Refractive Surgery, American Academy of Cosmetic Surgery and is a Fellow of the International College of Surgeons.

In addition to his position with our firm, Dr. Miller owns a successful surgery center practice in Riverside, CA. He is a practicing refractive surgeon performing PRK and Lasik procedures at his private practice and at the USC Doheny Eye Institute in Los Angeles, CA. Dr. Miller is also the Assistant Professor of Surgery at Western University of Health Sciences, School of Osteopathic Medicine in Pomona, CA.
Dr. Miller received his Doctorate of Medicine With Honors, Alpha Omega Alpha at Loma Linda University in Loma Linda CA and performed his internship and specialty training at Walter Reed Army Hospital in Washington, D.C. from 1957-58. His emergency room physician and surgeon residency was held at White Memorial Hospital Medical Center in Los Angeles, CA from 1961-62 and at the USC – University of Southern California School of Medicine in Los Angeles, CA from 1962-64.

He also holds a Masters of Science in Physiology from Loma Linda University that he received in 1956 and a Bachelor of Arts Degree in Biology from Pacific Union College in Apple Valley, CA.

Dr. Miller is also a member of the International Society for Cosmetic Laser Surgeons, the International Society for Dermatological Surgery, the American Implant Society, the Alpha Omega Alpha Honor Medical Society and the Kerato Refractive Society.

♦ Gregory R. Rosellini , M.D., Medical Director, San Joaquin County Division

Dr. Rosellini has agreed to serve as the medical director for our San Joaquin County division upon the award of any resultant agreement. Dr. Rosellini currently is the Director of Emergency Medicine Education at San Joaquin County General Hospital. From 1998 – 2003 Dr. Rosellini also practiced at Saint Joseph’s Medical Center Emergency Department and since, 2002 he concurrently practices at Methodist Hospital Emergency Department in Sacramento.

Dr. Rosellini is Board Certified by the American Board of Emergency Medicine and maintains certifications in ACLS, ATLS, PALS, ABLS and BLS. He has years of base station experience. He received his Doctorate of Medicine from the University of California, Irvine in June 1995. He completed his emergency medicine residency at the University of California, Davis in June 1998. Dr. Rosellini also holds a Bachelor of Arts from Pomona College at Claremont which he received in June 1991.

During his residency, Dr. Rosellini received the U.C. Davis Emergency Medicine Resident Research Award and the AAEM and Journal of Emergency Medicine Resident Research Award. He regularly teaches Residents in Surgery, Internal Medicine and Family Practice as well as Physician Assistant and Nurse Practitioner Students during clinical rotations in the emergency department.

Dr. Rosellini will serve as the primary physician advisor for clinical services review under our continuous quality improvement program. He will work in collaboration with Dr. Krueger to oversee a total quality
management approach to the company's CQI program in the San Joaquin County division, under a resultant contact. Our goal is to insure that all aspects of our operations including those performed in the EMD center and on the street are evaluated and the appropriate educational programs are developed and implemented to further the CQI process.

♦ Kyle R. Krueger, D.O., EMD Program Medical Director, San Joaquin County Division
We have retained the services of Kyle R. Krueger, D.O. to serve as our EMD Program Medical Director under a resultant contract. Dr. Krueger currently works in the emergency departments at San Joaquin General Hospital and Saint Joseph’s Medical Center. He has many years of experience working in the San Joaquin County emergency services system. He has served as a base station physician in San Joaquin County for many years and regularly received patients from the system’s EMS personnel on a daily basis.

Dr. Krueger has participated in many EMS related meetings and is extremely familiar with the challenges out-of-hospital care providers face in the uncontrolled environments they work in. Dr. Krueger will also participate in the company’s continuous quality improvement program and the continuing education program as well.

Under our retainer agreement with Dr. Krueger, an emergency response vehicle will be issued to him for his exclusive use for oversight of the system. This vehicle will be equipped for emergency response and will have a complete ALS inventory pursuant to the protocols of San Joaquin County EMS Agency policy for ALS unit inventories.

♦ Jesse Izaguirre, EMT-P, Operations Manager
Mr. Izaguirre serves as our operations manager for San Joaquin County. He has been an EMS professional since 1975 when he obtained his EMT-1 certification from Modesto Junior College. In 1979, after several years with Patterson Ambulance and Doctors Ambulance in Stanislaus County, Mr. Izaguirre enrolled and completed the paramedic program at Modesto Junior College.

Mr. Izaguirre enjoyed an 18 year tenure at Doctors Ambulance with his last eight years serving as the assistant manager. In 1996, upon the acquisition of Doctors Ambulance by American Medical Response, Mr. Izaguirre continued his service with AMR in its Stanislaus County division as a paramedic. He also spent four years working for Oak Valley and Patterson Ambulance services as a paramedic prior to joining Priority One in 2002.
Mr. Izaguirre is an accredited San Joaquin County paramedic as well as maintaining local paramedic accreditation in six other California counties. He represents the company at various EMS related meetings, is active in the company’s recruiting program and regularly attends company management meetings representing the San Joaquin County operations staff. Mr. Izaguirre is an accomplished photographer and serves as the company’s official photographer.

♦ Jon Singleton, EMT-P, Education and Training Coordinator
Jon Singleton joined Priority One in September 2003. He serves as the education and training coordinator for the San Joaquin County division. Jon also assists the operations manager with various administrative duties in his role as supervisor. Jon is a California licensed paramedic and is accredited in and regularly practices in San Joaquin County.

In addition to his accreditation in San Joaquin County, Jon is accredited to practice as a paramedic in Sacramento, Stanislaus, Alpine, Amador, Calaveras and Mariposa Counties. Jon completed his paramedic training at Columbia College in Sonora, CA in August 1993. He is also a California level one firefighter.

Jon has over 18 years of EMS experience in both fire-based and private systems with over 15 years of experience providing EMS care in the San Joaquin County EMS system. He has completed over 150 college units in such subjects as heavy rescue, boat water rescue, auto extrication and various other general education subjects. Jon is married to his wife of 16 years – Debbie. Jon and Debbie live with their two children in Angeles Camp, CA.

♦ Cherie Izaguirre, RN, Quality Improvement Coordinator
Ms. Izaguirre serves in the recently created position of Quality Improvement Coordinator. Ms. Izaguirre brings over 24 years of clinical experience to her position at Priority One Medical Transport. A Stanislaus County, California native, Ms. Izaguirre has been involved with healthcare since she graduated from Gustine High School with Honors in 1976 and entered the Modesto Junior College Medical Assisting Program. She received her Associates of Science Degree in Medical Assisting at Modesto Junior College in 1978. Shortly thereafter, she accepted a position with Doctors Medical Center of Modesto as a cardiac monitor technician.

Ms. Izaguirre decided to continue her medical education and graduated from the nursing program at Modesto Junior College in 1981 and upon graduation, received an Associates of Science Degree in Nursing. After passing the California Board Registered Nursing exam in November 1981,
Ms. Izaguirre continued working at Doctors Medical Center of Modesto as a registered nurse in the telemetry unit until 1985.

In 1985, Ms. Izaguirre accepted an opportunity to work in the emergency department at Doctors Medical Center and transferred to the ED. Within just 12 months in the ED, she soon was called upon to serve in a leadership role as the relief charge nurse. Ms. Izaguirre has continued to expand her medical training and currently maintains certification for ACLS, PALS, MICN, ENPC, TNCC and CEN.

She received the Doctors Medical Center’s Clinical Excellence Award for her service in the Emergency Department in 1991 and in 2005 Ms. Izaguirre received the hospital’s Target 100 Star Award for work in developing the hospital’s emergency department preceptor program for nursing and paramedic students. Ms. Izaguirre continues to work in the emergency department at Doctors Medical Center of Modesto in addition to serving as the Quality Improvement Coordinator at Priority One Medical Transport. She is a member in good standing with the Emergency Nurses Association.

In her time away from healthcare, Ms. Izaguirre serves as a volunteer for the Boy Scouts of America and enjoys spending time with her family.

Edward J. Brown, CSRM, Safety and Risk Manager
Mr. Brown has been the safety and risk manager of Priority One Medical Transport, Inc. since he joined the team in 2001. Mr. Brown has over 25 years of EMS experience. His tenure in ambulance operations coupled with over 13 years of safety and risk management experience provide him with the necessary knowledge base to provide our company with a sound safety and risk management program.

Prior to joining Priority One, Mr. Brown served as the director of panel development for California Occupational Health Management from 1998-2000. In this position he oversaw the credentialing and empanelling of physicians for the treatment of clients’ injured workers.

From 1996-1998 Mr. Brown worked for American Medical Response in their Los Angeles division service as the divisional director of safety and risk management. From 1981 – 1996 Mr. Brown worked for Adams Ambulance Service in many positions starting as an EMT-1 and from 1992 – 1996 he served as the company’s Safety Director.

Mr. Brown is a state of California licensed fire and casualty insurance broker. He has attended risk management courses at the University of California, Riverside and at the Azstar Center for Risk and Safety Management in Scottsdale, AZ. He has also attended business
administration courses at Chaffey College in Alta Loma CA and completed the Intensive Care / Emergency Medical Technician course at Southern California College of Medicine in Anaheim, CA in 1981.

♦ Carissa Cowan, BA, EMT-1, EMD, EFD, Communications Center Manager
Ms. Cowan has been with Priority One since April 2000. She oversees the operations of the company’s communications division. Ms. Cowan, is a California state certified EMT-1 and a member in good standing with the National Academies of Emergency Dispatch. She holds NAMD certifications in Emergency Medical Dispatcher, Emergency Fire Dispatcher and Emergency Telecommunicator Instructor.

In addition to her comprehensive dispatch qualifications, Ms. Cowan holds a California ambulance driver’s certificate, a National Safety Council instructor certificate for the Council’s “Coaching the Emergency Vehicle Operator II” course and a National Association of EMS Educators “EMS Instructor Course” certificate of completion. She is a member of the National Association of Emergency Medical Technicians. Ms. Cowan completed her Bachelors of Arts Degree in Business Administration at California State University, San Bernardino in 2001.

♦ Shawn Stewart, AS, EMT-1, Fleet Services Manager
Mr. Stewart has served as the fleet services manager since joining Priority One in 1998. Previously, Mr. Stewart worked at American Medical Response, Redlands division as a supervisor in the fleet services division. He is a California certified EMT-1 and holds an Associates of Science Degree in Fire Sciences from Crafton Hills College in Yucaipa, CA. Mr. Stewart also serves as the company’s senior driver’s training instructor and holds a National Safety Council instructor certification for the Council’s “Coaching the Emergency Vehicle Operator II” course.

♦ William Rivera, Chief Mechanic
Mr. Rivera has been with Priority One Medical Transport since January 2002. As the chief mechanic, Mr. Rivera oversees the mechanical services of our fleet mechanics and supervises the day-to-day operations of the company’s repair facilities. Mr. Rivera has 20 years of experience working as an emergency vehicle mechanic.

Prior to his joining the Priority One team, Mr. Rivera worked for Valley Motors as a mechanic from 1998 – 2001. Prior to that, he worked as an emergency vehicle mechanic for American Medical Response at its Los Angeles division from 1986 – 1997.

Mr. Rivera is a graduate of the National Technical School Automotive Service Mechanics program located in Los Angeles, CA. Mr. Rivera
continues to stay current in the latest developments in automotive repair by attending training courses offered by Ford Motor Company as well as other manufacturers and suppliers.

♦ Deborah Steinbacher, Accounts Receivable Manager
Ms. Steinbacher recently joined Priority One in August 2005 to serve in the new position of accounts receivable manager. She has been involved with EMS billing for over 12 years and enjoyed working at Medix Ambulance Service based in Mission Viejo, CA from 1992-2005.

During her tenure at Medix, Ms. Steinbacher served in many positions with her most recent position being the assistant office manager. She has many years of Medicare EMS billing experience and regularly attends the American Ambulance Association’s bi-annual reimbursement conferences and Mr. David Werfel’s client reimbursement best practices conferences.

♦ David Werfel, Esquire, Medicare Legal Counsel and Consultant
Mr. Werfel is a nationally recognized attorney that specializes in providing Medicare reimbursement counsel to ambulance providers throughout the country. His client list includes the American Ambulance Association, Zoll Data Systems and many state and local ambulance associations across the nation.

In addition to serving as a legal advisor, he also serves his clients as a Medicare consultant assisting them with compliance of all of the complex regulations and requirements of the federal reimbursement program. Mr. Werfel has served as the Medicare legal counsel and consultant to Priority One since 2002. He has authored several EMS industry publications on various reimbursement subjects including the American Ambulance Association’s Medicare Reference Manual and Medicare Compliance Manual to name just a few.

Mr. Werfel conducts quarterly reimbursement best practices conferences for all of his EMS clients wherein he provides them the latest updates on Medicare issues and other reimbursement advice as well as providing a forum for his clients to share best practices regarding the management of accounts receivable. (Mr. Karras and Ms. Steinbacher attend these conferences on behalf of Priority One.)

♦ Mona Gonzalez, Patient Billing Services Supervisor
Ms. Gonzalez has been with Priority One Medical Transport, Inc. since 2002. She oversees the patient billing services department and works closely with Ms. Steinbacher to insure our billing services staff is complying with all company policies and procedures and that our billing
practices are conducted in accordance with local, state and federal rules and regulations.

Ms. Gonzales assists her staff with training and updates from various payors and provides monthly reports to senior managers to facilitate the proper management of our accounts receivable.

Prior to joining Priority One, Ms. Gonzalez worked in both the medical billing and collections settings. She graduated from Los Altos High School in 1972 and competed a claims training course at Complete Claims Services in Brea, CA in 1981.

The signs of the times have changed, such as the credentials and qualifications of our personnel. Decades ago, advanced first aid providers delivered patients to community hospitals. Today, Paramedics meeting national standards provide out of hospital care with state-of-the-art equipment such as twelve-lead EKG cardiac monitors.
Part II.

Proposal

Our Proposal includes provisions for paramedics to be staffed on First Responder Units without increased response time.
II-A Introduction

Priority One Medical Transport, Inc. is pleased to submit this proposal to provide emergency ALS ambulance service for zones A, B and C within San Joaquin County. Our proposal includes a comprehensive overview of who we are and why we believe we are the right choice for San Joaquin County.

“It is our intent that we exert every ounce of our combined business acumen and emergency medical expertise for the benefit of our patients;

that we perform the appropriate care and treatment of their medical conditions;

that the conviction thereof lies in our own prosperity;

that we establish a level of service and concern recognized as the standard in our industry to which our competitors aspire;

that we allow those we encounter their dignity and that we demonstrate compassion for those we are entrusted to care for.”

- Michael D. Parker, NREMT-P
  President and Chief Operations Officer
  Priority One Medical Transport, Inc.
1. Transmittal Letter

On the next page, please find our transmittal letter.

Teamwork is paramount to good community service. Priority One Medical Transport proposes to continue its tradition of maintaining sufficient on-duty supervisors in our Zones to assist in a unified command.
September 22, 2005

Dan Burch, EMS Administrator
San Joaquin EMS Agency
500 West Hospital Road, Benton Hall Room 55
French Camp, CA 95231

Re: Proposal for the Provision of Emergency ALS Ambulance Services

Dear Mr. Burch:

On behalf of the entire team here at Priority One Medical Transport, Inc. I am pleased to present to you for your consideration our proposal for the provision of emergency ALS ambulance service in zones A, B and C of San Joaquin County.

Priority One Medical Transport is proud of its service record in San Joaquin County. We have demonstrated our commitment to the residents and visitors of San Joaquin County over the past three years. With the exceptional personnel, equipment and dedication of the Priority One team, our presence has contributed positively to the quality of care currently being offered within San Joaquin County.

We understand that our best days are yet ahead. San Joaquin County has - through the issuance of this RFP - set forth its goals to raise the bar for its emergency medical services system. Priority One Medical Transport has given careful consideration to its offerings contained herein. We truly believe our proposal captures the essence of the vision described within the RFP document.

Utilizing the latest technologies available to EMS systems today, Priority One Medical Transport is proposing a high performance emergency ALS ambulance system that is cost effective with competitive service rates that addresses all of the required aspects expected of quality EMS service delivery models around the country.

Our commitment to quality will reflect in the response time we deliver, the personnel we employ, the ambulances we deploy and the service that we provide. Priority One team members will be seen at local events, involved with community groups and most of all we will be there when we’re needed.

In summary, we are proposing the following:
• The introduction of thirty-three (33) new 2006 Ambulances manufactured by Leader/American Emergency Vehicles. Initial deployment includes six (6) Ambulances in Zone A, fourteen (14) Ambulances in Zone B, and five (5) Ambulances in Zone C. Of the thirty-three (33) ambulances, Three (3) will be super-sized (Specialized Mobile Assessment Response Team) S.M.A.R.T. ambulances and will be deployed equally between Zones A, B and C. The balance of the ambulances will serve as reserve units. Each Zone will have ambulances equipped with mechanically assisted Bariatric capabilities.

  ° Each deployed ambulance will be equipped with some of the most sophisticated equipment available.

• Brand New – Zoll M-Series 12 Lead Cardiac Monitors with Bluetooth Telemetry capabilities.

• Newly Deployed- Panasonic Toughbook laptop computers with Zoll Data ePCR report writing software.

• Zoll Data Mobile Data Terminals- MDT’s with GPS/ALV that provides push-button instant status, en-route, on-scene, transport, etc.

• Kenwood VHF, UHF, and 800 MHz two way radios, with wide area repeaters throughout the county.

• Brand New – Stryker heavy capacity ambulance cots.

• Drive-Cam Incident recorders

• The introduction of ten (12) 2005-2006 Ford F-150 fully equipped “Quick Response Vehicles” which are designed as Ambulance “Strike Team” Leaders. Two of these vehicles will be committed to the sole and exclusive use of San Joaquin County Emergency Medical Services Agency.

• The introduction of two Specialized-Emergency ALS Water Craft patrol boats to be staffed during the summer period on weekends, holidays and at a state of readiness during weekdays.

• State-of-Art Secondary Public Safety Answer Point (within San Joaquin County) designed with the most sophisticated Computer Aided Dispatch System, Computerized Radio Dispatch console infrastructure by Zetron.

  ° Zetron designs the system 9-1-1 Secondary Public Safety Answer Point. This system is integrated with the telecommunications and radio dispatching systems. All systems provide the highest reliability in Public Safety incident handling.
° Zoll Data Computer Aided Dispatch system with fully integrated Pre-Arrival (EMD) protocols in compliance with National Academy of Emergency Dispatch.

° Zoll Data- BCS Consulting “Marvlis” - a computer system that will have the past two years of 9-1-1 call data. This system has the ability to provide previous call demands based on area, day of week and time of day. The system provides on-line vital data to ensure the eight (8) minute or less response. Combined with Zoll Data Right-Cad and GPS/ALS the system provides immediate unit response.

° Eventide Digital Recording system with instant recall to record telephone, radio, and other important communications.

Our proposal provides for a consistent level of service throughout each of the service areas of Zones A, B and C. Under Option B, we have proposed a comprehensive set of components designed to facilitate an improved first responder EMS care delivery program under cooperative partnerships with the Tracy and Lodi fire departments within Zones A and C.

Pursuant to the instructions set forth in the Request for Proposal document issued by the County, we have included a bid bond in the amount of $50,000 issued by the Bond Safeguard Insurance Company of Lombard, Illinois at the front of the “Original Copy” of this proposal immediately behind the Proposal Identification form (RFP Attachment A).

In closing, we believe the multiple examples of commitment to quality set forth within our proposal demonstrate our sincere desire to be San Joaquin County’s partner for the delivery of emergency advanced life support ambulance service. We hope after your careful review of our proposal you will agree that Priority One Medical Transport is the right choice for San Joaquin County!

Sincerely,

Michael D. Parker, NREMT-P
President and Chief Operations Officer
Priority One Medical Transport, Inc.
2. Proposal Identification Page (RFP Attachment A)

Pursuant to the instructions outlined in the RFP issued by the County, we have included a fully executed Proposal Identification form at the front of the “Original Copy” of this proposal for your review.
3. **Statement of Intent and Affirmation (Attachment B)**

Pursuant to the instructions outlined in the RFP issued by the County, we have included a fully executed Statement of Intent and Affirmation in Attachment B hereof for your review.
4. Company Investigative Authorization (Attachment C)

Pursuant to the instructions outlined in the RFP issued by the County, we have included a fully executed Company Investigative Authorization in Attachment C hereof for your review.
5. Statement of Acceptance of the Minimum Requirements (Attachment E)

Pursuant to the instructions outlined in the RFP issued by the County, we have included a fully executed Acceptance of Minimum Requirements form in Attachment E hereof for your review.

Additionally, we have included “Statements of Acceptance of the Minimum Requirements” within each section of this response as appropriate.
II-B  System Design and Rural Parity

Priority One Medical Transport, Inc. has proposed a comprehensive EMS care and transportation system that will meet the needs of the residents and visitors of San Joaquin County throughout all of the service areas of Zones A, B and C.

Our proposal includes such innovated features such as

- Locating AEDs throughout the communities
- Providing area skilled nursing and assisted living facilities with communications equipment for EMS system access in the event of a disaster
- Proposed first responder partnerships to bring ALS care to the scene prior to ambulance arrival
- Equipping ambulances with automatic vehicle locating transponders to assist with expedited routing to improve response times
- Proposed community CPR and AED training to increase survival rates in remote areas
- A deployment plan that includes the use of combined 24-hour unit deployment with peak load flex deployment to insure ambulances are available when they are most needed

These special system enhancements will allow Priority One Medical Transport, Inc. to deliver a high performance EMS system designed to deliver quality service to all areas within Zones A, B and C.
1. **Start-Up**

   a) **Start-Up Preparations From Contract Approval to Implementation**

   **Ambulance Fleet:**

   Each year Priority One Medical Transport, Inc. projects the amount of ambulances (Type I, II and III) it will require within the following twenty-four month period. As such, Priority One Medical Transport, Inc. continues to receive brand new ambulances continually throughout the year. Upon contract approval Priority One Medical Transport, Inc. will begin to take delivery of brand new ambulances (Type II or Type III –County’s Option) and direct such vehicles to the San Joaquin County system. Additional orders will be placed with the manufacture Leader Ambulance/ American Emergency Vehicles. The SMART Ambulances will take five months to construct.

   **Field Supervisor Vehicles:**

   Field Supervisor vehicles are delivered directly from our local Ford Dealer. Once delivered they our outfitted into emergency medical response vehicles. Our internal Fleet Operations and I.T. staff will equip each of these vehicles into operation.

   **Ambulance Communications:**

   Upon arrival at our fleet operations center each ambulance will be equipped with Zoll Data MDT with GPS/AVL systems, a Clear Wire DSL wireless modem, a Toughbook Laptop Computer and Kenwood VHF, UHF, and 800 MHz radios. Our internal I.T. staff completes all installations.

   **Ambulance/ Field Supervisors Inspections:**

   Once the brand new ambulances have been delivered and the radio, data, and medical equipment has been installed, the vehicles will be inspected by the California Highway Patrol. Our Fleet Manager will oversee the inspection process with the California Highway Patrol. All vehicles will be forwarded to San Joaquin County EMS Agency for final inspection.

   Our Fleet Manager will also oversee the inspection of Field Supervisor Vehicles.

   **Fleet Operations- Maintenance**

   Priority One Medical Transport, Inc. will operate its own Fleet Operations-Maintenance within San Joaquin County. Our company currently operates a
full service maintenance center for all of its vehicles throughout the state in Azusa, California.

We will duplicate all of the maintenance equipment currently used in Azusa and place a full service maintenance center in San Joaquin County.

**Fleet Deployment - Operations**

All of our vehicles within San Joaquin county will be rotated through our Fleet Deployment –Operations center where they will be restocked by our Vehicle Service Technicians (VST’s).

**Cardiac Monitors, Ambulance Cots, and Medical Equipment:**

Priority One Medical Transport Inc. has purchased for this contract Zoll M-Series 12 Lead Cardiac Defibrillators, with blue-tooth telemetry. These monitors fully interface into the Zoll Data ePCR system and incorporate all cardiac functions and NIBP, SP02, into the ePCR. All of which is instantly downloaded into the Zoll Data Dispatch, Billing and Collections system.

Our Fleet Operations Manager who oversees the project completion will manage Stryker ambulance cots and medical equipment.

**Secondary 9-1-1 Public Service Answering Point**

Upon Contract approval Priority One Medical Transport, Inc. will construct its state-of-art Communications center to be located within San Joaquin County. The center fully designed will include five (5) positions equipped with Zetron Public Safety 9-1-1 call interrogation consoles, Zetron Touch-Screen Radio Communications consoles, and a fully integrated Zoll Data Computerized Aided Dispatch System to include GPS/AVL and Mobile Data Terminals.

Priority One Medical Transport, Inc. has existing relationships with both Zetron and Zoll Data. Our employees currently utilize these vendors’ products and will operate as team leaders as our company works with the vendors to complete the installation in San Joaquin County.

All of our radio sites exist and include Trans Tower (NW), Mt. Oso (SW), Bear Mountain (E), and the local tower on Lindsey Street in Stockton.

All other equipment, plasma screens, CCTV, Telephone/Radio Recorders will be installed by our company’s I.T. staff.

Priority One Medical Transport, Inc. can have a fully functional state-of-art communications center fully operational with a 120-day lead-time. We are proposing to locate our communications center in a tilt-up building within San
Joaquin County with up to 40,000 square feet depending on the needs we will require as a result of an award of one or more zones. We have secured a letter of commitment from Lehman Brothers Bank to provide the financing of this project upon the award of a resultant contract. The Lehman Brothers Bank letter is included in Attachment R hereof for your review.

**Staff:**

**Existing Staff Operations**

Priority One Medical Transport, Inc. currently deploys six (6) 24-hour 9-1-1 ALS ambulances, two (2) flex 12-hour ALS ambulances, and four (4) ALS supervisor vehicles. Our Company has approximately 65 field Paramedics and Emergency Medical Technicians currently operating in the San Joaquin County system. In addition our central staff includes six (6) internal billing positions, two (2) billing managers, fleet manager, three (3) mechanics, Risk Manager, Public Information Officer, and both local and centralized Emergency Medical Dispatchers overseeing operations in San Joaquin County on a 24-hour/7-days-per-week basis.

**Increased Staffing Requirements**

Priority One Medical Transport Inc. will begin to ramp up its Paramedic and Emergency Medical Services staff. We will offer contingent employment to Paramedics and Emergency Medical Technicians who may become displaced.

In addition, our company advertises in several EMS magazines, newspapers, websites, EMS Expos, American Ambulance Association trade shows, and community recruitment. Internal recruitment will offer other Priority One Medical Transport, Inc. employees throughout the state to join our operations in San Joaquin County.

Priority One Medical Transport, Inc., in cooperation with California EMS Academy, has agreed to partner with the addition of a Paramedic Training academy that will produce approximately fifty (50) paramedics per year. Prior to this RFP filing both California EMS Academy and Priority One Medical Transport, Inc. have notified San Joaquin County of our intent to place a satellite-training center in the county. The satellite-training center will have both Paramedic and EMT classes. These classes will also be offered to local fire departments within San Joaquin County.

With the responsibilities for Secondary PSAP, Priority One Medical Transport, Inc. will contract with the National Academies of Emergency Dispatch to train new and existing dispatchers with National Academy of Emergency Medical Dispatch certifications. Once these dispatchers are trained to national
standards, local system and operational training will be completed on all Zetron, Zoll, and Marvlis systems.

b) Exceptions, if Any, to Meeting All Service Requirements Required to be in Place on the Starting Date

We do not foresee any delays of our ability to meet all of the service requirements required to be in place on the starting date and therefore are not requesting any herein.
2. Initial Deployment Plan

   a) Deployment Parameters

      1) Proposed Operating Locations and Number of Vehicles

         **Zone A – Option A**

         Priority One Medical Transport, Inc. will provide a peak deployment of six (6) ambulances plus one (1) ALS-S.M.T. ambulance for a total of **seven (7) ambulances**.

         The system is designed with three (3) ALS 24-hour ambulances, two (2) 10-hour ambulances, one (1) 8-hour ambulance and (1) 8-hour Station Management Team ambulance. **A total of 740 unit hours a week will be provided.**

         There are three (3) core stations operating 24-hours a day seven days a week.

         Station 1: Existing  332 East Kettleman Lane
         Station 2: Proposed  Lower Sacramento & Lodi Ave
         Station 3: Proposed  Hwy 99 and Beckman Road

         Flex Cars Start at 06:00 and ramp to full deployment at 14:00 hours at which time there are seven (7) ambulances Monday through Friday and six (6) on weekends. See below:

         | Unit  | Shift                                      |
         |-------|--------------------------------------------|
         | M601  | Flexibly deployed from 06:00 to 16:00 7-days/Week |
         | M602  | Flexibly deployed from 14:00 to 00:00 7-days/Week |
         | M603  | Flexibly deployed from 09:00 to 16:00 7-days/Week |
         | M604  | Flexibly deployed from 10:00 to 20:00 M-F    |

         We have provided a graphic design of that depicts our anticipated performance under the proposed deployment plan in relationship to our estimated call demand in Attachment M for your review.

         Our **(S.M.T.) Station Management Team ambulances** can be activated from Command and Control Center (Secondary PSAP) during peak performance periods.

         This vehicle will be located in one of two locations. If Priority One Medical Transport, Inc. is the successful bidder in multiple zones, than the S.M.T. unit will be located at the Lodi (Zone A main station).
A customer service office will be located in one of our offices within Zone A to assist patients with billing inquiries during the hours of 8:00-17:00.

**Additional Staffing**

We have included one (1) **24-hour ALS- Supervisor** in a Quick Response Vehicle/Operations Vehicle (QRV/OPS) will be assigned each and everyday with primary supervision and support functions. A second 24-hour field supervisor will be available on an on-call basis to serve as a backup to the primary on-duty supervisor.

The QRV/OPS vehicle is 2005-2006 Ford F-150s which is fully stocked ALS-Paramedic units. In addition each vehicle carries a Stryker ambulance cot which can be quickly exchanged with any other unit in the fleet.

**Zone A - Option B**

Under Option B for Zone A, an amount in excess of $100,000.00 per year has been earmarked to increase staffing on selected fire engines to the ALS level of care.

In addition to the financial revenues provided under Option B pricing, Priority One Medical Transport, Inc. will provide an ambulance (S.P.A.R.E.) **Supplemental Paramedic Ambulance Resource Equipment** to be housed at a selected fire station in Lodi.

The proposed S.P.A.R.E. ambulance will be used in the event of an unordinary high call volume and activated under specific conditions as made part of a potential sub-contractor agreement with Lodi Fire Department.

We are proposing that the ambulance deployment plan would remain the same as described in Option A for Zone A under Option B with no increased response times.

**Zone B – Option A**

Priority One Medical Transport, Inc. will provide a peak deployment of fourteen (14) ambulances plus two (2) ALS-S.M.T. ambulances for a total of **Sixteen (16) ambulances**.

The system is designed with eight (8) ALS 24-hour ambulances, Six (6) 10-hour ambulances, and two (2) 10-hour Station Management Team ambulances. A total of 1764 unit hours a week will be provided.
There are eight (8) core stations operating 24-hours a day seven days a week.

Station 1: Existing Hammer & West Lane M91  
Station 2: Existing Hwy 5 & Benjamin Holt M101  
Station 3: Existing Fremont & San Jose M102  
Station 3: Proposed Water Rescue Boats WR1, WR2  
Station 4: Moving Main Street & Oro Zone M100  
Station 5: Re-Opening Charter & Wilson M103  
Station 6: Adding Harding & El Dorado M105  
Station 7: Adding March Lane & Brookside M106  
Station 8: Adding Hammer & Hwy 99 M107

Flex Cars Start at 06:00 and ramp to hourly to 12:00 at which time there are fourteen (14) deployed ambulances. These units operate everyday of the week. We have provided a graphic design of the deployment in Attachment M for your review.

<table>
<thead>
<tr>
<th>Unit</th>
<th>Shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>M501</td>
<td>Flexibly deployed from 06:00 to 16:00</td>
</tr>
<tr>
<td>M502</td>
<td>Flexibly deployed from 07:00 to 17:00</td>
</tr>
<tr>
<td>M503</td>
<td>Flexibly deployed from 08:00 to 18:00</td>
</tr>
<tr>
<td>M504</td>
<td>Flexibly deployed from 10:00 to 20:00</td>
</tr>
<tr>
<td>M505</td>
<td>Flexibly deployed from 11:00 to 21:00</td>
</tr>
<tr>
<td>M506</td>
<td>Flexibly deployed from 12:00 to 22:00</td>
</tr>
</tbody>
</table>

Two (2) additional ALS – (S.M.T.) Station Management Team ambulances can be activated from our Command and Control Center (Secondary PSAP) during peak performance periods bringing the total number of ambulances to 17 and 1844 unit hours.

These units are comprised of Paramedics and EMT-1’s who have administration assignments. These team-members vehicles are assigned, and secured for specific back-up purposes and are kept at a state of readiness.

A customer service office will be located in one of our offices within Zone B to assist patients with billing inquiries during the hours of 8:00-17:00.

**Additional Staffing / Backup Ambulance Personnel Resources**

We have included three (3) 24-hour ALS- Supervisors in Quick Response Vehicles/Operations Vehicles (QRV/OPS) will be assigned each and everyday with primary supervision and support functions.
The QRV/OPS vehicles are 2005-2006 Ford F-150s which are fully stocked ALS-Paramedic units. In addition each vehicle carries a Stryker ambulance cot which can be quickly exchanged with any other unit in the fleet.

Ambulance operations are supported by two (2) Field Controllers who have the responsibility to ensure that ambulances are turned around out of the hospitals quickly.

Field Controllers assist in gather the proper paperwork from the hospital such as Patient “Face Sheet”, can assist in re-supply, decontamination, and preparing the ambulance for the next call.

Our plan also provides for Field Controllers to also be assigned F-150 vehicles with lights and sirens. Each vehicle has Stryker cot (same as QRV/OPS) units. During the hours of 22:00 and 06:00, our two proposed Field Controllers could be paired up with two of the Field Supervisors to man ambulances during a period of increased call demand.

When hospital(s) become inundated with patients it sometimes requires ambulances to become “Delayed” at the hospital awaiting a bed. Normally these patients have been triaged

**Water Craft Response Units**

During the summer months there will be two (2) Water Rescue Craft deployed from 5-Star Marina (Adjacent to M102 Quarters).

These units are specifically designed as Emergency Watercraft with Lights and Siren, and stocked as ALS-units. Watercraft units will be staffed on weekends / holidays and deployed into the delta waterways. These water-craft have both firefighting and water rescue abilities.

**Zone C – Option A**

Priority One Medical Transport, Inc. will provide a peak deployment of five (5) ambulances plus one (1) ALS-S.M.T. ambulance for a total of six (6) ambulances.

The system is designed with three (3) ALS 24-hour ambulances, two (2) 10-hour ambulances, and one (1) 8-hour Station Management Team ambulance. **A total of 684 unit hours a week will be provided.**

There are three (3) core stations operating 24-hours a day seven days a week.
Station 1: Proposed North Corral Hollow Rd. / 11th.
Station 2: Proposed South Macarthur Dr. / Eastlake Dr.
Station 3: Proposed North Macarthur Dr. / I - 205

Flex Cars Start at 06:00 and ramp to full deployment at 12:00 hours at which time there are seven (6) ambulances Monday through Friday and five (5) on weekends. See below:

<table>
<thead>
<tr>
<th>Unit</th>
<th>Shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>M701</td>
<td>Flexibly deployed from 06:00 to 16:00 7-days/Week</td>
</tr>
<tr>
<td>M702</td>
<td>Flexibly deployed from 12:00 to 22:00 7-days/Week</td>
</tr>
<tr>
<td>M703</td>
<td>Flexibly deployed from 09:00 to 16:00 7-days/Week</td>
</tr>
</tbody>
</table>

We have provided a graphic design of that depicts our anticipated performance under the proposed deployment plan in relationship to our estimated call demand in Attachment M for your review.

Our (S.M.T.) Station Management Team ambulances can be activated from Command and Control Center (Secondary PSAP) during peak performance periods.

This vehicle will be located in one of two locations. If Priority One Medical Transport, Inc. is the successful bidder in multiple zones, than the S.M.T. unit will be located at the Tracy (Zone C main station)

A customer service office will be located in one of our offices within Zone C to assist patients with billing inquiries during the hours of 8:00-17:00.

**Additional Staffing**

We have included one (1) 24-hour ALS- Supervisors in Quick Response Vehicles/Operations Vehicles (QRV/OPS) will be assigned each and everyday with primary supervision and support functions. A second 24-hour field supervisor will be available on an on-call basis to serve as a backup to the primary on-duty supervisor.

The QRV/OPS vehicles are 2005-2006 Ford F-150s which are fully stocked ALS-Paramedic units. In addition each vehicle carries a Stryker ambulance cot which can be quickly exchanged with any other unit in the fleet.
Zone C – Option B

Under Option B for Zone C, an amount in excess of $100,000.00 per year has been earmarked to increase staffing on selected fire engines to the ALS level of care.

In addition to the financial revenues provided under Option B Zone C pricing, Priority One Medical Transport, Inc. will provide an ambulance (S.P.A.R.E.) Supplemental Paramedic Ambulance Resource Equipment to be housed at a selected fire station in Tracy.

This ambulance will be used in the event of an unordinary high call volume and activated under specific conditions as made part of a potential sub-contractor agreement with Lodi Fire Department.

We are proposing that the ambulance deployment plan would remain the same as described in Option A for Zone C under Option B.

2) Proposed 24-Hours and System Status Management Strategies to be Employed

All Zones and Options

Priority One Medical Transport, Inc. utilizes a CAD system by Zoll Data which will include Marvlis Mapping. This system will have three (3) dispatcher positions (five (5) dispatcher positions if Priority One Medical is the successful bidder in two or more zones) of which one (1) position is staffed as a system status controller.

The primary function of this position is to oversee the posting of ambulances based on the “Marvlis Mapping” recommendations.

Marvlis along with Zoll Data systems take into consideration previous call patterns; GPS/AVL data, road closures and other parameters when making a recommendation on closest (fastest) response. Based on road conditions, average speed of travel in some cases the fastest unit is not always the closest unit.

Priority One Medical Transport, Inc. will place flex ambulances at locations where anticipated call volume and uniform coverage can be maintained.

3) Peak Period Demand Response Plan

Zone A – Options A and B
We have provided a graph in Attachment M which we believe shows the response call volume in Zone A. This graph indicates there is an average of 17 responses everyday. Based on that assumption we have made a deployment response plan that will put six (6) ambulances in service.

With our additional QRV/OPS 24-hour ALS vehicle we will support ambulance operations and respond to all calls dispatched as “ECHO” calls. Based on Priority Dispatching E.M.D. determinants “ECHO” is the highest level of response.

**Zone B – Option A**

We have provided a graph in Attachment M which indicates there is a historical average of 93 responses everyday in Zone B. Based on that assumption we have made a deployment response plan that will put Fourteen (14) ambulances plus two (2) additional staffed ambulances in service.

With our additional three (3) QRV/OPS 24-hour ALS vehicles we will support ambulance operations and respond to all calls dispatched as “ECHO” calls. Based on Priority Dispatching E.M.D. determinants “ECHO” is the highest level of response.

**Zone C – Options A and B**

We have provided a graph in Attachment M which we believe shows the response call volume in Zone C. This graph indicates there is an average of 14 responses everyday. Based on that assumption we have made a deployment response plan that will put six (6) ambulances in service.

With our additional QRV/OPS 24-hour ALS vehicle we will support ambulance operations and respond to all calls dispatched as “ECHO” calls. Based on Priority Dispatching E.M.D. determinants “ECHO” is the highest level of response.

4) **Map of Proposed Ambulance Stations and Post Locations**

Maps of our proposed ambulance stations and post locations are included in Attachment M for your review.

5) **Proposed Community Response Times at a 90% Fractile Level With Variances**
All Zones and Options

Our anticipated response time to an urban area call is five (5) minutes thirty-two (32) seconds.

We have provided a graph that indicates that system wide (no exemptions and all areas included) we arrive on scene to more that fifty-five (55%) percent in 5 minutes or less.

Our system is designed with a core group of statically deployed 24-hour units and is dynamic in nature with the ability to flexibly deploy additional 10-hour units throughout the system. All urban area, suburban, rural and wilderness response requirements can be met with this type of deployment.

We have the ability to pull from our Command and Control center (Secondary PSAP) paramedic and EMT-1s that would normally be assigned to administration functions.

6) Full-Time and Part-Time Staffing Plan for Proposed Deployment Plan

Zone A - Options A and B

Our staffing includes a total of thirteen (15) full time and four (4) part time Paramedics and (14) full time and 6 part time Emergency Medical Technicians.

Zone B – Option A

Our staffing includes a total of 38 full time and 8 part time Paramedics and Thirty-Two (32) full time and 9 part time Emergency Medical Technicians.

Zone C – Options A and B

Our staffing includes a total of thirteen (13) full time and four (3) part time Paramedics and (12) full time and 6 part time Emergency Medical Technicians.

All Zones and Options

Our normal staffing increases the amount of paramedics and decreases the amount of EMT-1s. This is a result of our EMT-1s becoming Paramedics. Our goal is to have 33% more paramedics, thus operating some duel medic units in suburban areas.
7) On-Call Crew Utilization Plan, If Any

Priority One Medical Transport, Inc. employs on-call EMTs and paramedics. These employees are utilized to cover open shifts as a result of employee call-offs and vacation time. They are also available for rapid deployment in the event of a mass casualty incident and during periods of unusually high call volume. Upon hire, each of our crew members is assigned a company pager to serve as a primary communications tool both on and off duty.

The on-duty supervisor is charged with making the determination that on-call employees are needed for deployment. The supervisor may choose to coordinate the process of notifying and deploying on-call personnel directly, or he/she may delegate that responsibility to the communications center personnel. Once a need for additional resources has been established, a broadcast page is sent to all on-call personnel and they are required to call back within 20 minutes for all immediate needs.

In Zone B, we have the ability to utilize two EMTs.

8) Mandatory Overtime Requirements

From time to time it may become necessary for an employee to work unscheduled overtime. Therefore, when accepting employment with Priority One Medical Transport, Inc. all employees assume an obligation to work not only regular shift assignments but occasional overtime assignments when it may become necessary. Supervisors have primary responsibility for assignment of any mandatory overtime. Employees who wish to work overtime assignments are requested to notify the Communications Center.

9) 24-Hour Unit Workload Monitoring Plan for Assigned Personnel

Every morning our CAD automatically generates a report that indicates utilization of all ambulance personnel. This report will indicate to management who is fit to continue working on consecutive shifts and who needs to be relieved for down-time.

Any employee with a utilization of more than 80% of a shift will be relieved for down-time and he/she will be given time to rest until the utilization is lowered to 80% or less. Employees who are going off duty and have a utilization of less than 80% for their last shift will be asked to hold over to relieve the personnel on down-time. Supervisory personnel can be utilized for coverage as a last resort.
10) Response Time Performance Statistical Analyses Employed for Problem Identification and Corrections

Response time standards are monitored by the Communications Manager who receives daily response time reports generated by the ZOLL Data Computer Aided Dispatch system.

Call compliance is trended weekly and quality improvement meetings are held with senior management. Adjustments for ambulance vehicle placement can be made during these meetings if it is determined that additional resources are needed to ensure compliance.

The Priority One Medical Transport, Inc. Response Time Standard assures that our emergency ambulance transportation arrives on time and in compliance.
11) Proposed System Performance Enhancement Strategies

Our proposal for Zone B includes innovative system enhancements including two rescue watercraft based at 5-Star Marina adjacent to “Medic 102’s” quarters staffed with a paramedic.

**Zone A - Options A and B**

The immediate access to a supervisor on 24-hours day, 7-days a week during our immediate deployment plan will assure that we have a significant amount of emergency personal available to operate Zone A in compliance with San Joaquin County RFP requirements.

Should additional hours need to be added we will work with the EMS agency to increase the amount of unit hours needed to exceed requirements.

**Zone B – Option A**

The immediate access to three (3) supervisors on 24-hours day, 7-days a week during our immediate deployment plan will assure that we have a secure working environment with Stockton Fire Department.

In addition we have proposed paying for an additional county employee (including emergency response vehicle) to assist in on-scene overview of operations.
Zone C – Options A and B

The immediate access to a supervisor on 24-hours day, 7-days a week during our immediate deployment plan will assure that we have a significant amount of emergency personal available to operate Zone C in compliance with San Joaquin County RFP requirements.

Should additional hours need to be added we will work with the EMS agency to increase the amount of unit hours needed to exceed requirements.

All Zones and Options

Utilizing Mobile Data Terminals, which include Global Positioning Systems (GPS), electronic Patient Charting Records (ePCR) and a state-of-art Computer Aided Dispatch (CAD) system which includes the Marvlis mapping, will insure that San Joaquin County has a High Performance Emergency Medical Services system for its citizens and visitors.

Product information on the Marvlis Mapping software we are proposing to assist us with making determinations on our ongoing deployment plan is included in Attachment S for your review.

12) Service Provision Participating Organizations Signed Agreements or Letters of Intent

Priority One Medical Transport has entered into discussions with the cities of Tracy and Lodi for the purposes of exploring system delivery options that would result in enhanced system performance.

We have exchanged letters with the City of Lodi regarding the various system enhancements both parties are interested in implementing upon the award of a resultant contract between San Joaquin County and Priority One Medical Transport, Inc. for Zone A.

Priority One Medical Transport, Inc. and the City of Tracy have already began actual contractual negotiations regarding the various system enhancements both parties are interested in implementing upon the award of a resultant contract between San Joaquin County and Priority One Medical Transport, Inc. for Zone C.

Letters for both the City of Tracy and the City of Lodi are included in Attachment T hereof for your review.
The actual details of the proposed system enhancements proposed for the City of Lodi in Zone A and the City of Tracy in Zone C are included in our Option B section hereof for your review.

b) Commitment to Adhere to the On-going Deployment Plan Requirements

1) Commitment to Provide the San Joaquin County EMS Agency With a Current Deployment Plan During the Life of A Resultant Agreement

We do hereby agree to the requirement to keep a current deployment plan on file with the San Joaquin County EMS Agency as set forth in section 4.1.2 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

2) Commitment to Redeploy or Add Ambulance Hours If Response Time Standard is Not Met

We do hereby agree to the requirement to redeploy or add ambulance hours if response time performance standard is not met as set forth in section 4.1.2 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.
II-C Operations

A fleet of new ambulances and a crew of incumbent EMS professionals lead by a seasoned management team representing the best of Priority One Medical Transport, Inc. stand ready to serve the residents and visitors of San Joaquin County in Zones A, B and C.

Our operational plan for San Joaquin County includes the use of state-of-the-art ambulances, deployed under a plan that incorporates both 24-hour staffing and peak deployment staffing to meet the demands for ambulance service throughout all parts of Zones A, B and C.

Eighty percent (80%) of our San Joaquin County accredited paramedics are nationally registered. Their level of clinical competence is unsurpassed by no other group of paramedics within San Joaquin County. Our San Joaquin County division emergency medical technicians have years of experience working in an ALS system and are prepared to meet the clinical requirements specified within the terms and conditions of the RFP. In comparison for Zone B, the Stockton Fire Department currently employs a workforce of paramedics of which eighteen percent (18%) are nationally registered.

All of our nationally registered paramedics have been tested to a national standard. Each of them has demonstrated that their advanced life support skills competency is at or above the national benchmark. Our sole focus as an organization is providing emergency medical patient care and transportation. The commitment of our workforce to undergo national testing demonstrates their sincere desire to provide the best care possible to the thousands of patients they treat each year.

The qualifications and experience we bring to the table will enable us to deliver response times that meet or exceed those specified within the RFP. We have developed a deployment plan that will ensure response time compliance for all urban, suburban, rural and wilderness areas within Zones A, B and C.

Our proposal includes the incorporation of emergency medical dispatch protocols specified within the terms and conditions of the RFP.

In addition to providing San Joaquin County state-of-the-art ambulances and highly trained EMS personnel who are compensated at or above the industry standard, Priority One Medical Transport, Inc. has proposed an operational plan that includes provisions for the inclusion of partnership agreements with area fire departments with Zones A and C. We are open to exploring additional partnerships with other agencies within each of the zones we are submitting proposals for. Upon the award of any resultant agreement, Priority One Medical Transport will be happy to entertain collaborative partnership arrangements with any agency so desiring to explore any mutually beneficial options that may exist.
This willingness to work with other stakeholders within the San Joaquin County EMS system is just one of the many reasons why we believe Priority One Medical Transport, Inc. would make a great partner to serve as San Joaquin County’s exclusive emergency ALS ambulance service provider in Zones A, B and C.

Our willingness to work with various fire administrations to develop partnerships is an enhanced component of our operations system.
1. Operational Policies Regulatory Compliance

   a) Statement of Assurance That all Operational Policies Meet or Exceed State, Federal or County Laws, Statutes and policies

   We do hereby agree to the requirement that the contractor shall ensure all operational policies meet or exceed State, Federal or County laws, statutes and policies set forth in section 4.2 of the RFP issued by the County and upon the award of any resultant agreement, we do hereby make such assurance.

   Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.
2. Response Time Standards and Penalties

a) Option A Response Time Performance Plan Submission

Priority One Medical Transport, Inc. will respond to all Code-3 response times within Zones A, B and C as indicated below and pursuant to the terms and conditions of the RFP.

<table>
<thead>
<tr>
<th>Location</th>
<th>ALS Ambulance Response Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>ALS ambulance response to 90% of all calls within 8:00 minutes or less.</td>
</tr>
<tr>
<td>Suburban</td>
<td>ALS ambulance response to 90% of all calls within 10:00 minutes or less.</td>
</tr>
<tr>
<td>Rural</td>
<td>ALS ambulance response to 90% of all calls within 20:00 minutes or less.</td>
</tr>
<tr>
<td>Wilderness</td>
<td>ALS ambulance response to 90% of all calls within 45:00 minutes or less.</td>
</tr>
</tbody>
</table>

We will meet or exceed these minimum requirements by utilizing a deployment plan that encompasses the use of a combined 24-hour static deployment model with a fluid peak period staffing model. This hybrid deployment plan will insure that ambulances are on-scene when and where they are needed within the contracted response time criteria set forth in the RFP.

b) Option B Response Time Performance Plan Submission, If Any

1) Proposed Alternate System, If Any

Priority One Medical Transport, Inc. has elected to propose Option B response time alternate systems for Zones A and C. Under our Option B proposals, we have proposed many system enhancements as a result of discussions we have had with various city officials with the cities of Lodi and Tracy.

While we have addressed many of the issues identified by these officials, we have also elected to propose these enhancements under Option B without increasing ALS ambulance response times specified in Option A of the RFP. In short, we are not interested in buying time!
We believe this approach will result in a true high performance EMS delivery system that provides for increased ALS first responder service in multiple communities throughout the County of San Joaquin.

Our specific Option B response time proposed alternate systems for each zone is listed below by zone:

**Zone A**

Under our Option B response time proposed alternate system for Zone A, Priority One Medical Transport, Inc. will respond to all Code-3 response times within Zone A as indicated below and pursuant to the terms and conditions of the RFP.

<table>
<thead>
<tr>
<th>Zone</th>
<th>ALS ambulance response time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>90 percent of all calls each month in 8:00 minutes or less.</td>
</tr>
<tr>
<td>Suburban</td>
<td>90 percent of all calls each month in 10:00 minutes or less.</td>
</tr>
<tr>
<td>Rural</td>
<td>90 percent of all calls each month in 20:00 minutes or less.</td>
</tr>
<tr>
<td>Wilderness</td>
<td>90 percent of all calls each month in 45:00 minutes or less.</td>
</tr>
</tbody>
</table>

ALS first responder service will also be enhanced under our Option B response time performance plan for Zone A.

Priority One Medical Transport, Inc. is prepared to partner with the City of Lodi to offer ALS first responder service via the Lodi Fire Department within Zone A.

The goal of this alternate plan would be to provide ALS first responder unit response to 80 percent of all Code-3 requests each month in 5:00 minutes or less within the geographic boundaries of Zone A compliance area A-1 as specified within Attachment Q of the RFP.

This component of the response delivery system would be managed by the Lodi Fire Department and would not be subject to the performance based penalties specified within the RFP. However, Priority One Medical Transport, Inc. will monitor the monthly response times of its partner and make recommendations for system adjustments from time to time as may be warranted.
Under the proposed agreement with the City of Lodi, Priority One Medical Transport, Inc. would offer the following system enhancements to the City of Lodi:

- First Responder ALS Services Reimbursement Program
- Community Automated External Defibrillator Program
- Community CPR Program
- Joint Multi Causality Incident Response Training Program
- Joint Operational Training Program
- First Responder Unit Medical Supplies Restocking Program
- Joint Continuing Quality Improvement Program
- Joint Continuing Education Program for EMT-P and EMT-1 Personnel
- Mutual Cooperative “In-Kind” Services Exchange Program

Specifics of the proposed partnership agreement between Priority One Medical Transport, Inc. and the City of Lodi are contingent on Priority One Medical Transport being awarded the exclusive market rights to Zone A under a resultant agreement approved by the San Joaquin County Board of Supervisors pursuant to this competitive process.

Final terms and conditions of any such partnership agreement must be approved by the city council of the City of Lodi and Priority One Medical Transport, Inc. Priority One Medical Transport, Inc. understands and agrees that certain provisions of any such partnership agreement may also require approval by the San Joaquin EMS Agency prior to implementation.

In the event The City of Lodi and Priority One Medical Transport, Inc. are unable to successfully negotiate a partnership agreement, Priority One Medical Transport, Inc. will immediately notify the San Joaquin County EMS Agency that a partnership agreement has not been reached and that Priority One Medical Transport will carry out its responsibilities under any resultant agreement pursuant to the terms and conditions of the RFP and Option A thereof.

Zone B

Priority One Medical Transport, Inc. is not proposing an Option B response time proposed alternate system for Zone B. Therefore, the ALS ambulance response time we are proposing in Zone B are those proposed under Option A hereof and as specified in the terms and conditions of the RFP.
Zone C

Under our Option B response time proposed alternate system for Zone C, Priority One Medical Transport, Inc. will respond to all Code-3 response times within Zone C as indicated below and pursuant to the terms and conditions of the RFP.

<table>
<thead>
<tr>
<th>Location</th>
<th>Response Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>ALS ambulance response to 90 percent of all calls each month in 8:00 minutes or less.</td>
</tr>
<tr>
<td>Suburban</td>
<td>ALS ambulance response to 90 percent of all calls each month in 10:00 minutes or less.</td>
</tr>
<tr>
<td>Rural</td>
<td>ALS ambulance response to 90 percent of all calls each month in 20:00 minutes or less.</td>
</tr>
<tr>
<td>Wilderness</td>
<td>ALS ambulance response to 90 percent of all calls each month in 45:00 minutes or less.</td>
</tr>
</tbody>
</table>

ALS first responder service will also be enhanced under our Option B response time performance plan for Zone C.

Priority One Medical Transport, Inc. is prepared to partner with the City of Tracy to offer ALS first responder service via the Tracy Fire Department within Zone C.

The goal of this alternate plan would be to provide ALS first responder unit response to 80 percent of all Code-3 requests each month in 5:00 minutes or less within the geographic boundaries of Zone C compliance area C-1 as specified within Attachment Q of the RFP.

This component of the response delivery system would be managed by the Tracy Fire Department and would not be subject to the performance based penalties specified within the RFP. However, Priority One Medical Transport, Inc. will monitor the monthly response times of its partner and make recommendations for system adjustments from time to time as may be warranted.

Under the proposed agreement with the City of Tracy, Priority One Medical Transport, Inc. would offer the following system enhancements to the City of Tracy:

- First Responder ALS Services Reimbursement Program
- Community Automated External Defibrillator Program
√ Community CPR Program  
√ Joint Multi Causality Incident Response Training Program  
√ Joint Operational Training Program  
√ First Responder Unit Medical Supplies Restocking Program  
√ Joint Continuing Quality Improvement Program  
√ Joint Continuing Education Program for EMT-P and EMT-1 Personnel  
√ Mutual Cooperative “In-Kind” Services Exchange Program  

Specifics of the proposed partnership agreement between Priority One Medical Transport, Inc. and the City of Tracy are contingent on Priority One Medical Transport being awarded the exclusive market rights to Zone C under a resultant agreement approved by the San Joaquin County Board of Supervisors pursuant to this competitive process.

Final terms and conditions of any such partnership agreement must be approved by the city council of the City of Tracy and Priority One Medical Transport, Inc. Priority One Medical Transport, Inc. understands and agrees that certain provisions of any such partnership agreement may also require approval by the San Joaquin EMS Agency prior to implementation.

In the event The City of Tracy and Priority One Medical Transport, Inc. are unable to successfully negotiate a partnership agreement, Priority One Medical Transport, Inc. will immediately notify the San Joaquin County EMS Agency that a partnership agreement has not been reached and that Priority One Medical Transport will carry out its responsibilities under any resultant agreement pursuant to the terms and conditions of the RFP and Option A thereof.

2) Statement of Acceptance of County Response Time Performance Standard for Response to Code-3 Requests

We do hereby agree to the requirement to accept the County response time performance standards for response time performance standards for response to Code-3 requests as set forth in section 4.2.1 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.
3) Supporting Documentation to Demonstrate Our Ability to Meet the Response Time Criteria

Response time performance reports demonstrating our ability to meet the response time criteria are included in Attachment M hereof for your review. These reports are for the past two years for calls within Zones A and B.

c) Response Time Exceptions

1) Proposed List of Recommended Response Time Exemptions

We respectfully request the San Joaquin County EMS Agency to consider the following events for approval as response time exemptions:

- Out of compliance response times caused as a result of an incorrect address or location being provided to Contractor by either the PSAP or other such requester
- Out of compliance response times by second or other additional ambulances to scenes requiring additional units
- Out of compliance response times caused by unforeseen impediments due to a train blocking road crossing points
- Out of compliance response times during times of disaster declared within the Contractors Zone by any appropriate local, county, state or federal officials having such disaster declaring powers or authority
- Out of compliance response times during periods of unusual system overload as determined by the EMS director upon request of Contractor
- Out of compliance response times caused by unforeseen significant external events due to circumstances beyond the Contractor’s control as determined by the EMS director upon request of Contractor

2) Statement to Accept and Adhere to County Response Time Exceptions Request Protocols

We do hereby agree to the requirement to accept the response time exception procedure set forth in section 4.2.1 of the RFP issued by the County upon the award of any resultant contract.
Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

d) Response Time Calculations

1) Statement of Agreement to Calculate Response Times as defined by the County

We do hereby agree to the requirement to calculate response times as defined by the County in section 4.2.1 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

e) Applicable Calls

1) Statement of Acceptance of the County’s Definition of Applicable Calls

We do hereby acknowledge and agree to the requirement to accept the County’s definition of applicable calls as set forth in section 4.2.1 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

f) Response Time Compliance Areas

1) Statement of Acknowledgement of the County’s Defined Ambulance Response Time Compliance Areas

We acknowledge that the County has subdivided the ambulance zones into smaller response time compliance areas which are shown in the Attachment Q of the RFP issued by the County. We further acknowledge that the County has established three such compliance areas in Zone A, five compliance areas in Zone B and three
compliance areas in Zone C. We also acknowledge that the contractor shall have a response time compliance rate of 90% within each area during rolling 30-day periods.

g) Penalty for Failure to Meet Response Time Standard

1) Statement of Acknowledgement of the County’s Per-Call Response Time Penalty Criteria

We do hereby agree to the requirement to pay the County a penalty for failure to meet the response time standards as set forth in section 4.2.1 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

h) Penalty for Failure to Meet Response Time Compliance Area Time Standard

1) Statement of Acceptance of the County’s Penalty for Failure to Meet the County’s Response Standards

We do hereby agree to the requirement to pay the County a penalty for failure to meet the response time standards as set forth in section 4.2.1 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

2) Statement of Acknowledgement That Payment of a Penalty Does Not Relieve the Contractor of Responsibility for Compliance with Response Time Standards

We do hereby acknowledge and agree to the requirement that payment of penalty does not relieve the Contractor of responsibility for compliance with response time standards as set forth in section 4.2.1 of the RFP issued by the County upon the award of any resultant contract.
Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

3) Statement of Agreement to Report Out-of-Compliance Calls as Required by the County

We do hereby agree to the requirement to report “Out-of-Compliance” calls to the County as set forth in section 4.2.1 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

i) Penalty for Failed Response

1) Statement of Acceptance of the County’s Penalty for a Failed Response

We do hereby accept the penalty for a failed response as set forth in section 4.2.1 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

2) Statement of Agreement to Report Failed Responses as Required by the County

We do hereby agree to the requirement to report failed responses to the County as set forth in section 4.2.1 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.
j) Penalty for Failure to Provide Data to Determine Compliance

1) Statement of Acceptance of the County’s Penalties for Failure to Provide Data Necessary to Determine Response Time Compliance

We do hereby accept and agree to the penalties for failure to provide data necessary to determine response time compliance as set forth in section 4.2.1 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

k) Performance Report

1) Provision of Monthly Performance Reports to the County

We do hereby agree to the requirement to provide monthly performance reports in the required format, including identifying emergency calls that did not meet response time standard, ALS staffing standard or the response time data requirement as set forth in section 4.2.1 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

2) Performance Failure Cause Identification and Documentation of Problem Resolution Efforts

We do hereby agree to the requirement to identify causes of performance failures and document efforts to eliminate these problems as set forth in section 4.2.1 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.
3) Statement of Agreement to Notify County of Any Major Regulatory Actions Against the Contractor

We do hereby agree to the requirement to notify the County of any major regulatory actions against the contractor as set forth in section 4.2.1 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

I) Penalty Assessment

1) Statement of Acceptance of the County’s Penalty Assessment Procedure

We do hereby accept and agree to comply with the County’s penalty assessment procedure set forth in section 4.2.1 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

m) Penalty Disputes

1) Statement of Acceptance of the County’s Penalty Dispute Procedure

We do hereby accept and agree to comply with the County’s penalty dispute procedure set forth in section 4.2.1 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.
n) Air Ambulance and Air Rescue Services

1) Statement of Agreement to use Air Ambulance and Air Rescue Services According to County Policies

We do hereby agree to comply with the County’s policies for the use of air ambulance and rescue services pursuant to the requirements set forth in section 4.2.1 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

2) Standby and Special Events

1) Statement of Acknowledgement of the County’s Allowance for the Contractor to Provide Standby and Special Event Services

We do hereby acknowledge that the County will allow its contractor to enter into separate agreements for the provision and payment of standby and special event services.

2) Statement of Acknowledgement That Contractor is Still Responsible for Satisfying its Obligations to the County

We do hereby acknowledge and agree that nothing herein excuses the contractor from satisfying its obligations under any resultant agreement with the County if the contractor does enter into separate agreements for the provision of standby and special event services.
3. Dispatch and Communication Requirements

a) Dispatch Operations

1) Proposed Method of the Provision of Dispatch Services

Priority One Medical Transport, Inc. will operate an Emergency Medical Dispatch Center following all guidelines established by the State of California Emergency Medical Services Agency and the San Joaquin County Emergency Medical Services Agency.

Priority One Medical Transport, Inc.’s EMD center will submit written documentation to the EMS Agency within 48 hours of when the center experiences operational downtime and Priority One Medical Transport, Inc. will allow announced audits and on-site inspections by the EMS Medical Director or his/her designee. Priority One Medical Transport, Inc. will also provide the EMS Agency with copies of tapes and logs of emergency medical services calls upon request.

Priority One Medical Transport, Inc.’s EMD center will be staffed by personnel who have completed training and have been certified as Emergency Medical Dispatchers by the National Academy of Emergency Medical Dispatch. Priority One Medical Transport, Inc. will also staff a Quality Improvement Coordinator for the EMD center who will monitor call-taking, dispatching, and response times to ensure that Priority One Medical Transport, Inc. stays in compliance and handles calls appropriately.

Priority One Medical Transport, Inc. will utilize the Medical Priority Dispatch System to accurately and effectively interrogate and dispatch calls. This system will ensure that all necessary information is acquired from callers, callers receive life-saving pre-arrival instructions, and the appropriate resources are sent to every call.

Priority One Medical Transport, Inc. will record and maintain on tape all calls handled by an EMD. These calls will be kept for a minimum of 180 days per California State Government Code, Section 34090.6. All times for each call will be recorded, from the time the call comes into the center all the way through the time the unit clears the call. Priority One Medical Transport, Inc. will have all necessary equipment to operate the EMD center.

Such equipment will include but is not limited to the following:

- Computer hardware and software
√ Telephone system with one speed dial or dedicated ring down line to the primary PSAP, each ambulance dispatch, and any fire or police agency within the service area

√ Radio communications system will all necessary frequencies for both daily operations and for interagency activities, MCI’s or disasters

√ Recording equipment that continuously records all elements of dispatching and allows for retention of tapes for a minimum of 180 days

√ Back-up power supply generator and fuel will be available on site and will allow for the continuation of operations for 24 hours

Priority One Medical Transport, Inc. will provide on-going continuing education for all EMDs. This education will keep EMD’s updated with new technology, new policies and procedures for both Priority One Medical Transport, Inc. and San Joaquin County, and new advances in Emergency Medical Dispatching.

2) Disclosure of Any Anticipated Delays or Use of Temporary Systems

Priority One Medical Transport, Inc. is currently in the process of opening an approved emergency medical dispatch center in San Joaquin County. This process is proposed to be completed before the implementation of service by the chosen contractor(s). We do not anticipate any delays and are confident to be able to provide the required services without the use of alternate temporary systems.

3) Priority Medical Dispatch System Experience

Communication centers must be capable of determining clinical need and its time-sensitivity quickly and with high levels of accuracy to safely prioritize responses.

Priority One Medical Transport, Inc. uses the Medical Priority Dispatch System approved by the National Academy of Emergency Medical Dispatch. Priority One Medical Transport, Inc. implemented this system in 1998.

This system is the world’s most widely used 911-type Pre-Arrival Instruction and Dispatch Life Support protocol system and has been credited with helping save thousands of lives. It also has a systematic approach to caller interrogation and resource allocation.
4) Emergency Medical Dispatcher Training and Continuing Education

All Priority One Medical Transport, Inc. dispatchers and call-takers are Emergency Medical Dispatchers certified by the National Academy of Emergency Medical Dispatch. The NAEMD course has become the standard for EMD training. The course meets or exceeds all criteria set by the California EMS Authority.

In addition to their initial certification, all Priority One Medical Transport, Inc. EMDs participate in on-going training and continuing education. Priority One Medical Transport, Inc. is an approved continuing education provider and provides continuing education hours for all training that employees attend.

Continuing dispatch education focuses on developing a better understanding of telecommunications and the EMD’s roles and responsibilities; enhancing on-line skills in pre-arrival instructions and in all emergency telephone procedures; and improving skills in the use and application of all component parts of the Medical Priority Dispatch System, including interrogation and prioritization.

To fulfill continuing dispatch education hours, Priority One Medical Transport, Inc. EMDs attend quality assurance meetings, tape reviews, review cases, assist in instruction of other EMDs, attend formalized classroom lectures on updates, and go on ride-alongs with field crews.

5) Continuous Quality Improvement Process

Priority One Medical Transport’s QI program is modeled on the FOCUS-PDSA format. This format has been used in the EMS industry and has a proven effectiveness in identifying, tracking, measuring and improving the quality of service within the industry. (Our QI program is explained in detail in Section II-E, 1 of this proposal).

One of the components of our QI program is the evaluation of processes performed within our communication center. Below, please find a brief overview how the review of operations within our communications center are integrated into our QI Program and the specific QI functions performed to facilitate the review of the communication center processes.

Reports are reviewed on a daily basis by the communications supervisor either by review, or have the ability to monitor dispatchers in “real time” or with the “snapshot” feature which re-creates the conditions and status of the resources the moment prior to a chosen
call being dispatched. These reports indicate many parameters, including those that fall outside of the set standards established.

Records and reports are reviewed on a monthly basis to assure completion, tracking and response times, etc. by the communications manager and forwarded to the QI coordinator for further analysis and inclusion in the company’s CQI program. These reports and records are generated by the CAD system and may be customized to aid in tracking indicators.

This state of the art system allows for a wide variety of reports based on Unit, Call Location, Crewmembers, Unit Hour Utilization, and Activity Reports. These documents are vital in the QI process to develop and implement policies and procedures to continually improve the quality of service Priority One Medical Transport provides to the communities in which we serve.

Case review for each Emergency Medical Dispatcher is performed on a random basis by the Medical Director to assure compliance. The use of these reports is vital in the review process.

Some of the parameters measured are as follows:

✓ Call Received to Dispatched times
✓ Response times
✓ Resource Utilization
✓ Call Interrogation Time
✓ Pre-Arrival Instructions
✓ Verification of received information
✓ Correct use of protocols (Medical Priority Dispatch System)
✓ Exceptions as relating to patient outcome
✓ Notification of outside agencies and coordination of an appropriate level of response and resources
✓ Professionalism and customer service

In addition to the CAD system Priority One Medical Transport’s communication center phone, radio and Nextel systems are recorded and records are maintained for a minimum of 180 days.

6) EMD Medical Director Qualifications

We have retained the services of Kyle R. Krueger, D.O. to serve as our EMD Medical Director under a resultant contract. Dr. Krueger currently works in the emergency departments at San Joaquin General Hospital and Saint Joseph’s Medical Center. He has many years of experience
working in the San Joaquin County emergency services system. He has served as a base station physician in San Joaquin County for many years and regularly received patients from the system’s EMS personnel on a daily basis.

Dr. Krueger has participated in many EMS related meetings and is extremely familiar with the challenges out-of-hospital care providers face in the uncontrolled environments they work in. Dr. Krueger will also participate in the company’s continuous quality improvement program and the continuing education program as well.

Under our retainer agreement with Dr. Krueger, an emergency response vehicle will be issued to him for his exclusive use for oversight of the system. This vehicle will be equipped for emergency response and will have a complete ALS inventory pursuant to the protocols of San Joaquin County EMS Agency policy for ALS unit inventories.

7) Statement of Acceptance of the County’s Contractor Dispatch Requirements

We do hereby accept and agree to comply with the County’s contractor dispatch requirements set forth in section 4.2.2 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

b) Communications Equipment

Priority One Medical Transport, Inc. remains involved in P25 implantation and is committed to remaining compliant with TIA P25 for the period of the exclusive operating area agreement.

The Project 25 standards were developed with public safety and federal representatives and published by Telecommunications Industry Association (TIA), and American National Standards Institute (ANSI) accredited Standards Development Organization.

As new technologies and public safety needs evolve, the Project 25 standards continue to be refined. Phase 1 of the P25 standard is complete, with many vendors providing compliant equipment to public safety users.
Project 25 (P25) is the interoperability standard for digital two-way wireless communications products and systems. The P25 standard was created by and for public safety and federal communications professionals to provide detailed standards for the design of communications systems so that all purchasers of P25 compatible equipment can communicate with each other.

The National Telecommunications and Information Administration (NTIA), which manages spectrum for the federal government, have mandated narrow banding (12.5 kHz) for Federal agencies. This mandate had an original effective date of 2005 for the VHF Hi bands (162-174 MHz) and 2008 for all other bands. While there has been Federal recognition of the importance of P25, users may select either a digital technology such as P25 or an analog narrowband technology.

1) Proposed Method of the Provision of Communications Among Contractor’s Dispatch Center, The Contractor’s Vehicles, Acute-Care Hospitals and Public Safety Agencies

At contract implementation date scheduled for May 1, 2006 Priority One Medical Transport, Inc. will operate six (6) two-way radio networks which includes one (1) Satellite Radio System, three (3) data systems, and two (2) ring-down networks within San Joaquin County. As our systems develop we will be adding a seventh (7) radio system that connects all Skilled Nursing and Assisted Care Living Facilities within San Joaquin County.

System One – VHF

VHF- Station Alerting, Mobile Alerting, Vehicular Repeaters (extenders):

The system is operated and maintained by Priority One Medical Transport Inc. Communications/IT Division and La Rue Communications. The system consists of a VHF network of receivers located on the following sites:

1. Bear Mountain (East)
2. Mt. Oso (South)
3. Lindsey Street Tower (Stockton)
4. Trans Tower or alternate site (North-West)

This system is a Project 25 (P25) compliant two-way radio system with station alerting and consists of one (1) primary VHF frequency and one (1) back-up VHF frequency. This system is voted.
Vehicle Radio # 1:

The mobile radios are Project 25 (P25) compliant Kenwood TK-5710 two-way radios. This model provides for such options as unit alerting, man down notification, and other P25 requirements. Each operating ambulance and supervisor vehicle will have an installed Kenwood TK-5710. These radios operate in the VHF band and will have direct communications with our San Joaquin County Secondary PSAP and our back up control station in Ontario, California.

Additional abilities with this system include the following:

1. Ability to communicate with all Acute-Care Hospitals (Emergency Departments) in San Joaquin County and are used to make notification of incoming ambulance transports not requiring base station consultation.

2. Ability to communicate with all San Joaquin County fire suppression units and Stockton Fire Department Regional Communications Center.

3. Radios can be programmed to operate with other Public Safety Agencies operating on VHF frequencies as approved in conjunction with San Joaquin County operations.

4. Each mobile radio is connected to a vehicular cross band repeater (extender) allowing the ability to access our 800 MHz Trucking system identified in system number three (3).

Portable Radio's

The two-way portable radio system is a Project 25 (P25) compliant two-way radio system which consists of Kenwood TK-5210 portable radios. Each on-duty employee will have a TK-5210 portable with attached lapel microphone. These radios operate in the VHF band and will have direct communications with our San Joaquin County Secondary PSAP, and our back up control station in Ontario, California.

Additional abilities with this system include the following:

1. Ability to communicate with all Acute-Care Hospital (Emergency Departments) in San Joaquin County and are used to make notification of incoming ambulance transports not requiring base station consultation.
2. Ability to communicate with all San Joaquin County fire suppression units and Stockton Fire Department Regional Communications Center.

3. Radios can be programmed to operate on other VHF frequencies as approved in conjunction with San Joaquin County operations.

4. Portables can transmit to the vehicles radio #1 simplex channel which is received and extended in a cross-band vehicle repeater to our 800 trunking network (Vehicle Radio #3).

**System Two - UHF**

The system operated and maintained by La Rue Communications consists of three (3) UHF-Trunking systems installed at existing sites. The system’s primary use is to send GPS/AVL data back to our CAD system; however there are three (3) talk groups that can be used for communications, special projects, special events, and support service requirements.

1. Bear Mountain (East)
2. Mt. Oso (South)
3. Lindsey Street Tower (Stockton)

**Vehicle Radio #2:**

The mobile radios are Kenwood TK-880/TK-8180 mobile radios. Each operating ambulance and supervisor vehicle will have an installed mobile radio. These radios operate in the UHF band and will have direct communications with our San Joaquin County Secondary PSAP, in addition to direct communications statewide control center in Ontario California.

Additional abilities with this system include the following:

1. Ability to communicate with all Acute-Care Hospitals (Emergency Departments) in San Joaquin County and are used to make notification of incoming ambulance transports requiring MICN or MD base station consultation (Med-10).

2. Ability to communicate with all Priority One Fleet’s in the State of California: to include San Diego County Division; Los Angeles, Orange, and Riverside County Division;
Santa Clara, San Mateo, Alameda, and Contra Costa Division; Yolo, Placer, and Sacramento County Division; Stanislaus County Division; and the anticipated Butte County Division.

3. Ability to communicate with Stockton Fire Department Control 1,2,3,4 channels.

4. Radios can be programmed to operate on other Public Safety Agencies operating on UHF frequencies as approved in conjunction with San Joaquin County operations.

5. Radios send data information to system status controller consisting of GPS/AVL information.

**Portable Radio #2:**

Each ambulance will have one (1) Kenwood TK-380/ TK-3180 UHF portable with all of the above features excluding #5.

**System Three- 800 MHz**

The system operated and maintained by La Rue Communications consists of three (3) 800 MHz LTR-Trunking systems installed at existing sites. The system's primary use is for non-emergency transports, records information, and has three (3) talk groups which will be used for communications, special projects, special events, and support service requirements.

1. Bear Mountain (East)
2. Mt. Oso (South)
3. Lindsey Street Tower (Stockton)

**Vehicle Radio #3:**

The mobile radios are Kenwood TK-980. Each operating ambulance and supervisor vehicle will have an installed mobile radio. This radio operates in the 800 MHz band and will have direct communications with our San Joaquin County Secondary PSAP and our back up control station in Ontario, California.

Additional abilities with this system include the following:

1. Ability to communicate with other public safety systems throughout California on the Conventional TAC channels.
2. Half-Duplex telephone patch channel to assist where cellular phones don’t work in San Joaquin County. Dial tone will be accessible at the repeater site.

3. Radios can be programmed to operate on other Public Safety Agencies operating on 800 MHz frequencies as approved in conjunction with San Joaquin County operations.

4. When the vehicle repeater (extender) is activated this radio works in conjunction with Vehicle Radio #1 and terminates audio to the VHF portables carried by each employee.

**System Four – Nextel:**

Each unit is assigned a Nextel cellular telephone with the direct connect capabilities. This system is also integrated into our Zetron Console allowing any dispatcher automatic access to the channel similar to a conventional or trunked radio system channel.

**System Five – Zoll Data Mobile Data Terminals:**

Priority One Medical Transport, Inc. has installed mobile data terminals as a part of its statewide implementation. Our standard assigned MDT is fully functional and provides for all access ability for ambulance crews. As a crew signs on for their shift, the MDT is activated by entering in the crews employee numbers along with a pass code.

The crew is able to receive, acknowledge, arrive, transport, and disposition all calls that would normally be given over the radio system. This system reduces the amount of radio transmissions and the potential error of dispatcher delay in entering on-scene times. Crewmembers can push a button to advise dispatch they are en-route, on-scene, transporting, arriving at hospital, partially available and available via computer.

The crew can send messages to dispatch via the MDT, look up times and mileages, and enter patient names, records, and other desired information. This Zoll product links to the Zoll Data ePCR which allows additional call information to be retained.

Included in the MDT is a mapping system which provides graphical presentation of call location. This information is also transmitted back to dispatch and displayed on the dispatcher’s console.
Posting assignment are sent to and acknowledged by the crewmembers via the MDT to place ambulances in locations that Zoll Data “Marvlis” recommends for coverage.

Marvlis, a Zoll Data/ BCS product that compiles historical call data based on day of week, hour, previous and current call demands, and allows dispatchers to place units to cover expected call volume. Please see information regarding Marvlis presented within this proposal in Attachment S for your review.

We are currently utilizing Nextel embedded vehicle modems that provide data and GPS/AVL information to our CAD system. It is our intent to reduce cost and add additional features by placing RF modems through a 450-470 MHz data channel transmitting from the Lindsey Street Tower. Priority One Medial Transport Inc. Communications/IT will be consulted to construct the most reliable cost effective system for the particular service area.

**System Six - Clear Wire**
Priority One Medical Transport, Inc. and Modesto Police Department both serve as Beta Test sites for Clear Wire Communications. This system is a regional wireless broadband modem providing internet access far superior than standard DSL. With Clear Wire, a vehicular modem is installed in the ambulance and/or supervisor vehicle. This system is attached to a wireless router which provides wireless access to our crewmembers as they prepare their ePCR’s.

Beta test results are very exciting on this product. It’s not perfect but works quite well in most of Stockton, French Camp, Lodi, Lockford and Tracy. Specific tests have been successful at Lodi Community Hospital, Dameron Hospital, Saint Joseph’s Medical Center, and San Joaquin County General Hospital.

The system allows a crewmember to access the internet via the Panasonic Toughbook Computer, sync with our CAD system, and upload Zoll Data ePCR information.

With our vision crewmembers will have the ability to take their CE training while posting via the Toughbook Computer access to the internet and browsing to [www.themercygroup.com](http://www.themercygroup.com) where they can complete their CE, review company bulletins, and review their upcoming company requirements such as nearing expiration dates on such items as PALS, ACLS, EMT, Paramedic, or other licensing expirations dates.
Consider the ability to be able to watch the blood-borne pathogens CE updates while waiting for a call. Once the CE has been taken and the test completed the system issues a CE credit and posts such information to the employee continuing education report.

Additional Notes:

1. Priority One Medical Transport, Inc. has gone one step further with the Beta test by adding a Vonage Voice over IP (VoIP) telephone. We have had success in placing and receiving phone calls over the Clear Wire network.

2. Priority One Medical Transport, Inc. utilizes a Clear Wire wireless modem installed at one of it stations and is able to route two-way radio traffic from Stockton to our center in Ontario, California.

3. Priority One Medical Transport, Inc. is also working on providing streaming video from our S.M.A.R.T (Specialized Medical Assessment Response Team) ambulances. We believe this is the future of providing streaming video to Trauma Centers allowing patient care activities en-route to be delivered to the Trauma Center as the ambulance is either on-scene or transporting.

**System 7 – Station Notification:**

Priority One Medial Transport Inc. currently owns (not currently deployed) Zetron Model 6 Fire Station Alerting Systems along with Zetron Model 26 Control Status Panels which have the ability to provide rapid alerting with positive acknowledgement.

In addition, the system provides tone alert, voice dispatch, and 2-way radio communications compatible with radio or leased lines.

These units have the ability to print “Rip and Run” response information to crews currently in quarters. The unit can also turn on ambulance station lights, raise the bay door or perform other actions that will reduce response time.

It is our intention to install these devices in our 24-hour stations. These are the same type of units currently in use at Stockton Fire Department.
System 8- Skilled Nursing and Assisted Living Alerting System:

Priority One Medical Transport, Inc. is committed to all stakeholders in San Joaquin County. System 8 is known as the Skilled Nursing/Assisted Living Alerting System.

Priority One Medical Transport, Inc. will provide the back-bone system of one UHF frequency which will be a repeated channel from the Lindsey Street Tower that will connect each and every participating Skilled Nursing/Assisted Living Facility with direct ability to contact our Secondary PSAP and/or our back up control station in Ontario, California.

In the event of a regional disaster it is imperative that we have communications with these facilities as they may need immediate assistance or in the event that San Joaquin County needs emergency bed availability from each Skilled Nursing/Assisted Living Facility.

To address the need of polling for beds Priority One will activate the Group tone alert that will open up the audio and take a roll call broadcast polling for bed availability. Two-tone alerting will be programmed into each radio with the ability to alert any number of facilities from our Secondary PSAP.

A weekly test will be completed to determine that each system is operative. In the event of no response a telephone call will be made to the facility to confirm operation. Should a failure occur a replacement radio will be provided to participating facilities.

Should the Skilled Nursing/Assisted Living Facility have an internal disaster such as a complete shut down of power, the facility will be able to connect to our PSAP via the System 8 radio. Once the PTT is keyed our center will receive the ANI and identify the facility that is calling. Each radio will be backed up with a backup battery supply.

The required equipment is a Kenwood Conventional UHF radio operating on a SMR channel (minimizes individual licensing requirements) along with a power supply and back up battery.

Priority One Medical will supply the equipment and share the cost of purchase to minimize the cost of the radio to 50% of list price. Under this project if the radio equipment has a list price of $800.00 the facility will have the ability to become a participating facility for a cost of $400.00. Priority One Medical will pay the difference between the list cost and the final negotiated price.
Training will be provided by our Provider Relations Division and installation will be completed by our Communications/IT Division.

**System 8 - Implementation Date: Within 1 year of contract.**

**System 9 - H.E.A.R. Radio System**

Priority One Medical Transport, Inc. will install the Hospital Emergency Alerting Radio (H.E.A.R) frequency into its dispatch console, emergency vehicles, and portable units.

**System 10 - Hospital Hot-Line System:**

System 10 is known as the Hospital-PSAP Hotline. Priority One Medical Transport, Inc. will install and maintain a direct connect system that allows one button touch direct dial connection from Priority’s Secondary PSAP to each hospital emergency department.

Should the hospital need to communicate with the PSAP, the hospital simply picks up the hotline and they are immediately connected to the PSAP with full Caller ID. This will reduce the caller interrogation time as the PSAP knows who is calling.

Should the PSAP need to speak to the hospital a direct connection will be made to the hospital and the hospital will have a specific single line instrument. This phone operates on phone line current and requires no power to be supplied by the hospital.

Under the plan contracting hospitals will be provided this service free of charge.

**System 11 – Public Safety Agency Ring Down System**

System 10 will connect Priority One Medical Transport, Inc.’s Secondary PSAP 9-1-1 system to other Public Safety Agencies. We will provide connection ability to any other Primary PSAP or Secondary PSAP within our operational area.

These lines will connect directly into our Zetron 9-1-1 system.

**System 12- Satellite Radio and telephone:**

Priority One Medical Transport, Inc. has a Satellite Radio Telephone at our back up control center in Ontario, California. We intend on adding Satellite Radio Telephones to our Secondary PSAP as a part of the Zetron Radio Console system.
This Satellite Radio Telephone provides both two-way radio and telephone service as a last resort.

In the event San Joaquin County deploys a strike team to any location within the United States or Canada, Priority One Medical Transport, Inc. will maintain a minimum of three (3) supervisor vehicles (Strike Team Leaders) equipped with Satellite Radio Telephones with the ability to cross patch to our simplex VHF Radio (Vehicle Radio #1).

Under this situation, the Strike Team Leader will respond with his team of ambulances. The Satellite radio will be put into a vehicular repeater mode and re-broadcast information over the VHF simplex channel.

While en-route or while at the scene Priority One Medical Transport, Inc. will have the ability to transmit over the Satellite Radio at the Secondary PSAP which will be received into the Strike Team Leader’s vehicle. This audio will be repeated over the VHF simplex channel via field vehicular repeaters.

Should the incident become widespread either one of the following will occur:

♦ Option One
   Strike Team leader will place Satellite Radio & VHF portable repeater package at the highest elevation available, i.e. roof of building or hilltop. This will allow for wider area of coverage.

♦ Option Two
   Strike Team leader will park his/her vehicle at the highest point nearest the site to allow for the largest area of coverage available.

**System 12 Implementation Date:** Within 1 year of Contract.

**System 13- Metro Call Paging:**

Priority One Medical Transport, Inc. will issue a Metro Call or equivalent alpha numeric pager to each employee. Pagers are used to send emergency response information to units.

Additional uses such as broadcast messages, safety information, deployment levels are sent to different status defined parameters: On-duty, Off-duty, Supervisors, All Call.

These pagers are sent via the Zoll Data CAD system. The system processes the calls immediately via the internet. In the event the T-1
line at the Secondary PSAP goes down, the pages will be routed through a P.O.T.S. line.

**System 14- EMS**

System 14- **EMS**

System® Hospital System Status Communications:

Priority One Medical Transport, Inc. will purchase and install in its San Joaquin County EMD center the software described below that will assist with providing solutions for patient disbursement challenges during periods of peak demand, multi-casualty events or other significant incidents that impact the day-to-day operations of patient transport to local emergency departments.

Details of this innovative software are included below for your review.

**EMSystem®** is a leading provider of real-time communications and resource management solutions that enhance preparedness and response to medical emergencies, mass casualty events, and public health incidents. The company provides emergency department status tracking, patient tracking, mass casualty incident support, syndromic surveillance, hospital bed tracking, and public health alerting solutions.

**EMERGENCY DEPARTMENT**

- Communicate real-time status of all regional emergency resources to support informed patient transport decisions
- Prepare for incoming patients

**MASS CASUALTY INCIDENT SUPPORT**

- Rapidly query hospitals for capacity by triage category, and other available services
- Monitor and track casualties

**HOSPITAL RESOURCES**

- Communicate bed availability, analyze trends, and manage hospital resources

**EMERGENCY MANAGEMENT**

- Coordinate emergency response resources

**PUBLIC HEALTH**

- Disseminate public health alerts and collect real-time surveillance information

**PROVEN TRACK RECORD**

EMSystem applications have supported Emergency Medical Operations since 1998 and currently provide service to more than 25% of the United States population.
Resource Management

EMResource™
Real-Time Emergency Resource Management

EMResource provides real-time communication and resource management for everyone involved in emergency medical response. Authorized users log on to a secure web site and view regional emergency department status and available hospital resources to support patient transport and transfer decision-making. During mass casualty incidents, hospital capacity is queried by triage category and inpatient bed capacity. Additional incident specific resources are easily tracked such as decontamination capability, ventilators and BT specific pharmaceuticals. Secure, redundant servers are reliably accessed 24/7 providing an excellent communication infrastructure for emergency management personnel, acute healthcare providers and public health officials.

Patient Tracking

EMTrack™
Electronic Patient Tracking For All-Scale Emergencies

EMTrack facilitates medical emergency response, speeds family reunification, and provides advanced notification of incoming patients. EMTrack collects and disseminates patient information and status to on-scene responders and medical facilities. The solution tracks patients from initial assessment through disposition, including triage, treatment, and transport of patients for daily and mass casualty operations.

EMTrack exceeds HRSA regional emergency requirements and allows officials to rapidly search and easily view information regarding their patients. Data capture options include keyboard entry, barcode devices, and RFID. Data communication options include 802.11 b/g, cellular, and satellite.

For More Information Contact EMSystem® at the Address Below:

EMSSystem, LLC
6737 West Washington Street
Milwaukee, WI 53214

Phone: 888-EMSYSTEM (888-367-9783)
E-mail: info@emsystem.com
Internet: http://www.emsystem.com/
Bilingual Interpretation Service
In addition to the multitude of communication system we are proposing, we also will offer a bilingual interpretation service on a 24-hour basis 365 days per year through an agreement with AT&T. The service is offered in many languages and will be offered in an expedient fashion.

2) Proposed Method by Which the Ambulance Personnel Will Be Able to Communicate with Other Responders On-Scene.

Priority One Medical Transport, Inc. provides three (3) different two-way radio bands in each ambulance. All of which exists in our currently deployed units.

The following is a listing of the three (3) systems:

A. **Vehicle Radio #1 VHF**
   Project 25 is the interoperability standard for digital wireless communications products and systems. This radio will work with all other programmed agencies operating in the VHF spectrum.

B. **Vehicle Radio #2 UHF:**
   This radio has the ability to operate in a conventional or trunked network operating in LTR mode. This radio will work with all other programmed agencies operating in the UHF spectrum.

C. **Vehicle Radio #3 800 MHz:**
   This radio has the ability to operate in a conventional or trunked network operating in LTR mode. This Radio will work with all other in the 800 conventional tactical frequencies.

Example - Ability to talk to other outside agencies.

Priority One Medical Transport, Inc. operates the Alameda County Sheriff's Radio 800 MHz system in its units in Alameda County and at its local dispatch office in Lodi. This system provides us with direct access over the county system to our deployed units in Alameda County.

In the event of a mutual aid request we would have our responding units switch to our 450 MHz trunk system (Vehicle Radio #2) which includes, Mt. Oso, Livermore Hill, Mt. Diablo, Mt. Diablo North, Mt. Allison or Black Mountain. At that time our Secondary PSAP will
switch the Alameda County Radio to a Wide System Tactical channel (talk-group) and create a patch via the Zetron Dispatching Console System. We will take the audio from Alameda County Sheriff’s system and patch it to one of our Priority One Medical Transport hill tops.

Should Alameda have an 800 MHz Wide Area conventional channel available Priority One Medical Transport, Inc. shall program that system directly into our Vehicle Radio # 3

San Joaquin County is board to the North by Sacramento County. Priority One Medical Transport, Inc. has 450 MHz trunk systems (Vehicle Radio #2) these sites include Trans Tower, Pine Hill, Downtown Sacramento, and Vacaville.

Should a request be made by Sacramento County Fire, Sacramento operates on the Motorola 800 MHz band. This system is similar to the Alameda County system. We would seek Sacramento County Fire approval for the installation of their 800 MHz trunking channels into our existing Alameda County Radio. Once designed, this radio will serve as a duel purpose radio with direct access to Sacramento County.

In the event San Joaquin County requests mutual aid from Sacramento County, our Secondary PSAP would switch the Motorola 800MHZ radio to Sacramento system and have access to those units responding into our county. In addition a coordinated connection could be made between Sacramento County Fire and our company for inter-agency needs.

Additional Abilities:

Priority One Medical Transport, Inc. has Nextel Direct Connect abilities built into its Zetron Radio consoles. Any authorized agency can punch in our inter-agency direct connect number and speak to us directly.

3) Proposed Frequencies To Be Used and Associated FCC Licenses

A. Radio System #1 VHF will be applied for by Haggerty Consulting in San Diego County.

B. Radio System #2- UHF System Licenses are provided under a long term SMR agreement with La Rue Communications. Knox La Rue is the exclusive operator of such system.

C. Radio System # 3 - 800 MHz System Licenses are provided under a long term SMR agreement with La Rue
Communications. Knox La Rue is the exclusive operator of such system.

D. **System Four** – Nextel is a FCC license issued to Nextel Communications to serve the needs of the public.

E. **System Five**- Zoll Date MDT Terminals is a product of Nextel and the FCC License is issued to Nextel Communications to serve the needs of the public. As noted in the system design there has been discussion of providing data over RF modems with wide area service provided from Lindsey Street tower. In such case the frequency will be provided by La Rue Communications under a SMR agreement.

F. **System Six** – Clear Wire is a licensed wireless broadband network licensed to Clear Wire. No individual FCC license is required.

G. **System 7- Station Notification**: Connections to this system will be provided by radio frequencies licensed to Knox La Rue/ La Rue Communications.

H. **System 8 – Skilled Nursing and Assisted living Alerting System**: Connection to this system is provided by La Rue Communications over a UHF repeated frequency operating as a SMR channel.

I. **System 9- Hospital Emergency Alerting Radio (H.E.A.R.)** Priority One Medical Transport will file an application for FCC approval.

J. **System 10- Hospital Hot-Line System**: No FCC license required.

K. **System 11 – Public Safety Agency Ring Down System**: No FCC license required.

L. **System 12 - Satellite Radio and Telephone**: FCC license is issued to the satellite company and no individual FCC license is required.

M. **System 13 – Metro Call Paging System**: This system is licensed to Metro Call paging. No individual FCC license is required.
**About La Rue Communications:**

Knox La Rue is the son of the founder of Pac West Telecom in Stockton California. The La Rue family owned and operated a California Public Utility – Long Distance and Local C-LEC throughout California.

Knox La Rue is licensee of numerous FCC SMR station licenses throughout California and owns and operates multiple mountain top, hill top, building top, and ground towers. The highest tower in Stockton is on Lindsey Street and is owned and operated by Knox La Rue.

Priority One Medical Transport, Inc. has entered into an agreement that provides Priority One Medical Transport, Inc., as the Secondary PSAP and Emergency Medical Service Provider, access to all two-way radio services that La Rue Communications provides, this includes mountain top buildings, Lindsey Street tower and allocation of the operating systems listed in our RFP response.

A copy of the FCC licenses for the named systems is included in Attachment O of this RFP. Any additional licensing or frequency licensing will be provided by Haggerty Consulting and is also included in Attachment O.

4) **Statement of Acceptance of the County’s Contractor Communications Equipment Requirements**

We do hereby accept and agree to comply with the County’s contractor communications requirements set forth in section 4.2.2 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.
4. Equipment and Supplies

a) Ambulances

1) Proposed Specifications For New Vehicles to be Purchased For This Contract

Priority One Medical Transport development of relationships with specific manufacturers has proven to be the single most effective way of maintaining and upgrading a fleet. Priority One Medical Transport has fostered its relationship with Leader Industries in El Monte, California and set a new standard in advanced ambulances.

Priority One Medical Transport has purchased its entire ambulance fleet, which has been built by Leader Industries or its sister company American Emergency Vehicles. These have superior craftsmanship over similar ambulance manufacturers. Leader Industries builds these vehicles in the city of El Monte, County of Los Angeles.

Leader Industries uses a comprehensive quality assurance process at each stage of production. They have been a major manufacturer of ambulances on the West Coast since 1975 and have developed a reputation for outstanding quality control. They provide a very good warranty of one (1) year or twelve thousand (12,000) miles on the body and contents of the ambulance. The cab and chassis have a manufacturer’s warranty of three (3) years or one hundred thousand (100,000) miles, which ever comes first.

Priority One Medical Transport fleet is made up of Type II and Type III ambulances, which meet or exceed Federal KKK-A-1822 standards at the time of the vehicles original Manufacture. All ambulances will be new for this contract and will be built on Ford E-350 chassis with 6.0 Liter turbo diesel engines.

The California Highway Patrol and the San Joaquin County Emergency Medical Services Agency will inspect and issue operating permits for all ambulances prior to service.

Priority One Medical Transport purchases several new ambulances each and every year. At this time Priority One Medical Transport has full ownership of eighty six percent (86%) of its fleet. In addition, several more vehicles will be bank lien satisfied in the remaining year.

No vehicles are currently leased, and we contract with Emergency Ambulance Rental Service (E.A.R.S.) in the event we need any short period rental vehicles. Currently there are no vehicles rented.
It is the philosophy of Priority One Medical Transport to purchase all ambulance vehicles, equipment, and supplies outright. This position has proven effective over the years in developing a strong fleet and providing the quality of equipment needed to meet the demands of a 9-1-1 provider.

Excellent federal tax benefits have accelerated the depreciation of ambulances and equipment for the past two years. (These benefits help keep jobs throughout America.)

Quantity – Quality – life of ambulance vehicles

Priority One Medical Transport has established a policy of replacing 9-1-1 ambulances every five (5) years or one-hundred and twenty-five thousand (125,000) miles, whichever comes first. Leader Industries manufactures each of the ambulance vehicles purchased. A Ford chassis powered by a 7.3-liter or 6.0-liter turbo diesel engine, with the extended warranty package, is built to our company standards.

Supervisor support vehicles – QRV/OPS vehicles

Priority One Medical Transport currently operates twenty-five (25) supervisor support units, which are used to transport medical supplies, lifesaving equipment, or personnel to the scene of an emergency, when a request for assistance has been made by a public agency or field personnel responsible for providing emergency medical transportation.

The field supervisors also respond to traffic accidents involving any of our vehicles, at which time, the Priority One Medical Transport supervisor makes an accident report and investigates in conjunction with law enforcement at the scene.

The supervisor support units are supplied with the same items as our ALS units but greater quantities of these items are kept on board the support units.

Additional specialized equipment is as follows:

- Stryker ambulance cot
- Stair chair
- Extra back boards
- Infant car seats
- Extra portable radios for MCI
- Oxygen “H” tank to refill portable tanks
- Oxygen “H” tank with multi-flow regulator for up to six people
- Complete set of ALS equipment including; monitor, drug box, airway bag.
Multiple type dressing and fluids.

Supervisor support unit communication capabilities are as follows:
- Seven trunked radio systems for company use
- H.E.A.R. Radio frequency
- Nextel
- Paramedic base station frequency
- Other local fire and police frequencies are authorized

2) Proposed Special Vehicle Improvement Specifications and Standard Modifications Performed to Vehicles Prior to Their Placement Into Service

Over the past few years, the EMS industry has become more technically advanced and our employees have pursued higher education goals. With this in mind, Priority One Medical Transport, Inc. has listened to our employees’ recommendations on specific items that have enhanced our ambulance configurations.

For example, electronic navigation systems have been added to the ambulance that allows crewmembers to enter the location they are responding to at the push a button. The computer calculates the route, provides on-screen mapping and turn-by-turn instructions. This virtually eliminates the need to pull out a map book.

Priority One Medical Transport, Inc. has also equipped its vehicles with the most state-of-the-art Mobile Data Terminals (MDT) which provide Automatic Vehicle Locator (AVL) information back to our communications center every five seconds.

The ambulances are notified of a call via the wireless data ability, which is provided over the Nextel network. Pushing an area on the touch screen monitor updates the unit status through the call process sequences of en-route, on-scene, transporting, at destination and available.

Units can communicate with the dispatcher and send and retrieve messages to and from ambulances, dispatch and field supervisors. Patient care reports can be made by electronic notification, which allows information regarding the incident to be faxed automatically to the receiving hospital.

Our AVL Automatic Vehicle Locator system is an intricate part of our CAD system. The mobile data terminals are directly linked to our family of Pinpoint servers. This server works as the gathering point for all mobile data traffic. It sends the information to the primary
dispatching services so the dispatchers can observe ambulance movement on a real time basis.

**Electronic Patient Care Reports (E-PCR)**

Priority One Medical Transport is now utilizing Zoll Data Systems ePCR electronic patient care reporting system in San Joaquin County. The system consists of a ruggedized laptop touch screen computer (Panasonic Toughbook), which is used by our paramedics and emergency medical technicians to record all aspects of the response. Crewmembers complete and print their ePCR report at the hospital.

All data is collected and downloaded to the primary server where it is reviewed by a paramedic supervisor. If the report is complete it is then sent electronically via the computer network to our billing department.

When crewmembers log in to the ePCR system, their incomplete reports are noted and the crewmember is prompted to issue a supplemental report for each incomplete report outstanding. Our policy requires crewmembers to complete all reports prior to the end of their shift.

**Radios**

Priority One Medical Transport, Inc.’s current communications center is a sophisticated blend of 150 MHz radios, 450 MHz radios, which include 450 MHz Trunking systems. Each ambulance is equipped with a minimum of three (3) radios, three (3) portable radio, a Nextel Cellular Phone with private and group talk, and a unit pager (augmenting the crew’s Pagers).

Priority One Medical Transport, Inc. will ensure our multiple site 450 MHz trunking systems and our 450 MHz conventional repeaters remain state-of-art. Priority One Medical Transport, Inc. will assign Nextel cellular phones to its units, which will allow inter-agency operability via the Nextel cellular system.

3) **Description of Proposed Fleet Size In Relation to Peak Load Coverage Requirements and Fleet Standardization Policies**

**Option A Proposed Fleet Size**

Under Option A, we are purposing the following number of ambulance units for each zone:
<table>
<thead>
<tr>
<th>Zone</th>
<th>Staffed Ambulance Units</th>
<th>Reserve Ambulance Units</th>
<th>Rescue Boats</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zone A</td>
<td>6 (located within the zone.)</td>
<td>2 (stationed within the zone and maintained in a “state of readiness” at all times.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zone B</td>
<td>14 (located within the zone.)</td>
<td>3 (stationed within the zone and maintained in a “state of readiness” at all times.)</td>
<td>2 (located at 5-Star Marina and adjacent to our “Medic 102” station.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zone C</td>
<td>5 (located within the zone.)</td>
<td>2 (stationed within the zone and maintained in a “state of readiness” at all times.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Our peak deployment staffing numbers vs. our proposed fleet size represent a **proposed fleet size of at least 125% above peak demand periods**. Priority One Medical Transport, Inc. has adopted this national accepted practice and utilizes it in its ambulance fleet design standard.

<table>
<thead>
<tr>
<th>Zone</th>
<th>Proposed Supervisor Quick Response Vehicles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zone A</td>
<td>QVR Units for supervisor response (based within the zone and maintained in a “state of readiness” at all times.)</td>
</tr>
<tr>
<td>Zone B</td>
<td>QVR Units for supervisor response (based within the zone and maintained in a “state of readiness” at all times.)</td>
</tr>
<tr>
<td>Zone C</td>
<td>QVR Units for supervisor response (based within the zone and maintained in a “state of readiness” at all times.)</td>
</tr>
<tr>
<td>All Zones</td>
<td>Field Controller Units (based within two zones and maintained in a “state of readiness at all times.”)</td>
</tr>
<tr>
<td>SJC EMS Agency</td>
<td>QVR Units for agency personnel response (Under the control of the SJC EMS Agency)</td>
</tr>
</tbody>
</table>
Priority One Medical Transport, Inc. proposes to provide thirteen (13) Ford F-150 pickup trucks for use as Quick Response Vehicles (“QRV”). These vehicles would be utilized by Priority One supervisory staff for EMS response and would be equipped with a full cadre of ALS equipment in accordance with the San Joaquin County EMS Agency’s policy for ALS equipment and supply inventories.

Two of these vehicles would be assigned to the San Joaquin County EMS Agency and under the Agency’s control for SJC EMS Agency personnel use for EMS response and contractor compliance monitoring as determined by the Agency.

Option B Proposed Fleet Size

Under Option B, we are purposing the following number of ambulance units for each zone:

<table>
<thead>
<tr>
<th>Zone A</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Zone A</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Staffed ambulance units during peak deployment periods (located within the zone.)</td>
</tr>
<tr>
<td>2</td>
<td>Reserve ambulance units (stationed within the zone and maintained in a “state of readiness” at all times.)</td>
</tr>
<tr>
<td>1</td>
<td>“SPARE” Unit (Supplemental Paramedic Ambulance Resource) unit located at a Lodi Fire Station</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Zone C</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Zone C</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Staffed ambulance units during peak deployment periods (located within the zone.)</td>
</tr>
<tr>
<td>2</td>
<td>Reserve ambulance units (stationed within the zone and maintained in a “state of readiness” at all times.)</td>
</tr>
<tr>
<td>1</td>
<td>“SPARE” Unit (Supplemental Paramedic Ambulance Resource) unit located at a Tracy Fire Station</td>
</tr>
</tbody>
</table>

Our peak deployment staffing numbers vs. our proposed fleet size represent a **proposed fleet size of at least 125% above peak demand periods**. Priority One Medical Transport, Inc. has adopted this national accepted practice and utilizes it in its ambulance fleet design standard.

<table>
<thead>
<tr>
<th>Proposed Supervisor Quick Response Vehicles</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Zone A 2</td>
<td>QVR Units for supervisor response (based within the zone and maintained in a “state of readiness” at all times.)</td>
</tr>
<tr>
<td>Zone B 4</td>
<td>QVR Units for supervisor response (based within the zone and maintained in a “state of readiness” at all times.)</td>
</tr>
</tbody>
</table>
Priority One Medical Transport, Inc. proposes to provide thirteen (13) Ford F-150 pickup trucks for use as Quick Response Vehicles (“QRV”). These vehicles would be utilized by Priority One supervisory staff for EMS response and would be equipped with a full cadre of ALS equipment in accordance with the San Joaquin County EMS Agency’s policy for ALS equipment and supply inventories.

Two of these vehicles would be assigned to the San Joaquin County EMS Agency and under the Agency’s control for SJC EMS Agency personnel use for EMS response and contractor compliance monitoring as determined by the Agency.

**Additional Commitments Under Both Options A and B**

Each of our ambulances within Zones A, B and C will be of a standard type and design conforming to our existing fleet design and standardization plan. The proposed ambulance standardization vehicle types we will assign to Zones A, B and C is indicated below:

<table>
<thead>
<tr>
<th>Proposed Ambulance Standardization Vehicle Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type II ambulances with Ford E-350 van chassis built by Leader Industries.</td>
</tr>
<tr>
<td>Type I ambulance on an Ford F-450 chassis built by American Emergency Vehicles. (One per zone.) For use as our proposed SMART unit.</td>
</tr>
</tbody>
</table>

Each of these ambulance types are consistent with our existing fleet and will be designed in accordance with the current design specifications of our existing ambulance fleet.
EARS Units

5 Additional reserve ambulance units (available under contract and maintained in a “state of readiness” at all times.)

In addition to the ambulances owned or leased and operated by Priority One Medical Transport, Inc., we are also proposing an additional five (5) reserve ambulances for use if needed that are owned by a Priority One sister company.

Emergency Ambulance Rental Service, Inc. (“EARS”) contracts with Priority One to provide it with rental ambulances on a short or long term basis to assist during times of unforeseen increase in ambulance deployment needs.

These ambulances are built to the same design specifications of the ambulances within the Priority One fleet. Our current contract with EARS provides the above five (5) additional reserve ambulances to be utilized in the event an unforeseen circumstance arises such as an ambulance unit being involved in a traffic accident or the system is impacted with a significant increase in call demand and additional ambulances are required.

b) Ambulance Equipment and Supplies

1) Proposed List of Equipment (Including Communications Equipment) and Supplies to be Carried On Each Ambulance

Priority One Medical Transport, Inc. outfits each of its ambulances, field supervisor units and its other operational support units with the medical supplies and equipment required by the California Highway Patrol and the local EMS agency. The quantities of the medical supplies and equipment meet or exceed the amount specified by both of the above referenced regulatory agencies.

Below, we have listed each piece of medical equipment and medical supplies along with the manufacturer name and the quantities carried on each ambulance for your review.

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Quantity Stocked</th>
<th>Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rigid spine board with straps</td>
<td>2</td>
<td>Life Support Product</td>
</tr>
<tr>
<td>Kendrick Extrication device</td>
<td>1</td>
<td>Ferno</td>
</tr>
<tr>
<td>Soft ankle and wrist restraints</td>
<td>5</td>
<td>Posey</td>
</tr>
<tr>
<td>Arm Splints</td>
<td>4</td>
<td>Boundtree</td>
</tr>
<tr>
<td>Item</td>
<td>Quantity</td>
<td>Brand</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>----------</td>
<td>----------------</td>
</tr>
<tr>
<td>Leg Splints</td>
<td>4</td>
<td>Boundtree</td>
</tr>
<tr>
<td>Sam Splint</td>
<td>4</td>
<td>Sam Splint</td>
</tr>
<tr>
<td>Traction Splint (Adult)</td>
<td>1</td>
<td>Minto</td>
</tr>
<tr>
<td>Traction Splint (Peds)</td>
<td>1</td>
<td>Minto</td>
</tr>
<tr>
<td>Head and Spine immobilization device</td>
<td>4</td>
<td>Stabilization tech.</td>
</tr>
<tr>
<td>Cervical collars – Regular</td>
<td>4</td>
<td>Ambu</td>
</tr>
<tr>
<td>Short - C-collar</td>
<td>4</td>
<td>Ambu</td>
</tr>
<tr>
<td>No-neck C-color</td>
<td>4</td>
<td>Ambu</td>
</tr>
<tr>
<td>Child C-collar</td>
<td>2</td>
<td>Ambu</td>
</tr>
<tr>
<td>Infant C-collar</td>
<td>2</td>
<td>Ambu</td>
</tr>
<tr>
<td>Oxygen humidifier</td>
<td>2</td>
<td>Hudson</td>
</tr>
<tr>
<td>Wall mount suction unit</td>
<td>1</td>
<td>Rico</td>
</tr>
<tr>
<td>Oropharyngeal Airway (1 - 6)</td>
<td>3</td>
<td>Berman</td>
</tr>
<tr>
<td>Bag valve mask (Adult)</td>
<td>2</td>
<td>Ambu</td>
</tr>
<tr>
<td>Bag valve Mask (Child)</td>
<td>2</td>
<td>Ambu</td>
</tr>
<tr>
<td>Bag valve Mask (Infant)</td>
<td>2</td>
<td>Ambu</td>
</tr>
<tr>
<td>Clear Mask (Small)</td>
<td>10</td>
<td>Allegiance</td>
</tr>
<tr>
<td>Clear Mask (Medium)</td>
<td>10</td>
<td>Allegiance</td>
</tr>
<tr>
<td>Clear Mask (Large)</td>
<td>10</td>
<td>Allegiance</td>
</tr>
<tr>
<td>Portable Oxygen &quot;D&quot; Cylinders</td>
<td>3</td>
<td>Liquid Air</td>
</tr>
<tr>
<td>Portable O2 regulator</td>
<td>2</td>
<td>MxPro</td>
</tr>
<tr>
<td>O2 Mask, non-rebreather (Adult)</td>
<td>10</td>
<td>Allegiance</td>
</tr>
<tr>
<td>O2 Mask, non-rebreather (Pediatric)</td>
<td>10</td>
<td>Allegiance</td>
</tr>
<tr>
<td>O2 nasal cannula (Adult)</td>
<td>10</td>
<td>Allegiance</td>
</tr>
<tr>
<td>O2 nasal cannula (Child)</td>
<td>10</td>
<td>Allegiance</td>
</tr>
<tr>
<td>O2 nasal cannula (Infant)</td>
<td>10</td>
<td>Allegiance</td>
</tr>
<tr>
<td>O2 connecting tubing</td>
<td>6</td>
<td>Allegiance</td>
</tr>
<tr>
<td>Suction catheters, 5,8,10,14,18Fr.</td>
<td>3</td>
<td>Medline</td>
</tr>
<tr>
<td>Suction catheter (Yankauer Tip)</td>
<td>3</td>
<td>Medline</td>
</tr>
<tr>
<td>Portable battery powered suction unit</td>
<td>1</td>
<td>Sscort</td>
</tr>
<tr>
<td>Portable Manual powered suction unit</td>
<td>1</td>
<td>Ambu</td>
</tr>
<tr>
<td>Bite stick</td>
<td>3</td>
<td>Hudson</td>
</tr>
<tr>
<td>Stethoscopes</td>
<td>3</td>
<td>Mabis</td>
</tr>
<tr>
<td>Obstetrical Kit Sterile</td>
<td>2</td>
<td>Gam Industries</td>
</tr>
<tr>
<td>Normal Saline 0.9% Sodium Chloride</td>
<td>1 Gallon</td>
<td>Baxter</td>
</tr>
<tr>
<td>Potable water (IV or Irrigation)</td>
<td>1 Gallon</td>
<td>Arrowhead</td>
</tr>
<tr>
<td>Emesis basin (Plastic bag with closure)</td>
<td>10</td>
<td>Ped. Plastic</td>
</tr>
<tr>
<td>Bandage scissors (Shears)</td>
<td>2</td>
<td>Medcut</td>
</tr>
<tr>
<td>BP cuff (Adult)</td>
<td>3</td>
<td>American Diagnostic</td>
</tr>
<tr>
<td>BP cuff (Pediatric)</td>
<td>2</td>
<td>American Diagnostic</td>
</tr>
<tr>
<td>BP cuff (Thigh)</td>
<td>2</td>
<td>American Diagnostic</td>
</tr>
<tr>
<td>BP cuff (Infant)</td>
<td>1</td>
<td>American Diagnostic</td>
</tr>
<tr>
<td>Heating device - new born</td>
<td>4</td>
<td>Sol-R Heat</td>
</tr>
<tr>
<td>4x4 gauze sponges</td>
<td>24</td>
<td>Dual</td>
</tr>
<tr>
<td>Item</td>
<td>Quantity</td>
<td>Brand</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------</td>
<td>----------------</td>
</tr>
<tr>
<td>3&quot; or 4&quot; roller gauze</td>
<td>12</td>
<td>Kendall</td>
</tr>
<tr>
<td>10x30 Universal dressing</td>
<td>4</td>
<td>Boundtree</td>
</tr>
<tr>
<td>Vaseline gauze 3x9</td>
<td>12</td>
<td>Kimberly-Clark</td>
</tr>
<tr>
<td>Eye pads</td>
<td>4</td>
<td>Dual</td>
</tr>
<tr>
<td>Triangular bandage</td>
<td>4</td>
<td>Dynarex</td>
</tr>
<tr>
<td>Tape Adhesive 1&quot;, 2&quot;</td>
<td>4</td>
<td>Zonas</td>
</tr>
<tr>
<td>Dressing 5x9</td>
<td>25</td>
<td>Kendall</td>
</tr>
<tr>
<td>Ambulance gurney</td>
<td>1</td>
<td>Stryker</td>
</tr>
<tr>
<td>Pillows</td>
<td>3</td>
<td>Tidi</td>
</tr>
<tr>
<td>Sheet – paper</td>
<td>40</td>
<td>Tidi</td>
</tr>
<tr>
<td>Blankets</td>
<td>2</td>
<td>Hartwell Medical</td>
</tr>
<tr>
<td>Bed pan / Fracture pan</td>
<td>2</td>
<td>Ped. Plastic</td>
</tr>
<tr>
<td>Urinal</td>
<td>2</td>
<td>Ped. Plastic</td>
</tr>
<tr>
<td>Collapsible stretcher with 2 straps</td>
<td>1</td>
<td>Minto</td>
</tr>
<tr>
<td>Disaster kit</td>
<td>1</td>
<td>Prison Industries</td>
</tr>
<tr>
<td>Portable monitor/defibrillator - tape</td>
<td>1</td>
<td>Physio-Control</td>
</tr>
<tr>
<td>Spare batteries</td>
<td>3</td>
<td>PMI</td>
</tr>
<tr>
<td>Monitor wires with leads</td>
<td>2</td>
<td>Curbell</td>
</tr>
<tr>
<td>Pediatric paddles (pair)</td>
<td>1</td>
<td>Physio-Control</td>
</tr>
<tr>
<td>Extra paper rolls</td>
<td>2</td>
<td>Life pak</td>
</tr>
<tr>
<td>Defibrillator paste or equivalent</td>
<td>2</td>
<td>Conmed</td>
</tr>
<tr>
<td>Pulse Oximetry unit</td>
<td>1</td>
<td>Tuffstat</td>
</tr>
<tr>
<td>Nebulizer kits</td>
<td>6</td>
<td>Hudson</td>
</tr>
<tr>
<td>In-line nebulizer kits/set-ups</td>
<td>4</td>
<td>Hudson</td>
</tr>
<tr>
<td>E.T. tubes uncuffed 2.5,3,3.5,4,5,6</td>
<td>3</td>
<td>Slick set</td>
</tr>
<tr>
<td>E.T. tubes cuffed 6,7,8,9</td>
<td>3</td>
<td>Flexi set</td>
</tr>
<tr>
<td>#7 Endotracheal</td>
<td>2</td>
<td>Endotrach</td>
</tr>
<tr>
<td>Laryngoscope handle</td>
<td>1</td>
<td>Rusch</td>
</tr>
<tr>
<td>Laryngoscope blades curved 0,1,2,3,4</td>
<td>2</td>
<td>Rusch</td>
</tr>
<tr>
<td>Straight blades 0,1,2,3,4</td>
<td>2</td>
<td>Rusch</td>
</tr>
<tr>
<td>Extra bulbs</td>
<td>3</td>
<td>Rusch</td>
</tr>
<tr>
<td>Extra batteries</td>
<td>3</td>
<td>Eveready</td>
</tr>
<tr>
<td>Stylette (Adult)</td>
<td>2</td>
<td>Slick set</td>
</tr>
<tr>
<td>Stylette (Child)</td>
<td>2</td>
<td>Slick set</td>
</tr>
<tr>
<td>Stylette (Infant)</td>
<td>2</td>
<td>Slick set</td>
</tr>
<tr>
<td>Magill forceps (Adult)</td>
<td>1</td>
<td>Magill</td>
</tr>
<tr>
<td>Magill forceps (Peds)</td>
<td>1</td>
<td>Magill</td>
</tr>
<tr>
<td>Angiocath #12 (#10 equivalent)</td>
<td>5</td>
<td>Angio</td>
</tr>
<tr>
<td>3.5 endotrach adapter</td>
<td>1</td>
<td>PTL</td>
</tr>
<tr>
<td>End tidal CO2 detector</td>
<td>2</td>
<td>Easy Cap</td>
</tr>
<tr>
<td>Syringe 30 - 50cc</td>
<td>2</td>
<td>Terumo</td>
</tr>
<tr>
<td>ET tube holder</td>
<td>4</td>
<td>Thomas</td>
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<tr>
<td>Combitube</td>
<td>2</td>
<td>Combitube</td>
</tr>
<tr>
<td>Normal Saline 1000cc</td>
<td>6</td>
<td>Baxter</td>
</tr>
<tr>
<td>Item</td>
<td>Quantity</td>
<td>Brand</td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>----------</td>
<td>-------------</td>
</tr>
<tr>
<td>Normal Saline 250cc</td>
<td>4</td>
<td>Baxter</td>
</tr>
<tr>
<td>Blood Y-tubing</td>
<td>5</td>
<td>B Braun Mcgaw</td>
</tr>
<tr>
<td>Macro gtt IV tubing</td>
<td>6</td>
<td>Baxter</td>
</tr>
<tr>
<td>Micro gtt IV tubing</td>
<td>6</td>
<td>Baxter</td>
</tr>
<tr>
<td>Angiocath #24</td>
<td>4</td>
<td>Angio</td>
</tr>
<tr>
<td>Angiocath #22</td>
<td>4</td>
<td>Angio</td>
</tr>
<tr>
<td>Angiocath #20</td>
<td>6</td>
<td>Angio</td>
</tr>
<tr>
<td>Angiocath #18</td>
<td>8</td>
<td>Angio</td>
</tr>
<tr>
<td>Intraosseous needles 15g/18g</td>
<td>3</td>
<td>Jamshidi</td>
</tr>
<tr>
<td>Scalp vein #25,23,21,19</td>
<td>3</td>
<td>Terumo</td>
</tr>
<tr>
<td>Alcohol swabs</td>
<td>30</td>
<td>Kendall</td>
</tr>
<tr>
<td>Band-Aids</td>
<td>30</td>
<td>Johnson &amp; Johnson</td>
</tr>
<tr>
<td>Needles 18,21,23</td>
<td>8</td>
<td>Terumo</td>
</tr>
<tr>
<td>Arm board (Child)</td>
<td>2</td>
<td>Boundtree</td>
</tr>
<tr>
<td>Arm board (Infant)</td>
<td>2</td>
<td>Boundtree</td>
</tr>
<tr>
<td>Syringe 30cc,10cc,1cc</td>
<td>4</td>
<td>Terumo</td>
</tr>
<tr>
<td>Tourniquets, IV type</td>
<td>6</td>
<td>Penrose</td>
</tr>
<tr>
<td>Razor, disposable</td>
<td>2</td>
<td>Bic</td>
</tr>
<tr>
<td>Glucose test strips, bottle</td>
<td>1</td>
<td>One touch</td>
</tr>
<tr>
<td>Glucometer</td>
<td>1</td>
<td>One touch</td>
</tr>
<tr>
<td>Lancet for glucometer</td>
<td>10</td>
<td>One touch</td>
</tr>
<tr>
<td>Broselow tape</td>
<td>1</td>
<td>Broselow</td>
</tr>
</tbody>
</table>

**Medications**

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activated Charcoal</td>
<td>3</td>
<td>Paddock</td>
</tr>
<tr>
<td>Adenosine</td>
<td>60mg</td>
<td>Bedford</td>
</tr>
<tr>
<td>Albuterol Inhalant</td>
<td>10</td>
<td>Dey</td>
</tr>
<tr>
<td>Aspirin</td>
<td>40 tabs</td>
<td>Major</td>
</tr>
<tr>
<td>Atropine Sulfate</td>
<td>8</td>
<td>IMS</td>
</tr>
<tr>
<td>Benadryl</td>
<td>200mg</td>
<td>Park Davis</td>
</tr>
<tr>
<td>Dextrose</td>
<td>3</td>
<td>Abbott</td>
</tr>
<tr>
<td>Diazepam</td>
<td>2-4</td>
<td>Abbott</td>
</tr>
<tr>
<td>Dopamine</td>
<td>2</td>
<td>Abbott</td>
</tr>
<tr>
<td>Epinephrine 1:1,000</td>
<td>60mg</td>
<td>Abbott</td>
</tr>
<tr>
<td>Epinephrine 1:10,000</td>
<td>8</td>
<td>IMS</td>
</tr>
<tr>
<td>Furosemide</td>
<td>200mg</td>
<td>Abbott</td>
</tr>
<tr>
<td>Glutose</td>
<td>4</td>
<td>Paddock</td>
</tr>
<tr>
<td>Lidocaine 2%</td>
<td>6</td>
<td>Abbott</td>
</tr>
<tr>
<td>Lidocaine 1Gm</td>
<td>2</td>
<td>Abbott</td>
</tr>
<tr>
<td>Magnesium Sulfate 50%</td>
<td>2</td>
<td>Abbott</td>
</tr>
<tr>
<td>Midazolam</td>
<td>4-8</td>
<td>Abbott</td>
</tr>
<tr>
<td>Morphine Sulfate</td>
<td>2-4</td>
<td>Abbott</td>
</tr>
<tr>
<td>Naloxone</td>
<td>16mg</td>
<td>Abbott</td>
</tr>
<tr>
<td>Nitroglycerine – Spray</td>
<td>2</td>
<td>Horizon</td>
</tr>
<tr>
<td>Sodium Bicarbonate</td>
<td>4</td>
<td>Abbott</td>
</tr>
</tbody>
</table>
Normal Saline 250cc | 4 | Abbott  
Normal Saline 1000cc | 10 | Abbott  

<table>
<thead>
<tr>
<th>Communications</th>
<th>Manufacturer / Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Portable UHF Radio</td>
<td>Kenwood - 450-512</td>
</tr>
<tr>
<td>Unit Mobile Radio VHF</td>
<td>Kenwood - 145-175</td>
</tr>
<tr>
<td>Unit Mobile Radio UHF</td>
<td>Kenwood - 450-512</td>
</tr>
<tr>
<td>Unit Mobile Radio 800</td>
<td>Kenwood – 800 MHz</td>
</tr>
<tr>
<td>Portable VHF Radios</td>
<td>Kenwood – 145-175</td>
</tr>
<tr>
<td>Portable UHF Radio</td>
<td>Kenwood – 450-512</td>
</tr>
<tr>
<td>Unit Pager</td>
<td>Motorola – 900 MHz</td>
</tr>
<tr>
<td>Nextel Phone/Radio</td>
<td>Motorola – 800 MHz</td>
</tr>
<tr>
<td>Mobile Data Terminal, AVL, GPS</td>
<td>Truck PC - Nextel Modem</td>
</tr>
<tr>
<td>Clearwire DSL Modem</td>
<td>Clearwire</td>
</tr>
<tr>
<td>Vehicular Repeater Extender</td>
<td>IDA</td>
</tr>
</tbody>
</table>

2) Description of Proposed Equipment Selection and Maintenance Procedures

Priority One Medical Transport selects the best possible equipment and disposable supplies by an open bid process. A letter for bid selection is sent to major medical supply companies every two years that would like to bid for all of our supply needs statewide. We have chosen the top seven vendors that can meet the needs of Priority One Medical Transport, Inc.’s medical supply requirements.

The selection is not just based on lowest price but on shipping time, product in stock, in-house warranty, customer service, exchange policies, expired item policies, return policies and disposal of expired items. Priority One Medical Transport, Inc. has shown over the years to our vendors that we do volume purchasing, and that is why we get volume pricing.

Priority One Medical Transport, Inc. does business with large medical supply companies that have large warehouses here in California and across the United States in the event that the warehouse in California would be out of stock then they are able to send it from another warehouse and have it in a timely manner.

Priority One Medical Transport, Inc. does field study of new equipment. We use this field study to test and to monitor equipment that we may purchase in the future and/or make recommendations not to put into our inventory. The following is the process in which a new product may become part of our inventory:

- Field study
• Training of the equipment
• Does it meet our needs
• County approved
• Cost

Priority One Medical Transport, Inc. prides itself in keeping up with the state-of-art equipment and training.

**Equipment maintenance**

The team of Priority One Medical Transport, Inc. prides itself in having state-of-the-art equipment in our Fleet maintenance facility for our vehicles. Each vehicle is serviced every 5,000 miles to assure the quality of care and maintenance is given to each vehicle in our fleet.

Priority One Medical Transport, Inc. has six certified Stryker technicians on staff. Each have successfully completed the Stryker training program and are certified to perform preventative maintenance, replacement of worn parts and inspections on our Stryker ambulance gurneys. Our certified staff ensures our gurneys remain in perfect working condition.

Priority One Medical Transport, Inc. has numerous heart monitors, pulse oximeters, and other diagnostic equipment that needs annual service. With such a large number of equipment that needs to be serviced throughout the year Priority One Medical Transport, Inc. is contracted with three (3) different Bio-medical companies to assure quality repairs and service at the least amount of out of service time per item. Maintenance records for our equipment are kept on file.

There is also factory warranty on items that we may use. Our current vendors have been very good in regards to repairs, replacement items, service, and exchange. For example, our new 12-lead Zoll Monitors have a three-year warranty.

Priority One Medical Transport, Inc. has a supply of disposable supplies, equipment and medications for all units each day. Inventory of all supplies are done weekly to ensure that we will not run out of supplies. In current stock we have supplies that would last approximately thirty (30) days should a large emergency occur.

In the event a spine board is used or disposable supplies are used, all Priority One Medical Transport, Inc. units carry enough supplies to restock first responder units and still maintain adequate ambulance supply levels.
Priority One Medical Transport, Inc.’s field supervisors have Ford F-150 trucks stocked with medical supplies and equipment to restock the ambulances and/or the first responding units. The deployment of our field supervisor units permits a supervisor to respond to the scene or to meet the crew at a hospital and assist our crews with restocking and returning to service sooner.

c) Employee Safety

1) Description of Occupational Health and Safety Programs

EMPLOYEE SAFETY

Priority One Medical Transport, Inc. is dedicated to providing a safe workplace for all its employees. This program will outline the policies and procedures as well as company philosophies, in accordance with Title 8 of the California Code of Regulations, Section 3203 (T8 CCR 3203). The program is considered a “living” document and will be updated and all policies are subject to change based on hazards, regulations and technologies.

The contents of this policy will include the following topics:

- Responsibility
- Compliance
- Communications
- Hazard Assessment
- Accident/Exposure Investigation
- Hazard Correction
- Training and Instruction
- Record keeping
- Infection Control
  - Blood Borne Pathogens
  - Airborne Pathogens
  - Universal Precautions
  - PPE
- Codes of Safe Practice

Priority One Medical Transport has developed a pro-active Injury and Illness Program specific to the EMS industry. This program meets or exceeds the regulations set forth by Cal-OSHA, in addition Priority One Medical transport constantly strives towards providing the safest work environment possible. Priority One Medical Transport utilizes equipment, which has a proven record of employee safety, incorporating ergonomics, effectiveness and reliability.
Personal Protective Gear
Priority One Medical Transport, Inc. will provide the following personal protective gear for its field personnel under a resultant contract.

- Brush Jackets
- EMS Helmets
- Heavy-Duty Gloves

2) Description of Pre-Employment and On-going Physical Ability Evaluation Processes

The Priority One Medical Transport Safety Program is introduced and taught by an in-house training officer to all new hires. During the employee orientation process, new hires are required to have a full understanding of all safety procedures and rules as it pertains to their duties.

After successful completion of the didactic portion of the training all field employees are placed with a training officer or senior partner. During this phase, each new employee is evaluated on their performance on a daily basis for a minimum of 10 (ten) shifts.

Evaluation forms are forwarded to the corporate office where Risk Management reviews them for progress and compliance, prior to the new hire successfully completing the training process.

The Priority One Medical Transport safety program includes a component for new employees’ physical capabilities; this includes training on proper body mechanics, lifting techniques and a minimum lifting capability. This portion of the training includes a practical lifting test as well as monitoring during the Field Evaluation process.

Priority One Medical Transport utilizes equipment to assist the crewmembers in the performance of lifting and transferring patients, such as the Stryker gurney and break-away flat stretcher. This equipment as well as the training provided to all field personnel has significantly reduced the frequency and severity of injuries to our crewmembers.

d) Vehicle Maintenance Program

1) Maintenance Personnel Qualifications

Priority One Medical Transport employs certified Mechanics. These mechanics are trained and certified through a number of disciplines, ranging from brakes to cooling systems, electrical, and diagnostics.
The Chief Mechanic has over 20 years experience in the ambulance industry. The second mechanic also has over 20 years of experience in the ambulance industry. The third mechanic graduated from Universal Technical Institute with a Degree in Automotive Repair.

All of our mechanics follow the changes and updates from Ford as well as the ambulance manufacturer. In addition, they regularly attend continuing education programs sponsored by manufacturers, distributors and vendors on a wide range of technological improvements, updated procedures and equipment improvement.

2) Proposed Maintenance Practices and Locations of Maintenance Services

**Proposed Maintenance Practices**

Priority One Medical Transport has implemented and maintains a “State of the Art” mechanical division. This division has 24-hour capabilities to professionally maintain the fleet of emergency and support vehicles in proper condition, in accordance with manufacturers specification.

Priority One takes pride in operating the highest quality equipment available in the EMS industry today. This practice assures the patients and facilities we provide service to receive consistently safe and reliable equipment for medical treatment and transportation needs.

Priority One Medical Transport meets or exceeds the manufacturers recommended scheduled preventative maintenance programs to assure proper vehicle condition and to reduce equipment failures.

The following is an outline of the scheduled preventative maintenance guide:

- **Every 5,000 miles**
  - Change engine oil
  - Inspect brake system
  - Replace engine air filter
  - Rotate tires
  - Perform 55 point Fleet inspection

- **Every 15,000 miles**
  - Transmission service
  - 5,000 miles serve
  - Perform 55 point Fleet inspection
Every 30,000 miles
- Fuel filter
- Fuel conditioner
- 5,000 mile service
- 15,000 mile service
- Perform 55 point Fleet inspection

Every 45,000 miles
- Flush cooling system
- 5,000 mile service
- 15,000 mile service
- Perform 55 point Fleet inspection

Every 60,000 miles
- Service rear axel
- Replace drive belts
- 15,000 mile service
- 30,000 mile service
- Perform 55 point Fleet inspection

There is a maintenance record kept for each company vehicle. In addition, the service information is imputed into the company’s electronic vehicle maintenance software program.

**Location of Maintenance Services**

We are proposing to locate a new 40,000 command and control center at a location within San Joaquin County. This center will house a fleet maintenance facility similar to our current fleet maintenance facility located in Azusa, CA which is described further below.

Our new proposed San Joaquin County maintenance facility will provide fleet maintenance services for all of our Northern California divisions. This facility will be operational at the time of contract startup.

The proposed San Joaquin County fleet maintenance facility will have the same or the upgraded version on the current equipment that is in our current Azusa facility described below.

Currently, Priority One Medical Transport operates its own fleet maintenance facility located in Azusa, California. This facility has two (2) ambulance lifts, computerized wheel alignment rack, brake
lath, transmission flush, radiator flush, and several other pieces of service equipment.

Our Azusa facility currently performs all of the in-house maintenance services for the company statewide. The fleet services manager in conjunction with the chief mechanic oversees the day-to-day operations of the fleet maintenance division.

3) Description of Proposed Maintenance Program Record Keeping system

Priority One Medical Transport uses the RTA Fleet Management Software. Priority One Medical Transport is able to track the following items:

**Vehicle Inventory**

The Vehicle Inventory contains data about each vehicle in the fleet as well as information about vehicle history and cost. Each vehicle contains several cost categories that store current period, year-to-date, and life-to-date costs. Segregating the cost in this way helps us to manage the fleet by enabling us to see the vehicle costs incurred and in which areas the highest costs are occurring. Many reports are available that provide information about the vehicle, vehicle history, maintenance cost per mile, or miles per gallon, and more.

**Fuel Inventory**

Tracking fuel usage and/or inventory is beneficial since fuel is one of the most costly fleet expenses. With this module we are able to manage the following areas:

- Track tank and pump inventory
- Track miles per gallon
- Track fuel usage
- Track fuel taxes
- Generate fuel billing statements

**Parts Inventory**

Parts Inventory is a great tool for inventory management control. Inventory levels are easily maintained and automatically incremented or decremented as parts transactions are processed. As stock levels get low, requisitions and purchase orders can be generated
automatically. The various reports provide information for part cost, usage, and history.

**Tire Inventory**

The cost of tires is one of the most expensive fleet costs-usually second to fuel costs. Tracking costs and analyze tire/manufacturer performance, saves our operation significant dollars. We can use the system to effectively bargain for the lowest cost on the best tires for our fleet. In addition, tire replacement projection is provided to help prevent downtime.

**Work Orders**

The Work Order is the heart of the Fleet management software. It fully integrates with the Vehicle, Part, and Tire Inventory. Transactions posted to work order update the necessary records in other modules in order to keep fleet operations running smoothly and costs up to date. An outline of each area is as follows:

**Vehicle Inventory**

- PM records are updated
- Costs are updated
- History is updated
- Warranty statistics and costs are updated
- Vehicle records can be added

**Part Inventory**

- Inventory levels are updated
- Requisitions are created if part quantities fall below the reorder point
- Usage is updated
- Warranty statistics and costs are updated
- Part records can be added

**Tire Inventory**

- Tire statuses are updated
- Usage and cost are updated
- History is updated
Mechanics

- Productivity statistics are updated
- Schedule and track workload

The fleet maintenance software from RTA allows Priority One Medical Transport to run daily, weekly, monthly, quarterly, and annual reports on these items and a host of others.

4) Previous Three-Year Vehicle Failure Rates

Vehicle failures are tracked by our Communications division. When a field unit reports any equipment failure, an incident number is created and the crew is supplied with any immediate support needed.

During the immediate notification, a page is sent out to our fleet operations manager, risk manager, and operations manager indicating that there is a working incident that involves a vehicle failure. These managers are notified to contact the communications center and are given an 800 conference number to call in on. Managers immediately dial into the conference line and are updated about the incident and make decisions as to the next steps that will be taken.

By providing a conference line, our communications center is not required to continually repeat the incident to the management personnel. All information is recorded by the communications center and every effort that is being made to correct the problem is updated into the CAD system.

The fleet operations manager and our chief mechanic conducts subsequent follow up.

Our records indicate that from 2003 –2005 vehicle failure rate including units en route, at scene, or with patient on board is as follows:

- 2003 vehicle failure rate = 1 per 9,848 calls
- 2004 vehicle failure rate = 1 per 3,157 calls
- 2005 vehicle failure rate = 1 per 3,215 calls

The figures listed above are for our entire fleet statewide. They include those incidences including flat tires due to road hazards and other events not related to preventative maintenance efforts.

The fleet size has increased during the past three year period, thus increasing the statistical probability of possible failure. There have
been no adverse impacts to patient outcomes as a result of any incidence of vehicle failure of a Priority One Medical Transport ambulance.

Priority One Medical Transport is proud of our Fleet Services division and the experienced mechanics that are able to keep a fleet of our size in-service each and every day.

It should be noted that Priority One Medical Transport is proposing all new vehicles under a resultant agreement that should contribute to achieving lower rates of vehicle failures.

5) Proposed Equipment Replacement Policies and Maintenance Incentive Programs

Proposed Equipment Replacement Plan

Priority One Medical Transport, Inc. uses a five-year depreciation accounting method for its vehicles and major equipment. Therefore, the company has established the following equipment replacement schedule.

<table>
<thead>
<tr>
<th>Equipment Description</th>
<th>Expected Life / Replacement Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance vehicles</td>
<td>Five years or 125K Miles*</td>
</tr>
<tr>
<td>Supervisor vehicles</td>
<td>Three years or 75K Miles*</td>
</tr>
<tr>
<td>Other support vehicles</td>
<td>Five years or 125K Miles*</td>
</tr>
<tr>
<td>Rigid spine board with straps</td>
<td>Five years</td>
</tr>
<tr>
<td>Kendrick extrication device</td>
<td>Five years</td>
</tr>
<tr>
<td>Traction splint (Adult)</td>
<td>Five years</td>
</tr>
<tr>
<td>Traction splint (Peds)</td>
<td>Five years</td>
</tr>
<tr>
<td>Oxygen humidifier</td>
<td>Five years</td>
</tr>
<tr>
<td>Wall mount suction unit</td>
<td>Five years</td>
</tr>
<tr>
<td>Portable oxygen &quot;D&quot; cylinders</td>
<td>Five years</td>
</tr>
<tr>
<td>Portable O2 regulator</td>
<td>Five years</td>
</tr>
<tr>
<td>Portable battery powered suction unit</td>
<td>Five years</td>
</tr>
<tr>
<td>Portable Manual powered suction unit</td>
<td>Five years</td>
</tr>
<tr>
<td>Cardiac Monitor/Defibrillators</td>
<td>Five years</td>
</tr>
<tr>
<td>Collapsible stretcher with 2 straps</td>
<td>Five years</td>
</tr>
<tr>
<td>Portable UHF radios</td>
<td>Five years</td>
</tr>
<tr>
<td>Unit mobile radios VHF</td>
<td>Five years</td>
</tr>
<tr>
<td>Unit mobile radios UHF</td>
<td>Five years</td>
</tr>
<tr>
<td>Unit pager</td>
<td>Two years</td>
</tr>
<tr>
<td>Nextel Phone/Radio</td>
<td>Two years</td>
</tr>
<tr>
<td>Mobile Data Terminal, AVL,GPS</td>
<td>Five years</td>
</tr>
<tr>
<td>Clearwire DSL Modems</td>
<td>Two years</td>
</tr>
</tbody>
</table>
*Vehicles with expected life mileages will be removed from 911 services and will be placed in reserve status for inter-facility transport backup service in other operations outside of San Joaquin County for the remaining time on the expected usefulness life term.

Proposed Maintenance Incentive Program

Unit maintenance schedule intervals are tracked by the fleet services division personnel as well as the operations manager. The maintenance of our medical equipment is tracked by our fleet services manager and our operations manager.

Next service due stickers are placed on each vehicle’s windshield to prompt drivers to know the service mileage that the vehicle is due for its next preventative maintenance. This assists as a cross check to prompt a request for maintenance if a vehicle isn’t sent in for maintenance at its scheduled maintenance interval.

Both the vehicle and equipment maintenance schedules are tracked via the computer-based software maintenance program. Reports are available to administrative staff that can be utilized as a tool cross check how close actual maintenance intervals are met compared to the scheduled maintenance intervals set forth in the vehicle and equipment maintenance plan.

Priority One Medical Transport maintains state-of-the-art mechanical facilities and certified mechanics in our regional operational areas. Our proposal includes a mirror image of our existing facilities to be located within San Joaquin County.
5. Penalty For Mechanical Failure

a) Statement of Acceptance of Penalty For Preventable Mechanical Failures

We do hereby accept and agree to pay penalties for preventable mechanical failures to meet ambulance staffing and clinical standards pursuant to the requirements set forth in section 4.2.4 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

We are a member of Ford’s consignment program. With the ability to stock OEM parts, our mechanics can rapidly return our vehicles to service where they are most needed.
6. Disaster Plan

a) Description of Plan/Policies For Recalling Personnel During Multi-Casualty Incidents or Disasters

Personnel Re-Call Plan

Priority One Medical Transport has a standing policy; due to the nature of the profession it may be necessary to re-call personnel in the event of a Mass Casualty Incident or disaster. For this reason, Priority One Medical Transport issues all field personnel a pager to be carried when off-duty.

In addition it is our policy to require all personnel to make sure their contact information is current in order to maintain a back-up contact list should the paging be unsuccessful. It is also mandatory for all personnel to respond to the page for re-call and provide an ETA to their assignment. Each of our personnel are issued employee identification badges indicating that they are emergency medical workers.

Supervisors are issued Nextel phones with 2-way capability; all off duty supervisors will be paged on any and all re-calls. The Supervisor will respond with a support vehicle, which is stocked with additional supplies and equipment and will assist in the ICC.

Paging

Employee pagers are to be carried while off-duty. In the case of a re-call, off duty employees within that region will be paged out for a re-call. Depending on the magnitude of the situation, pages will be sent to employees outside of the region or even company wide. In addition to the request to respond to the re-call additional instructions may be given such as: call for additional information, station to report to, number to contact communications or staging area. All employees are to contact the communications center with an acknowledgement of receipt of the page and an ETA to their assignment.

As a back-up the communications center has a list of employee cellular phones and home phone numbers. These numbers will be called in the unlikely circumstance that a page is not responded to.

Agree to Automatic aid or Mutual aid with adjacent areas

Priority One Medical Transport will serve in the “Automatic Aid” or “Mutual Aid” capacity with all adjacent areas either inside or outside of San Joaquin County, assisting in assuring Medical Aid and Transportation of those in need will be rendered in a timely and efficient manner.
7. Disaster Planning

a) Participation With County In Disaster Planning

We do hereby agree to actively participate with the County in disaster planning pursuant to the requirements set forth in section 4.2.5 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

b) Proposed Disaster Activities Designated Representative

We do hereby agree to designate a representative to regularly attend meetings and be the liaison for disaster activities pursuant to the requirements set forth in section 4.2.5 of the RFP issued by the County upon the award of any resultant contract. Mr. Jesse Izaguirre, EMT-P, San Joaquin County Operations Manager has been designated as the representative for Priority One Medical Transport.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

c) Commitment to Participate in EMS Agency Approved Disaster Drills

We do hereby agree to participate in County disaster drills and provide the field personnel and transport resources pursuant to the requirements set forth in section 4.2.5 of the RFP issued by the County upon the award of any resultant contract.

In addition the representative for the Disaster Planning (Mr. Jesse Izaguirre) will attend all drills and participate in post drill debriefings.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.
We currently have a disaster response truck that is equipped a cache of medical equipment and supplies. Upon the award of one or more zones, we will provide a disaster response truck to be located within each awarded San Joaquin County that is similarly equipped like our current disaster response unit.

Each Disaster Response Vehicle is code 3 equipped, and carries a full compliment of medical equipment and supplies along with portable repeaters, and provision kits that sustain our personnel’s food and shelter needs for up to 4 days.
8. System Committee Participation

a) Statement of Agreement to Participate In County EMS Committees and Sub-committees

We do hereby agree to participate in the appropriate County EMS committees and related sub-committees pursuant to the requirements set forth in section 4.2.6 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.
II-D Personnel

Priority One Medical Transport, Inc. is proud of its ability to attract and retain the quality of experienced and dedicated EMS professionals it employs today. We have designed schedules that are attractive to our employees. Our compensation and benefits offerings are competitive within our industry.

We offer continuing education training to our employees in multiple formats. Both traditional instructor-based training and internet-based training is available to meet our employees continuing educational needs. The company provides its continuing educational training through a combination of in-house and contract training. In addition to our in-house educational training offerings, we have contracted with The Mercy Group of Grand Rapids, Michigan to assist us with our internet-based continuing educational training offerings to our employees.

The Mercy Group enjoys a national reputation of quality. They provide a host of resources to EMS systems around the nation. Their service offerings include not only internet-based continuing education solutions, but also they assist EMS organizations with employee health and safety compliance assistance. We are pleased to be able to add the expertise of The Mercy Group to list of resources Priority One Medical Transport, Inc. offers to its employees and customers.

In addition to the continuing education offerings we describe above, Priority One Medical Transport, Inc. has entered into a joint venture agreement with the California EMS Academy to locate a paramedic and EMT-1 training program within San Joaquin County. Our employees will also be able to receive continuing education at our joint training center under the joint venture agreement.

As an incumbent provider, our team members have established relationships with personnel of many San Joaquin County agencies.
1. Clinical and Staffing Standards

   a) Ambulance Staffing

      1) Commitment to Meeting Ambulance-Staffing Standards

      Priority One Medical Transport, Inc. will ensure that ambulance staffing standards are met. Each ambulance will be staffed with a San Joaquin County accredited California Licensed EMT-P and a California certified EMT-1. These standards will be met by using multiple approaches. The weekly schedule of ambulances and staff will be created to maintain the standards required for response time compliance.

      Supervisors will be utilized to oversee the daily staffing and are charged with the duty of arranging for the back-fill of any open shifts if needed. Overtime sign-up sheets, on-call personnel, and part-time personnel will be utilized to staff additional units as needed.

      Weekly staffing reports will be reviewed by senior members of our management team to ensure that our actual deployment is consistent with the proposed deployment. And finally, human resources will maintain a continuous flow of applicants and new hires to ensure that staffing levels are kept at the appropriate level.

      We do hereby agree to ensure that personnel meet or exceed clinical and operational standards established by County policies, procedures and field treatments guidelines pursuant to such requirement set forth in section 4.3.1 of the RFP issued by the County upon the award of any resultant contract.

      Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

      2) Bilingual Personnel Recruiting and Hiring Efforts

      Priority One Medical Transport, Inc. will continue to actively recruit bilingual personnel by offering a bilingual incentive program that provides an additional $25 per pay period to any EMT-1, EMT-P, and EMD that can fluently speak and write in a second language in addition to English. Those candidates that can fluently speak and write in Spanish will be given preference to other candidates.
Priority One Medical Transport, Inc. will advertise its need for bilingual candidates for job openings. Such advertisements will appear in multiple newspapers, bulletins, and on our company web site. Our bilingual incentive program will be included in printed recruitment materials, advertisements and will also be discussed during recruitment presentations.

b) Penalties For Failure to Meet Ambulance Staffing or Clinical Standards

1) Statement of Acceptance of Penalties For Failure to Meet Ambulance Staffing and Clinical Standards

We do hereby accept and agree to pay penalties for failure to meet ambulance staffing and clinical standards required by the County as set forth in section 4.3.1 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

2) Statement of Agreement to Report Any Failure As Required by the County

We do hereby agree to report any failure as required by the County as set forth in section 4.3.1 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

c) Management and Supervision

1) Proposed Management Structure

Priority One Medical Transport, Inc. will provide a management structure as depicted in the organizational chart below:
Direct supervision of field personnel will be performed by the on-duty field supervisor. A minimum of one on-duty supervisor will be available for each zone 24 hours a day. An additional on-call field supervisor will also be available on a 24 hour basis.

Up to 5 field supervisors throughout the system may be on-duty during peak periods. Field supervisors will be designated for each zone; however, supervisors will be subject to response system-wide in order to assure timely availability of this resource throughout the system.

The operations manager is also subject to a call-out on a 24-hour basis to any incident system-wide upon request of the on-duty field supervisor or any public safety agency official.

In addition to field supervisors, Priority One Medical Transport, Inc. utilizes crew chiefs and field training officers. These frontline leaders are
a valued resource to assist the field supervisor with carrying various operational duties on a day-to-day basis.

Our field training officers under direction of our educational services coordinator will assist with the facilitation of providing the pre-accreditation field evaluation phase of the County paramedic accreditation process for our ambulance personnel.

2) Investigative Authorization-Individual Forms (Attachment D)

Pursuant to the instructions outlined in the RFP issued by the County, we have included completed Investigative Authorization Forms for Individuals in Attachment D hereof for your review.

d) Infrequent-Use Skills Refresher Training

1) Description of Proposed Paramedic Personnel Annual Refresher Training for Infrequently Used Skills

Priority One Medical Transport, Inc. has an established continuing education program that will include annual refresher training for all skills and medications that are used infrequently. Based on the Liaison Committee’s list of skills that are to be refreshed, Priority One Medical Transport, Inc. will provide a minimum of four (4) hours paid training specific to infrequently used skills maintenance to all paramedics and continuing education hours will be awarded.

Priority One Medical Transport, Inc. will also provide refresher courses for EMTs on an annual basis to ensure they are kept current on BLS skills and also assisting paramedics on ALS calls. Continuing education hours will be awarded for EMT training also.

e) Orientation of New Personnel

1) Description of Proposed Orientation Program

Training and orientation of our employees is of prime importance. Manuals are written on each phase of an employee’s training at Priority One Medical Transport, Inc.

Priority One Medical Transport, Inc. requires all field personnel to attend and successfully complete the company orientation program to assure all personnel are properly trained and educated to all aspects of their duties and responsibilities. The program consists of a two day, sixteen hour didactic phase. In this phase all new employees will obtain skills and an understanding of the following topics:
Review and discuss Priority One Medical Transport, Inc. Employee Handbook
Review and discuss Priority One Medical Transport, Inc. Codes of Safe Practices (Safety Rules)
Professional conduct
Priority One Medical Transport, Inc. company history and mission statement
Infection control procedures
Personal Protective Equipment, location and proper usage
Hepatitis B Vaccination Program
TB PPD annual testing
Proper completion of Patient Care Reports
Daily ambulance check-out forms
Priority One Medical Transport, Inc. “Drug Free Work Environment” policy
HIPAA regulations, policies and procedures, acknowledgement
Hazardous materials training
Injury and Illness Prevention Program
Oxygen Safety Training
Patient Safety
Gurney Operations with “hands on” practical
Emergency Medical Equipment overview and “hands on” practical
Dispatch overview—communication and technology
Sexual Harassment policy
Mapping training and exam
Behavioral emergencies training and exam
MCI training and exam
Local EMS policies, procedures and protocols
Radio communications
Introduction to Driver’s Training CEVO II program

After successful completion of the classroom orientation, the new employee is assigned to a Field Training Officer (FTO) for a minimum of three (3) 12-hour shifts of field training and evaluation. The FTO assesses the new employee’s patient care and driving skills. Upon successful completion of the field training phase, the new employee is assigned to a work schedule.

All paramedics are initially assigned to a dual medic unit for a minimum of ten (10) shifts. The new employee is continually evaluated by FTOs and Field Supervisors for the remainder of the 120 day evaluation period. All FTO training is documented on the Priority One Medical
Transport, Inc. “Orientation Evaluation Form” and “Driver Evaluation Form” and becomes part of the employee’s permanent file.

f) In-Service Training and Continuing Education

1) Description of Proposed In-Service Training and Continuing Education Program

All employees are supported and encouraged as they seek a higher level of performance or certification. Field Training Officers receive thirty-two (32) hours of training with highlights on interpersonal communication skills. American Heart Association BLS Instructor courses are offered on a quarterly basis.

Since Priority One Medical Transport, Inc. received approval of it’s Continuing Education program in March 2005, our CE offerings have expanded to include the following courses:

- Coaching the Emergency Vehicle Operator II
- Emergency Telecommunicator
- Paramedic One-on-one training
- San Joaquin County Accreditation training
- San Joaquin County MCI procedures training
- EMT-1 Skills Competency Verification
- Behavioral Emergencies training

Since March 2005, Priority One Medical Transport, Inc. has awarded over 604 hours of continuing education to employees. Priority One Medical Transport, Inc. plans to open up the classes to non-employees in the near future.

Priority One Medical Transport, Inc. will also provide training and courses for all EMTs and Paramedics to take that will give them up to an additional forty-eight (48) hours of continuing education per year.

This is beyond the required training required by San Joaquin County and Priority One Medical Transport, Inc. and will be optional to the employees. These courses will be available at no cost to all employees but time spent obtaining these additional continuing education hours will not be compensated and will be on each employee’s personal time.

In addition to the in-house continuing education opportunities provided to our EMTs and Paramedics, Priority One Medical Transport, Inc. has partnered with The Mercy Group to provide online continuing education

Our EMS professionals can login to The Mercy Group’s web site at their leisure while on-duty (or off-duty if they prefer) and obtain continuing education from content that is approved by the Continuing Education Coordinating Board for Emergency Medical Services. Our EMS professionals can avail themselves to as many hours of this source’s course library of continuing education as each individual desires. This continuing education training is provided at no cost to our employees.

Finally, Priority One Medical Transport, Inc. has entered into a joint partnership agreement with the California EMS Academy (“CAE”) to locate a satellite EMS training program within San Joaquin County for the purposes of providing a paramedic training program, an emergency medical technician training program and a EMS continuing education training center.

All of Priority One Medical Transport, Inc.’s EMS employees will be able to complete continuing education training through this center at either no cost or reduced cost to the individual depending on the nature of the training and its direct relationship to the actual position held at Priority One.

In addition to the standard array of continuing education courses for EMTs and Paramedics, the center will also offer courses designed to be utilized as building blocks to further an individuals EMS knowledge base and skill set. Such offerings will assist field care providers to continue to develop their career path and obtain additional advanced EMS related training.

We are pleased to be a part of such an exciting opportunity for San Joaquin County to add this valuable resource to our community. Class offerings conducted under the joint venture agreement between Priority One Medical Transport, Inc. and the California EMS Academy at the San Joaquin County EMS training center facility will also be made available to the public and other EMS agencies.
g) Driver-Training

1) Description of Proposed Driver-Training Program

Priority One Medical Transport utilizes in-house certified instructors for their drivers training program. The program utilized for our drivers training is the National Safety Council Coaching the Emergency Vehicle Operator II program that is the Council’s approved curriculum for ambulance drivers training.

Prior to any employee operating a company vehicle he/she MUST successfully complete the company’s drivers training program. In addition to completing the CEVO II program, the training program also includes a course that consists of a didactic portion where all aspects of safe driving, driver legal obligations, vehicle dynamics and low forces are discussed.

The next phase of the training is done a “closed course” and each driver trainee is required to maneuver through a series of situations, including backing, diminishing alley, parallel parking and emergency warning systems. The philosophy of the program is to create and maintain sage, courteous and competent drivers.

Upon the successful completion of the CEVO II, general didactic training and the close course training, driver trainees are then assigned to a field training officer for in-service “behind-the-wheel” training phase.

The in-service behind-the-wheel training phase is conducted by an FTO and the driver trainee over the course of three shifts or approximately 30 hours. The FTO coaches the new driver, reinforces good driving habits and techniques, provides the trainee with feedback on areas requiring more attention, evaluates the trainees’ progress and documents his or her findings on daily evaluation forms.

Since, Priority One Medical Transport is a Continuing Education provider, the CEVO II portion of the drivers training program is approved for eight (8) hours of Continuing Education.

h) Preparation For Multi-Patient Response

1) Description of Proposed MCI Training Program

Priority One Medical Transport, Inc. currently utilizes a program to train all San Joaquin County employees on the policies and procedures for
multi-casualty incidents. The program is approved by San Joaquin County and includes the following components:

- Activation
- Incident Command System
- On-scene communication
- Communication with facilities
- Triage
- Patient disbursement

Priority One Medical Transport, Inc. will employ in-house instructors for Hazardous Materials First Responder Awareness/Operations training, ICS 100, 200, and ICS 300 and WMD Awareness training. All employees will receive training for hazardous materials, ICS 100, 200 and WMD Awareness training. Additionally, all supervisory personnel will receive ICS 300 training. Employees will be paid for all required training and will receive continuing education hours for time spent in training.

*MCI training programs are critical to providing superior patient care.*
2. Compensation and Working Conditions for Ambulance Personnel

a) Work Schedules and Conditions

1) Description of Work Schedule and Shift Assignment Policies

Priority One Medical Transport, Inc. utilizes a combination of ambulance staffing shifts to accommodate the variances in call demands. Our work schedules are designed to be attractive to our employees.

A majority of our ambulance staff are full-time employees. We do however, offer part-time positions and regularly utilize part-time personnel in our ambulance deployment staffing plan. We will commit to always maintaining at least 51 percent of our ambulance staff at full-time status.

We utilize day and evening shifts comprised of 8, 10 and 12 shift lengths scheduled during peak hours of anticipated demand. We also employ two types of 24 hour shifts – a standard “Kelly shift” and a “3 on / 4 off shift” that has 3 set days each week followed by four days off to provide for employees to further their educational goals. Our “3 on / 4 off shift” is similar to the shift schedule utilized by the California Department of Forestry.

An advantage to the “3 on / 4 off shift” is that it allows our crews to work with fire personnel on all three A, B and C shifts of the standard “Kelly shift” thus fostering greater familiarity between our personnel and fire department personnel. Our “Kelly shift” schedule provides for our personnel assigned to this shift to develop good working relationships with fire personnel working parallel shifts.

On a weekly basis, call volume trending analysis is reviewed by our management prior to setting the upcoming weeks’ schedule. Adjustments to peak hour cars as well as other “fill in” cars are based on recent call volume trends.

The base deployment component of our plan that is comprised of 24 hour ambulances is adjusted less frequently. These units are adjusted quarterly based on previous seasonal trends.

Consistent with our fatigue policy described below, employees are provided breaks at regular intervals to diminish potential fatigue. Employees working other jobs or attending school are encouraged to accept shifts that will allow them to obtain rest prior to reporting for duty.
Our 24 hour crews are provided sleeping quarters and can sleep while on-duty after all required routine job duties are performed. This assists our ambulance employees with getting rest if fatigued and allowing them to remain alert when called for service.

2) Description of Methods Utilized to Minimize Personnel Turnover Rates

Priority One Medical Transport has several means to minimize personnel turnover rates. First and foremost, Priority One Medical Transport offers flexible scheduling that is supportive of educational pursuits and outside interests. Crewmembers can choose to work full-time, part-time or on-call. Our crewmembers are offered a wide variety of shifts to choose from. Priority One Medical Transport schedules employees to work a set schedule of three 24-hour shifts that are compatible with their availability or they can work the Kelly schedule. Employees can also work on day cars and swing cars as either a permanent basis or as needed based on call volume.

Secondly, Priority One Medical Transport makes the environment in which its employees work a pleasant one. Priority One Medical Transport supplies its employees with all the tools necessary to provide the best patient care and service to the community. This starts with operating clean, well-functioning stations at which crews can post and sleep. All stations are equipped with showers, sleeping quarters, television, kitchen facilities, climate control, and a common area.

Priority One Medical Transport deploys units that are well-maintained in accordance with the manufacturer’s maintenance recommendations. All units are serviced every 5,000 miles for preventative maintenance and they are taken out of service immediately if any problem develops between scheduled services. On a daily basis, all units are cleaned and detailed, both inside and outside the rig, by a Vehicle Support Technician (VST). The VST also assists in keeping the unit fully stocked and prepared. All patient care equipment on the units is modern and up-to-date with the newest technology. Priority One Medical Transport routinely asks for feedback from field personnel regarding the feasibility and functionality of patient care equipment and technology.

Finally, Priority One Medical Transport provides all of its employees with the opportunity for advancement. Based on performance, all field personnel are eligible for promotion to Field Training Officer, Crew Chief, Supervisor, and/or Manager. Priority One Medical Transport strongly encourages its employees to cross-train to other areas of the company that may interest them (i.e. Provider Relations, Communications, etc.).
As a statewide company, Priority One Medical Transport has the advantage of providing its employees with job opportunities in other parts of the state in the event they need to relocate. All employees can easily and swiftly transition into another division without losing their seniority or rank.

3) Description of Proposed Fatigue Policy

Priority One Medical Transport has established a policy that prohibits employees from operating a vehicle or respond to a call if they are too tired to do so safely. Employees are required to notify their supervisor if they feel they are too tired to continue working.

In addition to this requirement, Priority One Medical Transport runs reports daily to monitor the utilization of each crewmember on continuous shifts. If an individual’s utilization goes above 80% then they are taken off the unit for rest until the percentage comes down. When this happens, Priority One Medical Transport backfills the shift with personnel getting off shift with lower utilization percentages or supervisors. The employee’s down time may last several hours depending on how much rest is needed to restore the employee to a safe state of performing the required job duties.

Pursuant to the instructions outlined in the RFP issued by the County, our actual fatigue policy is included in attachment U for your review.

b) Compensation and Fringe Benefits

1) Policies for Personnel Compensation and Fringe Benefits for Personnel

Priority One Medical Transport Inc. provides long-term career opportunities for employees throughout the state of California. Compensation to field personnel is based on position classification, previous experience, and time with employer.

Paramedics, Emergency Medical Technicians and Emergency Medical Dispatchers receive the following:

- 21 days Paid Vacation/Sick Leave
- 7 Paid holidays per year
- Up to 48 hours of paid CE units per year - Company sponsored
• Paid uniforms and an additional reimbursement up to $300.00 per year

• Shared tuition reimbursement and priority access to CE classes offered by our joint venture partner – California EMS Academy

• Choice of health plans with up to 100% employer paid contributions and minimal co-payments.

• Profit Sharing plan administered by Smith Barney

• Career Development provided by employer

• Pension Plan 401K – Easy automated web enrollment

Additional fringe benefits based on public image, appreciation, extraordinary community outreach and cardiac “Full-Arrest” saves are awarded with merit points. These points can add up to special awards offering deep discounts at our family of companies and special vacation packages.

The following represents our creative programs that result in successful recruitment and retention of personnel.

• Discounted rates on insurance provided by Priority-Link Insurance Services - Home Owners, Automotive, Recreation Vehicle.

• Cost plus 10% at our AmericanWest Furniture Stores.

• Corporate pricing on many Ford motor vehicles.

• Up to 7-Day vacation destination Hotel/Condo rentals for $99.00.

Priority One Medical Transport, Inc. acknowledges that its employees are represented by the National Emergency Medical Services Association (NEMSA) who serves their bargaining agent.

2) Completed Copies of Compensation Package Form for EMT-Ps – Attachment G

Pursuant to the instructions outlined in the RFP issued by the County, we have included completed a Compensation Package Form for EMT-Ps Attachment G hereof for your review.
3) Completed Copies of Compensation Package Form for EMT-1s – Attachment H

Pursuant to the instructions outlined in the RFP issued by the County, we have included completed a Compensation Package Form for EMT-1s Attachment H hereof for your review.

4) Completed Copies of Compensation Package Form for Dispatchers – Attachment I

Pursuant to the instructions outlined in the RFP issued by the County, we have included completed a Compensation Package Form for Dispatchers Attachment I hereof for your review.

c) New Employee Recruitment and Screening Process

1) Description of Personnel Recruitment and Screening Process

Recruitment Process

Upon award of any resultant contract, Priority One Medical Transport, Inc. will initiate a comprehensive recruitment program to hire all of the required additional personnel to fulfill the terms of the agreement.

Our recruitment process will consist of advertising in area newspapers, online job posting services, outreach activities to Northern California EMS provider training schools and the placement of recruitment flyers at public offices such as the EDD and local EMS agencies.

In addition to the traditional efforts described above, Priority One Medical Transport will also post job openings on its web site where the company will also accept applications in order to provide a fast and convenient way for our applicants to submit applications for consideration.

Recruiting efforts will be undertaken for EMT-Ps, EMT-1s, emergency medical dispatchers; patient billing specialists, vehicle service technicians and fleet mechanics. Specialized recruiting efforts will be conducted for several of these job classification efforts by our human resources department personnel where they will perform targeted recruiting efforts at the various vocational training programs specific to each job class.
Selection Process

Upon the initial application screening conducted by our human resource department personnel, applicants will undergo an interview and written testing. Upon successful completion of the interview and test, applicants will be scheduled for a second interview conducted specific department supervisory personnel for the particular job class each applicant is applying for. For EMT-Ps, EMT-1s and emergency medical dispatchers, such interviews will be conducted by an oral board comprised of department representatives from operations, human resources and a current field care provider.

Those candidates that are recommended for further consideration by their interviewers will be issued conditional offers of employment and sent for medical and drug screening. All EMS field position applicants will undergo skills and physical ability assessments prior to final appointment.

d) Treatment of Incumbent Workers

1) Description of Proposed Incumbent Employee Recruitment Process

Priority One Medical Transport, Inc. is very supportive of the desire to maintain a competent and knowledgeable EMS workforce within San Joaquin County. Upon the award of a resultant contract, our firm will implement a special component of our recruitment program that incorporates an effective outreach and transition plan for employees of the incumbent’s San Joaquin County division.

We will conduct special recruiting fairs for incumbents to learn about how to become a part of the Priority One team. All incumbent applicants will receive priority status in our application screening and selection processes. While every applicant must meet the company’s recruitment standards, initial counseling for incumbent applicants will be made available upon request to address specific individual transitional issues any incumbent applicant may have.

We pledge to cooperate with incumbent representatives to facilitate any resultant transition process pursuant to this proposal and are committed to conducting a smooth transfer of service without any disruptions in service delivery or reductions in service quality.

Applications from employees of the incumbent who are assigned to divisions other than San Joaquin County will be processed via our standard recruitment process for San Joaquin County (as described elsewhere herein) in response to any resultant contract.
e) Communicable Diseases, Safety and Prevention

1) Description of Communicable Disease Control and Safety Policies and Procedures

BLOOD BOREN PATHOGENS

Priority One Medical Transport has developed an inclusive Infection Control Program, which complies with CCR Title 8, Section 5193. Priority one Medical Transport utilizes the latest technologies available to assure crewmembers and their patients are afforded the highest level of protection available.

Focus

The Infection Control Program provides the knowledge and technology that will assist in protecting crewmembers, as well as the possibility of exposing Patients through “DIRECT” or “INDIRECT” contact from accidental exposures to blood borne and Airborne pathogens.

Objective

√ Modes of transmission
√ Precautions.
√ How to determine if your have been exposed
√ How to contain biohazards (i.e. uniforms, waste, & equipment)
√ How to protect yourself by using PPE
√ Engineering Controls (Technology)
√ Administrative Controls (Work Practices)
√ How to obtain the Hepatitis B vaccination
√ Process for reporting and handling suspected or confirmed exposures.
√ Recording and Reporting as well as Retention of Records

Principles

It is the goal of Priority One, that all employees will maintain a safe work environment in order to provide the highest level of patient care; therefore, by ensuring that all employees are trained in the most current procedures regarding pathogen exposure.
AIRBORNE PATHOGENS

Priority One Medical Transport recognizes that employees providing pre-hospital medical care and transportation have a high probability of being exposed to patients who may have tuberculosis. Because of this potential exposure Priority One Medical Transport provides to employees, information and training, personal protective equipment, medical surveillance, evaluation and treatment in the event of positive TB test results.

Priority One Medical Transport has developed training as well as a policy and procedure manual to properly protect crewmembers and patients from the possible exposure to airborne pathogens with an emphasis on Tuberculosis. The Program consists of the following sections:

- Purpose/Scope
- Early identification of suspect or confirmed infectious TB patients
- Control measures
- Decontamination
- Employee medical screening and surveillance
- Reporting and evaluation exposure incidents
- Evaluation and management of TB positive employees
- Employee training and continuing education
- Record keeping requirements
- HEPA N95 filtration mask protection program

The Blood Borne Pathogens Policy and Procedure Manual and Airborne Pathogens Policy and Procedure Manual, as well as additional training will build upon the knowledge gained in California State recognized EMT and Paramedic programs. Additionally, we will not only present you with new material annually, including changes in policies and regulations, Priority One Medical also review basic path-physiology and scene safety considerations. The Priority One Medical Transport Infection Control written policy and procedure manual is available to all employees at their respective stations and should be reviewed on a regular basis. This program is a “living Document” which is updated as new procedures, policies or equipment is implemented.

f) Critical Incident Stress Management (CISM)

1) Description of Critical Incident Stress Management Program

Working in the EMS system can be rewarding as well as emotionally taxing, Priority One Medical Transport encourages all employees to
take advantage of the CISMP whenever there is a question as to whether or not to utilize the services, it is the policy of Priority One Medical Transport to activate the system.

This service is critical in assuring the emotional well-being of all our employees, identifying scenarios, as well as signs and symptoms to be aware of in an effort to guide employees through the process and obtaining the assistance required to deal with stressful incidents that may manifest and affect the well-being of our employees.

A lot of the success of treating Critical Incident stress is dependent upon early recognition. The combination of any of the following signs and symptoms can be an indication that intervention is needed. Some of the symptoms may cause little or no discomfort while some of the “physical” symptoms may require immediate medical attention.

Proper training and recognition is key to assuring a successful program, management is trained in the proper method of dealing with and working in conjunction with contracted health care professional in expeditious and effective treatment for our employees.

**Procedure for activating CISM**

Priority One Medical Transport individually or in conjunction with other agencies will contact the contracted CISM Team, it may be determined that CISD be activated and made available to all employees involved. For other incidents, contact phone numbers are made available for all employees who wish to utilize the program. This is a 24/7 service with counselors ready to respond to the needs of our personnel.

2) **Description of Proposed Employee Assistance Program**

The EAP is available to all employees on a 24/7 basis who may wish to discuss an incident or issue and receive counseling. This program can be utilized for job related incidents as well as personal incidents. The program is confidential and can be accessed by any employee who wishes to take advantage of these services.

Priority One Medical Transport has combined the CISM and EAP programs under one counseling service to encompass a wide variety of issues employees may face. We feel by doing so, the convenience of one contact allows employees to be able to utilize the services without making the determination of which type of incident needs which program.
II-E  Quality Performance

We understand that continuous quality improvement practices will result in quality performance. We have adopted such practices in all aspects of our operations. This total quality management approach has allowed Priority One Medical Transport, Inc. to continue to deliver consistent quality ambulance service throughout the state of California.

Priority One Medical Transport, Inc. is committed to delivering a high quality performance EMS system to the residents and visitors of San Joaquin County in Zones A, B and C.

A sound Quality Performance plan incorporates all levels of operations, equipment, and personnel along with continuing education.
1. Quality Performance

a) Quality Improvement Program

Priority One Medical Transport has developed a Quality Improvement Program that incorporates tracking, education, training, evaluation and service improvement. The following program is based on the FOCUS PDA criteria. This program can be utilized to track and improve the quality of the following areas indicated in Sub-Section “B” of this proposal.

Priority One Medical Transport is confident that the program in place meets or exceeds the requirements set forth in the California Code of Regulations, Title 22, chapter 12 (EMS System Quality Improvement) and related guidelines.

- **Record and Reports Documentation.**
  Records and reports are reviewed on a regular basis to assure completion, tracking and response times. These reports and records are generated by the CAD system, this state of the art system allows for a wide variety of reports based on Unit, Call Location, Crewmembers, Unit Hour Utilization, and Activity Reports. These documents are vital in the QI process to develop and implement policies and procedures to continually improve the quality of service Priority One Medical Transport provides to the communities in which they serve.

- **Services, techniques, patient care outcomes and processes.**
  Patient Care Reports are reviewed daily by each Station Supervisor, the reports include patient care issues, call location and facility destinations. The Reports are reviewed for completeness, legibility, patient condition documentation, and treatment rendered. Any unusual occurrences or standards issues are discussed with the crewmembers. Additional training and counseling is provided to educate the crewmembers on all aspects of the Patient Care Report, including service, techniques and patient care. Documentation of this process is done through a Record of Conversation, Training Roster and topic outline.

- **Compliance with preventative maintenance and repair of equipment and infection control programs.**
  Priority One Medical Transport has developed and extensive preventative maintenance program for the fleet of vehicles which meets or EXCEEDS manufacturers requirements, all maintenance records are maintained in a perpetual vehicle file and reviewed by the Fleet Manager on a regular basis to identify any trends or unusual occurrences.
Priority One Medical Transport has implemented a progressive Infection Control Program for the protection of its crewmembers, patients and public safety officers. These programs are living documents and are updated with the implementation of new equipment, changes in regulations and implementation of new processes. The Infection Control Program is reviewed and update by the Corporate Risk Manager with the assistance of the clinical and QI staff. The infection control program incorporates the following controls:

- Engineering
- Administrative
- Personal Protective Equipment

Any possible exposure is documented on the Priority One Medical Transport exposure report form, this form includes measures taken to reduce the risk of exposure, PPE used, patient outcome and employee follow-up including treatment and counseling. This record remains on file for the length of the crewmembers employment plus 30 years.

- **Response time standards**
  Response time standards are developed to exceed the requirement of the specific contract. All response times are generated by the CAD system and MDT, any response times, which fall out of compliance, are flagged and generated on the exception report. All time intervals are reviewed and a plan is developed for continually improving on the standards.

- **Medical Supplies Management plan**
  Priority One Medical Transport utilizes on tried and tested brand name medical supplies. Medical supplies are purchased in large quantities to control cost. Any new piece of equipment is field tested with a senior crew; feedback is received on the feasibility, operation, durability, reliability and overall quality of the piece of equipment. Once this piece of equipment has been field tested, recommendations are made as to the implementation.

- **Education and training programs**
  Priority One Medical Transport provides training to all of its employees, commencing with the company orientation program. The training continues with drivers training, the CEVO II program which teaches low forces techniques. Education and training is developed through regulatory compliance, QI findings and indicators, introduction of new policies and procedures, introduction of new equipment and changes in standards. This education and training is provided in a number of modalities, including classroom, tailgate meetings, summit training, memos and company newsletters. All education and training is tracked to assure full compliance and understanding of material instructed on.
Employment practices
Priority One Medical Transport employment practices are reviewed by the Human Resources Department to assure compliance with Federal, State and Local law. The candidate must complete the process prior to being hired for a position with Priority One Medical Transport. The General Manager reviews each completed employment packet as an added measure to assure all standards have been met. The new is placed on a 120-day probationary period, during which time he/she is trained and evaluated on aspects, duties, responsibilities, interaction and patient care. The evaluations are reviewed by QI and any deficiencies are targeted for improvement.

b) Written Quality Improvement Plan

1) Description of Continuous Quality Improvement Program

Review of QI Program
Priority One Medical Transport reviews its QA/QI program on an annual basis, or more frequently if indicated. The Priority One Medical Transport QA/QI program is a “living document” and revisions are made dependant upon new policies, procedures, clinical guidelines, monitoring technology, addition of new equipment and indicators.

Mission Statement
The mission of Priority One Medical Transportation is to provide the highest quality medical transportation to the communities we serve; to provide appropriate, effective and efficient service, endeavoring to meet or exceed the needs and expectations of our patients, employees and community, through technology, comprehensive continuing education, and progressive management while promoting teamwork and stability.

Philosophy Statement
In an effort to provide the highest quality patient care, Priority One Medical Transport is committed to ensuring that all personnel receive comprehensive, focused training, striving toward continued improvement while utilizing and maintaining state-of-the-art equipment.

Description of Process Used in Conducting QI:

F – Find a process to improve.

O – Organize an effort to work on improvement.

C – Clarify current knowledge of the process.
U – **Understands** the process and variation.

S – **Select** a strategy for further improvement.

P – **Plan** a change or test aimed an improvement.

D – **Do** carry out the change or test.

S – **Study** the results, (what was learned and what went wrong).

A – **Act** and adopt the change, abandon it, or run through the cycle again.

**Methods Used to Document the QI Process.**

Priority One Medical Transport’s “QI Committee” will meet on a regular basis. During these meetings the QI Coordinator will review audit findings regarding patient care issues, including any indicators. Improvements in performance will be discussed along with any concerns or deficiencies.

The focus of reviews will be areas that impact:

- Patient Care.
- Customer Service.
- Improving Performance.
- Education / Training.
- Response time standards
- CAD log Reports.
- Skills Maintenance
- Personnel
- Public Education / Prevention
- Risk Management / Encompassing all aspects of Safety and Loss Control

Minutes of each meeting are to be distributed to ALL participants. In addition staff meetings will contain a standing QI agenda that will be reviewed and discussed. To aid in the process “sub-committees” may be enacted to act as a task force to develop, research, and provide recommendations to the QI committee, utilizing FOCUS-PDSA. In addition memos will be posted at a central location the memos will pertain to QI issues, this central posting area will be reserved for QI processes and continuation of improvement.
QI Program integrated into the San Joaquin County EMS Agency.

Priority One Medical Transport will participate in the San Joaquin County EMS QI Committee meetings. Priority One welcomes the opportunity to participate in any system wide studies/indicators as a direct result of participation, Priority One believes that this would be beneficial to the continuing QI process while enabling collaboration throughout the entire EMS system.

Performance Improvement Plans

Priority One Medical Transport will work in conjunction with appropriate agencies, facilities and personnel when an indicator is identified for improvement. For clinical issues Priority One Medical Transport’s Medical Director will collaborate with San Joaquin County EMS Agency’s Medical Director or designee to develop a performance improvement plan.

QA/QI Reports to San Joaquin County

Priority One Medical Transport will submit quarterly reports to the County of San Joaquin indicating compliance with approved plans and areas for improvement.

Priority One Medical Transport will provide annual updates to the County of San Joaquin on the effectiveness of the QA/QI program. This report will include tracking, recognition and compliance of indicators.

Quality Improvement Goals and Objectives.

- **Recognize, reward and reinforce positive behavior**
  Documentation of positive behavior will be accomplished by recognition in meetings, as well as certificates of which copies will be placed in personnel files. Positive behavior will also be a factor in promotions, and reviews.

- **Define standards, evaluate methodologies and utilize the evaluation results for continued system improvement**
  All information collected will be utilized in a policy and procedure manual, this will be a “living document” continually updated to meet the changes, requirements, regulations and improvements within the industry and Priority One Medical Transport.
• **Identify important aspects of care.**
  Actively participate in EMS Agency, Base Station meetings and committees. Conduct In-house monitoring of patient care procedures and providing education and training on an ongoing basis.

• **Establish performance standards and indicators related to these aspects of care.**
  Information received and compiled through internal monitoring, EMS Agency updates, and Base Hospital updates will be tracked and measured. Performance Standards as well as indicators will be established; the QI Committee will review and create a process to ensure compliance in areas of concern, by following the FOCUS-PDSA criteria.

• **Establish thresholds for evaluation related to the indicators**
  Thresholds will be established in conjunction with the EMS Agency, based on the indicator. Monitoring will be accomplished by Utilization of the Trending/Analysis and Fallout/Tracking Reports.

• **Organize and collect data**
  Utilization of the Trending and Analysis Report as well as collecting data on any Indicator/Fallouts by utilizing the QI Fallout Tracking tool, these in-house reports will be maintained by the QI Coordinator and appropriate actions will be taken based on information obtained through close measurement.

• **Recognize and develop opportunities for improvement**
  By measuring performance standards and thresholds and continually seeking out processes for improvement. This may be accomplished through committee, or opportunities by opportunities provided to facilities, agencies, other providers and field personnel to give us input and feedback in areas for Quality Improvement.

• **Take action to improve care**
  Through consistent communication, training, continuing education, monitoring fallouts and utilizing the appropriate action(s) described in the Fallout Tracking Tool. Through input
from EMS Agency updates, Fire Agency feedback, receipt of hospital critiques and through QI Committee Recommendations.

- **Assess the effectiveness of remedial actions and document improvement.**
  Once a remedial action has been taken, tracking of the improvements will be documented and placed in a file to be maintained by the QI Coordinator utilizing the QI Fallout/Tracking tool.

- **Communicate relevant information among participating agencies**
  - Participation in the San Joaquin County QI Committee.
  - Attend San Joaquin County Providers meetings.
  - Concise documentation of Trends / analysis.
  - Building rapport and open dialog with participating agencies.
  - Promoting Teamwork
  - Attend Base Station Meetings.
  - Work in conjunction with Fire Agencies
  - Work in conjunction with San Joaquin County EMS Agency.

2) **Statement of Agreement to Develop a Plan Meeting the County’s Requirements**

We do hereby agree to develop a Continuous Quality Improvement plan that meets the County’s requirements as set forth in Section 4.4 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the Section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

3) **Statement of Agreement to Comply With County QI Reporting Requirements**

We do hereby agree to comply with County QI Reporting Requirements on a quarterly basis as set forth in section 4.4 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A
fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

c) Inquiries and Complaints

1) Description of Inquiry and Complaint Management System

The Priority One Medical Transport complaint resolution program is designed to provide for a fair, objective and expedient resolution to any and all complaints. Priority One Medical Transports’ philosophy is that ALL reports are to be dealt with as promptly and professionally as possible, within 2 business days. Priority One Medical Transport feels that the key to resolving complaints effectively is to provide a user-friendly means of reporting any complaint. When a complaint is reported, it is imperative to maintain an open line of communication to work towards an amicable resolution.

If during normal office business hours the caller will be transferred to a Provider Relations Representative who will be assigned the investigation. If after business hours the caller will be transferred to the on-duty supervisor or be patched to a member of the Provider Relations staff. Priority One Medical Transports Provider Relations Representatives are available to assist in the resolution of complaints on a 24-hour basis.

The process for reporting any complaint, whether from a patient, facility or agency is as follows:

    a) 24-hour toll free phone number directly to the communications center, a live person rather than an automated system will answer each phone call. This is a recorded line and will provide for accuracy of reporting.

    b) The information will be taken down on an internal “record of complaint / investigation” form. The caller will be asked for the following information:
        I) Description of the reported complaint
        II) Caller contact information – name, phone number, date of incident, patient name if not calling party.
        III) Location of Incident
        IV) Crew names and unit number if indicated.
        V) Facility or Agency name if applicable.

    c) The caller will be provided with the following information:
I) Name and phone number of the staff member handling the investigation.

II) Report Number

III) Name of person taking the report.

d) Depending on the nature of the complaint, the information may go out on an “all page” to the management staff for instructions to call in on a conference line to be briefed on the situation and immediately take appropriate actions to resolve the complaint. If the complaint is not an urgent matter, yet requires further investigation, the report will be forwarded to the appropriate staff member who will contact the reporting party without delay and in most cases resolve the complaint at this point.

e) If the complaint remains un-resolved at this point, the reports will be forwarded to upper management (Vice President of Provider Relations or Vice President & General Manager). At this point the authority to take additional actions to resolve the complaint is unlimited and needs no further authorization. Priority One Medical Transport will take any necessary, reasonable measures to resolve the complaint at this level.

The goal of Priority One Medical Transport is to amicably resolve any and all complaints at the first level. We feel that this approach not only improves communication between patients, facilities and agencies but also provides a means of improving services not only as a company but also as an industry.

Complaint Resolutions Between Providers

Priority One Medical Transport will work closely with other providers in all aspects of service to the community. If a complaint should arise regarding service, billing, mutual aid, operating area infringements or any other such complaint, these issues will be dealt with harmoniously between the providers. The ability to work together is paramount in the effectiveness of the ambulance program and if for any reason the complaint cannot be resolved between companies an arbitrator (at the providers expense) may be brought in to assist in reaching a resolution.

These processes if needed are designed to be handled between the providers and will not directly involve the County of San Joaquin. If the County wishes to review the reports and or resolution, Priority One Medical Transport will provide that information upon request.
All reports of complaints will be maintained on file for a minimum of three (3) years, Risk Management and QI will review this information for possible development and implementation of policies and procedures to reduce the possibility of a particular complaint re-occurrence.

d) Incident Reports

1) Description of Incident Reporting and Tracking Policy and Procedures

Priority One Medical Transport has an established incident reporting and tracking system already in place. The system works similar to our complaint resolution policy described elsewhere herein.

When any of our team members identify an unusual occurrence whether it is related to a call, a vehicle, equipment or station maintenance issue, personnel issue or any other occurrence type, the team member can complete an incident report and file it with the proper department supervisor.

Incidents involving employee injuries, vehicle or workplace accidents, patient care issues, or other safety related issue are required to be sent directly to the risk manager for review and resolution. Incidents involving call delays, dispatch delays are required to be sent to both the communications center manager and the operations manager. Vehicle or equipment failure issues are required to be sent to the fleet manager and operations manager.

Each station is equipped with a fax machine allowing the team member and/or the department supervisor to send an incident report to pre-selected fax groups depending on the nature of the occurrence. Fax groups include supervisory and administrative personnel designated for specific occurrence types. For example, the vice president and general manager and the operations manager are also included on the employee injury group in addition to the risk manager.

The department supervisor is generally the lead for the follow up on most reported occurrences. If the supervisor determines that additional resources are required to address the occurrence he or she can refer the case to the appropriate manager for continued resolution.

Additionally, the department supervisor will also determine if a particular occurrence requires referral to the quality assurance coordinator for further review. This front line approach to resolution is designed to allow those closest to the operating unit make the required determinations regarding most day to day issues that arise during the
normal course of business. However, by providing a framework that requires certain types of occurrences to be reviewed by other administrative departments provides a safety net to insure significant occurrences are forwarded to executive personnel for tracking and follow up.

2) Statement of Agreement to Cooperate Fully With the County and/or the California EMS Authority in the Investigation of an Incident or Unusual Occurrence

We do hereby agree to cooperate fully with the County and/or the California EMS Authority in the investigation of an incident or unusual occurrence comply with all of the County’s Use and Reporting Responsibility requirements set forth in Section 4.5.2 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” Section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

e) County Contract Monitoring Costs

3) Statement of Agreement to Pay the Annual Fees Specified in Section 5.8 of the RFP

We do hereby agree to pay the annual fees specified in section 5.8 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.
II-F Data and Reporting

Priority One Medical Transport, Inc. is proud of its ability to extract data and create meaningful reports with the use of the latest software designed specifically for EMS system data reporting. Through the use of this software, our management team individually and collectively consistently reviews multiple data reports to assist with the day to day operations of our business.

One key feature of the data reporting system we have in place is its ability to export data to external databases. We already provide the San Joaquin County EMS Agency with detailed data on a routine basis.

We currently utilize a system that allows for the timely transmission of the required data elements to the County allowing full integration of data, Countywide.

Priority One Medical Transport employs a full time IT staff that has the ability and resources to maintain the integrity of all of our data systems and provide our management team with the necessary statistical analysis and systems reports.
1. Data System Hardware and Software

a) Statement of Agreement to Utilize a Electronic Data System Compatible With the County’s System

We do hereby accept and agree to comply with the County’s Data System Hardware and Software requirements set forth in Section 4.5.1 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

We are proposing to enhance our communications system To Include MDT’s in each of our vehicles that are linked to our CAD system and Marvlis mapping system.
2. Use and Reporting Responsibilities

a) Statement of Agreement to Comply With All of the County’s Use and Reporting Responsibility Requirements

We do hereby accept and agree to comply with all of the County’s Use and Reporting Responsibility requirements set forth in Section 4.5.2 of the RFP issued by the County upon the award of any resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

Our proposal provides for a combination of type II or type III ambulances. Should the county choose for us to instead provide a full type III modular fleet, we will do so. Under either scenario we propose to replace each 911 ambulance at 125,000 miles or 5 years.
3. Pre-Hospital Care Reports and Penalties

a) Statement of Acceptance of the Documentation Penalties

We do hereby agree to accept the documentation penalties requirements set forth in Section 4.7.2 of the RFP issued by the County.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

b) Statement of Agreement to Submit a Documentation Auditing Compliance Plan

We do hereby agree that prior to the end of the ninth month of a resultant contract; we will submit a plan for demonstrating compliance with auditing of the documentation requirement as set forth in Section 4.5.3 of the RFP issued by the County.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

Our ePCR system allows our crews to instantly provide hospital personnel with an electronic copy of the patient care report. In Addition, we are proposing to install a computer terminal in each ER that allows authorized hospital staff to pull up the ePCR at any time subsequent to the report being completed. Hospitals can review ePCR’s for any previous date.
4. Audits and Inspections

a) Statement of Agreement to Audits and Inspections Required by the County

We do hereby agree to comply with the County’s Audits and Inspection requirements set forth in Section 4.5.4 of the RFP issued by the County.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.
II-G  Financial and Administrative

Priority One Medical Transport, Inc. is a solid financially sound company with a proven track record of demonstrating fiscal discipline while achieving sustained growth year after year. The management team is seasoned in operating within their adopted budgets and is quick to make the necessary adjustments in order to remain consistently variable.

When new projects are identified, the necessary financial appropriations are set aside and the projects are carefully monitored for budgetary compliance. This conservative financial approach has allowed Priority One Medical Transport, Inc. to remain on its course of providing quality EMS care and ambulance transportation while continuing to expand into new markets while maintaining existing market shares.

A well funded and properly managed high performance EMS transport system requires a continuum and steady revenue stream that is matched to current operational costs. Our proposal outlines our budgets, operational plan, accounts receivable procedures, proposed current rates and a proposed rate adjustment mechanism that will provide for a steady revenue stream in future years.

We believe that our proposal represents a quality high performance advanced life support EMS care and transport system that will be delivered to the residents and visitors of San Joaquin County in a competitive and cost effective fashion akin to the top performing EMS systems around the country.

Our proposed same day billing allows paramedics and EMT’s to download ePCRs to our proposed billing office in San Joaquin County. We remain committed to provide all related functions within San Joaquin County.
1. Budget

   a) Proposed Operating Budget (Attachment J) Year One

      Pursuant to the instructions outlined in the RFP issued by the County, we have included a completed Proposed Operating Budget form for Year One in Attachment J hereto for your review.

   b) Proposed Operating Budget (Attachment J) Year Two

      Pursuant to the instructions outlined in the RFP issued by the County, we have included a completed Proposed Operating Budget form for Year Two in Attachment J hereto for your review.

   c) Proposed Operating Budget (Attachment J) Year Three

      Pursuant to the instructions outlined in the RFP issued by the County, we have included a completed Proposed Operating Budget form for Year Three in Attachment J hereto for your review.
2. Proposed Ambulance Charges

   a) Proposed Ambulance Rates (Attachment K)

Pursuant to the instructions outlined in the RFP issued by the County, we have included completed Proposed Rate Forms for both Options A and B in Attachment K hereto for your review.

We understand and agree that our proposed rates would remain in effect for the first two years of the contract as specified in the RFP.

After the first two years, we are proposing the following rate adjustment mechanism for incorporation into any resultant contract to provide for future rate adjustments.

Proposed Annual Service Rate Adjustments after the First Two Years

The rates set forth in Attachment K shall be adjusted in an amount necessary to compensate Priority One Medical Transport, Inc. for increases in its direct and indirect costs. Such adjustments shall be made pursuant to the changes in the Consumer Price Index ("CPI") published by the U. S. Department of Labor, Bureau of Labor Statistics as indicated below.

The CPI adjustment shall be made after the first two years and annually thereafter and such adjustment shall be effective as of the first day of July of each year. The first CPI adjustment shall occur as of May 1, 2008, based on the change in the CPI from January 1, 2007 through December 31, 2007.

The CPI adjustment shall be determined by taking into account the percentage increase or decrease in the CPI for all urban consumers in the West Region (non seasonally adjusted) during the prior calendar year, including all items as listed in the "Annual" column of the index. Such percentage change figure will be applied to each approved rate charge approved under the Agreement.

Priority One Medical Transport, Inc. shall calculate the annual adjustment and submit the revised rates to the Contract Administrator for review on or before February 28th of each year in a format approved by the Contract Administrator. Such rate adjustments resulting in an increase of no more than 9.99% shall be automatically implemented by Priority One Medical Transport, Inc. on May 1st of each year beginning May 1, 2008.

For adjustments resulting in an increase of 10% or more, prior to implementation, Priority One Medical Transport, Inc. must also submit a report approved by the Contract Administrator that provides for the supportive documentation of the various cost increases commensurate with the rise in
the CPI. The accompanying report must also be submitted to the Contract Administrator on or before February 28th\(^{1}\) of each year.

Upon the receipt of a rate adjustment request of 10\% or more, the Contract Administrator shall review the rate increase, make a recommendation and forward the adjustment to the Board of Supervisors for approval on or before March 31\(^{st}\) of each year. Board of Supervisors approval shall be required prior to the implementation of rate adjustment increases of 10\% or more.

In addition to, and not in lieu of, the annual CPI increase or decrease described above, the Priority One Medical Transport, Inc. may also be granted rate increases or decreases in an amount equal to Priority One Medical Transport, Inc.’s extraordinary increases or decreases in its cost of operations. The contract Administrator shall determine the application process for such extraordinary cost increases or decreases. Such extraordinary cost increases or decreases shall be subject to Board of Supervisors approval.

b) Proposed Charge Scenarios (Attachment L)

The proposed charge scenario forms have been completed and are located in Attachment L hereof pursuant to the instructions of the RFP. The charges contained therein include the appropriate other specific charges we are proposing applicable to each scenario in accordance with the RFP instructions.
3. Performance Security

a) Proposed Performance Bonding Method and Source of Bond

Priority One Medical Transport currently has a Performance Bond in the amount of $500,000.00 issued by Bond Safeguard Insurance Company, naming The County of San Joaquin as obligee and Priority One Medical Transport as the principal.

In the case of a major breach of the contract or County Ordinance that cause endangerment of public health and safety by Priority One Medical Transport, a provision for immediate release of funds to the County of San Joaquin is indicated. Any legal disputes by the contractor or bonding company will be initiated and resolved after the release of funds to the County of San Joaquin.

b) Statement of Acceptance of The Requirements for Performance Security

We do hereby agree to accept the County’s performance security requirements set forth in section 4.6.3 of the RFP issued by the County.

c) Statement of Acceptance of Lien/Assumption of Assets Procedure

We do hereby agree to accept the County’s lien/assumptions of assets procedure requirements set forth in section 4.6.3 of the RFP issued by the County.
4. Insurance

   a) Types of Insurance

       General Liability
       Priority One Medical Transport, Inc. carries General Liability coverage through Colony Insurance with limits that meet the County Requirements indicated. The Limits of coverage are as follows: $1 million with $2 million excess coverage per incident for a total of $3 million per incident and $3 million with $2 million excess coverage for a total of $5 million general aggregate. This policy covers Bodily Injury, Personal Injury, Broad Form Losses and Cross Liability. Priority One Medical Transport will maintain this policy in force to meet or exceed the requirements mandated by County Regulations.

       Professional Liability
       Priority One Medical Transport, Inc. maintains Professional Liability coverage through Colony Insurance Company in the amounts of $1 million with $2 million excess coverage for a total of $3 million per incident and $3 million with $2 million excess coverage for a total of $5 million general aggregate. Priority One Medical Transport will maintain this policy in force to meet or exceed the requirements mandated by County Regulations.

       Automobile coverage
       Priority One Medical Transport, Inc. maintains Automobile Liability coverage with Liberty Mutual Insurance in the amount of $1 million combined single limit and will carry the $3 million umbrella coverage as required by County Regulation.

       Workers Compensation
       Priority One Medical Transport, Inc. is insured through State Fund Compensation Insurance and meets the minimum statutorily required coverage.

   b) Other Insurance Provisions

       Additional Insured
       Priority One Medical Transport agrees to maintain the policies as outlined above and agrees to name the County of San Joaquin as an additional insured by endorsement for General Liability, Professional Liability and Auto Liability.

       Hold Harmless
       Priority One Medical Transport, Inc. shall indemnify, defend and hold harmless the County of San Joaquin, its officers, agents and employees from all claims, demands or liabilities arising out of or encountered in connection
with this agreement or performance under it, whether such claims, demands or liability are caused by provider, provider’s agent or employees, excepting only such injury or harm as may be caused by County’s fault or negligence. Indemnification shall extend to claims, demands or liability for injuries occurring after the performance under the contract require a 30-day notice to be given to the Permit Officer prior to cancellation, modification or reduction of limits.

c) Statement of Agreement to Comply With the County’s Insurance Requirements

We do hereby agree to accept and comply with the County’s Insurance requirements set forth in section 5.2 of the RFP issued by the County upon the award of a resultant contract.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

d) Evidence of Coverage - Copies of Certificates of Insurance

Prior to the starting date of any resultant contract, Priority One Medical Transport, Inc. will provide the County of San Joaquin a Certificate of Insurance indicating compliance with all insurance requirements. Priority One Medical Transport will provide Certificates of Insurance to the County of San Joaquin for each policy year during the term of the contract.
5. Business Office, Billing and Collection System

   a) Description of Billing and Collection System

Introduction
Priority One Medical Transport is dedicated to providing its patients with the same high caliber insurance billing services as it does when providing medical care and transportation services. A description of the procedures used in the accounts receivable process is outlined below. These procedures have been developed to help ensure every patient account is fully attended to and all appropriate measures are taken to receive adjudication and payment of every bona fide claim.

Match and Batch Group
The first step in the billing process begins in our match and batch group. Each patient care report is cross-referenced with the corresponding daily trip log to ensure that all ambulance transports are accounted for.

All accompanying documentation submitted to the accounts receivable department from the field including copies of face sheets, medical records, insurance cards, physician certification statements, patient advisory notices and service vouchers are collected with each patient care report.

The match and batch group personnel review all patient care reports to determine the appropriate payor group and then sort each claim into their respective payor group batches for further processing. The following is a list of the payor groups that each claim is assigned to:

- Medicare Claims *(includes Medi/Medi claims)*
- Medi-Cal Claims *(includes Cal-Optima and other Medi-Cal HMO plan claims)*
- Insurance Claims *(includes HMO, PPO, MCO, Worker's Compensation, Auto Accident, Homeowners' policies, VA, Champus and Medicare HMO claims)*
- Contract Claims *(includes county patient and contracted hospital patient claims)*
- Self Pay Claims *(includes claims without insurance information)*

The batches are then forwarded to the account verifications group for further processing.

Account Verification Group
The account verification group personnel in accordance with the particular needs of each claim's respective payor group verify all claims received from the match and batch department.
Verification is accomplished by various methods including:

- Contacting the patient, hospital, physician’s office and convalescent home
- Obtaining information from the patient’s insurance provider by telephone, internet or point-of-service terminal
- Utilizing patient address directories and various other reference databases

Each claim is reviewed as followed:

Medicare claims review consists of verification of the following data elements:

- Patient Name
- Correct Billing Address
- Patient’s Date of Birth
- Medicare Beneficiary Identification Number
- Secondary Insurance Carrier Information
- Physician Certification Statement *(if required)*
- Patient Advisement Notice
- Patient Signature

Medi-Cal claims review consists of verification of the following data elements:

- Patient Name
- Correct Billing Address
- Patient’s Date of Birth
- Medi-Cal Beneficiary Identification Number
- Authorization Number *(if required by Medi-Cal HMO)*
- Physician Certification Statement *(if required)*
- Patient Advisement Notice
- Patient Signature

Insurance claims review consists of verification of the following data elements:

- Patient Name
- Correct Billing Address
- Patient’s Date of Birth
- Insurance Beneficiary Identification Number
- Authorization Number *(if required)*
- Secondary Insurance Carrier Information
- Employer Name and Address *(if worker’s compensation claim)*
- Patient Advisement Notice
- Patient Signature
Self-Pay claims review consists of verification of the following data elements:

- Patient Name
- Correct Billing Address
- Patient's Date of Birth
- Patient Advisement Notice
- Patient Signature

Contract claims review consists of verification of the following data elements:

- Patient Name
- Correct Billing Address
- Patient's Date of Birth
- Authorization or Voucher Number *(if required)*
- Secondary Insurance Carrier Information *(if required)*
- Patient Advisement Notice *(if required)*
- Patient Signature *(if required)*

After each claim has been verified they are bundled into a batch and forwarded to the appropriate payer group billing group for further process. If a patient’s signature or necessary Physician's Certification Statement (PCS) was not obtained at the time of service, the verification group personnel issue those written requests to the patient or physician before forwarding the claims to the appropriate billing group.

Claims requiring additional information that our verification personnel were unable to obtain are referred to our in-house collections group for follow-up. Examples of claims that would be referred straight to collections are ones in which the patient's name, date of birth, billing address, etc. is unavailable through any of our verification methods.

**Medicare Billing Group**

**Initial Billing Process**

Medicare claims received from the account verification group are reviewed for completeness and are sorted in various batches for further processing. Most Medicare claims are billed electronically to Medicare. Claims requiring special documentation are billed on CMS 1500 claim forms allowing supporting documentation such as hospital medical records and our patient care report can be submitted initially with the claim.

All necessary information is input into the computer system by the personnel of the Medicare billing group. All ICD-9, HCPCS codes and line item charges are reviewed for accuracy. Narratives are completed as well as all other required data.
Those claims requiring a PCS are held until the PCS is obtained or until the statutory time limit has elapsed after all required request attempts have been made.

Claims ready for submission are sent to Medicare in batches. The group processes electronic claims twice a day and paper claims once a day. The electronic morning batches are sent before noon. The afternoon paper batches are printed, and both the electronic afternoon batch and paper batch are sent before close of business.

**Outstanding Claims Review Process**
Our Medicare billing group personnel performs claim status checks at 30 and 60 days prior to referring outstanding claims to our in-house collections group for follow-up. The computer system is designed to prompt our Medicare billing group personnel to perform all outstanding aged Medicare account status checks daily.

**Claims Denial and Appeals Process**
The group also reviews all denied Medicare claims and perform all necessary corrections and resubmissions as needed. The group also handles denied claims requiring appeals letters or hearings.

The patient is sent a notice of account activity at each step in the overall billing process. In the event a claim is denied and/or it is determined either by Medicare or our Medicare billing group personnel that the claim is non-payable by Medicare and is the responsibility of the patient, the claim is referred to our self-pay billing group for processing. Medicare secondary insurance balance billing is handled by our insurance billing group. Our Self-pay billing group performs patient co-pay billings.

**Medi-Cal Billing Group**

**Initial Billing Process**
Medi-Cal claims received from the account verification group are reviewed for completeness and are sorted in various batches for further processing. Most Medi-Cal claims are billed electronically to Medi-Cal. Claims requiring special documentation as well as Medi-Cal HMO claims are billed on CMS 1500 claim forms allowing supporting documentation such as hospital medical records and our patient care report can be submitted initially with the claim.

All necessary information is input into the computer system by the personnel of the Medi-Cal billing group. All ICD-9, HCPCS codes and line item charges are reviewed for accuracy. Narratives are completed as well as all other required data. Claims are sent to Medi-Cal in batches. The group processes electronic claims twice a day and paper claims once a day. The electronic morning batches are sent before noon. The afternoon paper batches are
printed, and both the electronic afternoon batch and paper batch are sent before close of business.

Those claims requiring a PCS are held until the PCS is obtained. Many claims also require a Treatment Authorization Request (TAR) prior to transport or before billing. The Medi-Cal billing group processes TARs and follows up with the Physician's office if we have not received a PCS after we have requested one.

**Outstanding Claims Review Process**
The Medi-Cal billing group personnel performs claim status checks at 30 and 60 days prior to referring outstanding claims to our in-house collections group for follow-up. The computer system is designed to prompt our Medi-Cal billing group personnel to perform all outstanding aged Medi-Cal account status checks daily.

**Claims Denial and Appeals Process**
The group also reviews all denied Medi-Cal claims and performs all necessary corrections and resubmissions as needed. The group also handles denied claims requiring claims appeal letters or hearings.

The patient is sent a notice of activity letter at each step in the overall billing process. Our Self-pay billing group handles Medi-Cal share-of-cost payment balance billing.

**Insurance Billing Group**

**Initial Billing Process**
Insurance claims received from the account verification group are reviewed for completeness and are sorted in various batches for further processing. Most claims are billed on CMS 1500 claim forms allowing supporting documentation such as our patient care report can be submitted initially with the claim.

All necessary information is input into the computer system by the personnel of the Insurance billing group. All ICD-9, HCPCS codes and line item charges are reviewed for accuracy. Narratives are completed as well as all other required data. Claims are sent to insurance carriers in batches. The group processes the claims in the morning, the paper claims are printed in the afternoon, and sent out before close of business.

**Outstanding Claims Review Process**
The Insurance billing group personnel sends payment tracers to insurance carriers at 60 aged and 90 aged days. At 120 aged days, all unpaid claims are referred to our in-house collections group for further processing.
Claims Denial and Appeals Process
The group also reviews all denied insurance claims and performs all necessary corrections and resubmissions as needed. The group also handles denied insurance claims requiring claims appeal letters or hearings.

The patient is sent a notice of account activity at each step in the overall billing process. In the event a claim is denied and/or it is determined either by the Insurance carrier or our Insurance billing group personnel that the claim is non-payable by the Insurance carrier and is the responsibility of the patient, the claim is referred to our self-pay billing group for processing. Our Self-pay billing group also handles Co-payment balance billing.

Self-Pay Billing Group

Initial Billing Process
Self-pay received from the account verification group are reviewed for completeness and are sorted in various batches for further processing. Claims are billed on paper invoices.

All necessary information is input into the computer system by the personnel of the self-pay billing group. All ICD-9, HCPCS codes and line item charges are reviewed for accuracy. Narratives are completed as well as all other required data. Claims are sent to patients in batches. The group processes the claims in the morning; the paper invoices are printed in the afternoon, and sent out before close of business.

Our self-pay billing group also performs the billing functions for all other payer groups that require balance billing to the patient. The types of balance billings referred to the self-pay billing group includes: Medicare, Medi-Cal, and insurance co-pay or denial balance billing.

Outstanding Claims Review Process
Each self-pay patient is billed up to three times in accordance with the following schedule: initial billing, 15-day aged billing, and 30-day aged billing. At 45 aged days, all unpaid claims are referred to our in-house collections group for further processing. The computer system is designed to prompt our self-pay billing group personnel to process all outstanding aged self-pay accounts daily.

Contract Billing Group

Initial Billing Process
Contract claims received from the account verification group are reviewed for completeness and are sorted in various batches for further processing. Claims are billed on paper invoices.
All necessary information is input into the computer system by the personnel of the self-pay billing group. All ICD-9, HCPCS codes and line item charges are reviewed for accuracy. Narratives are completed as well as all other required data. Contract claims are sent to payers in batches on a monthly basis. The group processes in the morning; the paper invoices are printed in the afternoon, and sent out before close of business.

**Outstanding Claims Review Process**
Each contract payer is billed up to three times in accordance with the following schedule: initial billing, 30-day aged billing, and 60-day aged billing. At 90 aged days, all unpaid contract claims are referred to our in-house collections group for further processing. The computer system is designed to prompt our contract billing group personnel to process all outstanding aged contract accounts daily.

**In-House Collections Group**

**Initial Collections Process**
Collections claims received from each of the other groups are reviewed for completeness and are sorted in various batches for further processing. Claims are billed on paper invoices.

Our In-house collections perform the follow-up collections functions for all other billing groups that have referred claims for further collections efforts. The types of collections efforts required for follow-up by the collections group includes: Medicare, Medi-Cal, insurance, co-pay or denial balance billing claims, and contract claims that have aged past established timelines; as well as all claims that lack adequate information such as patient name, date of birth or billing address or those patients requiring payment plans.

Each past-due claim is billed up to three times in accordance with the following schedule: initial billing, 15-day aged billing, and 30-day aged billing. At 45 aged days, all unpaid claims are referred to an external collections agency and written off as bad debt. The computer system is designed to prompt our collections group personnel to process all outstanding aged accounts daily.

**Outstanding Claims Review Process**
Other in-house collections efforts include: telephoning the patient, hospital, physician’s office and convalescent home; obtaining information from the patient’s insurance provider by telephone, internet or point-of-service terminal; contacting the patient’s employer or relative; utilizing patient address directories and various other reference databases. The computer system is equipped with a callback system to prompt collectors to make follow-up calls at specific timeframes as needed.
The in-house collections group personnel send claims referred to outside collections agencies in batches on a weekly basis with a list forwarded to the account posting group for write-off as bad debt.

**Write-offs and Bad Debt**
All write-offs are posted by the account posting group. The computer is designed to perform contractual discount write-offs automatically upon the posting of payments for each line item. Manual write-offs for special discounts are also posted at the time of payment posting.

Write-offs due to accounts determined to be bad debt accounts are sent to outside collections agencies, or accounts closed for various other reasons are referred to the account posting group on a weekly basis by each of the accounts receivable groups for write-off.

**Exceptions to Collections Efforts**
Some outstanding claims never undergo collection efforts. Such claims include:

- Balances on Medicare, Medi-Cal and HMO claims that are not approved by the payer to be billed to the patient.
- 911 Service Dry Runs
- Balances under $5.00 (because the costs of billing are greater than the balance).
- Financial hardship cases that are approved by the General Manager.
- Services provided on a gratis basis.

**Customer Service Group**

**Customer Service Requests**
The customer service group performs various customer service functions such as reviewing all incoming correspondence from patients and receiving telephone inquiries from patients.

**Service Comments Referral Process**
All service comments (both complaints and complements) received by the customer service group or other accounts receivable personnel are entered into the encounter database system and forwarded to the appropriate personnel in accordance with the company's complaint handling and continuous quality improvement policies.

**Records Requests**
Other duties the customer service group personnel perform include records copying requests and requesting copies of insurance cards from patients in writing at the requests of insurance payers.
Account Posting Group
The account posting group posts payments received on a daily basis. The account posting group also posts all denials received on a daily basis. Paid accounts are forwarded by the account posting group to the processing support group for filing in the closed account files. Accounts with payment denials are forwarded by the account posting group to the appropriate billing or collections group for reprocessing.

Processing Support Group
The processing support group performs various support functions for the accounts receivable department. Such tasks include; filing of all patient accounts, pulling accounts for further processing, performing all mailroom duties, completing certified mailing forms, inserting claim forms and invoices into envelopes, copying records, preparing various form letters, sending out customer surveys, and performing other support duties as assigned.

Accounts Records Group
The account processing group performs the task of scanning all patient account records into the electronic filing system.

b) Copy of Late Notice
A copy of a late notice is included in Attachment V for your review.

c) Description of Billing and Collection System Evaluation and Improvements

System Evaluation Process
Priority One Medical Transport, Inc. receives its revenue from one source – collections on our accounts receivables. As our only revenue source, we constantly evaluate our billing and collections system and strive to make improvements on a very frequent basis.

Our vice president and general manager provides day-to-day oversight of the accounts receivable management staff. He regularly reviews various reports that provide a measure of performance based on several key indicators. In collaboration with our accounts receivable manager, the vice president and general manager develop new procedures to comply with the ever changing regulations adopted by the various governmental payor programs such as Medicare and Medi-Cal.

Several of the monthly reports reviewed by our vice president and general manager include the following:

- Accounts Receivable Aging by Current Payor
- Activity Summary of Accounts Receivable
√ Receivables Summary by Month
√ Denial Reason by Payor

These reports are generated by Zoll Data System’s RescueNet Reporting system. This reporting system is fully integrated with our RescueNet records management system designed by Zoll Data Systems. This state-of-the-art software package designed specifically for EMS service organizations offers an array of specialty modules to manage records and data of the various aspects of EMS service operations.

Priority One Medical Transport, Inc. utilizes a majority of the records management offerings available from Zoll Data Systems in its RescueNet software program suite. With the complete integration of the Zoll Data Systems RescueNet Dispatch, RescueNet Billing and RescueNet Reports; our company has the ability to analyze its accounts receivable and evaluate the effectiveness of the various billing and collections processes in place.

Because the Zoll Data Systems software suite is fully-integrated with each of its available modules, the specific data from the various areas of our operation is available directly from one common database. This provides for reductions in data errors such as typographic errors associated with the re-entry of data from one system to another. The data we capture in our call intake routine is automatically available to the patient record data table. This also allows for the immediate identification of repeat patients at the call center intake point.

No other EMS software platform on the market today has this degree of scalability and level of integration between the various system components in use by providers in our industry.

Our management team reviews various reports such as the ones described above on a monthly, quarterly and annual basis to review the status and effectiveness of the billing and collections systems we have in place. Additionally, this regular review provides for the necessary data to allow our management team to make determinations of other causes that may also contribute to the accounts receivable cash recovery process.

Such other causes that can impact accounts receivable cash recovery includes billing information gathering, obtaining patient signatures, proper field documentation, specific payor payment policies and various internal and external general human errors.

When causes are identified, the management team develops corrective action plans to address the issues identified and conducts the necessary steps to realize the desired improvements.
Recent System Improvements

One meaningful improvement to our billing and collections system is the addition of Zoll Data Systems RescueNet ePCR field data collection software module.

We recently accepted delivery of this new system from Zoll Data Systems to enhance our current RescueNet EMS records management system software suite. This new product offering by Zoll Data Systems allows for our staff to perform “same day billing”. As the information is collected in the field, it is promptly sent to the master database and is immediately integrated into the daily billing process.

While not all patient transports can be billed on the same day they are conducted, a significant number can when appropriate information has been collected at the time of service and our patient billing services staff determines such information meets the specific payor guidelines for the patient’s particular medical insurer.

This recent system enhancement will result in claims being paid sooner, thereby facilitating an improved cash flow. Additionally, these recent system improvements will also provide for improved patient care reporting and documentation and is expected to assist in prompting field care personnel with adhering to local treatment guidelines as the drop down treatment menus are set up in accordance with local EMS agency treatment protocols.
6. Annual Financial Audit

a) Statement of Agreement to Provide the County Annual Audited Financial Statements

We do hereby agree to provide the County an annual audited financial statement according to the requirements set forth in Section 4.6.6 of the RFP issued by the County.

Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.
II-H Community Education and Prevention

Community involvement has always been paramount to Priority One Medical Transport, Inc. We have a long and distinguished record of conducting community education and safety prevention programs in the many areas we do business in.

As a visible public safety provider, we understand that the actions or in-actions of an EMS provider agency can send a powerful message to members of the communities and such organizations we serve. We believe that our unique position as an EMS provider affords us an opportunity to make an impact on many individuals within the neighborhoods we serve.

Whether it is speaking to a group of Cub Scouts or seniors, we understand that we can make a positive impression on those audiences we have an opportunity to speak to. Priority One Medical Transport, Inc. does not take this gift lightly.

Just one example of this community involvement is our recent participation in the San Joaquin General Hospital community health fair held in August. Priority One Medical Transport, Inc. had several of its team members in attendance representing our company to the community. Our staff brought an ambulance stocked with all of the required medical equipment and supplies for the community to have a close look at one of its EMS ambulances. They also conducted blood pressure checks to fair visitors.

We regularly provide first aid and ambulance stand-by service at the Lodi street fair, and other events in this city. Our employees also attend season football games in Lodi to serve as the event’s medical staff each year.

We pledge to continue to offer the multitude of community education and safety prevention programs we have for many years within those zones we are awarded under any resultant agreement. Not because the contract stipulates that we have to, but because we know it’s the right thing for a professional EMS organization to do.

Priority One is committed to continuing its PSA safety campaign.
1. Public Information and Education Programs

a) Description of Current Role in Public Information and Education

Priority One Medical Transport, Inc. has a long history of conducting public information and education activities. From our inception we have reached out to various constituent groups such as elementary schools, senior citizen groups, church groups and Boy Scout and Girl Scout troops.

Currently in San Joaquin County, Priority One Medical Transport is running a public education campaign that is focused on safety. We have entered into an arrangement with Cinemedia to place public service advisement (PSA) messages in theaters in the Stockton and Lodi areas reminding movie-goers of such safety issues as to buckle up when in a vehicle as well as DUI warning messages proceeding holiday weekends.

Presently, we are running a PSA in Stockton area theaters that reminds viewers that “Shaking Babies Shatters Lives!” Our PSA messages will change appropriately during each season of the year.

We are also running public service advisement messages on billboards in San Joaquin County reminding travelers to buckle up as well. Our public education campaign also includes the placement of similar public service advisements on recordnet.com the web site of The Record newspaper – San Joaquin County’s local daily newspaper.

Future safety messages will include reminders to parents to use child safety seats when appropriate and emergency vehicle “pull to the right” road safety messages.

In addition to our public service advisements, Priority One Medical Transport, Inc. regularly provides first aid and CPR training to various community groups such as church groups, senior citizen groups and board and care facilities. We also provide this training to area convalescent hospitals and other area elderly care centers. We offer this service to all community groups in the areas we serve.

b) Description of Proposed Public Information and Education Plan

Our proposed public information and education plan consists of a multiple faceted program. We propose to continue the current public education activities as follows:

- Present an introductory overview of our company and the EMS system service enhancements under the new contract at a scheduled council meeting of each city within any zone awarded to Priority One Medical
Transport, Inc. under a resultant contract. We will make such presentations immediately following contract commencement, subject to city approval.

- Provide annual EMS system awareness to all area elementary schools within any zone awarded to Priority One Medical Transport, Inc. under a resultant contract. This activity will occur at the beginning of the new school year immediately following contract commencement, subject to school district approval.

- Provide annual EMS career opportunities awareness to all area high schools within any zone awarded to Priority One Medical Transport, Inc. under a resultant contract. This activity will occur at the beginning of the new school year immediately following contract commencement, subject to school district approval.

- Present an introductory overview of our company and the EMS system service enhancements under the new contract at a scheduled meeting at each city senior center within any zone awarded to Priority One Medical Transport, Inc. under a resultant contract. We will make such presentations immediately following contract commencement, subject to senior center management approval.

- Provide quarterly first and CPR training classes at each senior citizen center within any zone awarded to Priority One Medical Transport, Inc. under a resultant contract. This activity will occur at the beginning of the next calendar quarter immediately following contract commencement, subject to senior center management approval.

- Provide company representatives at up to 12 designated events each year as requested by the city or school district to conduct community EMS awareness educational programs within any zone awarded to Priority One Medical Transport, Inc. under a resultant contract.

- Give five (5) EMT-1 scholarships each year to individuals selected by the Board of Supervisors. Mr. Michael D. Parker will personally present each scholarship on behalf of Priority One Medical Transport, Inc. at a board meeting annually.

- Run monthly public service advisements at each movie theater within any zone awarded to Priority One Medical Transport, Inc. under a resultant contract. Such advisements will continue with safety topics like shaken baby syndrome, child drowning prevention and driving under the influence prevention messaging.
Run monthly public service announcements on area billboards within any zone awarded to Priority One Medical Transport, Inc. under a resultant contract. Such advisements will continue with safety topics like shaken baby syndrome, child drowning prevention, driving under the influence prevention, buckle up reminders and other road safety messaging.

Priority One Medical Transport remains committed to our billboard PSA campaign. This Billboard is seen on Highway 99, just north of Fremont.
2. EMS Training Programs

a) Description of Current Role in Pre-Hospital Training Programs

Priority One Medical Transport, Inc. regularly participates in many pre-hospital training programs throughout the areas we serve. We volunteer personnel and resources to area EMT and paramedic training programs for assistance with instruction, evaluation and testing.

We serve as community classrooms for many EMT-1 programs throughout our services areas and regularly provide internships for EMT-1s and EMT-Ps undergoing their initial training. Many of our EMT-1s and EMT-Ps have been designated as preceptors either through the local EMS agency or by our continuing education department pursuant to local EMS system policies and protocols.

Many of our management team members serve on dozens training advisory committees of EMS training programs throughout the state. In addition, several of our management team members also serve on local training committees and are active in state and national EMS education councils and associations.

b) Description of Proposed Participation in Pre-Hospital Training Programs in San Joaquin County

Priority One Medical Transport, Inc. proposes to offer the following level of participating in training programs in San Joaquin County:

- We are prepared to participate in the provision of joint training programs with all first responder agencies including police and fire departments throughout San Joaquin County.

- Our personnel assigned to our San Joaquin County operation will be available to participate in all EMS training programs conducted in San Joaquin County.

- The company will provide paramedics and EMTs to area training programs to assist with instruction, evaluation and testing. We will provide field internships for paramedics and EMTs attending San Joaquin County EMS Agency approved training programs.

- We agree to participate in any pre-hospital care training activities required by the San Joaquin County EMS Agency.

- We will provide each first responder agency in San Joaquin County an opportunity to have each of their new recruits receive a special
introductory orientation of our company complete with an overview of the role we fulfill and how we interact with their particular agency. This training can be offered to each agency in a group setting or provided on a “one-on-one” basis.

- Our new recruit EMS personnel assigned to our San Joaquin County operation will be made available to attend introductory orientation training programs offered to us by other first responder agencies within San Joaquin County.

In addition to the above, Priority One Medical Transport, Inc. has also entered into a joint venture agreement with the California EMS Academy ("CAE") based in Redwood City, CA. Under the proposed agreement, a satellite training center will be located within San Joaquin County to enhance the current offerings of pre-hospital care training programs available within San Joaquin County presently.

Under the terms and conditions of our joint venture agreement with CAE, the new satellite training center will offer a full paramedic training program, emergency medical technician training program and continuing education. Priority One Medical Transport, Inc. will have the option to reserve seats in every class for its use as well as the use of its first responder partners.

CAE has already started the approval process to receive authorization from the state of California and the San Joaquin County EMS agency to locate the satellite training facility within San Joaquin County. Upon the program’s approval from the state and San Joaquin County, Priority One Medical Transport, Inc. has agreed under its joint venture agreement to provide field internship opportunities to the students of the new CAE’s San Joaquin County paramedic program.

c) Statement of Agreement to Provide EMT-P Field Internship Opportunities

We do hereby agree to accept the County’s EMT-P Field Internship requirements set forth in section 4.7.2 of the RFP issued by the County and will provide EMT-P field internship opportunities upon the award of any resultant contract.

Additionally, we have signed the “Agree: section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.
3. Other Community Service Programs

a) Description of Current Role in Public Information and Education

Currently, we provide free or discounted ambulance standbys at various youth sporting events and community events in the areas we serve.

We are seen at local football games, parades, chili cook offs, fund raisers, fairs and festivals.

In addition to providing ambulance standby service at local events, Priority One Medical Transport, Inc. regularly provides company representatives and display booths to offer the public event attendees information regarding various EMS related public service educational messages or EMS career information.

Our ambulance units and personnel are present at the community events held in the neighborhoods we serve. Priority One paramedics and EMTs can regularly be seen flipping pancakes, passing out balloons or providing Band-Aids to community event visitors up and down the state. We are proud of our community involvement and look forward to participating in the many special events held annually in San Joaquin County in the years to come.

b) Description of Proposed Policy of Participation in Community Service Programs

Priority One Medical Transport, Inc. is committed to continuing its long-standing practice of community involvement. We have always provided EMS personnel and equipment to local events at no or a discounted cost in the communities we serve. This tradition will continue in San Joaquin in the zones we are awarded a resultant contract.

In those zones awarded to our firm, Priority One Medical Transport will offer the following free ambulance standby services:

- BLS ambulance unit standby service at each high school football game of every public high school.

- ALS ambulance standby service at up to six community events annually as requested by each city.

- ALS ambulance standby service at up to four community events annually as requested by each city chamber of commerce.

- Priority One Medical Transport, Inc. will provide free transports for the Safe Surrender Baby Program.
Priority One Medical Transport will participate in the San Joaquin County Sheriff’s Office boat patrol program. We will provide paramedics to meet the staffing requirements of the program and will participate in the required training sessions for our personnel participating in the program.

We will also provide EMS personnel and equipment to various other community groups as requested at events as requested on a case-by-case basis.
II-I Other Contract Language

Priority One Medical Transport, Inc. is proud of its proven track record of the provision of quality emergency ambulance services. We believe we have demonstrated to the many business partners we have that we are a solid company that honors its commitments.

We are cognizant of the importance of the County’s responsibility to insure that its delegated responsibilities under any resultant contract be carried out in accordance with the terms and conditions set forth in such agreement. We further acknowledge that it is just as important for the County to maintain oversight of those responsibilities.

Therefore, while we fully intend to comply with all of the terms and conditions of a resultant agreement, in the extremely unlikely event the County make a determination to act on any of the safety-net provisions contained in this section, Priority One Medical Transport, Inc. does hereby agree to fully cooperate with the County to insure that no interruptions of service are realized should any of these provisions be set in place.

It is the sincere desire of Priority One Medical Transport, Inc. to be valued partner by the County of San Joaquin for the provision of Emergency Advanced Life Support Ambulance Service to the residents and visitors of San Joaquin County throughout the life of any resultant contract.

*We would be honored to have the privilege of continuing to serve the residence and visitors of San Joaquin County.*
1. Contract Termination

   a) Statement of Agreement to the Contract Termination Language

   We do hereby agree to accept the County’s Contract Termination Language requirements set forth in section 5.1 of the RFP issued by the County.

   Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.

   a) Statement of Agreement to County’s “Lame Duck” Requirements

      We do hereby agree to accept the County’s “Lame Duck” requirements set forth in section 5.2 of the RFP issued by the County.

      Additionally, we have signed the “Agree” section of the Acceptance of Minimum Requirements Form (Attachment E) Form for this item. A fully executed Acceptance of Minimum Requirements form is included in the section titled “Attachment E” hereof pursuant to the instructions outlined in the RFP issued by the County.
3. Indemnification for Damages, Taxes and Contributions

   a) Statement of Agreement to the RFP Indemnification for Damages, Taxes and Contributions Requirements

   We do hereby agree to the Indemnification, taxes and contributions requirements set forth in section 5.3 of the RFP issued by the County.
4. Equal Employment Opportunity

   a) Statement of Agreement to the RFP Equal Employment Opportunity Requirements

   We do hereby agree to the equal employment opportunity requirements set forth in section 5.4 of the RFP issued by the County.
5. Independent Contractor Status

a) Statement of Agreement to the RFP Independent Contractor Status Requirements

We do hereby agree to the independent contractor status requirements set forth in section 5.5 of the RFP issued by the County.
6. Non-Assignment and Non-Delegation

   a) Statement of Agreement to the RFP Non-Assignment and Non-Delegation Requirements

   We do hereby agree to not assign or delegate any resultant contract without the prior written consent of the County as specified in section 5.6 of the RFP issued by the County.
7. Retention and Audit of Records

a) Statement of Agreement to the RFP Retention and Audit of Records Requirements

We do hereby agree to retain all records in accordance with the specifications set forth in section 5.7 of the RFP issued by the County for any resultant contract. We further agree to be subject to the examination an audit as specified in section 5.7 of the RFP issued by the County for any resultant contract.
8. Monitoring Costs

   a) Statement of Agreement to the RFP Monitoring Costs Requirements

       We do hereby agree to pay the County an annual fee for the cost of
       monitoring the Contractor’s operational and clinical performance and other
       compliance with the terms of a resultant contract for each applicable zone as
       specified in section 5.8 of the RFP issued by the County.
Part III.

Appendices and Attachments
Attachment A:  Audited Financial Statements

Audited financial statements for the past two years and current financial statements as of 6-30-05 are included in this section beginning on the next page.
Attachment B: Statement of Intent and Affirmation

A completed, signed and notarized “Statement of Intent and Affirmation” form is included in this section beginning on the next page for your review.
Attachment C: Investigation Authorization-Company

A completed, signed and notarized “Investigation Authorization-Company” form is included in this section beginning on the next page for your review.
Attachment D: Investigation Authorization-Individual

Completed, signed and notarized “Statement of Intent and Affirmation” forms for our owner and key managers are included in this section beginning on the next page for your review.
Attachment E: Acceptance of Minimum Requirements

A completed and signed “Acceptance of Minimum Requirements” form is included in this section beginning on the next page for your review.
Attachment F: Acceptance of Contract Language

A completed and signed “Acceptance of Contract Language” form is included in this section beginning on the next page for your review.
Attachment G: EMT-Paramedic Compensation Package

A completed “EMT-Paramedic Compensation Package” form is included in this section beginning on the next page for your review.
Attachment H: EMT-1 Compensation Package

A completed “EMT-1 Compensation Package” form is included in this section beginning on the next page for your review.
Attachment I: Dispatcher Compensation Package

A completed “Dispatcher Compensation Package” form is included in this section beginning on the next page for your review.
Attachment J: Proposed Operating Budget

A completed “Proposed Operation Budget” form is included in this section beginning on the next page for your review.
Attachment K: Proposed Ambulance Rates

A completed, signed and notarized “Proposed Ambulance Rates” form is included in this section beginning on the next page for your review.
Attachment L: Charge Scenarios

A completed “Charge Scenarios” form is included in this section beginning on the next page for your review.
Attachment M: Ambulance Zone Maps and Deployment vs. Demand Analysis Reports

Maps of Zones A, B and C that depicts our proposed operating locations and deployment vs. demand analysis reports that indicate the historical demand vs. our proposed deployment plan beginning on the next page for your review.
Attachment N: Response Time Performance Reports

Our response time performance is depicted on the reports included in this section beginning on the next page.
Attachment O: Business and Professional Licenses Held

Copies of the various business and professional licenses that we hold which are relevant to the services proposed herein are included in this section beginning on the next page.
Attachment P: Working Capital Letters

Letters from credit lenders documenting the available working capital to us are included in this section beginning on the next page.
Attachment Q: Bank Line of Credit Letter

A Letter of Credit from our business bank indicating the reserve borrowing power we have for operating needs is included in this section on the next page.
Attachment R: Real Estate Financing Letter

A Letter of Credit from our real estate lender indicating the reserve borrowing power we have for real estate acquisition needs is included in this section on the next page.
Attachment S: Proposed Marvlis System Product Information

Product information materials about the Marvlis software system we are proposing is included in this section beginning on the next page.
Attachment T: Letters from the Cities of Lodi and Tracy

Letters from the cities of Lodi and Tracy regarding cooperative partnerships for potential system enhancements are included in this section beginning on the next page.
Attachment U: Fatigue Policy

A copy of our fatigue policy is included in this section beginning on the next page for your review.
Attachment V:  Billing Late Notice

An example of our billing late notice is included in this section on the next page.
Attachment W: Xtreme Companies Rescue Boat Product Information

Product information material from Xtreme Companies describing the rescue boats we have proposed in Zone B Option A are included in this section beginning on the next page.
Attachment X: RTA Maintenance Program Product Information

Product information describing the RTA maintenance program we are proposing is included in this section beginning on the next page.
Attachment Y: DriveCam Product Information

Product information describing the DriveCam safety program we are proposing is included in this section beginning on the next page.
Attachment Z: The Mercy Group Virtual Solutions Manager Information

Product information describing the virtual solutions manager software program offered by The Mercy Group is included in this section beginning on the next page.
Attachment AA: Zoll Data Systems Products Information

Information materials describing the many products offered by Zoll Data Systems that we are proposing are included in this section beginning on the next page.
Attachment BB: Zetron Products Information

Product Information describing the Zetron system we are proposing is included in this section beginning on the next page.
Attachment CC: Priority Dispatch Products Information

Information on the products from Priority Dispatch we are proposing to utilize to fulfill the Requirements of a resultant contract are included in this section beginning on the next page.
Attachment DD: ProQA Emergency Dispatch Software

Product information on the ProQA Emergency Dispatch Software we are proposing to utilize to fulfill the requirements of a resultant contract are included in this section beginning on the next page.
Attachment EE: EMS Systems Product Information

Information on the EMS Systems software products we are proposing to utilize under a resultant contract are included in this section beginning on the next page.
Attachment FF: Eventide System Product Information

Information on the Eventide System product we are proposing to utilize under a resultant contract is included in this section beginning on the next page.
Attachment GG: Clearwire Broadband Wireless Service Information

Information describing the Clearwire Broadband Wireless service we propose to utilize under a resultant contract is included in this section beginning on the next page.
Attachment HH: Genreac Generator Product Information

Product information describing the Genreac generator we propose to utilize under a resultant contract is included in this section beginning on the next page.
Attachment II: Zoll Defibrillator Monitor Pacemaker Product Information

Product information describing the Zoll Defibrillator Monitor Pacemaker units we are proposing under a resultant contact is included in this section beginning on the next page.
Attachment JJ: Mutual Aid Letters

Mutual Aid letters from Manteca District Ambulance Service and Escalon Community Ambulance District are included in this section beginning on the next page.
Attachment KK: 401 (k) Plan Information

Information detailing the specifics of the 401 (k) plan offered to our employees is included in Attachment KK for your review.