

THE STATE OF TEXAS
 COUNTY OF FORT BEND

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KNOW ALL MEN BY THESE PRESENTS

**COOPERATION AGREEMENT BETWEEN FIRST RESPONDER
 ORGANIZATIONS PROVIDING BASIC LIFE SUPPORT AND
 FORT BEND COUNTY EMERGENCY MEDICAL SERVICE**

WHEREAS, the FRESNO VOLUNTEER FIRE DEPARTMENT (hereinafter **FIRE DEPARTMENT**) is recognized as an official EMS First Responder for **FORT BEND COUNTY EMERGENCY MEDICAL SERVICE** (hereinafter **FORT BEND COUNTY EMS**);

WHEREAS, FORT BEND COUNTY EMS is a licensed provider providing Mobile Intensive Care Unit ("MICU") coverage twenty-four (24) hours each day to all areas within Fort Bend County, Texas;

WHEREAS, the FIRE DEPARTMENT is one of numerous different First Responder organizations augmenting the local EMS system;

NOW, THEREFORE, in consideration of the foregoing and further consideration of the mutual promises, covenants and conditions herein, **FORT BEND COUNTY EMS** and **CITY OF FRESNO** hereby agree as follows:

I.

SERVICES PROVIDED

1.01 It is hereby agreed and understood that **FIRE DEPARTMENT** shall be utilized as a First Responder and dispatched to calls following current dispatch protocol and procedures and equipment, as determined by **FORT BEND COUNTY EMS** in conjunction with **FIRE DEPARTMENT**.

1.02 **FIRE DEPARTMENT** will be providing as a minimum, basic life support (BLS) and semi-automatic external defibrillator services to resuscitate and/or stabilize the patient(s) until the arrival **FORT BEND COUNTY EMS**.

1.03 **FIRE DEPARTMENT** personnel shall follow the Standing Delegated Orders and protocols approved by the **FORT BEND COUNTY EMS** Medical Director.

1.04 Basic life support (BLS) functions include, but are not limited to the following: Patient assessment, CPR with S.A.D. Standing Orders, basic airway management, oxygen administration to include continuous positive airway pressure or CPAP, bandaging, splinting, spinal immobilization, and administration of approved medications, etc.

II.

PROVISIONS

In accordance with Emergency Medical Service Rules, Texas Administrative Codes, Title 25, Part I, Chapter 157.14, **FIRE DEPARTMENT** agrees to the following:

2.01 **FIRE DEPARTMENT** personnel providing patient care must be certified or licensed, in an active status, by the Texas Department of Health as an Emergency Care Attendant, Emergency Medical Technician – Basic, Emergency Medical Technician – Advanced, Emergency Medical Technician – Paramedic, or Licensed Paramedic.

2.02 FIRE DEPARTMENT personnel will provide patient care following Standing Delegation Orders (protocols) and equipment as approved by the **FORT BEND COUNTY EMS** Medical Director in accordance with their accepted scope of practice.

2.03 FIRE DEPARTMENT will respond 24 hours per day, seven days a week.

2.04 FIRE DEPARTMENT personnel must be identified on the scene by at least the following: name of service, name of individual, and level of EMS certification or licensure.

2.05 FIRE DEPARTMENT will provide all necessary equipment and supplies needed to provide patient care in accordance with the protocols. Disposable or interchangeable supplies may be replaced by **FORT BEND COUNTY EMS** per current county policy. No delay in patient care will occur for the exchange of supplies.

2.06 FIRE DEPARTMENT will respond to calls for assistance Code-3, or emergency traffic following standard dispatch procedures. The EMS Communication Center may dispatch units in a non-emergency mode and this procedure will be followed. **FIRE DEPARTMENT** personnel may downgrade a responding ambulance unit not on location to a non-emergency mode if the patient's condition does not warrant an emergency response. **FIRE DEPARTMENT** personnel may cancel an ambulance en route to a scene if no emergency exists on scene and no patients are located.

2.07 Unless authorized by the Medical Director of **FORT BEND COUNTY EMS**, **FIRE DEPARTMENT** personnel will not provide advanced life support procedures or carry advanced life support equipment beyond items required by the **FORT BEND COUNTY EMS** First Responder Protocols (i.e., Semi-Automatic External Defibrillator).

2.08 A First Responder Patient Care Report (written run record) shall be available to **FORT BEND COUNTY EMS** upon request. The Medical Director of **FORT BEND COUNTY EMS** will approve the Patient Care Report. **FIRE DEPARTMENT** will insure that report forms are available on every scene, and properly completed for every patient, including refusal of service. A copy of the completed patient care report will be provided to **FORT BEND COUNTY EMS** within five (5) days of the request. **FIRE DEPARTMENT** will maintain copies of all patient care reports.

2.09 Except as otherwise provided by law, **FIRE DEPARTMENT** and personnel will be responsible for maintaining verbal and written patient confidentiality.

2.10 FORT BEND COUNTY EMS may assist **FIRE DEPARTMENT** in developing an EMS Quality Improvement program for its personnel. **FIRE DEPARTMENT** personnel will be held to the same high standards of professional ethics, behavior, demeanor, and patient care as provided by **FORT BEND COUNTY EMS** personnel.

2.11 FORT BEND COUNTY EMS paramedic personnel will assume complete control of patient care upon arrival at the scene and proper transfer of care including a verbal report of assessment findings and treatment rendered. **FIRE DEPARTMENT** personnel will remain on the scene and assist the paramedic with patient care procedures until relieved. **FIRE DEPARTMENT** personnel will not provide any procedure that is beyond their level of EMS certification or licensure, and will not perform any procedure not authorized by the EMS Medical Director of the First Responder Protocols.

2.12 FIRE DEPARTMENT personnel may be requested to assist the paramedic in the ambulance en route to the hospital. This request will be honored so long as the **FIRE DEPARTMENT's** response territory remains with adequate coverage.

2.13 Fort Bend County and **FORT BEND COUNTY EMS** will not be responsible for patient care rendered, training accidents, injuries, disease exposure or any liability involving **FIRE DEPARTMENT** personnel, equipment, supplies, or vehicles.

III.
INDEPENDENT CONTRACTOR

3.01 In the performance of work or services hereunder, **FIRE DEPARTMENT** is deemed an independent contractor, and any of its agents, employees, officers or volunteers performing work required hereunder shall be deemed solely as employees of **FIRE DEPARTMENT** or, where permitted, of its subcontractors. **FIRE DEPARTMENT** shall assume sole and exclusive responsibility for the payment of wages to employees for services performed under this agreement. **FIRE DEPARTMENT** shall, with respect to said employees, be responsible for withholding federal, state, and local income taxes, paying social security taxes, unemployment insurance, and maintaining worker's compensation coverage in an amount and under such terms as required by the State of Texas Labor Code.

3.02 **FIRE DEPARTMENT** and its agents, employees, officers or volunteers shall not, by performing work pursuant to this agreement, be deemed to be employees, agents or servants of Fort Bend County and shall not be entitled to any of the privileges or benefits of Fort Bend County employment.

IV.
LIABILITY INSURANCE

4.01 Commercial General Liability: **FIRE DEPARTMENT** agrees to maintain General Liability Coverage with limits of not less than \$1,000,000 per occurrence, \$2,000,000 in aggregate.

4.02 Automobile Liability: **FIRE DEPARTMENT** agrees to maintain Automobile Liability Insurance that provides coverage for owned, hired, and non-owned automobiles. Liability limits shall be greater than or equal to \$1,000,000 combined single limit per accident for bodily injury and property damage.

4.03 Workers' Compensation and Employer's Liability: **FIRE DEPARTMENT** agrees to maintain Workers' Compensation Insurance with statutory limits as required by the State of Texas and Employer's Liability limits of \$500,000 per accident.

4.04 Medical Professional Liability: **FIRE DEPARTMENT** agrees to maintain Medical Professional Liability Insurance with limits not less than \$1,000,000 each claim/annual aggregate.

4.05 Fort Bend County, its elected and appointed officials, employees and agents shall be named as additional insureds to required coverage except for Workers' Compensation. All coverage specified shall remain in effect during the term of this Agreement. No cancellation of or changes to the certificates, or the policies, may be made without sixty (60) days prior, written notification to Fort Bend County. Any termination of coverage shall result in immediate termination of this agreement. Policies shall provide waiver of subrogation in favor of Fort Bend County.

4.06 COVERAGES SHALL BE WITH A COMPANY (WITH AT LEAST AN A- BEST RATING) ACCEPTABLE TO THE FORT BEND COUNTY RISK MANAGEMENT DEPARTMENT AND A COPY OF THE POLICY OR CERTIFICATE OF COVERAGE

SHALL BE DELIVERED TO FORT BEND COUNTY ON OR BEFORE THE DATE OF THIS AGREEMENT.

**V.
TERM**

5.01 The term of this Agreement shall be effective from the date executed by the last party hereto until **September 30, 2019, with automatic one-year renewals** unless terminated earlier by either party by giving at least ten (10) days written notice to the other party.

5.02 The indemnification provision of Section VI shall survive the termination of this Agreement.

**VI.
MISCELLANEOUS**

6.01 This agreement shall be construed under and in accordance with the laws of the State of Texas, and all obligations of the parties created hereunder are performable in Fort Bend County, Texas.

6.02 Any amendments to this agreement shall be of no effect unless in writing and signed by both parties hereto.

6.03 Neither party may assign any rights nor obligations under this agreement without the prior written consent of the other party to the agreement.

6.04 In the event of one or more of the provisions contained in this agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, such invalidity, illegality, or unenforceability shall not affect any other provision hereof and this agreement shall be construed as if such invalid, illegal, or unenforceable provision had never been contained herein.

6.05 The waiver by either party of a breach of any provision of this agreement shall not operate as or be construed as a waiver of any subsequent breach.

6.06 Indemnification: **FIRE DEPARTMENT** agrees, to the extent allowed by law, to indemnify and hold **FORT BEND COUNTY** and **FORT BEND COUNTY EMS** harmless with respect to any claim, demand or suit arising out of **FIRE DEPARTMENT's** activities under this Agreement.

**VII.
NOTICES**

7.01 Notices, correspondence, and all other communications shall be addressed to Fort Bend County and submitted to the following representative:

To **COUNTY:**

Fort Bend County
Attn: Fort Bend County Judge
401 Jackson Street, 1st Floor
Richmond, Texas 77469

With copy to **FORT BEND COUNTY EMS**

Fort Bend County EMS
Attn: EMS Chief
4332 Highway 36 South
Rosenberg, Texas 77471

To FIRE DEPARTMENT:

FRESNO VOLUNTEER FIRE DEPARTMENT
Attention: Fire Chief
P.O. Box 185
Fresno, Texas 77545

7.02 It is further agreed and understood the Fort Bend County and Fort Bend County Emergency Medical Service will have full authority and discretion to implement and enforce this agreement.

IN WITNESS WHEREOF, the parties have executed this agreement on the dates indicated below:

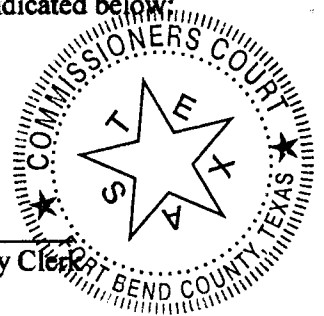
FORT BEND COUNTY:

Kelley George
KP George, Fort Bend County Judge

Date: 4.23.2019

Attest:

Laura Richard
Laura Richard, Fort Bend County Clerk



Reviewed:

M. desVignes-Kendrick
M. desVignes-Kendrick, MD, MPH, FAAP
Fort Bend County Health and Human Services Director

FRESNO VOLUNTEER FIRE DEPARTMENT:

By: Tom W. Henderson

Title: Assistant chief

Date: 3-28-2019

Tom W. Henderson

Attest: Calvin Payne
Calvin Payne
Witness

I/Agreements/2019/EMS/FRO/Fresno (LSL 1.14.19)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Fresno Volunteer Fire Department
 FRESNO, TX United States

Certificate Number:
 2019-493406

Date Filed:
 05/20/2019

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Fort Bend County EMS, Texas

Date Acknowledged:
 05/21/2019

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
 EMS FRO Agreement
 First Responders

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Fort Bend County EMS	Richmond, TX United States		X

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)