

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

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Meeting Date: December 7, 2021 [] Consent [] Regular
[] Ordinance [X] Public Hearing

Department: Department of Public Safety
Submitted By: Department of Public Safety
Submitted For: Division of Emergency Management
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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: the issuance of two (2) Special Secondary Service Certificates of Public Convenience and Necessity (COPCN) to Universal Protection Service, LLC for the gated communities of St. Andrews Country Club and Hunters Run Country Club.

Summary: Universal Protection Service, LLC has applied to provide Advanced Life Support (ALS) first response, non-transport services for St. Andrews Country Club and Hunters Run Country Club. The Department of Public Safety, Division of Emergency Management (DEM) has reviewed the applications and recommends approval of two (2) Special Secondary Service ALS Provider - Non-Transport COPCNs to be issued to Universal Protection Service, LLC. The applications were found to be in compliance and met the requirements based on the PBC Code of Ordinances, Chapter 13, Sections 13-22. The COPCNs will be issued for operations restricted to the confines of St. Andrews Country Club and Hunters Run Country Club for the period of December 7, 2021, until Universal Protection Service, LLC contractual agreement with St. Andrews Country Club and Hunters Run Country Club is terminated. Palm Beach County Fire Rescue is the Primary COPCN holder for St. Andrews Country Club and Boynton Beach Fire Rescue is the Primary COPCN holder for Hunters Run Country Club. Both Primary Providers have signed a Memorandum of Understanding with Universal Protection Service, LLC to provide such services in their respective zone. The Emergency Medical Services (EMS) Advisory Council has also approved the recommendation to grant Universal Protection Service, LLC two (2) Special Secondary Service ALS Provider - Non-Transport COPCN. Districts 4 and 5 (SB)

Background and Policy Issue: Security agencies for private communities provide rapid response to medical emergencies and have the capability to provide advanced life support services until the primary ALS agency arrives. The PBC Code of Ordinances, Chapter 13, Sections 13-20, requires each private security agency providing ALS service to obtain a County "Special Secondary Service ALS Provider - Non-Transport" COPCN. Universal Protection Service, LLC currently provides security and ALS first response, non-transport services to six (6) other gated communities in Palm Beach County.

Attachments:

- 1. Summary Reports of COPCN Applications
2. COPCN Application
3. COPCN (2 originals)
4. Proof of Publication

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Recommended By: [Signature] 11/17/21
Department Director Date
Approved By: [Signature] 12/2/2021
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2022</u>	<u>2023</u>	<u>2024</u>	<u>2025</u>	<u>2026</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	(\$1,000)	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
Net Fiscal Impact	<u>(\$1,000)*</u>	<u>_____*</u>	<u>_____*</u>	<u>_____*</u>	<u>_____*</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included In Current Budget? Yes _____ No X
 Does this item include the use of federal funds? Yes _____ No X

Budget Account Exp No: Fund ___ Dept ___ Unit ___ Object ___
 Rev No: Fund 0001 Dept 660 Unit 7110 RevSc 2900/4295

B. Recommended Sources of Funds/Summary of Fiscal Impact:

*A one-time application fee of \$500 per COPCN application was collected. Permit fee of \$150 per unit/vehicle inspected will be charged annually. Fiscal impact will depend on number of vehicles. Contractual agreement active until terminated.

Departmental Fiscal Review: *[Signature]* 10/2/21

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

[Signature] 11/18/21
 BR 1119 OFMB 1118-21

[Signature] 12/2/21
 Contract Administration
 12-1-21

B. Legal Sufficiency:

[Signature] 12/2/21
 Assistant County Attorney

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Special Secondary COPCN Summary Report

Community: Hunters Run Country Club

Agency Information

Corporate Name: Allied Universal Security Services

Name of Agency: Universal Protection Service, LLC

Mailing Address: 1645 Palm Beach Lakes Blvd. Suite 600, West Palm Beach, FL 33401

Base Station Address: 1645 Palm Beach Lakes Blvd. Suite 600, West Palm Beach, FL 33401

Phone#: 561-517-7990

Agency Public Sector [] Private Sector []

Chief's/ Manager's/ Owner's Name: EMS Chief Alessandro Frittitta

Medical Director's Name: Dr. John Halpern, D.O.

Medical Director's Business Address: 1645 Palm Beach Lakes Blvd. #600, West Palm Beach, FL 33401

Medical Director's Medical License #: OS 6052 Exp. Date: 3/31/22



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Special Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
<p>1) Describe the need and area(s) for the proposed service to be covered by your agency. You must submit copies of any municipal resolution(s), contractual agreements, and Community Association contracts allowing your agency to provide medical response services to any municipality or community.</p>	<p>Universal provided an agreement between G4S and Hunters Run that was effective 11/19/18. The agreement is in effect until either party gives the other party written notice. On 5/14/21 Universal purchased G4S and will be taking over the last two communities G4S has in Palm Beach County which included Hunters Run Country Club.</p>	<p>Yes</p>
<p>(2) The affected Community Association must submit a letter of request prepared and signed by an authorized representative indicating the dates of service coinciding with the effective date and the expiration date of the contract between the Community Association and the applicant. The expiration date may be amended upon renewal of the contract by submitting an updated letter of request to the administrator. The Community Association shall notify the administrator of early termination or an extension of the contract.</p>	<p>Hunters Run Country Club provided a letter from Jack Gorny, President of Hunters Run County Club POA, Inc. stating they intend to continue paramedic services with Universal to provide security and ALS non-transport special secondary medical services to their community due to the acquisition of G4S.</p>	<p>Yes</p>
<p>(3) A memorandum of understanding that is executed between the applicant and the Primary COPCN Holder.</p>	<p>Universal provided a memorandum of understanding (MOU) between Universal Protection Service, LLC and the Primary Certificate of Public Convenience and Necessity (COPCN) holder – Boynton Beach Fire Rescue (BBFR), it was approved and signed on May 12, 2021.</p>	<p>Yes</p>
<p>(4) Medical Protocols approved by the Primary COPCN Holder's Medical Director for the applicable Area.</p>	<p>Medical Protocols have been approved by the applicant's Medical Director, Dr. John Halpern and the Primary COPCN holder's Medical Director Dr. Ken Schepke has signed his approval.</p>	<p>Yes</p>



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Special Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
<p>(5) Copy of current State Emergency Medical Services (EMS) license(s) and/or current COPCN, if any.</p>	<p>Universal provided their current State of Florida ALS service license which has an expiration date of May 15, 2022.</p>	<p>Yes</p>
<p>(6) Copy of profile sheet(s) relating to current Florida State license(s), if any, or the equivalent information sheet listing all of the agency's vehicles, if any. In order to maintain an acceptable level of service response time, all applicants must have a sufficient number of ALS vehicles available for the response which number will vary based on the area of assignment. In no event shall any COPCN holder have less than one ALS unit and one ALS vehicle fully staffed, operationally available, and in series at all times ready for simultaneous response to calls. The COPCN holder must also have one ALS spare unit fully equipped in the event that their primary ALS unit is not in service. It is the intent of this provision that each COPCN holder is responsible to have sufficient ALS units on hand as necessary to demonstrate the ability to ensure continuity of operations.</p>	<p>Universal has provided a State profile sheet of their ALS vehicles and will be using the vehicle that was owned by G4S for this community.</p>	<p>Yes</p>
<p>(7) Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.020, Florida Administrative Code ("F.A.C."). The applicant must have at least one (1) supervisory or higher level employee who possesses a minimum of three (3) years of experience in pre-hospital ALS Services.</p>	<p>Universal provided their roster which includes 42 paramedics. All paramedics meet the requirements of certification and training referenced in 64J-1.020 F.A.C. A letter was provided stating Universal has at least one (1) supervisory or higher level employee who possesses a minimum of three (3) years of experience in pre-hospital ALS Services.</p>	<p>Yes</p>



**Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Special Secondary COPCN Summary Report**

Requirement	Verification	Met Requirements
<p>(8) Insurance verification. A copy of an insurance policy, a self-insurance policy, or a Certificate of Insurance is acceptable, so long as the agency meets the minimum insurance limits as required by Section 64J-1.014(a), F.A.C. There must be a 30-day cancellation notice and Palm Beach County shall be shown as the certificate holder with a mailing address of 301 N. Olive Ave, West Palm Beach, FL 33401.</p>	<p>Universal’s Certificate of Liability Insurance meets the minimum requirements set forth by Section 64J-1.002 F.A.C. and Palm Beach County (PBC) is shown as the certificate holder. The expiration date of the certificate of insurance is January 1, 2022.</p>	<p>Yes</p>
<p>(9) The Medical Director must be a Florida licensed physician. Provide a copy of a fully executed contract or agreement. Include copies of the current DEA and Florida Physician’s License. Must meet requirements of 64J-1.004, F.A.C.</p>	<p>Universal has provided a current contract with their Medical Director, Dr. John Halpern. The contract commences on January 1, 2021, through December 31, 2021. Dr. John Halpern’s Medical Director License is current until March 31, 2022, and his Drug Enforcement Administration (DEA) certificate is valid until October 31, 2021.</p>	<p>Yes</p>
<p>(10) A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols.</p>	<p>Universal’s Medical Director Dr. John Halpern has provided a signed letter that states as the Medical Director, all pre-hospital evaluation and treatment protocols will be subject to the local EMS Standards currently in place.</p>	<p>Yes</p>
<p>(11) A letter from your Medical Director stating your agency has adopted the countywide approved Trauma Transport Protocols, as approved by the Palm Beach County EMS Council.</p>	<p>Universal’s Medical Director Dr. John Halpern has provided a signed letter that states Universal does not transport patients from the scene of an incident.</p>	<p>N/A</p>
<p>(12) The financial information of the applicant to ensure financial ability to provide and continue to provide service to the area. Such financial information shall include copies of the applicant’s past two (2) Medicare audits if any. Privately held entities must provide copies of the</p>	<p>Universal provided 3 years of audited Financials. Verified by PBC Public Safety Finance Director.</p> <p>No Medicare audits.</p>	<p>Yes</p>



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Special Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
<p>past three (3) years of audited financial statements of the company and its parent company or holding company if any. Government entities must provide the past three (3) years Comprehensive Annual Financial Reports via hard copy, or electronically. For purposes of this application, a parent company or holding company shall mean any person, corporation, or company holding, owning, or in control of more than ten (10) percent stock or financial interest of another person, corporation, or company.</p>		
<p>(13) Copy of proposed rate structure, if any.</p>	<p>No fees will be assessed to any patients of Hunters Run Country Club.</p>	<p>Yes</p>
<p>(14) Except for current COPCN holders, a summary history of applicant's emergency services performance record, which provides proof that at the time of application, the applicant has demonstrated experience providing ALS or BLS services. Experience providing ALS or BLS services must include experience providing the full continuum of patient care from call initiation, during patient transport, and through to final patient transfer to hospital or other final destination. This is not a personal reference for the agency but how the agency had provided ALS or BLS services in the past.</p> <p>Applicants for Special Secondary Service Provider COPCNs who meet the staff experience requirement set forth herein, but that do not have a summary</p>	<p>Universal has been an ALS non-transport special secondary service provider in PBC for the past 25 years. Currently have special secondary service provider COPCNs in PBC with The Polo Club of Boca Raton, Delaire Country Club, Frenchman's Creek, Mirasol Country Club, Wycliffe Country Club and BallenIsles.</p>	<p>Yes</p>



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Special Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
<p>history of performance providing ALS Services, are eligible for a conditional COPCN.</p>		
<p>(15) Proof of satisfactory completion of all federal, state, and/or local agency vehicle and staff inspections for the last six (6) years including copies of all deficiency reports. Current COPCN holders need not provide vehicle and staff inspections performed by the Palm Beach County Office of EMS (except deficiencies reports).</p>	<p>Universal has passed all County inspections and was last inspected by the State inspector on May 24, 2017, and received a letter of compliance. The ALS vehicle which will be used for the St. Andrews Country Club community will be inspected once the COPCN is issued.</p>	<p>Yes</p>
<p>(16) Records substantiating the implementation of a formal quality assurance system consistent with Florida Statute Section 401.265 and Rule 64J-1.004(3b), Florida Administrative Code, as may be amended.</p>	<p>Universal has provided documentation showing they have a formal quality assurance system in place.</p>	<p>Yes</p>
<p>(17) A memorandum of understanding for radio communications that is executed between the applicant and Palm Beach County. (PBC Facilities Development and Operations Dept.)</p>	<p>Universal is a current PBC COPCN holder with a current PBC Radio Communications MOU for six (6) other communities. A second radio agreement does not need to be obtained for another community.</p>	<p>Yes</p>
<p>(18) The applicant must provide a certified letter from the COPCN Holder's Chief Executive Operating Officer or Fire Chief that the applicant has met all applicable federal, state, and local requirements pertaining to the delivery of EMS.</p>	<p>Robert Chambers, Vice President for Universal Protection Service, LLC., provided a letter stating that Universal Protection Service, LLC has met all the requirements of the PBC EMS Ordinance as codified in the PBC Code of Laws and Ordinances as well as the requirements of the operation of emergency service as provided for in F.S., Chapter 401, Part III, and Chapter 64J, Florida Administrative Code.</p>	<p>Yes</p>



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Special Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
(19) A non-refundable application fee in the amount of five hundred dollars (\$500.00) made payable to: "Palm Beach County Board of County Commissioners.	Universal provided a check for \$500.00 Check# 14027728	Yes

Staff Recommendations

The Department of Public Safety, Division of Emergency Management (DEM) has reviewed Universal Protection Service, LLC's application and recommends approval of a Special Secondary Service ALS Provider - Non-Transport COPCN for Hunters Run Country Club.



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Special Secondary COPCN Summary Report

Community: St. Andrews Country Club

Agency Information

Corporate Name: Allied Universal Security Services

Name of Agency: Universal Protection Service, LLC

Mailing Address: 1645 Palm Beach Lakes Blvd. Suite 600, West Palm Beach, FL 33401

Base Station Address: 1645 Palm Beach Lakes Blvd. Suite 600, West Palm Beach, FL 33401

Phone#: 561-517-7990

Agency Public Sector [] Private Sector []

Chief's/ Manager's/ Owner's Name: EMS Chief Alessandro Frittitta

Medical Director's Name: Dr. John Halpern, D.O.

Medical Director's Business Address: 1645 Palm Beach Lakes Blvd. #600, West Palm Beach, FL 33401

Medical Director's Medical License #: OS 6052 Exp. Date: 3/31/22



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Special Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
<p>1) Describe the need and area(s) for the proposed service to be covered by your agency. You must submit copies of any municipal resolution(s), contractual agreements, and Community Association contracts allowing your agency to provide medical response services to any municipality or community.</p>	<p>Universal provided an agreement between G4S and St. Andrews Country Club that was effective 3/15/19. The agreement is in effect for an initial term of five years with automatic renewal for additional periods of one year. On 5/14/21 Universal purchased G4S and will be taking over the last two communities G4S has in Palm Beach County which included St. Andrews Country Club.</p>	Yes
<p>(2) The affected Community Association must submit a letter of request prepared and signed by an authorized representative indicating the dates of service coinciding with the effective date and the expiration date of the contract between the Community Association and the applicant. The expiration date may be amended upon renewal of the contract by submitting an updated letter of request to the administrator. The Community Association shall notify the administrator of early termination or an extension of the contract.</p>	<p>St. Andrews Country Club provided a letter from Jon Vogel, President of St. Andrews Country Club POA, Inc. stating they intend to continue paramedic services with Universal to provide security and ALS non-transport special secondary medical services to their community due to the acquisition of G4S.</p>	Yes
<p>(3) A memorandum of understanding that is executed between the applicant and the Primary COPCN Holder.</p>	<p>Universal provided a memorandum of understanding (MOU) between Universal Protection Service, LLC and the Primary Certificate of Public Convenience and Necessity (COPCN) holder – Palm Beach County Fire Rescue (PBCFR), it was approved and signed on June 8, 2021.</p>	Yes
<p>(4) Medical Protocols approved by the Primary COPCN Holder's Medical Director for the applicable Area.</p>	<p>Medical Protocols have been approved by the applicant's Medical Director, Dr. John Halpern and the Primary COPCN holder's Medical Director Dr. Ken Schepcke has signed his approval.</p>	Yes



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Special Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
<p>(5) Copy of current State Emergency Medical Services (EMS) license(s) and/or current COPCN, if any.</p>	<p>Universal provided their current State of Florida ALS service license which has an expiration date of May 15, 2022.</p>	<p>Yes</p>
<p>(6) Copy of profile sheet(s) relating to current Florida State license(s), if any, or the equivalent information sheet listing all of the agency's vehicles, if any. In order to maintain an acceptable level of service response time, all applicants must have a sufficient number of ALS vehicles available for the response which number will vary based on the area of assignment. In no event shall any COPCN holder have less than one ALS unit and one ALS vehicle fully staffed, operationally available, and in series at all times ready for simultaneous response to calls. The COPCN holder must also have one ALS spare unit fully equipped in the event that their primary ALS unit is not in service. It is the intent of this provision that each COPCN holder is responsible to have sufficient ALS units on hand as necessary to demonstrate the ability to ensure continuity of operations.</p>	<p>Universal has provided a State profile sheet of their ALS vehicles and will be using the vehicle that was owned by G45 for this community.</p>	<p>Yes</p>
<p>(7) Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.020, Florida Administrative Code ("F.A.C."). The applicant must have at least one (1) supervisory or higher level employee who possesses a minimum of three (3) years of experience in pre-hospital ALS Services.</p>	<p>Universal provided their roster which includes 42 paramedics. All paramedics meet the requirements of certification and training referenced in 64J-1.020 F.A.C. A letter was provided stating Universal has at least one (1) supervisory or higher level employee who possesses a minimum of three (3) years of experience in pre-hospital ALS Services.</p>	<p>Yes</p>



**Palm Beach County
 Department of Public Safety
 Office of Emergency Medical Services
 Special Secondary COPCN Summary Report**

Requirement	Verification	Met Requirements
<p>(8) Insurance verification. A copy of an insurance policy, a self-insurance policy, or a Certificate of Insurance is acceptable, so long as the agency meets the minimum insurance limits as required by Section 64J-1.014(a), F.A.C. There must be a 30-day cancellation notice and Palm Beach County shall be shown as the certificate holder with a mailing address of 301 N. Olive Ave, West Palm Beach, FL 33401.</p>	<p>Universal’s Certificate of Liability Insurance meets the minimum requirements set forth by Section 64J-1.002 F.A.C. and Palm Beach County (PBC) is shown as the certificate holder. The expiration date of the certificate of insurance is January 1, 2022.</p>	<p>Yes</p>
<p>(9) The Medical Director must be a Florida licensed physician. Provide a copy of a fully executed contract or agreement. Include copies of the current DEA and Florida Physician’s License. Must meet requirements of 64J-1.004, F.A.C.</p>	<p>Universal has provided a current contract with their Medical Director, Dr. John Halpern. The contract commences on January 1, 2021, through December 31, 2021. Dr. John Halpern’s Medical Director License is current until March 31, 2022, and his Drug Enforcement Administration (DEA) certificate is valid until October 31, 2021.</p>	<p>Yes</p>
<p>(10) A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols.</p>	<p>Universal’s Medical Director Dr. John Halpern has provided a signed letter that states as the Medical Director, all pre-hospital evaluation and treatment protocols will be subject to the local EMS Standards currently in place.</p>	<p>Yes</p>
<p>(11) A letter from your Medical Director stating your agency has adopted the countywide approved Trauma Transport Protocols, as approved by the Palm Beach County EMS Council.</p>	<p>Universal’s Medical Director Dr. John Halpern has provided a signed letter that states Universal does not transport patients from the scene of an incident.</p>	<p>N/A</p>
<p>(12) The financial information of the applicant to ensure financial ability to provide and continue to provide service to the area. Such financial information shall include copies of the applicant’s past two (2) Medicare audits if any. Privately held entities must provide copies of the</p>	<p>Universal provided 3 years of audited Financials. Verified by PBC Public Safety Finance Director.</p> <p>No Medicare audits.</p>	<p>Yes</p>



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Special Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
<p>past three (3) years of audited financial statements of the company and its parent company or holding company if any. Government entities must provide the past three (3) years Comprehensive Annual Financial Reports via hard copy, or electronically. For purposes of this application, a parent company or holding company shall mean any person, corporation, or company holding, owning, or in control of more than ten (10) percent stock or financial interest of another person, corporation, or company.</p>		
<p>(13) Copy of proposed rate structure, if any.</p>	<p>No fees will be assessed to any patients of St. Andrews Country Club.</p>	<p>Yes</p>
<p>(14) Except for current COPCN holders, a summary history of applicant's emergency services performance record, which provides proof that at the time of application, the applicant has demonstrated experience providing ALS or BLS services. Experience providing ALS or BLS services must include experience providing the full continuum of patient care from call initiation, during patient transport, and through to final patient transfer to hospital or other final destination. This is not a personal reference for the agency but how the agency had provided ALS or BLS services in the past.</p> <p>Applicants for Special Secondary Service Provider COPCNs who meet the staff experience requirement set forth herein, but that do not have a summary</p>	<p>Universal has been an ALS non-transport special secondary service provider in PBC for the past 25 years. Currently have special secondary service provider COPCNs in PBC with The Polo Club of Boca Raton, Delaire Country Club, Frenchman's Creek, Mirasol Country Club, Wycliffe Country Club and BallenIsles.</p>	<p>Yes</p>



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Special Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
<p>history of performance providing ALS Services, are eligible for a conditional COPCN.</p>		
<p>(15) Proof of satisfactory completion of all federal, state, and/or local agency vehicle and staff inspections for the last six (6) years including copies of all deficiency reports. Current COPCN holders need not provide vehicle and staff inspections performed by the Palm Beach County Office of EMS (except deficiencies reports).</p>	<p>Universal has passed all County inspections and was last inspected by the State inspector on May 24, 2017, and received a letter of compliance. The ALS vehicle which will be used for the St. Andrews Country Club community will be inspected once the COPCN is issued.</p>	<p>Yes</p>
<p>(16) Records substantiating the implementation of a formal quality assurance system consistent with Florida Statute Section 401.265 and Rule 64J-1.004(3b), Florida Administrative Code, as may be amended.</p>	<p>Universal has provided documentation showing they have a formal quality assurance system in place.</p>	<p>Yes</p>
<p>(17) A memorandum of understanding for radio communications that is executed between the applicant and Palm Beach County. (PBC Facilities Development and Operations Dept.)</p>	<p>Universal is a current PBC COPCN holder with a current PBC Radio Communications MOU for six (6) other communities. A second radio agreement does not need to be obtained for another community.</p>	<p>Yes</p>
<p>(18) The applicant must provide a certified letter from the COPCN Holder's Chief Executive Operating Officer or Fire Chief that the applicant has met all applicable federal, state, and local requirements pertaining to the delivery of EMS.</p>	<p>Robert Chambers, Vice President for Universal Protection Service, LLC provided a letter stating that Universal Protection Service, LLC has met all the requirements of the PBC EMS Ordinance as codified in the PBC Code of Laws and Ordinances as well as the requirements of the operation of emergency service as provided for in F.S., Chapter 401, Part III, and Chapter 64J, Florida Administrative Code.</p>	<p>Yes</p>



Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
Special Secondary COPCN Summary Report

Requirement	Verification	Met Requirements
(19) A non-refundable application fee in the amount of five hundred dollars (\$500.00) made payable to: "Palm Beach County Board of County Commissioners.	Universal provided a check for \$500.00 Check# 14027727	Yes

Staff Recommendations

The Department of Public Safety, Division of Emergency Management (DEM) has reviewed Universal Protection Service, LLC's application and recommends approval of a Special Secondary Service ALS Provider - Non-Transport COPCN for St. Andrews Country Club.



PALM BEACH COUNTY
DEPARTMENT OF PUBLIC SAFETY
OFFICE OF EMERGENCY MEDICAL SERVICES



APPLICATION FOR SPECIAL SECONDARY SERVICE PROVIDER
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
(COPCN)

Section 1: (Check one)

Applying for new Special Secondary Service Provider Certificate of Public Convenience and Necessity (COPCN)

Applying for renewal Special Secondary Service Provider Certificate of Public Convenience and Necessity (COPCN)

Special Secondary Service Provider COPCN term from _____ to _____

SPECIAL SECONDARY SERVICE PROVIDER Provides non-transport initial ALS services pursuant to a contract with a community/business association as indicated on the COPCN until the Primary COPCN Provider arrives. A Special Secondary Service Provider must obtain a COPCN for each such community/business and are issued for a term that terminates automatically upon the termination or expiration of the COPCN holder's contract for service with the community/business association, or upon notice from the community/business association.

Special Secondary Service Provider COPCN experience does not meet the criteria to establish the necessary ALS or BLS experience since patient care is transferred to the Primary Provider, no transportation is provided, and Special Secondary Service Provider's do not provide patient care during transport

Section 2: AGENCY INFORMATION

Name of agency Universal Protection Services LLC

Mailing address 1645 Palm Beach Lakes Blvd Suite 600 WPB, FL 33401

Base station address "

Phone # 561-517-7990

Agency is public sector _____ private sector

Note: The name of the service that is placed on the "Name of agency" line must be identical to the name listed on your COPCN

Chief's / Manager's / Owner's name EMS Chief Alessandro Frattitta.

Medical Director's name DR. John Helpern

Medical Director's business address 1645 Palm Beach Lakes Blvd Suite 600 WPB FL 33401

Medical Director's Medical License# 056052 Exp. Date 3-31-22

If applicant is a private sector agency, provide a list of all owner(s), officers, directors, primary shareholders. Include each person's position/interest, and business address. (Please attach separate list referencing question #7.)

Section 3: ATTACHMENTS REQUIRED

Applicants shall submit the application for COPCN as set forth in the Palm Beach County Code of Laws and Ordinances and satisfy all requirements therein, and in addition, applicants shall also provide satisfactory completion of the following requirements. **Please be sure to include with the Application, as separately numbered Attachments in a three (3) ring binder, the following:**

1. Describe the need and area(s) or zone(s) for the proposed service to be covered by your agency. You must submit copies of any municipal resolution(s), contractual agreements, and Community Association contracts allowing your agency to provide medical response services to any municipality or community.
2. The affected Community Association must submit a letter of request prepared and signed by an authorized representative indicating the dates of service coinciding with the effective date and the expiration date of the contract between the Community Association and the applicant. The expiration date may be amended upon renewal of the contract by submitting an updated letter of request to the administrator. The Community Association shall notify the administrator of an early termination, or of an extension of the contract.
3. A memorandum of understanding that is executed between the applicant and the Primary COPCN Holder.
4. Medical Protocols approved by the Primary COPCN Holder's Medical Director for the applicable Area.
5. Copy of current State Emergency Medical Services (EMS) license(s) and/or current COPCN, if any.
6. Copy of profile sheet(s) relating to current Florida State license(s), if any, or the equivalent information sheet listing all of the agency's vehicles, if any. In order to maintain an acceptable level of service response time, all applicants must have a sufficient number of ALS vehicles available for response which number will vary based on the area of assignment. In no event shall any COPCN holder have less than one ALS unit and one ALS vehicle fully staffed, operationally available, and in series at all times ready for simultaneous response to calls. The COPCN holder must also have one ALS spare unit fully equipped in the event that their primary ALS unit is not in service. It is the intent of this provision that each COPCN holder is responsible to have sufficient ALS units on hand as necessary to demonstrate ability to ensure continuity of operations.

7. Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.020, Florida Administrative Code ("F.A.C."). The applicant must have at least one (1) supervisory or higher level employee who possesses a minimum of three (3) years of experience in pre-hospital ALS Services
8. Insurance verification. A copy of an insurance policy, a self insurance policy, or a Certificate of Insurance is acceptable, so long as the agency meets the minimum insurance limits as required by Section 64J-1.014(a), F.A.C. There must be a 30-day cancellation notice and Palm Beach County shall be shown as the certificate holder with a mailing address of 301 N. Olive Ave, West Palm Beach, FL 33401.
9. The Medical Director must be a Florida licensed physician. Provide a copy of a fully executed contract or agreement. Include copies of current DEA and Florida Physician's License. Must meet requirements of 64J-1.004, F.A.C.
10. A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols.
11. A letter from your Medical Director stating your agency has adopted the countywide approved Trauma Transport Protocols, as approved by the Palm Beach County EMS Council.
12. The financial information of the applicant to ensure financial ability to provide and continue to provide service to the area. Such financial information shall include copies of the applicant's past two (2) Medicare audits if any. Privately held entities must provide copies of the past three (3) years of audited financial statements of the company and its parent company or holding company, if any. Government entities must provide the past three (3) years Comprehensive Annual Financial Reports via hard copy, or electronically. For purposes of this application, a parent company or holding company shall mean any person, corporation or company holding, owning or in control of more than ten (10) percent stock or financial interest of another person, corporation or company.
13. Copy of proposed rate structure, if any.
14. Except for current COPCN holders, a summary history of applicant's emergency services performance record, which provides proof that at the time of application, the applicant has demonstrated experience providing ALS or BLS services. Experience providing ALS or BLS services must include experience providing the full continuum of patient care from call initiation, during patient transport and through to final patient transfer to hospital or other final destination. This is not a personal reference for the agency but how the agency had provided ALS or BLS services in the past.

Applicants for Special Secondary Service Provider COPCNs who meet the staff experience requirement set forth herein, but that do not have a summary history of performance providing ALS Services, are eligible for a conditional COPCN.

The COPCN shall be issued and after six months, the COPCN holder shall deliver a report to the Department with a summary history of the COPCN holder's performance record demonstrating that Applicant successfully provided ALS services during the initial six (6) months of operation and accompanied by a letter from the Primary Provider attesting that the COPCN holder has performed satisfactorily to the knowledge of the Primary Provider. Additionally, the COPCN holder shall provide

records substantiating the implementation of a formal quality assurance system and that at least three (3) formal, quality assurance meetings having taken place during the initial six (6) months of operation. The Primary Provider is required to be invited to participate in the quality assurance meetings.

Upon review of the required documentation, the administrator will determine if the conditions have been satisfied. Special Secondary Service Providers who satisfy the conditions shall be issued a letter acknowledging satisfaction and removal of the conditions of the COPCN. In that event the COPCN shall remain in effect until the contract with the Community Association expires or terminates.

If the administrator determines the conditions have not been satisfied, then the COPCN holder shall be in violation of the EMS Ordinance and the COPCN shall be subject to immediate suspension by the administrator and revocation by the Board of County Commissioners (BCC). The administrator may permit an additional thirty (30) days to satisfy conditions if the Applicant has demonstrated good faith efforts towards satisfaction of the conditions.

Except as expressly modified herein, COPCN holders with conditions are subject to the requirements of the EMS Ordinance and all Rules and Regulations of the BCC and nothing herein shall be construed as a limitation, waiver or relinquishment of any right, remedy, or enforcement power authorized by law, or the EMS Ordinance, or the Rules and Regulations.

15. Proof of satisfactory completion of all federal, state, and/or local agency vehicle and staff inspections for the last six (6) years including copies of all deficiency reports. Current COPCN holders need not provide vehicle and staff inspections performed by the Palm Beach County Office of EMS (except deficiencies reports).
16. Records substantiating the implementation of a formal quality assurance system consistent with Florida Statute Section 401.265 and Rule 64J-1.004(3b), Florida Administrative Code, as may be amended.
17. A memorandum of understanding for radio communications that is executed between the applicant and Palm Beach County. (PBC Facilities Development and Operations Dept.)
18. The applicant must provide a certified letter from the COPCN Holder's Chief Executive Operating Office or Fire Chief that the applicant has met all applicable federal, state and local requirements pertaining to the delivery of EMS.
19. A non-refundable application fee in the amount of five-hundred dollars (\$500.00) made payable to: "Palm Beach County Board of County Commissioners."

SECTION 4: AUTHORIZED SIGNATURE

I, the undersigned representative of the applicant Agency, do hereby attest that said Agency meets all the requirements of Palm Beach County Emergency Medical Services (EMS) Ordinance, as codified in the Palm Beach County Code of Laws and Ordinances, and any accompanying Rules and Regulations of the Department of Public Safety Emergency Medical Services Section, as well as all the requirements for the operation of an emergency service as provided for in F.S., Chapter 401, Part III, and Chapter 64J, Florida Administrative Code.

I, the undersigned representative of the above applicant Agency, further attest that this Agency is in compliance with the State of Florida EMS Communications Plan.

I, the undersigned representative of the applicant Agency, acknowledge that any discrepancies discovered by the PBC EMS staff during the annual mandatory inspections may subject my Agency and its representatives to corrective action and possible penalty as provided for by Florida law and applicable Rule. Further, I understand that an annual vehicle inspection permit-fee of one hundred fifty dollars (\$150.00) per-vehicle shall be paid for any EMS vehicle or ambulance utilized in Palm Beach County.

I, the undersigned authorized representative of the above applicant Agency further acknowledge that, to the best of my knowledge, all statements on this application and the included attachments in support of the application are true and correct.

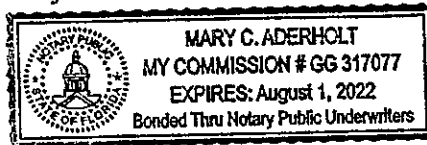
Messandro Fritha
Printed / Typed Name of Agency Representative
[Signature]
Signature
5-7-21
Date

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing Application was acknowledged before me this 7 day of May, 2021, by Messandro Fritha, who is personally known to me or who has produced _____, as identification and who did take an oath.

[Signature]
Signature

Notary Seal:





Universal Protection Service, LLC.

Section 3

1. Describe the need and area(s) or zone(s) for the proposed service to be covered by your agency. You must submit copies of any municipal resolution(s), contractual agreements, and Community Association contracts allowing your agency to provide medical response services to any municipality or community.





Universal Protection Service, LLC.

April 19th, 2020

Universal Protection Service, LLC. has been an ALS non-transport, special secondary service provider non-stop in Palm Beach County for the past 25 years. We currently hold six Palm Beach County COPCN's. **St. Andrews Country Club** located in Palm Beach County in the City of **Boca Raton**, Florida has requested Universal Protection service to provide Emergency Medical Services for their community on a 24-hour basis, due to the acquisition of G4s by Universal Protection Service, LLC.

Attached you will find the MOU between Palm Beach County Fire Rescue and Universal Protection LLC, along with the current Special Secondary COPCN's held by Universal Protection Service, LLC. and the standing Fire-Department MOU's.

Alessandro Frittitta
EMS Deputy Chief



July 9, 2021

To Whom it May Concern,

On May 14th, 2021 Universal Protection Service, LLC. DBA Allied Universal Security purchased G4s in a multibillion-dollar acquisition. Currently G4s has contracts with two paramedic communities, (Hunters Run in Boynton Beach and St. Andrews in Boca Raton). Due to the purchase of G4s, Universal Protection Service, LLC. Is applying to obtain Special Secondary Certificate of Public Convenience and Necessity with the County of Palm Beach. G4s will not be renewing their State of Florida Provider Licensing and Universal Protection Service, LLC will need to obtain a Palm Beach County Special Secondary COPCN for St. Andrews Country Club in Boca Raton, in order to continue paramedic services in the community. Universal Protection Service, LLC currently holds six Special Secondary COPCN's in Palm Beach County.

Alessandro Frittitta
EMS Chief



Security Services Agreement

This Security Services Agreement ("Agreement") is effective as of March 5, 2019 between St. Andrews Country Club Property Owners Association, Inc., a Florida corporation with its principal office located at, 17557 Claridge Oval West, Boca Raton, Florida 33496 ("Customer") and G4S Secure Solutions (USA) Inc., a Florida corporation, with its principal office located at 1395 University Boulevard, Jupiter, Florida 33458 ("G4S").

The parties agree as follow:

1. **SERVICES:** G4S will provide Customer with security services in accordance with the Schedule of Security Services ("Schedule") attached hereto and incorporated herein by reference ("Security Services"). Security personnel will perform Security Services in compliance with written post orders agreed upon by the parties.
2. **OPTIONAL SERVICES:** If Customer requests additional services beyond the Security Services specified above, G4S is available, upon written agreement, to perform additional services at G4S' established national short term rates. G4S is also available to perform disaster (floods, fires, earthquakes, hurricanes and other acts of God) or emergency (acts of the government, riots, strikes, acts of terrorism) services at stipulated disaster or emergency service rates subject to the parties entering into the respective disaster or emergency services agreement.
3. **PERSONNEL:**
 - a. All security personnel are employees of G4S and not of Customer.
 - b. All security personnel will be neatly uniformed and courteous.
 - c. All security personnel will be able to effectively communicate verbally and in writing and will be able to effectively respond to emergencies.
 - d. All security personnel will demonstrate reliable attendance and other identified job skills.
 - e. If Customer, at any time, is dissatisfied for any lawful and non-discriminatory reason with any security personnel assigned to the premises, G4S, upon request by Customer, will replace such security personnel.
 - f. Customer will supply G4S with copies of any workplace policies with which security personnel must comply.
 - g. Customer assumes any and all risk and responsibility in the event Customer takes direct control or supervision of G4S security personnel by requiring the employee to perform contrary to this Agreement.
4. **HIRING:** Customer agrees that it will not employ any security personnel provided by G4S in the performance of this Agreement, for at least six (6) months after said security personnel completed his or her G4S assignment at any Customer site. In the event of Customer's breach of this provision, Customer agrees to reimburse G4S the sum of Two Thousand Five Hundred and No/100 Dollars (\$2,500.00) per person for G4S' recruitment, screening and training costs.
5. **RATES:** Customer agrees to pay G4S at the hourly rates set forth on the attached Schedules, plus all applicable sales, use and/or similar taxes. Rates quoted are based on a forty (40) hour work week. Overtime rates are incurred when security personnel work in excess of forty (40) hours per week or eight (8) hours per day, whichever is applicable pursuant to local labor laws or applicable collective bargaining agreements, or if additional hours are requested by Customer at Customer premises outside the regular schedule and above the scheduled hours. The parties agree that any additional pre-

assignment training requested by Customer will be direct billed at 1.33 times the straight-time pay rate and any additional post-assignment training will be direct billed at 1.4 times the straight-time bill rate. Holiday rates are incurred for hours worked on the legally recognized national holiday for: Thanksgiving, Christmas, New Year's, Memorial Day, Labor Day, Fourth of July and any other holidays agreed between G4S and Customer.

6. **RATE CHANGE:** If a legal mandate (e.g. change in costs mandated by law, including but not limited to licensing fees, Federal Insurance Contribution Act (FICA), Federal Unemployment Tax Act (FUTA), State Unemployment Insurance (SUI), Worker's Compensation, Collective Bargaining Agreements, regulatory costs associated with compliance with the Patient Protection and Affordable Care Act (PPACA), and/or Federal or State minimum wage laws) changes costs, rates shall be adjusted to account for same upon written notice to Customer. In addition, rates may be adjusted each November 1 for any increased costs for medical insurance premiums, participation rates or both. The rates quoted herein will remain in effect for one (1) year from the Effective Date. Once during any twelve (12) month period thereafter, both parties agree to renegotiate in good faith such rate adjustments as necessary to account for changes in contract economics, compensation, scope of work and other such matters.

7. **INVOICES AND PAYMENT:** G4S will invoice Customer on a weekly basis. All invoices are due and payable within thirty (30) days of Customer receipt of invoice. Customer acknowledges and agrees payment in any other form other than check or EFT may result in transaction fees which fees shall be collected by G4S at the time payment is processed. If by check, payments shall be mailed to G4S Secure Solutions (USA) Inc., P.O. Box 277469, Atlanta, Georgia 30384-7469. Customer agrees to pay a late charge of 1.0% per month on any amount not paid within thirty (30) days of the date of invoice receipt. Customer agrees to pay reasonable attorney and all collection agency and other fees and expenses which may be incurred by G4S in the collection of unpaid invoices or any part thereof. G4S shall invoice Customer and collect any applicable tax imposed on all retail sales, leases and rentals of goods, and taxable Security Services, including but not limited to state and local sales taxes and gross receipts tax. If G4S collects any such taxes, G4S will be fully responsible for making all payments, declarations, and filings related to same. Customer indemnifies G4S for said taxes; and acknowledges that if any such taxes are understated or increased resulting from an audit, the Customer shall reimburse G4S upon request. Any questions or concerns regarding an invoice must be submitted in writing to the local G4S business office responsible for the invoice within sixty (60) days. Such inquiries are limited to hours worked, direct bill items, expenses and the specified bill rates charged. Any claims related to charges must be made in compliance herewith or they are waived.

8. **INDEMNITY:** It is understood and agreed between the parties that G4S is not an insurer and that the rate being paid for Security Services is for a security personnel service designed to deter certain risks of loss. Rates are not related to the value of the personal or real property where Security Services are performed. G4S makes no guarantee, implied or otherwise, that no loss will occur or that the Security Services supplied will avert or prevent occurrences or losses. Notwithstanding, G4S is not relieved of its responsibility to provide commercially reasonable best efforts in its performance of this Agreement. G4S shall be liable for any damage to the extent resulting from the negligence or intentional bad act(s) of G4S or its officers or employees, and shall defend, indemnify and hold Customer harmless for said damages including costs and reasonable attorneys' fees. Likewise, Customer agrees to indemnify and hold G4S harmless, including costs and reasonable attorneys' fees, to the extent caused by the negligence or intentional bad acts by Customer, its officers or employees. G4S also agrees to defend, indemnify and hold Customer harmless from and against any claims, demands, actions, suits, causes of action, or losses brought against Customer by G4S' employees or agents, except to the extent of the negligence or intentional bad act(s) of Customer or its employees or agents. IN NO EVENT WILL EITHER PARTY BE LIABLE TO THE OTHER FOR LOSS OF BUSINESS OR PROFITS, PENALTIES, OR SPECIAL OR INDIRECT,

CONSEQUENTIAL, PUNITIVE, EXEMPLARY OR LIQUIDATED DAMAGES. IN NO EVENT SHALL G4S' MAXIMUM, CUMULATIVE LIABILITY TO THE CUSTOMER FOR DAMAGES HEREUNDER EXCEED THE TOTAL AMOUNT OF FEES PAID TO G4S IN THE TWELVE (12) MONTH PERIOD IMMEDIATELY PRECEDING THE EVENT GIVING RISE TO THE DAMAGES; THE FORE-GOING LIMITATION SHALL NOT APPLY TO CLAIMS BROUGHT DIRECTLY AGAINST G4S BY THIRD PARTIES. CUSTOMER SHALL GIVE NOTICE TO G4S OF ANY LOSS, DAMAGE, EXPENSE, CLAIM, LAWSUIT, LIABILITY, FINE OR PENALTY (COLLECTIVELY HEREIN "CLAIM") WITHIN THIRTY (30) DAYS OF THE OCCURRENCE GIVING RISE TO THE CLAIM OR WITHIN TEN (10) DAYS OF RECEIPT OF NOTICE OF THE CLAIM. G4S SHALL NOT BE RESPONSIBLE FOR ANY CLAIM UNLESS THE REQUISITE NOTICE IS GIVEN TIMELY AND PROPERLY.

9. **TAXES:** G4S will pay all wages, state and federal withholding taxes, social security taxes, local occupational taxes, unemployment taxes, and other amounts normally required by an employer arising from G4S' employment of the security personnel assigned to Customer's premises and G4S will indemnify and hold Customer harmless, including costs and reasonable attorney's fees, from and against any or all of these obligations.

10. **INSURANCE:**

- a. G4S has procured, and will maintain in effect throughout the life of this Agreement, workers' compensation insurance in full limits as required by statute and employer's liability insurance with a limit of at least \$1,000,000.00, covering G4S' employees assigned to Premises. If any claim for Workers' Compensation benefits is asserted against Customer by any of said G4S employees or in the event of death by their personal representatives, then, upon timely written notice from Customer, G4S shall undertake to defend Customer against such claim(s) and shall indemnify and hold Customer harmless from and against any such claim(s).
- b. G4S has procured, and will maintain in effect throughout the life of this Agreement, a General Liability policy (covering bodily injury, personal injury and property damage) in the amount of \$5,000,000.00 per occurrence and \$5,000,000.00 general aggregate. G4S agrees to name and maintain Customer as an additional insured on said liability policy. G4S' naming of Customer as an additional insured shall provide coverage to the extent of G4S' liability under the Agreement and shall in no event be construed for any purpose so as to make G4S or the issuer of such policies liable for the negligence (joint, concurrent, independent or individual), acts, errors or omissions of Customer or its employees.
- c. If the Security Services include the use of vehicles by G4S' security personnel, G4S will procure and maintain in effect throughout the life of this Agreement, an Automobile Liability policy in the amount of \$5,000,000.00 combined single limit (each accident).

11. **CONFIDENTIAL INFORMATION:** All processes, documents, data, material, policies, or other information pertaining to Customer's business which is learned by G4S or furnished to G4S shall be maintained by G4S in strict confidence and shall not be used by G4S, except for the direct benefit of Customer, nor disclosed by G4S to any person or entity at any time for any reason unless required by law or to otherwise provide the Security Services pursuant to this Agreement. In furtherance of this provision, G4S agrees to execute such mutually agreed to confidentiality agreements as requested by Customer from time to time.

12. **PROPERTY:** All Customer software, equipment, and other property used by security personnel shall remain the exclusive property of Customer. Likewise, any property furnished by G4S for use by security personnel while assigned at Customer shall remain the exclusive property of G4S. Customer shall be responsible for carrying out its own virus checking procedures on all deliverables in accordance with good computing practice.

13. **TERM:** This Agreement is effective as of the date indicated above and shall continue for an initial term of five (5) years. At the expiration of the initial term, the Agreement shall automatically renew for additional periods of one (1) year unless either Party provides at least sixty (60) day notice of non-renewal. In the event of an alleged material breach of this Agreement, the Party alleging the breach must give the other Party written notice and a thirty (30) day opportunity to cure. If the breach is not cured within that time period, the Parties agree to have a senior member of the leadership team of each Party meet in person to see if the breach can be remedied. If the Parties agree the breach cannot be remedied, the Party alleging breach may terminate this Agreement upon an additional thirty (30) days written notice. Additionally, either Party may immediately terminate this Agreement if the other party has been declared bankrupt, files for bankruptcy protection, make an assignment for the benefit of creditors or is in receivership.

14. **MODIFICATION:** This Agreement may only be modified by mutual written consent of the parties. Customer may request G4S to assign security personnel at additional Customer locations; a Schedule for said location(s) shall be executed by the parties and incorporated by reference into this Agreement.

15. **FORCE MAJEURE:** Neither Party shall be liable for any failure or delay in performance of this Agreement, in whole or in part, where such failure or delay is caused by circumstances beyond that party's reasonable control, including but not limited to acts of God, severe weather, fire, terrorism, vandalism or civil riots, war, civil disturbance, labor activity or strike, court order or any other cause outside that party's exclusive and direct control.

16. **ENTIRE AGREEMENT:** This Agreement, including any Schedules, supersedes all previous agreements, oral or written, between G4S and Customer at any Customer location, and represents the entire Agreement between the parties. No other agreements or representations, oral or written, have been made. Any preprinted terms contained on a Customer purchase order shall be subject to this Agreement and any conflict between this Agreement and any pre-printed terms on commercial forms/paper shall be resolved in favor of this Agreement.

17. **SEVERABILITY:** The provisions of this Agreement are severable and the invalidity or ineffectiveness of any part thereof shall not affect or impair the validity and effectiveness of remaining parts of provisions of this Agreement.

18. **ASSIGNMENT:** Neither Party may assign or delegate its rights or obligations pursuant to this Agreement without the prior written consent of the other. However, no consent is required for an assignment that occurs (a) to an entity in which the transferring party owns more than 50% of the assets, or (b) as part of a transfer of all or substantially all of the assets of the transferring party to any party. Any assignment or delegation in violation of this section shall be void.

19. **NOTICES:** All notices to be given by either Party shall be in writing and shall be sufficiently given or made by (i) delivery in person; (ii) facsimile; (iii) electronic mail; (iv) first class, registered or certified mail, postage prepaid; or (v) overnight courier addressed to the other party at its address set forth herein or at such other address as the other party may have designated by notice given hereunder. Notices so given shall be effective upon (i) receipt by the party to which notice is given, or (ii) on the third (3rd) day following mailing, whichever occurs first.

To G4S: G4S Secure Solutions (USA) Inc.
Attention: Contracts, Legal Dept.
1395 University Boulevard
Jupiter, Florida 33458
Fax: (561) 891-6680
Email: contracts@usa.g4s.com

To Customer: St. Andrews Country Club Property Owners Association, Inc.
Attention: Mrs. Carolyn Feit, Property Manager
17557 Claridge Oval West, Boca Raton, Florida 33496
Fax: 561-482-8240
Email: CFeit@standrewspoa.com

20. **LEGAL COMPLIANCE:** G4S certifies that the Security Services it provides will be performed in compliance with and subject to all state and federal statutes, municipal and local ordinances and the rules and regulations of any governmental agency or department which has jurisdiction over the performance of these Security Services.

21. **DISPUTE RESOLUTION:** In the event of any dispute between the parties, Customer and G4S agree that they will make good faith efforts to resolve their differences, with the assistance of a mediator selected by mutual agreement. Mediation will take place in Jupiter, Florida, unless agreed otherwise. Each party shall bear its own associated expenses, including attorneys' fees, and the parties agree to equally share the mediator's fees and ancillary expenses.

22. **LABOR ORGANIZATIONS:** In the event G4S enters into any collective bargaining agreement covering G4S employees assigned to Customer, it is understood and agreed that G4S shall have sole control and responsibility for and will be sole signatory under and connected with all such labor negotiations, grievances, collective bargaining agreements and related labor matters.

23. **THIRD PARTY BENEFICIARIES:** Security Services provided pursuant to this Agreement are provided to Customer only. No other person or entity is, nor is intended to be, a third party beneficiary.

24. **HAZARDOUS CONDITIONS:** Customer represents and warrants there are no chemical or other hazards that require disclosure to G4S or its employees that have not previously been disclosed to G4S under the OSHA Chemical Hazard Communication Standard 1910.1200. Customer agrees to provide any training offered to its own employees to G4S employees and will provide G4S with copies of any training materials.

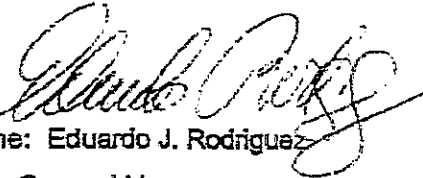
25. **RELATIONSHIP OF THE PARTIES:** The parties to this Agreement are independent contractors and nothing in this Agreement shall be deemed or construed as creating a joint venture, partnership, agency relationship or franchise between G4S and Customer. Neither party, by virtue of this Agreement, will have any right, power nor authority to act or create an obligation, express or implied, on behalf of the other party. Each party assumes responsibility for the actions of their personnel under this Agreement and will be solely responsible for their supervision, daily direction and control, wage rates, withholding

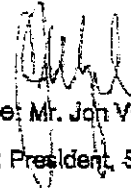
income taxes, disability benefits, or the manner and means through which the work under this Agreement will be accomplished.

25. **GOVERNING LAW:** This Agreement shall be governed by the laws of the State where the majority of the work is performed.

By signing below, the signatory represents and warrants that s/he is duly authorized to execute and deliver this Agreement on behalf of the entity for which s/he is signing and that the Agreement is binding upon the entity.

G4S SECURE SOLUTIONS (USA) INC. St. Andrews Country Club Property Owners Association, Inc.

By: 
Name: Eduardo J. Rodriguez
Title: General Manager
Date: 4-4-19

By: 
Name: Mr. Jon Vogel
Title: President, St. Andrews Country Club POA Inc.
Date:



Schedule of Security Services

Schedule of Security Services to the Security Services Agreement between St. Andrews Country Club Property Owners Association, Inc. and G4S Secure Solutions (USA) Inc. dated effective March 5, 2019

Customer Contact:	St. Andrews Country Club Property Owners Association, Inc.		
Service Location:	17557 Claridge Oval West, Boca Raton, Florida 33496		
Start Date:	March 5, 2019	End Date:	March 5, 2024

Scope of Work:

G4S will provide uniformed security officers at Customer's Service Location as agreed between the parties. G4S personnel will observe and report, while acting as a deterrent to trespassers, vandals and possible criminal activity. G4S personnel will provide other services as stated in mutually agreed upon post orders.

Pricing:

Office Type	NY	DC	CA	FL	TX	IL	VA	GA
Position Assignment	Rate		Daily Rate		Per Hour Rate		Per Hour Rate	
Pre-Assignment/On-Call	None	None	None	None	None	None	None	None
Senior Analyst	None	None	None	None	None	None	None	None
Analyst	None	None	None	None	None	None	None	None
Researcher	None	None	None	None	None	None	None	None
Quality Assurance	None	None	None	None	None	None	None	None
Availability/On-Call	18 hours	18 hours	18 hours	18 hours	18 hours	18 hours	18 hours	18 hours
Hourly Rate / Per Hour	40	42	48	49	40	42	49	49
Pre-Assignment	\$11.25	\$18.00	\$11.00	\$11.00	\$20.00	\$11.00	\$19.40	\$11.25
Senior Analyst	\$11.37	\$18.00	\$11.00	\$11.00	\$11.00	\$16.34	\$11.23	\$11.23
Analyst	\$8.18	\$17.00	\$7.00	\$10.28	\$10.00	\$14.20	\$11.54	\$10.00
Researcher	\$11.71	\$12.00	\$11.00	\$12.00	\$11.00	\$11.50	\$12.00	\$11.00
Quality Assurance	\$11.18	\$11.00	\$11.00	\$11.28	\$10.00	\$10.70	\$11.00	\$11.00
Availability/On-Call	\$11.71	\$18.00	\$11.00	\$11.00	\$10.00	\$13.50	\$11.50	\$11.23
Senior Analyst	\$11.33	\$17.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.23
Analyst	\$11.33	\$17.00	\$10.00	\$10.00	\$10.00	\$11.00	\$11.00	\$11.32
Researcher	\$11.23	\$11.00	\$11.00	\$11.00	\$10.00	\$11.00	\$11.00	\$11.23
Quality Assurance	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00	\$11.00

Note: In accordance with Section 6 of the Agreement, these rates will remain in effect for one year from the start date of services. Once during any twelve (12) month period thereafter, both parties agree to renegotiate in good faith such rate adjustments as necessary to account for changes in contract economics, compensation, scope of work and other such matters.

Background Screening:

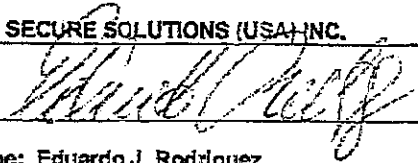
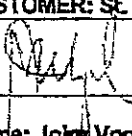
G4S partners with Sterling Talent Solutions, a leading background screening company, to perform background checks and drug screening on its employees. The standard new hire background comprises the following checks:

- Identity Verification: Social Security Number (SSN) Trace Report and I-9 verification through E-Verify
- 7-year activity verification (employment, military, unemployment and education), including resolution of any gaps greater than 90 days.
- Verification of the highest degree completed
- Driver's License Check
- Drug screening (10-panel): for the detection of marijuana, cocaine, amphetamines, opiates, phencyclidine, and methamphetamines.
- Criminal history check for felony and misdemeanor records: Conducted in all jurisdictions where the applicant has resided over the last 10 years as derived by the SSN trace results
- National Criminal Check: check of multi-jurisdictional and national criminal database records covering nationwide sex offender registries, state and local courts, correctional departments, departments of parole and restriction/sanction/exclusion records maintained by U.S. and international legal and regulatory enforcement organizations.

Additionally, Sterling performs ongoing arrest monitoring on 100% of existing G4S officers on a monthly basis.

For the G4S Custom Protection Officers program, a physical examination is conducted by a licensed physician and the Minnesota Multiphasic Personality Inventory (MMPI-2) test is reviewed by clinical psychologists to assess personality traits and psychopathology.

Any changes to hours, scope of work, qualifications, requirements or equipment shall be mutually agreed to in writing by both parties and may necessitate a change in fee structure.

G4S SECURE SOLUTIONS (USA) INC.	CUSTOMER: St. Andrews Country Club POA Inc.
By: 	By: 
Name: Eduardo J. Rodriguez	Name: John Vogel
Title: General Manager	Title: President
Date: 4-8-19	Date:



Universal Protection Service, LLC.

Section 3

2. The affected Community Association must submit a letter of request prepared and signed by an authorized representative indicating the dates of service coinciding with the effective date and the expiration date of the contract between the Community Association and the applicant. The expiration date may be amended upon renewal of the contract by submitting an updated letter of request to the administrator. The Community Association shall notify the administrator of an early termination, or of an extension of the contract.






July 12, 2021

Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
20 South Military Trail
West Palm Beach, FL 33415

To whom it may concern:

Let it be known that St. Andrews Country Club Property Owners Association, Inc. located at 17557 Claridge Oval West Boca Raton, Florida 33496, Intends to continue Paramedic services with Universal Protection Services LLC to provide security and ALS non-transport special secondary medical services to our community due to the acquisition of G4s. We request that Paramedic services continue without interruption during the transition period.

Sincerely



John Vogel

President St. Andrews Country Club POA Inc.



Universal Protection Service, LLC.

Section 3

3. A memorandum of understanding that is executed between the applicant and the Primary COPCN Holder.



**MEMORANDUM OF UNDERSTANDING
BETWEEN PALM BEACH COUNTY FIRE RESCUE AND
UNIVERSAL PROTECTION SERVICE LLC**

This Memorandum of Understanding (hereinafter the "MOU") is hereby entered into on June 8, 2021, between Palm Beach County Fire Rescue (hereinafter referred to as "PBCFR"), whose address is 405 Pike Road, West Palm Beach, Florida 33411, and **Universal Protection Service LLC** hereinafter referred to as "Special Secondary Service Provider"), whose address is **1645 Palm Beach Lakes Blvd., West Palm Beach, FL 33401**, in order to establish dispatch protocols and identify roles and responsibilities of Special Secondary Service Provider personnel at an emergency scene, and to set forth the documentation required for patient care rendered pursuant to F.A.C. 64J-1, as part of Special Secondary Service Provider's service contract with **St. Andrews Country Club**, exclusively within the boundaries of the development known as **St. Andrews Country Club**, (hereinafter referred to as "the Community"), located in **Boca Raton, Florida**. This MOU shall also satisfy the requirements of Section 401.435(2), Florida Statutes, and Section 13-22(b) of the Palm Beach County Code.

Dispatch Protocols:

PBCFR and Special Secondary Service Provider are routinely dispatched and respond to EMS emergencies within the Community utilizing the 9-1-1 emergency telephone access system. In the event that the request for emergency assistance is received by Special Secondary Service Provider, they will immediately notify PBCFR via PBCFR's Dispatch Communication Center (hereinafter referred to as "Dispatch"). All requests for emergency medical assistance received through Special Secondary Service Provider's office will provide confirmation of address, telephone number, and nature of the call to Dispatch. The Community shall discourage its residents from notifying Special Secondary Service Provider before using the 9-1-1 system. The Special Secondary Service Provider shall document any notification for service that deviates from activation of the 9-1-1 service in a quarterly report that will be provided to PBCFR.

All communications between Special Secondary Service Provider and PBCFR will be accomplished via Dispatch. Special Secondary Service Provider shall assure that all its personnel who may receive patient information or other protected health information from PBCFR, including from Dispatch, complete a HIPAA training program provided by, or otherwise approved by, PBCFR.

Special Secondary Service Provider's First Responder Roles and Responsibilities:

If Special Secondary Service Provider personnel are first to arrive at an emergency scene, Special Secondary Service Provider will conduct a scene safety evaluation in order to determine if it is safe to enter. If the scene is deemed unsafe, Special Secondary Service Provider will retreat to a safe location. Special Secondary Service Provider will then request law enforcement and notify all other responding units of the unsafe situation. All units will then stage at a safe location until the scene has been deemed safe to enter by law enforcement.

If the scene is determined to be safe to enter, Special Secondary Service Provider will then begin assessment of the patient. Special Secondary Service Provider will initiate care of any sick or injured persons. All care by the Special Secondary Service Provider will be rendered in accordance with Palm Beach County Fire Rescue Patient Care Protocols. If the patient is unstable or is in critical condition, Special Secondary Service Provider will immediately notify Dispatch to provide a patient status report. Special Secondary Service Provider personnel shall provide a patient care report to PBCFR upon their arrival, and as otherwise requested.

Special Secondary Service Provider will function as an Advanced Life Support (ALS) Service provider by hiring Florida certified EMTs and paramedics equipped with a full complement of ALS medications and medical equipment in accordance with Chapter 401, *Florida Statutes*, and F.A.C. 64J-1. Special Secondary Service Provider will only function as an ALS Service provider within the Community and will not have patient transport responsibilities. However, Special Secondary Service Provider shall maintain and equip all vehicles utilized to provide ALS Services within the Community as if such vehicles were transport vehicles. Patient transport will be conducted by PBCFR or other authorized transport provider. Special Secondary Service Provider shall comply with all requirements of Chapter 401, *Florida Statutes*, F.A.C. Chapter 64J-1, and Chapter 13, Article II, Division 1 (EMS Ordinance) of the Palm Beach County Code, as applicable to ALS Services by Special Secondary Service Provider.

ALS First Responder Qualifications:

All EMTs and paramedics employed by Special Secondary Service Provider for the services contemplated under this MOU shall be certified by the Florida Department of Health, and must satisfy all the professional qualifications and educational requirements set forth in Chapter 401, *Florida Statutes*, and F.A.C. 64J-1. Special Secondary Service Provider shall ensure common medical direction with PBCFR through the participation of Special Secondary Service Provider's Medical Director in the Palm Beach County Medical Director's Association.

Documentation of Patient Care Rendered by First Responder:

Special Secondary Service Provider shall document all patient contact on a patient care report in order to provide timely and accurate patient care information to responding PBCFR units at the scene. At a minimum, each patient contact shall be documented as per F.A.C. Section 64J-1.014(4) which shall provide information pertinent to the patient's identification, assessment, and care provided. Additionally, the names and identification number of all Special Secondary Service Provider personnel on the scene who provided patient care shall be included on the patient care report.

The Special Secondary Service Provider shall provide quarterly reports to PBCFR for Continuous Quality Improvement opportunities by its quality assurance committee. The report will include but not be limited to the following information:

- Date of the incident
- Time of the incident
- Treatment rendered from the Special Secondary Service Provider

Infectious Disease:

Special Secondary Service Provider shall adopt and adhere to an infectious disease protocol that complies with all applicable federal, state, and local laws. Special Secondary Service Provider shall be responsible for providing post exposure care to its own personnel. Special Secondary Service Provider shall notify PBCFR of all actual or suspected exposures involving a patient within the identified service areas. All infectious disease exposure protocol will be adhered to and all paperwork will reflect the names of persons present in order to make notifications in cases that apply.

Authorization:

Special Secondary Service Provider must obtain and maintain a Special Secondary Service Provider Certificate of Public Convenience and Necessity (COPCN) to provide non-transport ALS Services within the Community until PBCFR arrives. This MOU shall take effect upon issuance of Special Secondary Service Provider's Certificate of Public Convenience and Necessity (COPCN), and may be amended from time to time by mutual written agreement of the parties. Upon execution, this MOU will be filed with Palm Beach County, Division of Emergency Management located at 20 South Military Trail, West Palm Beach, Florida 33415.

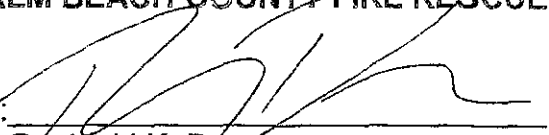
This MOU shall expire upon expiration or termination of Special Secondary Service Provider's COPCN to serve the Community.

This MOU is entered in accordance with Section 13-22(b) of the Palm Beach County Code and Section 401.435(2), Florida Statutes. Notwithstanding anything herein to the contrary, this MOU shall not be construed to create any contractual obligation upon PBCFR or Palm Beach County, nor to provide any contractual rights to Special Secondary Service Provider or to any third party.


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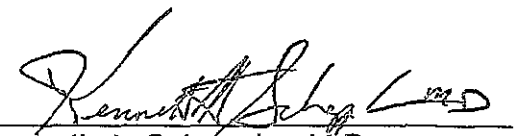
IN WITNESS WHEREOF, the parties have executed this MOU on the date hereinabove first written.

PALM BEACH COUNTY FIRE RESCUE

By: 
Reginald K. Duren
Fire Rescue Administrator

APPROVED AS TO TERMS AND CONDITIONS

By: 
Charles Coyle, Division Chief
Medical Services Division

By: 
Kenneth A. Scheppke, M.D.
Medical Director

WITNESSES:


By: 

Print Name: Michelle Hebert

By: 

Print Name: STEEN ERIKSSON

Universal Protection Service LLC

By: 
Alessandro Frittitta
EMS Chief

By: _____



Universal Protection Service, LLC.

Section 3

4. Medical Protocols approved by the Primary COPCN Holder's Medical Director for the applicable Area.





Universal Protection Service, LLC.

11/05/2020

Standing Orders

The attached Emergency Medical Standing Orders are the official advanced life support protocols (as adopted from Palm Beach County Fire-Rescue Protocols) for Universal Protection Service and are approved for the use by the paramedics of this agency to care for the sick and injured.

Medications, equipment and supplies required by PBCF-R when treating medical/trauma events associated with Fire/HAZ-MAT operations and patient transport will not be maintained within this agency's medication, equipment and supply inventories.

Also, as a community based special secondary service provider we do not terminate resuscitation efforts or determine death in the field. We only assist in triage operations as determined by PBCF-R and follow fire-rescue orders dealing with crime scenes. High-risk refusals for treatment/transport are referred to fire-rescue, and we do not perform Paralytic procedures.

Note that the following medications are not included within Universal Protection Service Approved Medication List (they are included in the protocols for informational purposes).

- Etomidate
- Glucagon
- Ketamine
- Succinylcholine
- Vecuronium

Note that D10 replaces D50 in the diabetic emergency protocol when the patient is unable to swallow oral glucose. Refer to protocols for diabetic emergencies, as well as D10 and Oral glucose in Medication List.

Dr. John Halpern, D.O.
Medical Director, Universal Protection Services, LLC

Dr. Kenneth A. Scheppke, M.D.
Medical Director, Palm Beach County Fire Rescue



Universal Protection Service, LLC.

Section 3

5. Copy of current State Emergency Medical Services (EMS) license(s) and/or current COPCN, if any.





STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: UNIVERSAL PROTECTION SERVICE, LLC Provider Number #: 5223
Name of Provider

1645 PALM BEACH LAKES BOULEVARD, SUITE 600, WEST PALM BEACH, FLORIDA 33401
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Advanced Life Support Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

PALM BEACH
County(s)

Handwritten signature of Steve A. McCoy in black ink.

Steve A. McCoy
Emergency Medical Services Administrator
Florida Department of Health

THIS CERTIFICATE EXPIRES ON: 05/15/2022

This certificate shall be posted in the above mentioned establishment



Universal Protection Service, LLC.

Section 3

6. Copy of profile sheet(s) relating to current Florida State license(s), if any, or the equivalent information sheet listing all of the agency's vehicles, if any. In order to maintain an acceptable level of service response time, all applicants must have a sufficient number of ALS vehicles available for response which number will vary based on the area of assignment. In no event shall any COPCN holder have less than one ALS unit and one ALS vehicle fully staffed, operationally available, and in series at all times ready for simultaneous response to calls. The COPCN holder must also have one ALS spare unit fully equipped in the event that their primary ALS unit is not in service. It is the intent of this provision that each COPCN holder is responsible to have sufficient ALS units on hand as necessary to demonstrate ability to ensure continuity of operations.



**Emergency Medical Services
License Application Profile Report**

PROVIDER DATA		
<u>Name:</u>	UNIVERSAL PROTECTION SERVICE, LLC	<u>ID NUMBER:</u> 5223
<u>Manager Name:</u>	Ray Pradines, Chief of EMS	<u>Phone:</u> (561) 478-8983
<u>Mailing Address:</u>	1645 Palm Beach Lakes Boulevard Suite 600 WEST PALM BEACH, FL 33401	<u>COUNTY:</u> PALM BEACH
<u>Physical Address:</u>	1645 Palm Beach Lakes Boulevard Suite 600 WEST PALM BEACH, FL 33401	<u>Fax:</u> (561) 686-7740
		<u>Email:</u> raymond.pradines@aus.com
	<u>Service Type</u>	
	Private Corporation For Profit	

LICENSE DATA		
<u>Certification Number:</u>	4561	<u>Date Issued:</u> 04/20/2020
<u>Status:</u>	Clear	<u>Expires:</u> 05/15/2022
<u>Service Type:</u>	ALS	<u>Amount Required:</u> \$1,475.00
		<u>Amount paid:</u> \$1,475.00

PRIMARY MEDICAL DIRECTOR DATA		
<u>Name:</u>	HALPERN, JOHN IRVING HOWARD	<u>License Number:</u> OS 6052
<u>Phone:</u>	(954) 722-8623	<u>License Expires:</u> 03/31/2022
<u>Address:</u>	7515 Banyan Way TAMARAC FL 33321	<u>DEA Reg. #:</u> FH8080905
		<u>DEA Reg. Expires:</u> 10/31/2021
		<u>Contract End Date:</u> 12/31/2020

SECONDARY MEDICAL DIRECTOR DATA		
<u>Name:</u>	<u>License Number:</u>	<u>License Expires:</u>
<u>Phone:</u>	<u>DEA Reg. #:</u>	<u>DEA Reg. Expires:</u>
<u>Address:</u>	<u>Contract End Date:</u>	

INSURANCE DATA

Insurance Company	Type of Insurance	Insurance Expiration Date
Greenwich Insurance Company	Vehicle Liability	11/01/2020

SERVICE AREA DATA

County of Service	Date Certificate of Public Convenience and Necessity Expires
Palm Beach - Ballenisses Community Associatio	01/01/1901
Palm Beach - Delaire Country Club	01/01/1901
Palm Beach - Frenchman's Creek	01/01/1901
Palm Beach - Mirasol Country Club	01/01/1901
The Polo Club of Boca Raton	01/01/1901

VEHICLE DATA

Permit #	Type	Sub-Type	Make	Model	Year	License Status	Issue Date	Vehicle Identifier	Permit Fee
20405	ALS	N	FORD	FLEX	2016	Clear	01/30/2017	2FMGK5B84GBA13847	25.00
21111	ALS	N	FORD	INTERCEPTOR	2017	Clear	11/22/2017	1FM5K8ARXHGA35896	25.00
21834	ALS	N	FORD	INTERCEPTOR	2018	Clear	10/22/2018	1FM5K8AR0JGC42755	25.00
22278	ALS	N	FORD	INTERCEPTOR	2017	Clear	07/03/2019	1FM5K8AR0HGB82857	25.00
22897	ALS	N	FORD	ESCAPE	2018	Clear	04/20/2020	1FMCU9GDISUA48949	25.00
22898	ALS	N	FORD	TAURUS	2015	Clear	04/20/2020	1FAHP2D85FG192516	25.00
22899	ALS	N	FORD	INTERCEPTOR	2020	Clear	04/20/2020	1FM5K8AW0LGC02426	25.00

Count of vehicles with status of "Issued"				
Total	BLS	ALS (Transport)	ALS (Non-Transport)	AIR
7	0	0	7	0

ALS Vehicles

Location	Model	Tag	Vin #	ALS #	EMS #	Year
Ballenisle	Ford Interceptor Explorer	QCIG04	1FM5K8A8B6LGC36017	23505	AUS Medic 1	2020
Delaire	Ford Escape	JDEW59	1FMCU9GDISUA48949	22897	AUS Medic 2	2018
Frenchman's	Ford Interceptor Explorer	QCIG05	1FM5K8ABXLGC36015	23506	AUS Medic 3	2020
Hunters Run	Chevy Equinox		3GNAXFEV2LS507252		AUS Medic 7	
Mirasol	Ford Interceptor Explorer	NQIR99	1FM5K8AW0LGC02426	22899	AUS Medic 4	2020
Polo Boca	Ford Interceptor Explorer	JRVR83	1FM5K8AR0JGC42755	21834	AUS Medic 5	2018
St. Andrews	Nissan Rogue		JN1BJ1CV0LW274399		AUS Medic 8	2020
Wycliffe	Ford Interceptor Explorer	QHMB99	1FM5K8AB4MGA86789	23507	AUS Medic 6	2021
Spare	Ford Interceptor Explorer	IFGE96	1FM5K8AR0HGB82857	22278		2017
Spare	Chevy Equinox		3GNAXFEV3LS507583			2020
Spare						
Chief	Ford Taurus	GICA57	1FAHP2D85FG192516	22898	AUS Chief 1	2015



Universal Protection Service, LLC.

Section 3

7. Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.020, Florida Administrative Code ("F.A.C."). The applicant must have at least one (1) supervisory or higher level employee who possesses a minimum of three (3) years of experience in pre-hospital ALS Services



Name	Drivers License and Exp.	Paramedic / EMT	ACLS	EVOC	Driving Record
Armenis, Andrew	A655012732850 08-05-2029	PMD 18976 12-1-22			11/21/2020
Autrey, Brian	A360076560230 1-23-2022	PMD 502593 12-1-22			11/21/2020
Avella, Cosimo	A140100862880 08-08-2026	PMD 522437 12-1-22			11/21/2020
Ben Hamza, Kamal	B552504791270 7-23-2021	PMD 546886 12-1-22			11/21/2020
Berete, Frankie	B630240873770 10-17-2021	PMD 522292 12-1-22			11/21/2020
Betancourt, Mauricio	B300324791020 3-22-2025	PMD 511013 12-1-22			11/21/2020
Carty, Aaron	C63001788220 6-22-2022	PMD 531855 12-1-22			11/21/2020
Croke, John	C620462542170 6-17-2027	PMD 3942 12-1-22			11/21/2020
Delrossi, Michael	D462556702941 8-14-2022	PMD 16540 12-1-22			11/21/2020
Denker, Noah	D526633972930 08-13-2022	PMD 534930 12-1-22			11/21/2020
Doeren, Nathaniel	D650631843460 09-26-2022	PMD 525045 12-1-22			11/21/2020
Evans, Melanie	E152552815670 2-27-2022	PMD 518823 12-1-22			11/21/2020
Ferret, Randall	F630720953870 10-27-2028	PMD 532567 12-1-22			11/21/2020
Ferreira, Samuel	F660781971030 03-23-2028	PMD 535212 12-1-22			11/21/2020
Gamboa, Giovanni	G510280822710 07-31-2027	PMD 514924 12-1-22			11/21/2020
Geoghegan, Elizabeth	G225225655430 02-03-2025	PMD 200111 12/1/22			11/21/2020
Hart, Jon	H630425552980 8-18-2026	PMD 921 12-1-22			11/21/2020
Jaremko, Paul	J652681652880 08-08-2026	PMD 9855 12-1-22			11/21/2020
Kimberly, Brittany	K516061876850 5-25-2025	PMD 530474 12-1-22			11/21/2020
Laster, Bailey	L236061964660 12-26-2023	PMD 535204 12-1-22			11/21/2020
Luzincourt, Jean	L252461860150 1-15-2023	PMD 524381 12-1-22			11/21/2020
Martinez, Jesus	M635438972230 06-23-2021	PMD 535886 12-1-22			11/21/2020
Maitland, Keith	M345507703700 10-10-2024	PMD 197301 12-1-22			11/21/2020
Moorgat, Ben	M632075933440 09-24-2025	PMD 532896 12-1-22			11/21/2020
Moore, Christopher	M600115761390 4-19-2027	PMD 514247 12-1-22			11/21/2020
Nevad, James	N130451854450 12-05-2021	PMD 518913 12-1-22			11/21/2020
Olivier, Joseph	O416483961750 5-18-2023	PMD 533121 12-1-22			11/21/2020
Osorio, Adrian	O260004963620 10-02-2028	PMD 534197 12-1-22			11/21/2020
Pelaez, Joseph	P420481851730 05-13-2027	PMD 538384 12-1-22			11/21/2020
Pierce, Clint	P620105623350 9-15-2021	PMD 14795 12-1-22			11/21/2020
Pinder, Atha	P536012630090 03-19-2028	PMD 205672 12-1-22			11/21/2020
Ponson, Rudolf	P525720804200 11/20/2026	PMD 510467 12-1-22			11/21/2020
Quinones, Emmanuel	Q552213861430 4-23-2027	PMD 532983 12-1-22			11/21/2020
Read, Brandon	R300078951030 3-23-2027	PMD 530328 12-1-22			11/21/2020
Roselli, Robert	R240770694430 12-3-2020	PMD 515970 12-1-22			11/21/2020
Salcedo, David	S423160842570 7-17-2028	PMD 511698 12-1-22			11/21/2020
Santana, Jose	S535436840670 02-27-2028	PMD 524963 12-1-22			11/21/2020
Smith, Michelle	S530549705230 1-22-2021	PMD 19748 12-1-22			11/21/2020
Stucchi, Marco	S320541843710 10-11-2021	PMD 527252 12-1-22			11/21/2020
White, Jacob		PMD 538859 12-1-22			11/21/2020
Dr. John Halpern	N/A	OS 6052 3-31-22			N/A
Pradines, Raymond	P635735393290 9-9-2026	PMD 14979 12-1-22			11/21/2020
Frittitta, Alessandro	F633000724050 11-05-2028	PMD 510421 12-1-22			11/29/2020

July 13, 2021

To Whom It May Concern,

I, Alessandro Frittitta have over 20 years in experience in the EMS and Fire profession. My career began in the year 2000 working for Coral Springs Fire Department and later continuing and furthering my career in the State of South Carolina as an EMS Deputy Chief, and later Fire Chief for the City of Anderson Fire Department and assisting as a Training Officer for Laurens County EMS. My current function is as EMS Chief for Allied Universal Security since July of 2018. I hold a current State of Florida Paramedic certification and ACLS Certification as an Instructor and Provider.

Alessandro Frittitta

EMS Chief



Universal Protection Service, LLC.

Section 3

8. Insurance verification. A copy of an insurance policy, a self-insurance policy, or a Certificate of Insurance is acceptable, so long as the agency meets the minimum insurance limits as required by Section 64J-1.014(a), F.A.C. There must be a 30-day cancellation notice and **Palm Beach County shall be shown as the certificate holder with a mailing address of 301 N. Olive Ave, West Palm Beach, FL 33401.**





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA INC 1717 Arch Street Philadelphia, PA 19103 Attn: Philadelphia.certs@marsh.com / Fax: (212) 948-0360	CONTACT NAME: ---		
	PHONE (A/C, No., Ext):	FAX (A/C, No.):	
E-MAIL ADDRESS:			
CN118025105-ALL-STAND-21-22 INSURED Allied Universal Topco, LLC (See Attached for Additional Named Insureds) 161 Washington Street, Suite 600 Conshohocken, PA 19428	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Lexington Insurance Company		19437
	INSURER B: Greenwich Insurance Company		22322
	INSURER C: XL Insurance America		24554
	INSURER D: Indian Harbor Insurance Company		36940
	INSURER E: N/A		N/A
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** CLE-005951800-25 **REVISION NUMBER:** 14

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			082685264	01/01/2021	01/01/2022	EACH OCCURRENCE	\$ 10,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input checked="" type="checkbox"/> CONTRACTUAL LIABILITY						MED EXP (Any one person)	\$
	<input checked="" type="checkbox"/> SIR \$1,750,000						PERSONAL & ADV INJURY	\$ 10,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							GENERAL AGGREGATE	\$ 10,000,000
OTHER:							PRODUCTS - COMPI/OP AGG	\$ 10,000,000
								\$
B	AUTOMOBILE LIABILITY			RAD9437818-04	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$	
D	<input type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		RES943799401	01/01/2021	01/01/2022	EACH OCCURRENCE	\$ 10,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 10,000,000
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			RWD3001203-05(AOS)	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A	RWR3001204-05(WI)	01/01/2021	01/01/2022	E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Palm Beach County Board of County Commissioners is included as additional insured where required by written contract with respect to General Liability and Auto Liability. Liability coverage shall be primary and non-contributory where required by written contract. Waiver of subrogation is applicable where required by written contract.

CERTIFICATE HOLDER Palm Beach County 301 N. Olive Ave. West Palm Beach, FL 33401	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
--	---



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA INC		NAMED INSURED Allied Universal Topco, LLC (See Attached for Additional Named Insureds) 161 Washington Street, Suite 600 Conshohocken, PA 19428	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

- SFI Electronics, LLC, dba Allied Universal Security Systems
- SFI Electronics, LLC, dba Allied Universal Technology Services
- SFI Electronics, LLC, dba Universal Protection Security Systems
- SOS Security LLC
- SOS Security LLC, dba Allied Universal Risk Advisory and Consulting Services
- SOS Security LLC, dba Allied Universal Security Services
- SOS Security LP
- SOS Security LP, dba Allied Universal Security Services
- Spectaguard Acquisition LLC
- Staff Pro Inc.
- Staff Pro Inc., dba Allied Universal Event Services
- Surveillance Specialties, Ltd.
- Surveillance Specialties, Ltd., dba Allied Universal Technology Services
- Surveillance Specialties, Ltd., dba Securadyne Systems Northeast
- TSI Security LLC
- U.S. Security Associates, Inc.
- U.S. Security Associates, Inc., dba Allied Universal Risk Advisory and Consulting Services
- Universal Building Maintenance, LLC
- Universal Building Maintenance, LLC, dba Allied Universal Janitorial Services
- Universal Group Holdings, LLC
- Universal Protection GP, LLC
- Universal Protection Security Systems, LP
- Universal Protection Security Systems, LP, dba Allied Universal Security Systems
- Universal Protection Security Systems, LP, dba Allied Universal Technology Services
- Universal Protection Service of Canada Corporation
- Universal Protection Service of Canada Corporation., dba Allied Universal Security Services of Canada
- Universal Protection Service of Seattle, LLC
- Universal Protection Service of Seattle, LLC, dba Allied Universal Security Services
- Universal Protection Service, LLC
- Universal Protection Service, LLC, dba Allied Universal Risk Advisory and Consulting Services
- Universal Protection Service, LLC, dba Allied Universal Security Services
- Universal Protection Service, LLC, dba Allied Universal Security Services, LLC
- Universal Protection Service, LP
- Universal Protection Service, LP, dba Allied Universal Risk Advisory and Consulting Services
- Universal Protection Service, LP, dba Allied Universal Security Services
- Universal Protection Service, LP, dba Allied Universal Security Services, LP
- Universal Services of America, LP
- Universal Thrive Technologies, LLC
- Universal Thrive Technologies, LLC, dba Allied Universal Monitoring and Response Center
- Universal Thrive Technologies, LLC, dba Allied Universal Technology Services
- Universal Thrive Technologies, LLC, dba Thrive Intelligence
- USA GP Sub LLC
- USAGM Acquisition, LLC
- Vance Executive Protection, In.
- Vance International Consulting, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: ALLIED UNIVERSAL TOPCO, LLC

Endorsement Effective Date: January 1, 2021

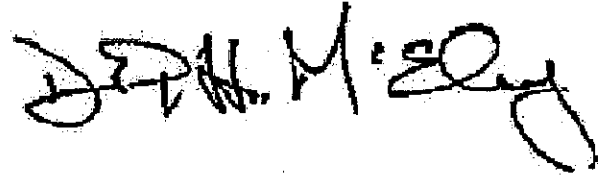
SCHEDULE

Name(s) Of Person(s) Or Organization(s):

Any person or organization where waiver of our right to recover is required by written contract with such person or organization provided such contract was executed prior to the date of loss.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The Transfer Of Rights Of Recovery Against Others To Us condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.



Authorized Representative OR
Countersignature (in states where applicable)

LEXDOC021
LX0404

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Any person or organization where waiver of our right to recover is required by written contract with such person or organization provided such contract was executed prior to the date of loss.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured
Allied Universal Topco, LLC
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD3001203-05

Endorsement No.
Premium Included

Countersigned by _____

WC 00 03 13
(Ed. 4-84)



Universal Protection Service, LLC.

Section 3

9. The Medical Director must be a Florida licensed physician. Provide a copy of a fully executed contract or agreement. Include copies of current DEA and Florida Physician's License. Must meet requirements of 64J-1.004, F.A.C.



STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/11/2020	OS 6052	73582

THE OSTEOPATHIC PHYSICIAN

QUALIFICATION(S):
Dispensing Practitioner

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: MARCH 31, 2022
JOHN IRVING HOWARD HALPERN
1701 N.E. 127TH STREET
STUDENT HEALTH CLINIC- JOHNSON & WALES
MIAMI, FL - 33141

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/11/2020	OS 6052	73582

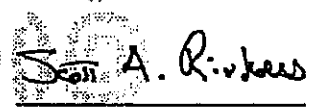
THE OSTEOPATHIC PHYSICIAN

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : MARCH 31, 2022
JOHN IRVING HOWARD HALPERN



Ron DeSantis
GOVERNOR



Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Dispensing Practitioner

EXPIRATION DATE: MARCH 31, 2022

Your license number is OS 6052. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at <http://flhealthsource.gov/>. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit [www.FLHealthSource.gov/AYRR](http://www.FLHealthSource.gov AYRR)

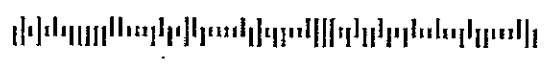
GROUND FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes



10030608.2/000946-1/1-0

1:3 HALPERN, JOHN
293/646 1645 PALM BEACH LAKES BLVD STE 600
WEST PALM BEACH, FL 33401-2205



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537 Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance. THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.
FH8080905	10-31-2021	\$731	
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	
2,2N, 3,3N,4,5	PRACTITIONER	12-20-2018	
HALPERN, JOHN ALLIED UNIVERSAL SERVICES 1645 PALM BEACH LAKES BLVD STE 600 WEST PALM BEACH, FL 33401-2205			

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537		
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FH8080905	10-31-2021	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	12-20-2018
HALPERN, JOHN ALLIED UNIVERSAL SERVICES 1645 PALM BEACH LAKES BLVD STE 600 WEST PALM BEACH, FL 33401-2205		
THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.		

Form DEA-223 (9/2016)

CONTRACT
MEDICAL DIRECTOR

This contract is for the SERVICES of MEDICAL DIRECTOR dated this 1st day of January, 2021 by and between **Doctor John Halpern, D.O. FAAEM** (hereinafter referred to as "DR. HALPERN") and **Universal Protection Service, LLC** hereinafter referred to as "Universal").

WITNESSED:

WHEREAS, **Universal** is located in Palm Beach County, Florida; and desires to hire **DR. HALPERN** to provide services as a "MEDICAL DIRECTOR", and

WHEREAS, **Universal** is engaged in the business of providing emergency medical services upon a contract basis, and desire to contract **DR. HALPERN** to oversee and manage the Emergency Medical Program.

NOW, THEREFORE, in consideration of **DR. HALPERN** fulfilling the contractual obligations attached hereto as Exhibit "A", and for other good and valuable consideration, the sufficiency and receipt whereof hereby acknowledged, **Universal** agrees to engage the professional services of **DR. HALPERN** for the purpose of providing MEDICAL DIRECTOR SERVICES upon the terms and conditions hereinafter set forth.

1. For the term commencing January 1, 2021, through December 31, 2021, **DR. HALPERN** shall provide MEDICAL DIRECTOR SERVICES to **Universal**, for all areas **Universal** provides Emergency Medical Services on a twenty four (24) hour basis. Such services shall include without limitation the duties outlined in exhibit "A" and such other activities as are generally provided by other MEDICAL DIRECTORS under the provision of Florida State Statute.
2. In monetary consideration for the term of the contract, **DR. HALPERN** will be paid for his services, the sum of Thirty-three Thousand, Five Hundred Dollars (\$ 34,000.00) per year. As an employee of **Universal**, he will be covered under our General Liability and Medical Professional Liability Insurance policies. The insurer information may change depending on our ability to negotiate more favorable coverage or rates with other insurers. He will be notified of any change in insurance carrier or change in insurance coverage which directly affects him.
3. This contract may be terminated in the event either party shall fail to carry out their obligation in a professional and responsible manner. In the above situation, a 60-day written notice shall be required.

In the event the contracted client cancels Universal's services or should the services become canceled due to Government intervention, all terms and conditions of this contract are herein suspended.

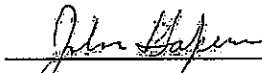
Any notice shall be in writing and shall be sent by United States Postage, prepaid return receipt requested; by courier or a hand delivered to the following address:

UNIVERSAL PROTECTION SERVICE 1645 PALM Beach Lakes
Blvd., Suite 600
West Palm Beach, Florida 33401

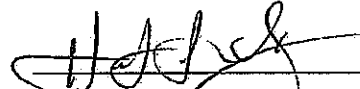
DR. JOHN HALPERN, D.O.
7515 Bariyan Way
Tamarac, Florida 33321

The effective date of any notice shall be the date of its delivery or upon the date that delivery is unable to be made or acceptance of delivery is refused.

4. This contract shall be governed by and interpreted under the laws of the State of Florida. This contract for medical direction and the exhibit(s) attached hereto constitute all agreements, conditions and understandings between Universal and DR. HALPERN with regard to the subject matter hereof, and there are no covenants, promises, conditions or understandings, either oral or written between them other than as set forth herein. This contract shall not be changed, modified or amended except in writing signed by both parties hereto.



Dr. John Halpern, D.O.
Medical Director
Date 12/16/20



Herbert Morency
Branch Manager, Palm Beach
Date 12/18/20

MEDICAL DIRECTOR

Requirements

Medical Director must maintain the following requirements:

CONTRACT TO INCLUDE:

- 1) Name and relationship of contracting parties
- 2) List of contracted services
 - a) Medical direction
 - b) Administrative functions
 - c) Professional memberships
 - d) Reporting requirements
- 3) Monetary consideration
 - a) Fees
 - b) Expenses
 - c) Reimbursements
 - d) Fringe benefits
 - e) Clerical assistance
 - f) Office space
- 4) Termination of Clause
- 5) Renewal Clause
- 6) Provisions for liability coverage
- 7) Effective dates of contract
- 8) Qualifications

EXHIBIT "A"

MEDICAL DIRECTOR MUST PRESENTLY HAVE AND MAINTAIN THE FOLLOWING QUALIFICATIONS

- 1) Florida Licensed M.D. or D.O.
- 2) Shall be from a broad based specialty:
 - a) Emergency Medicine
 - b) Internal Medicine
 - c) Anesthesiology
 - d) Other surgical specialties
- 3) Demonstrate experience n (documented) pre-hospital care to include:
 - a) Advanced Cardiac Life Support
 - b) Board certification in Emergency Medicine.
- 4) Documentation of participation in regional or statewide active physician group involved in pre-hospital care.

THE MEDICAL DIRECTORS DUTIES AND RESPONSIBILITES WILL BE AS FOLLOWS:

- 1) Supervise and accept direct responsibility for performance of First Responder Paramedics.
- 2) Develop medically correct standing order of protocols that permit specified ALS procedures when communications are delayed or cannot be established with supervising physician. (Will use protocols as provided by Palm Beach County Fire-Rescue or Palm Beach Gardens Fire-Rescue.)
- 3) Provide 24 hours continuous availability of Medical Direction services for potential problems, systems conflicts and disasters by self or qualified appointee.
- 4) Develop and implement a patient care quality assurance system to assess the medical performance of Paramedics.
- 5) Audit the performance of systems personnel by use of quality assurance program to include:
 - a) Run reports
 - b) Direct observation
 - c) Comparison of performance standards for drugs, equipment, system protocols and procedures.

- d) Ensure and certify security procedures for medications, fluids and controlled substances are in compliance with Chapter 499, F.S. and Chapter 893.
- e) Specify medication substitutes in writing.
- f) Provide notification in writing when telemetry is not necessary.
- g) Provide notification in writing of equipment and medication substitutions.
- h) Assume responsibility of First Responders utilizing:
 - i) Automatic or Semi-Automatic Defibrillators
 - ii) Esophageal intubations
 - iii) Monitoring and maintenance of non-medicated I.V.
- i) Develop a 30 hour refresher course if required
- j) Ensure all medical providers are trained in the used of trauma scorecard methodology as provided in rule 10D-66.102
- k) Submit in writing any deviation from the approved trauma protocols.
- l) Participate as a crewmember for a minimum of 12 hours per year
- m) Provide training of emergency pre-hospital care when called for.
- n) Attend necessary P.O.A. or Security Board meetings as required.
- o) Assist in the locating, interviewing and hiring of emergency medical personnel upon request.
- p) Assist Universal in its renewal of their A.L.S. license.



Universal Protection Service, LLC.

Section 3

10. A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols.





Universal Protection Services LLC.

October 14th, 2020

Re: Treatment/Trauma Protocol

To Whom It May Concern:

This Letter is to affirm with you that we, Universal Protection Services LLC, as a medical service provider serving within Palm Beach County, are utilizing the most recent and standard pre-hospital treatment/transport protocol that have been approved by the Palm Beach County EMS Council and the State of Florida. It is also our company's intention to continue to use the standard protocols throughout the future.

Sincerely,

A handwritten signature in black ink that reads 'John Halpern'.

John Halpern, D.O.F.A.C.E.P.
Medical Director

Ray Pradines
EMS Chief

Alessandro Frittitta
EMS Deputy Chief

1645 Palm Beach Lakes Blvd, Suite 600 West Palm Beach, Florida 33401

1645 Palm Beach Lakes Blvd Suite 600 • West Palm Beach, FL 33401 • T: 561-478-9983 • F: 561-686-7740



Universal Protection Service, LLC.

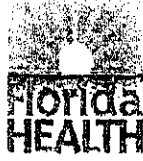
Section 3

11. A letter from your Medical Director stating your agency has adopted the countywide approved Trauma Transport Protocols, as approved by the Palm Beach County EMS Council.



Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Vision: To be the Healthiest State in the Nation

TRAUMA TRANSPORT PROTOCOLS

Universal Protection Service, LLC
NAME OF SERVICE

5723
PROVIDER ID#

IS AN ADVANCED LIFE SUPPORT INTERFACILITY EMS PROVIDER AGENCY AND DOES NOT TRANSPORT TRAUMA ALERT PATIENTS FROM THE SCENE OF AN INCIDENT.

John Halpern
MEDICAL DIRECTOR'S SIGNATURE

DS 6052
LICENSE NUMBER

John Halpern, D.O.
MEDICAL DIRECTOR'S NAME (PRINTED)

19 MARCH 2020
DATE

Florida Department of Health
Division of Emergency Preparedness and Community Support
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bin A-22 • Tallahassee, FL 32399-1722
PHONE: 850/245-4440 • FAX: 850/921-0377
FloridaHealth.gov





Universal Protection Service, LLC.

Section 3

12. The financial information of the applicant to ensure financial ability to provide and continue to provide service to the area. Such financial information shall include copies of the applicant's past two (2) Medicare audits if any. Privately held entities must provide copies of the past three (3) years of audited financial statements of the company and its parent company or holding company, if any. Government entities must provide the past three (3) years Comprehensive Annual Financial Reports via hard copy, or electronically. For purposes of this application, a parent company or holding company shall mean any person, corporation or company holding, owning or in control of more than ten (10) percent stock or financial interest of another person, corporation or company.





**Department of Public Safety
Division of Emergency Management**

20 South Military Trail
West Palm Beach, FL 33415
(561) 712-6400
FAX: (561) 712-6464
www.pbcgov.com



**Palm Beach County
Board of County
Commissioners**

Dave Kerner, Mayor
Robert S. Weinroth, Vice Mayor
Maria G. Marino
Gregg K. Weiss
Maria Sachs
Melissa McKinlay
Mack Bernard

County Administrator

Verdenia C. Baker

*"An Equal Opportunity
Affirmative Action Employer"*

Official Electronic Letterhead

Audited financial statements were provided with this application but have been redacted as trade secrets pursuant to Section 812.081, Florida Statute.

A copy of the audited financial statements will be maintained in the Palm Beach County Division of Emergency Management's records located in the office of the EMS Specialist.


Lynette Schurter, EMS Specialist
561-712-6696



Universal Protection Service, LLC.

Section 3

13. Copy of proposed rate structure, if any.





Universal Protection Services LLC.

Universal Protection Services LLC, as we are a non-transport, secondary service provider contracted to communities. Universal Protection Services LLC, does not charge fees.

Alessandro Frittitta

EMS Deputy Chief

Allied Universal Security Services Elite EMS Division

W: 561.478.9983 | C: 561.517.7990 | Alessandro.Frittitta@aus.com

1845 Palm Beach Lakes Blvd Suite 600 • West Palm Beach, FL 33401 • T: 561-478-9988 • F: 561-686-7740



Universal Protection Service, LLC.

Section 3

14. Except for current COPCN holders, a summary history of applicant's emergency services performance record, which provides proof that at the time of application, the applicant has demonstrated experience providing ALS or BLS services. Experience providing ALS or BLS services must include experience providing the full continuum of patient care from call initiation, during patient transport and through to final patient transfer to hospital or other final destination. This is not a personal reference for the agency but how the agency had provided ALS or BLS services in the past.

Applicants for Special Secondary Service Provider COPCNs who meet the staff experience requirement set forth herein, but that do not have a summary history of performance providing ALS Services, are eligible for a conditional COPCN.

The COPCN shall be issued and after six months, the COPCN holder shall deliver a report to the Department with a summary history of the COPCN holder's performance record demonstrating that Applicant successfully provided ALS services during the initial six (6) months of operation and accompanied by a letter from the Primary Provider attesting that the COPCN holder has performed satisfactorily to the knowledge of the Primary Provider. Additionally, the COPCN holder shall provide records substantiating the implementation of a formal quality assurance system and that at least three (3) formal, quality assurance meetings having taken place during the initial six (6) months of operation. The Primary Provider is required to be invited to participate in the quality assurance meetings.

Upon review of the required documentation, the administrator will determine if the conditions have been satisfied. Special Secondary

Service Providers who satisfy the conditions shall be issued a letter acknowledging satisfaction and removal of the conditions of the COPCN. In that event the COPCN shall remain in effect until the contract with the Community Association expires or terminates.

If the administrator determines the conditions have not been satisfied, then the COPCN holder shall be in violation of the EMS Ordinance and the COPCN shall be subject to immediate suspension by the administrator and revocation by the Board of County Commissioners (BCC). The administrator may permit an additional thirty (30) days to satisfy conditions if the Applicant has demonstrated good faith efforts towards satisfaction of the conditions.

Except as expressly modified herein, COPCN holders with conditions are subject to the requirements of the EMS Ordinance and all Rules and Regulations of the BCC and nothing herein shall be construed as a limitation, waiver or relinquishment of any right, remedy, or enforcement power authorized by law, or the EMS Ordinance, or the Rules and Regulations.





Universal Protection Service, LLC.

October 15th, 2020

Universal Protection Service, LLC. has been an ALS non-transport, special secondary service provider non-stop in Palm Beach County for the past 25 years. We currently hold five Palm Beach County COPCN's.

Universal Protection Service, LLC. Offers the full continuum of patient care from call initiation to transfer of care to the responding primary service (transport) agency. In addition, we provide certified in-house EMS training and meet or exceed all State of Florida and Palm Beach County Requirements for ALS non-transport, special secondary service providers.

Alessandro Frittitta

EMS Deputy Chief



Universal Protection Service, LLC.

Section 3

15. Proof of satisfactory completion of all federal, state, and/or local agency vehicle and staff inspections for the last six (6) years including copies of all deficiency reports. Current COPCN holders need not provide vehicle and staff inspections performed by the Palm Beach County Office of EMS (except deficiencies reports).



promote & improve the health
people in Florida through integrated
county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General

Vision: To be the Healthiest State in the Nation

May 30, 2017

Chief of EMS Ray Pradines
Universal Protection Service, LLC
5840 Corporate Way Suite 102
West Palm Beach, FL 33407

Dear Chief Pradines,

Congratulations on your Compliance Monitoring site survey conducted by the Bureau of Emergency Medical Oversight on May 24, 2017. All potential deficiencies were addressed promptly. At the completion of the site visit, there were no deficiencies. Your vehicles and service records were outstanding.

Also, please extend my sincere gratitude to your staff for their assistance and for the overall contribution to your service and community. Your continued support of emergency medical services is deeply appreciated.

Enclosed is a post site survey evaluation form designed to assist us in continually improving our Compliance Monitoring program. Please complete the enclosed form and return it to my office at your earliest convenience. I trust that you will share with me any concerns or kudos regarding your site survey.

Again, thank you for your assistance in the Compliance Monitoring program and I look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read "S. McCoy".

Steve McCoy
Administrator
Emergency Medical Services

SAM/mml
Enclosure

Florida Department of Health
Bureau of Emergency Medical Oversight, Emergency Medical Services
4052 Bald Cypress Way, Bin A 22 • Tallahassee, FL 32399-1722
PHONE: 850-245-4440 • FAX 850/488-2512



Accredited Health Department
Public Health Accreditation Board



Universal Protection Service, LLC.

Section 3

16. Records substantiating the implementation of a formal quality assurance system consistent with Florida Statute Section 401.265 and Rule 64J-1.004(3b), Florida Administrative Code, as may be amended.





***Emergency Medical Services
Division***



ALLIED UNIVERSAL[®]

SECURITY SERVICES

Quality Assurance Program

*Emergency Medical Services
Division*



Quality Assurance Program

I. Goal Statement

The primary goal of the Allied Universal Security (AUS) medical Quality Assurance Program is to achieve a high level of quality patient care. Patient care that is appropriate for the patient's condition, and be performed in a timely and consistent manner. Patient care and treatment shall follow the acceptable medical practice, which positively influences the patient outcome. This will be accomplished by developing a system used to establish standards for patient care, to monitor how well those standards are met, and to correct unwanted deviations from the standards of medical care.

II. Quality Assurance Committee

1. The company's Quality Assurance Committee shall consist of the company's Medical Director (Q.A. Chairman), the Chief of EMS (Q.A. Coordinator), and the EMS (ALS) Field Supervisor.
2. All committee sessions dealing with confidential data regarding patient information and personnel performance will be conducted under strict executive session. Any member of the Q.A.P. who breaks the responsibility of strict confidentiality may be dismissed from the Q.A.P. by the chairperson as well as face further disciplinary actions.
3. The committee has the authority to recommend mandatory continuing education or disciplinary actions to the medical director.

III. Meeting Requirements

1. The committee will meet Quarterly to review EMS run reports and recommend corrective actions as necessary.
2. Special meetings may be requested by either the Chief of EMS or the EMS (ALS) Field Supervisor at anytime with due cause. The Q.A.C. chairman as needed may also call special meetings. At least five- business days notice should be given to committee members in case such meetings are called.

3. If the EMS (ALS) Field Supervisor discovers any problems or protocol deviations with a medical run report, the supervisor will discuss/address the problem with the treating paramedic from an educational point of view prior to forwarding the paperwork to the corporate office.

V. Run Report Review Process

1. The following type of calls will be reviewed by the Quality Assurance Committee:
 - a. Non-specific priority one and priority two patients
 - b. Cardiac Alerts
 - c. Stroke Alerts
 - d. Trauma Alerts
 - e. Any other incidents chosen by any committee member
2. All reports denoting breach of protocol are referred to the Quality Assurance Committee for discussion. At that time it will be determined what type /if any "Quality Improvement Referral" will be sent to the paramedic responsible for the patient care.
3. Medical Run reports will be evaluated utilizing the Q.A. Audit Form.
4. If during the review process of the Q.A. Committee finds an EMS employee in violation of a protocol violation or non compliant with the standard of care for patient treatment, and feels the need for corrective action to be taken. A "Quality Improvement Referral" letter and form will be mailed to the treating paramedics home address to ensure confidentiality of the treating paramedic. An option to mailing the letter and form to the paramedic's home address would be the Medical Director or Director of EMS personally hand delivering the paperwork themselves.

IV. Committee Members Roles and Responsibilities

O.A. Chairperson

1. Shall be the executive officer, having general and active management of the committee.
2. Implement all orders and resolutions of the Quality Assurance Program and Committee.
3. Preside at meetings of the Quality Assurance Committee.
4. Shall have final veto and revision powers over the final draft of all standards of care, medical protocols, and medical procedures that may be developed by the Quality Assurance Committee.

O.A. Coordinator

1. Be the individual responsible for the design of the program, coordination of all monitoring activities, scheduling of meetings, develop meeting agendas, and be the final compilation source for analyzing and monitoring of statistical data.
2. Review and maintains custodial care of EMS run reports after being received into the corporate office for filing.
3. Review of reports shall be done utilizing the County-Wide ALS Protocols and Trauma Transport Protocols as adopted by the medical directors association of Palm Beach County.

EMS (ALS) Supervisor

1. The onsite EMS (ALS) Field Supervisor shall check all medical incident reports for correct and complete information, as well as verify accuracy of all information entered in the reports prior to forwarding to the corporate office for review and filing.
2. After reviewing a medical run report for completeness and accuracy, the EMS (ALS) Field Supervisor shall initial and date the run report on the top left corner of the report to indicate that the report has been checked.

O.A. Audit Form

Call Month: _____

Total Calls: _____

Date of Audit: _____

Audited Calls: _____

Auditor: _____

Audited%: _____

Case Number: _____

Date of Incident: _____

Treating Paramedic: _____

<u>Categories/Parameters</u>	<u>Compliance</u>	<u>Non Compliance</u>	<u>Notes</u>
Pt. Name and Address Complete:	_____	_____	_____
Times Documented:	_____	_____	_____
Medical Chief Complaint:	_____	_____	_____
Minimum of 1 set of V/S Taken:	_____	_____	_____
Exam & History Completed:	_____	_____	_____
Treatment/Intervention Documented:	_____	_____	_____
Appropriate Protocol Followed:	_____	_____	_____
Signature and I.D. of treating Paramedic documented on report:	_____	_____	_____

ALLIED UNIVERSAL

To:

From: Dr. John Halpern, Medical Director, Q.A. Chairman

Date:

Re: Attached Quality Improvement Form

Attached you will find a Quality Improvement Referral form showing that a report bearing your Name and I.D. Number was recently reviewed by the Quality Assurance Committee.

The Quality Assurance Committee reviews all reports and makes recommendations. These recommendations are meant to be teaching tools, and are not disciplinary in nature. To ensure confidentiality and objectivity, all information regarding personnel is eliminated from the report prior to review. In keeping with the policy of confidentiality, this form is being hand delivered or mailed to your home address.

If you wish to review this report, you may do so by contacting (561) 441-2337 for an appointment.

If you wish to provide feedback on this report, you may respond in writing to the following address:

Allied Universal
c/o Dr. John Halpern
1645 Palm Beach Lakes Blvd. Ste 600
W.P.B., FL 33401

Q.A.C. Chairman - Dr. John Halpern
Q.A.C. Coordinator - Ray Pradines
Q.A.C. Member - Alessandro Frittitta

ALLIED UNIVERSAL

"Quality Improvement Referral Form"

To:

Date:

Case Number: _____

The Quality Assurance Committee (Q.A.C.) is the peer review organization for Allied Universal Security. As mandated by Florida Statutes this council is responsible through review for improving and maintaining quality in all treatment rendered to the occupants and employees of Communities serviced by AUS as a Special Secondary Non-transport ALS Provider.

After reviewing the above run report the Quality Assurance Committee has determined that the patient's care did not meet county or nationally recognized standards.

IDENTIFIED PROBLEM:

THE APPROPRIATE ACTION (S) WHICH SHOULD HAVE BEEN TAKEN:

CONFIDENTIALITY STATEMENT

I, _____ the undersigned, as a member of the Quality Assurance Committee, do hereby acknowledge that any and all records of any meetings held by the Quality Assurance Committee are confidential and exempt from the provision of Florida Statutes 119.07, except as provided in Florida Statute 401.425



Infection Control Manual



REVISED EDITION SEPT. 11, 2018
SUPERSEDES ALL PREVIOUS INFECTION CONTROL MANUALS



Exposure Control Officers

EMS Chief Ray Pradines

&

EMS Deputy Chief

Alessandro Frittitta

In case of an exposure contact

EMS Deputy Chief

Alessandro Frittitta

24/7

561-517-7990



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INFECTION CONTROL MANUAL

PURPOSE

The goal of Allied Universal's Infection Control Program is to protect all members, their families and the public from the acquisition and spread of communicable diseases. The Infection Control Program is designed to reduce the risk of occupational exposure to communicable diseases through training, education and written policy on standard operating procedures. This manual complies with OSHA's Occupational Exposure to Blood borne Pathogens; Final Rule 29 CFR Part 1910.1030. The Procedures in this manual apply to all personnel.

The dangers faced by emergency response, and security personnel are not always obvious. The occupational hazards of AIDS, hepatitis, TB and other communicable diseases are real and must be dealt with appropriately. An effective Infection Control Program provides the means to minimize, but not completely eliminate these health risks.

EXPOSURE RISK

OCCUPATIONAL RISK

Occupational exposure may occur in many ways, including contaminated needle-stick and sharps injuries. Health care workers are assumed to be at high risk for bloodborne infections due to being routinely exposed to body fluids from potentially infected patients. Any exposure of a communicable disease carries a certain amount of risk. Medical personnel are in an occupation where they may be directly exposed to body fluids and therefore must be considered at substantial risk for an occupational exposure.

OCCUPATIONAL EXPOSURE

Any occupational exposure to a communicable disease carries a certain amount of risk. All patients should be assumed to be infectious for HIV and other bloodborne pathogens.

BODY SUBSTANCE ISOLATION

The Centers for Disease Control (CDC) has called for the use of "Body Substance Isolation" when emergency response personnel are exposed to blood and/or body fluids from any patient. This precaution states that emergency response personnel must consider all body substances from any patient as potentially infectious. Body Substance Isolation exceeds Universal Precautions, which states that blood, and/or certain body fluids from any patient may be potentially infectious.

Communicable Disease Transmission Process

The transmission of an infectious agent requires three elements:

1. The source or carrier of an infectious agent. This can be an asymptomatic or symptomatic human source, an inanimate object, or an animal.
2. The host or receiver of the infectious agent. This is an individual who is unable to resist the infectious agent.
3. A mode of transmission.

Modes of Transmission

There are four modes of transmission:

1. Contact

Direct: Physical contact between the source and host or receiver. This includes blood to blood, blood to mucous membrane contact, or sexual activity.

Indirect: Contact between the receiver and an inanimate object that has been contaminated (i.e., linen or equipment).

2. **Airborne:** Aerosolized particles, 1-5 microns in size, which contain the infectious agent. These particles may remain suspended in the air for long periods of time and can easily be drawn into the alveoli of the lungs,
- 3, **Vehicle:** The infectious agent is introduced directly into the body through the ingestion of contaminated food or water, or by the infusion of contaminated drugs, fluid, or blood.
4. **Vector:** The infectious agent is transmitted through or by an animal or insect (i.e., a tick that spreads Rocky Mountain Spotted Fever).

Note:

Bloodborne diseases are spread by direct blood-to-blood contact. Blood is the single most significant source of HIV and HBV in the work setting.

TERMINOLOGY - SEE APPENDIX A

COMMON COMMUNICABLE DISEASES - SEE APPENDIX B

GLOVES

Disposable gloves shall be a standard component of emergency response equipment. All personnel prior to initiating any emergency care tasks involving exposure to blood or body fluids will don them. Gloves must be of either intact latex or intact vinyl, and be the appropriate size and quality for the procedures performed by the emergency medical personnel. Gloves shall be changed after each use and disposed of as if they were contaminated. Should a glove tear, replace the torn glove with another glove as soon as possible. Used gloves should be removed with care. The individual's unprotected skin should not come in contact with the outside of the glove.

GOWNS

Gowns are required for incidents involving potential splashes to skin or clothing with body fluids. Gowns shall be made of, or lined with, fluid-proof or fluid-resistant material and shall protect all areas of exposed skin.

MASKS AND EYE PROTECTION

The use of fitted surgical masks and protective eyewear or face shields is required when there is a likely exposure of blood or body fluids to the mucous membranes (eyes, mouth or nose). This is essential when splashes or aerosolization of such material is likely to occur.

It is **MANDATORY** that the surgical mask and eyewear, or splash shield be used in the following situations:

- † Intubation
- † EOA Insertion
- † Suctioning
- † Patients with extensive or arterial bleeding
- † Cricothyrotomy
- † Pleural decompression

It is **RECOMMENDED** that the surgical mask and eyewear, or splash shield be used in the following situations:

- † Ventilating with BVM
- † Establishing IV lines
- † Patients with any external bleeding
- † Glucometer sticks
- † Medication administration

The emergency medical responder should wear fitted masks when the potential for airborne transmission of disease exists (i.e., patients with suspected active tuberculosis). Fitted masks are not required for routine care.

TRAINING

Allied Universal shall assure that all medical personnel for the company who have a potential for occupational exposure receive education on precautionary measures, epidemiology, modes of transmission and prevention of HIV, HBV, and TB.

Training records will indicate the dates of training sessions and the content of those training sessions. The records should also contain the names of all persons conducting the training, and the names of all those receiving training. Training records shall be maintained for a period of 3 years from the date the training occurred.

SITE INSPECTIONS

The Infection Control Liaison or his or her designee shall inspect all sites where Allied Universal provides a medical service to, on at least an annual basis. This will be done to ensure that all infection control policies and standard operating procedures are being adhered to. Noted discrepancies will be noted for follow up and corrective action.

EXPOSURE CONTROL PLAN

INFECTION CONTROL LIAISON

The company shall designate one or more members as the Infection Control Liaison. The Infection Control Liaison will coordinate efforts surrounding the investigation of an exposure and ensure that proper documentation of the exposure is recorded.

OCCUPATIONAL EXPOSURE DETERMINATION

A significant exposure is defined as:

- I. Exposure through needle-stick, instruments or sharps to the following body fluids.
 - a. Blood or any body fluid containing visible blood
 - b. Semen
 - c. Vaginal secretions
 - d. Cerebrospinal fluid (CSF)
 - e. Synovial fluid
 - f. Pleural fluid
 - g. Peritoneal fluid
 - h. Pericardial fluid
2. Exposure of mucous membranes to the body fluids listed above. Exposure of skin to the body fluids listed above, especially when the exposed skin is chapped,

5. Advise the ER physician that a significant exposure has occurred and request that the source patient be tested for HIV.
6. Agree to be tested for HIV antibodies.
7. Adhere to hospital and OHC follow-up guidelines.
8. Complete an EPS Exposure Form prior to the end of the shift.
9. If exposure involves an injury, complete an "Employee Notification of On the Job Injury" form. And submit to your immediate supervisor.

Supervisor's Responsibilities for Post Significant Exposure

- I. If an injury has occurred (i.e. a needle stick or a cut from a sharps), complete a "Supervisor Incident Report" and assure that the employee fills out an "Employee Notification of On the Job Injury" form. The Safety Committee will also be notified at that time that an "in the job injury has occurred.

Infection Control Liaison or Director of EMS Services Responsibilities for Post Significant Exposure

1. Ensure that the hospital follows through on State mandated significant exposure responsibilities, or notify the Medical Director for compliance.
2. Contact the hospital ICC to determine the recommended follow-up by the hospital.
3. Contact the affected employee and advise them of the recommended follow-up.
4. Contact OHC infection control nurse to document recommendations for follow-up.
5. Ensure that the employee completes the Exposure form in its entirety.
6. Maintain a confidential file on all exposures.
7. Disseminate copies of the form to the affected employee and the OHC
8. Ensure that the affected employee is aware of the Clinic's follow-up procedures.
9. Investigate the exposure.
10. Ensure that established Policies and SOG's were followed.
11. Act as liaison between the employee, hospital, and the OHC.
12. Make recommendations to the Company to prevent similar occurrences.
13. Track exposures to identify patterns or trends.

Infectious Disease Exposure Forms

The "Physician Notification Form" (see Appendix C) is completed after the employee has sustained a significant exposure to a potentially infectious body fluid and is given to the Emergency Room Physician.

The "EPS Exposure Form" (see Appendix D) should be completed on any type of suspected or confirmed exposure. Proper documentation is essential and all appropriate questions should be answered. Special attention should be given when explaining how the exposure occurred. If necessary, a supplemental form may be attached. If a hospital notifies the Infection Control Liaison of the possible exposure of an employee to a contagious disease, the ICL will notify the employee verbally. The employee will then fill out the Exposure Form.

POST EXPOSURE TREATMENT

Preventive treatment may be given to reduce the chance of contracting a communicable disease following an exposure. The type and timing of treatment varies with different diseases. Depending upon the disease, treatment may be short-term or long-term. Diseases that usually require post-exposure treatment include, but are not limited to: HIV, Hepatitis B, Non-A Non-B Hepatitis (Hepatitis C), Meningitis, and Tuberculosis.

Post-exposure management may include counseling and/or treatment of a reported illness. This shall be provided to emergency response personnel at a reasonable time and place, according to standard recommendations by the U.S. Public Health Service. Unless otherwise specified, medical treatment shall be conducted at the Occupational Health Clinic.

Emergency response personnel who require post-exposure follow-up treatment shall be provided with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

This written opinion shall include:

- I. The results of the medical evaluation.
2. Verification that the employee has been informed about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other finding or diagnoses shall remain confidential and shall not be included in the written report.

Personnel undergoing follow-up for post-exposure reasons shall keep all scheduled medical appointments. **Failure to comply with follow-up treatment and appointments may jeopardize compensation claims.**

WORK RESTRICTIONS

Under certain circumstances, the supervising physician may prescribe work restrictions or light duty assignment to employees. These restrictions may be for infection control purposes or for other medical reasons.

If an emergency response person has a contagious disease, (i.e., influenza, HBV or exudative lesions), their ability to provide patient care may be limited. This determination will be made through consultation with the employee's private physician, the OHC, legal counsel, and the medical director. Members with open wounds (i.e., rash, abraded or chapped skin) should cover the wound with an occlusive dressing.

CLEANING

Cleaning is the physical removal of dirt and debris. This is generally accomplished using physical scrubbing with soap and water. The scrubbing action is the **KEY** to rendering all items safe for patient use. Cleaning is generally sufficient for non-critical equipment. However, if non-critical equipment has become grossly contaminated with blood or body fluids, it must also be disinfected. The cleaning of contaminated equipment after the completion of a medical call is required to ensure that employees are not unwittingly exposed to blood or other possibly infectious materials.

DISINFECTION

Disinfecting is the process of reducing the number of disease producing organisms by physical or chemical means. First, the item is cleaned with soap and water and then a disinfecting solution is applied. Solutions, such as bleach and water at a 1:10 dilution ratio are acceptable disinfectants. Disinfectant solutions should have an EPA registry number and show that they are effective against mycobacterium tuberculosis. Routine disposal of the germicidal cleaning solution into the municipalities sewer system is acceptable.

STERILIZATION AND HIGH-LEVEL DISINFECTION

Sterilization destroys all forms of microbial life including high numbers of bacterial spores. Sterilization can be accomplished by soaking equipment in an EPA approved chemical sterilant (i.e., Cidex) for a prolonged period of time and rinsing with sterile water. High-level disinfection is the use of chemical liquids for destroying all forms of microbial life except for high numbers of bacterial spores. Items are cleaned and then placed in special solutions (Cidex) for a prescribed period of time and rinsed with water.

BIOHAZARD WASTE AND STORAGE

Used equipment from an emergency incident should be bagged and transported to a cleaning area. Red bags designated for contaminated equipment should be stored on all emergency medical response vehicles and may be identified by the biohazard symbol. When used, these biohazard bags must be disposed of in an approved biohazard container.

CONTAMINATED CLOTHING

Employees are encouraged to have a second clean set of work uniforms readily available if the work clothes you are wearing become contaminated. It is also encouraged that if your work clothes become contaminated that you use a commercial laundry or dry cleaning service to clean your clothes. If this is not possible, and your uniform is contaminated with body fluids. The following procedure is recommended for washing the work uniform:

SPECIFIC CARE OF CONTAMINATED EQUIPMENT

CLEANING KEY

- | | |
|-----------------------------|-------------------------------|
| 1) Disposal | 4) High-level
Disinfecting |
| 2) Cleaning
Disinfecting | 5) Launder |
| 3) Disinfecting | |

ARTICLE

CLEANING PROCEDURE

Airways	I
(Includes ET Tubes, Oral and Nasopharyngeals adjuncts)	
Backboards	2
Bite Sticks	I
B/P Cuffs	2
Bulb Syringe	I
Cervical Collars	I
Dressing & Paper products	I
Drug Boxes	3
Electronic Equipment	3
Laryngoscopes	4
Needles/Syringes	I
Oxygen Equipment	
Cannulas, Masks	I
Tanks and Regulators	2
Penlights	I or 2
Pocket Masks	I
Resuscitators (BVM)	I
Scissors	3
Splints	2
Stethoscope	2
Stylets	I
Suction Unit	2
Suction Catheters	I
Uniforms	5

BIOHAZARD BAGS

Objects that are contaminated with potentially infectious materials shall be placed in an impervious red bag. If outside contamination of the bag is likely, a second bag shall be added. The bag shall have the word "BIOHAZARD" or some other biohazard-warning symbol affixed to the outside. Contaminated items may be placed in marked red bags for disposal purposes. Contaminated items may also be placed in red bags for transportation to an appropriate area for cleaning.

SHARP INSTRUMENTS

Needles shall not be purposely bent or broken by hand, removed from disposable syringes, recapped or otherwise manipulated by hand. Preferably, sharps will be immediately disposed of in a sharps container after use. If necessary, forceps or the one-handed scoop technique shall be used to prevent recapping needles by hand. Re-sheathing instruments and self-sheathing needles should be used, if available, instead of recapping.

After they are used, disposable syringes, needles, scalpel blades, and other sharp items shall be placed in a puncture resistant container for disposal. It is the employees' responsibility to ensure the use of containers at the location where these instruments and needles are to be used.

APPENDIX A

TERMINOLOGY

Body Fluids

Blood, cerebrospinal fluid, semen, vaginal secretions, amniotic fluid, mucous, saliva, tears, sweat, breast milk, urine, feces, synovial fluid.

Carrier

A person or animal which harbors a specific infectious agent in the absence of a discernable disease and serves as a potential source of infection.

Communicable Disease

A communicable disease is a disease that can be transmitted from a person, insect, animal, or inanimate object to a susceptible host. It is also known as a contagious disease.

Incubation

The time period between the exposure to the infectious agent, and the 1st symptom.

Infectious Agent

A virus, bacteria, protozoa, or fungus which is capable of producing an infection.

Mucous Membranes

A moist layer of tissue that lines the mouth, eyes, nostrils, vagina, anus, and urethra.

Parenteral

Denotes an exposure that occurs intravenously, subcutaneously, intramuscularly, or in the mucous membranes.

Chicken Pox

Description:	An acute, generalized viral disease with sudden onset, slight fever, mild overall body symptoms, and skin eruptions which leaves a granular scab.
Agent:	Human (Alpha) Varicella
Mode of Transmission:	Person to person by direct contact, droplet, or airborne spread of secretion of the respiratory tract.
Symptoms:	Slight fever, rash, and cutaneous vesicles.
Incubation:	Average 13 - 17 days, range 2 - 3 weeks.
Period of Communicability:	As long as five days, but usually one to two days before onset of rash, and not more than five days after appearance of rash.
Prevention:	Avoid contact with respiratory secretions and vesicles. Use of gloves, masks and hand washing.

Diphtheria

Description:	An acute, highly contagious bacterial infection that usually infects the respiratory tract, especially the tonsils, nasopharynx, and larynx. Other, less common, types are cutaneous and wound diphtheria.
Agent:	Corynebacterium diphtheriae
Mode of Transmission:	Direct contact with a human carrier, airborne respiratory droplets, or indirect contact with contaminated articles.
Symptoms:	Characteristic lesion, usually in the throat, consisting of a patch or patches of greenish-gray membrane, surrounded by inflammation. Also, sore throat, enlarged lymph nodes, fever, rasping cough, and malaise.
Incubation:	Usually 2- 5 days.

Mode of Transmission:	HBV is found in virtually all body fluids; however, only blood, semen, saliva, and vaginal secretions have been shown to be infectious. Transmission occurs through Percutaneous and/or mucosal membrane exposures, needle stick, sexual activity, or perinatal exposure.
Symptoms:	Gradual onset with loss of appetite, nausea, vomiting, rash, jaundice, and mild fever.
Incubation:	Average 60 - 90- days. Range 45 - 180 days.
Period of Communicability:	Weeks before onset of symptoms, remaining infectious throughout acute clinical phase.
Prevention:	Hepatitis B Vaccine, prophylactic post exposure HBIG treatment, additionally, implementation of body substance isolation practices and the avoidance of sharps injuries.

Hepatitis C

Description:	Viral Hepatitis. Inflammation of the liver. Also known as Hepatitis Non-A Non-B.
Agent:	Hepatitis C Virus.
Mode of Transmission:	Percutaneous exposure to contaminated blood and plasma derivatives. Needle sticks are important vehicles involved in the spread of Hepatitis C. Groups at highest risk are health-care workers, transfusion recipients, parenteral drug users, and dialysis patients. Household or sexual contact with persons with Hepatitis- C has been documented in some studies as risk factors.
Symptoms:	Anorexia, vague abdominal discomfort, nausea, and vomiting. Progresses to jaundice less often than Hepatitis B. Chronic infection may be symptomatic or asymptomatic.
Incubation:	Average 6 - 9 weeks. Range 2 - 6 months.
Period of Communicability:	One or more weeks before onset of first symptoms through acute clinical course of disease.

Incubation: Average 3 - 4 days. Range 2 • 10 days.

Period of Communicability: Until meningococci are no longer present in nose and mouth discharge, Usually disappears from nasopharynx within 24 hours after institution of treatment.

Prevention: Gloves and masks worn by either the patient or the health care provider.

Mumps

Description: An acute contagious disease characterized by inflammation and tenderness of one or more salivary glands.

Agent: Mumps Virus.

Mode of Transmission: Droplet spread, and direct contact with saliva of an infected person.

Symptoms: Gradual onset with fever, swelling and tenderness of one or more salivary glands.

Incubation: Average 18 days. Range 12- 25 days.

Period of Communicability: Infection occurs about 48 hours before onset of illness. Virus has been isolated from saliva from 6 - 7 days before infection and up to 9 days after. Non-immune persons should be considered infectious from the 12th through the 25th day after exposure.

Prevention: Immunization, use of masks, latex gloves, and hand washing.

Rubella (German Measles)

Description: A highly communicable, mild febrile viral disease with rash, sometimes resembling measles.

Agent: Rubella Virus.

Tetanus

Description:	An acute disease induced by toxins of the Tetanus Bacillus, which grows anaerobically at the site of any injury.
Agent:	Clostridium Tetani
Mode of Transmission:	Tetanus spores introduced into the body, usually through puncture wound contaminated with soil, street dust, animal or human feces, through lacerations, burns, trivial or unnoticed wound, or by injected contaminated street drugs.
Symptoms:	Abdominal rigidity, Painful muscular contractions primarily of the masseter) and neck muscles,
Incubation:	Average 10 days. Range 1 day to several months, usually 3 - 21 days.
Period of Communicability:	Not directly transmitted from person to person.
Prevention:	Immunization and booster vaccine, administered in conjunction with Diphtheria (DT) Vaccine. Immunization is effective for approximately 10 years.

Tuberculosis

Description:	An infectious disease characterized by inflammation, lesions, necrosis, abscesses, fibrosis, and calcification. Most commonly affects the respiratory system (i.e., lungs), but other systems may be affected (i.e., gastrointestinal, bones, joints, and nervous system).
Agent:	Mycobacterium Tuberculosis.
Mode of Transmission:	Exposure to airborne particles known as droplet nuclei. These droplets can be generated when persons with pulmonary or laryngeal TB sneeze, cough, speak or sing. These particles are estimated to be approximately 1 - 5 microns in size.
Symptoms:	Fever, fatigue, weight loss (early), chest pain, hemoptysis, and hoarseness (late).

APPENDIX C

ALLIED UNIVERSAL PHYSICIANNOTIFICATION FORM

To: Emergency Room Physician

From: Dr. John Halpern D.O. FACEP
Medical Director/Elite Protection Services

Re: Significant Exposure to Bloodborne Pathogens

This Allied Universal employee before you has sustained a significant exposure to a potentially infectious body fluid during the course of performing medical treatment of a patient that has been brought to your facility.

Per Florida Statutes, this employee has the right to know the HIV status of this source patient. Florida law allows you to perform an HIV test on this patient either with or without their consent if blood specimens have been obtained for other purposes.

Please have your staff contact the hospital's Infection Control Coordinator and advise them of this incident.

Employee's Name: _____
Case Number: _____ Date: _____

Patient's Name: _____

Employee's Signature: _____



Infectious Disease Exposure Report Form

Date and Time of Exposure _____ Place of Exposure _____

EMS Agency Allied Universal Security EMS Elite Division Case # _____

Employee Name _____ Position _____

Employee ID # _____ Soc. Sec. # _____

Sex: M F DOB _____ Age _____ Phone # _____

Address _____

City _____ State _____ Zip Code _____

Employee Transported to _____

Employee Transported by _____

Name of Patient _____

Address _____

City _____ State _____ Zip Code _____

Sex: M F DOB _____ Age _____ Phone # _____

Type of Incident (auto accident, trauma) _____

Type of protective equipment utilized _____

What were you exposed to:

Blood _____ Tears _____ Feces _____ Urine _____ Saliva _____ Vomitus _____ Sputum _____

Sweat _____ Other _____

What part of the body became exposed?

Be Specific:

Did you have any open cuts, sores or rashes that became exposed?

Be Specific:

How did the exposure occur?

Be Specific:

Did you seek medical attention? Yes _____ No _____

Where? _____

Contact Infectious Control Officer: Date _____ Time _____

Exposure Officer Signature _____ Date _____

Member Signature _____ Date _____

Infectious Control Officer Report

Medical facility notified? Yes _____ No _____

If Yes:

Name of Facility _____ Date _____

Address of Facility _____

City _____ State _____ Zip Code _____

Name of Contact _____

Confirmed Exposure _____

Member notified? Yes _____ No _____

Member's Signature _____ Date _____

Medical Follow-Up Action:

Remarks:

Infection Control Office's Signature _____ Date _____

REFERENCES

- † OSHA Instruction CPL 2-2.44B, Enforcement Procedures for Occupational Exposures to Hepatitis B Virus and Human Immunodeficiency Virus, February 27th, 1990
- † 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens, December 6th, 1991
- † 29 CFR 1910.20, Access to Employee Exposure Records and Medical Records
- † NFPA 1581, Standard on Fire Department Infection Control Program, 1991
- † Federal Register, Volume 58, October 11, 1993
- † Centers for Disease Control MMR, Volume 38, Number S-6, 1989
- † Americans with Disabilities Act of 1990 (PL 101-336)
- † Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (PL101-381)
- † Department of Environmental Regulation, Hazardous Waste Management, Rule 17-712
- † Florida State Statutes 381.609, Testing for HIV
- † Florida State Statutes 395.0147, Infectious Disease Notification



Controlled Substances



Allied Universal Security Services

Policy & Procedure for the Storage and Handling of Controlled Substances Medications

Storage Procedures

1. Controlled substance medications will be stored in a double locked compartment on the ALS vehicle. Meaning the controlled substance medication shall be kept in a locked storage box, and the compartment that the drugs are stored in the ALS bag/box will be kept secured by a locking device as well.
2. No backup supply of controlled substance medications will be kept either at the site or corporate office.

Access to Controlled Substance Medications

1. Only the Dir. of EMS and the on duty Paramedic/Security Officer shall have keyed access to the controlled substances carried on the ALS Vehicle at any given time.
 - a. The Chief of EMS shall keep a spare key stored and secured at the regional corporate office for each controlled substance lock box, in case of loss of the primary controlled substance lock box key that is maintained at the site.
 - b. The on-duty Paramedic/Security Officer shall keep in his/her own possession the primary key to the controlled substance lock box at the designated site. This key will be turned over to the next on coming relief paramedic during the pass down at the beginning/ end of each shift.

Shift Exchange & Inventory Procedures

1. Each ALS unit will maintain a written logbook in each vehicle for the inventory of Versed and Fentanyl per Florida State Statute 401. The logbook shall have consecutively and permanently numbered pages. No pages or lines shall be skipped.

2. An inventory shall be made by the off going and the on-coming Paramedic/Security Officer at the beginning and end of each shift change. Or when a shift exchange occurs during the middle of a regular scheduled shift.
3. If a Paramedic/Security Officer works two shifts concurrently, he/she does not need to sign the logbook twice (at the beginning and end of each 8 hr. shift). But must make a notation next to the date and time in the logbook that double shift is being worked.
4. When filling out the controlled substance logbook, the date, time, amount of each controlled substance, lot number and expiration date will be completed for each type of drug. This information will be verified by the on-duty Paramedic/Security Officer printing his/her name and employee I.D. number, signature, and the witness signature provided by the off-going Paramedic/Security Officer.
5. The on-coming Paramedic/Security Officer who accepts the responsibility for the drugs by signing the controlled substance logbook shall maintain and have the keys to the drug box on his/her person at all times until such time as signing over the controlled substance drug box keys and logbook to the next on-coming Paramedic/Security Officer.

Procedures for Use, Replacement and Disposal of Controlled Substances

1. Each ALS Units will carry a total of (1) vial of Versed, 10 mgm, 2cc and (2) vials of Fentanyl 100 microgm, 2cc
2. Controlled substance medications will be used on medical patients that fall under the guidelines for treatment as written in the Palm Beach County Uniform Medical Protocols.
3. Upon use of a controlled substance on a patient, proper documentation will be recorded on the medical run report and on the back page of the controlled substance log. Documentation on the medical run report will include
 - a. Patients name, address, telephone number
 - b. Case number, current date
 - c. Patient's medical chief complaint.
 - d. Patient's medical history and vital signs
 - e. Properly document all patient care and treatment performed.
 - f. Medication administered, amount & time medication administered.

- g. Paramedic/Security Officer will Print & Sign the medical run report and provide employee I.D. number.

The documentation on the back page of the controlled substance logbook will include:

- a. Date used
 - b. Time used
 - c. Case number of incident
 - d. Name of paramedic administering controlled substance and signature.
 - e. Drug used
 - f. Amount of drug used
 - g. Lot number of Vial/ Ampule used
 - h. Amount wasted (if any)
 - i. Witness signature of person witnessing the wasting/disposal of any unused portion of the controlled substance.
4. In the event that a controlled substance is utilized, the Chief of EMS shall be notified either through the EMS Field Supervisor or on-duty site supervisor so that appropriate arrangements can be made for replacement.
 5. In the event that a controlled substance is utilized or damaged and needs restocking. The controlled substance medication(s) will be acquired locally by a local pharmaceutical distributor/supplier. Drugs in need of re-supply or replacement will usually be restocked the same or next business day at the site the controlled substance is used.
 6. If controlled substance medications are being replaced due to normal expiration. The controlled substances may be acquired through medical supply vendors that the company has accounts with to place standard medical supply orders.
 7. When controlled substance medications expire, they will be replaced with replacement medications. The expiring/expired controlled substance will be wasted/disposed of at the site by the Chief of EMS, and the on-duty Paramedic/Security Officer will bear as witness to the proper disposal and replacement of the medication in question.
 8. After proper wasting/disposal of the controlled substance has taken place. The documentation on the back page of the controlled substance logbook will be completed. Documentation to be completed includes:
 - a. Date replaced
 - b. Amount replaced
 - c. Drug replaced
 - d. Replacement by
 - e. Lot number of new controlled substance vial/ampule

Inventory Discrepancy Procedure

1. Should a discrepancy be noted in the controlled substance logbook upon completion of a count, indicating missing/damaged or stolen medication. The EMS supervisor & Chief of EMS will be notified immediately so that necessary actions to remedy the action will be made.
2. An incident report/ voluntary statement shall be completed by both the on-duty and off-going Paramedic/Security Officers.
3. If theft or questionable circumstances of missing medications is indicated, the local police agency for the site in question will be called and notified to file a report without delay.
4. The medical director will also be called and notified by either the Chief of EMS or the EMS field supervisor of any discrepancies with the controlled substance medications inventory.



IV Fluids and Medications



Policy & Procedure for the Storage and Handling of

I.V. Fluids and Medications

Security Procedures

1. All LV. Fluids and Medication (including standard medical supplies) will be stored and locked in a climate controlled environment, that will be kept in a clean and sanitary condition at all times.

Storage Procedures

1. The Director of EMS, onsite EMS Supervisor and the on-duty Paramedic/Security Officer will have access to the locked storage area should supplies for the ALS vehicle need replacement or restocking.

Inventory Procedures

1. Medical supply inventories/orders shall be conducted on at least a bi- monthly basis or more frequently as needed.
2. The onsite EMS supervisor is responsible for the completion of the supply inventory but may designate another paramedic to conduct the inventory.
3. Par levels may be set by the onsite EMS Supervisor for medical supplies. But par levels will not be less than the minimum state requirements as set by 64-E-2 Tables III and Table V

Deteriorated Equipment/ Expired Medications

1. All expired medications shall be disposed of-- their content (with sharps placed into an approved sharps container afterward), then placed into the bio-waste box for proper disposal. This may be done either by the Dir. of EMS or the onsite EMS Supervisor with written documentation to the Dir. of EMS with a list of medications that were wasted and there amount.
2. All deteriorated medical supplies shall be placed into the bio-waste box for proper disposal. Proper due care and handling of any sharps (i.e. lancets) shall be taken.



Universal Protection Service, LLC.

Section 3

17.A memorandum of understanding for radio communications that is executed between the applicant and Palm Beach County. (PBC Facilities Development and Operations Dept.)



R2020 0767

AMENDED AND RESTATED 800 AGREEMENT

THIS AMENDED AND RESTATED AGREEMENT ("Agreement") is made and entered into this _____ day of JUL 07 2020, by and between PALM BEACH COUNTY, a political subdivision of the State of Florida ("County") and Universal Protection Service, LLC, a company licensed to do business in the State of Florida, ("Participant"), with a Federal Tax ID number of 56-0515447.

WITNESSETH

WHEREAS, on June 19, 2018, the County and the Participant entered into an Agreement R2018-0903 (the 2018 Agreement) setting forth the terms and conditions by which the County would provide interoperable radio communications through the EMS and countywide common talk groups to the Participant; and

WHEREAS, to set forth the terms and conditions for all interoperable radio communications, this Agreement amends and restates, in its entirety, and replaces, the 2018 Agreement; and

WHEREAS, the County is continually identifying more effective service delivery methods which result in enhanced public safety services to the residents of Palm Beach County; and

WHEREAS, the County has purchased, designed, installed, and operates a Public Safety Radio System that supports the needs of the Palm Beach County Sheriff's Office, Palm Beach County Fire Rescue, Palm Beach County Emergency Medical Services, and various Palm Beach County general government agencies; and

WHEREAS, the County and the Participant have determined that the ability to provide interoperable communications is critical to the effective and efficient provision of public safety services; and

WHEREAS, it has been determined to be mutually beneficial to both Parties to execute this Agreement which sets forth the parameters under which the Participant can access the Emergency Medical Services (EMS) and Common Talk Groups established on the County's Public Safety Radio System to receive the public safety benefit of EMS communications and interoperability; and

WHEREAS, the Palm Beach County Public Safety Department/Emergency Management Division has requested that the Participant be granted limited access to the County's Public Safety Radio System in order to enhance communication and coordination efforts between hospitals and medical response providers.

NOW THEREFORE, in conjunction with the mutual covenants, promises and representations contained herein, the parties hereto agree as follows:

SECTION 1: PURPOSE

The purpose of this Agreement is to set forth the parameters under which the County will provide access to the EMS and Common Talk Groups established on the County System specifically to provide interoperable communications among public safety agencies capable of accessing this feature of the County System. This Agreement also identifies the conditions of use, the monitoring requirements, and ability of the Participant to participate in the operational decisions relating to the use of the EMS and Common Talk Groups.

SECTION 2: DEFINITIONS

2.01 Certificate of Public Convenience and Necessity (COPCN): is a certificate with endorsements issued by the Board of County Commissioners, deeming it to be in the public convenience and necessity for the named advanced life support provider to operate within the confines of the County, as authorized in Section 401.25, Florida Statutes, as amended.

2.02 Common Talk Groups: Talk groups established on the County's System that are made available to County agencies, municipalities and other non-County agencies for interoperable communications between agencies for the purpose of providing mutual assistance and planning and execution of on-scene operations.

2.03 County Talk-Groups: Talk groups established on the County's System that are made available to County agencies providing for inter-departmental communications. These talk groups are reserved for particular departments/agencies and only available to outside departments by separate agreements.

2.04 EMS Talk Groups: Talk groups established on the County's System that are made available for emergency service personnel to communicate directly with hospitals in and around Palm Beach County.

2.05 Participant Equipment: Also known as "agency radios," are Participant owned P25 compliant handheld and mobile radios and control stations that operate in the 800 MHz spectrum that have the ability to be programmed and used on the County's System.

2.06 Radio Alias: The unique name assigned to an operator's radio that displays on the dispatcher's console when a radio transmits.

2.07 SmartZone Controller: The SmartZone Controller is the central computer that controls the operation of the County's Public Safety Radio System. The SmartZone Controller manages access to System features, functions, and talk-groups.

2.08 System: The Public Safety Radio System funded, purchased, installed, maintained and owned by the County.

2.09 System Manager: An employee within the County's Electronic Services & Security Division of the Department of Facilities Development & Operations with the title Radio

System Manager who is responsible for day to day administration and management of the System and the County's designated contact person pursuant to various sections of this Agreement.

SECTION 3: ADMINISTRATION

3.01 System Contact. The Palm Beach County Electronic Services & Security Division's System Manager will be the Participant's day to day contact and can be reached at 561-233-0837. The Electronic Services & Security Division is staffed from 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding County holidays. After hours emergency contact will be made through the County's Emergency Operations Dispatch Center at 561-712-6428 and the appropriate contact will be made.

3.02 CRSSC. The System Maintenance and Administration Plan as referenced on Attachment I hereto, identifies the general procedures for the management of the System and procedures for input through the user committees into operating procedure development. The plan establishes the Countywide Radio System Steering Committee (CRSSC), which is responsible for overseeing and implementing the policies and procedures for the County's System.

3.03 Compliance with System Policies and Procedures. The Participant shall follow all policies and standard operating procedures in place at the time of this Agreement as well as those developed in the future and issued to the Participant by the System Manager. The Participant agrees to comply with any enforcement actions required by these policies and procedures for misuse or abuse of the County's System.

SECTION 4: COUNTY SYSTEM & RESPONSIBILITIES

4.01 County System. The County System consists of eleven (11) transmit and receive sites with co-located microwave equipment and three (3) microwave only sites that provide network connectivity as well as the SmartZone Controller.

4.02 Coverage for Common Talk Groups. The County System provides seamless County-wide portable and mobile radio coverage for the EMS and Common Talk Groups. The radio coverage for the EMS and Common Talk Groups is identical to that of other County Talk Groups that reside on the County's System.

4.03 County Responsibilities for System Maintenance and Operations. The County shall be responsible for the maintenance and operation of the County's System, including all costs associated with permitting and licensing.

4.04 Scheduled Outages. The County shall maintain the coverage as described in the County's contract with Motorola R2015-1673, dated 11/17/15, and as described within Participant's geographic boundaries as described in Participant's COPCN, throughout the term of this Agreement except for times of scheduled preventive maintenance, where it will be required to disable portions of the network for a pre-determined length of time or during times of system

Participant plans to use commercial services for its system or subscriber unit maintenance, the Participant must include confidentiality requirements in their contracts with the commercial service providers acceptable to the System Manager before access or programming codes may be released to these companies.

5.04.02 Commercial Service Providers. Commercial maintenance service providers are **not** considered authorized to receive access to programming codes for the County's System, unless meeting the requirements of Section 5.04.03 and/or 5.04.04 below. If the Participant does not have employees capable of programming Participant radio equipment or prefers to have others program Participant radio equipment, it may request that the Palm Beach County Sheriff's Office, Palm Beach County Fire Rescue or Palm Beach County Electronic Services & Security Division program Participant's radio equipment under the terms of a separate agreement.

5.04.03 County Review of Existing Service Provider Agreements. If the Participant uses a commercial service provider to program Participant radio equipment at the time of execution of this Agreement, and desires that the commercial service provider program the Participant radio equipment with the EMS and Common Talk Groups, the Participant must submit its existing contract with the commercial service provider to the System Manager for review. The review will focus on whether the contract terms between the Participant and the commercial service provider are adequate to protect the County's System from misuse, harm or release of access and programming codes to unauthorized persons. Notwithstanding the previous statement, the County retains the right, in its sole opinion with or without written reason or cause, to approve or disapprove the use of a commercial service provider. If approved, the System Manager will release the access and programming codes to the commercial service provider. The Participant will be responsible for ensuring that the commercial service provider adheres to the terms of this Agreement pertaining to the proper use of programming codes and radio equipment and pertaining to the safeguarding and protection of the confidentiality of the access codes. If not approved, the Participant shall use the Palm Beach County Sheriff's Office, Palm Beach County Fire Rescue, or the Palm Beach County Electronic Services & Security Division to program Participant radio equipment with EMS and Common Talk Groups.

5.04.04 Review of Bid Documents for Service Provider. If the Participant intends to use a commercial service provider to program Participant radio equipment with the EMS and Common Talk Groups, the Participant shall submit the appropriate bid documents/contract to the System Manager for approval prior to soliciting a bid or quote from the commercial service provider. The System Manager will work with the Participant to develop the appropriate language for the contract which will allow for approval of the commercial service provider. Notwithstanding the previous statement, the County retains the right, in its sole opinion with or without written reason or cause, to approve or disapprove the use of a commercial service provider. If approved, the System Manager will release the access and programming codes to the commercial service provider. The Participant will be responsible for ensuring that the commercial service provider adheres to the terms of this Agreement pertaining to the proper use of the

failures. The Participant shall be notified of scheduled preventive maintenance, pursuant to the policies and procedures referenced on Attachment I hereto.

4.05 Management. The County shall be responsible for talk group and fleet mapping management in accordance with the policies and procedures set forth on Attachment I, as may be amended and updated from time to time.

SECTION 5: PARTICIPANT EQUIPMENT AND RESPONSIBILITIES

5.01 Participant Equipment. The Participant's equipment will be P25 compliant 800 MHz mobile, portable, and control station equipment programmed to be used on the County's System. Equipment other than that manufactured by Motorola shall be approved by the System Manager prior to purchase by the Participant. The Participant is required to keep its equipment in proper operating condition and the Participant is responsible for maintenance of its radio equipment.

5.02 Agreement Limited to EMS and Common Talk Groups. The Participant will only program the EMS and Common Talk Groups and the individual unit ID numbers assigned by the System Manager as part of this Agreement. The Participant will **not** program into its radios the County operational talk groups without a letter of authorization or a signed agreement from the County.

5.03 Participant Contacts. The Participant shall provide the County with a list of persons/positions, which are authorized to request activating/deactivating existing units or new units. No programming will be undertaken by the Participant or its service provider until requested and approved in writing by the System Manager.

5.04 County Confidential Information. The Participant shall receive certain access codes to the County's System to enable the Common Talk Groups to be programmed into the Participant's equipment. *The access codes are considered to be exempt and confidential security system information under F.S. 119.071(3) and must not be released to the public or unauthorized persons.* The access codes are to be treated as confidential information and the Participant is responsible for safeguarding and protecting the confidentiality of the code information from release to unauthorized parties. All confidential security system information and data obtained, developed, or supplied by the County ("Confidential Information") will be kept confidential by the Participant and will not be disclosed to any other party, directly or indirectly, without the County's prior written consent, unless required by law or lawful order. All system parameters shall remain the County's property, and may only be reproduced or distributed with the written permission of the County. The Participant agrees that the County has sole and exclusive ownership of all right, title and interest to the Confidential Information and may be recalled at any time.

5.04.01 Authorized Parties. Service staff directly employed by the Participant shall be considered authorized to receive access and programming codes for the maintenance of the Participant's radio equipment. Commercial service providers are not considered authorized to receive access to programming codes for the System. If the

programming codes and radio equipment use and the terms requiring the safeguarding and protection of the confidentiality of the access codes. If not approved, the Participant shall use the Palm Beach County Sheriff's Office, Palm Beach County Fire Rescue, or Palm Beach County Electronic Services & Security Division to program Participant radio equipment with EMS and Common Talk Groups.

5.04.05 Survival. The provisions of this section regarding the Participant's duty to keep the County's access codes confidential shall survive the termination or expiration of this Agreement.

5.05 Malfunctioning Participant Equipment. The Participant is solely responsible for the performance and the operation of the Participant equipment and any damages or liability resulting from the use thereof. Should the County identify malfunctioning Participant owned equipment; the County will request that the Participant discontinue use of the specific device until the repairs are completed. The County may, in its discretion, disable the equipment from the System after properly notifying the Participant in writing if the device is causing interference to the System.

5.06 Stolen or Lost Participant Radios. In the case of lost or stolen equipment, the Participant will notify the System Manager by e-mail authorizing the System Manager to disable the equipment. The authorization shall provide the County issued individual unit ID number and the serial number of the radio. The System Manager will advise via e-mail when the radio has been disabled. A request by the Participant to re-activate a disabled radio must be in writing by e-mail to the System Manager.

5.07 COPCN. Prior to obtaining the access codes to the County's System, the Participant shall obtain a COPCN, which will detail the emergency services that can be conducted by the Participant as well as the geographical area within the County where it can perform services. The Participant must maintain its COPCN in order to use the access codes for the County's System.

5.08 Use of Radio Equipment. Radio equipment programmed with access codes for the County's System shall only be used by staff directly employed by the Participant and shall only be used in the locations authorized by the COPCN.

SECTION 6: SUBSCRIBER UNIT INFORMATION TO BE PROVIDED BY PARTICIPANT

The Participant will be required to provide to the County an initial inventory of the radios that are proposed to be programmed for use of the EMS and Common Talk Groups. The Participant will provide the following information to the County:

- Radio manufacturer and model numbers.
- Radio serial numbers.
- Requested aliases to be programmed.

The System Manager will then compile this information and transmit back to the Participant a matrix of the County-wide Talk Groups, aliases, and radio ID numbers prior to the Participant's radios being activated on the County's Public Safety Radio System. The Participant is responsible for adhering to the Talk-Group and Radio ID allocations established by the County. The County's Talk-Group and Radio ID allocations are on file with the County and available upon request.

SECTION 7: UTILIZATION AND MONITORING OF EMS AND COMMON TALK GROUPS

7.01 Purpose of EMS Talk Groups. The EMS Talk Group was implemented specifically for emergency medical communications between the emergency providers and hospitals in and around Palm Beach County. The usage of the talk groups are defined below. Typical Usage Scenario:

- A field unit requiring communications with a hospital will request communications through the County's Fire Rescue Dispatch Center on its currently assigned talk-group or on a MED Control talk-group.
- The Fire Rescue Dispatch Center will approve the request that the field unit change talk-groups to the requested hospital talk-group.
- The field unit will then switch to the appropriate talk-group.
- At the conclusion of the communications the field unit will switch back to its assigned talk-group and advise the Fire Rescue Dispatch Center of its return.

7.02 Purpose of Common Talk Groups. The Common Talk Groups were implemented specifically for inter-agency communication among multiple agencies, regardless of their specific discipline or affiliation. They were also created to allow communications between agencies without requiring cross-programming operational talk groups in each agency's radios.

Typical Usage Scenario:

- A unit requesting to coordinate a multi-jurisdictional operation or call for mutual assistance, places a call on the Call Talk Group for the appropriate discipline (i.e. Law Enforcement, Fire Rescue, or Local Government) to the dispatch center of the required agency(ies).
- The responding dispatch center assigns one of the Common Talk Groups to the requesting unit and contacts its agency's unit(s) and requests that the user switch to the corresponding talk group.
- The participating units would communicate on the Common Talk Group(s) and upon completion of the operation; the talk-group is cleared of all radio traffic and put back into the pool for other agencies.

7.03 Approved Uses. Usage of the EMS and Common Talk Groups is authorized to coordinate multi-jurisdictional fire/law enforcement/disaster recovery operations such as fires requiring multi-agency responses, police pursuit through multiple jurisdictions, coordination and response to local emergencies and disasters, and for emergency medical communications between emergency providers and hospitals in and around Palm Beach County. Other authorized uses include undercover operations, investigations, perimeter communications, fire ground coordination, scene security and landing zone communications requiring participation of multiple agencies and disciplines.

7.04 Prohibited Uses. The EMS and Common Talk Groups shall not be used for every-day routine communications or as an extra talk group for agencies that have cross programming agreements and duplicated talk groups programmed into their radios. Other prohibited uses include communications for special events and operations, use as an additional dispatch, administrative or a car to car talk group for a single agency.

7.05 Required Monitoring. Agencies requesting to use the EMS and Common Talk Groups by this Agreement have a requirement to monitor the Calling Talk Group in their respective dispatch center to respond to calls for assistance from field units. The dispatch centers which combine more than one discipline in their dispatch center are required to monitor the disciplines which are dispatched. Agencies which do not utilize their own dispatch center are not required to monitor the Calling Talk Group.

SECTION 8: LIABILITY

8.01 No Representation as to Fitness. The County makes no representations about the design or capabilities of the County's System. The Participant has decided to enter into this Agreement and use the County's System on the basis of having interoperability with the County and /or other municipalities during times of mutual aid and/or joint operations. The County agrees to use its best reasonable efforts to provide the Participant with full use of the EMS and Common Talk Groups but makes no guarantee as to the continual, uninterrupted use of the System, or its fitness for the communication needs of the Participant.

8.02 Indemnification. The Participant agrees to protect, defend, reimburse, indemnify and hold County, its agents, employees and elected officials and each of them (hereinafter collectively and for the purposes of this paragraph, referred to as "County"), free and harmless at all times from and against any and all claims, liability, expenses, losses, costs, fines and damages (including attorney's fees at trial and appellate levels) and causes of action of every kind and character against, or in which County is named or joined, of any damage to property or the environment, economic losses, or bodily injury (including death) incurred or sustained by any party hereto, or of any party acquiring an interest hereunder, and any third party or other party whomsoever, or any governmental agency, arising out of or in incident to or in connection with Participant's performance under this Agreement, the condition of the property, Participant's acts or omissions or operations hereunder, of the performance, non-performance or purported performance of the Participant of any breach of the terms of this Agreement; provided however, that Participant shall not be responsible to County for damages resulting out of bodily injury or

damages to property which Participant can establish as being primarily attributable to the negligence of the County.

Participant further agrees to hold harmless and indemnify County for fines, citations, court judgments, insurance claims, restoration costs or other liability resulting from Participant's activities pursuant to this Agreement, whether or not Participant was negligent or even knowledgeable of any events precipitating a claim or arising as a result of any situation involving Participant's activities.

Participant shall indemnify, defend and save County harmless from and against any and all claims, actions, damages, liability and expense in connection with: (i) loss of life, personal injury and/or damage to or destruction of property arising from or out of any use or lack thereof, of the County's System; (ii) use by Participant, or (iii) any act or omission of Participant, its agents, contractors, employees or invitees. In case County shall be made a party to any litigation commenced against the Participant or by Participant against any third party, then Participant shall protect and hold harmless and pay all costs and attorney's fees incurred by County in connection with such litigation, and any appeals thereof.

8.03 No Responsibility for Third Party Claims. Neither the County nor the Participant shall be liable to each other or for any third party claim, which may arise out of the services provided hereunder or of the radio System itself, its operation or use, or its failure to operate as anticipated, upon whatever cause of action any claim is based. The System is designed to assist qualified law enforcement, fire, and other emergency service professionals. It is not intended to be a substitute for the exercise of judgment or supervision of these professionals. Both parties acknowledge that the responsibility for providing law enforcement, fire, or other emergency services rests with the agency which is providing such service and not necessarily either party to this Agreement.

8.04 No Consequential Damages. The terms and conditions of this Agreement incorporate all the rights, responsibilities, and obligations of the parties to each other. The remedies provided herein are exclusive. The County and the Participant waive all other remedies with respect to each other, including, but not limited to, consequential and incidental damages.

8.05 Survival. The provisions of this section shall survive the termination or expiration of this Agreement.

SECTION 8A: INSURANCE

The Participant shall at its sole expense, maintain in effect at all times during the performance of work hereunder insurance coverage with limits not less than those set forth below and with insurers and under forms of policies acceptable to the County.

During the term of this Agreement, Participant shall maintain Workers Compensation Insurance and Employers Liability insurance in accordance with Chapter 440 Florida Statutes and applicable Federal Acts. This coverage shall be provided on a primary basis. If any work is subcontracted, Participant shall require all subcontractors to similarly comply with this

requirement unless such subcontractor's employees are covered by the Participant's Workers Compensation Insurance policy.

Participant shall purchase and maintain during the term of this Agreement, Commercial General Liability insurance (required coverages, premises/operations, independent contractors, products/completed operations, contractual liability, broad form liability, X-C-U coverages, if applicable) in the amount no less than \$1,000,000 per occurrence.

Should any of the work hereunder involve water craft owned or operated by Participant or any subcontractor, such shall be insured under the Commercial General Liability policy or by other such liability insurance such as Protection and Indemnity in an amount no less than \$5,000,000 per occurrence.

Should any of the work hereunder involve aircraft (fixed wing or helicopter) owned or operated by Participant or any subcontractor, Participant shall procure and maintain Aircraft Liability insurance in the amount of \$5,000,000 per occurrence bodily injury (including passengers) and property damage.

Should the Participant provide patient carrier services using Participant owned or leased vehicles, the Participant shall purchase and maintain during the term of this Agreement, Business Automobile Liability insurance covering on all owned, non-owned and hired automobiles with all of the limits, terms and conditions with a combined single limit bodily injury and property damage in an amount no less than \$1,000,000 per occurrence.

The requirements contained herein as to types and limits, as well as County's approval of insurance coverage to be maintained by Participant are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by Participant under this Agreement.

The County shall be named as an Additional Insured on each liability insurance policy required, except for Workers Compensation and Business Auto Liability. The additional insured endorsements shall provide coverage on a primary basis. The Additional Insured endorsement shall read "Palm Beach County Board of County Commissioners, a political subdivision of the State of Florida, its Officers, Employees and Agents", c/o Electronic Services & Security Division, 2633 Vista Parkway, West Palm Beach, FL, 33411. All involved policies must be endorsed so that thirty (30) days notification of cancellation and any material change(s) in coverage shall be provided to the Board of County Commissioners of Palm Beach County.

The Certificates of Insurance must provide clear evidence that Participant's Insurance Policies contain the minimum limits of coverage and special provisions prescribed in this Section, in accordance with all of the limits, terms and conditions set forth above and shall remain in force during the entire term of this Agreement. Prior to the execution of this Agreement, Participant shall deliver to County Certificate of Insurance, evidencing that such policies are in full force and effect. Such Certificates shall adhere to the conditions set forth herein. Such initial evidence of insurance shall be sent to:

Palm Beach County
C/O Facilities Development & Operations Department
Attn: Business & Community Agreements Manager
2633 Vista Parkway
West Palm Beach, FL 33410

During the term of the Agreement and prior to each subsequent renewal thereof, the Participant shall provide this evidence of compliance with the insurance requirements contained herein to Palm Beach County. Said Certificate(s) of Insurance shall, to the extent allowable by the insurer, include a minimum thirty (30) day endeavor to notify due to cancellation (10 days for nonpayment of premium) or non-renewal of coverage. Should Participant fail to maintain the insurance required herein, the County may terminate Participant's use of the Radio System until coverage is reinstated.

County may request evidence of compliance with the insurance requirements during the term of this Agreement and Participant shall supply such evidence within forty-eight (48) hours of the County's request to do so, by delivering to the County a signed Certificate(s) of Insurance evidencing that all types and amounts of insurance coverages required by this Agreement have been obtained and are in full force and effect.

SECTION 9: OWNERSHIP OF ASSETS

All assets maintained under this Agreement will remain assets of the respective party.

SECTION 10: TERM OF AGREEMENT

10.01 Initial Term. The initial term of this Agreement is for five (5) years and shall commence immediately upon full execution of this Agreement.

10.02 Renewals. The Agreement may be renewed for two (2) additional terms of five (5) years each. At least six (6) months prior to the expiration of this Agreement's term, the Participant shall provide the County with a request to renew this Agreement. Such renewal will require approval of both parties and the County may not unreasonably withhold its approval of the renewal.

10.03 Existing Interlocal Terminated. This Agreement when effective terminates and replaces the Interlocal Agreement between County and Participant R2018-0903.

SECTION 11: AMENDMENTS TO THIS AGREEMENT

This Agreement may be amended from time to time by written amendment as agreed to by all parties.

SECTION 12: TERMINATION

This Agreement shall terminate if Participant's COPCN expires or is revoked and may be terminated by either party, with or without cause upon ten (10) days written notice to the other party. Upon notice of termination, the System Manager will proceed to disable the Participant's radios from the County's System. It will be the responsibility of the Participant to reprogram the Participant's radios removing the County's System information from the radios. The Participant will complete reprogramming the Participant's radios within sixty (60) days of the date of termination. A Participant with greater than one hundred (100) radios will be given ninety (90) days to re-program its radios.

SECTION 13: NOTICES

Any notice given pursuant to the terms of this Agreement shall be in writing and be delivered by Certified Mail, Return Receipt Requested. The effective date of such notice shall be the date of receipt, as evidenced by the Return Receipt. All notices shall be addressed to the following:

As to the County:

County Administrator
301 North Olive Avenue
West Palm Beach, FL 33401

Director, Facilities Development & Operations
2633 Vista Parkway
West Palm Beach, FL 33411-5603

With a copy to:

Radio System Manager
Palm Beach County Electronic Services & Security Division
2601 Vista Parkway
West Palm Beach, FL 33411-5610

County Attorney's Office
301 North Olive Avenue
West Palm Beach, FL 33401

As to the Participant:

Universal Protection Services, LLC
Attn: Branch Manager
1645 Palm Beach Lakes Blvd. Suite 600
West Palm Beach, FL 33401

SECTION 14: APPLICABLE LAW

This Agreement shall be governed by the laws of the State of Florida. Any legal action necessary to enforce the Agreement will be held in a court of competent jurisdiction located in Palm Beach County, Florida.

SECTION 15: FILING

A copy of this Agreement shall be filed with the Clerk of the Circuit Court in and for Palm Beach County.

SECTION 16: ENTIRE AGREEMENT

This Agreement and any Attachments hereto constitute all agreements, conditions and understandings between the County and the Participant concerning access to the EMS and Common Talk Groups. All representations, either oral or written, shall be deemed to be merged into this Agreement, except as herein otherwise provided, no subsequent alteration, waiver, change or addition to this Agreement shall be binding upon the County or Participant unless reduced to writing and signed by them.

SECTION 17: DELEGATION OF DUTY

Nothing contained herein shall be deemed to authorize the delegation of the Constitutional or Statutory duties of the County's officers.

SECTION 18: PALM BEACH COUNTY OFFICE OF THE INSPECTOR GENERAL AUDIT REQUIREMENTS

Palm Beach County has established the Office of the Inspector General in Palm Beach County Code, Section 2-421 - 2-440, as may be amended. The Inspector General is authorized with the power to review past, present and proposed County contracts, transactions, accounts and records. The Inspector General's authority includes, but is not limited to, the power to audit, investigate, monitor, and inspect the activities of entities contracting with the County, or anyone acting on their behalf, in order to ensure compliance with contract requirements and to detect corruption and fraud. Failure to cooperate with the Inspector General or interfering with or impeding any investigation shall be a violation of Palm Beach County Code, Section 2-421 - 2-440, and punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.

SECTION 19: NO THIRD PARTY BENEFICIARY

No provision of this Agreement is intended to, or shall be construed to, create any third party beneficiary or to provide any rights to any person or entity not a party to this Agreement, including but not limited to any citizen or employees of the County and/or Participant.

SECTION 20: NON-DISCRIMINATION

The County is committed to assuring equal opportunity in the award of contracts and complies with all laws prohibiting discrimination. Pursuant to Palm Beach County Resolution R2017-1770, as may be amended, the Participant warrants and represents that throughout the term of the Agreement, including any renewals thereof, if applicable, all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity or expression, or genetic information. Failure to meet this requirement shall be considered default of the Agreement.

SECTION 21: ASSIGNMENT

Participant may not assign, mortgage, pledge, or encumber this Agreement in whole or in part, without prior written consent of County, which may be granted or withheld at the County's absolute discretion. This provision shall be construed to include a prohibition against an assignment, mortgage, pledge, encumbrance or sublease, by operation of law, legal process, receivership, bankruptcy, or otherwise, whether voluntary or involuntary.

SECTION 22: SEVERABILITY

If any term of the Agreement or the application thereof to any person or circumstance shall be determined by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the Agreement, or the application of such term to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected thereby, and each term of the Agreement shall be valid and enforceable to the fullest extent permitted by law.

SECTION 23: COUNTERPARTS

This Agreement may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same agreement.

SECTION 24: ANNUAL BUDGETARY FUNDING/CANCELLATION

This Agreement and all obligations of County hereunder requiring the expenditure of funds are subject to and contingent upon annual budgetary funding and appropriations by the Palm Beach County Board of County Commissioners .

SECTION 25: EFFECTIVE DATE

This Agreement is expressly contingent upon the approval of the Palm Beach County Board of County Commissioners and shall become effective only when signed by all Parties and approved by the Palm Beach County Board of County Commissioners.

THE REMAINDER OF THIS PAGE LEFT BLANK INTENTIONALLY

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed on the day and year first above written.

R2020 0767

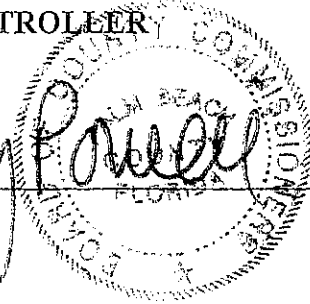
ATTEST:

JUL 07 2020

SHARON R. BOCK
CLERK & COMPTROLLER

PALM BEACH COUNTY, a political
subdivision of the State of Florida

By: *Marcy Powell*
Deputy Clerk



By: *[Signature]*
Dave Kerner, Mayor

APPROVED AS TO LEGAL
SUFFICIENCY:


APPROVED AS TO TERMS AND
CONDITIONS:

By: *Sean-Adel Williams*
County Attorney

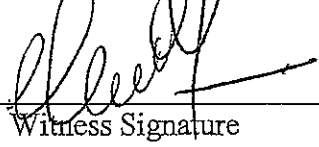
By: *MB Audrey Wolf*
Audrey Wolf, Director
Facilities Development & Operations

WITNESS:

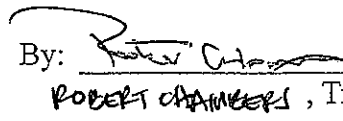
PARTICIPANT:

By: 
Witness Signature

Herbert McCreary
Print Signature Name

By: 
Witness Signature

Alessandro Frittitta
Print Signature Name

By:  Regional Vice President
ROBERT CHAMBERS, Title

ATTACHMENT I

PALM BEACH COUNTY PUBLIC SAFETY RADIO SYSTEM POLICIES AND PROCEDURES

Policy / Procedure Title

1. Countywide Use of 800 MHz System (O.P. # I-01)
2. Countywide Use of 800 MHz System Talk Groups (O.P. # I-04)
3. Monitoring and Evaluation of Public Safety Radio System Talk Groups (O.P. # I-05)
4. Emergency Medical Communications (O.P. # I-06)
5. Reporting of Problems and Modifications of the Public Safety Radio System (O.P. # I-07)
6. Countywide Use of Public Safety Radio System During Times of Catastrophic Failure which result in non-trunking "conventional" operation (O.P. # I-10)
7. System Maintenance and Administration Plan



Universal Protection Service, LLC.

Section 3

18. The applicant must provide a certified letter from the COPCN Holder's Chief Executive Operating Office or Fire Chief that the applicant has met all applicable federal, state and local requirements pertaining to the delivery of EMS.





Universal Protection Services LLC.

October 14th, 2020

To Whom It May Concern:

Universal Protection Services, LLC. / DBA Allied Universal Security Services, is licensed through the Florida Department of Health as an Advanced Life Support provider in the State of Florida. Universal Protection Services, LLC meets Federal requirements, State of Florida and FDOH requirements and Palm Beach County Requirement to provide Emergency Medical Services on an Advanced Life Support level. We have provided EMS services for the past 20 years plus with no State or County deficiencies.

A handwritten signature in cursive script that reads 'Robert Chambers'.

Robert Chambers
Vice President

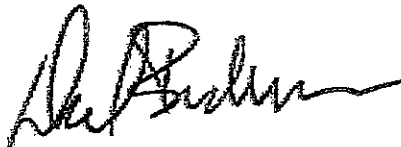
**ACTION BY WRITTEN CONSENT
OF THE SOLE MEMBER OF
UNIVERSAL PROTECTION SERVICE, LLC**
May 27, 2020

The undersigned being the sole member of Universal Protection Service, LLC, a Delaware limited liability company ("Company"), hereby takes the following action by written consent in lieu of a meeting, pursuant to Section 18-302 of the Delaware Limited Liability Company Act, and adopts the following resolutions and consents to the filing of this written consent ("Consent") in the minute book of the Company as of the date above written.

RESOLVED, that the following employee of the Company, Robert Chambers, Regional Vice President, be, and he hereby is, authorized to take the following actions: execute and deliver, on behalf of and in the name of the Company and any of its subsidiaries, any and all agreements, instruments, certificates and other documents, as deemed by such individual in the exercise of his judgment to be appropriate or necessary for the conduct of the business of the Company and its subsidiaries in the ordinary course regarding the any Universal Protection Service Agreements including, without limitation, executing and delivering any Agreement in the Company's name and on its behalf, and it is further RESOLVED, that all actions previously taken by the Company and/or Robert Chambers in connection with the matters contemplated by the foregoing resolutions are hereby adopted, ratified, confirmed and approved in all respects.

IN WITNESS WHEREOF, the undersigned sole member of the Company has executed this Action by Written Consent acting in such capacity as of the date first set forth above.

UNIVERSAL PROTECTION SERVICE, LLC
By: Universal Protection Service, LP, sole member
By: Universal Protection GP, LLC, general partner
of Universal Protection Service, LP



By: _____
David I. Buckman
Executive Vice President, Secretary and
General Counsel



Universal Protection Service, LLC.

Section 3

19. A non-refundable application fee in the amount of five-hundred dollars (\$500.00) made payable to: "Palm Beach County Board of County Commissioners."





Palm Beach County
 Emergency Medical Services
 COPCN Application



St. Andrews Country Club

Agency Name	Allied Universal DBA Universal Protection Services, LLC		
		Received By	Lynette Schurter
General Fund 0001-660-7110-4295			
Payment Received	Date		7/15/2021
	Check Number		14027727
	Amount		\$500.00

PAID

**ALLIED
UNIVERSAL**

161 WASHINGTON STREET, 6TH FLOOR
CONSHOHOCKEN, PA 19380-2093
800-814-8278

CHECK NUMBER

14027727

DATE

07/09/2021

PAY *****Five Hundred DOLLARS and NO CENTS*****

\$***500.00**

TO THE **Palm Beach County Board Of County Commis**
ORDER **301 N. Olive Ave**
OF **West Palm Beach, FL 33401**

PNC BANK
PHILADELPHIA, PA
157310



AUTHORIZED SIGNATURE

⑈ 14027727 ⑈ ⑆ 031000053 ⑆ 8615592299 ⑈



**PALM BEACH COUNTY
DEPARTMENT OF PUBLIC SAFETY
OFFICE OF EMERGENCY MEDICAL SERVICES**



**APPLICATION FOR SPECIAL SECONDARY SERVICE PROVIDER
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
(COPCN)**

Section 1: (Check one)

Applying for new Special Secondary Service Provider Certificate of Public Convenience and Necessity (COPCN) Hunters Run

Applying for renewal Special Secondary Service Provider Certificate of Public Convenience and Necessity (COPCN)

Special Secondary Service Provider COPCN term from _____ to _____

SPECIAL SECONDARY SERVICE PROVIDER Provides non-transport initial ALS services pursuant to a contract with a community/business association as indicated on the COPCN until the Primary COPCN Provider arrives. A Special Secondary Service Provider must obtain a COPCN for each such community/business and are issued for a term that terminates automatically upon the termination or expiration of the COPCN holder's contract for service with the community/business association, or upon notice from the community/business association.

Special Secondary Service Provider COPCN experience does not meet the criteria to establish the necessary ALS or BLS experience since patient care is transferred to the Primary Provider, no transportation is provided, and Special Secondary Service Provider's do not provide patient care during transport

Section 2: AGENCY INFORMATION

Name of agency Universal Protection Services LLC

Mailing address 1645 Palm Beach Lakes Blvd. Suite 600 WPB FL 33411

Base station address _____

Phone # 561-517-7998

Agency is public sector _____ private sector X

Note: The name of the service that is placed on the "Name of agency" line must be identical to the name listed on your COPCN

Chief's / Manager's / Owner's name EMS Chief Alessandro Frattis

Medical Director's name DR. John Halpern

Medical Director's business address 1645 Palm Beach Lakes Blvd. Suite 600 WPB, FL 33401

Medical Director's Medical License# OS 6052 Exp. Date 3-31-22

If applicant is a private sector agency, provide a list of all owner(s), officers, directors, primary shareholders. Include each person's position/interest, and business address. (Please attach separate list referencing question #7.)

Section 3: ATTACHMENTS REQUIRED

Applicants shall submit the application for COPCN as set forth in the Palm Beach County Code of Laws and Ordinances and satisfy all requirements therein, and in addition, applicants shall also provide satisfactory completion of the following requirements. Please be sure to include with the Application, as separately numbered Attachments in a three (3) ring binder, the following:

1. Describe the need and area(s) or zone(s) for the proposed service to be covered by your agency. You must submit copies of any municipal resolution(s), contractual agreements, and Community Association contracts allowing your agency to provide medical response services to any municipality or community.
2. The affected Community Association must submit a letter of request prepared and signed by an authorized representative indicating the dates of service coinciding with the effective date and the expiration date of the contract between the Community Association and the applicant. The expiration date may be amended upon renewal of the contract by submitting an updated letter of request to the administrator. The Community Association shall notify the administrator of an early termination, or of an extension of the contract.
3. A memorandum of understanding that is executed between the applicant and the Primary COPCN Holder.
4. Medical Protocols approved by the Primary COPCN Holder's Medical Director for the applicable Area.
5. Copy of current State Emergency Medical Services (EMS) license(s) and/or current COPCN, if any.
6. Copy of profile sheet(s) relating to current Florida State license(s), if any, or the equivalent information sheet listing all of the agency's vehicles, if any. In order to maintain an acceptable level of service response time, all applicants must have a sufficient number of ALS vehicles available for response which number will vary based on the area of assignment. In no event shall any COPCN holder have less than one ALS unit and one ALS vehicle fully staffed, operationally available, and in series at all times ready for simultaneous response to calls. The COPCN holder must also have one ALS spare unit fully equipped in the event that their primary ALS unit is not in service. It is the intent of this provision that each COPCN holder is responsible to have sufficient ALS units on hand as necessary to demonstrate ability to ensure continuity of operations.

7. Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.020, Florida Administrative Code ("F.A.C."). The applicant must have at least one (1) supervisory or higher level employee who possesses a minimum of three (3) years of experience in pre-hospital ALS Services
8. Insurance verification. A copy of an insurance policy, a self insurance policy, or a Certificate of Insurance is acceptable, so long as the agency meets the minimum insurance limits as required by Section 64J-1.014(a), F.A.C. There must be a 30-day cancellation notice and Palm Beach County shall be shown as the certificate holder with a mailing address of 301 N. Olive Ave, West Palm Beach, FL 33401.
9. The Medical Director must be a Florida licensed physician. Provide a copy of a fully executed contract or agreement. Include copies of current DEA and Florida Physician's License. Must meet requirements of 64J-1.004, F.A.C.
10. A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols.
11. A letter from your Medical Director stating your agency has adopted the countywide approved Trauma Transport Protocols, as approved by the Palm Beach County EMS Council.
12. The financial information of the applicant to ensure financial ability to provide and continue to provide service to the area. Such financial information shall include copies of the applicant's past two (2) Medicare audits if any. Privately held entities must provide copies of the past three (3) years of audited financial statements of the company and its parent company or holding company, if any. Government entities must provide the past three (3) years Comprehensive Annual Financial Reports via hard copy, or electronically. For purposes of this application, a parent company or holding company shall mean any person, corporation or company holding, owning or in control of more than ten (10) percent stock or financial interest of another person, corporation or company.
13. Copy of proposed rate structure, if any.
14. Except for current COPCN holders, a summary history of applicant's emergency services performance record, which provides proof that at the time of application, the applicant has demonstrated experience providing ALS or BLS services. Experience providing ALS or BLS services must include experience providing the full continuum of patient care from call initiation, during patient transport and through to final patient transfer to hospital or other final destination. This is not a personal reference for the agency but how the agency had provided ALS or BLS services in the past.

Applicants for Special Secondary Service Provider COPCNs who meet the staff experience requirement set forth herein, but that do not have a summary history of performance providing ALS Services, are eligible for a conditional COPCN.

The COPCN shall be issued and after six months, the COPCN holder shall deliver a report to the Department with a summary history of the COPCN holder's performance record demonstrating that Applicant successfully provided ALS services during the initial six (6) months of operation and accompanied by a letter from the Primary Provider attesting that the COPCN holder has performed satisfactorily to the knowledge of the Primary Provider. Additionally, the COPCN holder shall provide

records substantiating the implementation of a formal quality assurance system and that at least three (3) formal, quality assurance meetings having taken place during the initial six (6) months of operation. The Primary Provider is required to be invited to participate in the quality assurance meetings.

Upon review of the required documentation, the administrator will determine if the conditions have been satisfied. Special Secondary Service Providers who satisfy the conditions shall be issued a letter acknowledging satisfaction and removal of the conditions of the COPCN. In that event the COPCN shall remain in effect until the contract with the Community Association expires or terminates.

If the administrator determines the conditions have not been satisfied, then the COPCN holder shall be in violation of the EMS Ordinance and the COPCN shall be subject to immediate suspension by the administrator and revocation by the Board of County Commissioners (BCC). The administrator may permit an additional thirty (30) days to satisfy conditions if the Applicant has demonstrated good faith efforts towards satisfaction of the conditions.

Except as expressly modified herein, COPCN holders with conditions are subject to the requirements of the EMS Ordinance and all Rules and Regulations of the BCC and nothing herein shall be construed as a limitation, waiver or relinquishment of any right, remedy, or enforcement power authorized by law, or the EMS Ordinance, or the Rules and Regulations.

15. Proof of satisfactory completion of all federal, state, and/or local agency vehicle and staff inspections for the last six (6) years including copies of all deficiency reports. Current COPCN holders need not provide vehicle and staff inspections performed by the Palm Beach County Office of EMS (except deficiencies reports).
16. Records substantiating the implementation of a formal quality assurance system consistent with Florida Statute Section 401.265 and Rule 64J-1.004(3b), Florida Administrative Code, as may be amended.
17. A memorandum of understanding for radio communications that is executed between the applicant and Palm Beach County. (PBC Facilities Development and Operations Dept.)
18. The applicant must provide a certified letter from the COPCN Holder's Chief Executive Operating Office or Fire Chief that the applicant has met all applicable federal, state and local requirements pertaining to the delivery of EMS.
19. A non-refundable application fee in the amount of five-hundred dollars (\$500.00) made payable to: "Palm Beach County Board of County Commissioners."

SECTION 4: AUTHORIZED SIGNATURE

I, the undersigned representative of the applicant Agency, do hereby attest that said Agency meets all the requirements of Palm Beach County Emergency Medical Services (EMS) Ordinance, as codified in the Palm Beach County Code of Laws and Ordinances, and any accompanying Rules and Regulations of the Department of Public Safety Emergency Medical Services Section, as well as all the requirements for the operation of an emergency service as provided for in F.S., Chapter 401, Part III, and Chapter 64J, Florida Administrative Code.

I, the undersigned representative of the above applicant Agency, further attest that this Agency is in compliance with the State of Florida EMS Communications Plan.

I, the undersigned representative of the applicant Agency, acknowledge that any discrepancies discovered by the PBC EMS staff during the annual mandatory inspections may subject my Agency and its representatives to corrective action and possible penalty as provided for by Florida law and applicable Rule. Further, I understand that an annual vehicle inspection permit-fee of one hundred fifty dollars (\$150.00) per-vehicle shall be paid for any EMS vehicle or ambulance utilized in Palm Beach County.

I, the undersigned authorized representative of the above applicant Agency further acknowledge that, to the best of my knowledge, all statements on this application and the included attachments in support of the application are true and correct.

Alessandro Fratta
Printed / Typed Name of Agency Representative

[Signature]
Signature

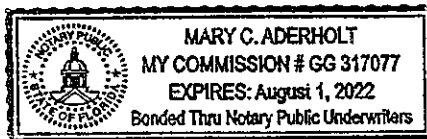
5-7-21
Date

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing Application was acknowledged before me this 7 day of May, 2021 by Alessandro Fratta, who is personally known to me or who has produced _____ as identification and who did take an oath.

[Signature]
Signature

Notary Seal:





Universal Protection Service, LLC.

Section 3

1. Describe the need and area(s) or zone(s) for the proposed service to be covered by your agency. You must submit copies of any municipal resolution(s), contractual agreements, and Community Association contracts allowing your agency to provide medical response services to any municipality or community.





Universal Protection Service, LLC.

April 19th, 2020

Universal Protection Service, LLC. has been an ALS non-transport, special secondary service provider non-stop in Palm Beach County for the past 25 years. We currently hold six Palm Beach County COPCN's. **Hunters Run Country Club** located in Palm Beach County in the City of **Boynton Beach**, Florida has requested Universal Protection service to provide Emergency Medical Services for their community on a 24-hour basis, due to the acquisition of G4s by Universal Protection Service, LLC.

Attached you will find the MOU between Boynton Beach Fire Rescue and Universal Protection LLC along with the current Special Secondary COPCN's held by Universal Protection Service, LLC. and the standing Fire-Department MOU's.

Alessandro Frittitta
EMS Deputy Chief

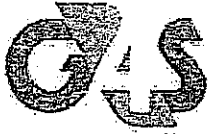


July 9, 2021

To Whom it May Concern,

On May 14th, 2021 Universal Protection Service, LLC. DBA Allied Universal Security purchased G4s in a multibillion-dollar acquisition. Currently G4s has contracts with two paramedic communities, (Hunters Run in Boynton Beach and St. Andrews in Boca Raton). Due to the purchase of G4s, Universal Protection Service, LLC. Is applying to obtain Special Secondary Certificate of Public Convenience and Necessity with the County of Palm Beach. G4s will not be renewing their State of Florida Provider Licensing and Universal Protection Service, LLC will need to obtain a Palm Beach County Special Secondary COPCN for Hunters Run Country Club in the City of Boynton Beach, in order to continue paramedic services in the community. Universal Protection Service, LLC currently holds six Special Secondary COPCN's in Palm Beach County.

Alessandro Frittitta
EMS Chief



This Security Services Agreement ("Agreement") is effective as of November 19, 2018, between Hunters Run Property Owners Association, Inc. a Florida Not For Profit Corporation, with its principal office at 3500 Clubhouse Lane, Boynton Beach, Florida 33436 ("Customer") and G4S Secure Solutions (USA) Inc., a Florida corporation, with its principal office located at 1395 University Boulevard, Jupiter, Florida 33458 ("G4S"). The parties agree as follows:

Account Info	Customer Name:	Hunters Run Property Owners Association, Inc.	Customer Contact:	Mary Watkins
	Site Address (Location where services will be performed):	3500 Clubhouse Lane, Boynton Beach, Florida 33436	Customer Address:	3500 Clubhouse Lane, Boynton Beach, Florida 33436
	Site Phone Number:	(561) 737-3848	Customer Phone Number:	(561) 735-4001
	Site Fax Number:	(561) 735-4019	Customer Fax Number:	(561) 735-4019
			Customer Email:	coo@huntersrun.net
Site Description	Site Description:	Residential Country Club Community	Service Start Date:	11/01/2018
			Service End Date:	11/01/2023
Billing Info	Billing Contact:	Stefan Hagedorn, finance@huntersrun.net	Invoices Frequency:	Weekly
	Billing Address:	3500 Clubhouse Lane, Boynton Beach, Florida 33436	Payment Terms:	30
	Billing Phone:	(561) 735-4002	P/O Number:	N/A
	Billing Fax:	(561) 735-4019		
Background Screening	G4S standard background screening and any additional items set forth here to include:		10 panel drug screen	
			*If Other, please list applicable drug test:	
			Physical Exam (CPO only)	
			none	
			Driver's License (DMV Check) - annually for driving positions only	
Vacation, Holiday and Benefits	Vacation benefits available to officers:		Additional benefits and/or holidays available to officers:	
	One week (40 hours) after one year		Two Weeks after two years and three years after five years	
	none			
	none			
Health Benefits available to officers:				
042A - Blue Cross Plan 42 PPO - Life		*If Other, please list applicable plan		

Officer Information

Officer Type	CPO (Armed)	CPO (Armed)	CPO (Armed)	CPO (Armed)	CPO (Armed)	CPO (Armed)	CPO (Armed)	CPO (Armed)
Position Assignment	Project Manager	Site Supervisor	Shift Lead	Security Officer	Security Officer	Security Officer	Security Officer	Security Officer
Pre-Assignment Training Hours	40 hours	40 hours	40 hours	40 hours	40 hours	40 hours	40 hours	40 hours
Self-Study Training Hours	None	None	None	None	None	None	None	None
On-the-Job Training Hours	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours	24 hours
New Hire Training for Incumbents Hours	None	None	None	None	None	None	None	None
Annual In-Service Training Hours	16 hours	16 hours	16 hours	16 hours	16 hours	16 hours	16 hours	16 hours
Hours Per Week of Coverage	40	40	128	168	616	84	40	44
Regular Pay Rate	\$ 31.25	\$ 21.00	\$ 16.50	\$ 19.50	\$ 15.00	\$ 16.00	\$ 15.00	\$ 16.00
Regular Bill Rate	\$ 41.59	\$ 27.49	\$ 24.74	\$ 29.10	\$ 22.43	\$ 23.82	\$ 22.43	\$ 23.82
Overtime Pay Rate	\$ 31.25	\$ 31.50	\$ 24.75	\$ 29.25	\$ 22.50	\$ 24.00	\$ 22.50	\$ 24.00
Overtime Bill Rate	\$ 41.59	\$ 38.49	\$ 34.54	\$ 40.74	\$ 31.40	\$ 33.35	\$ 31.40	\$ 33.35
Holiday Pay Rate	\$ 31.25	\$ 31.50	\$ 24.75	\$ 29.10	\$ 22.50	\$ 24.00	\$ 22.50	\$ 24.00
Holiday Bill Rate	\$ 41.59	\$ 38.49	\$ 34.54	\$ 40.74	\$ 31.40	\$ 33.35	\$ 31.40	\$ 33.35
Training Pay Rate	\$ 0.00	\$ 21.00	\$ 16.50	\$ 19.50	\$ 15.00	\$ 16.00	\$ 15.00	\$ 16.00
Training Bill Rate	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Vacation Pay Rate	\$ 31.25	\$ 21.00	\$ 16.50	\$ 19.50	\$ 15.00	\$ 16.00	\$ 15.00	\$ 16.00
Vacation Bill Rate	\$ 41.59	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Scope of Services and Additional Pricing Notes:	Director	CPO Major	Lieutenants	Paramedics	Gate Officers	SRT	CPO Admin	Seasonal SRT



Equipment

Equipment Type	Monthly Cost	Notes
Vehicle (direct bill)	\$ 1,137.50	Estimated Fuel & Maintenance billed as Direct Pass Thru
Select One:	\$ 974.57	Medical Supplies for Paramedics
Select One:	\$ 654.38	Lifepack Distributor for Paramedic
Select One:	\$ 1,688.33	Estimated Fuel & Maintenance billed as Direct Pass Thru
Select One:	\$ 563.33	Medical Director for Paramedic Program
Select One:		
Select One:		
Select One:		
Select One:		
Select One:	\$ 1,137.50	One Paramedic Vehicle
Select One:		
Select One:		

Additional Equipment
 Notes: Add notes



Additional Terms and Conditions

1. SERVICES	G4S will provide Customer with security services in accordance with this Agreement ("Security Services"). Security personnel will perform Security Services in compliance with written post orders agreed upon by the parties.
2. OPTIONAL SERVICES	If Customer requests additional services beyond the Security Services specified above, G4S is available, upon written agreement, to perform additional services at G4S' established national short term rates. G4S is also available to perform disaster (floods, fires, earthquakes, hurricanes and other acts of God) or emergency (acts of the government, riots, strikes, acts of terrorism) services at stipulated disaster or emergency service rates subject to the parties entering into the respective disaster or emergency services agreement.
3. PERSONNEL	<ol style="list-style-type: none"> a. All security personnel are employees of G4S and not of Customer. b. All security personnel will be neatly uniformed and courteous. c. All security personnel will be able to effectively communicate verbally and in writing and will be able to effectively respond to emergencies. d. All security personnel will demonstrate reliable attendance and other identified job skills. e. If Customer, at any time, is dissatisfied for any lawful and non-discriminatory reason with any security personnel assigned to the premises, G4S, upon request by Customer, will replace such security personnel. f. Customer will supply G4S with copies of any workplace policies with which security personnel must comply. g. Customer assumes any and all risk and responsibility in the event Customer takes direct control or supervision of G4S security personnel by requiring the employee to perform contrary to this Agreement.
4. HIRING	Customer agrees that it will not employ any security personnel provided by G4S in the performance of this Agreement, for at least six (6) months after said security personnel completed his or her G4S assignment at any Customer site. In the event of Customer's breach of this provision, Customer agrees to reimburse G4S the sum of Two Thousand Five Hundred and No/100 Dollars (\$2,500.00) per person for G4S' recruitment, screening and training costs.
5. RATES	Customer agrees to pay G4S at the hourly rates set forth herein, plus all applicable sales, use and/or similar taxes. Rates quoted are based on a forty (40) hour work week. Overtime rates are incurred when security personnel work in excess of forty (40) hours per week or eight (8) hours per day, whichever is applicable pursuant to local labor laws or applicable collective bargaining agreements, or if additional hours are requested by Customer at Customer premises outside the regular schedule and above the scheduled hours. The parties agree that any additional pre-assignment training requested by Customer will be direct billed at 1.33 times the straight-time pay rate and any additional post-assignment training will be direct billed at 1.4 times the straight-time bill rate. Holiday rates are incurred for hours worked on the legally recognized national holiday for: Thanksgiving, Christmas, New Year's, Memorial Day, Labor Day, Fourth of July and any other holidays agreed between G4S and Customer.
6. RATE CHANGE	If a legal mandate (e.g. change in costs mandated by law, including but not limited to licensing fees, Federal Insurance Contribution Act (FICA), Federal Unemployment Tax Act (FUTA), State Unemployment Insurance (SUI), Worker's Compensation, Collective Bargaining Agreements, regulatory costs associated with compliance with the Patient Protection and Affordable Care Act (PPACA), and/or Federal or State minimum wage laws) changes costs, rates shall be adjusted to account for same upon written notice to Customer. In addition, rates may be adjusted each November 1 for any increased costs for medical insurance premiums, participation rates or both. The rates quoted herein will remain in effect for one (1) year from the Effective Date. Once during any twelve (12) month period thereafter, both parties agree to renegotiate in good faith such rate adjustments as necessary to account for changes in contract economics, compensation, scope of work and other such matters.
7. INVOICES AND PAYMENT	All invoices are due and payable within thirty (30) days of Customer receipt of invoice. Customer acknowledges and agrees payment in any other form other than check or EFT may result in transaction fees which fees shall be collected by G4S at the time payment is processed. If by check, payments shall be mailed to G4S Secure Solutions (USA) Inc., P.O. Box 277469, Atlanta, Georgia 30384-7469. Customer agrees to pay a late charge of 1.0% per month on any amount not paid within thirty (30) days of the date of invoice receipt. Customer agrees to pay reasonable attorney and all collection agency and other fees and expenses which may be incurred by G4S in the collection of unpaid invoices or any part thereof. G4S shall invoice Customer and collect any applicable tax imposed on all retail sales, leases and rentals of goods, and taxable Security Services, including but not limited to state and local sales taxes and gross receipts tax. If G4S collects any such taxes, G4S will be fully responsible for making all payments, declarations, and filings related to same. Customer indemnifies G4S for said taxes; and acknowledges that if any such taxes are understated or increased resulting from an audit, the Customer shall reimburse G4S upon request. Any questions or concerns regarding an invoice must be submitted in writing to the local G4S business office responsible for the invoice within sixty (60) days. Such inquiries are limited to hours worked, direct bill items, expenses and the specified bill rates charged. Any claims related to charges must be made in compliance herewith or they are waived.
8. INDEMNITY	It is understood and agreed between the parties that G4S is not an insurer and that the rate being paid for Security Services is for a security personnel service designed to deter certain risks of loss. Rates are not related to the value of the personal or real property where Security Services are performed. G4S makes no guarantee, implied or otherwise, that no loss will occur or that the Security Services supplied will avert or prevent occurrences or losses. Notwithstanding, G4S is not relieved of its responsibility to provide commercially reasonable best efforts in its performance of this Agreement. G4S shall be liable for any damage to the extent resulting from the negligence or intentional bad act(s) of G4S or its officers or employees, and shall defend, indemnify and hold Customer harmless for said damages including costs and reasonable attorneys' fees, to the extent caused by the negligence or intentional bad acts by Customer, its officers or employees. G4S also agrees to defend, indemnify and hold Customer harmless from and against any claims, demands, actions, suits, causes of action, or losses brought against Customer by G4S' employees or agents, except to the extent of the negligence or intentional bad act(s) of Customer or its employees or agents. IN NO EVENT WILL EITHER PARTY BE LIABLE TO THE OTHER FOR LOSS OF BUSINESS OR PROFITS, PENALTIES, OR SPECIAL OR INDIRECT, CONSEQUENTIAL, PUNITIVE, EXEMPLARY OR LIQUIDATED DAMAGES. IN NO EVENT SHALL G4S' MAXIMUM, CUMULATIVE LIABILITY TO THE CUSTOMER FOR DAMAGES HEREUNDER EXCEED THE TOTAL AMOUNT OF FEES PAID TO G4S IN THE TWELVE (12) MONTH PERIOD IMMEDIATELY PRECEDING THE EVENT GIVING RISE TO THE DAMAGES; THE FORE-GOING LIMITATION SHALL NOT APPLY TO CLAIMS BROUGHT DIRECTLY AGAINST G4S BY THIRD PARTIES. CUSTOMER SHALL GIVE NOTICE TO G4S OF ANY LOSS, DAMAGE, EXPENSE, CLAIM, LAWSUIT, LIABILITY, FINE OR PENALTY (COLLECTIVELY HEREIN "CLAIM") WITHIN THIRTY (30) DAYS OF THE OCCURRENCE GIVING RISE TO THE CLAIM OR WITHIN TEN (10) DAYS OF RECEIPT OF NOTICE OF THE CLAIM. G4S SHALL NOT BE RESPONSIBLE FOR ANY CLAIM UNLESS THE REQUISITE NOTICE IS GIVEN TIMELY AND PROPERLY.

Additional Terms and Conditions

9. TAXES	G4S will pay all wages, state and federal withholding taxes, social security taxes, local occupational taxes, unemployment taxes, and other amounts normally required by an employer arising from G4S' employment of the security personnel assigned to Customer's premises and G4S will indemnify and hold Customer harmless, including costs and reasonable attorney's fees, from and against any or all of these obligations.
10. INSURANCE	<p>a. G4S has procured, and will maintain in effect throughout the life of this Agreement, workers' compensation insurance in full limits as required by statute and employer's liability insurance with a limit of at least \$1,000,000.00, covering G4S' employees assigned to Premises. If any claim for Workers' Compensation benefits is asserted against Customer by any of said G4S employees or in the event of death by their personal representatives, then, upon timely written notice from Customer, G4S shall undertake to defend Customer against such claim(s) and shall indemnify and hold Customer harmless from and against any such claim(s).</p> <p>b. G4S has procured, and will maintain in effect throughout the life of this Agreement, a General Liability policy (covering bodily injury, personal injury and property damage) in the amount of \$1,000,000.00 per occurrence and \$2,000,000.00 general aggregate. G4S agrees to name and maintain Customer as an additional insured on said liability policy. G4S' naming of Customer as an additional insured shall provide coverage to the extent of G4S' liability under the Agreement and shall in no event be construed for any purpose so as to make G4S or the issuer of such policies liable for the negligence (joint, concurrent, independent or individual), acts, errors or omissions of Customer or its employees. <i>Please refer to Current COI which lists \$5,000,000</i></p> <p>c. If the Security Services include the use of vehicles by G4S' security personnel, G4S will procure and maintain in effect throughout the life of this Agreement, an Automobile Liability policy in the amount of \$1,000,000.00 combined single limit (each accident).</p>
11. CONFIDENTIAL INFORMATION	All processes, documents, data, material, policies, or other information pertaining to Customer's business which is learned by G4S or furnished to G4S shall be maintained by G4S in strict confidence and shall not be used by G4S, except for the direct benefit of Customer, nor disclosed by G4S to any person or entity at any time for any reason unless required by law or to otherwise provide the Security Services pursuant to this Agreement. In furtherance of this provision, G4S agrees to execute such mutually agreed to confidentiality agreements as requested by Customer from time to time.
12. PROPERTY	All Customer software, equipment, and other property used by security personnel shall remain the exclusive property of Customer. Likewise, any property furnished by G4S for use by security personnel while assigned at Customer shall remain the exclusive property of G4S. The Customer shall be responsible for carrying out its own virus checking procedures on all deliverables in accordance with good computing practice.
13. TERM	This Agreement is effective as of the date indicated above and shall continue in effect until either party gives the other party written notice not less than thirty (30) days in advance specifying the date of termination. Either party may terminate this Agreement at any time, upon ten (10) days prior written notice to the other party, if the non-breaching party has notified the other that a material breach of this Agreement has occurred, and same has not been rectified in a timely manner. Notwithstanding the foregoing, G4S may terminate this Agreement upon twenty-four (24) hours prior written notice for non-payment. Either party may immediately terminate this Agreement if the other party has been declared bankrupt, files for bankruptcy protection, make an assignment for the benefit of creditors or is in receivership.
14. MODIFICATION	This Agreement may only be modified by mutual written consent of the parties. Customer may request G4S to assign security personnel at additional Customer locations; an amendment for said location(s) shall be executed by the parties and incorporated by reference into this Agreement.
15. FORCE MAJEURE	Neither party shall be liable for any failure or delay in performance of this Agreement, in whole or in part, where such failure or delay is caused by circumstances beyond that party's reasonable control, including but not limited to acts of God, severe weather, fire, terrorism, vandalism or civil riots, war, civil disturbance, labor activity or strike, court order or any other cause outside that party's exclusive and direct control.
16. ENTIRE AGREEMENT	This Agreement supersedes all previous agreements, oral or written, between G4S and Customer at any Customer location, and represents the entire Agreement between the parties. No other agreements or representations, oral or written, have been made. Any preprinted terms contained on a Customer purchase order shall be subject to this Agreement and any conflict between this Agreement and any pre-printed terms on commercial forms/paper shall be resolved in favor of this Agreement.
17. SEVERABILITY	The provisions of this Agreement are severable and the invalidity or ineffectiveness of any part thereof shall not affect or impair the validity and effectiveness of remaining parts of provisions of this Agreement.
18. ASSIGNMENT	Neither party may assign or delegate its rights or obligations pursuant to this Agreement without the prior written consent of the other. However, no consent is required for an assignment that occurs (a) to an entity in which the transferring party owns more than 50% of the assets, or (b) as part of a transfer of all or substantially all of the assets of the transferring party to any party. Any assignment or delegation in violation of this section shall be void.
19. NOTICES	All notices to be given by either party shall be in writing and shall be sufficiently given or made by (i) delivery in person; (ii) facsimile; (iii) electronic mail; (iv) first class, registered or certified mail, postage prepaid; or (v) overnight courier addressed to the other party at its address set forth on page 1 of this Agreement or at such other address as the other party may have designated by notice given hereunder. Notices so given shall be effective upon (i) receipt by the party to which notice is given, or (ii) on the third (3rd) day following mailing, whichever occurs first.
20. LEGAL COMPLIANCE	G4S certifies that the Security Services it provides will be performed in compliance with and subject to all state and federal statutes, municipal and local ordinances and the rules and regulations of any governmental agency or department which has jurisdiction over the performance of these Security Services.

Additional Terms and Conditions

21. DISPUTE RESOLUTION	In the event of any dispute between the parties, Customer and G4S agree that they will make good faith efforts to resolve their differences, with the assistance of a mediator selected by mutual agreement. Mediation will take place in Jupiter, Florida, unless agreed otherwise. Each party shall bear its own associated expenses, including attorneys' fees, and the parties agree to equally share the mediator's fees and ancillary expenses.
22. LABOR ORGANIZATIONS	In the event G4S enters into any collective bargaining agreement covering G4S employees assigned to Customer, it is understood and agreed that G4S shall have sole control and responsibility for and will be sole signatory under and connected with all such labor negotiations, grievances, collective bargaining agreements and related labor matters.
23. THIRD PARTY BENEFICIARIES	Security Services provided pursuant to this Agreement are provided to Customer only. No other person or entity is, nor is intended to be, a third party beneficiary.
24. HAZARDOUS CONDITIONS	Customer represents and warrants there are no chemical or other hazards that require disclosure to G4S or its employees that have not previously been disclosed to G4S under the OSHA Chemical Hazard Communication Standard 1910.1200. Customer agrees to provide any training offered to its own employees to G4S employees and will provide G4S with copies of any training materials.
25. RELATIONSHIP OF THE PARTIES	The parties to this Agreement are independent contractors and nothing in this Agreement shall be deemed or construed as creating a joint venture, partnership, agency relationship or franchise between G4S and Customer. Neither party, by virtue of this Agreement, will have any right, power or authority to act or create an obligation, express or implied, on behalf of the other party. Each party assumes responsibility for the actions of their personnel under this Agreement and will be solely responsible for their supervision, daily direction and control, wage rates, withholding income taxes, disability benefits, or the manner and means through which the work under this Agreement will be accomplished.
26. GOVERNING LAW	This Agreement shall be governed by the laws of the State where the majority of the work is performed.

BY SIGNING BELOW, THE SIGNATORY REPRESENTS AND WARRANTS THAT SHE IS DULY AUTHORIZED TO EXECUTE AND DELIVER THIS AGREEMENT ON BEHALF OF THE ENTITY FOR WHICH SHE IS SIGNING AND THAT THE AGREEMENT IS BINDING UPON THE ENTITY.

Customer
 By: *Jack Smith*
 Name: Jack Smith
 Title: President
 Date: _____

G4S Secure Solutions (USA) Inc.
 By: *Eduardo J. Rodriguez*
 Name: Eduardo J. Rodriguez
 Title: General Manager
 Date: 01/10/2019



Universal Protection Service, LLC.

Section 3

2. The affected Community Association must submit a letter of request prepared and signed by an authorized representative indicating the dates of service coinciding with the effective date and the expiration date of the contract between the Community Association and the applicant. The expiration date may be amended upon renewal of the contract by submitting an updated letter of request to the administrator. The Community Association shall notify the administrator of an early termination, or of an extension of the contract.





July 12, 2021

Palm Beach County
Department of Public Safety
Office of Emergency Medical Services
20 South Military Trail
West Palm Beach, FL 33415

To whom it may concern:

Let it be known that Hunters Run Property Owners Association Inc. located at 3500 Club House Lane Boynton Beach, Florida 33435, Intends to continue Paramedic services with Universal Protection Services LLC to provide security and ALS non-transport special secondary medical services to our community due to the acquisition of G4s. We request that Paramedic services continue without interruption during the transition period.

Sincerely



Jack Gotny

POA President



Universal Protection Service, LLC.

Section 3

3. A memorandum of understanding that is executed between the applicant and the Primary COPCN Holder.



**Memorandum of Understanding
Between**

**The City of Boynton Beach Fire-Rescue and Universal Protection Services, LLC.
"DBA Allied Universal Security "**

This Understanding has been mutually entered into by and between the City of Boynton Beach, Boynton Beach Fire-Rescue, and Universal Protection Services, LLC. hereinafter referred to as "Allied Universal Security" for the purpose of defining protocols for dispatch, the roles and responsibilities of all first responder personnel at an emergency scene and for documentation required relative to patient care rendered pursuant to Florida Administrative Code 64J-2 within the Hunter's Run Gated Community of Boynton Beach, Florida.

ALS First Responder Minimum Qualifications

Universal Protection Services LLC Paramedics shall be appropriately licensed and certified by the State of Florida and will meet all prescribed qualifications and educational requirements as set forth in Chapter 401, Florida Statutes and Florida Administrative Code 64J-2 for State of Florida certified Paramedics.

First Responder Roles and Responsibilities

The intention of this section is to identify Universal Protection Services LLC responsibility to both patients and to Fire-Rescue. Fire-Rescue shall have the final authority over all transfer of patient care and subsequent transport, if deemed necessary.

1. Upon arrival at an emergency scene, Universal Protection Services, LLC personnel will immediately assess the scene for safety and will determine the feasibility to enter the scene based on that assessment. If the scene is determined to be unsafe, Universal Protection Services LLC will notify all responding units of the situation at the scene and will additionally request applicable law enforcement support.

2. Upon direct patient contact, Universal Protection Services LLC will begin an immediate patient assessment and initiate care of any sick or injured person in accordance with approved medical protocols. All care provided will be in accordance with the minimum standard pre-hospital treatment protocols approved and adopted by Fire-Rescue and as provided at Universal Protection Services LLC by Fire-Rescue. Universal Protection Services LLC personnel will adhere to all local, state, and federal laws and regulations related to worker safety, inclusive of an infection control plan.

3. Universal Protection Services LLC will function only as a Secondary; Non-transport Advanced Life Support First Responder service through use of state licensed Paramedics and will carry a full set of Advanced Life Support equipment as required by Chapter 401, Florida Administrative Code 64J-2 for registered Non-Transport Advance Life Support vehicle. This service will only be provided within the confines of the Hunter's Run Community in accordance with the issued Special Secondary Certificate of Public Convenience and Necessity.

4. Decisions concerning the treatment and transport of all emergency medical patients shall remain the sole authority and responsibility of Boynton Beach Fire-Rescue.

911 Dispatch Protocols

1. The city of Boynton Beach Communications Department shall be the primary public safety answering point for all emergency medical assistance required within the Hunter's Run Community. The City of Boynton Beach Communications Department will be the responsible Party for dispatch of Fire-Rescue units. Universal Protection Services LLC agrees to advertise ONLY the use of 911 for the reporting of fire or medical emergencies and will discourage direct resident contact of Universal Protection Services LLC personnel prior to using 911 system. No other established number will be advertised to the residents of Hunter's Run for the purpose of reporting a fire or medical related emergency.

Documentation of Patient Care Rendered by Universal Protection Services LLC

1. Universal Protection Services LLC will produce written documentation of pertinent medical information (vital signs), chief medical complaint, age and gender of patient, initial assessment findings, initial interventions, and by whom with appropriate time references for each patient care is rendered to. Universal Protection Services LLC will provide this information verbally to Fire-Rescue upon arrival and no later than Fire-Rescue departure from the scene.

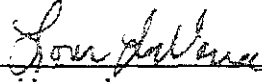
2. Universal Protection Services LLC will maintain all completed medical reports and will provide required quarterly documentation to the State of Florida Bureau of EMS (Emergency Medical Services) in the appropriate reporting format, currently form DH-1304 EMS Aggregate Prehospital Report and Provider Profile Information Form. Additionally, all medical reports will have been reviewed by Universal Protection Services LLC Medical Director Dr. John Irving Halpern for content, clarity, and proficiency prior to the quarterly submission of Form DH-1304. Universal Protection Services LLC agrees to conduct Quality Management reviews with Fire-Rescue as needed to ensure quality assurance compliance with Florida Statue 401 and Florida Administrative Code 64J-2. Universal Protection Services LLC shall adhere to all HIPPA regulations and maintain compliance.

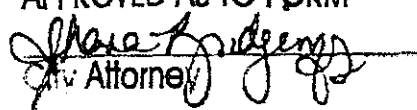
Infectious Disease Exposure Notification


If a potential or actual exposure to infectious disease occurs during a service response call within the Hunter's Run Community, Fire-Rescue shall notify Universal Protection Services LLC as soon as Fire-Rescue has confirmed as much with the receiving hospital patient was transported to. Should Universal Protection Services LLC become aware of a potential or actual exposure incident that involves responding Universal Protection Services LLC personnel, Universal Protection Services LLC shall notify Fire-Rescue immediately. Each agency will be responsible for providing care to its own personnel in the event of exposure.

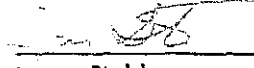
Authorization

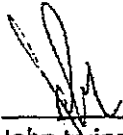
This Memorandum of Understanding may be amended by mutual agreement of Boynton Beach Fire-Rescue and Universal Protection Services LLC. This Memorandum must be officially filed with the Bureau of Emergency Medical Services, Department of Health, 4052 Bald Cypress Way, Bin C-18, Tallahassee, Florida 32399-1738 and with Palm Beach County Board of County Commissioners, Department of Public Safety, Division of Emergency Management, 20 South Military Trail, West Palm Beach, Florida 33415-3130, Said Filings must be in accordance with Florida Administrative Code, Specific Authority F.S.S.401.435.

 Date 5/19/21
Lori Laverriere
City Manager
City of Boynton Beach

APPROVED AS TO FORM

Attorney

 Date 5-11-21
Alessandro Frittitta
EMS Chief
Universal Protection Services LLC

 Date 5/12/21
James Stables
Fire Chief
City of Boynton Beach

 Date 5/11/21
John Irving Halpern, DO
Medical Director
Universal Protection Service LLC



Universal Protection Service, LLC.

Section 3

4. Medical Protocols approved by the Primary COPCN Holder's Medical Director for the applicable Area.





Universal Protection Service, LLC.

11/05/2020

Standing Orders

The attached Emergency Medical Standing Orders are the official advanced life support protocols (as adopted from Palm Beach County Fire-Rescue Protocols) for Universal Protection Service and are approved for the use by the paramedics of this agency to care for the sick and injured.

Medications, equipment and supplies required by PBCF-R when treating medical/trauma events associated with Fire/HAZ-MAT operations and patient transport will not be maintained within this agency's medication, equipment and supply inventories.

Also, as a community based special secondary service provider we do not terminate resuscitation efforts or determine death in the field. We only assist in triage operations as determined by PBCF-R and follow fire-rescue orders dealing with crime scenes. High-risk refusals for treatment/transport are referred to fire-rescue, and we do not perform Paralytic procedures.

Note that the following medications are not included within Universal Protection Service Approved Medication List (they are included in the protocols for informational purposes).

- Etomidate
- Glucagon
- Ketamine
- Succinylcholine
- Vecuronium

Note that D10 replaces D50 in the diabetic emergency protocol when the patient is unable to swallow oral glucose. Refer to protocols for diabetic emergencies, as well as D10 and Oral glucose in Medication List.

Dr. John Halpern, D.O.
Medical Director, Universal Protection Services, LLC

Dr. Kenneth A. Scheppke, M.D.
Medical Director, Palm Beach County Fire Rescue



Universal Protection Service, LLC.

Section 3

5. Copy of current State Emergency Medical Services (EMS) license(s) and/or current COPCN, if any.





STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF EMERGENCY MEDICAL OVERSIGHT

ADVANCED LIFE SUPPORT SERVICE LICENSE

This is to certify that: UNIVERSAL PROTECTION SERVICE, LLC Provider Number #: 5223
Name of Provider

1645 PALM BEACH LAKES BOULEVARD, SUITE 600, WEST PALM BEACH, FLORIDA 33401
Address

has complied with Chapter 401, Florida Statutes, and Chapter 64J-1, Florida Administrative Code, and is authorized to operate as an Advanced Life Support Service subject to any and all limitations specified in the applicable Certificate(s) of Public Convenience and Necessity and/or Mutual Aid Agreements for the County(s) listed below:

PALM BEACH
County(s)

A handwritten signature in black ink, appearing to read "Steve A. McCoy".

Steve A. McCoy
Emergency Medical Services Administrator
Florida Department of Health

THIS CERTIFICATE EXPIRES ON: 05/15/2022

This certificate shall be posted in the above mentioned establishment



Universal Protection Service, LLC.

Section 3

6. Copy of profile sheet(s) relating to current Florida State license(s), if any, or the equivalent information sheet listing all of the agency's vehicles, if any. In order to maintain an acceptable level of service response time, all applicants must have a sufficient number of ALS vehicles available for response which number will vary based on the area of assignment. In no event shall any COPCN holder have less than one ALS unit and one ALS vehicle fully staffed, operationally available, and in series at all times ready for simultaneous response to calls. The COPCN holder must also have one ALS spare unit fully equipped in the event that their primary ALS unit is not in service. It is the intent of this provision that each COPCN holder is responsible to have sufficient ALS units on hand as necessary to demonstrate ability to ensure continuity of operations.



**Emergency Medical Services
License Application Profile Report**

PROVIDER DATA

<u>Name:</u>	UNIVERSAL PROTECTION SERVICE, LLC	<u>ID NUMBER:</u>	5223	<u>Phone:</u>	(561) 478-9983
<u>Manager Name:</u>	Ray Pradines, Chief of EMS	<u>COUNTY:</u>	PALM BEACH	<u>Fax:</u>	(561) 686-7740
<u>Mailing Address:</u>	1645 Palm Beach Lakes Boulevard Suite 600 WEST PALM BEACH, FL 33401	<u>Service Type</u>		<u>Email:</u>	raymond.pradines@aus.com
<u>Physical Address:</u>	1645 Palm Beach Lakes Boulevard Suite 600 WEST PALM BEACH, FL 33401				
					Private Corporation For Profit

LICENSE DATA

<u>Certification Number:</u>	4561	<u>Date Issued:</u>	04/20/2020	<u>Expires:</u>	05/15/2022
<u>Status:</u>	Clear				
<u>Service Type:</u>	ALS	<u>Amount Required:</u>	\$1,475.00	<u>Amount paid:</u>	\$1,475.00

PRIMARY MEDICAL DIRECTOR DATA

<u>Name:</u>	HALPERN, JOHN IRVING HOWARD	<u>License Number:</u>	OS 6052	<u>License Expires:</u>	03/31/2022
<u>Phone:</u>	(954) 722-8623	<u>DEA Reg. #:</u>	FH8080905	<u>DEA Reg. Expires:</u>	10/31/2021
<u>Address:</u>	7515 Banyan Way TAMARAC FL 33321	<u>Contract End Date:</u>	12/31/2020		

SECONDARY MEDICAL DIRECTOR DATA

<u>Name:</u>		<u>License Number:</u>		<u>License Expires:</u>	
<u>Phone:</u>		<u>DEA Reg. #:</u>		<u>DEA Reg. Expires:</u>	
<u>Address:</u>		<u>Contract End Date:</u>			

INSURANCE DATA

<u>Insurance Company</u>	<u>Type of Insurance</u>	<u>Insurance Expiration Date</u>
Greenwich Insurance Company	Vehicle Liability	11/01/2020

SERVICE AREA DATA

<u>County of Service</u>	<u>Date Certificate of Public Convenience and Necessity Expires</u>
Palm Beach - Ballensties Community Associatio	01/01/1901
Palm Beach - Delaire Country Club	01/01/1901
Palm Beach - Frenchman's Creek	01/01/1901
Palm Beach - Mirasol Country Club	01/01/1901
The Polo Club of Boca Raton	01/01/1901

VEHICLE DATA

<u>Permit #</u>	<u>Type</u>	<u>Sub-Type</u>	<u>Make</u>	<u>Model</u>	<u>Year</u>	<u>License Status</u>	<u>Issue Date</u>	<u>Vehicle Identifier</u>	<u>Permit Fee</u>
20405	ALS	N	FORD	FLEX	2016	Clear	01/30/2017	2FMGK5B84GBA13847	25.00
21111	ALS	N	FORD	INTERCEPTOR	2017	Clear	11/22/2017	1FM5K8ARXHGA35896	25.00
21834	ALS	N	FORD	INTERCEPTOR	2018	Clear	10/22/2018	1FM5K8AR0JGC42765	25.00
22278	ALS	N	FORD	INTERCEPTOR	2017	Clear	07/03/2019	1FM5K8AR0HGB82857	25.00
22897	ALS	N	FORD	ESCAPE	2018	Clear	04/20/2020	1FMCU9GD1SUA48949	25.00
22898	ALS	N	FORD	TÁURUS	2015	Clear	04/20/2020	1FAHP2D85FG192516	25.00
22899	ALS	N	FORD	INTERCEPTOR	2020	Clear	04/20/2020	1FM5K8AW0LGC02426	25.00

Count of vehicles with status of "Issued"				
<u>Total</u>	<u>BLS</u>	<u>ALS (Transport)</u>	<u>ALS (Non-Transport)</u>	<u>AIR</u>
7	0	0	7	0

ALS Vehicles

Location	Model	Tag	Vin #	ALS #	EMS #	Year
Ballenisle	Ford Interceptor Explorer	QCIG04	1FM5K8A8B6LGC36017	23505	AUS Medic 1	2020
Delaire	Ford Escape	JDEW59	1FMCU9GDISUA48949	22897	AUS Medic 2	2018
Frenchman's	Ford Interceptor Explorer	QCIG05	1FM5K8ABXLGC36015	23506	AUS Medic 3	2020
Hunters Run	Chevy Equinox		3GNAXFEV2LS507252		AUS Medic 7	
Mirasol	Ford Interceptor Explorer	NQIR99	1FM5K8AW0LGC02426	22899	AUS Medic 4	2020
Polo Boca	Ford Interceptor Explorer	JRVR83	1FM5K8AR0JGC42755	21834	AUS Medic 5	2018
St. Andrews	Nissan Rogue		JN1BJ1CV0LW274399		AUS Medic 8	2020
Wycliffe	Ford Interceptor Explorer	QHMB99	1FM5K8AB4MGA86789	23507	AUS Medic 6	2021
Spare	Ford Interceptor Explorer	IFGE96	1FM5K8AR0HGB82857	22278		2017
Spare	Chevy Equinox		3GNAXFEV3LS507583			2020
Spare						
Chief	Ford Taurus	GICA57	1FAHP2D85FG192516	22898	AUS Chief 1	2015



Universal Protection Service, LLC.

Section 3

7. Personnel roster. Personnel must meet all requirements of certification and training referred to in 64J-1.020, Florida Administrative Code ("F.A.C."). The applicant must have at least one (1) supervisory or higher level employee who possesses a minimum of three (3) years of experience in pre-hospital ALS Services



Name	Drivers License and Exp.		Paramedic / EMT	ACLS	EVOC	Driving Record
Armenis, Andrew	A655012732850	08-05-2029	PMD 18976 12-1-22			1/6/2021
Autrey, Brian	A360076560230	1-23-2022	PMD 502593 12-1-22			1/6/2020
Avella, Cosimo	A140100862880	08-08-2026	PMD 522437 12-1-22			1/21/2021
Ben Hamza, Kamal	B552504791270	7-23-2021	PMD 546886 12-1-22			1/27/2021
Berete, Frankie	B630240873770	10-17-2021	PMD 522292 12-1-22			1/5/2020
Betancourt, Mauricio	B300324791020	3-22-2025	PMD 511013 12-1-22			1/19/2020
Carty, Aaron	C63001788220	6-22-2022	PMD 531855 12-1-22			1/2/2020
Croke, John	C620462542170	6-17-2027	PMD 3942 12-1-22			1/5/2020
Delrossi, Michael	D462556702941	8-14-2022	PMD 16540 12-1-22			1/12/2020
Denker, Noah	D526633972930	08-13-2022	PMD 534930 12-1-22			1/20/2020
Doeren, Nathaniel	D650631843460	09-26-2022	PMD 525045 12-1-22			1/23/2020
Evans, Melanie	E152552815670	2-27-2022	PMD 518823 12-1-22			1/27/2020
Ferret, Randall	F630720953870	10-27-2028	PMD 532567 12-1-22			1/10/2021
Ferreira, Samuel	F660781971030	03-23-2028	PMD 535212 12-1-22			1/26/2021
Gamboa, Giovanni	G510280822710	07-31-2027	PMD 514924 12-1-22			1/27/2020
Geoghegan, Elizabeth	G225225655430	02-03-2025	PMD 200111 12/1/22			1/22/2020
Hart, Jon	H630425552980	8-18-2026	PMD 921 12-1-22			1/5/2020
Jaremko, Paul	J652681652880	08-08-2026	PMD 9855 12-1-22			1/10/2021
Kimberly, Brittany	K516061876850	5-25-2025	PMD 530474 12-1-22			1/20/2020
Laster, Bailey	L236061964660	12-26-2023	PMD 535204 12-1-22			1/27/2020
Luzincourt, Jean	L252461860150	1-15-2023	PMD 524381 12-1-22			1/19/2020
Martinez, Jesus	M635438972230	06-23-2021	PMD 535886 12-1-22			1/19/2021
Maitland, Keith	M345507703700	10-10-2024	PMD 197301 12-1-22			1/12/2021
Moorgat, Ben	M632075933440	09-24-2025	PMD 532896 12-1-22			1/10/2021
Moore, Christopher	M600115761390	4-19-2027	PMD 514247 12-1-22			1/23/2020
Nevad, James	N130451854450	12-05-2021	PMD 518913 12-1-22			1/17/2020
Olivier, Joseph	O416483961750	5-18-2023	PMD 533121 12-1-22			1/19/2020
Osorio, Adrian	O260004963620	10-02-2028	PMD 534197 12-1-22			1/17/2020
Pelaez, Joseph	P420481851730	05-13-2027	PMD 538384 12-1-22			1/11/2021
Pierce, Clint	P620105623350	9-15-2021	PMD 14795 12-1-22			1/17/2020
Pinder, Atha	P536012630090	03-19-2028	PMD 205672 12-1-22			1/18/2021
Ponson, Rudolf	P525720804200	11/20/2026	PMD 510467 12-1-22			1/13/2020
Quinones, Emmanuel	Q552213861430	4-23-2027	PMD 532983 12-1-22			1/21/2020
Read, Brandon	R300078951030	3-23-2027	PMD 530328 12-1-22			1/10/2020
Roselli, Robert	R240770694430	12-3-2020	PMD 515970 12-1-22			1/17/2020
Salcedo, David	S423160842570	7-17-2028	PMD 511698 12-1-22			1/10/2020
Santana, Jose	S535436840670	02-27-2028	PMD 524963 12-1-22			1/17/2021
Smith, Michelle	S530549705230	1-22-2021	PMD 19748 12-1-22			1/5/2020
Stucchi, Marco	S320541843710	10-11-2021	PMD 527252 12-1-22			1/27/2020
White, Jacob			PMD 538859 12-1-22			1/19/2021
Dr. John Halpern	N/A		OS 6052 3-31-22			1/1/2020
Pradines, Raymond	P635735393290	9-9-2026	PMD 14979 12-1-22			1/15/2020
Frittitta, Alessandro	F633000724050	11-05-2028	PMD 510421 12-1-22			1/29/2020



July 13, 2021

To Whom It May Concern,

I, Alessandro Frittitta have over 20 years in experience in the EMS and Fire profession. My career began in the year 2000 working for Coral Springs Fire Department and later continuing and furthering my career in the State of South Carolina as an EMS Deputy Chief, and later Fire Chief for the City of Anderson Fire Department and assisting as a Training Officer for Laurens County EMS. My current function is as EMS Chief for Allied Universal Security since July of 2018. I hold a current State of Florida Paramedic certification and ACLS Certification as an Instructor and Provider.

Alessandro Frittitta

EMS Chief



Universal Protection Service, LLC.

Section 3

8. Insurance verification. A copy of an insurance policy, a self-insurance policy, or a Certificate of Insurance is acceptable, so long as the agency meets the minimum insurance limits as required by Section 64J-1.014(a), F.A.C. There must be a 30-day cancellation notice and **Palm Beach County shall be shown as the certificate holder with a mailing address of 301 N. Olive Ave, West Palm Beach, FL 33401.**





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA INC 1717 Arch Street Philadelphia, PA 19103 Attn: Philadelphia.certs@marsh.com / Fax: (212) 948-0360	CONTACT NAME: ...	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Lexington Insurance Company		19437
INSURER B: Greenwich Insurance Company		22322
INSURER C: XL Insurance America		24554
INSURER D: Indian Harbor Insurance Company		36940
INSURER E: N/A		N/A
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** CLE-005951800-25 **REVISION NUMBER:** 14

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			082695264	01/01/2021	01/01/2022	EACH OCCURRENCE	\$ 10,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	<input checked="" type="checkbox"/> CONTRACTUAL LIABILITY						MED EXP (Any one person)	\$
	<input checked="" type="checkbox"/> SIR \$1,750,000						PERSONAL & ADV INJURY	\$ 10,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$ 10,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							PRODUCTS - COMP/OP AGG	\$ 10,000,000
OTHER:								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			RAD9437818-04	01/01/2021	01/01/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$
								\$
D	<input type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	RES943799401	01/01/2021	01/01/2022	EACH OCCURRENCE	\$ 10,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE	\$ 10,000,000
	DED		RETENTION \$					\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			RWD3001203-05(AOS)	01/01/2021	01/01/2022	<input checked="" type="checkbox"/> PER STATUTE	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N	N/A	RWR3001204-05(WI)	01/01/2021	01/01/2022	<input type="checkbox"/> OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Palm Beach County Board of County Commissioners is included as additional insured where required by written contract with respect to General Liability and Auto Liability. Liability coverage shall be primary and non-contributory where required by written contract. Waiver of subrogation is applicable where required by written contract.

CERTIFICATE HOLDER

Palm Beach County
301 N. Olive Ave.
West Palm Beach, FL 33401

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Manashi Mukherjee

Manashi Mukherjee

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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD



ADDITIONAL REMARKS SCHEDULE

AGENCY MARSH USA INC		NAMED INSURED Allied Universal Topco, LLC (See Attached for Additional Named Insureds) 161 Washington Street, Suite 600 Conshohocken, PA 19428	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

- SFI Electronics, LLC, dba Allied Universal Security Systems
- SFI Electronics, LLC, dba Allied Universal Technology Services
- SFI Electronics, LLC, dba Universal Protection Security Systems
- SOS Security LLC
- SOS Security LLC, dba Allied Universal Risk Advisory and Consulting Services
- SOS Security LLC, dba Allied Universal Security Services
- SOS Security LP
- SOS Security LP, dba Allied Universal Security Services
- Spectaguard Acquisition LLC
- Staff Pro Inc.
- Staff Pro Inc., dba Allied Universal Event Services
- Surveillance Specialties, Ltd.
- Surveillance Specialties, Ltd., dba Allied Universal Technology Services
- Surveillance Specialties, Ltd., dba Securadyne Systems Northeast
- TSI Security LLC
- U.S. Security Associates, Inc.
- U.S. Security Associates, Inc., dba Allied Universal Risk Advisory and Consulting Services
- Universal Building Maintenance, LLC
- Universal Building Maintenance, LLC, dba Allied Universal Janitorial Services
- Universal Group Holdings, LLC
- Universal Protection GP, LLC
- Universal Protection Security Systems, LP
- Universal Protection Security Systems, LP, dba Allied Universal Security Systems
- Universal Protection Security Systems, LP, dba Allied Universal Technology Services
- Universal Protection Service of Canada Corporation
- Universal Protection Service of Canada Corporation., dba Allied Universal Security Services of Canada
- Universal Protection Service of Seattle, LLC
- Universal Protection Service of Seattle, LLC, dba Allied Universal Security Services
- Universal Protection Service, LLC
- Universal Protection Service, LLC, dba Allied Universal Risk Advisory and Consulting Services
- Universal Protection Service, LLC, dba Allied Universal Security Services
- Universal Protection Service, LLC, dba Allied Universal Security Services, LLC
- Universal Protection Service, LP
- Universal Protection Service, LP, dba Allied Universal Risk Advisory and Consulting Services
- Universal Protection Service, LP, dba Allied Universal Security Services
- Universal Protection Service, LP, dba Allied Universal Security Services, LP
- Universal Services of America, LP
- Universal Thrive Technologies, LLC
- Universal Thrive Technologies, LLC, dba Allied Universal Monitoring and Response Center
- Universal Thrive Technologies, LLC, dba Allied Universal Technology Services
- Universal Thrive Technologies, LLC, dba Thrive Intelligence
- USA GP Sub LLC
- USAGM Acquisition, LLC
- Vance Executive Protection, In.
- Vance International Consulting, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY
AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

- AUTO DEALERS COVERAGE FORM
- BUSINESS AUTO COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

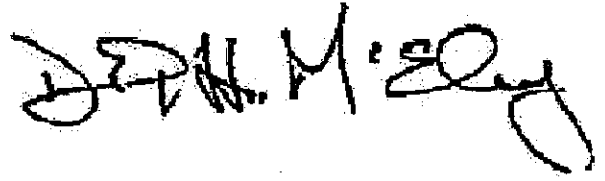
This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

<p>Named Insured: ALLIED UNIVERSAL TOPCO, LLC</p> <p>Endorsement Effective Date: January 1, 2021</p>
--

SCHEDULE

<p>Name(s) Of Person(s) Or Organization(s): Any person or organization where waiver of our right to recover is required by written contract with such person or organization provided such contract was executed prior to the date of loss.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

The Transfer Of Rights Of Recovery Against Others To Us condition does not apply to the person(s) or organization(s) shown in the Schedule, but only to the extent that subrogation is waived prior to the "accident" or the "loss" under a contract with that person or organization.

A handwritten signature in black ink, appearing to read "J. H. M. King". The signature is written in a cursive style with a large, looped initial "J".

Authorized Representative OR
Countersignature (In states where applicable)

LEXDOC021
LX0404

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Any person or organization where waiver of our right to recover is required by written contract with such person or organization provided such contract was executed prior to the date of loss.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective
Insured
Allied Universal Topco, LLC
Insurance Company
XL Insurance America, Inc.

Policy No.
RWD3001203-05

Endorsement No.
Premium Included

Countersigned by _____

WC 00 03 13
(Ed. 4-84)



Universal Protection Service, LLC.

Section 3

9. The Medical Director must be a Florida licensed physician. Provide a copy of a fully executed contract or agreement. Include copies of current DEA and Florida Physician's License. Must meet requirements of 64J-1.004, F.A.C.



STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
02/11/2020	OS 6052	73582

THE OSTEOPATHIC PHYSICIAN

QUALIFICATION(S):
Dispensing Practitioner

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date: MARCH 31, 2022
JOHN IRVING HOWARD HALPERN
1701 N.E. 127TH STREET
STUDENT HEALTH CLINIC- JOHNSON & WALES
MIAMI, FL - 33141

STATE OF FLORIDA DEPARTMENT OF HEALTH DIVISION OF MEDICAL QUALITY ASSURANCE	AC#	LICENSE NO.	CONTROL NO.
		OS 6052	73582
DATE			
02/11/2020			

THE OSTEOPATHIC PHYSICIAN

NAMED BELOW HAS MET ALL REQUIREMENTS OF
THE LAWS AND RULES OF THE STATE OF FLORIDA.

Expiration Date : MARCH 31, 2022
JOHN IRVING HOWARD HALPERN

Ron DeSantis

Ron DeSantis
GOVERNOR

Scott A. Rivkees

Scott A. Rivkees, MD
State Surgeon General

DISPLAY IF REQUIRED BY LAW

QUALIFICATION(S):
Dispensing Practitioner

EXPIRATION DATE: MARCH 31, 2022

Your license number is OS 6052. Please use it in all correspondence with your board/council. Each licensee is solely responsible for notifying the Department in writing of the licensee's current mailing address and practice location address. If you have not received your renewal notice 90 days prior to the expiration date shown on this license, please visit www.FLHealthSource.gov and click "Renew A License" to renew online.

The Medical Quality Assurance Online Services Portal gives you the ability to manage your license to perform address updates, name changes, request duplicate licenses and much more.

It's simple. Log onto your MQA Online Services account today at <http://flhealthsource.gov/>. Select the "Account Login" button to access your account. For changes to your name, address or to request duplicate licenses, choose your selection from the dropdown list under "Manage My License". Your profession will open for renewal 90 days prior to your expiration date. When the renewal cycle opens for your profession, the "Renew My License" header will automatically display on your license Dashboard.

IMPORTANT ANNOUNCEMENTS

ARE YOU RENEWAL READY?

The Department of Health will now review your continuing education records at the time of license renewal.

To learn more, please visit
www.FLHealthSource.gov/AYRR

GROUND FOR DISCIPLINE

You should be familiar with the Grounds for Discipline found in Section 456.072(1), Florida Statutes, and in the practice act for the profession in which you are licensed. Florida Statutes can be accessed at www.leg.state.fl.us/Statutes



1:3 HALPERN, JOHN
 293/646 1645 PALM BEACH LAKES BLVD STE 600
 WEST PALM BEACH, FL 33401-2205



10030608.2/000946-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FH8080905	10-31-2021	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	12-20-2018
HALPERN, JOHN ALLIED UNIVERSAL SERVICES 1645 PALM BEACH LAKES BLVD STE 600 WEST PALM BEACH, FL 33401-2205		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FH8080905	10-31-2021	\$731
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	PRACTITIONER	12-20-2018
HALPERN, JOHN ALLIED UNIVERSAL SERVICES 1645 PALM BEACH LAKES BLVD STE 600 WEST PALM BEACH, FL 33401-2205		

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

CONTRACT
MEDICAL DIRECTOR

This contract is for the SERVICES of MEDICAL DIRECTOR dated this 1st day of January, 2021 by and between **Doctor John Halpern, D.O. FAAEM** (hereinafter referred to as "DR. HALPERN") and **Universal Protection Service, LLC** hereinafter referred to as "Universal").

WITNESSED:

WHEREAS, Universal is located in Palm Beach County, Florida; and desires to hire DR. HALPERN to provide services as a "MEDICAL DIRECTOR", and

WHEREAS, Universal is engaged in the business of providing emergency medical services upon a contract basis, and desire to contract DR. HALPERN to oversee and manage the Emergency Medical Program.

NOW, THEREFORE, in consideration of DR. HALPERN fulfilling the contractual obligations attached hereto as Exhibit "A", and for other good and valuable consideration, the sufficiency and receipt whereof hereby acknowledged, Universal agrees to engage the professional services of DR. HALPERN for the purpose of providing MEDICAL DIRECTOR SERVICES upon the terms and conditions hereinafter set forth.

1. For the term commencing January 1, 2021, through December 31, 2021, DR. HALPERN shall provide MEDICAL DIRECTOR SERVICES to Universal, for all areas Universal provides Emergency Medical Services on a twenty four (24) hour basis. Such services shall include without limitation the duties outlined in exhibit "A" and such other activities as are generally provided by other MEDICAL DIRECTORS under the provision of Florida State Statute.
2. In monetary consideration for the term of the contract, DR. HALPERN will be paid for his services, the sum of Thirty-three Thousand, Five Hundred Dollars (\$ 34,000.00) per year. As an employee of Universal, he will be covered under our General Liability and Medical Professional Liability Insurance policies. The insurer information may change depending on our ability to negotiate more favorable coverage or rates with other insurers. He will be notified of any change in insurance carrier or change in insurance coverage which directly affects him.
3. This contract may be terminated in the event either party shall fail to carry out their obligation in a professional and responsible manner. In the above situation, a 60-day written notice shall be required.

In the event the contracted client cancels Universal's services or should the services become canceled due to Government intervention, all terms and conditions of this contract are herein suspended.

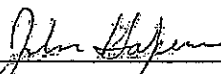
Any notice shall be in writing and shall be sent by United States Postage, prepaid return receipt requested; by courier or a hand delivered to the following address:

UNIVERSAL PROTECTION SERVICE 1645 PALM Beach Lakes
Blvd., Suite 600
West Palm Beach, Florida 33401

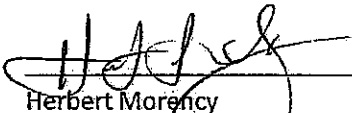
DR. JOHN HALPERN, D.O.
7515 Banyan Way
Tamarac, Florida 33321

The effective date of any notice shall be the date of its delivery or upon the date that delivery is unable to be made or acceptance of delivery is refused.

4. This contract shall be governed by and interpreted under the laws of the State of Florida. This contract for medical direction and the exhibit(s) attached hereto constitute all agreements, conditions and understandings between Universal and DR. HALPERN with regard to the subject matter hereof, and there are no covenants, promises, conditions or understandings, either oral or written between them other than as set forth herein. This contract shall not be changed, modified or amended except in writing signed by both parties hereto.



Dr. John Halpern, D.O.
Medical Director
Date 12/16/20



Herbert Morency
Branch Manager, Palm Beach
Date 12/18/20

MEDICAL DIRECTOR

Requirements

Medical Director must maintain the following requirements:

CONTRACT TO INCLUDE:

- 1) Name and relationship of contracting parties
- 2) List of contracted services
 - a) Medical direction
 - b) Administrative functions
 - c) Professional memberships
 - d) Reporting requirements
- 3) Monetary consideration
 - a) Fees
 - b) Expenses
 - c) Reimbursements
 - d) Fringe benefits
 - e) Clerical assistance
 - f) Office space
- 4) Termination of Clause
- 5) Renewal Clause
- 6) Provisions for liability coverage
- 7) Effective dates of contract
- 8) Qualifications

EXHIBIT "A"

MEDICAL DIRECTOR MUST PRESENTLY HAVE AND MAINTAIN THE FOLLOWING QUALIFICATIONS

- 1) Florida Licensed M.D. or D.O.
- 2) Shall be from a broad based specialty:
 - a) Emergency Medicine
 - b) Internal Medicine
 - c) Anesthesiology
 - d) Other surgical specialties
- 3) Demonstrate experience n (documented) pre-hospital care to include:
 - a) Advanced Cardiac Life Support
 - b) Board certification in Emergency Medicine.
- 4) Documentation of participation in regional or statewide active physician group involved in pre-hospital care.

THE MEDICAL DIRECTORS DUTIES AND RESPONSIBILITIES WILL BE AS FOLLOWS:

- 1) Supervise and accept direct responsibility for performance of First Responder Paramedics.
- 2) Develop medically correct standing order of protocols that permit specified ALS procedures when communications are delayed or cannot be established with supervising physician. (Will use protocols as provided by Palm Beach County Fire-Rescue or Palm Beach Gardens Fire-Rescue.)
- 3) Provide 24 hours continuous availability of Medical Direction services for potential problems, systems conflicts and disasters by self or qualified appointee.
- 4) Develop and implement a patient care quality assurance system to assess the medical performance of Paramedics.
- 5) Audit the performance of systems personnel by use of quality assurance program to include:
 - a) Run reports
 - b) Direct observation
 - c) Comparison of performance standards for drugs, equipment, system protocols and procedures.

- d) Ensure and certify security procedures for medications, fluids and controlled substances are in compliance with Chapter 499, F.S. and Chapter 893.
- e) Specify medication substitutes in writing.
- f) Provide notification in writing when telemetry is not necessary.
- g) Provide notification in writing of equipment and medication substitutions.
- h) Assume responsibility of First Responders utilizing:
 - i) Automatic or Semi-Automatic Defibrillators
 - ii) Esophageal intubations
 - iii) Monitoring and maintenance of non-medicated I.V.
- i) Develop a 30 hour refresher course if required
- j) Ensure all medical providers are trained in the used of trauma scorecard methodology as provided in rule 10D-66.102
- k) Submit in writing any deviation from the approved trauma protocols.
- l) Participate as a crewmember for a minimum of 12 hours per year
- m) Provide training of emergency pre-hospital care when called for.
- n) Attend necessary P.O.A. or Security Board meetings as required.
- o) Assist in the locating, interviewing and hiring of emergency medical personnel upon request.
- p) Assist Universal in its renewal of their A.L.S. license.



Universal Protection Service, LLC.

Section 3

10. A letter from your Medical Director stating your agency has adopted the minimum standard, pre-hospital treatment/transport protocols.





Universal Protection Services LLC.

October 14th, 2020

Re: Treatment/Trauma Protocol

To Whom It May Concern:

This Letter is to affirm with you that we, Universal Protection Services LLC, as a medical service provider serving within Palm Beach County, are utilizing the most recent and standard pre-hospital treatment/transport protocol that have been approved by the Palm Beach County EMS Council and the State of Florida. It is also our company's intention to continue to use the standard protocols throughout the future.

Sincerely,

A handwritten signature in black ink, appearing to read "John Halpern".

John Halpern, D.O.F.A.C.E.P.
Medical Director

Ray Pradines
EMS Chief

Alessandro Frittitta
EMS Deputy Chief

1645 Palm Beach Lakes Blvd. Suite 600 West Palm Beach, Florida 33401

1645 Palm Beach Lakes Blvd Suite 600 • West Palm Beach, FL 33401 • T: 561-478-9983 • F: 561-686-7740



Universal Protection Service, LLC.

Section 3

11. A letter from your Medical Director stating your agency has adopted the countywide approved Trauma Transport Protocols, as approved by the Palm Beach County EMS Council.



Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Ron DeSantis
Governor

Vision: To be the Healthiest State in the Nation

TRAUMA TRANSPORT PROTOCOLS

Universal Protection Service, LLC
NAME OF SERVICE

5723
PROVIDER ID#

IS AN ADVANCED LIFE SUPPORT INTERFACILITY EMS PROVIDER AGENCY AND DOES
NOT TRANSPORT TRAUMA ALERT PATIENTS FROM THE SCENE OF AN INCIDENT.

John Halpern
MEDICAL DIRECTOR'S SIGNATURE

DS 6052
LICENSE NUMBER

John Halpern, D.O.
MEDICAL DIRECTOR'S NAME (PRINTED)

19 MARCH 2020
DATE

Florida Department of Health
Division of Emergency Preparedness and Community Support
Bureau of Emergency Medical Oversight
4052 Bald Cypress Way, Bldg A-22 • Tallahassee, FL 32399-1722
PHONE: 850/245-4440 • FAX: 850/921-0377
FloridaHealth.gov

 **Accredited Health Department**
Public Health Accreditation Board

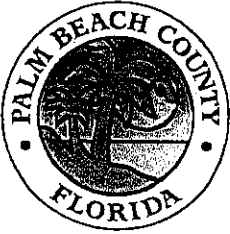


Universal Protection Service, LLC.

Section 3

12. The financial information of the applicant to ensure financial ability to provide and continue to provide service to the area. Such financial information shall include copies of the applicant's past two (2) Medicare audits if any. Privately held entities must provide copies of the past three (3) years of audited financial statements of the company and its parent company or holding company, if any. Government entities must provide the past three (3) years Comprehensive Annual Financial Reports via hard copy, or electronically. For purposes of this application, a parent company or holding company shall mean any person, corporation or company holding, owning or in control of more than ten (10) percent stock or financial interest of another person, corporation or company.





**Department of Public Safety
Division of Emergency Management**

20 South Military Trail
West Palm Beach, FL 33415
(561) 712-6400
FAX: (561) 712-6464
www.pbcgov.com



**Palm Beach County
Board of County
Commissioners**

Dave Kerner, Mayor

Robert S. Weinroth, Vice Mayor

Maria G. Marino

Gregg K. Weiss

Maria Sachs

Melissa McKinlay

Mack Bernard

County Administrator

Verdenia C. Baker

*"An Equal Opportunity
Affirmative Action Employer"*

Official Electronic Letterhead

Audited financial statements were provided with this application but have been redacted as trade secrets pursuant to Section 812.081, Florida Statute.

A copy of the audited financial statements will be maintained in the Palm Beach County Division of Emergency Management's records located in the office of the EMS Specialist.

A handwritten signature in cursive script that reads "Lynette Schurter".

Lynette Schurter, EMS Specialist
561-712-6696



Universal Protection Service, LLC.

Section 3

13. Copy of proposed rate structure, if any.





Universal Protection Services LLC.

Universal Protection Services LLC, as we are a non-transport, secondary service provider contracted to communities. Universal Protection Services LLC, does not charge fees.

Alessandro Frittitta

EMS Deputy Chief

Allied Universal Security Services Elite EMS Division

W: 561.478.9983 | C: 561.517.7990 | Alessandro.Frittitta@aus.com

1645 Palm Beach Lakes Blvd, Suite 600 • West Palm Beach, FL 33401 • T: 561-478-9983 • F: 561-686-7740



Universal Protection Service, LLC.

Section 3

14. Except for current COPCN holders, a summary history of applicant's emergency services performance record, which provides proof that at the time of application, the applicant has demonstrated experience providing ALS or BLS services. Experience providing ALS or BLS services must include experience providing the full continuum of patient care from call initiation, during patient transport and through to final patient transfer to hospital or other final destination. This is not a personal reference for the agency but how the agency had provided ALS or BLS services in the past.

Applicants for Special Secondary Service Provider COPCNs who meet the staff experience requirement set forth herein, but that do not have a summary history of performance providing ALS Services, are eligible for a conditional COPCN.

The COPCN shall be issued and after six months, the COPCN holder shall deliver a report to the Department with a summary history of the COPCN holder's performance record demonstrating that Applicant successfully provided ALS services during the initial six (6) months of operation and accompanied by a letter from the Primary Provider attesting that the COPCN holder has performed satisfactorily to the knowledge of the Primary Provider. Additionally, the COPCN holder shall provide records substantiating the implementation of a formal quality assurance system and that at least three (3) formal, quality assurance meetings having taken place during the initial six (6) months of operation. The Primary Provider is required to be invited to participate in the quality assurance meetings.

Upon review of the required documentation, the administrator will determine if the conditions have been satisfied. Special Secondary

Service Providers who satisfy the conditions shall be issued a letter acknowledging satisfaction and removal of the conditions of the COPCN. In that event the COPCN shall remain in effect until the contract with the Community Association expires or terminates.

If the administrator determines the conditions have not been satisfied, then the COPCN holder shall be in violation of the EMS Ordinance and the COPCN shall be subject to immediate suspension by the administrator and revocation by the Board of County Commissioners (BCC). The administrator may permit an additional thirty (30) days to satisfy conditions if the Applicant has demonstrated good faith efforts towards satisfaction of the conditions.

Except as expressly modified herein, COPCN holders with conditions are subject to the requirements of the EMS Ordinance and all Rules and Regulations of the BCC and nothing herein shall be construed as a limitation, waiver or relinquishment of any right, remedy, or enforcement power authorized by law, or the EMS Ordinance, or the Rules and Regulations.





Universal Protection Service, LLC.

October 15th, 2020

Universal Protection Service, LLC. has been an ALS non-transport, special secondary service provider non-stop in Palm Beach County for the past 25 years. We currently hold five Palm Beach County COPCN's.

Universal Protection Service, LLC. Offers the full continuum of patient care from call initiation to transfer of care to the responding primary service (transport) agency. In addition, we provide certified in-house EMS training and meet or exceed all State of Florida and Palm Beach County Requirements for ALS non-transport, special secondary service providers.

Alessandro Frittitta

EMS Deputy Chief



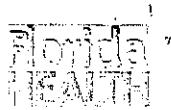
Universal Protection Service, LLC.

Section 3

15. Proof of satisfactory completion of all federal, state, and/or local agency vehicle and staff inspections for the last six (6) years including copies of all deficiency reports. Current COPCN holders need not provide vehicle and staff inspections performed by the Palm Beach County Office of EMS (except deficiencies reports).



promote & improve the health
people in Florida through integrated
county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General

Vision: To be the Healthiest State in the Nation

May 30, 2017

Chief of EMS Ray Pradines
Universal Protection Service, LLC
5840 Corporate Way Suite 102
West Palm Beach, FL 33407

Dear Chief Pradines,

Congratulations on your Compliance Monitoring site survey conducted by the Bureau of Emergency Medical Oversight on May 24, 2017. All potential deficiencies were addressed promptly. At the completion of the site visit, there were no deficiencies. Your vehicles and service records were outstanding.

Also, please extend my sincere gratitude to your staff for their assistance and for the overall contribution to your service and community. Your continued support of emergency medical services is deeply appreciated.

Enclosed is a post site survey evaluation form designed to assist us in continually improving our Compliance Monitoring program. Please complete the enclosed form and return it to my office at your earliest convenience. I trust that you will share with me any concerns or kudos regarding your site survey.

Again, thank you for your assistance in the Compliance Monitoring program and I look forward to hearing from you.

Sincerely,

A handwritten signature in black ink, appearing to read "S. McCoy".

Steve McCoy
Administrator
Emergency Medical Services

SAM/mml
Enclosure

Florida Department of Health
Bureau of Emergency Medical Oversight, Emergency Medical Services
4052 Bald Cypress Way, Bin A 22 • Tallahassee, FL 32399-1722
PHONE: 850-245-4440 • FAX 850/488-2512



Accredited Health Department
Public Health Accreditation Board



Universal Protection Service, LLC.

Section 3

16. Records substantiating the implementation of a formal quality assurance system consistent with Florida Statute Section 401.265 and Rule 64J-1.004(3b), Florida Administrative Code, as may be amended.



ALLIED UNIVERSAL[®] **SECURITY SERVICES**

Emergency Medical Services Division



ALLIED UNIVERSALSM

SECURITY SERVICES

Quality Assurance Program

*Emergency Medical Services
Division*



Quality Assurance Program

I. Goal Statement

The primary goal of the Allied Universal Security (AUS) medical Quality Assurance Program is to achieve a high level of quality patient care. Patient care that is appropriate for the patient's condition, and be performed in a timely and consistent manner. Patient care and treatment shall follow the acceptable medical practice, which positively influences the patient outcome. This will be accomplished by developing a system used to establish standards for patient care, to monitor how well those standards are met, and to correct unwanted deviations from the standards of medical care.

II. Quality Assurance Committee

1. The company's Quality Assurance Committee shall consist of the company's Medical Director (Q.A. Chairman), the Chief of EMS (Q.A. Coordinator), and the EMS (ALS) Field Supervisor.
2. All committee sessions dealing with confidential data regarding patient information and personnel performance will be conducted under strict executive session. Any member of the Q.A.P. who breaks the responsibility of strict confidentiality may be dismissed from the Q.A.P. by the chairperson as well as face further disciplinary actions.
3. The committee has the authority to recommend mandatory continuing education or disciplinary actions to the medical director.

III. Meeting Requirements

1. The committee will meet Quarterly to review EMS run reports and recommend corrective actions as necessary.
2. Special meetings may be requested by either the Chief of EMS or the EMS (ALS) Field Supervisor at anytime with due cause. The Q.A.C. chairman as needed may also call special meetings. At least five- business days notice should be given to committee members in case such meetings are called.

3. If the EMS (ALS) Field Supervisor discovers any problems or protocol deviations with a medical run report, the supervisor will discuss/address the problem with the treating paramedic from an educational point of view prior to forwarding the paperwork to the corporate office.

V. **Run Report Review Process**

- I. The following type of calls will be reviewed by the Quality Assurance Committee:
 - a. Non-specific priority one and priority two patients
 - b. Cardiac Alerts
 - c. Stroke Alerts
 - d. Trauma Alerts
 - e. Any other incidents chosen by any committee member
2. All reports denoting breach of protocol are referred to the Quality Assurance Committee for discussion. At that time it will be determined what type /if any "Quality Improvement Referral" will be sent to the paramedic responsible for the patient care.
3. Medical Run reports will be evaluated utilizing the Q.A. Audit Form.
4. If during the review process of the Q.A. Committee finds an EMS employee in violation of a protocol violation or non compliant with the standard of care for patient treatment, and feels the need for corrective action to be taken. A "Quality Improvement Referral" letter and form will be mailed to the treating paramedics home address to ensure confidentiality of the treating paramedic. An option to mailing the letter and form to the paramedic's home address would be the Medical Director or Director of EMS personally hand delivering the paperwork themselves.

IV. Committee Members Roles and Responsibilities

Q.A. Chairperson

1. Shall be the executive officer, having general and active management of the committee.
2. Implement all orders and resolutions of the Quality Assurance Program and Committee.
3. Preside at meetings of the Quality Assurance Committee.
4. Shall have final veto and revision powers over the final draft of all standards of care, medical protocols, and medical procedures that may be developed by the Quality Assurance Committee.

O.A. Coordinator

1. Be the individual responsible for the design of the program, coordination of all monitoring activities, scheduling of meetings, develop meeting agendas, and be the final compilation source for analyzing and monitoring of statistical data.
2. Review and maintains custodial care of EMS run reports after being received into the corporate office for filing.
3. Review of reports shall be done utilizing the County-Wide ALS Protocols and Trauma Transport Protocols as adopted by the medical directors association of Palm Beach County.

EMS (ALS) Supervisor

1. The onsite EMS (ALS) Field Supervisor shall check all medical incident reports for correct and complete information, as well as verify accuracy of all information entered in the reports prior to forwarding to the corporate office for review and filing.
2. After reviewing a medical run report for completeness and accuracy, the EMS (ALS) Field Supervisor shall initial and date the run report on the top left corner of the report to indicate that the report has been checked.

O.A. Audit Form

Call Month: _____

Total Calls: _____

Date of Audit: _____

Audited Calls: _____

Auditor: _____

Audited%: _____

Case Number: _____

Date of Incident: _____

Treating Paramedic: _____

<u>Categories/Parameters</u>	<u>Compliance</u>	<u>Non Compliance</u>	<u>Notes</u>
Pt. Name and Address Complete:	_____	_____	_____
Times Documented:	_____	_____	_____
Medical Chief Complaint:	_____	_____	_____
Minimum of 1 set of V/S Taken:	_____	_____	_____
Exam & History Completed:	_____	_____	_____
Treatment/Intervention Documented:	_____	_____	_____
Appropriate Protocol Followed:	_____	_____	_____
Signature and I.D. of treating Paramedic documented on report:	_____	_____	_____

ALLIED UNIVERSAL

To:

From: Dr. John Halpern, Medical Director, Q.A. Chairman

Date:

Re: Attached Quality Improvement Form

Attached you will find a Quality Improvement Referral form showing that a report bearing your Name and I.D. Number was recently reviewed by the Quality Assurance Committee.

The Quality Assurance Committee reviews all reports and makes recommendations. These recommendations are meant to be teaching tools, and are not disciplinary in nature. To ensure confidentiality and objectivity, all information regarding personnel is eliminated from the report prior to review. In keeping with the policy of confidentiality, this form is being hand delivered or mailed to your home address.

If you wish to review this report, you may do so by contacting (561) 441-2337 for an appointment.

If you wish to provide feedback on this report, you may respond in writing to the following address:

Allied Universal
c/o Dr. John Halpern
1645 Palm Beach Lakes Blvd. Ste 600
W.P.B., Fl 33401

Q.A.C. Chairman - Dr. John Halpern
Q.A.C. Coordinator - Ray Pradines
Q.A.C. Member - Alessandro Frittitta

ALLIED UNIVERSAL

"Quality Improvement Referral Form"

To:

Date:

Case Number: _____

The Quality Assurance Committee (Q.A.C.) is the peer review organization for Allied Universal Security. As mandated by Florida Statutes this council is responsible through review for improving and maintaining quality in all treatment rendered to the occupants and employees of Communities serviced by AUS as a Special Secondary Non-transport ALS Provider.

After reviewing the above run report the Quality Assurance Committee has determined that the patient's care did not meet county or nationally recognized standards.

IDENTIFIED PROBLEM:

THE APPROPRIATE ACTION (S) WHICH SHOULD HAVE BEEN TAKEN:

CONFIDENTIALITY STATEMENT

I, _____ the undersigned, as a member of the Quality Assurance Committee, do hereby acknowledge that any and all records of any meetings held by the Quality Assurance Committee are confidential and exempt from the provision of Florida Statutes 119.07, except as provided in Florida Statute 401.425



Infection Control Manual



REVISED EDITION SEPT. 11, 2018
SUPERSEDES ALL PREVIOUS INFECTION CONTROL MANUALS



Exposure Control Officers

EMS Chief Ray Pradines

&

EMS Deputy Chief

Alessandro Frittitta

In case of an exposure contact

EMS Deputy Chief

Alessandro Frittitta

24/7

561-517-7990



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INFECTION CONTROL MANUAL

PURPOSE

The goal of Allied Universal's Infection Control Program is to protect all members, their families and the public from the acquisition and spread of communicable diseases. The Infection Control Program is designed to reduce the risk of occupational exposure to communicable diseases through training, education and written policy on standard operating procedures. This manual complies with OSHA's Occupational Exposure to Blood borne Pathogens; Final Rule 29 CFR Part 1910.1030. The Procedures in this manual apply to all personnel.

The dangers faced by emergency response, and security personnel are not always obvious. The occupational hazards of AIDS, hepatitis, TB and other communicable diseases are real and must be dealt with appropriately. An effective Infection Control Program provides the means to minimize, but not completely eliminate these health risks.

EXPOSURE RISK

OCCUPATIONAL RISK

Occupational exposure may occur in many ways, including contaminated needle-stick and sharps injuries. Health care workers are assumed to be at high risk for bloodborne infections due to being routinely exposed to body fluids from potentially infected patients. Any exposure of a communicable disease carries a certain amount of risk. Medical personnel are in an occupation where they may be directly exposed to body fluids and therefore must be considered at substantial risk for an occupational exposure.

OCCUPATIONAL EXPOSURE

Any occupational exposure to a communicable disease carries a certain amount of risk. All patients should be assumed to be infectious for HIV and other bloodborne pathogens.

BODY SUBSTANCE ISOLATION

The Centers for Disease Control (CDC) has called for the use of "Body Substance Isolation" when emergency response personnel are exposed to blood and/or body fluids from any patient. This precaution states that emergency response personnel must consider all body substances from any patient as potentially infectious. Body Substance Isolation exceeds Universal Precautions, which states that blood, and/or certain body fluids from any patient may be potentially infectious.

Communicable Disease Transmission Process

The transmission of an infectious agent requires three elements:

1. The source or carrier of an infectious agent. This can be an asymptomatic or symptomatic human source, an inanimate object, or an animal.
2. The host or receiver of the infectious agent. This is an individual who is unable to resist the infectious agent.
3. A mode of transmission.

Modes of Transmission

There are four modes of transmission:

1. Contact

Direct: Physical contact between the source and host or receiver. This includes blood to blood, blood to mucous membrane contact, or sexual activity.

Indirect: Contact between the receiver and an inanimate object that has been contaminated (i.e., linen or equipment).

2. **Airborne:** Aerosolized particles, 1-5 microns in size, which contain the infectious agent. These particles may remain suspended in the air for long periods of time and can easily be drawn into the alveoli of the lungs,
- 3, **Vehicle:** The infectious agent is introduced directly into the body through the ingestion of contaminated food or water, or by the infusion of contaminated drugs, fluid, or blood.
4. **Vector:** The infectious agent is transmitted through or by an animal or insect (i.e., a tick that spreads Rocky Mountain Spotted Fever).

Note:

Bloodborne diseases are spread by direct blood-to-blood contact. Blood is the single most significant source of HIV and HBV in the work setting.

TERMINOLOGY - SEE APPENDIX A

COMMON COMMUNICABLE DISEASES - SEE APPENDIX B

GLOVES

Disposable gloves shall be a standard component of emergency response equipment. All personnel prior to initiating any emergency care tasks involving exposure to blood or body fluids will don them. Gloves must be of either intact latex or intact vinyl, and be the appropriate size and quality for the procedures performed by the emergency medical personnel. Gloves shall be changed after each use and disposed of as if they were contaminated. Should a glove tear, replace the torn glove with another glove as soon as possible. Used gloves should be removed with care. The individual's unprotected skin should not come in contact with the outside of the glove.

GOWNS

Gowns are required for incidents involving potential splashes to skin or clothing with body fluids. Gowns shall be made of, or lined with, fluid-proof or fluid-resistant material and shall protect all areas of exposed skin.

MASKS AND EYE PROTECTION

The use of fitted surgical masks and protective eyewear or face shields is required when there is a likely exposure of blood or body fluids to the mucous membranes (eyes, mouth or nose). This is essential when splashes or aerosolization of such material is likely to occur.

It is **MANDATORY** that the surgical mask and eyewear, or splash shield be used in the following situations:

- † Intubation
- † EOA Insertion
- † Suctioning
- † Patients with extensive or arterial bleeding
- † Cricothyrotomy
- † Pleural decompression

It is **RECOMMENDED** that the surgical mask and eyewear, or splash shield be used in the following situations:

- † Ventilating with BVM
- † Establishing IV lines
- † Patients with any external bleeding
- † Glucometer sticks
- † Medication administration

The emergency medical responder should wear fitted masks when the potential for airborne transmission of disease exists (i.e., patients with suspected active tuberculosis). Fitted masks are not required for routine care.

TRAINING

Allied Universal shall assure that all medical personnel for the company who have a potential for occupational exposure receive education on precautionary measures, epidemiology, modes of transmission and prevention of HIV, HBV, and TB.

Training records will indicate the dates of training sessions and the content of those training sessions. The records should also contain the names of all persons conducting the training, and the names of all those receiving training. Training records shall be maintained for a period of 3 years from the date the training occurred.

SITE INSPECTIONS

The Infection Control Liaison or his or her designee shall inspect all sites where Allied Universal provides a medical service to, on at least an annual basis. This will be done to ensure that all infection control policies and standard operating procedures are being adhered to. Noted discrepancies will be noted for follow up and corrective action.

EXPOSURE CONTROL PLAN

INFECTION CONTROL LIAISON

The company shall designate one or more members as the Infection Control Liaison. The Infection Control Liaison will coordinate efforts surrounding the investigation of an exposure and ensure that proper documentation of the exposure is recorded.

OCCUPATIONAL EXPOSURE DETERMINATION

A significant exposure is defined as:

- I. Exposure through needle-stick, instruments or sharps to the following body fluids.
 - a. Blood or any body fluid containing visible blood
 - b. Semen
 - c. Vaginal secretions
 - d. Cerebrospinal fluid (CSF)
 - e. Synovial fluid
 - f. Pleural fluid
 - g. Peritoneal fluid
 - h. Pericardial fluid
2. Exposure of mucous membranes to the body fluids listed above. Exposure of skin to the body fluids listed above, especially when the exposed skin is chapped,

5. Advise the ER physician that a significant exposure has occurred and request that the source patient be tested for HIV.
6. Agree to be tested for HIV antibodies.
7. Adhere to hospital and OHC follow-up guidelines.
8. Complete an EPS Exposure Form prior to the end of the shift.
9. If exposure involves an injury, complete an "Employee Notification of On the Job Injury" form. And submit to your immediate supervisor.

Supervisor's Responsibilities for Post Significant Exposure

- I. If an injury has occurred (i.e. a needle stick or a cut from a sharps), complete a "Supervisor Incident Report" and assure that the employee fills out an "Employee Notification of On the Job Injury" form. The Safety Committee will also be notified at that time that an "in the job injury has occurred.

Infection Control Liaison or Director of EMS Services Responsibilities for Post Significant Exposure

1. Ensure that the hospital follows through on State mandated significant exposure responsibilities, or notify the Medical Director for compliance.
2. Contact the hospital ICC to determine the recommended follow-up by the hospital.
3. Contact the affected employee and advise them of the recommended follow-up.
4. Contact OHC infection control nurse to document recommendations for follow-up.
5. Ensure that the employee completes the Exposure form in its entirety.
6. Maintain a confidential file on all exposures.
7. Disseminate copies of the form to the affected employee and the OHC
8. Ensure that the affected employee is aware of the Clinic's follow-up procedures.
9. Investigate the exposure.
10. Ensure that established Policies and SOG's were followed.
11. Act as liaison between the employee, hospital, and the OHC.
12. Make recommendations to the Company to prevent similar occurrences.
13. Track exposures to identify patterns or trends.

Infectious Disease Exposure Forms

The "Physician Notification Form" (see Appendix C) is completed after the employee has sustained a significant exposure to a potentially infectious body fluid and is given to the Emergency Room Physician.

The "EPS Exposure Form" (see Appendix D) should be completed on any type of suspected or confirmed exposure. Proper documentation is essential and all appropriate questions should be answered. Special attention should be given when explaining how the exposure occurred. If necessary, a supplemental form may be attached. If a hospital notifies the Infection Control Liaison of the possible exposure of an employee to a contagious disease, the ICL will notify the employee verbally. The employee will then fill out the Exposure Form.

POST EXPOSURE TREATMENT

Preventive treatment may be given to reduce the chance of contracting a communicable disease following an exposure. The type and timing of treatment varies with different diseases. Depending upon the disease, treatment may be short-term or long-term. Diseases that usually require post-exposure treatment include, but are not limited to: HIV, Hepatitis B, Non-A Non-B Hepatitis (Hepatitis C), Meningitis, and Tuberculosis.

Post-exposure management may include counseling and/or treatment of a reported illness. This shall be provided to emergency response personnel at a reasonable time and place, according to standard recommendations by the U.S. Public Health Service. Unless otherwise specified, medical treatment shall be conducted at the Occupational Health Clinic.

Emergency response personnel who require post-exposure follow-up treatment shall be provided with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

This written opinion shall include:

- I. The results of the medical evaluation.
2. Verification that the employee has been informed about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

All other finding or diagnoses shall remain confidential and shall not be included in the written report.

Personnel undergoing follow-up for post-exposure reasons shall keep all scheduled medical appointments. **Failure to comply with follow-up treatment and appointments may jeopardize compensation claims.**

WORK RESTRICTIONS

Under certain circumstances, the supervising physician may prescribe work restrictions or light duty assignment to employees. These restrictions may be for infection control purposes or for other medical reasons.

If an emergency response person has a contagious disease, (i.e., influenza, HBV or exudative lesions), their ability to provide patient care may be limited. This determination will be made through consultation with the employee's private physician, the OHC, legal counsel, and the medical director. Members with open wounds (i.e., rash, abraded or chapped skin) should cover the wound with an occlusive dressing.

CLEANING

Cleaning is the physical removal of dirt and debris. This is generally accomplished using physical scrubbing with soap and water. The scrubbing action is the **KEY** to rendering all items safe for patient use. Cleaning is generally sufficient for non-critical equipment. However, if non-critical equipment has become grossly contaminated with blood or body fluids, it must also be disinfected. The cleaning of contaminated equipment after the completion of a medical call is required to ensure that employees are not unwittingly exposed to blood or other possibly infectious materials.

DISINFECTION

Disinfecting is the process of reducing the number of disease producing organisms by physical or chemical means. First, the item is cleaned with soap and water and then a disinfecting solution is applied. Solutions, such as bleach and water at a 1:10 dilution ratio are acceptable disinfectants. Disinfectant solutions should have an EPA registry number and show that they are effective against mycobacterium tuberculosis. Routine disposal of the germicidal cleaning solution into the municipalities sewer system is acceptable.

STERILIZATION AND HIGH-LEVEL DISINFECTION

Sterilization destroys all forms of microbial life including high numbers of bacterial spores. Sterilization can be accomplished by soaking equipment in an EPA approved chemical sterilant (i.e., Cidex) for a prolonged period of time and rinsing with sterile water. High-level disinfection is the use of chemical liquids for destroying all forms of microbial life except for high numbers of bacterial spores. Items are cleaned and then placed in special solutions (Cidex) for a prescribed period of time and rinsed with water.

BIOHAZARD WASTE AND STORAGE

Used equipment from an emergency incident should be bagged and transported to a cleaning area. Red bags designated for contaminated equipment should be stored on all emergency medical response vehicles and may be identified by the biohazard symbol. When used, these biohazard bags must be disposed of in an approved biohazard container.

CONTAMINATED CLOTHING

Employees are encouraged to have a second clean set of work uniforms readily available if the work clothes you are wearing become contaminated. It is also encouraged that if your work clothes become contaminated that you use a commercial laundry or dry cleaning service to clean your clothes. If this is not possible, and your uniform is contaminated with body fluids. The following procedure is recommended for washing the work uniform:

SPECIFIC CARE OF CONTAMINATED EQUIPMENT

CLEANING KEY

- | | |
|--------------------------|----------------------------|
| 1) Disposal | 4) High-level Disinfecting |
| 2) Cleaning Disinfecting | 5) Launder |
| 3) Disinfecting | |

ARTICLE

CLEANING PROCEDURE

Airways	I
(Includes ET Tubes, Oral and Nasopharyngeals adjuncts)	
Backboards	2
Bite Sticks	I
B/P Cuffs	2
Bulb Syringe	I
Cervical Collars	I
Dressing & Paper products	I
Drug Boxes	3
Electronic Equipment	3
Laryngoscopes	4
Needles/Syringes	I
Oxygen Equipment	
Cannulas, Masks	I
Tanks and Regulators	2
Penlights	I or 2
Pocket Masks	I
Resuscitators (BVM)	I
Scissors	3
Splints	2
Stethoscope	2
Stylets	I
Suction Unit	2
Suction Catheters	I
Uniforms	5

BIOHAZARD BAGS

Objects that are contaminated with potentially infectious materials shall be placed in an impervious red bag. If outside contamination of the bag is likely, a second bag shall be added. The bag shall have the word "BIOHAZARD" or some other biohazard-warning symbol affixed to the outside. Contaminated items may be placed in marked red bags for disposal purposes. Contaminated items may also be placed in red bags for transportation to an appropriate area for cleaning.

SHARP INSTRUMENTS

Needles shall not be purposely bent or broken by hand, removed from disposable syringes, recapped or otherwise manipulated by hand. Preferably, sharps will be immediately disposed of in a sharps container after use. If necessary, forceps or the one-handed scoop technique shall be used to prevent recapping needles by hand. Re-sheathing instruments and self-sheathing needles should be used, if available, instead of recapping.

After they are used, disposable syringes, needles, scalpel blades, and other sharp items shall be placed in a puncture resistant container for disposal. It is the employees' responsibility to ensure the use of containers at the location where these instruments and needles are to used.

APPENDIX A

TERMINOLOGY

Body Fluids

Blood, cerebrospinal fluid, semen, vaginal secretions, amniotic fluid, mucous, saliva, tears, sweat, breast milk, urine, feces, synovial fluid.

Carrier

A person or animal which harbors a specific infectious agent in the absence of a discernable disease and serves as a potential source of infection.

Communicable Disease

A communicable disease is a disease that can be transmitted from a person, insect, animal, or inanimate object to a susceptible host. It is also known as a contagious disease.

Incubation

The time period between the exposure to the infectious agent, and the 1st symptom.

Infectious Agent

A virus, bacteria, protozoa, or fungus which is capable of producing an infection.

Mucous Membranes

A moist layer of tissue that lines the mouth, eyes, nostrils, vagina, anus, and urethra.

Parenteral

Denotes an exposure that occurs intravenously, subcutaneously, intramuscularly, or in the mucous membranes.

Chicken Pox

Description:	An acute, generalized viral disease with sudden onset, slight fever, mild overall body symptoms, and skin eruptions which leaves a granular scab.
Agent:	Human (Alpha) Varicella
Mode of Transmission:	Person to person by direct contact, droplet, or airborne spread of secretion of the respiratory tract.
Symptoms:	Slight fever, rash, and cutaneous vesicles.
Incubation:	Average 13 - 17 days, range 2 - 3 weeks.
Period of Communicability:	As long as five days, but usually one to two days before onset of rash, and not more than five days after appearance of rash.
Prevention:	Avoid contact with respiratory secretions and vesicles. Use of gloves, masks and hand washing.

Diphtheria

Description:	An acute, highly contagious bacterial infection that usually infects the respiratory tract, especially the tonsils, nasopharynx, and larynx. Other, less common, types are cutaneous and wound diphtheria.
Agent:	Corynebacterium diphtheriae
Mode of Transmission:	Direct contact with a human carrier, airborne respiratory droplets, or indirect contact with contaminated articles.
Symptoms:	Characteristic lesion, usually in the throat, consisting of a patch or patches of greenish-gray membrane, surrounded by inflammation. Also, sore throat, enlarged lymph nodes, fever, rasping cough, and malaise.
Incubation:	Usually 2- 5 days.

Mode of Transmission:	HBV is found in virtually all body fluids; however, only blood, semen, saliva, and vaginal secretions have been shown to be infectious. Transmission occurs through Percutaneous and/or mucosa! membrane exposures, needle stick, sexual activity, or perinatal exposure.
Symptoms:	Gradual onset with loss of appetite, nausea, vomiting, rash, jaundice, and mild fever.
Incubation:	Average 60 - 90- days. Range 45 - 180 days.
Period of Communicability:	Weeks before onset of symptoms, remaining infectious throughout acute clinical phase.
Prevention:	Hepatitis B Vaccine, prophylactic post exposure HBIG treatment, additionally, implementation of body substance isolation practices and the avoidance of sharps injuries.

Hepatitis C

Description:	Viral Hepatitis. Inflammation of the liver. Also known as Hepatitis Non-A Non-B.
Agent:	Hepatitis C Virus.
Mode of Transmission:	Percutaneous exposure to contaminated blood and plasma derivatives. Needle sticks are important vehicles involved in the spread of Hepatitis C. Groups at highest risk are health-care workers, transfusion recipients, parenteral drug users, and dialysis patients. Household or sexual contact with persons with Hepatitis- C has been documented in some studies as risk factors.
Symptoms:	Anorexia, vague abdominal discomfort, nausea, and vomiting. Progresses to jaundice less often than Hepatitis B. Chronic infection may be symptomatic or asymptomatic.
Incubation:	Average 6 - 9 weeks. Range 2 - 6 months.
Period of Communicability:	One or more weeks before onset of first symptoms through acute clinical course of disease.

Incubation: Average 3 - 4 days. Range 2 • 10 days.

Period of Communicability: Until meningococci are no longer present in nose and mouth discharge, Usually disappears from nasopharynx within 24 hours after institution of treatment.

Prevention: Gloves and masks worn by either the patient or the health care provider.

Mumps

Description: An acute contagious disease characterized by inflammation and tenderness of one or more salivary glands.

Agent: Mumps Virus.

Mode of Transmission: Droplet spread, and direct contact with saliva of an infected person.

Symptoms: Gradual onset with fever, swelling and tenderness of one or more salivary glands.

Incubation: Average 18 days. Range 12- 25 days.

Period of Communicability: Infection occurs about 48 hours before onset of illness. Virus has been isolated from saliva from 6 - 7 days before infection and up to 9 days after. Non-immune persons should be considered infectious from the 12th through the 25th day after exposure.

Prevention: Immunization, use of masks, latex gloves, and hand washing.

Rubella (German Measles)

Description: A highly communicable, mild febrile viral disease with rash, sometimes resembling measles.

Agent: Rubella Virus.

Tetanus

Description:	An acute disease induced by toxins of the Tetanus Bacillus, which grows anaerobically at the site of any injury.
Agent:	Clostridium Tetani
Mode of Transmission:	Tetanus spores introduced into the body, usually through puncture wound contaminated with soil, street dust, animal or human feces, through lacerations, bumps, trivial or unnoticed wound, or by injected contaminated street drugs.
Symptoms:	Abdominal rigidity, Painful muscular contractions primarily of the masseter) and neck muscles,
Incubation:	Average 10 days. Range 1 day to several months, usually 3 - 21 days.
Period of Communicability:	Not directly transmitted from person to person.
Prevention:	Immunization and booster vaccine, administered in conjunction with Diphtheria (DT) Vaccine. Immunization is effective for approximately 10 years.

Tuberculosis

Description:	An infectious disease characterized by inflammation, lesions, necrosis, abscesses, fibrosis, and calcification. Most commonly affects the respiratory system (i.e., lungs), but other systems may be affected (i.e., gastrointestinal, bones, joints, and nervous system).
Agent:	Mycobacterium Tuberculosis.
Mode of Transmission:	Exposure to airborne particles known as droplet nuclei. These droplets can be generated when persons with pulmonary or laryngeal TB sneeze, cough, speak or sing. These particles are estimated to be approximately 1 - 5 microns in size.
Symptoms:	Fever, fatigue, weight loss (early), chest pain, hemoptysis, and hoarseness (late).

APPENDIX C

ALLIED UNIVERSAL PHYSICIANNOTIFICATION FORM

To: Emergency Room Physician

From: Dr. John Halpern D.O. FACEP
Medical Director/Elite Protection Services

Re: Significant Exposure to Bloodborne Pathogens

This Allied Universal employee before you has sustained a significant exposure to a potentially infectious body fluid during the course of performing medical treatment of a patient that has been brought to your facility.

Per Florida Statutes, this employee has the right to know the HIV status of this source patient. Florida law allows you to perform an HIV test on this patient either with or without their consent if blood specimens have been obtained for other purposes.

Please have your staff contact the hospital's Infection Control Coordinator and advise them of this incident.

Employee's Name: _____
Case Number: _____ Date: _____

Patient's Name: _____

Employee's Signature: _____



Infectious Disease Exposure Report Form

Date and Time of Exposure _____ Place of Exposure _____

EMS Agency Allied Universal Security EMS Elite Division Case # _____

Employee Name _____ Position _____

Employee ID # _____ Soc. Sec. # _____

Sex: M F DOB _____ Age _____ Phone # _____

Address _____

City _____ State _____ Zip Code _____

Employee Transported to _____

Employee Transported by _____

Name of Patient _____

Address _____

City _____ State _____ Zip Code _____

Sex: M F DOB _____ Age _____ Phone # _____

Type of Incident (auto accident, trauma) _____

Type of protective equipment utilized _____

What were you exposed to:

Blood _____ Tears _____ Feces _____ Urine _____ Saliva _____ Vomitus _____ Sputum _____

Sweat _____ Other _____

What part of the body became exposed?

Be Specific:

Did you have any open cuts, sores or rashes that became exposed?

Be Specific:

How did the exposure occur?

Be Specific:

Did you seek medical attention? Yes _____ No _____

Where? _____

Contact Infectious Control Officer: Date _____ Time _____

Exposure Officer Signature _____ Date _____

Member Signature _____ Date _____

Infectious Control Officer Report

Medical facility notified? Yes _____ No _____

If Yes:

Name of Facility _____ Date _____

Address of Facility _____

City _____ State _____ Zip Code _____

Name of Contact _____

Confirmed Exposure _____

Member notified? Yes _____ No _____

Member's Signature _____ Date _____

Medical Follow-Up Action:

Remarks:

Infection Control Office's Signature _____ Date _____

REFERENCES

- † OSHA Instruction CPL 2-2.44B, Enforcement Procedures for Occupational Exposures to Hepatitis B Virus and Human Immunodeficiency Virus, February 27th, 1990
- † 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens, December 6th, 1991
- † 29 CFR 1910.20, Access to Employee Exposure Records and Medical Records
- † NFPA 1581, Standard on Fire Department Infection Control Program, 1991
- † Federal Register, Volume 58, October 11, 1993
- † Centers for Disease Control MMR, Volume 38, Number S-6, 1989
- † Americans with Disabilities Act of 1990 (PL 101-336)
- † Ryan White Comprehensive AIDS Resources Emergency Act of 1990 (PL101-381)
- † Department of Environmental Regulation, Hazardous Waste Management, Rule17-712
- † Florida State Statutes 381.609, Testing for HIV
- † Florida State Statutes 395.0147, Infectious Disease Notification



Controlled Substances



Allied Universal Security Services

Policy & Procedure for the Storage and Handling of Controlled Substances Medications

Storage Procedures

1. Controlled substance medications will be stored in a double locked compartment on the ALS vehicle. Meaning the controlled substance medication shall be kept in a locked storage box, and the compartment that the drugs are stored in the ALS bag/box will be kept secured by a locking device as well.
2. No backup supply of controlled substance medications will be kept either at the site or corporate office.

Access to Controlled Substance Medications

1. Only the Dir. of EMS and the on duty Paramedic/Security Officer shall have keyed access to the controlled substances carried on the ALS Vehicle at any given time.
 - a. The Chief of EMS shall keep a spare key stored and secured at the regional corporate office for each controlled substance lock box, in case of loss of the primary controlled substance lock box key that is maintained at the site.
 - b. The on-duty Paramedic/Security Officer shall keep in his/her own possession the primary key to the controlled substance lock box at the designated site. This key will be turned over to the next on coming relief paramedic during the pass down at the beginning/ end of each shift.

Shift Exchange & Inventory Procedures

1. Each ALS unit will maintain a written logbook in each vehicle for the inventory of Versed and Fentanyl per Florida State Statute 401. The logbook shall have consecutively and permanently numbered pages. No pages or lines shall be skipped.

2. An inventory shall be made by the off going and the on-coming Paramedic/Security Officer at the beginning and end of each shift change. Or when a shift exchange occurs during the middle of a regular scheduled shift.
3. If a Paramedic/Security Officer works two shifts concurrently, he/she does not need to sign the logbook twice (at the beginning and end of each 8 hr. shift). But must make a notation next to the date and time in the logbook that double shift is being worked.
4. When filling out the controlled substance logbook, the date, time, amount of each controlled substance, lot number and expiration date will be completed for each type of drug. This information will be verified by the on-duty Paramedic/Security Officer printing his/her name and employee I.D. number, signature, and the witness signature provided by the off-going Paramedic/Security Officer.
5. The on-coming Paramedic/Security Officer who accepts the responsibility for the drugs by signing the controlled substance logbook shall maintain and have the keys to the drug box on his/her person at all times until such time as signing over the controlled substance drug box keys and logbook to the next on-coming Paramedic/Security Officer.

Procedures for Use, Replacement and Disposal of Controlled Substances

1. Each ALS Units will carry a total of (1) vial of Versed, 10 mgm, 2cc and (2) vials of Fentanyl 100 microgm, 2cc
2. Controlled substance medications will be used on medical patients that fall under the guidelines for treatment as written in the Palm Beach County Uniform Medical Protocols.
3. Upon use of a controlled substance on a patient, proper documentation will be recorded on the medical run report and on the back page of the controlled substance log. Documentation on the medical run report will include
 - a. Patients name, address, telephone number
 - b. Case number, current date
 - c. Patient's medical chief complaint.
 - d. Patient's medical history and vital signs
 - e. Properly document all patient care and treatment performed.
 - f. Medication administered, amount & time medication administered.

- g. Paramedic/Security Officer will Print & Sign the medical run report and provide employee I.D. number.

The documentation on the back page of the controlled substance logbook will include:

- a. Date used
 - b. Time used
 - c. Case number of incident
 - d. Name of paramedic administering controlled substance and signature.
 - e. Drug used
 - f. Amount of drug used
 - g. Lot number of Vial/ Ampule used
 - h. Amount wasted (if any)
 - i. Witness signature of person witnessing the wasting/disposal of any unused portion of the controlled substance.
4. In the event that a controlled substance is utilized, the Chief of EMS shall be notified either through the EMS Field Supervisor or on-duty site supervisor so that appropriate arrangements can be made for replacement.
 5. In the event that a controlled substance is utilized or damaged and needs restocking. The controlled substance medication(s) will be acquired locally by a local pharmaceutical distributor/supplier. Drugs in need of re-supply or replacement will usually be restocked the same or next business day at the site the controlled substance is used.
 6. If controlled substance medications are being replaced due to normal expiration. The controlled substances may be acquired through medical supply vendors that the company has accounts with to place standard medical supply orders.
 7. When controlled substance medications expire, they will be replaced with replacement medications. The expiring/expired controlled substance will be wasted/disposed of at the site by the Chief of EMS, and the on-duty Paramedic/Security Officer will bear as witness to the proper disposal and replacement of the medication in question.
 8. After proper wasting/disposal of the controlled substance has taken place. The documentation on the back page of the controlled substance logbook will be completed. Documentation to be completed includes:
 - a. Date replaced
 - b. Amount replaced
 - c. Drug replaced
 - d. Replacement by
 - e. Lot number of new controlled substance vial/ampule

Inventory Discrepancy Procedure

1. Should a discrepancy be noted in the controlled substance logbook upon completion of a count, indicating missing/damaged or stolen medication. The EMS supervisor & Chief of EMS will be notified immediately so that necessary actions to remedy the action will be made.
2. An incident report/ voluntary statement shall be completed by both the on-duty and off-going Paramedic/Security Officers.
3. If theft or questionable circumstances of missing medications is indicated, the local police agency for the site in question will be called and notified to file a report without delay.
4. The medical director will also be called and notified by either the Chief of EMS or the EMS field supervisor of any discrepancies with the controlled substance medications inventory.



IV Fluids and Medications



Policy & Procedure for the Storage and Handling of I.V. Fluids and Medications

Security Procedures

1. All LV. Fluids and Medication (including standard medical supplies) will be stored and locked in a climate controlled environment, that will be kept in a clean and sanitary condition at all times.

Storage Procedures

1. The Director of EMS, onsite EMS Supervisor and the on-duty Paramedic/Security Officer will have access to the locked storage area should supplies for the ALS vehicle need replacement or restocking.

Inventory Procedures

1. Medical supply inventories/orders shall be conducted on at least a bi-monthly basis or more frequently as needed.
2. The onsite EMS supervisor is responsible for the completion of the supply inventory but may designate another paramedic to conduct the inventory.
3. Par levels may be set by the onsite EMS Supervisor for medical supplies. But par levels will not be less than the minimum state requirements as set by 64-E-2 Tables III and Table V

Deteriorated Equipment/ Expired Medications

1. All expired medications shall be disposed of-- their content (with sharps placed into an approved sharps container afterward), then placed into the bio-waste box for proper disposal. This may be done either by the Dir. of EMS or the onsite EMS Supervisor with written documentation to the Dir. of EMS with a list of medications that were wasted and there amount.
2. All deteriorated medical supplies shall be placed into the bio-waste box for proper disposal. Proper due care and handling of any sharps (i.e. lancets) shall be taken.



Universal Protection Service, LLC.

Section 3

17.A memorandum of understanding for radio communications that is executed between the applicant and Palm Beach County. (PBC Facilities Development and Operations Dept.)



R2020 0747

AMENDED AND RESTATED 800 AGREEMENT

THIS AMENDED AND RESTATED AGREEMENT ("Agreement") is made and entered into this _____ day of JUL 07 2020, by and between PALM BEACH COUNTY, a political subdivision of the State of Florida ("County") and Universal Protection Service, LLC, a company licensed to do business in the State of Florida, ("Participant"), with a Federal Tax ID number of 56-0515447.

WITNESSETH

WHEREAS, on June 19, 2018, the County and the Participant entered into an Agreement R2018-0903 (the 2018 Agreement) setting forth the terms and conditions by which the County would provide interoperable radio communications through the EMS and countywide common talk groups to the Participant; and

WHEREAS, to set forth the terms and conditions for all interoperable radio communications, this Agreement amends and restates, in its entirety, and replaces, the 2018 Agreement; and

WHEREAS, the County is continually identifying more effective service delivery methods which result in enhanced public safety services to the residents of Palm Beach County; and

WHEREAS, the County has purchased, designed, installed, and operates a Public Safety Radio System that supports the needs of the Palm Beach County Sheriff's Office, Palm Beach County Fire Rescue, Palm Beach County Emergency Medical Services, and various Palm Beach County general government agencies; and

WHEREAS, the County and the Participant have determined that the ability to provide interoperable communications is critical to the effective and efficient provision of public safety services; and

WHEREAS, it has been determined to be mutually beneficial to both Parties to execute this Agreement which sets forth the parameters under which the Participant can access the Emergency Medical Services (EMS) and Common Talk Groups established on the County's Public Safety Radio System to receive the public safety benefit of EMS communications and interoperability; and

WHEREAS, the Palm Beach County Public Safety Department/Emergency Management Division has requested that the Participant be granted limited access to the County's Public Safety Radio System in order to enhance communication and coordination efforts between hospitals and medical response providers.

NOW THEREFORE, in conjunction with the mutual covenants, promises and representations contained herein, the parties hereto agree as follows:

SECTION 1: PURPOSE

The purpose of this Agreement is to set forth the parameters under which the County will provide access to the EMS and Common Talk Groups established on the County System specifically to provide interoperable communications among public safety agencies capable of accessing this feature of the County System. This Agreement also identifies the conditions of use, the monitoring requirements, and ability of the Participant to participate in the operational decisions relating to the use of the EMS and Common Talk Groups.

SECTION 2: DEFINITIONS

2.01 Certificate of Public Convenience and Necessity (COPCN): is a certificate with endorsements issued by the Board of County Commissioners, deeming it to be in the public convenience and necessity for the named advanced life support provider to operate within the confines of the County, as authorized in Section 401.25, Florida Statutes, as amended.

2.02 Common Talk Groups: Talk groups established on the County's System that are made available to County agencies, municipalities and other non-County agencies for interoperable communications between agencies for the purpose of providing mutual assistance and planning and execution of on-scene operations.

2.03 County Talk-Groups: Talk groups established on the County's System that are made available to County agencies providing for inter-departmental communications. These talk groups are reserved for particular departments/agencies and only available to outside departments by separate agreements.

2.04 EMS Talk Groups: Talk groups established on the County's System that are made available for emergency service personnel to communicate directly with hospitals in and around Palm Beach County.

2.05 Participant Equipment: Also known as "agency radios," are Participant owned P25 compliant handheld and mobile radios and control stations that operate in the 800 MHz spectrum that have the ability to be programmed and used on the County's System.

2.06 Radio Alias: The unique name assigned to an operator's radio that displays on the dispatcher's console when a radio transmits.

2.07 SmartZone Controller: The SmartZone Controller is the central computer that controls the operation of the County's Public Safety Radio System. The SmartZone Controller manages access to System features, functions, and talk-groups.

2.08 System: The Public Safety Radio System funded, purchased, installed, maintained and owned by the County.

2.09 System Manager: An employee within the County's Electronic Services & Security Division of the Department of Facilities Development & Operations with the title Radio

System Manager who is responsible for day to day administration and management of the System and the County's designated contact person pursuant to various sections of this Agreement.

SECTION 3: ADMINISTRATION

3.01 System Contact. The Palm Beach County Electronic Services & Security Division's System Manager will be the Participant's day to day contact and can be reached at 561-233-0837. The Electronic Services & Security Division is staffed from 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding County holidays. After hours emergency contact will be made through the County's Emergency Operations Dispatch Center at 561-712-6428 and the appropriate contact will be made.

3.02 CRSSC. The System Maintenance and Administration Plan as referenced on Attachment I hereto, identifies the general procedures for the management of the System and procedures for input through the user committees into operating procedure development. The plan establishes the Countywide Radio System Steering Committee (CRSSC), which is responsible for overseeing and implementing the policies and procedures for the County's System.

3.03 Compliance with System Policies and Procedures. The Participant shall follow all policies and standard operating procedures in place at the time of this Agreement as well as those developed in the future and issued to the Participant by the System Manager. The Participant agrees to comply with any enforcement actions required by these policies and procedures for misuse or abuse of the County's System.

SECTION 4: COUNTY SYSTEM & RESPONSIBILITIES

4.01 County System. The County System consists of eleven (11) transmit and receive sites with co-located microwave equipment and three (3) microwave only sites that provide network connectivity as well as the SmartZone Controller.

4.02 Coverage for Common Talk Groups. The County System provides seamless County-wide portable and mobile radio coverage for the EMS and Common Talk Groups. The radio coverage for the EMS and Common Talk Groups is identical to that of other County Talk Groups that reside on the County's System.

4.03 County Responsibilities for System Maintenance and Operations. The County shall be responsible for the maintenance and operation of the County's System, including all costs associated with permitting and licensing.

4.04 Scheduled Outages. The County shall maintain the coverage as described in the County's contract with Motorola R2015-1673, dated 11/17/15, and as described within Participant's geographic boundaries as described in Participant's COPCN, throughout the term of this Agreement except for times of scheduled preventive maintenance, where it will be required to disable portions of the network for a pre-determined length of time or during times of system

Participant plans to use commercial services for its system or subscriber unit maintenance, the Participant must include confidentiality requirements in their contracts with the commercial service providers acceptable to the System Manager before access or programming codes may be released to these companies.

5.04.02 Commercial Service Providers. Commercial maintenance service providers are **not** considered authorized to receive access to programming codes for the County's System, unless meeting the requirements of Section 5.04.03 and/or 5.04.04 below. If the Participant does not have employees capable of programming Participant radio equipment or prefers to have others program Participant radio equipment, it may request that the Palm Beach County Sheriff's Office, Palm Beach County Fire Rescue or Palm Beach County Electronic Services & Security Division program Participant's radio equipment under the terms of a separate agreement.

5.04.03 County Review of Existing Service Provider Agreements. If the Participant uses a commercial service provider to program Participant radio equipment at the time of execution of this Agreement, and desires that the commercial service provider program the Participant radio equipment with the EMS and Common Talk Groups, the Participant must submit its existing contract with the commercial service provider to the System Manager for review. The review will focus on whether the contract terms between the Participant and the commercial service provider are adequate to protect the County's System from misuse, harm or release of access and programming codes to unauthorized persons. Notwithstanding the previous statement, the County retains the right, in its sole opinion with or without written reason or cause, to approve or disapprove the use of a commercial service provider. If approved, the System Manager will release the access and programming codes to the commercial service provider. The Participant will be responsible for ensuring that the commercial service provider adheres to the terms of this Agreement pertaining to the proper use of programming codes and radio equipment and pertaining to the safeguarding and protection of the confidentiality of the access codes. If not approved, the Participant shall use the Palm Beach County Sheriff's Office, Palm Beach County Fire Rescue, or the Palm Beach County Electronic Services & Security Division to program Participant radio equipment with EMS and Common Talk Groups.

5.04.04 Review of Bid Documents for Service Provider. If the Participant intends to use a commercial service provider to program Participant radio equipment with the EMS and Common Talk Groups, the Participant shall submit the appropriate bid documents/contract to the System Manager for approval prior to soliciting a bid or quote from the commercial service provider. The System Manager will work with the Participant to develop the appropriate language for the contract which will allow for approval of the commercial service provider. Notwithstanding the previous statement, the County retains the right, in its sole opinion with or without written reason or cause, to approve or disapprove the use of a commercial service provider. If approved, the System Manager will release the access and programming codes to the commercial service provider. The Participant will be responsible for ensuring that the commercial service provider adheres to the terms of this Agreement pertaining to the proper use of the

failures. The Participant shall be notified of scheduled preventive maintenance, pursuant to the policies and procedures referenced on Attachment I hereto.

4.05 Management. The County shall be responsible for talk group and fleet mapping management in accordance with the policies and procedures set forth on Attachment I, as may be amended and updated from time to time.

SECTION 5: PARTICIPANT EQUIPMENT AND RESPONSIBILITIES

5.01 Participant Equipment. The Participant's equipment will be P25 compliant 800 MHz mobile, portable, and control station equipment programmed to be used on the County's System. Equipment other than that manufactured by Motorola shall be approved by the System Manager prior to purchase by the Participant. The Participant is required to keep its equipment in proper operating condition and the Participant is responsible for maintenance of its radio equipment.

5.02 Agreement Limited to EMS and Common Talk Groups. The Participant will only program the EMS and Common Talk Groups and the individual unit ID numbers assigned by the System Manager as part of this Agreement. The Participant will **not** program into its radios the County operational talk groups without a letter of authorization or a signed agreement from the County.

5.03 Participant Contacts. The Participant shall provide the County with a list of persons/positions, which are authorized to request activating/deactivating existing units or new units. No programming will be undertaken by the Participant or its service provider until requested and approved in writing by the System Manager.

5.04 County Confidential Information. The Participant shall receive certain access codes to the County's System to enable the Common Talk Groups to be programmed into the Participant's equipment. *The access codes are considered to be exempt and confidential security system information under F.S. 119.071(3) and must not be released to the public or unauthorized persons.* The access codes are to be treated as confidential information and the Participant is responsible for safeguarding and protecting the confidentiality of the code information from release to unauthorized parties. All confidential security system information and data obtained, developed, or supplied by the County ("Confidential Information") will be kept confidential by the Participant and will not be disclosed to any other party, directly or indirectly, without the County's prior written consent, unless required by law or lawful order. All system parameters shall remain the County's property, and may only be reproduced or distributed with the written permission of the County. The Participant agrees that the County has sole and exclusive ownership of all right, title and interest to the Confidential Information and may be recalled at any time.

5.04.01 Authorized Parties. Service staff directly employed by the Participant shall be considered authorized to receive access and programming codes for the maintenance of the Participant's radio equipment. Commercial service providers are not considered authorized to receive access to programming codes for the System. If the

programming codes and radio equipment use and the terms requiring the safeguarding and protection of the confidentiality of the access codes. If not approved, the Participant shall use the Palm Beach County Sheriff's Office, Palm Beach County Fire Rescue, or Palm Beach County Electronic Services & Security Division to program Participant radio equipment with EMS and Common Talk Groups.

5.04.05 Survival. The provisions of this section regarding the Participant's duty to keep the County's access codes confidential shall survive the termination or expiration of this Agreement.

5.05 Malfunctioning Participant Equipment. The Participant is solely responsible for the performance and the operation of the Participant equipment and any damages or liability resulting from the use thereof. Should the County identify malfunctioning Participant owned equipment; the County will request that the Participant discontinue use of the specific device until the repairs are completed. The County may, in its discretion, disable the equipment from the System after properly notifying the Participant in writing if the device is causing interference to the System.

5.06 Stolen or Lost Participant Radios. In the case of lost or stolen equipment, the Participant will notify the System Manager by e-mail authorizing the System Manager to disable the equipment. The authorization shall provide the County issued individual unit ID number and the serial number of the radio. The System Manager will advise via e-mail when the radio has been disabled. A request by the Participant to re-activate a disabled radio must be in writing by e-mail to the System Manager.

5.07 COPCN. Prior to obtaining the access codes to the County's System, the Participant shall obtain a COPCN, which will detail the emergency services that can be conducted by the Participant as well as the geographical area within the County where it can perform services. The Participant must maintain its COPCN in order to use the access codes for the County's System.

5.08 Use of Radio Equipment. Radio equipment programmed with access codes for the County's System shall only be used by staff directly employed by the Participant and shall only be used in the locations authorized by the COPCN.

SECTION 6: SUBSCRIBER UNIT INFORMATION TO BE PROVIDED BY PARTICIPANT

The Participant will be required to provide to the County an initial inventory of the radios that are proposed to be programmed for use of the EMS and Common Talk Groups. The Participant will provide the following information to the County:

- Radio manufacturer and model numbers.
- Radio serial numbers.
- Requested aliases to be programmed.

The System Manager will then compile this information and transmit back to the Participant a matrix of the County-wide Talk Groups, aliases, and radio ID numbers prior to the Participant's radios being activated on the County's Public Safety Radio System. The Participant is responsible for adhering to the Talk-Group and Radio ID allocations established by the County. The County's Talk-Group and Radio ID allocations are on file with the County and available upon request.

SECTION 7: UTILIZATION AND MONITORING OF EMS AND COMMON TALK GROUPS

7.01 Purpose of EMS Talk Groups. The EMS Talk Group was implemented specifically for emergency medical communications between the emergency providers and hospitals in and around Palm Beach County. The usage of the talk groups are defined below. Typical Usage Scenario:

- A field unit requiring communications with a hospital will request communications through the County's Fire Rescue Dispatch Center on its currently assigned talk-group or on a MED Control talk-group.
- The Fire Rescue Dispatch Center will approve the request that the field unit change talk-groups to the requested hospital talk-group.
- The field unit will then switch to the appropriate talk-group.
- At the conclusion of the communications the field unit will switch back to its assigned talk-group and advise the Fire Rescue Dispatch Center of its return.

7.02 Purpose of Common Talk Groups. The Common Talk Groups were implemented specifically for inter-agency communication among multiple agencies, regardless of their specific discipline or affiliation. They were also created to allow communications between agencies without requiring cross-programming operational talk groups in each agency's radios.

Typical Usage Scenario:

- A unit requesting to coordinate a multi-jurisdictional operation or call for mutual assistance, places a call on the Call Talk Group for the appropriate discipline (i.e. Law Enforcement, Fire Rescue, or Local Government) to the dispatch center of the required agency(ies).
- The responding dispatch center assigns one of the Common Talk Groups to the requesting unit and contacts its agency's unit(s) and requests that the user switch to the corresponding talk group.
- The participating units would communicate on the Common Talk Group(s) and upon completion of the operation; the talk-group is cleared of all radio traffic and put back into the pool for other agencies.

7.03 Approved Uses. Usage of the EMS and Common Talk Groups is authorized to coordinate multi-jurisdictional fire/law enforcement/disaster recovery operations such as fires requiring multi-agency responses, police pursuit through multiple jurisdictions, coordination and response to local emergencies and disasters, and for emergency medical communications between emergency providers and hospitals in and around Palm Beach County. Other authorized uses include undercover operations, investigations, perimeter communications, fire ground coordination, scene security and landing zone communications requiring participation of multiple agencies and disciplines.

7.04 Prohibited Uses. The EMS and Common Talk Groups shall not be used for every-day routine communications or as an extra talk group for agencies that have cross programming agreements and duplicated talk groups programmed into their radios. Other prohibited uses include communications for special events and operations, use as an additional dispatch, administrative or a car to car talk group for a single agency.

7.05 Required Monitoring. Agencies requesting to use the EMS and Common Talk Groups by this Agreement have a requirement to monitor the Calling Talk Group in their respective dispatch center to respond to calls for assistance from field units. The dispatch centers which combine more than one discipline in their dispatch center are required to monitor the disciplines which are dispatched. Agencies which do not utilize their own dispatch center are not required to monitor the Calling Talk Group.

SECTION 8: LIABILITY

8.01 No Representation as to Fitness. The County makes no representations about the design or capabilities of the County's System. The Participant has decided to enter into this Agreement and use the County's System on the basis of having interoperability with the County and /or other municipalities during times of mutual aid and/or joint operations. The County agrees to use its best reasonable efforts to provide the Participant with full use of the EMS and Common Talk Groups but makes no guarantee as to the continual, uninterrupted use of the System, or its fitness for the communication needs of the Participant.

8.02 Indemnification. The Participant agrees to protect, defend, reimburse, indemnify and hold County, its agents, employees and elected officials and each of them (hereinafter collectively and for the purposes of this paragraph, referred to as "County"), free and harmless at all times from and against any and all claims, liability, expenses, losses, costs, fines and damages (including attorney's fees at trial and appellate levels) and causes of action of every kind and character against, or in which County is named or joined, of any damage to property or the environment, economic losses, or bodily injury (including death) incurred or sustained by any party hereto, or of any party acquiring an interest hereunder, and any third party or other party whomsoever, or any governmental agency, arising out of or in incident to or in connection with Participant's performance under this Agreement, the condition of the property, Participant's acts or omissions or operations hereunder, of the performance, non-performance or purported performance of the Participant of any breach of the terms of this Agreement; provided however, that Participant shall not be responsible to County for damages resulting out of bodily injury or

damages to property which Participant can establish as being primarily attributable to the negligence of the County.

Participant further agrees to hold harmless and indemnify County for fines, citations, court judgments, insurance claims, restoration costs or other liability resulting from Participant's activities pursuant to this Agreement, whether or not Participant was negligent or even knowledgeable of any events precipitating a claim or arising as a result of any situation involving Participant's activities.

Participant shall indemnify, defend and save County harmless from and against any and all claims, actions, damages, liability and expense in connection with: (i) loss of life, personal injury and/or damage to or destruction of property arising from or out of any use or lack thereof, of the County's System; (ii) use by Participant, or (iii) any act or omission of Participant, its agents, contractors, employees or invitees. In case County shall be made a party to any litigation commenced against the Participant or by Participant against any third party, then Participant shall protect and hold harmless and pay all costs and attorney's fees incurred by County in connection with such litigation, and any appeals thereof.

8.03 No Responsibility for Third Party Claims. Neither the County nor the Participant shall be liable to each other or for any third party claim, which may arise out of the services provided hereunder or of the radio System itself, its operation or use, or its failure to operate as anticipated, upon whatever cause of action any claim is based. The System is designed to assist qualified law enforcement, fire, and other emergency service professionals. It is not intended to be a substitute for the exercise of judgment or supervision of these professionals. Both parties acknowledge that the responsibility for providing law enforcement, fire, or other emergency services rests with the agency which is providing such service and not necessarily either party to this Agreement.

8.04 No Consequential Damages. The terms and conditions of this Agreement incorporate all the rights, responsibilities, and obligations of the parties to each other. The remedies provided herein are exclusive. The County and the Participant waive all other remedies with respect to each other, including, but not limited to, consequential and incidental damages.

8.05 Survival. The provisions of this section shall survive the termination or expiration of this Agreement.

SECTION 8A: INSURANCE

The Participant shall at its sole expense, maintain in effect at all times during the performance of work hereunder insurance coverage with limits not less than those set forth below and with insurers and under forms of policies acceptable to the County.

During the term of this Agreement, Participant shall maintain Workers Compensation Insurance and Employers Liability insurance in accordance with Chapter 440 Florida Statutes and applicable Federal Acts. This coverage shall be provided on a primary basis. If any work is subcontracted, Participant shall require all subcontractors to similarly comply with this

requirement unless such subcontractor's employees are covered by the Participant's Workers Compensation Insurance policy.

Participant shall purchase and maintain during the term of this Agreement, Commercial General Liability insurance (required coverages, premises/operations, independent contractors, products/completed operations, contractual liability, broad form liability, X-C-U coverages, if applicable) in the amount no less than \$1,000,000 per occurrence.

Should any of the work hereunder involve water craft owned or operated by Participant or any subcontractor, such shall be insured under the Commercial General Liability policy or by other such liability insurance such as Protection and Indemnity in an amount no less than \$5,000,000 per occurrence.

Should any of the work hereunder involve aircraft (fixed wing or helicopter) owned or operated by Participant or any subcontractor, Participant shall procure and maintain Aircraft Liability insurance in the amount of \$5,000,000 per occurrence bodily injury (including passengers) and property damage.

Should the Participant provide patient carrier services using Participant owned or leased vehicles, the Participant shall purchase and maintain during the term of this Agreement, Business Automobile Liability insurance covering on all owned, non-owned and hired automobiles with all of the limits, terms and conditions with a combined single limit bodily injury and property damage in an amount no less than \$1,000,000 per occurrence.

The requirements contained herein as to types and limits, as well as County's approval of insurance coverage to be maintained by Participant are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by Participant under this Agreement.

The County shall be named as an Additional Insured on each liability insurance policy required, except for Workers Compensation and Business Auto Liability. The additional insured endorsements shall provide coverage on a primary basis. The Additional Insured endorsement shall read "Palm Beach County Board of County Commissioners, a political subdivision of the State of Florida, its Officers, Employees and Agents", c/o Electronic Services & Security Division, 2633 Vista Parkway, West Palm Beach, FL, 33411. All involved policies must be endorsed so that thirty (30) days notification of cancellation and any material change(s) in coverage shall be provided to the Board of County Commissioners of Palm Beach County.

The Certificates of Insurance must provide clear evidence that Participant's Insurance Policies contain the minimum limits of coverage and special provisions prescribed in this Section, in accordance with all of the limits, terms and conditions set forth above and shall remain in force during the entire term of this Agreement. Prior to the execution of this Agreement, Participant shall deliver to County Certificate of Insurance, evidencing that such policies are in full force and effect. Such Certificates shall adhere to the conditions set forth herein. Such initial evidence of insurance shall be sent to:

Palm Beach County
C/O Facilities Development & Operations Department
Attn: Business & Community Agreements Manager
2633 Vista Parkway
West Palm Beach, FL 33410

During the term of the Agreement and prior to each subsequent renewal thereof, the Participant shall provide this evidence of compliance with the insurance requirements contained herein to Palm Beach County. Said Certificate(s) of Insurance shall, to the extent allowable by the insurer, include a minimum thirty (30) day endeavor to notify due to cancellation (10 days for nonpayment of premium) or non-renewal of coverage. Should Participant fail to maintain the insurance required herein, the County may terminate Participant's use of the Radio System until coverage is reinstated.

County may request evidence of compliance with the insurance requirements during the term of this Agreement and Participant shall supply such evidence within forty-eight (48) hours of the County's request to do so, by delivering to the County a signed Certificate(s) of Insurance evidencing that all types and amounts of insurance coverages required by this Agreement have been obtained and are in full force and effect.

SECTION 9: OWNERSHIP OF ASSETS

All assets maintained under this Agreement will remain assets of the respective party.

SECTION 10: TERM OF AGREEMENT

10.01 Initial Term. The initial term of this Agreement is for five (5) years and shall commence immediately upon full execution of this Agreement.

10.02 Renewals. The Agreement may be renewed for two (2) additional terms of five (5) years each. At least six (6) months prior to the expiration of this Agreement's term, the Participant shall provide the County with a request to renew this Agreement. Such renewal will require approval of both parties and the County may not unreasonably withhold its approval of the renewal.

10.03 Existing Interlocal Terminated. This Agreement when effective terminates and replaces the Interlocal Agreement between County and Participant R2018-0903.

SECTION 11: AMENDMENTS TO THIS AGREEMENT

This Agreement may be amended from time to time by written amendment as agreed to by all parties.

SECTION 12: TERMINATION

This Agreement shall terminate if Participant’s COPCN expires or is revoked and may be terminated by either party, with or without cause upon ten (10) days written notice to the other party. Upon notice of termination, the System Manager will proceed to disable the Participant’s radios from the County’s System. It will be the responsibility of the Participant to reprogram the Participant’s radios removing the County’s System information from the radios. The Participant will complete reprogramming the Participant’s radios within sixty (60) days of the date of termination. A Participant with greater than one hundred (100) radios will be given ninety (90) days to re-program its radios.

SECTION 13: NOTICES

Any notice given pursuant to the terms of this Agreement shall be in writing and be delivered by Certified Mail, Return Receipt Requested. The effective date of such notice shall be the date of receipt, as evidenced by the Return Receipt. All notices shall be addressed to the following:

As to the County:

County Administrator
301 North Olive Avenue
West Palm Beach, FL 33401

Director, Facilities Development & Operations
2633 Vista Parkway
West Palm Beach, FL 33411-5603

With a copy to:

Radio System Manager
Palm Beach County Electronic Services & Security Division
2601 Vista Parkway
West Palm Beach, FL 33411-5610

County Attorney’s Office
301 North Olive Avenue
West Palm Beach, FL 33401

As to the Participant:

Universal Protection Services, LLC
Attn: Branch Manager
1645 Palm Beach Lakes Blvd. Suite 600
West Palm Beach, FL 33401

SECTION 14: APPLICABLE LAW

This Agreement shall be governed by the laws of the State of Florida. Any legal action necessary to enforce the Agreement will be held in a court of competent jurisdiction located in Palm Beach County, Florida.

SECTION 15: FILING

A copy of this Agreement shall be filed with the Clerk of the Circuit Court in and for Palm Beach County.

SECTION 16: ENTIRE AGREEMENT

This Agreement and any Attachments hereto constitute all agreements, conditions and understandings between the County and the Participant concerning access to the EMS and Common Talk Groups. All representations, either oral or written, shall be deemed to be merged into this Agreement, except as herein otherwise provided, no subsequent alteration, waiver, change or addition to this Agreement shall be binding upon the County or Participant unless reduced to writing and signed by them.

SECTION 17: DELEGATION OF DUTY

Nothing contained herein shall be deemed to authorize the delegation of the Constitutional or Statutory duties of the County's officers.

**SECTION 18: PALM BEACH COUNTY OFFICE OF THE INSPECTOR GENERAL
AUDIT REQUIREMENTS**

Palm Beach County has established the Office of the Inspector General in Palm Beach County Code, Section 2-421 - 2-440, as may be amended. The Inspector General is authorized with the power to review past, present and proposed County contracts, transactions, accounts and records. The Inspector General's authority includes, but is not limited to, the power to audit, investigate, monitor, and inspect the activities of entities contracting with the County, or anyone acting on their behalf, in order to ensure compliance with contract requirements and to detect corruption and fraud. Failure to cooperate with the Inspector General or interfering with or impeding any investigation shall be a violation of Palm Beach County Code, Section 2-421 - 2-440, and punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.

SECTION 19: NO THIRD PARTY BENEFICIARY

No provision of this Agreement is intended to, or shall be construed to, create any third party beneficiary or to provide any rights to any person or entity not a party to this Agreement, including but not limited to any citizen or employees of the County and/or Participant.

SECTION 20: NON-DISCRIMINATION

The County is committed to assuring equal opportunity in the award of contracts and complies with all laws prohibiting discrimination. Pursuant to Palm Beach County Resolution R2017-1770, as may be amended, the Participant warrants and represents that throughout the term of the Agreement, including any renewals thereof, if applicable, all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity or expression, or genetic information. Failure to meet this requirement shall be considered default of the Agreement.

SECTION 21: ASSIGNMENT

Participant may not assign, mortgage, pledge, or encumber this Agreement in whole or in part, without prior written consent of County, which may be granted or withheld at the County's absolute discretion. This provision shall be construed to include a prohibition against an assignment, mortgage, pledge, encumbrance or sublease, by operation of law, legal process, receivership, bankruptcy, or otherwise, whether voluntary or involuntary.

SECTION 22: SEVERABILITY

If any term of the Agreement or the application thereof to any person or circumstance shall be determined by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the Agreement, or the application of such term to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected thereby, and each term of the Agreement shall be valid and enforceable to the fullest extent permitted by law.

SECTION 23: COUNTERPARTS

This Agreement may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same agreement.

SECTION 24: ANNUAL BUDGETARY FUNDING/CANCELLATION

This Agreement and all obligations of County hereunder requiring the expenditure of funds are subject to and contingent upon annual budgetary funding and appropriations by the Palm Beach County Board of County Commissioners .

SECTION 25: EFFECTIVE DATE

This Agreement is expressly contingent upon the approval of the Palm Beach County Board of County Commissioners and shall become effective only when signed by all Parties and approved by the Palm Beach County Board of County Commissioners.

THE REMAINDER OF THIS PAGE LEFT BLANK INTENTIONALLY

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed on the day and year first above written.

R2020 0767

ATTEST:

JUL 07 2020

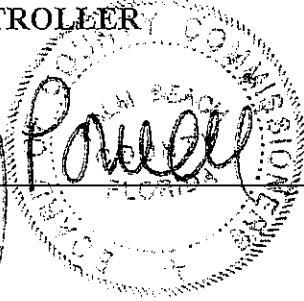
SHARON R. BOCK
CLERK & COMPTROLLER

PALM BEACH COUNTY, a political
subdivision of the State of Florida

By:

Marcy Powell

Deputy Clerk



By:

[Signature]

Dave Kerner, Mayor

APPROVED AS TO LEGAL
SUFFICIENCY:

APPROVED AS TO TERMS AND
CONDITIONS:

By:

Sean Adel Williams

County Attorney


By:

MB Audrey Wolf

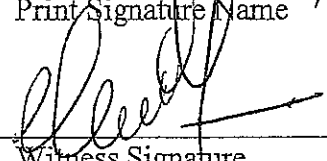
Audrey Wolf, Director
Facilities Development & Operations

WITNESS:

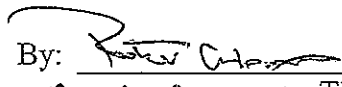
PARTICIPANT:

By: 
Witness Signature

Herbert McFreney
Print Signature Name

By: 
Witness Signature

Alessandro Frittitta
Print Signature Name

By:  Regional Vice President
ROBERT CHAMBERS, Title

ATTACHMENT I

PALM BEACH COUNTY PUBLIC SAFETY RADIO SYSTEM POLICIES AND PROCEDURES

Policy / Procedure Title

1. Countywide Use of 800 MHz System (O.P. # I-01)
2. Countywide Use of 800 MHz System Talk Groups (O.P. # I-04)
3. Monitoring and Evaluation of Public Safety Radio System Talk Groups (O.P. # I-05)
4. Emergency Medical Communications (O.P. # I-06)
5. Reporting of Problems and Modifications of the Public Safety Radio System (O.P. # I-07)
6. Countywide Use of Public Safety Radio System During Times of Catastrophic Failure which result in non-trunking "conventional" operation (O.P. # I-10)
7. System Maintenance and Administration Plan



Universal Protection Service, LLC.

Section 3

18. The applicant must provide a certified letter from the COPCN Holder's Chief Executive Operating Office or Fire Chief that the applicant has met all applicable federal, state and local requirements pertaining to the delivery of EMS.





Universal Protection Services LLC.

October 14th, 2020

To Whom It May Concern:

Universal Protection Services, LLC. / DBA Allied Universal Security Services, is licensed through the Florida Department of Health as an Advanced Life Support provider in the State of Florida. Universal Protection Services, LLC meets Federal requirements, State of Florida and FDOH requirements and Palm Beach County Requirement to provide Emergency Medical Services on an Advanced Life Support level. We have provided EMS services for the past 20 years plus with no State or County deficiencies.

A handwritten signature in cursive script that reads 'Robert Chambers'.

Robert Chambers

Vice President

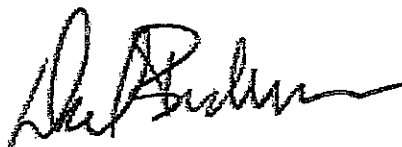
**ACTION BY WRITTEN CONSENT
OF THE SOLE MEMBER OF
UNIVERSAL PROTECTION SERVICE, LLC
May 27, 2020**

The undersigned being the sole member of Universal Protection Service, LLC, a Delaware limited liability company ("Company"), hereby takes the following action by written consent in lieu of a meeting, pursuant to Section 18-302 of the Delaware Limited Liability Company Act, and adopts the following resolutions and consents to the filing of this written consent ("Consent") in the minute book of the Company as of the date above written.

RESOLVED, that the following employee of the Company, Robert Chambers, Regional Vice President, be, and he hereby is, authorized to take the following actions: execute and deliver, on behalf of and in the name of the Company and any of its subsidiaries, any and all agreements, instruments, certificates and other documents, as deemed by such individual in the exercise of his judgment to be appropriate or necessary for the conduct of the business of the Company and its subsidiaries in the ordinary course regarding the any Universal Protection Service Agreements including, without limitation, executing and delivering any Agreement in the Company's name and on its behalf, and it is further RESOLVED, that all actions previously taken by the Company and/or Robert Chambers in connection with the matters contemplated by the foregoing resolutions are hereby adopted, ratified, confirmed and approved in all respects.

IN WITNESS WHEREOF, the undersigned sole member of the Company has executed this Action by Written Consent acting in such capacity as of the date first set forth above.

UNIVERSAL PROTECTION SERVICE, LLC
By: Universal Protection Service, LP, sole member
By: Universal Protection GP, LLC, general partner
of Universal Protection Service, LP



By: _____
David I. Buckman
Executive Vice President, Secretary and
General Counsel



Universal Protection Service, LLC.

Section 3

19. A non-refundable application fee in the amount of five-hundred dollars (\$500.00) made payable to: "Palm Beach County Board of County Commissioners."





Palm Beach County
Emergency Medical Services
COPCN Application



Hunters Run Country Club

Agency Name	Allied Universal DBA Universal Protection Services, LLC		
	Received By	Lynette Schurter	
General Fund 0001-660-7110-4295			
Payment Received	Date	7/15/2021	
	Check Number	14027728	
	Amount	\$500.00	

PAID

**ALLIED
UNIVERSAL**

161 WASHINGTON STREET, 8th FLOOR
CONSHOHOCKEN, PA 19380-0083
800-514-8275

CHECK NUMBER

14027728

DATE

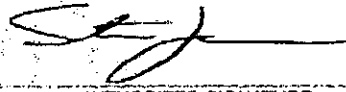
07/09/2021

Pay *****Five Hundred DOLLARS and NO CENTS*****

\$***500.00**

TO THE **Palm Beach County Board Of County Commis**
ORDER **301 N. Olive Ave**
OF **West Palm Beach, FL 33401**

PNC BANK
PHILADELPHIA, PA
2-57319



AUTHORIZED SIGNATURE

⑈ 14027728 ⑆ ⑆ 031000053 ⑆ 8615592299 ⑆

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Universal Protection Service, LLC to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and

WHEREAS, said agency has applied to provide these services; and

WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County Code, Chapter 13, Article II, EMS Ordinance as amended, the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from issuance on December 7, 2021 and until the earlier of termination by the Board of County Commissioners or termination of the contractual agreement with Hunters Run Property Owners Association, Inc.

In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) designated, providing the level of service endorsed as follows:



Area(s): Hunters Run Country Club

Service Endorsed: Special Secondary Service Provider – ALS Non – Transport



Stephanie Lepinoka
Director, Public Safety Department



Mayor, Board of County Commissioners

Certificate of Public Convenience and Necessity

Palm Beach County Emergency Medical Services

WHEREAS, there is a need for Universal Protection Service, LLC to operate and provide essential emergency medical services to the citizens and visitors of Palm Beach County, Florida; and

WHEREAS, said agency has applied to provide these services; and

WHEREAS, said agency has indicated that it will comply with the requirements of Palm Beach County Code, Chapter 13, Article II, EMS Ordinance as amended, the Board of County Commissioners of Palm Beach County hereby issues a Certificate of Public Convenience and Necessity to said emergency medical service provider, valid from issuance on December 7, 2021 and until the earlier of termination by the Board of County Commissioners or termination of the contractual agreement with St. Andrews Country Club Property Owners Association, Inc.

In issuing this Certificate, it is understood that the agency named hereon will meet the requirements of all pertinent county and state legislation and will provide emergency medical services on a twenty-four hour basis in the area(s) designated, providing the level of service endorsed as follows:

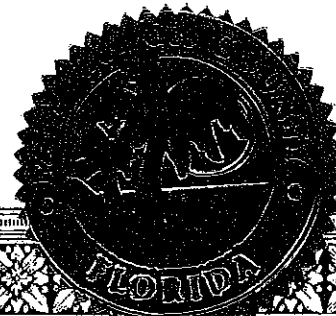


Area(s): St. Andrews Country Club

Service Endorsed: Special Secondary Service Provider – ALS Non – Transport



Stephanie Sepredo
Director, Public Safety Department



Mayor, Board of County Commissioners