

COUNTY OF SACRAMENTO

MOU NO. 7207600-23/25-083M

CONTRACT ANALYST: Julie Short 875-2265**DHS AGREEMENT SUMMARY**CONTRACTOR'S NAME: Sacramento County Department of AirportsSubject of Agreement: To provide Advance Life Support (ALS) services at the Sacramento County airportsContract Term: July 1, 2022 through June 30, 2025Maximum Payment to Contractor through this Agreement: \$0.00

County Counsel Approval: _____ Date _____

County Counsel Approval Not Inter-departmental MOU (Sacramento County Code Section)Required: Authorized by: N/A (Sacramento County Resolution Number or County Code Section) **Tax Waiver Granted** _____ **Tax Waiver Denied** _____ **Standard Agreement** _____ **Non Standard MOU** _____ **Five or more employees letter on file****Exhibit D** _____Risk Management has approved waiver to insurance requirements Risk Management has approved indemnification modifications

This is a contract that must be reviewed and approved of County Counsel in accordance with Section 2.61.014 of the Sacramento County Code:

 2.61.014 (a): Contract requires Board approval including but not limited to Section 71-J 2.61.014 (b): Contract approved in concept or otherwise authorized by Board 2.61.014 (c): Contract for services not previously provided by or to the department 2.61.014 (d): Contract does not utilize the standard format developed by County Counsel 2.61.014 (e): Contract with another governmental entity 2.61.014 (f): Contract involving an acquisition or grant of an interest in real property 2.61.014 (g): Contract requiring waiver of withholding 2.61.014 (h): Retroactive contracts**FISCAL SUMMARY**Fund Center: 7207600 G/L Account: _____ Order #: A76000CONTRACTOR'S Federal Tax Identification Number: 94-6000529

**MEMORANDUM OF UNDERSTANDING BETWEEN
SACRAMENTO COUNTY DEPARTMENT OF AIRPORTS –
SACRAMENTO COUNTY AIRPORT FIRE AND
SACRAMENTO COUNTY DEPARTMENT OF HEALTH SERVICES
FOR ADVANCED LIFE SUPPORT (ALS)
GROUND NON-TRANSPORT SERVICES**

This Memorandum of Understanding (MOU) between the Sacramento County Department of Airports – Sacramento County Airport Fire (SCAF) and the Sacramento County Department of Health Services – Emergency Medical Services, is for providing Advanced Life Support (ALS) ground non-transport services at the Sacramento County airports.

I. BACKGROUND/PURPOSE/OBJECTIVES

Advanced Life Support (ALS) providers are responsible for providing emergency pre-hospital patient care and/or transporting prehospital patients from the scene of an emergency to acute care hospitals within an organized EMS system in accordance with California Health and Safety Code Division 2.5, Sections 1797 et. seq., California Code of Regulations, Title 22, Division 9, and emergency medical services (EMS) policies and procedures established by Sacramento County Emergency Medical Services Agency (SCEMSA).

II. TERM

The term of this MOU is from July 1, 2022, through June 30, 2025.

III. PROGRAM RESPONSIBILITIES - SCAF

A. Administrative

1. Maintain organization and staffing for implementing and operating this MOU.

B. Service Operations

1. May provide Advanced Life Support (ALS) services on a continuous twenty-four (24) hours per day basis as determined by SCAF in the best interest of the public.
2. Maintain hours of operations as described in ALS Provider application.
3. Notify SCEMSA in advance when hours of operations change for any period longer than twenty-four (24) hours.
4. Use and maintain two-way communications equipment between hospitals and field units as specified and approved by SCEMSA.

5. Respond to dispatches from Airport's Communications Center that employ trained personnel with a nationally approved EMD system as required by SCEMSA.
6. Ensure that SCAF staff complies with SCEMSA application policies and completes the online application process for certification/accreditation.
7. Ensure that SCAF staff completes required incident reporting within the required timeframes as required by statues, regulations and SCEMSA policies.

C. Policy/Procedures

1. Provide ALS services in accordance with state law and SCEMSA policies, procedures and protocols.
2. Comply with response times as designated by SCEMSA.
3. Participate in SCEMSA committees, including, but not limited to the Medical Advisory Committee (MAC), Operational Advisory Committee (OAC), Technical Advisory Group (TAG) or other meetings as requested by SCEMSA.
4. Comply with Quality Improvement (QI) Program policies and procedures, QI Plan submission, data submission, and reporting requirements.
5. Participate in policy development and review including providing written feedback within the timeframe specified by the SCEMSA.

D. Data Reporting

1. Use an electronic patient care report platform with data reporting capabilities as required by SCEMSA.
2. Comply with SCEMSA requests for data submission or collection of information for purposes of a clinical or operational investigation as requested by the SCEMSA in requested time period.
3. Utilize a data reporting system that will collect, integrate and report data and comply with the technical specifications required by COUNTY identified vendor.
4. Provide Patient Care Reports, Mass Casualty Incident Reports and future program reporting which will be determined by the Quality Improvement Program (QIP).
5. Submit data electronically as required by SCEMSA directly to SCEMSA data vendor. The frequency of data submission will be determined through the QIP but no less than quarterly upon development of the data elements.

IV. PROGRAM RESPONSIBILITIES – DHS

A. Administrative

- 1. Designate and maintain SCAF who has met the state and SCEMSA ALS provider criteria as an approved ALS provider.
- 2. Monitor contract and ensure SCAF complies with scope of service as above.
- 3. Maintain and update a list of approved ALS providers on its website. [Provider Information.](#)

B. Service Operations

- 1. Perform annual inspections of ALS provider equipment to ensure compliance and state law and SCEMSA policy.

C. Data Reporting

- 1. Provide SCAF data vendor information including points of contact for data submission requirements.

D. Feedback

- 1. Provide information regarding State or County changes in policies, protocols and/or performance measures/indicators to SCAF as indicated.

V. JOINT RESPONSIBILITIES

A. Program Representatives

- 1. The program representatives during the term of this agreement are:

<p>Sacramento County Department of Health Services - Emergency Medical Services Agency EMS Administrator Currently: David Magnino Phone: 916-875-9708 Email: magninod@saccounty.net</p>	<p>Sacramento County Department of Airports - Sacramento County Airport Fire Fire Chief Currently: Kenny Prete Phone: 916-874-0651 Email: pretej@saccounty.gov</p>
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B. Points of Contact

AREA	SCEMSA	SCAF
ALS Provider Liaison	EMS Specialist II Currently: Kristin Bianco biancok@saccounty.net 916-875-9736	EMS Battalion Chief Currently: David Dolson dolsond@saccounty.gov 916-874-0757
Problem Resolution	EMS Administrator Currently: David Magnino magninod@saccounty.net 916-875-9708	EMS Battalion Chief Currently: David Dolson dolsond@saccounty.gov 916-874-0757; or Medical Director Dr. Mackey drmackey@comcast.net
Data Reporting/QIP Liaison	EMS Specialist II Currently: Dorthy Rodriguez rodriguezdor@saccounty.net 916-874-1060	Fire Captain Currently: Capt. Jack Philp philpi@saccounty.gov 916-874-0630
Contract Coordinator	Administrative Svs. Officer II Currently: Holly Winberry winberryh@saccounty.gov 916-875-9766	Airport Economic Development Specialist Currently: Sherrie Antonio antonios@saccounty.gov 916-874-0918

C. Communication

1. SCAF shall designate staff to participate in the MAC, OAC, the QIP, and the TAG. Members are required to regularly participate, provide information, and/or presentations as requested.
2. SCAF and SCEMSA shall participate in ad hoc meetings as requested by either party.
3. SCAF or SCEMSA shall respond to a request from the other party within three (3) business days.
4. In the event of threat to public health and safety, SCEMSA and SCAF shall meet within one (1) business day after such notification in order to affect a solution.
5. Problem solving shall occur at the lowest possible level. Either party may request a meeting to resolve issues. If this process has not been satisfactory, the issue may be raised to the EMS Administrator or the DHS Primary Health Division Deputy Director (Currently: Sandy Damiano at damianosa@saccounty.net or (916) 876-7179).

D. Sacramento County EMS Plan

1. Follow the State approved Sacramento County EMS Plan.

COUNTY OF SACRAMENTO
AIRPORT – Aircraft Rescue and Fire Fighting & DHS- Emergency Medical Services

ALS MOU

VI. ALTERATION OF TERMS

It is mutually agreed that this MOU may be modified or amended upon the written mutual consent of the parties hereto.

VII. TERMINATION

Either party may terminate this MOU without cause upon thirty (30) days written notice served by either party.

IN WITNESS WHEREOF, parties hereto have executed this Memorandum of Understanding for the term written above.

SACRAMENTO COUNTY DEPARTMENT OF AIRPORTS
a political Subdivision of the State of California

SACRAMENTO COUNTY DEPARTMENT OF HEALTH SERVICES
a political Subdivision of the State of California

DocuSigned by:
Cynthia A. Nichol
By _____
AE30A1CB01B9412...
Cynthia A. Nichol, Director
Sacramento County Department of Airports
Designee as per S.C.C. 2.61.012(h)

DocuSigned by:
Sandy Damiano
By _____
7E727654C1A24AC...
Chevon Kothari, Director
Sacramento County Department of Health Services
or Designee as per S.C.C. 2.61.012(h)

Date 4/20/2022

Date 4/21/2022

Certificate Of Completion

Envelope Id: CE53D5FD363748FD95417345A9FB46CA	Status: Completed
Subject: Please DocuSign: (K) Sacramento County Department of Airports 7207600-23/25 083M	
Source Envelope:	
Document Pages: 7	Signatures: 2
Certificate Pages: 5	Initials: 2
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Janet Toro
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	799 G Street
	Sacramento, CA 95814
	ToroJ@SacCounty.net
	IP Address: 208.79.246.66

Record Tracking

Status: Original 4/20/2022 11:11:26 AM	Holder: Janet Toro ToroJ@SacCounty.net	Location: DocuSign
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Sacramento County	Location: DocuSign

Signer Events

Julie Short
ShortJ@saccounty.gov
Security Level: Email, Account Authentication (None)

Signature



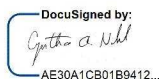
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Using IP Address: 208.79.246.66

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Viewed: 4/20/2022 11:19:04 AM
Signed: 4/20/2022 11:21:30 AM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Cindy Nichol
NicholC@saccounty.gov
Security Level: Email, Account Authentication (None)

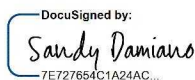


Signature Adoption: Uploaded Signature Image
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Using IP Address: 208.79.246.64

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Viewed: 4/20/2022 11:26:14 AM
Signed: 4/20/2022 12:10:35 PM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Sandy Damiano
DamianoSa@saccounty.net
Deputy Director
Security Level: Email, Account Authentication (None)



Signature Adoption: Pre-selected Style
Signed by link sent to DamianoSa@saccounty.net
Using IP Address: 208.79.244.69

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Signed: 4/21/2022 5:19:19 PM

Electronic Record and Signature Disclosure:
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ID: cb3006fb-471b-407a-9634-c19d58505d99

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	4/20/2022 11:17:30 AM
Certified Delivered	Security Checked	4/21/2022 5:19:09 PM
Signing Complete	Security Checked	4/21/2022 5:19:19 PM
Completed	Security Checked	4/21/2022 5:19:19 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Sacramento County (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Sacramento County:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: dtech-webteam@saccounty.net

To advise Sacramento County of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at dtech-webteam@saccounty.net and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to dtech-webteam@saccounty.net and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Sacramento County

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to dtech-webteam@saccounty.net and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum

Enabled Security Settings:	Allow per session cookies
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** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Sacramento County as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Sacramento County during the course of my relationship with you.