



Provider / First Responder Agreement

This Provider / First Responder Agreement is made and entered into on the 5th day of June, 2018, by and between **Clay County Memorial Hospital / CCMH EMS** whose address is 310 W. South Street, Henrietta, Texas 76365 (hereinafter referred to as "Provider,") and Clay County First Responders Organization a first responder organization whose address is P.O Box 387, Petrolia, TX 76377, (hereinafter referred to as "FRO").

Definitions for the purpose of this agreement:

First Responder Organization (FRO): An Organization certified By TDH and provides prehospital medical care but is not authorized to transport a patient.

First Responder (FR): A person currently certified By TDH as an ECA, EMT-B, EMT-I, EMT-P or, Licensed Paramedic and provides prehospital medical care but is not authorized to transport a patient.

First Responder Support Personnel (FRSP) are members of the first responder organization whose primary duties are not patient care but are those which support first responders in patient care such as Fire Fighter, Extrication Specialist, and Rescue Technician.

First Responder Administrator (FRA): Person charged, by the FRO with the responsibilities outlined in state statute 157.14 subsection (d), (Dept. Chief, Lead Medical Technician, etc.)

First Responder Coordinator (FRC): Person who is charged by the First Responder Organization(s) and is responsible for Quality Assurance/Improvement of patient care (to include review of care reports), FRO coverage assignment areas (boundaries), grievance/dispute mediation, and solicitation of training/continuing education for FRO members.

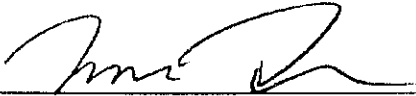
Provider Administrator (PA): Person charged with the responsibility of the management of the Patient transport Service and its personnel.

FRO/Provider agreement criteria as outlined In SS 157,14 (c)(1)(A)through(K)

- (A) Only FR personnel currently certified by TDH will perform primary prehospital patient care. FRSP may assist (at their level of training) the FR but only under the direct supervision of the FR. (Example Fire fighter certified in CPR.) This will only be employed if there is more patients than the FR can adequately manage This is not an endorsement for non TDH certified personnel to act in the capacity of a FR. This option is available to the FR in the best interest of patient(s).
- (B) Protocols used by the PRO will be supplied by the Providers Medical Director. The Providers Medical Director will approve equipment used by the FRO. (See attachment) New patient care equipment acquired by the FRO must be approved by the Medical Director before it is put into service. Unless authorized by protocols and written agreement with the provider's medical director, FR's will not carry or use ALS supplies.
- (C) FR personnel can be available for response twenty-four hours per day, seven days a week for EMS assist. Since this department is staffed with non-paid volunteers, the availability of a certified FR is not always guaranteed. The provider has the right to call on a neighboring PRO if the primary FRO is unavailable.
- (D) FR personnel will document any care given to a patient prior to the Providers arrival The Provider Medical Director must approve FR patient care reports forms before they can be utilized. A copy of the report will be filed by the PRO and secured to protect patient confidentiality. One copy will be given to the responding provider service and one copy will be forwarded to the PRO Coordinator (for QAJI). If scene time does not permit the FR in completing a patient care report a complete report will be supplied to

the provider within 10 days. (Note: Suspense for Trauma related reports will be 2 Days) A copy will be made available to the Medical Director upon request and any agency as warranted by law.

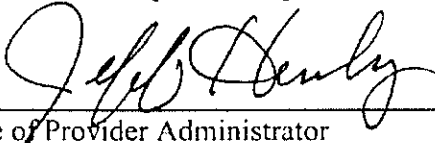
- (E) The FRA will provide a list of the name(s) certification levels and expiration date of all FR in their organization to the FRC and Provider. Any changes (certification upgrade, Emergency suspension, Etc.) will be reported to the FRC and Provider within 10 days.
- (F) Assessment of patient care by the PRO will be performed by the FR Coordinator. Assessment of patient care by the Provider service will be performed by the Provider Administrator. Discrepancies will be identified and reported to FR and or Provider personnel under review and will be a basis for directed continuing education classes. Failure of personnel to attend directed C.E. classes will result in administrative action against them by their Organizations Administrator. The FRC and PA will meet regularly to discuss and outline process improvements and personnel patient care assessments. The FRC and PA will report directly to the Medical Director. (Note: The FR is solely responsible for obtaining CE's for their own rectification to include participation and record keeping as outlined by TDH.)
- (G) FR personnel may respond code 3 unless otherwise directed by Dispatch Authority (Sheriff's Dept.), scene commander or FRO's Standard Operating Procedures (SOP's).
- (H) The first FR on scene will be responsible for patient care until another FR or Provider personnel (of equal or higher TDH level of certification) properly relieve them to include a patient report (Verbal or Written as warranted by time). A FR may transfer patient care to a provider of lesser TDH level of certification provided the FR did not initiate care above the skills of the provider personnel.
- (I) Only the Provider service can cancel en route EMS units. The provider may request the FRO to obtain a signed patient refusal document and forwarded it to the provider service.
- (J) The Provider service may request FRO personnel to accompany patients in the providers vehicle and the FRO will make all attempts to provide a qualified person.
- (K) First responders shall be responsible for maintaining written and verbal patient confidentiality.
- (L) All disputes grievances and improvement suggestions will be processed through the First Responder Coordinator for mediation. Only written reports will be addressed and are only to be reviewed by parties involved to include review by FRO Administrator, Provider Administrator, FRO Coordinator and the Medical Director.
- (M) All personnel covered in this contract will conduct themselves in a professional manner. FRA will set appropriate dress policies for their personnel.



Signature of First Responder Organization Administrator

6-18-18

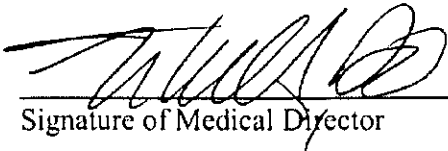
Date



Signature of Provider Administrator

6-20-18

Date



Signature of Medical Director

20 Jun 2018

Date



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
FIRST RESPONDER ORGANIZATION
Medical Director Information Form
Rev 20141016

Submit this form to:
EMS Certification – MC 2835, PO Box 149347, Austin, TX 78714-9347
For assistance you may contact EMS Certification at 512-834-6734 or contact the appropriate regional DSHS EMS staff.
See <http://www.dshs.state.tx.us/emstraumasystems/EMSComplianceReqOfclist.pdf> for contact information

Name of Physician:	Michael A. Mitchell, D.O.		
Mailing address of Medical Director:	100 S. Archer Street	Physical Address of Medical Director:	Same
City, State, Zip:	Henrietta, TX, 76365	City, State, Zip:	Same
Medical License #	H9688	Office Phone:	(940)538-0245
Expiration date:	11/30/2018	Home/Cell Phone:	(940) 631-3475
Email:	mamx44@aol.com	Fax:	(940) 538-0317

List all Providers and First Responder Organizations currently under your medical direction.
You may use a separate signed spread sheet with the required information.

Name of Legal Entity and Assumed Name of Provider/First Responder Organization	Provider/FRO License #	Date began with Provider/FRO
Clay County First Responder Organization dba Clay County First Responders	800292	06/05/2018

I verify that I am a physician licensed in the State of Texas. I have read and am familiar with the Medical Practice Act and the Texas Medical Board rules regarding Emergency Medical Service at Title 22 of the Texas Administrative Code (TAC), Chapter 197, with the Department of State Health Services EMS statute at Chapter 773 of the Texas Health and Safety Code, and with EMS rules at Title 25 TAC, Chapter 157. I understand that I am responsible for all aspects of the operation of the above named legal entities concerning the provision of medical care.

Printed Name of Medical Director	Medical Director Signature	Date
Michael A. Mitchell, D.O.		8 Jun 2018

PRIVACY NOTIFICATION Publication #: F01-13067 - Electronic Publication #: EF01-13067
With a few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.state.tx.us> for information on Privacy Notification. (Reference Government Code, Section 552.021, 552.023 and 559.004)

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Glenn County First Responders Organization

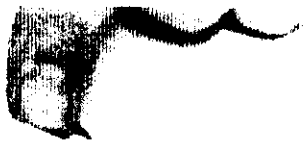
Glenn County Texas

BLS Protocols

Michael Mitchell

5 Jun 2018

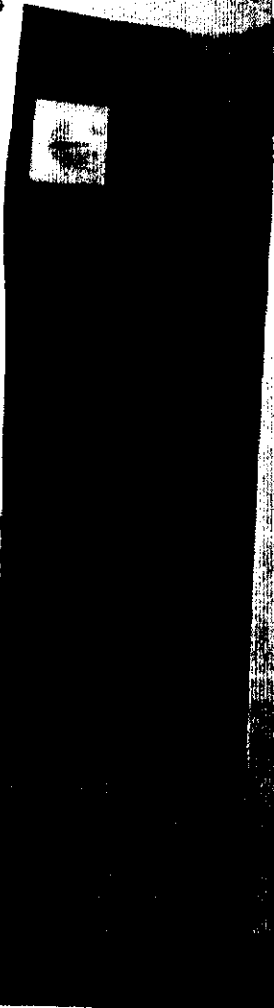
Effective Date



Clay County First Responders Organization

Michael Mitchell as medical director of the Clay County First Responder Organization, Adopt the Clay County Memorial Hospital EMS protocols for the Clay County First Responders organization.

Minutes
New Rules
Meeting



[Signature]

5 Jun 2018
Date

ATRAC M
Clay County
RVPD
Safe Prec
Emergency