

WLRC MEDICAL, INC.

Certificate of Need Application

I. Project Overview

For over thirty years, AmCare Medical Systems, Inc. d/b/a AmCare Ambulance Service, a Vermont corporation (“AmCare”) has provided 9-1-1 and non-emergency ambulance services to the State of Vermont, primarily serving the City of St. Albans, and the Towns of St. Albans, Fairfield, Georgia, and Sheldon. AmCare is the largest provider of emergency medical services (“EMS”) in Franklin County. AmCare’s current owners, Walter and Marcella Krul (the “Sellers”), have decided to sell their stock in AmCare so that they can retire.

The applicant, WLRC Medical, Inc., a Maryland corporation (“WLRC”), intends to purchase 100% of the stock of AmCare from the Sellers. Under WLRC’s ownership, AmCare will continue to provide high-quality EMS services within AmCare’s existing service area (as depicted on the map attached hereto as Exhibit A), maintaining an essential service in Franklin County. WLRC, in addition to having the resources and experience to own and operate AmCare, also has the capacity to expand and support other rural Vermont communities in need of EMS services. Certain Franklin County towns that are struggling to provide adequate EMS services to their residents have already shown interest in talking with AmCare about possible collaboration or other support.

After more than thirty years of service, the Sellers wish to retire. Being unable to transition the business to a buyer like WLRC, which can provide these essential services, would leave at least five Vermont towns or cities in peril, and thousands of patients without access to high quality emergency medical care. Having considered the legacy they hope to leave, the Sellers chose WLRC as their successor-owner because the principal of WLRC, William Rosenberg, brings significant experience in the emergency services industry along with the capacity to continue and greatly improve upon the services currently provided. (*See* St. Albans Messenger article attached as Exhibit B).

A. About AmCare

AmCare is a privately-owned ambulance service, licensed by the Vermont Department of Health, and owned and operated solely by the Sellers. AmCare is not owned or controlled by any hospital, nursing facility, or health care institution or other facility. As noted above, AmCare’s service area encompasses the entire state of Vermont, with its primary emergency service area being St. Albans City, St. Albans Town, Fairfield, Georgia, and Sheldon, in Franklin County. AmCare served 2,235 patients in 2020 and has seen increased demand for its services from Vermont communities and facilities. Based on their industry experience, the Sellers anticipate that this increased need and demand will continue year after year.

AmCare is Franklin County’s only career EMS provider, and it is also Franklin County’s largest EMS employer, staffed 24/7 with multiple ambulances and paramedics (*See Employee Census table, below*). AmCare provides non-emergency and specialized ambulance transport service to the Northwestern Medical Center in St. Albans and to the University of Vermont Medical Center in Burlington, and it serves other Vermont hospitals, facilities, and patients throughout the state with non-emergency transport. AmCare is the only service providing 24/7 staffed service to the county with Advanced Life Support (“ALS”) and paramedic staffing with multiple units. AmCare is the primary transport agency serving the Northwestern Medical Center in St. Albans. Because of its career staffing and 24/7 coverage with multiple ALS and paramedic units, it is also the primary EMS resource for Franklin County, providing ALS Intercept, Paramedic Intercept, and emergency response to many surrounding communities with struggling services. AmCare has built and developed a regional system of delivery of EMS in Franklin County.

In addition to providing EMS services, AmCare is a public safety resource for its communities, providing critical services, education, and training. As an example, AmCare is currently partnering with the Vermont Department of Health to provide staffing and resources for COVID testing and vaccination, including mobile, in-home COVID vaccinations for Franklin County’s most vulnerable populations (*See articles attached as Exhibit C*). Additionally, AmCare serves as a Paramedic Student Field Internship host for area colleges, provides ambulance coverage for community and scholastic sporting events, and created and implemented the SurviVermont! program, a statewide active shooter public safety training program (*See articles attached as Exhibit D*).

AMCARE EMPLOYEE CENSUS			
NON-MEDICAL	Director	Full-time	1
	Billing Manager	Full-time	1
MEDICAL	Emergency Medical Technician	Full-time	3
	Emergency Medical Technician	Part-time	6
	Advanced Emergency Medical Technician	Full-time	12
	Advanced Emergency Medical Technician	Part-time	4
	Paramedic	Full-time	5
	Paramedic	Part-time	3

B. The Applicant: WLRC

In October of 2020, Mr. Rosenberg formed WLRC and he is WLRC's sole shareholder and sole director. Mr. Rosenberg is an accomplished operations executive who brings to AmCare nearly two decades of experience and success driving organizational growth and multi-state expansion within the healthcare field with a focus on the delivery of high-quality rural healthcare. An analytical strategist, Mr. Rosenberg is highly skilled at creating actionable plans to deliver measurable gains in patient safety, service quality, and overall performance. Mr. Rosenberg started as a field EMT at Syracuse University and then became a paramedic in New York State. After moving to Maryland in 2001, he completed a Master's Degree in Health Care Administration. Mr. Rosenberg worked his way from ground paramedic, to fixed wing critical care paramedic, to Operations Manager, and ultimately to Chief Operating Officer of Butler Medical Transport, LLC ("Butler").

In the fall of 2020, WLRC acquired Berlin Emergency Medical Systems, in Berlin, New Hampshire. In addition to this subsidiary, WLRC is in the process of acquiring Butler, which is described in more detail below. Finally, as described above, WLRC is seeking to acquire the stock of AmCare from the Sellers. (*See* Corporate Organizational Chart attached as Exhibit E).

C. Butler

In the fall of 2002, Mr. Rosenberg joined Butler, a privately owned, Maryland limited liability company founded in 2001. Butler provides primary service to nineteen of the twenty-four Maryland counties, as well as the District of Columbia, transporting over 50,000 patients by ambulance annually with its team of over three hundred employees and more than eighty-five ambulances. Butler's corporate office is located in Windsor Mill, Maryland with satellite offices in Hagerstown, College Park, Gaithersburg, Woodlawn, Trappe, Centerville, and Easton, Maryland, and Washington D.C.

Mr. Rosenberg leads the senior leadership team in his role as Chief Operating Officer of Butler. Butler is dedicated to treating every patient as an important person, not just a parcel, and believes in going the extra mile for each and every customer, family member and facility that it serves. This approach has allowed Butler to become the largest commercial ambulance company in the State of Maryland and a driving force in patient care transport services in the Baltimore/Washington Metropolitan Region. At the time Mr. Rosenberg joined Butler in 2002, Butler had four employees and two vehicles. Mr. Rosenberg has been instrumental in expanding Butler's services which has resulted in Butler employing more than three hundred employees, increasing annual revenues from \$500,000 to \$20 million a year, and increasing the number of patients served from 1,500 to over 50,000 last year.

Butler strives to be the best provider of medical transportation services in its service area. While the company has expanded over the years, its focus is on the quality of its services, not its size. Butler is proud to offer its team members one of the best compensation packages in the region as well as a generous benefits package. Butler recruits and retains the best providers in the area, demonstrating not only excellent patient care skills but also the highest level of customer service and professionalism. As Chief Operating Officer, Mr. Rosenberg has been instrumental in fostering this culture of professionalism and excellence and will cultivate that same attitude at AmCare.

Over the last nineteen years, Butler has been able to expand its services organically, without active marketing. Its superior customer-service-driven business model has allowed for continued sustained expansion, without loss of service. Butler revolutionized response time standards for rural and suburban facilities and redefined the standard for delivery of critical care medicine outside of the urban setting.

In March of 2019, Butler acquired Best Care Ambulance (“BCA”). (See Article attached as Exhibit F). BCA is a high-level service provider which provides emergent and non-emergent ambulance service transports within five counties on Maryland’s Eastern Shore, and on the Delmarva Peninsula. Butler was selected out of twelve prospective buyers based on Butler’s reputation as a customer-centric, safety-driven organization.

D. The Project

Subject to receiving a Certificate of Need (“CON”) from the Green Mountain Care Board, WLRC intends to purchase 100% of the stock of AmCare from the Sellers. WLRC and the Sellers have entered into a purchase and sale agreement which outlines the terms of the parties’ agreement, and the purchase and sale of the stock will close when and if a CON is received. WLRC intends to finance the purchase of the stock through a combination of traditional bank financing and seller financing. WLRC has financing offers from both its primary bank Firsttrust Bank, based in Philadelphia, as well as a local Vermont bank. WLRC will make its final financing determination as the project gets closer to closing.

In the interim while the CON process is underway, the parties have entered into a managed services agreement and an employee lease agreement pursuant to which WLRC can begin, with the Sellers’ help, to undertake to run AmCare. Having spent time in Vermont and with the Sellers, Mr. Rosenberg has had the opportunity to learn about AmCare and identify areas where small but important upgrades can be made, including the routine replacement of existing equipment that is depreciated, out-of-date or obsolete. WLRC also plans other enhancements including upgrading the WIFI infrastructure and phone systems and updating basic computers to more reliable platforms.

In addition to the enhancements described above, WLRC is installing Mobile Access points in all AmCare ambulances to allow for Automatic Vehicle Location (“AVL”). Tracking all ambulances in real time will enable better dispatching decisions in the future and allow for transmission of EKG and other medical data collected during transport to hospitals. WLRC intends to upgrade all AmCare cardiac monitors within six months after closing to Zoll X Series Monitors, from the current mixed fleet of antiquated Zoll M Series and newer Life Pack 15 Monitors.

Furthermore, WLRC is in the process of installing hands free Apple Car Play and Google Play capable head units in the AmCare ambulances to allow for hands free navigation, and future integration into the Butler Computer Aided Dispatch System (“CAD”). WLRC is planning to integrate AmCare’s CAD with the St. Albans City Police Department CAD so the main point of dispatch can see GPS fixes on ambulances, and also get live updates for ambulance status of in-service, out-of-service, or on an inter-facility transfer. This will improve the response status and speed of 911 calls served by AmCare. Additionally, WLRC is having AmCare install radio to IP interfaces to allow Butler’s dispatch center to speak directly to all ambulances. WLRC has already installed Artificial Intelligence Samsara Safety cameras in all AmCare ambulances to prevent hard breaking, stopping, distracted driving, or use of mobile devices while driving, and to improve overall crew and patient safety.

Mr. Rosenberg further intends to implement additional improvements to AmCare’s efficiency and services. For example, AmCare employees have been moved over to a new payroll and time attendance platform. This new platform will track all pertinent employee certifications, ensuring better certification compliance. This is the same platform that AmCare will move to for its Patient Care Reporting (“PCR”) and integration into the VT SIREN database (SIREN is Vermont’s Statewide Incident Reporting Network for pre-hospital patient care). Being integrated into this platform will allow for real time data to be updated on the PCR from Butler’s CAD along with patient history, allowing quicker charting and turn around for additional emergency call requests.

WLRC has begun installing network infrastructure to bring AmCare onto its Multiprotocol Label Switching Network (“MPLS”). MPLS is a routing technique in telecommunications networks that directs data from one node to the next based on short path labels rather than long network addresses, thus avoiding complex lookups in a routing table and speeding traffic flows. Having an MPLS network in place allows the phones to be answered 24/7/365 by a dedicated call intake specialist for non-911 calls from hospitals, ensuring improved patient care for inter-facility transfers, and data tracking.

II. Statutory Criteria and HRAP Standards

1. Proposed project aligns with statewide health care reform goals and principles because the project:

A. takes into consideration health care payment and delivery system reform initiatives

WLRC's purchase of AmCare advances health care payment and delivery system reform initiatives because, among other things, it offers Franklin County the opportunity to integrate emergency services records more smoothly into a patient's medical record. With WLRC's computer-assisted dispatch and other upgrades, Franklin County is likely to see more rapid response times and more efficient transportation of patients. In emergency transportation situations, every minute counts, so improved response and transportation times are likely to improve patient outcomes.

B. addresses current and future community needs in a manner that balances statewide need (if applicable)

Ambulance transportation will always be hyper-local. In the communities AmCare serves, it is a vital resource, and the risk that the services it provides would cease to exist if WLRC did not acquire AmCare presents a significant risk to those towns and a burden on the remaining ambulance services in the region. Additionally, with WLRC's vision and backing, towns that are struggling to provide service will now have AmCare as a potential solution to their citizens' emergency needs, something that the Sellers could not provide.

C. is consistent with appropriate allocation of health care resources, including appropriate utilization of services, as identified in the HRAP pursuant to section 9405 of this title.

As noted above, because this is a change of ownership CON, WLRC does not anticipate a change in the utilization of resources within the region. This is not a new ambulance service coming into a region, but rather a new owner whose principal has years of experience continuing a very successful, long-standing, currently operating ambulance service. Of course, the goal of healthcare reform is to improve the health of the population such that emergencies are rare, and well taken care of. WLRC is eager to collaborate with providers in the region to find ways to improve population health so that its resources are used as efficiently and appropriately as possible.

- **CON STANDARD 1.3: To the extent neighboring health care facilities provide the services proposed by a new health care project, an applicant shall demonstrate that a collaborative approach to delivering the service has been taken or is not feasible or appropriate.**

As noted above, this is a new healthcare project because it is a change in ownership and a new license. Under WLRC's ownership, AmCare will continue to do the same work it has always done. A collaborative approach is central to the delivery of all emergency services. The WLRC CAD as well as its AVL will help AmCare dispatchers collaborate in real time with other EMS providers in the region so that care can be delivered in the most efficient manner. WLRC looks forward to working with the other regional ambulance services to ensure that their shared goals are aligned in the service of the region's people, and has, as noted above, had preliminary discussions with some representatives from two towns in Franklin County.

- **CON STANDARD 1.7: Applicants seeking to develop a new health care project shall explain how such project is consistent with evidence-based practice. Such explanation may include a description of how practitioners will be made aware of evidence-based practice guidelines and how such guidelines will be incorporated into ongoing decision making. (2005 State Health Plan, page 48.)**

AmCare currently operates and will continue to operate in accordance with the Vermont Statewide Emergency Medical Services Protocols of 2020. These protocols are all developed utilizing evidence-based emergency medicine.

- **CON STANDARD 1.8: Applicants seeking to develop a new health care project shall demonstrate, as appropriate, that the applicant has a comprehensive evidence-based system for controlling infectious disease.**

AmCare has an existing Infection Exposure Control Plan (the "Plan"), which is attached hereto as Exhibit G. Under WLRC's ownership, AmCare will continue to operate pursuant to this Plan. In addition, given the pandemic conditions, WLRC's medical team meets regularly to review the most recent guidance from the CDC and the Departments of Health for the states in which it operates. This team uses this guidance to inform any necessary changes to the infection prevention protocols in place specifically to address the risks of COVID-19.

- **Triple Aims: Institute of Healthcare Improvement (IHI), Triple Aims: Explain how your project is:**

a) improving the individual experience of care;

The purchase of AmCare by WLRC will allow AmCare to enhance and improve the quality of the services currently provided to its communities and patients. WLRC, under the leadership of Mr. Rosenberg will bring additional safety, training, management, integration software, IT interfaces, and equipment resources to AmCare. Some of these additional resources include: emergency vehicle safety cameras; vehicle and driver safety monitoring systems; employee drug screening; integrated dispatch, GPS, and patient medical record software; and updated cardiac monitors, to name just a few. This suite of equipment will allow AmCare to provide top of the line patient care while improving safety and efficiency. Together with WLRC's strong ethos of customer service, these will improve the individual experience of care.

b) improving health of populations; and

As described in Section I, Mr. Rosenberg's experience and the additional resources that WLRC can bring to AmCare will improve the individual experience of care and will also provide more rapid and coordinated response, enhanced training, and will efficiently expand AmCare's community services and patient care capabilities.

c) reducing the per capita costs of care for populations.

WLRC is hopeful that its purchase of AmCare can allow for a reduction of per capita costs of care for populations by creating efficiencies in AmCare's operating and billing systems. The acquisition will allow AmCare to use centralized technology to closely monitor, manage, and reduce costs, accidents, and employee exposures and to improve safety. These reductions, combined with the use of a captive insurer and rigorous safety systems, are intended to have a positive impact on the per capita cost of care. Because WLRC will be the parent corporation for several ambulance services, including Butler, it will be able to utilize group purchasing arrangements to obtain significant discounts on equipment and supplies. Additionally, AmCare, under Mr. Rosenberg's leadership, will look for opportunities to collaborate with other regional providers to reduce per capita costs of care.

2. The cost of project is reasonable because each of the following conditions is met:

A. The applicant's financial condition will sustain any financial burden likely to result from completion of the project

The WLRC family of companies' financials for 2020, prior to the addition of Berlin Emergency Medical Services, had just under \$22 million of sales during the COVID-

19 pandemic, and had preliminary EBIDTA of approximately 2.8 million dollars not including any income from a Paycheck Protection Program loan or other CARES act relief. The WLRC family of companies is more than situated to weather any burden caused by the completion of this project. (*See* the Financial Information described in Section III, and attached hereto).

B. The project will not result in an undue increase in the costs of medical care or an undue impact on the affordability of medical care for consumers.

The project should not have any increase in the cost of medical care or undue impact on the affordability of medical care for consumers. WLRC is hopeful that, as discussed above, its efficiencies would be able to lower the cost to consumers. One such efficiency is that WLRC intends to bring AmCare's billing in-house to WLRC's billing department. WLRC's billing department has a staff of six and bills over fifty thousand claims a year, while AmCare has a current billing staff of one, with limited billing experience and knowledge to bill said claims, which lack of experience can result in possible higher exposure to consumers. WLRC will also employ technologies to better capture insurance information, and lower exposure to consumers. This includes, but is not limited to, the ability to search insurance records, integrate with facility EMR's and use repeat customer data to ensure that the proper payers are billed, and that patients are only charged when they truly have no coverage for the services provided.

In making a finding, the Board shall consider and weigh relevant factors, including:

i. The financial implications of the project on hospitals and other clinical settings, including the impact on their services, expenditures and charges

While by its nature AmCare's primary business is 911 responses, and therefore it has little to no effect on hospitals or clinical settings from a fiscal perspective, AmCare does do some inter-facility transfers for local hospitals to higher acuity settings. Through the acquisition, WLRC intends to elevate the level of clinical care through training, along with the provision of additional equipment to its providers, including but not limited to pumps and ventilators. It is hoped that these initiatives will allow hospitals to send fewer staff with patients on transfers, thereby reducing staffing and financial burdens on local hospitals. In the current healthcare workforce landscape, every hospital staff person is a precious resource, and WLRC's ability to support the hospital workforce is a significant benefit to the system. In the best cases, WLRC will be able to extend sufficient service to

deliver emergency care and reduce response time, such that hospital beds will not need to be used at all.

ii. Whether the impact on services, expenditures, and charges is outweighed by the benefit of the project to the public

WLRC does not anticipate a material change to AmCare's services, expenditures, and charges over the current experience. The benefit to the public of maintaining an ambulance service that might otherwise no longer exist far outweighs any modest increases that might arise incidentally pursuant to the transaction. In the absence of this project, this ambulance service would likely no longer exist.

C. Less expensive alternatives do not exist, would be unsatisfactory, or are not feasible or appropriate

AmCare was established to meet the needs of communities in Vermont. Its continued decades-long stability and success is based on the Sellers' deep personal commitment, high professional standards, high quality of care, strong leadership, and operational efficiency. An important element of AmCare's efficiency is its ability to combine and share resources and prevent duplication of effort and expense. It is very common for surrounding communities to duplicate EMS resources and costs. As a regional provider with multiple-unit coverage and professional career staffing, AmCare not only has extensive coverage, care capability, and combined resources, but also the flexibility to react and adapt to demand, scaling up or down as needed without duplication and unnecessary added expense.

AmCare continues to significantly increase the level of care provided to its patients while at the same time decreasing the cost to provide care, and under WLRC's ownership, these trends are expected to continue. The for-profit AmCare is often less expensive than area non-profit and municipal services while the AmCare level of care is often higher than that of the neighboring services. Surrounding volunteer and municipal services have at times reduced their fees to their communities in order to become more competitive with the AmCare's fees. There are no other alternatives that would be capable of continuing to provide AmCare's current level of service to its communities and patients at its current cost. The Sellers' long-term personal commitment to their communities and patients will not allow them to accept an alternative that is more expensive – or one which provides a lower level of care or commitment – to their communities. WLRC desires to continue this commitment to community shown by the Sellers for so many years. This commitment is not only to

the community it serves, but also to the citizens it employs, offering a wider array of benefits both tangible and financial.

D. If applicable, the applicant has incorporated appropriate energy efficiency measures

Not applicable.

3. There is an identifiable, existing, or reasonably anticipated need for the proposed project that is appropriate for the applicant to provide.

The Sellers desire to reduce their workload in anticipation of their eventual retirement. They cannot continue to operate AmCare at the level they have for thirty-two years and also lighten their load. To that end, the Sellers have come to an agreement with WLRC to purchase AmCare. If the Sellers had not found an experienced and qualified buyer for AmCare, it is possible that AmCare might not have kept operating. Viewed in that light, there is an identifiable and existing need for this project.

There are other volunteer, partially-staffed, non-profit, and municipal-based ambulance services in AmCare's service area. Many of them, including municipal services, are struggling, and some are failing. Because of its long-term stability and proven successful service model, AmCare continues to be approached by additional surrounding communities to provide service. The Emergency Medical Services profession is ever-changing and rapidly increasing in complexity. Industry-specific experience and specialized expertise is needed, not just to simply keep up with minimum requirements for medical, safety, technological and regulatory changes, but to incorporate them into the framework for enhancing care provided to patients.

AmCare is a local leader in its communities. It was the first to provide paramedic care for its communities, and others have since followed. It co-founded a standardized active shooter safety program that has since been adopted by the State of Vermont. It is constantly involved in community safety and outreach. It initiated and maintains coordinated area-wide/regional partnerships, and it provides training to its affiliated First Responder organizations as well as fire and law enforcement agencies. It continues to be extensively involved in assisting the Vermont Department of Health with COVID testing and mobile vaccination, and it is one of only a handful of Vermont ambulance services registered with the CDC to receive and store COVID vaccine with specialized refrigeration equipment. Allowing AmCare to fail or falter, leaving a void, or having an interruption or decrease in AmCare's level of service to its patients and communities is not the legacy that the Sellers want to leave to the people that they have served. The Sellers have gone to great lengths to

assure that the company that they personally started up and developed over many years will be transitioned seamlessly to an organization and leaders with even greater capability, passion, and commitment to their community and their patients. AmCare selected WLRC because of its EMS expertise – including providing high quality service in rural areas, WLRC’s proven leadership, and its ability and commitment to continue the service that AmCare has provided to its communities and patients for thirty-two years. WLRC’s experience, dedicated management team, resources, technical expertise, patient care and safety focus, and commitment to advancing AmCare’s patient care and community service capabilities make it the only choice for a successful transition of AmCare.

4. The project will improve the quality of health care in the State or provide greater access to health care for Vermont’s residents, or both.

This transition will allow AmCare to continue its mission of advancing and improving the high-quality care that it currently provides to its patients and communities in Vermont. WLRC is a leader in EMS management and technological innovation that will facilitate enhancing the quality of healthcare in Vermont. WLRC’s planned operational enhancements for AmCare include an expanded patient and employee safety program utilizing drug testing and in-vehicle driver safety monitoring systems; new technology cardiac monitoring equipment; tuition reimbursement which allows employees to advance their level of training and patient care capability; centralized electronic patient recordkeeping which facilitates monitoring and review of patient care; and the personal commitment and corporate culture at WLRC that drives continual professional growth and advancement in health care.

5. The project will not have an undue adverse impact on any other existing services provided by the applicant.

The applicant, WLRC, does not offer any existing services in the State of Vermont. As described above, WLRC does own other ambulance service providers in other states, but the acquisition of the AmCare stock is not expected to have any adverse impact on WLRC’s ability to continue to provide the services it is already providing.

6. REPEALED

7. The applicant has adequately considered the availability of affordable, accessible transportation services to the facility, if applicable.

Not applicable.

- 8. If the application is for the purchase or lease of new Health Care Information Technology, it conforms with the Health Information Technology Plan established under section 9351 of this title.**

The application is not for the purchase or lease of new Health Care Information Technology.

- 9. The applicant must show the project will support equal access to appropriate mental health care that meets the Institute of Medicine's triple aims. 18 V.S.A. § 9437(9).**

The AmCare team gets specialized training in responding to calls for people experiencing mental health crises and extreme states, and AmCare responds to 911 calls regardless of the reason for the 911 call or the ability to pay. When someone calls 911 and AmCare is dispatched, AmCare responds and transports regardless of reason. AmCare's approach under WLRC's ownership will be no different. In addition, as noted above, inter-facility transportation is an important part of WLRC's work. WLRC's improved response times may assist in ensuring that patients experiencing extreme states or mental health crises are more rapidly transported from community hospital emergency rooms to the facilities with psychiatric units.

III. Financial Information

Please find the financial information that is listed below attached to this application. The projections for the next three years that are included contain some basic assumptions of modest growth of 3% based on return to normalcy post COVID-19, and an overall increase in call volume. The projections also show decreases in salaries, as the Seller's salary is eliminated, and an anticipated decrease in legal and accounting costs as WLRC brings these matters in house. Additionally, as described above, the projections anticipate a reduction in insurance costs, and consolidation of billing departments in year two, giving further way to salary decreases.

- AmCare Profit and Loss Statements
 - Most recent fiscal year
 - Projected Years 1, 2, and 3
- AmCare Revenue Projections
 - Projected Years 1, 2, 3
- AmCare Balance Sheet
 - Most recent fiscal year
 - Projected Years 1, 2, and 3
- AmCare Cash Flows
 - Most recent fiscal year

- Projected Years 1, 2, and 3
- AmCare Annual Operating Costs
 - Most recent fiscal year
 - Projected Years 1, 2, and 3

Green Mountain Care Board Financial Tables:

- Because this project is the purchase of stock rather than a capital project, and as such the “project only” projections are not a perfect match to the financial table setup, Donna Jerry suggested completing the tables as follows: The “A” tables show current status and projections under the Sellers’ ownership; the “B” tables show projections under WLRC’s ownership; and the “C” tables are the same as the “B” tables.
 - Financial Table 1, Project Costs
 - Financial Table 2, Financing Arrangement
 - Financial Table 6A, 6B, and 6C, Revenue Source Projections
 - Financial Table 7A, 7B, and 7C, Utilization Projections
 - Financial Table 9A, 9B, and 9C, Staffing Projections

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	<u>Dec 31, 20</u>
ASSETS	
Current Assets	
Checking/Savings	
101 · Petty Cash	250.00
102 · Cash - Citizens Money Market	7,166.02
103 · Cash - KeyBank Checking	514,226.25
104 · Cash - KeyBank Money Market	25,592.09
Total Checking/Savings	<u>547,234.36</u>
Other Current Assets	
110 · Receivable - Medicare	98,103.60
111 · Receivable - Medicaid	14,045.14
112 · Receivable - Insurance	188,195.04
113 · Receivable - Private Pay	278,243.41
114 · Receivable - Hospitals	7,296.55
115 · Receivable - Contract	12,024.32
117 · Receivable - Misc	155.00
119 · Allowance For Doubtful Accounts	-239,225.41
Total Other Current Assets	<u>358,837.65</u>
Total Current Assets	906,072.01
Fixed Assets	
123 · Homeland Security Grant 2013	7,946.00
124 · A/D Homeland Security Grant '13	-8,667.26
125 · Homeland Security Grant FY 2005	11,100.00
126 · Accumulated Deprec - Homeland	-11,100.00
127 · A/D Homeland Security 2007	-1,319.00
128 · Tools & Equipt	1,319.00
129 · Accumulated Deprec - Tools & Eq	-15,631.04
130 · Vehicles	912,047.22
131 · Accumulated Deprec - Vehicles	-615,802.00
132 · Radio Equipment	103,875.10
133 · Accumulated Deprec - Radio Equi	-99,271.96
134 · Mobile Data Terminals	2,103.90
135 · Mobile Med Safes	8,450.00
140 · Medical Equipment	223,195.70
141 · Accumulated Deprec - Medical Eq	-174,664.04
142 · Office Equipment	128,374.66
143 · Accumulated Deprec - Office Equ	-128,087.04
144 · Building Renovations	40,820.00
145 · Accumulated Deprec - Building R	-29,762.12
146 · Homeland Security Grant 2007	2,512.00
147 · Generator	19,343.00
Total Fixed Assets	<u>376,782.12</u>

	<u>Dec 31, 20</u>
Other Assets	
155 · Covenant	80,000.00
156 · Accumulated Amort - Covenant	-80,000.00
160 · Inventory	4,100.00
Total Other Assets	<u>4,100.00</u>
TOTAL ASSETS	<u><u>1,286,954.13</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
205 · Accrued Wages	1.24
206 · Accrued Payroll Tax	0.41
211 · Ambulance tax due	91,855.00
216 · PPP loan	240,000.00
240 · Income Taxes Payable	250.00
Total Other Current Liabilities	<u>332,106.65</u>
Total Current Liabilities	<u>332,106.65</u>
Total Liabilities	332,106.65
Equity	
300 · Capital Stock (Capital Stock)	50.00
400 · Retained Earnings (Retained Earnings)	1,214,043.37
402 · Distributions - Walter	-588,364.71
Net Income	329,118.82
Total Equity	<u>954,847.48</u>
TOTAL LIABILITIES & EQUITY	<u><u>1,286,954.13</u></u>

AmCare Ambulance Services
Balance Sheet
Actual Year Ended 2020 and Three Year Projections

Assets	2020	2021	2022	2023
Current Assets				
Cash	547,234	298,362	662,570	1,044,059
Accounts Receivable	598,063	657,869	723,656	796,022
Allowance for Bad Debts	(239,225)	(263,148)	(289,463)	(318,409)
Total Current Assets	906,072	693,084	1,096,764	1,521,672
Fixed Assets				
Medical Equipment	338,944	338,944	338,944	338,944
Office Equipment	147,718	147,718	147,718	147,718
Leasehold Improvements	40,820	40,820	40,820	40,820
Vehicles	912,047	912,047	912,047	912,047
Accumulated Depreciation	(1,063,218)	(1,163,218)	(1,263,218)	(1,363,218)
Total Fixed Assets	376,310	276,310	176,310	76,310
Other Assets				
Homeland Security Grants	21,558	21,558	21,558	21,558
Goodwill	-	2,250,000	2,250,000	2,250,000
Accumulated Amortization	(21,086)	(96,558)	(246,558)	(396,558)
Inventory	4,100	4,100	4,100	4,100
Total Other Assets	4,572	2,179,100	2,029,100	1,879,100
Total Assets	1,286,954	3,148,494	3,302,175	3,477,083
Liabilities & Equity				
Current Liabilities				
Ambulance Tax Due	91,857	92,000	92,000	92,000
Income Taxes Payable	250	-	-	-
Note Payable: Firsttrust	-	2,013,149	1,668,262	1,307,901
PPP Loan Payable	240,000	-	-	-
Total Current Liabilities	332,107	2,105,149	1,760,262	1,399,901
Equity				
Capital Stock	50	50	50	50
Retained Earnings	625,679	454,797	1,043,295	1,541,863
Net Income	329,119	588,497	498,568	535,268
Total Equity	954,847	1,043,345	1,541,913	2,077,181
Total Liabilities & Equity	1,286,954	3,148,494	3,302,175	3,477,083

Am Care Medical Systems, Inc.
Financial Statements

	<u>2020</u>
INCREASE IN CASH AND CASH EQUIVALENTS	
CASH FLOWS FROM OPERATING ACTIVITIES	
Net earnings	\$ <u>329,119</u>
Noncash items included in net earnings:	
Depreciation and amortization	102,915
Provision for bad debts and contractual allowance	(76,137)
Changes in assets and liabilities:	
Accounts receivable	190,343
Accrued payroll, payroll taxes and state ambulance taxes	<u>(63,493)</u>
	<u>153,628</u>
Net cash provided by operating activities	<u>482,747</u>
CASH FLOWS FROM INVESTING ACTIVITIES	
Acquisition of property and equipment	<u>(247,705)</u>
Net cash used in investing activities	<u>(247,705)</u>
CASH FLOWS FROM FINANCING ACTIVITIES	
Proceeds from long-term debt	240,000
Distributions to stockholders	<u>(588,365)</u>
Net cash used in financing activities	<u>(348,365)</u>
Net increase in cash and cash equivalents	(113,323)
CASH AND CASH EQUIVALENTS, beginning of year	<u>660,557</u>
CASH AND CASH EQUIVALENTS, end of year	<u><u>\$ 547,234</u></u>

	<u>Jan - Dec 20</u>
Income	
4999 · Uncategorized Income	0.00
510 · Revenue - Medicare	1,313,487.46
511 · Revenue - Medicaid	620,314.69
512 · Revenue - Insurance	637,831.48
513 · Revenue - Private Pay	357,689.51
514 · Revenue - Hospitals	87,643.28
515 · Revenue - Contract	424,630.07
516 · Revenue - Interest	316.67
517 · Revenue - Miscellaneous	366,877.74
520 · Income - Donation	500.00
530 · Income - Miscellaneous	0.00
540 · Income - Interest	5.56
610 · Write-off - Medicare	-674,532.11
611 · Write-off - Medicaid	-280,346.47
612 · Write-off - Insurance	-129,827.73
613 · Write-off - Private Pay	-33,968.43
616 · Write-off - Interest	-198.92
617 · Write-off - Miscellaneous	50,965.68
619 · Refunds	-18,455.66
Total Income	<u>2,722,932.82</u>

Expense	
610-0 · Vehicle Expense	
632 · Vehicle Fuel	44,265.67
634 · Vehicle Repair & Maintenance	55,470.37
Total 610-0 · Vehicle Expense	<u>99,736.04</u>
620 · Equipment Repair & Maint	10,675.16
625-0 · Medical Supplies	
625 · Medical Disposables & Oxygen	45,209.41
Total 625-0 · Medical Supplies	<u>45,209.41</u>
630 · Uniforms	6,956.65
640-0 · Wages	
640 · Employee Wages & Salaries	1,114,425.96
641 · Officer Salaries	58,431.38
Total 640-0 · Wages	<u>1,172,857.34</u>
643 · Employer Contribution	4,678.46
645 · Payroll Tax	85,359.60
650 · Employee Benefits	82,987.65
660 · Advertising	2,038.40
667 · Bad Debts	239,935.48
669 · Bank Charges	735.52
670 · Collection Expense	7,165.03
675 · Depreciation	102,915.00
680 · Donations	125.00

	<u>Jan - Dec 20</u>
682 · Dues & Subscriptions	9,013.83
695 · Legal & Accounting	170,912.00
6999 · Uncategorized Expenses	492.20
700 · Miscellaneous (Miscellaneous)	1,865.26
705 · Office Supplies (Office Supplies)	4,132.81
706 · Hardware & Building Maintenance	14,239.73
710 · Payroll Service	2,962.06
715 · Postage	3,594.12
720 · Printing	1,150.86
725 · Building Lease	
725-1 · Building Lease - St. Albans	44,400.00
725-2 · Building Lease - Sheldon	30,000.00
Total 725 · Building Lease	<u>74,400.00</u>
730 · Taxes - Property (Taxes)	20,644.20
731 · Taxes-VT Ambulance Assessment	54,056.15
735 · Telephone	12,196.51
736 · Paging Service	2,707.46
737 · Dispatch Service	46,381.12
740 · Training & Education	626.42
741-0 · Travel	
741 · Travel & Entertainment	161.15
742 · Travel - Meals Only	524.58
741-0 · Travel - Other	769.67
Total 741-0 · Travel	<u>1,455.40</u>
743 · Vehicle Expense Reimbursement	2,600.00
745-0 · Utilities (Utilities)	
745-1 · Electric (Gas and Electric)	
745-1-1 · Electric - St. Albans	5,317.34
745-1-2 · Electric - Sheldon	3,531.62
Total 745-1 · Electric (Gas and Electric)	<u>8,848.96</u>
745-2 · Water (Water)	
745-2-1 · Water - St. Albans	1,583.73
745-2-2 · Water - Sheldon	1,140.37
Total 745-2 · Water (Water)	<u>2,724.10</u>
745-3 · Heating Fuel	
745-3-1 · Heating Fuel - St. Albans	1,120.40
745-3-2 · Heating Fuel - Sheldon	1,156.75
Total 745-3 · Heating Fuel	<u>2,277.15</u>
745-4 · Cable TV	
745-4-1 · Cable TV - St. Albans	2,953.14
745-4-2 · Cable TV - Sheldon	2,807.63
Total 745-4 · Cable TV	<u>5,760.77</u>

	<u>Jan - Dec 20</u>
745-5 · Trash Disposal	
745-5-1 · Trash Disposal - St. Albans	686.08
745-5-2 · Trash Disposal - Sheldon	891.00
745-5 · Trash Disposal - Other	<u>1,372.16</u>
Total 745-5 · Trash Disposal	<u>2,949.24</u>
745-6 · Alarm Monitoring - Sheldon	569.06
Total 745-0 · Utilities (Utilities)	<u>23,129.28</u>
750-0 · Insurance	
750 · Insurance - Commercial Package	39,479.85
754 · Insurance - Workers Compensatio	<u>46,150.00</u>
Total 750-0 · Insurance	<u>85,629.85</u>
800 · State Income Tax	<u>250.00</u>
Total Expense	<u>2,393,814.00</u>
Net Income	<u><u>329,118.82</u></u>

AmCare Ambulance Services
Profit & Loss Statement
Actual Year Ended 2020 and Three Year Projections

	<u>Actual 2020</u>	<u>Projected 2021</u>	<u>Projected 2022</u>	<u>Projected 2023</u>
Revenue	2,722,933	2,804,621	2,888,759	2,975,422
Operating Expenses:				
Salaries	1,172,857	1,013,043	1,046,194	1,080,340
Vehicle	102,336	105,406	108,568	111,825
Bad Debt	239,935	247,134	254,548	262,184
Payroll Taxes	85,360	73,729	76,142	78,627
Insurance	85,630	88,199	90,845	93,570
Employee Benefits	87,666	90,296	93,005	95,795
Taxes	74,950	77,199	79,514	81,900
Rent	74,400	74,400	74,400	74,400
Medical Supplies	45,209	46,566	47,963	49,402
Miscellaneous	49,474	50,958	52,487	54,062
Utilities	23,129	24,000	24,000	24,000
Repairs & Maintenance	10,675	10,995	11,325	11,665
Tools & Hardware	14,240	14,667	15,107	15,560
Uniforms	6,957	7,165	7,380	7,602
Telephone	14,903	15,350	15,811	16,285
Dues & Subscriptions	9,014	9,000	9,000	9,000
Legal & Accounting	178,077	25,000	30,000	35,000
Travel	1,455	1,499	1,544	1,590
Advertising	2,038	2,100	2,163	2,227
Postage	3,594	3,702	3,813	3,927
Payroll Service Charges	2,962	3,051	3,142	3,237
Office Expense	4,133	4,257	4,384	4,516
Training & Education	626	645	665	685
Printing	1,151	1,185	1,221	1,258
Donations	125	5,000	5,000	5,000
Total Operating Expenses	<u>2,290,898</u>	<u>1,994,545</u>	<u>2,058,220</u>	<u>2,123,656</u>
Operating Income	<u>432,035</u>	<u>810,076</u>	<u>830,539</u>	<u>851,766</u>
Other (Income)/Expenses:				
Depreciation	102,915	100,000	100,000	100,000
Amortization	-	75,000	150,000	150,000
Interest Expense	-	46,578	81,971	66,498
Other (Income)	-	-	-	-
Total Other (Income)/Expenses:	<u>102,915</u>	<u>221,578</u>	<u>331,971</u>	<u>316,498</u>
Net Income/(Loss)	<u><u>329,120</u></u>	<u><u>588,497</u></u>	<u><u>498,568</u></u>	<u><u>535,268</u></u>

CASH FLOW	2020	2021	2022	2023
Net Income/(Loss)	329,120	588,497	498,568	535,268
Add: Depreciation	102,915	100,000	100,000	100,000
Add: Amortization	-	75,000	150,000	150,000
CASH FLOW	<u>432,035</u>	<u>763,497</u>	<u>748,568</u>	<u>785,268</u>
Debt Service	-	213,429	426,858	426,858
CASH FLOW AFTER DEBT SERVICE	<u>432,035</u>	<u>550,068</u>	<u>321,710</u>	<u>358,410</u>

NOTE: When completing this table make entries in the shaded fields only.

AmCare Ambulance Service
DOCKET NO. GMCB-009-20con
 TABLE 1
 PROJECT COSTS

Construction Costs	
1. New Construction	\$ -
2. Renovation	\$0
3. Site Work	-
4. Fixed Equipment	-
5. Design/Bidding Contingency	\$0
6. Construction Contingency	\$0
7. Construction Manager Fee	-
8. Other (please specify)	-
Subtotal	\$ -
Related Project Costs	
1. Major Moveable Equipment	\$ -
2. Furnishings, Fixtures & Other Equip.	\$45,000
3. Architectural/Engineering Fees	-
4. Land Acquisition	-
5. Purchase of Buildings	-
6. Administrative Expenses & Permits	\$0
7. Debt Financing Expenses (see below)	-
8. Debt Service Reserve Fund	-
9. Working Capital	-
10. Other (purchase price)	2,250,000
Subtotal	\$ 2,295,000
Total Project Costs	\$ 2,295,000

Debt Financing Expenses	
1. Capital Interest	-
2. Bond Discount or Placement Fee	-
3. Misc. Financing Fees & Exp. (issuance costs)	-
4. Other	-
Subtotal	\$ -
Less Interest Earnings on Funds	
1. Debt Service Reserve Funds	\$ -
2. Capitalized Interest Account	-
3. Construction Fund	-
4. Other	-
Subtotal	\$ -
Total Debt Financing Expenses	\$ -
feeds to line 7 above	

NOTE: When completing this table make entries in the shaded fields only.

AmCare Ambulance Service
DOCKET NO. GMCB-009-20con
TABLE 6A
REVENUE SOURCE PROJECTIONS
WITHOUT PROJECT

	Latest Actual 0	% of Total	Budget 1	% of Total	Proposed Year 1 2	% of Total	Proposed Year 2 3	% of Total	Proposed Year 3 4	% of Total
Gross Inpatient Revenue										
Medicare	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Commercial		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Self Pay		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Free Care / Bad Debt		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Other		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Gross Outpatient Revenue										
Medicare	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Commercial		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Self Pay		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Free Care / Bad Debt		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Other		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Gross Other Revenue										
Medicare	\$ 1,313,487	48.2%	\$ 1,352,892	48.2%	\$ 1,352,892	48.2%	\$ 1,373,185	48.2%	\$ 1,393,783	48.2%
Medicaid	620,315	22.8%	638,924	22.8%	638,924	22.8%	648,508	22.8%	658,235	22.8%
Commercial	637,831	23.4%	656,966	23.4%	656,966	23.4%	666,821	23.4%	676,823	23.4%
Self Pay	357,690	13.1%	368,420	13.1%	368,420	13.1%	373,946	13.1%	379,556	13.1%
Free Care / Bad Debt	(1,086,364)	-39.9%	(1,118,955)	-39.9%	(1,118,955)	-39.9%	(1,135,739)	-39.9%	(1,152,775)	-39.9%
Other	879,973	32.3%	906,373	32.3%	906,373	32.3%	919,968	32.3%	933,768	32.3%
	\$ 2,722,932	100.0%	\$ 2,804,621	100.0%	\$ 2,804,621	100.0%	\$ 2,846,690	100.0%	\$ 2,889,390	100.0%
Gross Patient Revenue										
Medicare	\$ 1,313,487	48.2%	\$ 1,352,892	48.2%	\$ 1,352,892	48.2%	\$ 1,373,185	48.2%	\$ 1,393,783	48.2%
Medicaid	620,315	22.8%	638,924	22.8%	638,924	22.8%	648,508	22.8%	658,235	22.8%
Commercial	637,831	23.4%	656,966	23.4%	656,966	23.4%	666,821	23.4%	676,823	23.4%
Self Pay	357,690	13.1%	368,420	13.1%	368,420	13.1%	373,946	13.1%	379,556	13.1%
Free Care / Bad Debt	(1,086,364)	-39.9%	(1,118,955)	-39.9%	(1,118,955)	-39.9%	(1,135,739)	-39.9%	(1,152,775)	-39.9%
Other	879,973	32.3%	906,373	32.3%	906,373	32.3%	919,968	32.3%	933,768	32.3%
	\$ 2,722,932	100.0%	\$ 2,804,621	100.0%	\$ 2,804,621	100.0%	\$ 2,846,690	100.0%	\$ 2,889,390	100.0%
Deductions from Revenue										
Medicare	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Commercial		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Self Pay		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Free Care / Bad Debt		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Other		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Net Patient Revenue										
Medicare	\$ 1,313,487	48.2%	\$ 1,352,892	48.2%	\$ 1,352,892	48.2%	\$ 1,373,185	48.2%	\$ 1,393,783	48.2%
Medicaid	620,315	22.8%	638,924	22.8%	638,924	22.8%	648,508	22.8%	658,235	22.8%
Commercial	637,831	23.4%	656,966	23.4%	656,966	23.4%	666,821	23.4%	676,823	23.4%
Self Pay	357,690	13.1%	368,420	13.1%	368,420	13.1%	373,946	13.1%	379,556	13.1%
Free Care / Bad Debt	(1,086,364)	-39.9%	(1,118,955)	-39.9%	(1,118,955)	-39.9%	(1,135,739)	-39.9%	(1,152,775)	-39.9%
Other	879,973	32.3%	906,373	32.3%	906,373	32.3%	919,968	32.3%	933,768	32.3%
DSP*		0.0%		0.0%		0.0%		0.0%		0.0%
	\$ 2,722,932	100.0%	\$ 2,804,621	100.0%	\$ 2,804,621	100.0%	\$ 2,846,690	100.0%	\$ 2,889,390	100.0%

Latest actual numbers should tie to the hospital budget process.

* Disproportionate share payments

Note: Per conversation with Donna Jerry, Table A shows the current status and current owner projections, Table B shows the projections with WLRC as the owner, and Table C is the same as Table B.

NOTE: When completing this table make entries in the shaded fields only.

AmCare Ambulance Service
DOCKET NO. GMCB-009-20con
TABLE 6B
REVENUE SOURCE PROJECTIONS
PROJECT ONLY

	Latest Actual	% of	Budget	% of	Proposed	% of	Proposed	% of	Proposed	% of
	0	Total	1	Total	Year 1	Total	Year 2	Total	Year 3	Total
Gross Inpatient Revenue										
Medicare	N/A		\$ -	#DIV/0!						
Medicaid	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Commercial	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Self Pay	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care / Bad Debt	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Other	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	N/A		\$ -	#DIV/0!						
Gross Outpatient Revenue										
Medicare	N/A		\$ -	#DIV/0!						
Medicaid	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Commercial	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Self Pay	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care / Bad Debt	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Other	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	N/A		\$ -	#DIV/0!						
Gross Other Revenue										
Medicare	N/A		\$ 1,352,892	48.2%	\$ 1,352,892	48.2%	\$ 1,393,479	48.2%	\$ 1,435,283	48.2%
Medicaid	N/A		638,924	22.8%	638,924	22.8%	658,092	22.8%	677,835	22.8%
Commercial	N/A		656,966	23.4%	656,966	23.4%	676,675	23.4%	696,976	23.4%
Self Pay	N/A		368,420	13.1%	368,420	13.1%	379,473	13.1%	390,857	13.1%
Free Care / Bad Debt	N/A		(1,118,955)	-39.9%	(1,118,955)	-39.9%	(1,152,523)	-39.9%	(1,187,099)	-39.9%
Other	N/A		906,373	32.3%	906,373	32.3%	933,564	32.3%	961,571	32.3%
	N/A		\$ 2,804,621	100.0%	\$ 2,804,621	100.0%	\$ 2,888,759	100.0%	\$ 2,975,422	100.0%
Gross Patient Revenue										
Medicare	N/A		\$ 1,352,892	48.2%	\$ 1,352,892	48.2%	\$ 1,393,479	48.2%	\$ 1,435,283	48.2%
Medicaid	N/A		638,924	22.8%	638,924	22.8%	658,092	22.8%	677,835	22.8%
Commercial	N/A		656,966	23.4%	656,966	23.4%	676,675	23.4%	696,976	23.4%
Self Pay	N/A		368,420	13.1%	368,420	13.1%	379,473	13.1%	390,857	13.1%
Free Care / Bad Debt	N/A		(1,118,955)	-39.9%	(1,118,955)	-39.9%	(1,152,523)	-39.9%	(1,187,099)	-39.9%
Other	N/A		906,373	32.3%	906,373	32.3%	933,564	32.3%	961,571	32.3%
	N/A		\$ 2,804,621	100.0%	\$ 2,804,621	100.0%	\$ 2,888,759	100.0%	\$ 2,975,422	100.0%
Deductions from Revenue										
Medicare	N/A		\$ -	#DIV/0!						
Medicaid	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Commercial	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Self Pay	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care / Bad Debt	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Other	N/A		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	N/A		\$ -	#DIV/0!						
Net Patient Revenue										
Medicare	N/A		\$ 1,352,892	48.2%	\$ 1,352,892	48.2%	\$ 1,393,479	48.2%	\$ 1,435,283	48.2%
Medicaid	N/A		638,924	22.8%	638,924	22.8%	658,092	22.8%	677,835	22.8%
Commercial	N/A		656,966	23.4%	656,966	23.4%	676,675	23.4%	696,976	23.4%
Self Pay	N/A		368,420	13.1%	368,420	13.1%	379,473	13.1%	390,857	13.1%
Free Care / Bad Debt	N/A		(1,118,955)	-39.9%	(1,118,955)	-39.9%	(1,152,523)	-39.9%	(1,187,099)	-39.9%
Other	N/A		906,373	32.3%	906,373	32.3%	933,564	32.3%	961,571	32.3%
DSP*	N/A		N/A		N/A		N/A		N/A	
	N/A		\$ 2,804,621	100.0%	\$ 2,804,621	100.0%	\$ 2,888,759	100.0%	\$ 2,975,422	100.0%

Latest actual numbers should tie to the hospital budget process.

* Disproportionate share payments

Note: Per conversation with Donna Jerry, Table A shows the current status and current owner projections, Table B shows the projections with WLRC as the owner, and Table C is the same as Table B.

NOTE: This table requires no 'fill-in' as it will automatically populate from Tables 6A & 6B.

AmCare Ambulance Service
DOCKET NO. GMCB-009-20con
 TABLE 6C
 REVENUE SOURCE PROJECTIONS
 WITH PROJECT

	Latest Actual	% of	Budget	% of	Proposed	% of	Proposed	% of	Proposed	% of
	0	Total	1	Total	Year 1	Total	Year 2	Total	Year 3	Total
					2		3		4	
Gross Inpatient Revenue										
Medicare	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Commercial	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Self Pay	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care / Bad Debt	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Other	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Gross Outpatient Revenue										
Medicare	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Commercial	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Self Pay	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care / Bad Debt	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Other	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Gross Other Revenue										
Medicare	\$ 1,313,487	48.2%	\$ 1,352,892	48.2%	\$ 1,352,892	48.2%	\$ 1,393,479	48.2%	\$ 1,435,283	48.2%
Medicaid	620,315	22.8%	638,924	22.8%	638,924	22.8%	658,092	22.8%	677,835	22.8%
Commercial	637,831	23.4%	656,966	23.4%	656,966	23.4%	676,675	23.4%	696,976	23.4%
Self Pay	357,690	13.1%	368,420	13.1%	368,420	13.1%	379,473	13.1%	390,857	13.1%
Free Care / Bad Debt	(1,086,364)	-39.9%	(1,118,955)	-39.9%	(1,118,955)	-39.9%	(1,152,523)	-39.9%	(1,187,099)	-39.9%
Other	879,973	32.3%	906,373	32.3%	906,373	32.3%	933,564	32.3%	961,571	32.3%
	\$ 2,722,932	100.0%	\$ 2,804,620	100.0%	\$ 2,804,620	100.0%	\$ 2,888,760	100.0%	\$ 2,975,423	100.0%
Gross Patient Revenue										
Medicare	\$ 1,313,487	48.2%	\$ 1,352,892	48.2%	\$ 1,352,892	48.2%	\$ 1,393,479	48.2%	\$ 1,435,283	48.2%
Medicaid	620,315	22.8%	638,924	22.8%	638,924	22.8%	658,092	22.8%	677,835	22.8%
Commercial	637,831	23.4%	656,966	23.4%	656,966	23.4%	676,675	23.4%	696,976	23.4%
Self Pay	357,690	13.1%	368,420	13.1%	368,420	13.1%	379,473	13.1%	390,857	13.1%
Free Care / Bad Debt	(1,086,364)	-39.9%	(1,118,955)	-39.9%	(1,118,955)	-39.9%	(1,152,523)	-39.9%	(1,187,099)	-39.9%
Other	879,973	32.3%	906,373	32.3%	906,373	32.3%	933,564	32.3%	961,571	32.3%
	\$ 2,722,932	100.0%	\$ 2,804,620	100.0%	\$ 2,804,620	100.0%	\$ 2,888,760	100.0%	\$ 2,975,423	100.0%
Deductions from Revenue										
Medicare	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Medicaid	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Commercial	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Self Pay	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care / Bad Debt	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Other	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!	\$ -	#DIV/0!
Net Patient Revenue										
Medicare	\$ 1,313,487	48.2%	\$ 1,352,892	48.2%	\$ 1,352,892	48.2%	\$ 1,393,479	48.2%	\$ 1,435,283	48.2%
Medicaid	620,315	22.8%	638,924	22.8%	638,924	22.8%	658,092	22.8%	677,835	22.8%
Commercial	637,831	23.4%	656,966	23.4%	656,966	23.4%	676,675	23.4%	696,976	23.4%
Self Pay	357,690	13.1%	368,420	13.1%	368,420	13.1%	379,473	13.1%	390,857	13.1%
Free Care / Bad Debt	(1,086,364)	-39.9%	(1,118,955)	-39.9%	(1,118,955)	-39.9%	(1,152,523)	-39.9%	(1,187,099)	-39.9%
Other	879,973	32.3%	906,373	32.3%	906,373	32.3%	933,564	32.3%	961,571	32.3%
DSP*	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
	\$ 2,722,932	100.0%	\$ 2,804,620	100.0%	\$ 2,804,620	100.0%	\$ 2,888,760	100.0%	\$ 2,975,423	100.0%

Latest actual numbers should tie to the hospital budget process.

* Disproportionate share payments

Note: Per conversation with Donna Jerry, Table A shows the current status and current owner projections, Table B shows the projections with WLRC as the owner, and Table C is the same as Table B.

NOTE: When completing this table make entries in the shaded fields only.

AmCare Ambulance Service
DOCKET NO. GMCB-009-20con
 TABLE 7
 UTILIZATION PROJECTIONS
 TOTALS

A: WITHOUT PROJECT		Latest Actual	Budget	Proposed	Proposed	Proposed
			1	Year 1	Year 2	Year 3
				2	3	4
Inpatient Utilization						
Transports		1,788	1,815	1,815	1,842	1,870
Response (No Transport)		2,682	2,722	2,722	2,763	2,804
Patient Days						
Average Length of Stay						
Outpatient Utilization						
All Outpatient Visits						
OR Procedures						
Observation Units						
Physician Office Visits						
Ancillary						
All OR Procedures						
Emergency Room Visits						
Adjusted Statistics						
Adjusted Admissions						
Adjusted Patient Days						

B: PROJECT ONLY		Latest Actual	Budget	Proposed	Proposed	Proposed
		0	1	Year 1	Year 2	Year 3
				2	3	4
Inpatient Utilization						
Transports		N/A	2,253	2,253	2,478	2,602
Response (No Transport)		N/A	3,379	3,379	3,717	3,903
Patient Days		N/A	-	-	-	-
Average Length of Stay		N/A	-	-	-	-
Outpatient Utilization						
All Outpatient Visits		N/A	-	-	-	-
OR Procedures		N/A	-	-	-	-
Observation Units		N/A	-	-	-	-
Physician Office Visits		N/A	-	-	-	-
Ancillary						
All OR Procedures		N/A	-	-	-	-
Emergency Room Visits		N/A	-	-	-	-
Adjusted Statistics						
Adjusted Admissions		N/A	-	-	-	-
Adjusted Patient Days		N/A	-	-	-	-

C: WITH PROJECT		Latest Actual	Budget	Proposed	Proposed	Proposed
		0	1	Year 1	Year 2	Year 3
				2	3	4
Inpatient Utilization						
Transports		1,788	2,253	2,253	2,478	2,602
Response (No Transport)		2,682	3,379	3,379	3,717	3,903
Patient Days		-	-	-	-	-
Average Length of Stay		-				
Outpatient Utilization						
All Outpatient Visits		-	-	-	-	-
OR Procedures		-	-	-	-	-
Observation Units		-	-	-	-	-
Physician Office Visits		-	-	-	-	-
Ancillary						
All OR Procedures		-	-	-	-	-
Emergency Room Visits		-	-	-	-	-
Adjusted Statistics						
Adjusted Admissions		-				
Adjusted Patient Days		-				

Note: Per conversation with Donna Jerry, Table A shows the current status and current owner projections, Table B shows the projections with WLRC as the owner, and Table C is the same as Table B.

NOTE: When completing this table make entries in the shaded fields only.

**AmCare Ambulance Service
DOCKET NO. GMCB-009-20con**

TABLE 9
STAFFING PROJECTIONS
TOTALS

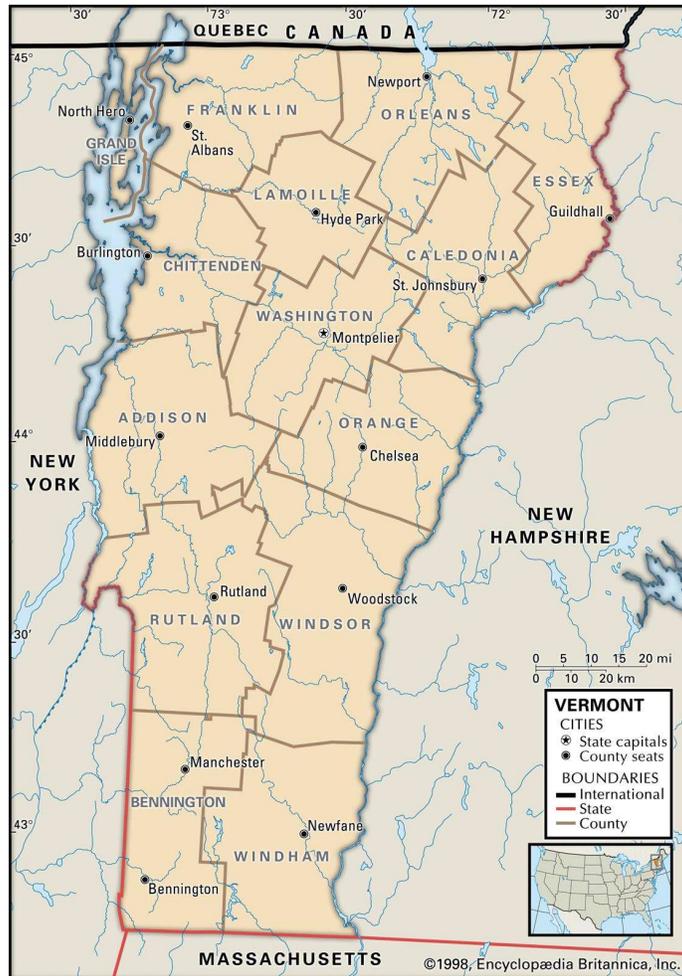
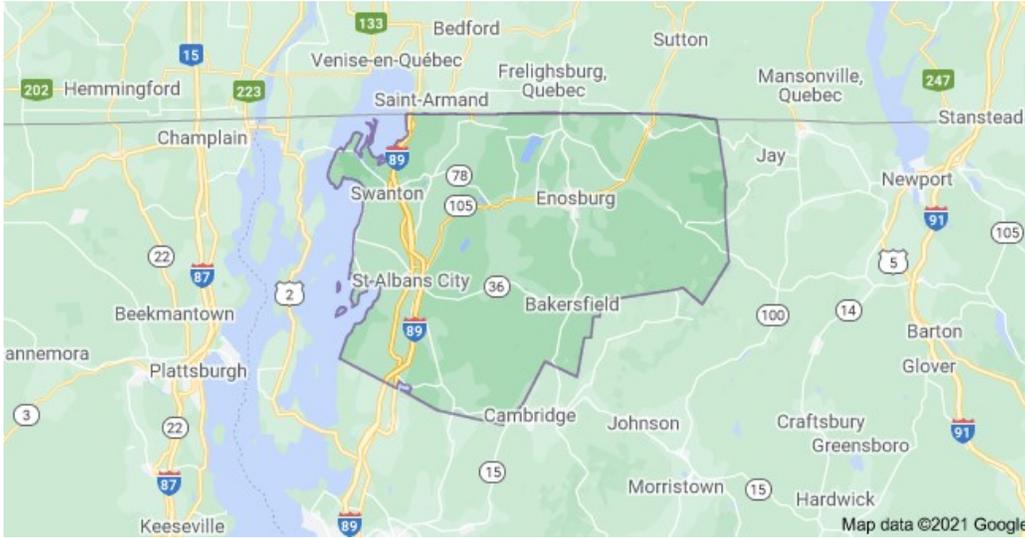
A: WITHOUT PROJECT		Latest Actual	Budget	Proposed	Proposed	Proposed
			1	Year 1	Year 2	Year 3
				2	3	4
Non-MD FTEs						
Total General Services						
Total Inpatient Routine Services						
Total Outpatient Routine Services						
Total Ancillary Services		2.0	2.0	2.0	2.0	2.0
Total Other Services		26.5	28.0	28.0	30.0	32.0
Total Non-MD FTEs		28.5	30.0	30.0	32.0	34.0
Physician FTEs						
Direct Service Nurse FTEs						

B: PROJECT ONLY		Latest Actual	Budget	Proposed	Proposed	Proposed
		0	1	Year 1	Year 2	Year 3
				2	3	4
Non-MD FTEs						
Total General Services		N/A				
Total Inpatient Routine Services		N/A				
Total Outpatient Routine Services		N/A				
Total Ancillary Services		N/A	2.0	1.0	0.0	0.0
Total Other Services		N/A	28.0	36.0	42.0	50.0
Total Non-MD FTEs		N/A	30.0	37.0	42.0	50.0
Physician Services		N/A				
Direct Service Nurse FTEs		N/A				

C: WITH PROJECT		Latest Actual	Budget	Proposed	Proposed	Proposed
		0	1	Year 1	Year 2	Year 3
				2	3	4
Non-MD FTEs						
Total General Services		#VALUE!	0.0	0.0	0.0	0.0
Total Inpatient Routine Services		#VALUE!	0.0	0.0	0.0	0.0
Total Outpatient Routine Services		#VALUE!	0.0	0.0	0.0	0.0
Total Ancillary Services		#VALUE!	2.0	1.0	0.0	0.0
Total Other Services		#VALUE!	28.0	36.0	42.0	50.0
Total Non-MD FTEs		#VALUE!	30.0	37.0	42.0	50.0
Physician Services		#VALUE!	0.0	0.0	0.0	0.0
Direct Service Nurse FTEs		#VALUE!	0.0	0.0	0.0	0.0

Note: Per conversation with Donna Jerry, Table A shows the current status and current owner projections, Table B shows the projections with WLRC as the owner, and Table C is the same as Table B.

EXHIBIT A



<https://www.samesessenger.com/tncms/asset/editorial/9da25f86-3b2f-11eb-a32c-6f390e391719/>

After a 30-year run, AmCare Ambulance Service being taken over by Maryland-based Butler Medical Transport

By MIKE NOSEK Staff Writer

Published on Dec 10, 2020



Courtesy AmCare

ST. ALBANS — From one family-owned medical resource to another, AmCare Ambulance Service is entering a partnership with Butler Medical Transport and passing over operations to the Maryland-based company.

AmCare Director Walter Krul, who has owned the ambulance and paramedic provider since 1989, began his search for a seamless transition and would quickly find out how much more the Butler team could bring to Northwest Vermont than he had imagined.

“This collaboration is a huge win-win for our community,” said Krul. “It will bring an even higher level of service and commitment to our towns and our patients. And it will allow us to continue our tradition of excellence and further our mission of providing top notch healthcare in Franklin and Chittenden counties, while bringing even more critical care expertise and resources to our

patients and our local healthcare partners, which include the Northwestern Medical Center in St. Albans and the University of Vermont Medical Center in Burlington.”

Krul will stay on staff in a background support role while Will Rosenberg, Butler Medical Transport Chief Operating Officer, assumes the reigns. Krul said that he wanted his replacement to bring new resources to his community and build upon the local system that AmCare developed over many years.

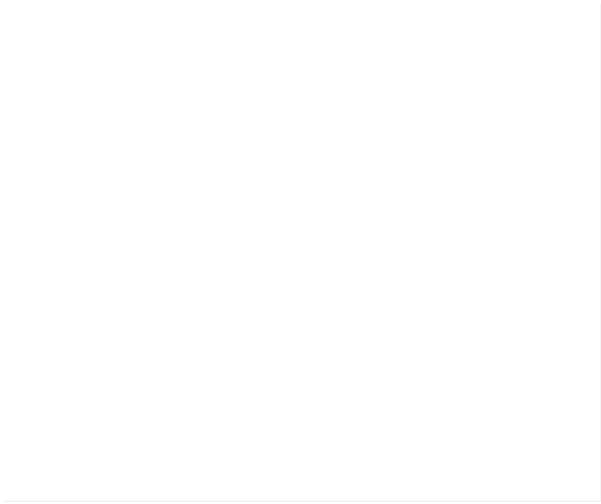
Services in Franklin and Chittenden counties will still be provided under the AmCare name, and both AmCare crew members and local management are expected to remain on staff.

Butler was founded in 2001 and grew to become the largest commercial ambulance company in Maryland. It also expanded to provide services in Washington D.C. and New Hampshire. With over 300 employees and more than 85 ambulances, Butler transports over 50,000 patients by ambulance every year.

“We are committed to helping our rural institutions and communities advance patient care through rapid, high-level clinical care, and we will be making an immediate \$100,000 investment in new technology upgrades on AmCare’s ambulances to enhance patient comfort, care and safety,” said Rosenberg.

Krul praised both the AmCare crew and the people who it serves and believes the partnership with Butler will allow AmCare to continue providing care to the region for the next 30 years and beyond.

“Our community has been very supportive of our staff and the advancements that we’ve made in just our first 32 years of service to Franklin County,” said Krul. “I am incredibly proud of our staff and grateful to our community. I look forward to AmCare continuing to expand on its current capabilities and service.”



Written By

MIKE NOSEK

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https://www.samessenger.com/colchester/news/covid-19-testing-sites-open-to-all-vermonters/article_22d263ec-9543-11ea-9397-2315a6ae2b27.html

COVID-19 testing sites open to all Vermonters

STAFF WRITER

Published on May 13, 2020



Members of AmCare provided pop-up testing in Colchester last Saturday.

Avalon Ashley

State health officials announced Tuesday that Vermonters who do not have symptoms of COVID-19 can be tested for the virus at one of the pop-up testing sites around the state. Initially, the clinics were only open to essential workers.

Eleven sites are currently scheduled to collect specimens from asymptomatic Vermonters, health care workers, first responders (EMS, fire, and law enforcement), child care providers currently serving essential workers, and

people returning to Vermont, such as college students, people who winter out of state and second home owners.

All clinics operate from 9:00 a.m. to 3:00 p.m. by appointment. To schedule an appointment online for the site near you visit:
humanresources.vermont.gov/popups.

The state's goal is to test 1,000 Vermonters every day.

Thursday, May 14

Brattleboro — Brattleboro Union High School, 131 Fairground Rd.

Saturday, May 16

White River Jct. — Upper Valley Aquatic Center, 100 Arboretum Ln.

Colchester — Vermont Public Health Laboratory, 359 South Park Drive

Monday, May 18

Rutland — Rutland High School, 22 Stratton Rd.

Tuesday, May 19

Barre — Barre Memorial Auditorium, 16 Auditorium Hill

Wednesday, May 20

Middlebury — American Legion Post 27-49, 49 Wilson Rd.

St. Albans — Collins Perley Sports Complex, 890 Fairfax Rd.

Thursday, May 21

Newport — North Country Union High School, 209 Veterans Ave.

Friday, May 22

Springfield — (location to be confirmed)

Friday, May 22

Morrisville — Capstone Community Action, 250 Industrial Park, Morristown

Saturday, May 23

St. Johnsbury — Lyndon Town School, 2591 Lily Pond Rd., Lyndonville

Vermonters with symptoms—no matter how mild—should contact their health care provider to get referred to a nearby testing site.

People who do not have a health care provider can call 2-1-1 to be connected with a local community or hospital-connected clinic for referral to a test site.

For up-to-date information and guidance for staying healthy and preventing the spread of COVID-19 go to: healthvermont.gov/covid19.

https://www.samessenger.com/news/upbeat/amcare-don-t-spread-the-disease-do-the-vampire-sneeze/article_29e491f4-9477-11ea-8578-a3d58a9637ad.html

NEWS

AmCare: "Don't spread the disease, do the vampire sneeze"

By MICHAEL FRETT Staff Writer

Published on May 12, 2020



AmCare Ambulance Service's front line crew poses in their new shirts advising the public to make like a vampire and cover their face when they need to sneeze.

AmCare Ambulance Service

ST. ALBANS – Even if Halloween is months away, the frontline crew for AmCare Ambulance Service is taking a page straight from Bram Stoker for the latest health advice – if you need to sneeze, cross your arm over your face, cover your mouth like Dracula himself and do the “vampire sneeze.”

Don't be surprised if you see AmCare's first responders sporting some spooky new shirts reminding the public to not “spread the disease” by doing “the vampire sneeze” – the latest name for coughing or sneezing into the crook of one's elbow to avoid spreading germs.

The phrase references none other than the vampiric Count Dracula, often depicted in film with his cape pulled over his face as he lies in wait.



AmCare is advising the public that, in order to not spread the disease, they need to make like Dracula and “do the vampire sneeze.”

AmCare Ambulance Service

The advice to cover one's cough with their elbow has circulated for years as a best practice, but is especially pronounced amid the global outbreak of COVID-19, a highly contagious disease easily spread through respiratory droplets from sneezes and coughs.

"Despite all the added demands on them during pandemic, our staff have been going out of their way to get the message out to our community and to help in any way they can," AmCare's director, Walter Krul, said in an email to the *Messenger*. "We thought this campaign would be a fun way to help with that and to even get our young ones thinking about being safe (even if Halloween is a ways off!)."

Written By

Michael Frett

mfrett@orourkemediagroup.com |

Burlington Free Press

LOCAL

How to stay safe in an active shooter situation

Maleeha Syed Free Press

Published 7:28 a.m. ET Nov. 8, 2018 | Updated 1:01 p.m. ET Nov. 8, 2018

Vermonters are waking up to reports of "multiple fatalities" at a bar in Thousand Oaks, California.

A dozen people were reported dead as a result of the mass shooting at Borderline Bar & Grill, which is less than 50 miles from Los Angeles.

Concerned Vermonters can look for active shooter safety tips from resources like SurviVERMONT. The program, started by the St. Albans Police Department and AmCare Ambulance Service, offers training to those who want to learn different methods to protect themselves.

SurviVERMONT's tips on staying safe

The program focuses on three phrases to convey its message:

"See Something, Say Something"

"Run, Hide, Fight"

"Stop the Bleed"

Walter Krul, the director of AmCare Ambulance Service, explained that shootings often end as quickly as they begin.

"We can't just hide and wait for help to arrive," he said, which is why SurviVERMONT trains people to be more proactive in their everyday lives. Simple tasks, like noticing where exits are, can be helpful.

Krul said that learning when to take an active role is also important, touching on patrons at Borderline who broke windows as the shooting unfolded.

Main takeaways from these trainings are:

- recognizing and reporting suspicious activity
- knowing escape routes
- knowing where you can take concealment and cover
- knowing what you can do to distract or disarm the threat
- knowing how to apply pressure and improvise a tourniquet to stop bleeding

"It's about surviving... but it's also about protecting our community," Krul said.

These trainings, Krul noted, are not necessarily limited to active shooter situations, teaching attendants about skills they can adapt for any crucial circumstances, like a fire or building collapse.

The trainings are free and open to all interested in attending. A recent presentation was held at Sheldon Elementary School on Oct. 23. Those who want SurvIVERMONT to conduct a presentation can reach out to their local public safety agencies.

Here's a look at tweets from those affected by the Borderline shooting

As news of the shooting unfolded overnight, people familiar with the bar and community took to Twitter to share their concerns.

While readers may not be in California, the Ventura County Sheriff tweeted an emergency information hotline for those affected by the Borderline shooting.

More:

FBI release new study: 10 key behaviors of active shooters

Burlington police ready 'to act' in unlikely event of a school shooting

This story will be updated.

SURVIVermont sees big turnout

GEORGIA- Dozens of residents and area emergency personnel were on hand Wednesday evening for the most recent public presentation of the SURVIVermont! program held at the Georgia Elementary and Middle School gymnasium.

SURVIVermont! is a public safety program that was created by the St. Albans Police Department and AmCare Ambulance Service, along with partners at the Northwestern Medical Center and the Vermont Department of Health St. Albans office. The program was free to the public and designed to empower Vermonters with information about what they can do in the event that they are faced with an active shooter or violent threat situation. SURVIVermont! combines easy-to-remember concepts from three national public safety initiatives: See Something, Say Something; Run, Hide, Fight; and Stop the Bleed.

For more information, visit www.survivermont.org.

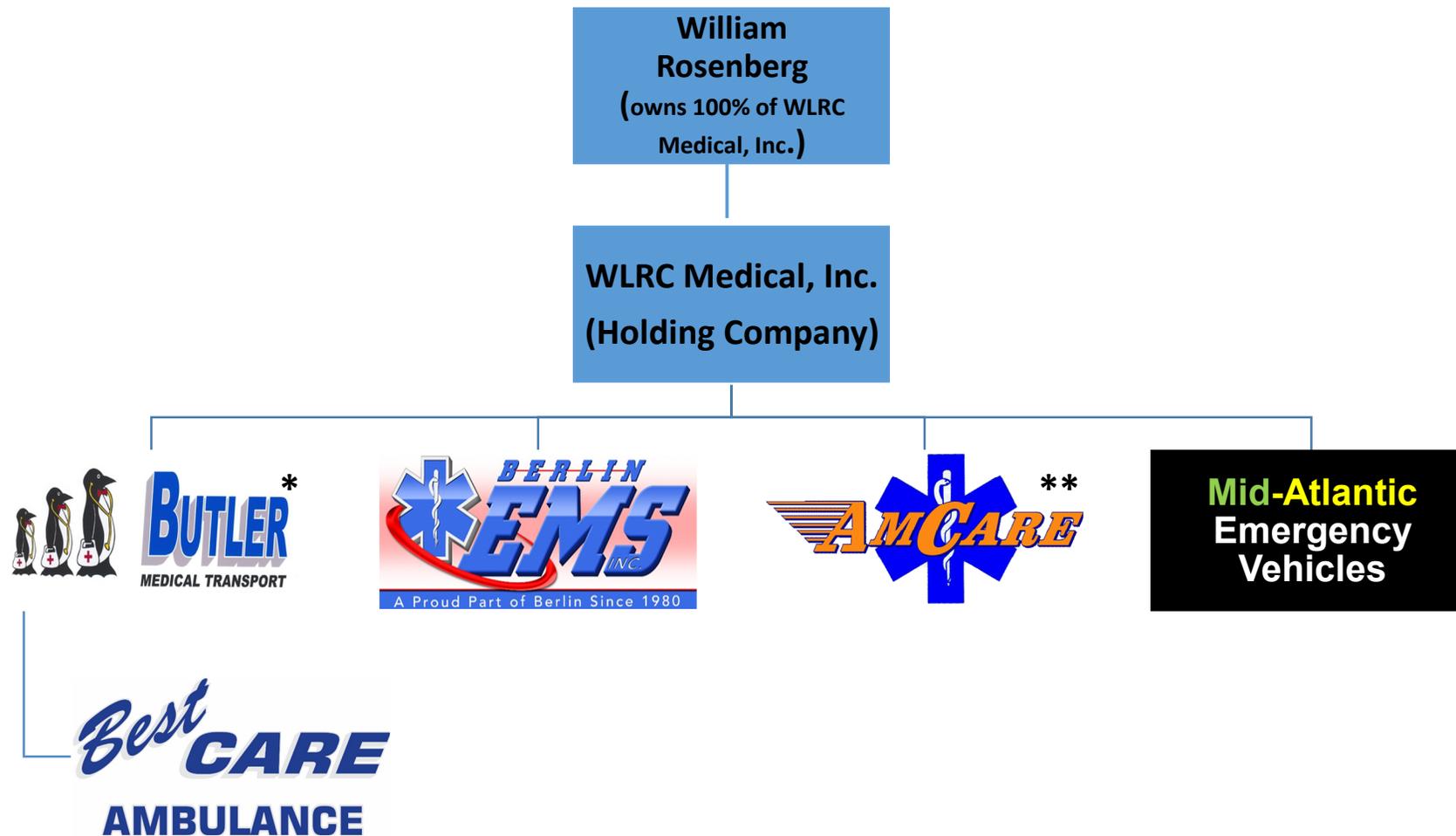


Courtesy of AmCare Ambulance Service
Georgia resident and Vermont State Representative Carl Rosenquist practices applying a tourniquet as AmCare Paramedic Clement Roger guides the technique.



43
Residents and firefighters listen as AmCare Paramedic Billy Smith explains how to stop the bleed.
Courtesy of AmCare Ambulance Service

EXHIBIT E



*Purchase is in process – parties are waiting on SBA PPP Loan forgiveness process.

**Purchase is in process - is subject to GMCB granting a Certificate of Need.

Forms (<https://www.Medicaretransportation.Net/Forms-Repository/>)

Photo Gallery (<https://www.Medicaretransportation.Net/Photo-Gallery/>)

Contact Us (<https://www.Medicaretransportation.Net/Contact-Us/>)

(410)375-6915 (<http://www.Medicaretraansportation.Com/Contact-Us/>)

Blog

[Home \(https://www.medicaretransportation.net\)](https://www.medicaretransportation.net) > [Acquisitions \(h](#)

Best Care Ambulance Acquired by Butler Medical Transportation

 [MedCare Transportation \(https://www.medicaretransportation.net/author/webmaster/\)](https://www.medicaretransportation.net/author/webmaster/) -

 March 6, 2019 -  [Acquisitions \(https://www.medicaretransportation.net/category/acquisitions/\)](https://www.medicaretransportation.net/category/acquisitions/)





via Bay Times and Record Observer, as published on March 1, 2019

TRAPPE – After 25 years of serving the medical transportation needs of the Eastern Shore, Best Care Ambulance of Trappe announces its acquisition by Butler Medical Transport of Towson, effective March 11. The business will continue operating under the same name, will honor all existing contracts and will retain all 60 of its current employees.

Best Care Ambulance owners Wayne and Shirley Kay Gardner and Frank Russum will be retiring, and owner Dan Jewell will be staying on with Butler Medical Transport to manage existing operations.

“When making this decision, it was important to all of us to work with a buyer that shared our commitment to our clients, our employees and patient safety. Butler Medical Transport was chosen from a group of 16 potential buyers because of their similar history and values,” said Wayne and Shirley Kay Gardner, Best Care Ambulance Owners, in a statement.

Like Best Care Ambulance, Butler Medical Transport began in its founders’ living rooms and believes in treating patients like family. Both companies primarily serve rural communities and have a unique understanding of their health care challenges.



“Butler Medical Transport is looking forward to joining the Eastern Shore’s business and health care communities and is working with the team at Best Care Ambulance to ensure a seamless transition,” said Will Rosenberg, Butler Medical Transport Chief Operating Officer. “We are committed to helping rural institutions advance patient care through transportation and will be making an immediate \$100,000 investment in technology upgrades on Best Care ambulances and transport vehicles to enhance patient comfort, care and safety.”

“Thank you to our beloved community for their support and friendship over the past 25 years,” wrote the Gardners in a statement. “We are sad to see this chapter in our lives end but are confident that our clients and patients are in the best possible hands.”

Best Care Ambulance Inc. is private commercial ambulance company that was founded in 1994 and serves Caroline, Dorchester, Kent, Queen Anne’s and Talbot counties. The company started with two BLS ambulances and one full-time crew. The business expanded with the growing health care needs of the Eastern Shore and currently operates five BLS units, six ALS units and four wheelchair vans supported by a team of 60 employees. Over the past 25 years, Best Care Ambulance has completed an estimated 200,000 transports.

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Infection Exposure Control Plan

I POLICY STATEMENT

Purpose: To provide a comprehensive infection control system that maximizes protection against communicable diseases for all employees and for the public which they serve.

Scope: This policy applies to all employees.

AmCare Ambulance Service recognizes the potential exposure of all field personnel to communicable diseases in the performance of duties and in the normal work environment. We are committed to a program that will reduce this exposure to a minimum and take appropriate measures to protect the health of its crewmembers, patients and the public.

The goal of this program is to provide all crewmembers with the best available protection from occupationally acquired communicable disease.

It is the policy of this company:

- A) To provide emergency medical services to the public without regard to known or suspected diagnosis of communicable disease in any patient.
- B) To regard all patients as potentially infectious. *Universal Precautions* will be observed at all times upon patient contact.
- C) To provide the required training, immunization and *Personal Protective Equipment (PPE)* needed for protection from occupationally acquired communicable disease.
- D) To regard all medical information as strictly confidential. No patient or crewmember health information will be released without the prior written consent of the patient or crewmember.

II EXPOSURE DETERMINATION

The following AmCare Ambulance Service crewmembers are considered to be at risk of exposure due to their assignment to field duty and performance of emergency medical care and rescue duties:

- A) Emergency Vehicle Operators
- B) Emergency Medical Technicians (EMTs)
- C) Advanced Emergency Medical Technicians (AEMTs) and Paramedics
- D) Administrative Field Personnel

The following personnel have been determined to be **not** at risk of exposure during their assignment to office duties:

- A) Administrative/Office Secretary
- B) Administrative Officers
- C) Training Director
- D) Public Education Director
- E) Infection Control Officer

III IMPLEMENTATION

This exposure control plan applies to all crewmembers and is effective immediately.

Initial training for new crewmembers will be held prior to assignment of field duties, and all field crewmembers will receive additional training annually. Training will include but not limited to:

- A) Making accessible a copy of the regulatory text of *OSHA Bloodborne Pathogen Final Standard* and explanation of its contents
- B) General discussion on bloodborne diseases and their transmission
- C) Review of company Infection Control Program
- D) Engineering and work practice controls
- E) Availability and use of *Personal Protective Equipment (PPE)*
- F) Hepatitis B vaccine
- G) Exposure incident reporting and follow-up

IV ROLES AND RESPONSIBILITIES

- A) *Crewmembers* - Must assume responsibility for their own health and safety and must use appropriate PPE as policies and situations dictate. In addition, crewmembers are responsible for reporting all occupational exposures and potential exposures to the company Infection Control Officer.

- B) *Infection Control Officer* – The designated company Infection Control Officer shall be the contact person for all crewmember exposures and infection control issues. Our designated Infection Control Officer is the Executive Director.

Duties include, but are not limited to:

- 1) Assisting in infection control policy development
- 2) Developing criteria for infection control supplies and PPE
- 3) Monitoring infection control training
- 4) Monitoring delivery of hepatitis B vaccination program
- 5) Evaluating reported potential exposures and coordinating post exposure follow-up and counseling
- 6) Assisting crewmembers in identifying exposures or potential exposures
- 7) Directing any immediate measures to mitigate exposures
- 8) Supervising crewmembers to ensure compliance with this infection control policy
- 9) Reporting work-related exposures to the administrator for purposes of workers compensation claim filing

V GENERAL WORKPLACE CONTROLS

A) UNIVERSAL PRECAUTIONS

As the infectious disease status of patients is frequently unknown, it must be assumed that all patients are potential carriers of *Human Immunodeficiency Virus* (HIV), *hepatitis B virus* (HBV) and other bloodborne pathogens. *Universal Precautions* are to be followed during every patient contact. These guidelines require personnel to treat all direct contact with body fluids as potentially infectious.

Universal Precautions shall be observed to prevent potential contact with blood, bodily fluids or other potentially infectious materials during all patient contacts, except during extraordinary circumstances where the use of *Universal Precautions* would prevent the delivery of emergency care or pose a significantly increased safety risk.

PPE shall be supplied, repaired and replaced as necessary by the company at no cost to crewmembers. PPE is utilized to limit exposure to infectious materials and shall be selected based on anticipated exposure to blood or potentially infectious materials.

* Crewmembers must protect any of their open wounds from exposure by covering with Band-Aids or dressings prior to using PPE.

1) GLOVES are provided in two types.

- a) ***Disposable, Non-sterile Exam Gloves*** are stocked in the patient compartment, IV Kit and Jump Bag of each ambulance. Disposable gloves shall be worn routinely upon each patient encounter that poses a significant risk of contact with bodily fluids or potentially infectious materials. Disposable gloves are to be removed after use - *prior* to contacting non-patient areas such as vehicle doors, steering wheel, etc.

Crewmembers must thoroughly wash their hands vigorously with soap and warm water for a minimum of 15 seconds immediately after removing exam gloves.

If facilities are not immediately available for soap & water handwashing, crewmembers are to use waterless foam hand disinfectant provided in the patient compartment and wash hands thoroughly. After using foam hand disinfectant, crewmembers must then thoroughly wash hands with soap and warm water as soon as facilities are available to do so.

Note: sterile gloves are not routinely necessary unless the procedure calls for maintenance of strict sterile procedure (as in inter-facility transfers; this and any other specialized equipment may be provided by hospital staff).

- b) ***Leather Gloves*** are located with the extrication tools and are to be worn (over disposable gloves) during mechanical extrication to prevent puncture.

2) EYE GOGGLES are provided in each ambulance. These are provided in the form of OSHA approved safety glasses or goggles. Eye protection is also available through the provided facemasks with attached eye shields.

Eye Protection shall be worn when there is significant risk of splashing, or spurting bodily fluids or droplets or potentially infectious materials into the crewmembers' eyes. Eye protection shall be worn over any prescription eyewear.

- 3) **FACEMASKS** are located in the Isolation Kits and facemasks with eye shields are also provided individually in each ambulance. They are not necessary for most situations; however, they are to be worn whenever bodily fluids or droplets or potentially infectious material could be splashed into the crewmember's face or mouth.
- 4) **GOWNS** are carried in each ambulance. They are to be worn in situations when large amounts of body fluids or potentially infectious materials are present or anticipated, or when body fluids may come in physical contact with providers' body or clothing. Crewmembers must remember that gowns may present their own personal safety hazards (as in the case of extrication from machinery, etc.).
- 5) **VENTILATION ADJUNCTS** - Bag Valve Masks and demand valves, and CPR rescue masks with 1-way valves are available to minimize rescuer contact with blood, body fluids and respiratory secretions. They shall be used whenever possible during resuscitation to eliminate the need for mouth-to-mouth contact, which shall be considered a last resort method of ventilation.
- 6) **N95 NIOSH APPROVED RESPIRATORS** are provided for use for potential exposure to airborne or aerosolized transmissible biohazards in confined spaces, and according to the established Respiratory Protection Program. Diseases that can be transmitted via airborne and aerosolized route include tuberculosis, measles and smallpox. Patients receiving aerosolized respiratory treatments and or are endotracheally intubated are considered to be at risk of transmitting aerosolized disease. N95 respirators are not required for H1N1 or other influenza variants, which are not considered to be airborne or aerosolized.

Employee respirator use medical evaluations shall be conducted every 3 years and whenever there changes in an employee's physical or medical condition or work conditions.

Respirator fit testing will be conducted annually and when there are any changes in an employee's physical or medical condition or work conditions.

B) EXPOSURE RISK

All procedures involving blood or potentially infectious body fluids or materials shall be performed so as to minimize splashing, spraying or splattering of these substances.

The following situations have been determined to pose a *significant risk of exposure via direct contact* and require the *use of gloves*:

- 1) Multiple trauma
- 2) Vomiting/productive coughing
- 3) Bleeding
- 4) Bandaging/splinting open injuries
- 5) Childbirth

- 6) Cardiopulmonary resuscitation
- 7) Intravenous administration
- 8) Handling of Pneumatic Anti-shock Garment
- 9) Airway maintenance or suctioning
- 10) Handling or cleaning/disinfecting contaminated materials, linen or waste

The following situations have been determined to pose a *significant risk of exposure via splashing/spraying/droplets* and *may require the use of gloves, gown, mask and eye protection*:

- 1) Projectile vomiting
- 2) Arterial or profuse bleeding
- 3) Childbirth
- 4) Airway management in cases of profuse vomiting/secretion production
- 5) Coughing

HANDWASHING is critical in preventing transmission of infectious disease.

GLOVES ARE NOT A SUBSTITUTE FOR HANDWASHING.

Crewmembers shall thoroughly wash hands and contaminated skin surfaces with soap and water, rubbing vigorously, and thoroughly rinsing with water.

Facilities are available at receiving facilities and at the ambulance station. When handwashing facilities are not available (at the scene), crewmembers shall use disinfectant hand cleaner, then wash with soap and water at the destination location. Hand disinfectant dispensers are mounted in each ambulance, accessible from both the patient compartment and driver compartment.

Crewmembers shall wash their hands as soon as possible:

- 1) AFTER EACH PATIENT CONTACT
- 2) After removing PPE
- 3) After handling potentially infectious materials
- 4) After cleaning or decontaminating equipment
- 5) After using the bathroom
- 6) Before eating
- 7) Before and after handling or preparing food

C) SHARPS

All used needles, pre-filled syringe/needle units, scalpels, catheter stylets, glass and other sharp objects shall be handled with extraordinary care. Used needles shall not be bent, broken or recapped following use.

Recapping is the leading cause of accidental needle stick injuries.

All sharp objects shall be immediately placed in the puncture proof red sharps containers located in all ambulances, taking care to not insert fingers into the container. Sharps containers shall be exchanged when $\frac{3}{4}$ full.

D) BIO HAZARD AREAS

We recognize that the nature of emergency service often dictates using work areas as multi-use areas. We therefore emphasize the need for *Universal Precautions* to be a part of our daily routine.

Use of Universal Precautions often requires the exercise of common sense. After patient contact, all areas of potential contamination (including medical equipment, patient compartment, driver compartment, door handles, steering wheel, crewmember clothing, etc.) are to be thoroughly cleaned and disinfected as necessary.

Food and beverages are not to be kept in or on shelves, cabinets, countertops or any areas where blood or other potentially infectious materials are present.

Conversely, materials containing blood, body fluids or potentially infectious materials are to be kept only in areas designated for this purpose. Potentially contaminated materials are not to be placed on or near any areas utilized for food consumption.

Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is not permitted:

- 1) On emergency scenes
- 2) In work areas where there is a reasonable likelihood that exposure to blood or potentially infectious materials could occur

E) CLEANING, DISINFECTING AND DISPOSAL

Cleaning and decontamination supplies are located in the patient compartment of each ambulance, at the receiving hospitals and at the ambulance garage.

Cleaning procedures are broken down into three categories:

- 1) **DECONTAMINATION** - the physical removal of contaminants by scrubbing with soap and water. This is the first step required for all equipment that comes into direct patient contact.
- 2) **DISINFECTATION** - the process of killing an infectious agent by physical or chemical means. Proper disinfection requires a clean, decontaminated surface. This is required for equipment that comes into contact with blood or body fluids.

Types of effective disinfectant agents typically available include:

- a) *Discide Wipes* – Provided in each ambulance and at quarters.
ADVANTAGES: Easily and readily available for immediate use.
DISADVANTAGES: Multiple wipes required for large surfaces.
- b) *Vindicator Plus* (1/2 ounce per gallon) – Provided in each ambulance and at quarters.
Minimum contact time is 10 minutes.
ADVANTAGES: A hospital grade broad-spectrum disinfectant, it is effective against bacteria, viruses, fungi, mold & mildew, and it is non-conductive.
DISADVANTAGES: Mildly corrosive - Causes eye and skin irritation upon contact, not effective against tuberculosis.

- c) *Alcohol* (70% Isopropyl) – Provided in each ambulance, at quarters and at receiving facilities. Contact time should be 5 - 30 minutes.

ADVANTAGES: Does not corrode metal, does not leave residue, may be used on non-live electrical equipment.

DISADVANTAGES: Flammable, evaporates quickly inactivated by blood and dirt.

- d) *Bleach Solution* (1:100 dilution) - 1 part bleach to 100 parts water. Provided at quarters. Contact time should be 10-30 minutes.

ADVANTAGES: A powerful, inexpensive and readily available disinfectant.

Effective against tuberculosis, agent of choice for cleaning small, undried blood spills.

DISADVANTAGES: Discolors fabrics and materials; may damage electrical equipment; corrode metal; cause eye/skin/respiratory irritation. Fresh solution mixed for each use.

- e) *Hydrogen Peroxide* (Full strength Solution) – Provided at quarters, in each ambulance and at receiving facilities. Effective in dissolving dried blood and body fluids.

- f) *Iodophors* (Betadyne) - Not recommended for equipment disinfection, but an effective skin antiseptic. Betadyne scrub brushes are very effective at removing gross skin contamination.

- 3) **STERILIZATION** - the killing of microbial life by steam, gas or liquid agents. This is required for items that will come into contact with sterile tissue or enter the vascular system. Most pre-hospital items requiring sterility are disposable. In the case of interfacility transfer, the sending facility shall provide any specialized sterile equipment.

CONTAMINATED REUSABLE EQUIPMENT such as immobilization equipment, stretchers, etc. shall be cleaned and disinfected prior to being placed into service.

CONTAMINATED LINEN shall be placed in appropriate linen containers at the receiving facility. **ALL USED LINEN SHALL BE CONSIDERED POTENTIALLY CONTAMINATED.**

CONTAMINATED UNIFORMS shall not be removed from the station or taken home prior to being decontaminated. In the event of contamination with blood or body fluids, clothing should be cleaned and decontaminated as soon as practical. CDC recommendations for cleaning are washing clothes in 160-degree water for 20 minutes and drying in a conventional dryer.

Appropriate Universal Precautions shall be taken while handling contaminated clothing. If infectious material soaks through clothing and comes in contact with skin surfaces, crewmembers shall shower as soon as possible. Crewmembers are responsible for all other routine cleaning of their own uniforms.

CONTAMINATED PATIENT CLOTHING shall be bagged and left with the patient at the hospital.

DISPOSAL OF MEDICAL WASTE - All disposable items that have come into contact with blood or body fluids shall be considered medical waste.

- 1) Sharps Containers - shall be sealed when 3/4 full.
- 2) Other contaminated waste shall be disposed of at the receiving facility in designated red bags. AT NO TIME IS CONTAMINATED WASTE TO BE DISPOSED OF IN NON-DESIGNATED CONTAINERS.

AMBULANCE CLEANING AND DECONTAMINATION shall be done at the start of each shift, after each patient contact and spot-cleaned as necessary. Cleaning and decontamination supplies are located in each ambulance, at the receiving hospital and at quarters.

SCENE CLEAN UP shall be the responsibility of responding ambulance personnel. Medical waste shall be gathered and disposed of as per the preceding disposal methods, while taking appropriate *Universal Precautions*.

VI HAZARD COMMUNICATION

- A) Red plastic bags shall be considered to contain biohazard contents. They may or may not have a biohazard insignia affixed. Appropriate *Universal Precautions* shall be taken whenever handling red-bagged or red-contained substances.
- B) Blood or body fluid samples shall be considered biohazard substances but are not required to be labeled as such. They shall be identified with the date, patient's name, and person drawing the sample. All samples shall be delivered to hospital staff upon patient transfer.
- C) Biohazard insignia shall denote biohazard substances. This insignia shall be on any bags or containers used to transport potentially infectious waste.

VII EXPOSURE / POST-EXPOSURE FOLLOW-UP

- A) Exposure is defined as contact with an infectious agent (such as blood or body fluid) through the eyes, mouth, mucous membrane, non-intact skin, percutaneous injection or cuts by contaminated sharp objects. Exposure is considered job-related if it occurs during the performance of an crewmember's duties.
- B) While *Universal Precautions* procedures are designed to prevent contact with body fluids, the National Center for Disease Control has identified the following HIV/HBV risk factors with the listed body fluids:
- 1) HIGH EXPOSURE RISK FOR HIV/HBV
 - a) Blood
 - b) Semen
 - c) Vaginal/Cervical Secretions
 - 2) POSSIBLE EXPOSURE RISK FOR HIV/HBV
 - a) Pericardial, peritoneal fluid
 - b) Synovial fluid
 - c) Cerebro-spinal fluid
 - d) Amniotic Fluid
 - 3) NOT AN EXPOSURE RISK FOR HIV/HBV (unless mixed with the above substances)
*It must be remembered that these fluids may carry other diseases and therefore must still be considered potentially infectious.
 - a) Sweat, tears, saliva
 - b) Feces, urine, vomitus
 - c) Sputum, nasal secretions, respiratory secretions, breast milk
- C) Any time a crewmember suspects an occupational exposure, the crewmember has the responsibility to do the following:
- 1) Take immediate action to minimize the impact of the exposure. Any exposed areas should be thoroughly washed and flushed with water.
 - 2) Immediately contact the Infection Control Officer, who will assist in determining if an exposure occurred and direct any immediate actions. If the Infection Control Officer cannot be reached, crewmembers are to seek immediate evaluation at the emergency department.

The designated Infection Control Officer is Walter Krul, who may be reached at:

Work: (800) 527-1244

Home: (802) 527-1251

Cell: (802) 782-6116

- 3) Complete an incident report within 24 hours of the exposure incident.

- D) The Infection Control Officer shall assess the type of exposure and direct any necessary immediate actions. Incident report shall be forwarded to the administrator within 24 hours of the incident.
- E) Follow-up will be provided at no cost to the crewmember.
- F) Copies of all documentation shall be delivered to the Infection Control Officer for review and placement in the crewmember's confidential medical record file.

VIII HEPATITIS B IMMUNIZATION PROGRAM

Our organization has a voluntary hepatitis B immunization program and makes immunization available to all crewmembers free of charge and without any pretesting required.

Education on infection control, HBV/HIV and bloodborne pathogens will continue to be mandatory during initial orientation and continuing education. All crewmembers are asked to either accept or decline the HBV vaccination in writing. This immunization program complies with OSHA standard 29 CFR Part 1910.1030.

- A) HBV Immunization is voluntary for all crewmembers. All crewmembers are offered initial vaccination. Any crewmember wishing to receive the vaccination will have received the initial injection prior to assignment of field duties.
- B) If an crewmember initially declines the vaccine but decides he/she wants it at a later date, he may receive it at no charge by contacting the Infection Control Officer.
- C) We will make booster doses of the vaccination available and administer them at appropriate intervals. (Current CDC recommendation is every 7 years).
- D) All crewmembers are strongly encouraged to accept the HBV immunization series to prevent the spread of this disease. Accordingly, members will be asked to accept or decline the series in writing. The declination shall carry the following required disclosure:

"I understand that due to my occupational exposure to blood and other potentially infectious material I may be at risk of acquiring the hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no cost to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease.

If in the future I have occupational exposure to blood or other potentially infectious materials, and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me."

IX TRAINING

All crewmembers have and will continue to receive mandatory training in infection control, *Universal Precautions* and bloodborne pathogens during orientation. In addition, refresher information will be presented annually through in-service education programs.

- A) **INFECTION CONTROL TRAINING OBJECTIVES** - A copy of the OSHA regulatory requirements will be made accessible for crewmember reference. Both initial and refresher training will be targeted to the following objectives:
- 1) Epidemiology, modes of transmission, risks and symptoms of bloodborne diseases including hepatitis B
 - 2) Overview of company infection control plan and free HBV immunization program
 - 3) Situations and tasks which could involve exposure to blood or potentially infectious materials
 - 4) Use and limitations of methods to prevent or reduce exposure:
 - a) Personal Protective Equipment
 - b) Engineering controls
 - c) Work practices
 - 5) Selection, location, use, handling, decontamination and disposal of Personal Protective Equipment (PPE)
 - 6) Specific post-exposure action requirements
- B) **TRAINING RECORDS** - Infection control training records shall be maintained in each crewmember's file to include:
- 1) Date, content of training
 - 2) Instructor name and qualifications

X MEDICAL RECORD KEEPING

Crewmember health records shall be maintained indefinitely by the company. Each crewmember's file shall be confidential and not disclosed or reported to any person in or outside of the workplace without the crewmember's written consent.

Health records shall include:

- A) Crewmember name, date of birth and social security number
- B) A copy of the crewmember's hepatitis B vaccination status and dates of vaccination
- C) A copy of the crewmember's examinations, medical testing and follow-up procedures