



# District School Board of Pasco County

20430 Gator Lane • Land O' Lakes, Florida 34638 • 813/ 794-2221

Heather Fiorentino, Superintendent


[www.pasco.k12.fl.us](http://www.pasco.k12.fl.us)

Department of Purchasing  
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September 18, 2012

## **MEMORANDUM**

TO: Honorable School Board Members

FROM: Michael J. Woodall, CPPO, Purchasing Agent 

RE: **Field Internship Agreement with TransCare Medical Transportation**

The attached Field Internship Agreement with TransCare Medical Transportation will allow students in the Pasco County Health Occupations Program to participate in an internship experience which will provide them with opportunities to apply their skills mastered in the classroom to a real-life work setting. Please reference the attached memorandum from Mr. Rob Aguis, Director of Community, Career & Technical Education, for further information regarding this agreement.

At this time, we respectfully request your approval to enter into this agreement with the above-referenced facility. There is no cost to the District associated with the agreement. The agreement with TransCare Medical Transportation was reviewed and approved by the School District's Attorney, Ms. Nancy Alfonso, on August 3, 2012.

Should you have any questions regarding this matter, please contact Mr. Rob Aguis, Director of Community, Career & Technical Education. If you have any purchasing-related questions regarding this agreement, please feel free to contact me at your earliest convenience.

MJW/plh

Attachments



# District School Board of Pasco County

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638 • 813/794-2000

Heather Fiorentino, Superintendent

[www.pasco.k12.fl.us](http://www.pasco.k12.fl.us)

Department of Community, Career and Technical Education  
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**MEMORANDUM**  
CCTE-008-12/13

September 18, 2012

To: Kendra Goodman, Purchasing Agent

From: Rob Aguis, Director of Community, Career & Technical Education *RA*

Subject: **Field Internship Agreement with TransCare Medical Transportation**

**Description:**

Approval is requested for a Field Internship Agreement with TransCare Medical Transportation to allow students in the Pasco County Health Occupations Program to participate in an internship experience with learning opportunities determined by the instructor and agreed upon by TransCare Medical Transportation. These learning experiences will be non-paid and will be done with the direction and guidance of the program instructor. The internship provides students in the Health Occupations Program with opportunities to apply skills mastered in the classroom in a real-world work setting.

**Action Requested:**

School Board approval of this agreement on September 18, 2012.

**Recommendations:**

The staff respectfully requests approval of the Field Internship Agreement with TransCare Medical Transportation.

RA:rmh

Attachments



RECEIVED

8-22-12 *Plan*

EMR PROGRAM  
FIELD INTERNSHIP AGREEMENT  
2012-2013

THIS AGREEMENT, made and entered into by and between the DISTRICT SCHOOL BOARD OF PASCO COUNTY (DSBPC), 7227 Land O'Lakes Blvd., Land O'Lakes, FL 34638, hereinafter referred to as the DSBPC, and TRANSCARE MEDICAL TRANSPORTATION, One Crisis Center Plaza, Tampa, Florida 33613, hereinafter referred to as the Agency,

WITNESSETH

WHEREAS, the DSBPC offers an approved program of study in the field of Emergency Medical Responder, and

WHEREAS, the DSBPC desires that its students obtain the necessary clinical and hands-on experience with the Agency in order to meet the requirements of the Emergency Medical Responder program, and

WHEREAS, the Agency desires to cooperate with the DSBPC in implementing the above-stated objective,

NOW, THEREFORE, in consideration of the premises and the mutual promises contained in this Agreement, the Agency and the DSBPC, by their duly constituted and authorized officers, agree as follows:

THAT the students enrolled in the above-named program may ride with Basic Life Support units of the Agency subject to the following mutually agreed conditions:

1. Neither the DSBPC nor the Agency will discriminate on the basis of race, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, or against any qualified individual with disabilities in its employment practices or in the admission and treatment of students. The DSBPC and the Agency recognize that sexual harassment constitutes discrimination on the basis of sex and violates the DSBPC's rule and the DSBPC will not tolerate such conduct.
2. The DSBPC will provide the Agency with a list of all students and instructors who will be assigned to Basic Life Saving units the Agency.
3. The DSBPC will be responsible for assuring that the Agency is in receipt, from each student and instructor participating, of a signed Release agreement. (An example of the release agreement to be provided is attached as Exhibit A. The student signs the release in triplicate; the original goes to the Agency, one copy is retained in the student's file and the third copy is retained by the student.)
4. The DSBPC, through Marsh U. S. Consumer, shall obtain and maintain occurrence-type professional liability insurance coverage in amounts not less than \$1,000,000 per incident and \$3,000,000 annual aggregate covering the students and any faculty





members for instruction/supervision of students only. The DSBPC shall provide a certificate of insurance to the Agency evidencing such insurance coverage if required by the Agency. Should any of the above-described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

5. The Agency reserves the right to withdraw its permission to allow participation of a particular student or instructor. Further, the Agency reserves the right to withdraw its permission to all students or instructors in the program if and when it becomes apparent that: (1) the students or instructors are hindering the performance of the emergency medical personnel of the Agency; (2) the students or instructors are jeopardizing the health or safety of the patients or the emergency medical personnel; (3) the students or instructors are not cooperating with the emergency medical personnel; or (4) the students or instructors are subjecting themselves or the Agency employees to liability for which no insurance has been provided.
6. The Agency shall provide to enrolled students of the DSBPC the opportunity for necessary clinical experience required for said program. Students shall undertake said clinical experience under supervision of the Agency's EMT field preceptor. The number of students accepted under this program shall be agreed to by the parties for each semester.
7. The Agency shall have ultimate responsibility for the care and treatment of the patient/client and at no time will a student be left alone in unit with patient.
8. The Agency shall comply with students' privacy rights under federal and state laws regarding students' educational records.
9. The DSBPC and student shall comply with all applicable federal and state laws and regulations, and rules and policies of the Agency regarding the confidentiality of patient information.

THIS AGREEMENT shall become effective October 18, 2012 and shall terminate October 17, 2013. This Agreement may be renewed for additional period of one year upon mutual agreement of the Parties.

THIS AGREEMENT may be terminated upon the giving of thirty (30) days written notice by either party to the other party PROVIDED, HOWEVER, such termination shall not become effective as to students already enrolled and participating in the program until they shall have had an opportunity to complete the program at the Agency to meet the course of study requirements for graduation.

ANY NOTICE required or permitted to be given under this agreement shall be sufficient if in writing and sent by certified mail, return receipt requested, to either of the parties. Notice shall be effective upon compliance with this section.



THE UNDERSIGNEDS have the authority to enter into this agreement and to bind their respective institutions.

IN WITNESS WHEREOF, the parties have executed this agreement on the dates hereinafter stated:

TRANSCARE MEDICAL TRANSPORTATION

BY: ELEN CLEGG *Elen Clegg*

Title: QA/TRAINING MANAGER

Date: 8/22/12

DISTRICT SCHOOL BOARD OF PASCO COUNTY

BY: \_\_\_\_\_

Title: \_\_\_\_\_

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

Signed and sealed in the presence of:

\_\_\_\_\_

CONTRACT REVIEWED  
AND APPROVED:  
*MJW/SUB 9/7/12*

EXHIBIT A

RELEASE AGREEMENT

WHEREAS, the District School Board Of Pasco County, hereinafter known as the "DSBPC," and TransCare Medical Transportation have signed an agreement to allow students and instructors of the DSBPC who are enrolled in the Emergency Medical Responder Program to participate in emergency medical Responder provided by the Agency, including riding in TransCare BLS units and assisting when necessary in rendering emergency medical care; and

WHEREAS, \_\_\_\_\_, a \_\_\_\_\_ of DSBPC, and a member of the Emergency Medical Responder Program, hereinafter known as the "Participant," desires to participate in the above described program with TransCare; and

WHEREAS, the DSBPC has available a professional liability insurance policy for students and instructors enrolled in the Emergency Medical Responder Program with limits of liability of \$1,000,000 each incident/\$3,000,000 annual aggregate;

NOW, THEREFORE, in consideration of the foregoing and in consideration of TransCare grant of permission to participate in the Emergency Medical Responder Program of TransCare and to ride in BLS units, the Participant hereby agrees as follows:

1. To enroll and pay the student fee for said professional liability insurance policy that is available to students or instructors during the entire period that she/he is participating in the program.
2. Not to participate in or become a party to any kind of claim, cause of action, demand or suit that may arise by their participation in the program in TransCare BLS units against TransCare, its officers, employees, agents, and servants.
3. That she/he is fully aware of the risks involved and of the possibility of personal injury or death and property damages by participating in this program and assumes all such risks and releases TransCare, its officers, employees, agents and servants from all liability arising therefrom.
4. That they are fully aware that they are not an employee of TransCare for any purpose, has no authority on behalf of TransCare, will receive no payment or benefits as a result of participation in the program, and inasmuch as the students are not employees of TransCare, the student rider will not be entitled to worker's compensation benefits from TransCare as a result of the program.

IN WITNESS WHEREOF, the Participant has caused this Release Agreement to be executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

WITNESS:

\_\_\_\_\_

\_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_  
(Parent's Signature)

CONTRACT REVIEWED  
AND APPROVED:  
MTW/SUB 9/7/12



**EXHIBIT B**

**PROCESS FOR ON-DUTY FIREFIGHTERS ACCOMPLISHING STUDENT DSBPC  
FIELD INTERNSHIP RIDE TIME**

1. Students will wear approved EMR Program uniform as defined by the EMR Program Instructor. This includes Student ID badge during entire ride time as well as wearing only the EMR Student ANSI II vest as required (not the agency vest) while in student status.
2. Ride time will not begin before 0530 hours, and will end no later than 2300 hours on same day. If requested by station officer, ride time will end earlier. Instructor must be notified. Remember, 24-hour shifts are not allowed.
3. No DSBPC EMR student shall perform skills above the level of Basic Life Support while in student status, and under the direct supervision of an approved DSBPC preceptor. Violation of this rule will result in immediate termination of the student from the EMR program.
4. Students shall never be with a patient by themselves; they will always be with their assigned preceptor.
5. Students must complete the required 75 hours of ride time and by the date scheduled in their syllabus. Any change in station or preceptor requires the verbal approval of the assigned instructor, according to DSBPC EMR Program policies. There will be no exceptions.
6. Any changes to the prior-approved schedule must be approved verbally by the assigned instructor **before** the ride time. If this is not done, the ride time will not count and the student will be disciplined, with possible termination from the EMR program.

**Remember, this is a pilot program. Your behavior and cooperation will determine whether this program will continue.**

*Student printed name:* \_\_\_\_\_

*Student signature:* \_\_\_\_\_

*Witness:* \_\_\_\_\_

*Date:* \_\_\_\_\_

