

EXHIBIT B

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 2/26/2002

Contract/Lease Control #: C02-0673-EMI-37

Bid #: N/A Contract/Lease Type: AGREEMENT

Award To/Lessee: SACRED HEART HEALTH SYSTEM

Lessor: _____

Effective Date: 2/12/2002

Term: INDEFINITE

Description of Contract/Lease: AIRHEART-1 HELO TRAUMA TRANSPORT

Department Manager: EMERGENCY SERVICES

Department Monitor: D. VALLANI

Monitor's Telephone #: 651-7560

Monitor's FAX #: 651-8082

Date Closed: _____

Gary M. Pablo, MD
Medical Director
Administrative Offices
5151 North 9th Avenue
Pensacola, FL 32504
(850) 416-7729

Helicopter Base of Operations
485 Mack Bayou Road
Santa Rosa Beach, FL 32459
1-866-730-1400

January 28, 2002

Mr. Al Herndon
Okaloosa County EMS Manager
Courthouse Annex
1250 N. Eglin Pkwy.
Shalimar, FL 32579

Dear Al,

Enclosed are the Trauma Transport Protocols and a Mutual Aid Agreement for your review.

After reviewing these protocols, please return the signed acknowledgment to us. Should you have any questions or concerns, please do not hesitate to contact Joana Adams, our Administrative Director at 850-416-4467, or myself directly at 850-416-7055.

We are looking forward to assisting you in the care of your patients.

Sincerely,



Gary M. Pablo, M.D.
Medical Director
Emergency Services

CONTRACT: AIRHEART-1 HELO
TRAUMA TRANSPORT
CONTRACT NO.: C02-0673-EMI-37
SACRED HEART HEALTH SYSTEM
EXPIRES: INDEFINITE

**STANDARD OPERATING PROCEDURES
BETWEEN
OKALOOSA COUNTY AND AIRHeart-1**

I. Initiation of Calls:

The AIRHeart-1 helicopter will be dispatched for appropriate Advanced Life Support (ALS) calls. The Okaloosa County EMS Dispatcher will initiate dispatch of the helicopter by contacting Walton County Communications by telephone in order to comply with Federal Aviation Administration (FAA) flight following regulations. The helicopter may be dispatched on calls in Okaloosa County when specifically requested through the Walton County Communications Center. The Okaloosa County dispatcher will send an ambulance and the appropriate first responders.

II. Transport:

The mode of transportation (helicopter or ground ambulance) will be the decision of the EMS paramedic and AIRHeart-1 at the scene. The decision on whether the patient will be transported by ground or air ambulance will be made based on patient condition. The AIRHeart-1 team and EMS crew will assist one another in readying the patient for transport and loading him/her into the appropriate vehicle.

III. Helicopter Launch

- A. AIRHeart-1 will launch but not land without a secure landing zone as determined by the AIRHeart-1 pilot. A fire department pumper at the scene is desirable, whenever possible.
- B. AIRHeart-1 will be on stand-by at the request of the Okaloosa County Communications Center (OCCC) through the Walton County Communications Center.
- C. AIRHeart-1 will be placed on stand-by for multiple casualty incidents (MCI) at the request of the OCCC.
- D. AIRHeart-1 may be placed on stand-by at the request of OCCC via WCCC. The Okaloosa County Dispatcher will notify the WCCC as soon as it is determined whether the helicopter will be launched or stand-by canceled so that AIRHeart-1 can take appropriate action.

IV. Landing:

- A. The helicopter will not normally land until a secure landing zone (LZ) has been prepared by fire department personnel.
- B. The helicopter may elect to land without a secured LZ only under conditions that are safe for the helicopter team and everyone on the ground.

VI. Helicopter Assistance for Search and Rescue Missions:

Assistance may be provided when a Public Safety/EMS Agency requests (through) WCCC aid in locating confirmed missing personnel. The helicopter will be requested only after a well-defined search area has been established and there is potential for finding the victims alive. Search and rescue missions of this nature will be accepted at the discretion of the AIRHeart-1 manager or Director.

VII. Notification of ECC Dispatcher When Helicopter Unavailable.

WCCC will notify OCCC when AIRHeart-1 is unavailable to respond to requests in Okaloosa County.

VIII. Weather Factor Affecting Helicopter Launch:

The Okaloosa County Dispatcher will initiate calls for helicopter response as usual without regard to weather conditions. The AIRHeart-1 pilot will determine whether the helicopter will be able to respond. The Okaloosa County dispatcher will be notified as soon as this determination is made.

IX. Response Time for Helicopter:

The AIRHeart-1 team will respond to requests for launch in an expeditious manner. A specific response time will not be published in the interest of safety. The helicopter will be launched as soon as possible after the pilot has done a pre-flight check of the aircraft and determined weather conditions in the area of response in accordance with accepted aviation operations standards. The use of stand-by will enable the helicopter to respond more rapidly under most circumstance.

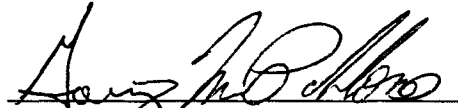
24. Cancellation:

AIRHeart-1 will only cancel en route to a scene if requested to do so by a paramedic currently licensed in the State of Florida who is employed on a full or part time basis by the local EMS provider.

XI. Addendum:

These procedures will be reviewed annually by Okaloosa County Communications

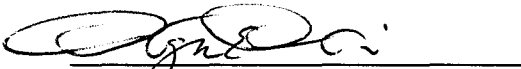
Center, Walton County Communications Center, and AIRHeart-1. Changes, additions, or deletions will be added as appropriate when approved by the above listed agencies.



Gary M. Pablo, M.D.
Medical Director
AIRHeart-1

1/28/02

Date



Wayne Weir
Lead Pilot
AIRHeart-1

1/29/02

Date

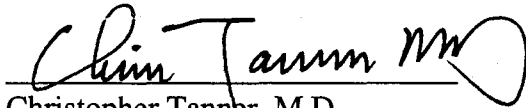


Jackie Burkett
Chairman
Okaloosa County BCC



February 19, 2002

Date



Christopher Tanner, M.D.
Medical Director
Okaloosa County Emergency Medical Services

2/11/02

Date

**SACRED HEART HEALTH SYSTEM
AIRHEART 1
TRAUMA TRANSPORT PROTOCOLS**

I. DISPATCH

- A. All dispatchers will request the following information from anyone requesting the AirHeart 1.
 - 1. Nature of the call
 - 2. Number of patients
 - 3. Location of the incident
 - 4. Extent and severity of the injuries (conscious/unconscious, amputations, penetrating injury)
 - 5. Directions to the scene, GPS Location if available
 - 6. Call back number
 - 7. Caller name
- B. When EMS, Law Enforcement Agencies, or Fire Department personnel request AIRHEART 1 to the scene of a traumatic event, AIRHEART 1 will respond if the weather permits.
- C. Alert the flight team using a group page.
- D. Monitor EMS and County Fire Frequency to determine EMS has completed dispatching first responders and ambulances.
- E. AIRHEART 1 dispatcher will contact EMS dispatcher for further detailed locations and information to include extent and severity of reported injuries, and advise the flight team.
- F. Plot compass bearing and distance. Be prepared to give the flight team bearing and distance, map and grid numbers and geographical location prior to lifting.
- G. Flight team will advise if more information is needed.
- H. After lifting, the flight team will advise the dispatcher when they are ready to receive information and give an ETA as soon as possible to AIRHEART 1 dispatcher and appropriate ground personnel.
- I. The flight team will request a "safe scene" advisory.
- J. Document all actions and flight following at least every 10 minutes for the duration of the flight according to Sacred Heart Health System's Flight

Program's policies and procedures.

- K. Maintain communications with EMS dispatcher regarding helicopter actions and update information.
- L. DO NOT ASK DISPATCHER FOR DETAILED INFORMATION. THE FLIGHT TEAM WILL GIVE A REPORT WHEN THEY GIVE AN ETA.

II. PRE HOSPITAL

A. State Requirement to Assess Patient

The flight team will work with the first responder team after arrival to perform a physical survey of each patient to establish the priorities of care and stabilization of life and/or limbs. The responsible flight nurse or paramedic will evaluate the patient and notify the most appropriate Trauma Center using the words "TRAUMA ALERT" to identify those patients meeting the following criteria and transport those patients to the most appropriate Trauma Center as outlined below.

B. Adult Trauma Scorecard Methodology

The Flight Team shall assess the condition of those injured persons with anatomical and physiological characteristics of a person sixteen (16) years of age or older for the presence of one of the following:

ANY ONE OF THE FOLLOWING	
AIRWAY	Needs assistance beyond oxygen
CIRCULATION	Lacks a radial pulse with a sustained HR > 120/min or has a blood pressure of less than 90 mmHg.
BEST MOTOR RESPONSE (BMR) (Glasgow Coma Score found following these criteria)	4 or less on the motor response of the Glasgow Coma Scale Paralysis Suspected spinal cord injury Loss of sensation
CUTANEOUS	2 nd or 3 rd degree burns $\geq 15\%$ of total BSA Amputation proximal to wrist or ankle Penetrating injury to head, neck, or torso (excluding superficial wound where the depth of the wound can be determined).

LONG BONE FRACTURE	The patient reveals signs or symptoms of 2 or more long bone fx (humerus, (radius/ulna), femur (tibia/fibula) (Tib/fib) and (radius/ulna) will be considered one fracture Isolated wrist fx is not a Trauma Alert Isolated hip fx is not a Trauma Alert
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ANY TWO OF THE FOLLOWING	
AIRWAY	Respiratory rate ≥ 30
CIRCULATION	Heart rate ≥ 120
BMR	BMR = 5 on the motor response of the GCS
CUTANEOUS	Major degloving Flap avulsion > 5 inches Gunshot wound to the extremity
LONG BONE FRACTURE	Single long bone fracture resulting from a MVC or a fall of ≥ 10 feet
AGE	≥ 55 years of age
MECHANISM	Ejection from a motor vehicle (excluding motorcycle, moped, all terrain vehicles, bicycle, or the open bed of a truck. Driver has impacted the steering wheel causing steering wheel deformity.

After evaluation in the first two columns, the patient shall be assessed using all elements of the Glasgow Coma Scale. A score of 12 or less, the patient shall be a Trauma Alert (excluding those persons with a GCS which is normally below 12 as established by the patient's medical history or preexisting medical condition when known).

In the event that none of the prior conditions are identified, an EMT or Paramedic can call a Trauma Alert, if in his or her judgment, the patient's condition warrants such action.

Documentation for reason of trauma alert must be noted in patient's chart.

GLASGOW COMA SCALE

Eye Opening	Verbal Response	Motor Response	
Spontaneous 4	Oriented 5	Obeys Commands	6
To Voice 3	Confused 4	Purposeful (pain)	5
To Pain 2	Inappropriate 3	Withdrawal (pain)	4
None 1	Incomprehensible 2	Flexion (pain)	3
	None 1	Extension (pain)	2
		None	1

C. 1. Pediatric Trauma Triage Criteria & Methodology

Pediatric patients are those who:

- a. Have anatomical and physical characteristics of a person less than 16 years of age, or
- b. Are less than 90 pounds, or
- c. Are less than 4 feet six inches in length.

Pediatric patients will be identified by the above criteria. If the patient's age is unknown and in the best judgment of the flight team the patient is not believed to be a pediatric patient, the team's decision will prevail, and the patient will be transported to a Trauma Center as outlined in this document.

2. Pediatric Scorecard Methodology

The Flight Nurse or Paramedic shall assess the condition of those injured individuals with anatomical and physical characteristics of a person fifteen (15) years of age or younger for the presence of one or more of the following three (3) criteria to determine the transport destination per 64E-2.001, Florida Administrative Code (F.A.C.)

- a. Pediatric Trauma Triage Checklist: The individual is assessed based on each of the six (6) physiologic components listed below (left column). The single, most appropriate criterion for each component is selected (along the row to the right). Refer to the color-coding of each criteria and legend below to determine the transport destination:

PEDIATRIC TRAUMA SCORECARD

METHODOLOGY

Size	> 20 Kg (44+ lbs.) G	10-20 Kg (23-43 lbs) G	weight \leq 11 Kg or length \leq 33 inches on a pediatric length and weight emergency tape B
Airway	Normal G	Supplemented O ₂ G	assisted or intubated (1) R
Consciousness	Awake G	Amnesia or Loss of Consciousness B	Altered mental status (2) or coma or presence of paralysis or suspicion of spinal cord injury or loss of sensation R
Circulation	Good peripheral pulses SBP >90 mmHg G	Carotid or femoral pulses palpable, but the radial or pedal pulse not palpable or SBP < 90 mmHg B	Faint or non-palpable radial or femoral pulse or SBP < 50 mmHg. R
Fracture	None seen or suspected G	single closed long bone (3) fracture (4) G	Open long bone (3) fracture (5) or multiple fracture sites or multiple dislocations (5) R
Cutaneous	No visible injury	contusion or abrasion	major soft tissue disruption (6) or major flap avulsion or 2 nd or 3 rd degree burns to >10% TBSA or

	G	G	amputation (7) or any penetrating injury to head, neck or torso (8) R
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R- red, any one (1) transport as a trauma alert

B-blue, any two (2) transport as a trauma alert

G-green, follow local protocols

b. Patient does not meet any of the trauma criteria listed above, but the Flight Nurse or Paramedic can call a "Trauma Alert" if, in his or her judgment, the trauma patient's condition warrants such action. Must be documented on run report pursuant to 64E-2.013, F.A.C.

1. Airway assistance includes manual jaw thrust, single or multiple suctioning, or use of other adjuncts to assist ventilatory efforts.
2. Altered mental status includes drowsiness, lethargy, and inability to follow commands, unresponsiveness to voice, and totally unresponsive.
3. Long bones include the humerus, femur (radius, ulna), (fibula, tibia).
4. Long bone fractures do not include isolated wrist or ankle fractures
5. Long bone fractures do not include isolated wrist or ankle fractures or dislocations.
6. Includes major degloving injury.
7. Amputation proximal to wrist or ankle
8. Excludes superficial wounds where the depth of the wound can be determined.

The responsible Flight Nurse or Paramedic will call a Trauma Alert to the destination hospital as outlined and determined under this document.

- D.** The AIRHEART1 Flight Team will complete an AIRHEART1 Run Report. One copy will be completed and left at the receiving hospital per 64E-2.015 F.A.C. The AIRHEART Flight 1 Department will retain one copy.
- E.** Air transport assistance will be requested during mass casualty incidents involving 15 or more critically injured people. The AIRHEART 1 nurse or paramedic will notify AIRHEART 1 dispatcher to contact neighboring air medical programs, BaptistFlight to the west and Tallahassee to the east.
- F.** If AIRHEART 1 is requested by an agency other than EMS, the AIRHEART 1

dispatcher will request ground ambulance assistance. This will insure emergency medical response is not delayed in the event the helicopter is unable to complete a mission, due to weather or mechanical difficulties.

G. Upon identification of the destination hospital, the AIRHEART 1 flight nurse or paramedic will communicate with the communications center and issue a "trauma alert". The responsible flight team will give the hospital this minimal data:

- a. Age, sex, vital signs
- b. Major injuries
- c. Reason for calling the trauma alert
- d. Estimated time of arrival
- e. Identify the need for a hot unload
- f. Any need for assistance on the roof

H. The responsible AIRHEART1 team member will obtain and record the time the Trauma Alert is called and the physician or nurse receiving the patient report.

III. DESTINATION CRITERIA

AIRHEART will respond to request for service from Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Bay, Jackson, Calhoun, Gulf and lower Alabama counties and transport according to these Trauma Transport Protocols.

Within these boundaries, weather and other conditions permitting, AIRHEART 1 will transport trauma patients to the nearest and most appropriate State Approved Trauma Center in compliance with its obligations under 42 U.S.C. p.13955dd, with the following exceptions:

- A. Transport time to a Trauma Center exceeds 30 minutes by air transport refer to Section IV.
- B. In the event that facilities and resources at the nearest SATC are fully saturated or unavailable, under circumstances described in III. C. below, a trauma bypass will go into effect in which case trauma patients will bypass the nearest SATC and be transported to the closest SATC with available resources to provide patient care.
- C. Trauma Center bypass will be recognized for the following circumstances:
 1. **CT SCAN:** Lack of availability of CT scan will result in a bypass situation for trauma patients with an isolated head injury and/or a Glasgow Coma or 12 or less.
 2. **TRAUMA SURGERY:** When the primary on-call trauma surgeon and backup trauma surgeon are each involved with previous trauma alert patients, and a third trauma surgeon is

unavailable or when a trauma center has received two trauma alerts within a period of 30 minutes, a by-pass situation may result.

3. NEUROSURGERY: When the on-call neurosurgeon is unavailable due to involvement in emergency surgery, a by-pass situation will result for a trauma alert patient with an isolated head injury and/or a Glasgow Coma Score of 12 or less.

4. INTERNAL DISASTER: Any hospital which has a facility accident or emergency that closes that facility in its entirety or its surgical units, will go on by-pass until such time as it is back in service.

Note: If the need for immediate stabilization of the trauma patient exists, the flight team has the right to override the Trauma Bypass and transport the patient to the nearest trauma center.

D. The Trauma Center will notify the BaptistFlight Communication Center of a bypass who will notify South Walton Fire Department Communication Center. The Communication Center will maintain a log and status board of each bypass.

E. When the trauma patient is identified from a field location and the flight team is unable to obtain acceptance of the trauma patient by a SATC, the flight team will transport the patient to Sacred Heart Hospital.

F. When the patient is received from another hospital, and identified as a state defined trauma alert patient, the flight team will transfer that trauma patient to the Trauma Center as arranged by the responsible physician of the hospital unless the Trauma Center is on bypass, then the patient will be transported to Sacred Heart Hospital.

IV. PROTOCOL FOR SPECIFIC SITUATIONS OF THE STATE DEFINED TRAUMA PATIENT BEING GREATER THAN 30 MINUTES TRANSPORT TIME TO THE CLOSEST TRAUMA CENTER.

A. In the event a trauma patient is located in an outlying Florida County, and transport time will be greater than 30 minutes, the flight team may divert and land at another hospital, in order to obtain any life saving interventions. If the patient is stabilized for transport, and/or is not in need of the above procedures and/or if these procedures have been performed in the field, the flight team will proceed directly to the destination hospital, as determined by the protocols above.

B. All scene transports must be coordinated with the appropriate county EMS dispatch agency. A landing zone, which meets approval of the pilot, must be available. To ensure adequate landing zone preparation, the EMS dispatch agency in the county, where the helicopter will be landing, should dispatch the appropriate Fire Department personnel prior to or simultaneously with AIRHEART 1 response. To ensure medical response is not delayed in case the helicopter is unable to complete a mission, due to weather or mechanical difficulty.

C. Hazardous/Biochemical Materials.

All EMS dispatch agencies will notify the AIRHEART 1 dispatcher when hazardous materials are present or suspected at scenes when AIRHEART 1 is requested. Precautions will be taken to avoid landing near the contaminated area and AIRHEART 1 will follow proper decontamination procedures prior to transport. Team safety is of utmost importance.

**LAUNCH OF AIRHEART HELICOPTER
FOR
INTER HOSPITAL TRAUMA MISSIONS**

V. INTER FACILITY TRANSPORTS

- a. The dispatcher will advise the flight team of patient information when the flight team advises they are ready to receive patient information.
- b. The AIRHEART 1 dispatcher will advise the receiving hospital of the aircrafts estimated time of arrival.
- c. The AIRHEART 1 dispatcher will follow the flight of the helicopter per AIRHEART 1 policy with 10-minute position checks.
- d. The flight team will notify the AIRHEART 1 dispatcher of landing and confirm safe landing with the local EMS/Fire service.
- e. Upon receipt of radio transmission that AIRHEART1 has arrived at the transferring hospital, the dispatcher will confirm a safe landing with the local EMS/Fire Services or the transferring hospital.
- f. Upon arrival at the transferring hospital the flight team will identify themselves and request to speak with the physician and nurse who has been caring for the patient.
- g. To expedite patient transfer, one team member will initiate patient care, assessment, and assess needs of patient in flight, the other team member will obtain patient records, x-rays, verify completeness of the patient's transfer packet to include Authorization and Insurance Information and Authorizations for Air Ambulance Transport Form. The pilot may bring any additional equipment.
- h. Both medical team members will prepare the patient for transport with

assistance from hospital staff. The AIRHEART 1 team may elect to have the patient transported by ground, if the patient's condition would jeopardize the safety of the flight team and the aircraft. The flight nurse or paramedic will perform necessary procedures such as intubations, to prepare patient for transport in the airborne environment. The AIRHEART 1 flight team may also request the transferring physician to assist in the placement of necessary advanced procedures prior to transporting the patient in the airborne environment.

- i. Verify receiving hospital and physician prior to departure.
- j. Upon arrival at the receiving hospital, the flight team will provide verbal report, followed by a written patient care form.
- k. AIRHEART 1 will respond to all emergency inter-facility transfers that fit the following criteria:
 - i. Patients identified as a state defined trauma patient.
 - ii. All unstable spinal cord injuries
 - iii. All trauma patients who need access to a trauma center for definitive care.

Any requests for service not meeting these criteria shall be cleared by the AIRHEART 1 Medical Director or Program Manager.

**THE FOLLOWING IS A LIST OF ALL FACILITIES IN NORTHWEST FLORIDA
THAT TRAUMA ALERT PATIENTS WILL BE TRANSPORTED TO BY AIRHEART 1.**

Adult Trauma Centers:

Sacred Heart Hospital
5151 N. 9th Ave.
Pensacola, FL 32504
850-416-7850

Baptist Hospital
1000 W. Moreno Street

Pediatric Trauma Center

Sacred Heart Hospital
5151 N. 9th Ave.
Pensacola, FL 32504
850-416-7850

Pensacola, FL 32501
850-434-4814

West Florida Hospital
8383 N. Davis Hwy
Pensacola, FL 32514
850-494-6565

Initial Receiving Facility Meets criteria in 64E-2.015, (3) F.A.C.

Sacred Heart Health System, Pensacola, FL Gulf Breeze Hospital, Gulf Breeze, FL

Baptist Hospital, Pensacola, FL

North Okaloosa Medical Center,
Crestview, FL

West Florida Hospital, Pensacola, FL

HealthMark Regional Medical Center,
DeFuniak Springs, FL

Bay Medical Center, Panama City, FL

Twin Cities, Niceville, FL

Fort Walton Medical Center, Fort Walton Beach, FL
Floral, AL

Floral Memorial Hospital,

Gulf Coast Community Hospital, Panama City, FL

All facilities to which AIRHEART 1 routinely transports have been provided a copy of the criteria, which AIRHEART 1 will follow to determine trauma transport and destinations.

*****Any deviation to these protocols will be documented and justified on the patient run report.**

Formulated: 7/01

Reviewed: ___/___/___/

Revised: ___/___/___/

Gary M. Pablo, M.D.
Flight Medical Director