

**INDIAN RIVER COUNTY EMERGENCY SERVICES DISTRICT  
AFFILIATION AGREEMENT WITH EASTERN FLORIDA STATE COLLEGE.**

This Affiliation Agreement is entered into by and between **INDIAN RIVER COUNTY EMERGENCY SERVICES DISTRICT**, a dependent special district, whose mailing address is 4225 43<sup>rd</sup> Avenue, Vero Beach, FL 32967, hereinafter referred to as **COUNTY** and **EASTERN FLORIDA STATE COLLEGE**, hereinafter referred to as the **College and or EFSC**, whose location address is 3865 North Wickham Road, Melbourne, Florida.

**WHEREAS**, **EFSC** offers certification programs for both emergency medical technicians (EMT) and paramedics and has been offering those programs since 2013; and

**WHEREAS**, students who attend **EFSC** are encouraged to obtain “on the job training” by conducting ride-a-longs with EMTs and paramedics; and

**WHEREAS**, the **COUNTY** as entered into other Affiliation Agreements for clinical rotation training for EMT and paramedic students enrolled in similar certified programs; and

**WHEREAS**, the **COUNTY** deems this to be a valuable training tool for potential future employees,

**NOW THEREFORE**, the parties do agree as follows:

1. The above recitations are true and correct and incorporated herein by reference in this Agreement.
2. The **COUNTY** shall permit **EFSC** students to participate in ride-a-longs with EMTs and Paramedics at the discretion and convenience of the **COUNTY**.
3. This Agreement shall be effective from May 9, 2017 to May 8, 2019 and may be renewed by the parties for three additional one year period thereafter by the mutual consent of the parties.
4. Neither the **COUNTY** nor **EFSC** shall charge any fees under this Agreement.
5. The parties agree that there will be no discrimination in the selection or the placement of students in the clinical rotation.
6. This Agreement may be terminated by either party upon 120 days written notice.
7. The **COUNTY** will provide, at the participating student’s expense, emergency care for injuries or acute illness while participating with the **COUNTY** on a clinical rotation.
8. The parties will each designate a person or persons to coordinate as a liaison for the clinical rotation program.
9. **EFSC** shall provide the **COUNTY** with a list of eligible participants for the clinical rotation prior to the start of each program. It shall be the duty of **EFSC** to ensure the participants have the necessary training prerequisites to maximize the experience.

10. To the extent allowed by law **EFSC** does undertake and agree that it will indemnify and hold harmless the **COUNTY** and its officers, directors, employees, and agents, from all claims, demands, suits, actions, judgments, and executions for damages, of any and every kind, including reasonable attorney's fees and costs, and by whomever and whenever made or obtained, allegedly caused by, arising out of, or relating in any manner to the activity of any student. Each student participating shall sign the attached Hold Harmless Agreement (copies will be furnished upon request).

11. **EFSC** shall procure and maintain, during the term of this Agreement and any renewal, liability insurance to cover any and all liability (including professional liability) for claims, damages, or injuries to persons or property of whatsoever kind of nature arising out of the activities of the participants carried out under this Agreement. Such insurance shall be on an occurrence basis in amounts no less than \$3,000,000/\$1,000,000 for personal injuries and the **COUNTY** shall be an additional named insured under such general and professional liability policy or policies. **EFSC** shall submit certificates of insurance to the **COUNTY** evidencing such insurance at the time of the execution of this Agreement, and as requested by the Fire/EMS Service. **EFSC** agrees that the **COUNTY** will receive no less than thirty (30) days written notice prior to cancellation, modification, or non-renewal of any of the insurance coverage's described herein.

12. **EFSC** will coordinate a calendar with students name and dates. **EFSC** will submit this calendar to the **COUNTY** at the beginning of each month.

13. **Specific Responsibilities of the COUNTY.** It shall be the responsibility of the **COUNTY** to:

- A. Provide an appropriate orientation of participants in connection with its facilities and its policies and procedures.
- B. Provide opportunities for a learning experience with appropriate supervision.
- C. Retain ultimate responsibility for patient care even if a student gives that care.
- D. Designate a preceptor (or coordinator) from its staff to act as the liaison with the Agency in this Agreement, as appropriate to the learning objectives.

14. **Specific Responsibilities of the Participant (Student).** It shall be the responsibility of the participant(s) assigned through this Agreement to:

- A. Comply with the policies and procedures of the **COUNTY**. Provide the necessary and appropriate uniform while on duty at the Fire/EMS agency
- B. Obtain prior written approval of both parties to this Agreement before publishing any material related to the learning experience provided under the terms of the Agreement.
- C. Sign a "Hold Harmless Agreement" with the **COUNTY** prior to commencing his/her experience within the Fire/EMS Agency.
- D. At all times wear the appropriated badge on every clinical, and comply in all respects with the student requirements set forth in the requirements Sheets.

15. **Request for Withdrawal of Participant.** The COUNTY shall reserve the right to request EFSC to withdraw any participant from its facilities whose conduct or work with patients or personnel is not in accordance with the policies and procedures of the COUNTY or is detrimental to patients or others. The COUNTY reserves the right to refuse any student access to a COUNTY facility if they cannot accommodate the student at scheduled time.

16. **Modification of Agreement.** Modification of this Agreement may be made by mutual consent of both parties, in writing, and attached to this Agreement and shall include the date and the signatures of parties agreeing to the modification.

17. **Copies of Agreement.** Copies of this signed Agreement shall be placed on file and be available at the Corporate office of EFSC and in the offices of the COUNTY.

18. **Confidential Information.** Clinical rotation participants will be exposed to confidential, privileged information. EFSC understands the sensitive nature of this information and affirmatively asserts it has trained each participant concerning privileged and confidential patient information. EFSC agrees that its indemnity and hold harmless to the COUNTY extends to the wrongful release of confidential and privileged patient information.

**Eastern Florida State College**

By:   
\_\_\_\_\_  
Jack Parker, Vice President, EFSC

Date: 4-20-2017

**INDIAN RIVER COUNTY  
EMERGENCY SERVICES DISTRICT**

By: \_\_\_\_\_  
Joseph E. Flescher, Chairman

Date Approved: \_\_\_\_\_

ATTEST:  
Jeffrey R. Smith, Clerk of Court and  
Comptroller

By: \_\_\_\_\_  
Deputy Clerk

Approved:

\_\_\_\_\_  
Jason E. Brown, County Administrator

Approved as to Form and Legal  
Sufficiency:

\_\_\_\_\_  
William K. DeBraal, Deputy County  
Attorney