

**Lee County Board Of County Commissioners
Agenda Item Summary**

Blue Sheet No. 20070073

1. ACTION REQUESTED/PURPOSE: Authorize Chairman to approve a Certificate of Public Convenience and Necessity (CON) to the San Carlos Park Fire Protection and Rescue Service District to conduct advance life support (ALS) non-transport service, emergency medical service care.

2. WHAT ACTION ACCOMPLISHES: Commission Chairman's signature is required to execute CON.

3. MANAGEMENT RECOMMENDATION: Grants the applicant license to provide ALS service in accordance with State law and provision contained in Lee County Ordinance 02-19.

4. Departmental Category: 07

C7B

5. Meeting Date: 01/30/07

6. Agenda:

- Consent
- Administrative
- Appeals
- Public
- Walk-On

7. Requirement/Purpose: (specify)

- Statute
- Ordinance
- Admin. Code
- Other

8. Request Initiated:

Commissioner _____
 Department _____
 Division Public Safety
 By: John D. Wilson, Director

9. Background:

This District is submitting renewal for a Certificate of Public Convenience and Necessity (CON) to provide advance life support (ALS) non-transport service within its boundaries. Granting the request would allow the district to place qualified paramedics and emergency medical technicians on fire rescue vehicles or engines that could provide pre-hospital emergency medical care prior to Lee County EMS personnel arriving on scene.

County staff reviewed the District's application according to the current county ordinance provisions and recommends granting the Certificate if the District complies with provisions in the attached CON prior to furnishing any ALS non-transport service within its defined service area. The District's fire chief has agreed to these conditions.

- Attachment 1: Application for Certificate of Public Convenience and Necessity (3)
- Attachment 2: Certificate of Public Convenience and Necessity (3)

10. Review for Scheduling:

| Department Director | Purchasing or Contracts | Human Resources | Other | County Attorney | Budget Services | | | | County Manager/P.W. Director |
|--------------------------------------|---------------------------------|-----------------|-------|--------------------|-----------------|----------------|----------------|----------------|------------------------------|
| | | | | | Analyst | Risk | Grants | Mgr. | |
| <u>1-11-07</u> <i>[Signature]</i> | <u>N/A</u> <u>CL 1/14/07</u> | | | <i>[Signature]</i> | <u>1/16/07</u> | <u>1-16-07</u> | <u>1/16/07</u> | <u>1/16/07</u> | <u>1-17-07</u> |

11. Commission Action:

- Approved
- Deferred
- Denied
- Other

RECEIVED BY
 COUNTY ADMIN: mp.
1/18/07 12:00
 COUNTY ADMIN
 FORWARDED TO:
1/19/07 3:00
PR

Rec. by CoAtty
 Date: 1/11/07
 Time: 3:45pm
 Forwarded To:
Admin. 1/12/07

CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

IT IS HEREBY CERTIFIED by the Board of County Commissioners of Lee County, Florida to be of public convenience and necessity that:

1. There is hereby granted to:

SAN CARLOS PARK FIRE PROTECTION AND RESCUE SERVICE DISTRICT

with the right to maintain, operate and control an Advanced Life Support (ALS) non-transport service within the geographic district designated:

SAN CARLOS PARK FIRE PROTECTION AND RESCUE SERVICE DISTRICT, FLORIDA and to do all things needful of the operation, maintenance, and control thereof after the acceptance of the terms of this Certificate by the said District and until rescinded by the County but this Certificate shall not be transferred or assigned without the consent of the Board of County Commissioners.

2. The said Fire District in carrying out the purpose of this Certificate shall have free right to run the streets of Lee County with its vehicles, subject only to State regulations incident thereto as may govern ambulances and shall have free access to and the right, within said area, to perform (ALS) non-transport service; provided, however, the District shall at all times hold Lee County harmless, release and indemnify County from any loss or damage by reason of the acts of District, its agent, servants, or employees.

3. It shall be the duty of said District, upon the acceptance of the terms of this Certificate, to diligently and efficiently protect and save lives and authority is hereby granted to said District to do all things needful to such ends not inconsistent to Florida Law now in existence or which may change or hereafter be passed. District certifies it has the legal capacity to operate said (ALS) non-transport services and to comply with the Laws of Florida, particularly Chapter 401, et al. Florida Statutes.


4. In no event shall Lee County be responsible in any way for the debts or obligations of the Fire District contracted in the duties imposed under this Certificate nor shall the County be liable in any manner whatsoever on account of the negligence of said District in carrying out the provisions of this Certificate.

5. Upon the failure of said Fire District to carry out and fulfill the obligation and duties hereby imposed upon it, all the rights hereby granted to said District shall thereupon be

forfeited.

6. This Certificate shall be in force and become effective upon written acceptance of its terms by said Association being filed with the County Clerk.

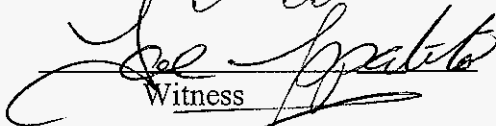
7. This permit is valid for the period March 31, 2007, to March 31, 2009, unless sooner forfeited or rescinded.



Witness



Chairman



Witness

ATTEST:
Charlie Green, Clerk

BOARD OF COUNTY COMMISSIONERS
OF LEE COUNTY, FLORIDA

By: _____
Deputy Clerk

By: _____
Chairman

**APPLICATION FOR LEE COUNTY
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
AMBULANCE AND RESCUE SERVICE**

12/12/96

Governmental [X]

Private []

Voluntary []

TYPE:

| | | | | | |
|---------------|-------|-----|-----|-----|-----|
| Transport | [] | ALS | [] | BLS | [] |
| Non-Transport | [X] | ALS | [] | BLS | [] |
| Air-Medical | [] | ALS | [] | BLS | [] |

GOVERNMENTAL/CORPORATION/OWNER

Name: **San Carlos Park Fire Protection And Rescue Service District**

| | | | | |
|----------|-------------------------------------|------------------|-----------|--------------|
| Address: | 19591 Ben Hill Griffin Pkwy. | Ft. Myers | FL | 33913 |
| | Street/PO Box | City | State | Zip |

DIRECTORS/OWNERS

Name: **Mary Lou Garofalo**

| | | | | |
|----------|--------------------------------|------------------|-----------|--------------|
| Address: | 7570 Laural Valley Rd., | Ft. Myers | FL | 33912 |
| | Street/PO Box | City | State | Zip |

Name: **Lawrence Sweeney**

| | | | | |
|----------|------------------------|------------------|-----------|--------------|
| Address: | 18461 Olive Rd. | Ft. Myers | FL | 33913 |
| | Street/PO Box | City | State | Zip |

Name: **Everett Glover**

| | | | | |
|----------|-------------------------------------|------------------|-----------|--------------|
| Address: | 19591 Ben Hill Griffin Pkwy. | Ft. Myers | FL | 33913 |
| | Street/PO Box | City | State | Zip |

Name: **Terry Dettmar**

| | | | | |
|----------|-------------------------------------|------------------|-----------|--------------|
| Address: | 19591 Ben Hill Griffin Pkwy. | Ft. Myers | FL | 33913 |
| | Street/PO Box | City | State | Zip |

Name: **Grant Schwable**

| | | | | |
|----------|-------------------------------------|------------------|-----------|--------------|
| Address: | 19591 Ben Hill Griffin Pkwy. | Ft. Myers | FL | 33913 |
| | Street/PO Box | City | State | Zip |

Name:

| | | | | |
|----------|---------------|------|-------|-----|
| Address: | | | | |
| | Street/PO Box | City | State | Zip |

**NARRATIVE DESCRIBING HOW THE APPLICANT'S SERVICE WILL
COORDINATE WITH EXISTING PUBLIC SAFETY AGENCIES**

1. Prior to the arrival of an advanced life support ambulance from local EMS transport providers; initial basic and advanced life support services will be administered to patients in preparation for transport to a medical facility.
2. Assist local EMS transport providers with advanced life support services when requested to do so.
3. Conduct basic and advanced emergency medical training along with and or equivalent to or exceeding the local EMS agencies.

**HOW WILL THE SYSTEM ENHANCE PRE-HOSPITAL CARE FOR
THE PUBLIC HEALTH, SAFETY AND WELFARE**

1. This service will allow us to continue to deliver emergency care at the level of basic and advanced life support services.
2. This service will continue to decrease the amount of time that the patient has to wait for basic and advanced life support services, which will directly reduce patient morbidity and mortality.
3. This service will allow the current local advanced life support transport services additional resources to assist them in the delivery of pre-hospital emergency care.

**HOW WILL THE SERVICE IMPROVE PUBLIC CONVENIENCE AND
JUSTIFY THE NECESSITY OF THE INTENDED SERVICE**

1. This service will allow fire rescue units to provide basic and advanced life support services, which will decrease advanced life support response times by approximately five to 15 minutes. It will also provide an additional resource to local EMS transport agencies.

Provide emergency medical personnel certified as firefighter-EMTs and paramedics with additional certifications in other pre-hospital emergency specialties, as required by the service medical director.

NUMBER AND TYPE OF RESPONSE/TRANSPORT VEHICLES

1. Seven (7) advanced life support non-transport units.

ADDRESS OF HEADQUARTERS

San Carlos Park Fire Protection And Rescue Service District
19591 Ben Hill Griffin Pkwy.
Ft. Myers, FL 33913

ADDRESS OF POSTING-STATIONS

San Carlos Park Fire Station #1
8013 Sanibel Blvd.
Fort Myers, FL 33912-6183

San Carlos Park Fire Station #2
16901 Island Park Road
Fort Myers, FL 33908-5017

SCHEDULE OF RATES FOR SERVICE

None

MEDICAL DIRECTOR=S NAME AND LICENSE NUMBER(S)

NAME: Michelle Nathan, M.D.

AUDIT CONTROL # 1554779 .

FILE # 141713 (CONTROL NO)

BOARD CERTIFICATION # ME 91979 .

AC# 554779

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

| DATE | LICENSE NO. | CONTROL NO. |
|------------|-------------|-------------|
| 11/18/2004 | ME 91979 | 141713 |


The **MEDICAL DOCTOR**
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **JANUARY 31, 2007**

MICHELLE SEYEDZADEH NATHAN
4854 ESPLANADE STREET
BONITA SPRINGS, FL 34134



JEB BUSH
GOVERNOR



JOHN O. AGWUNOBI, M.D., M.P.H., M.B.A.
SECRETARY

DISPLAY IF REQUIRED BY LAW



AMERICAN BOARD OF EMERGENCY MEDICINE



Established for the Certification
of Emergency Physicians
Hereby Declares that

Michelle Seyedzadeh Nathan, M.D.

Has Successfully Fulfilled the
Requirements of this Board and
is Declared a Diplomate of the
American Board of Emergency Medicine
October 30, 2000 - December 31, 2010

President Robert S. Beckler

Secretary James F. Bohannon

Certification Number 980996

CERTIFICATE OF INSURANCE-VEHICLE AND MALPRACTICE

See attached forms

CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

12/1/2006

PRODUCER

VFIS of Florida
One S. Ocean Blvd., #310
Boca Raton, FL 33432

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORD BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY

LETTER **A** **American Alternative Insurance Corp.**

COMPANY

LETTER **B**

COMPANY

LETTER **C**

COMPANY

LETTER **D**

COMPANY

LETTER **E**

INSURED

San Carlos Park Fire Protection & Rescue Service District
19591 Ben Hill Griffin Parkway
Fort Myers, FL 33913

COVERAGES

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.

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFF. DATE (MM/DD/YY) | POLICY EXP. DATE (MM/DD/YY) | LIMITS |
|--------|---|-------------------|-----------------------------|-----------------------------|--|
| | GENERAL LIABILITY <input checked="" type="checkbox"/> COMM. GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACT'S PROT. <input checked="" type="checkbox"/> <u>Malpractice</u> | VFIS-TR-0018418-6 | 2/15/06 | 2/15/07 | GENERAL AGGREGATE \$ 3,000,000 PROP -COMP/OP AGG. \$ 3,000,000 PERS. & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (One Fire) \$ 1,000,000 MED. EXPENSE (One Per) \$ 5,000 |
| | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY | VFIS-TR-0018418-6 | 2/15/06 | 2/15/07 | COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE \$ |
| | EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM | VFIS-CU-5006197-6 | 2/15/06 | 2/15/07 | <input checked="" type="checkbox"/> EACH OCCURRENCE \$ 2,000,000 <input checked="" type="checkbox"/> AGGREGATE \$ 4,000,000 \$ STATUTORY LIMITS \$ EACH ACCIDENT \$ DISEASE POLICY LIMIT \$ DISEASE-EACH EMP. \$ |
| | WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY OTHER | | | | |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

Florida Department of Health
Bureau of Emergency Medical Services
4052 Bald Cypress Way
Tallahassee, FL 32399-1738

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE

Jaane S. DeWitt

LEE COUNTY BOARD OF COUNTY COMMISSIONERS

P.O. BOX 398

FORT MYERS, FLORIDA 33902-0398

INVOICE

APPLICATION FEE: \$250.00

**FOR: CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
AMBULANCE AND RESCUE SERVICE**

NAME: San Carlos Park Fire Protection and Rescue Service District

ADDRESS: 19591 Ben Hill Griffin Pkwy. Ft. Myers, FL 33913

STREET/PO BOX CITY STATE ZIP

**MAKE CHECKS PAYABLE TO: LEE COUNTY BOARD OF
COUNTY COMMISSIONERS**