Contract No. CM2213

CS-14-115

AGREEMENT FOR ROTATION(S) OF UNIVERSITY OF FLORIDA BOARD OF TRUSTEES FOR THE BENEFIT OF THE DEPARTMENT OF EMERGENCY MEDICINE, COLLEGE OF MEDICINE - JACKSONVILLE RESIDENTS AT NASSAU COUNTY FIRE AND RESCUE

The University of Florida Board of Trustees for the benefit of the Department of Emergency Medicine, College of Medicine - Jacksonville ("UNIVERSITY") has responsibility for the training of physician residents and fellows (hereinafter referred to as ("RESIDENT(S)") in accordance with and as accredited by the Accreditation Council for Graduate Medical Education ("ACGME"). Nassau County Fire and Rescue ("ORGANIZATION"), located at 96160 Nassau Place, Yulee, FL 32097 operates a clinical practice site which can provide a clinical setting in which RESIDENT(S) may participate in medical education, research, and/or patient care. UNIVERSITY wishes to enter into this formal agreement with ORGANIZATION for the educational benefit of RESIDENT(S).

AGREEMENT AND RESPONSIBILITIES

ORGANIZATION agrees to accept a variable and mutually agreed upon number of PGY3 RESIDENTS from UNIVERSITY's Department of Emergency Medicine- Jacksonville for up to five (5) eight (8) hour shifts during the one (1) month Pre-Hospital/Emergency Medical Services rotation. Rotations will be scheduled at mutually agreeable times beginning July 1, 2014 for an indefinite period unless this Agreement is terminated sooner. This Agreement may be terminated, with or without cause, by either party providing sixty (60) days written notice to the other party delivered by registered mail, return receipt requested. The parties agree that if this Agreement is terminated, all RESIDENTS currently assigned to ORGANIZATION by UNIVERSITY pursuant to this Agreement, shall be given the opportunity to complete their clinical rotation.

A. **RESPONSIBILITIES OF ORGANIZATION**

1. ORGANIZATION shall arrange for qualified preceptors and a structured educational and observational experience to RESIDENT(S) pursuant to ACGME standards. The individual assigned by ORGANIZATION to assume administrative, educational, and on-site supervisory responsibility for RESIDENT(S)' clinical experience is Chief Matthew Graves.

2. ORGANIZATION shall provide to each RESIDENT, upon his/her arrival at ORGANIZATION, a current set of ORGANIZATION's rules and regulations pertaining to the site of assignment. ORGANIZATION represents that it has appropriate policies and procedures in place to ensure that RESIDENT is supervised by qualified preceptors when performing their assigned responsibilities at ORGANIZATION.

3. ORGANIZATION shall arrange for access by each RESIDENT to available library facilities (may be electronic access) at the sites of assignment.

4. ORGANIZATION shall arrange for immediate emergency care in the event of a RESIDENT's accidental injury or illness, but ORGANIZATION shall not be responsible for costs involved, follow-up care, or hospitalization.

5. ORGANIZATION shall evaluate in writing the performance of each RESIDENT within fifteen (15) days of completion of assignment.

6. ORGANIZATION shall have the right to remove any RESIDENT from ORGANIZATION's programs in the event the RESIDENT does not, in the sole judgment of ORGANIZATION, satisfactorily perform assigned duties while in the program.

B. **RESPONSIBILITIES OF UNIVERSITY**

I. UNIVERSITY shall identify in writing the educational goals and objectives to be attained during each RESIDENT's observational experience at ORGANIZATION and shall attach same hereto as Attachment A.

2. UNIVERSITY shall ensure that each RESIDENT has appropriate qualifications, including appropriate skills, training, health status, and other qualifications as required by ORGANIZATION.

3. UNIVERSITY shall instruct each RESIDENT to attend all educational activities, perform services as assigned by preceptor(s) consistent with attaining the goals and objectives in Attachment A, and adhere to applicable policies of ORGANIZATION.

4. UNIVERSITY shall instruct each RESIDENT to wear a pictured name tag identifying his/her status with UNIVERSITY.

5. UNIVERSITY shall be responsible for the payment of all salaries and fringe benefits accruing to each RESIDENT, and will provide workers compensation protection to RESIDENT, while RESIDENT is participating in ORGANIZATION programs, in accordance with applicable Florida laws and regulations.

C. COUNTERPARTS; FACSIMILE. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Agreement. The parties agree that a facsimile or electronic signature may substitute for and have the same effect as an original signature.

The Foundation for The Gator Nation An Equal Opportunity Institution

IN WITNESS WHEREOF, the duly authorized officers of the parties hereto have executed this Agreement as of July 1, 2014, hereby superseding the previous "AGREEMENT FOR ROTATION OF UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE-JACKSONVILLE RESIDENTS AND/OR FELLOWS AT AN EXTERNAL INSTITUTION OR CLINICAL PRACTICE SITE," previously entered into between the parties as of July 1, 2010.

By:

Date

PLEASE SEE NEXT PAGE FOR OFFICIAL SIGNATURES.

By:

UNIVERSITY OF FLORIDA BOARD OF TRUSTEES FOR THE BENEFIT OF THE DEPARTMENT OF EMERGENCY MEDICINE, COLLEGE OF MEDICINE-JACKSONVILLE

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Linda R. Edwards, M.D. Date Senior Associate Dean for Educational Affairs College of Medicine-Jacksonville University of Florida

ACKNOWLEDGED FOR UNIVERSITY:

By:

Steven A. Godwin, M.D. Date Chair, Department of Emergency Medicine College of Medicine-Jacksonville University of Florida

Date

By: David A, Caro, M.D. Program Director Emergency Medicine Residency College of Medicine – Jacksonville University of Florida

The Foundation for The Gator Nation

BOARD OF COUNTY COMMISSIONERS NASSAU COUNTY, FLORIDA

PAT EDWARDS Its: Chairman

ATTEST AS TO CHAIRMAN'S SIGNATURE:

CRAWFORD JO

JOIN A. CRAWFORD Jos: Ex-Officio Clerk

ME TH

APPROVED AS TO FORM:

Molin Mollie M. Garrett, Esq.

ATTACHMENT A

Prehospital Rotation

UNIVERSITY OF FLORIDA HEALTH SCIENCE CENTER/JACKSONVILLE EMERGENCY MEDICINE PROGRAM

Effective Date : 08/01/2010	Subject: Prehospital	File Location: <u>\\1b-its-</u> restrak\disk2\EMGME\Curriculum - Goals and Objectives				
PD Approval Date: 07/16/2010	Rotation	Approved by : David Caro, M.D. Ashley Booth, M.D. Joseph Sabato, M.D.				

Course Description

This four week rotation will provide the EM-3 resident with the opportunity to observe and develop an understanding of the various components that comprise a prehospital system. The residents will learn about Jacksonville's EMS system through direct observation and meetings with Jacksonville Fire & Rescue Department's (JFRD's) rescue units, shift commanders, EMS medical directors, 911 dispatch center and other components of the EMS system. The resident will also be introduced to the workings of the incident command system, disaster management systems, triage protocols, and online medical control.

Residents will interact with and study aspects of prehospital care in the aeromedical setting and in other governmental EMS system structures. In addition, the residents will have an opportunity to develop an understanding of the administration, management, and operations of the TraumaOne aeromedical program, based at Shands Jacksonville. Additionally, the resident will be exposed to selected EMS systems from counties adjacent to Duval County, including Nassau County Fire & Rescue and St. John's County Fire & Rescue Systems. Nassau County EMS provides an opportunity to experience a smaller, rural EMS system, while St. Johns County provides experience with an intermediate suburban EMS system, both with separate styles of EMS medical and administrative oversight. Experience with varied EMS structure, practice and oversight is a fundamental opportunity that provides a foundation for successful practice in emergency medicine.

Structure:

This EM-3 rotation is self-scheduled to give maximum flexibility to residents. Required and optional activities are broken up into three sections: ride along/clinicals, online learning modules, and administrative duties.

Pre-Rotation Check In: Approximately two weeks prior to beginning the EMS rotation, the resident should decide which activities will be performed and schedule these activities. A brief meeting with Dr. Sabato is required at this time to review and approve the schedule and discuss objectives. Special projects or SOP review topics should be

Prehospital Rotation

approved at this meeting. Reading materials should be picked up at this time (from the rotation coordinator) as well.

Evaluation: At the end of the rotation, another meeting with Dr. Sabato is required to discuss the readings, review the sign-off list, and complete an evaluation. This meeting <u>must</u> take place within one week of the end of the rotation period. There is also a PRE and POST test to evaluate the residents knowledge of EMS and disaster / incident command knowledge.

Note: A four week period is allowed for the EMS rotation. Failure to meet the requirements within the assigned four week period will result in a failing grade unless an extension is granted for scheduling issues or unusual circumstances.

Contact Numbers Dr. Sabato (4-8420, pager 393-8396) Rotation coordinator – Kim Patterson 4-4124

Educational Goals and Objectives: Pre-hospital/EMS rotation

Goals:

- 1. Learn principles of EMS system operations.
- 2. Learn common organizational structures of emergency medical services.
- 3. Learn principals of prehospital triage and emergency medical care delivery.
- 4. Learn the educational requirements and skill levels of various EMS providers.
- 5. Learn basic principles of disaster management.
- 6. Learn medicolegal principals relating to EMS.
- 7. Learn basic principles of EMS research.

Objectives:

1. Professionalism

- a. Demonstrate understanding of professional roles of EMS providers and their interactions with the medical community.
- b. Demonstrate understanding of the limitations of physicians' roles in field operations and the prehospital environment, including the recognition of the expertise of EMS personnel in incident command.
- c. Maintain professional demeanor in the uniquely stressful environment of prehospital care.

2. Interpersonal Skills and Communication

- a. Demonstrate ability to use all elements of the EMS communication system.
- b. Recognize limitations of data acquisition in the prehopsital environment and prehospital reporting.
- 3. Medical Knowledge

Prehospital Rotation

- a. Demonstrate ability to provide initial and continuing education to all levels of EMS personnel
- b. Demonstrate familiarity with research methodologies relating to EMS and disaster management.
- c. Discuss basic concepts of mass casualties
- d. Discuss basic concepts of disaster management.
- e. Describe common environmental, toxicological, and biological hazards encountered in the prehospital care setting as well as injury prevention techniques.

4. Patient Care

a. Participate as an observer or team member in ground and air medical transport systems.

5. Practice-Based Learning and Improvement

a. Participate in EMS continuous quality improvement.

6. Systems-Based Practice

- a. Actively participate in EMS systems, including urban, suburban, rural, and air medical agencies.
- b. Describe local, state and national components of EMS.
- c. Discuss medicolegal liability issues relating to EMS.
- d. Discuss development of EMS prehospital care protocols.
- e. Demonstrate understanding of appropriate utilization practices for ground and air medical services.
- f. Discuss the process of disaster management notification, response, and medical care on a local, state and national level
- g. Discuss the importance of and methods for medical control in EMS systems.
- h. Discuss the differences in education and skill level of various EMS providers.
- i. Demonstrate understanding of EMS Medical Direction
- j. Demonstrate understanding of role of EMS Medical Directors
- k. Discuss issues related to patient transfer
- 1. Observe and participate in aeromedical education, including:
 - i. Identify the role of aeromedical transport in the care of the critically ill or injured patient
 - ii. Assess the appropriateness of a patient for transport by air
 - iii. Experience (or discuss), through active participation in flight team operations, the unique challenges of packaging, monitoring, and performing patient care in the aircraft environment
 - iv. Identify the role of the aeromedical aircraft in prehospital operations
 - v. Describe basic aircraft and pilot considerations, and discuss safety factors in aeromedical operations

Prehospital Rotation

- vi. Participate in aeromedical program administration and the role the program plays within the hospital system, including:
 - 1. Administration/scheduling/legal issues
 - 2. Financial/funding issues
 - 3. Public relations/marketing
 - 4. Quality assurance issues
- vii. Understand the needs for aeromedical education and research m. Observe and participate in incident command and disaster management
 - i. Describe the performance of an incident command structure.
 - ii. Describe the physicians role in the incident command structure.
 - iii. Describe and participate in basic field triage techniques.
 - iv. Apply hospital incident command structure to daily ED activities.

COMPONENTS:

Clinical component:

Residents are required to do ride time with EMS units in the local area; residents may choose an EMS unit that is located by them for convenience. Residents are also expected to attend the EMS Advisory Council and First Coast Disaster Council meetings. If your rotation falls on a month where the Florida Association of EMS Medical Directors meeting occurs residents may wish to attend this meeting as well.

1. Five shifts with JFRD (3p-11p)

- Arrive at 0800-1600 to be there at change of shift and get an idea of am duties
- Ride alongs arranged through JFRD approval and assignment process work with Kimko Patterson 4-4124
- Ride alongs with Nassau and St. John's County Fire Rescue Units are also encouraged. Please discuss with Dr. Sabato.
- 2. *Observation/On-Line direction with 911 Dispatch. A shift at Central Dispatch with ability to listen in on Fire/Rescue calls, and to discuss modern Emergency Medical Dispatch.
- 3. Observation at Trauma One Dispatch, 4 hours. 244-4450
- 4. Shands STEMI Review Meeting: 4th Wednesday, EMS Library, 730 AM.
- 5. Prehospital EKG Overview of transmitted EKG,s. Obtain from Dr. Sabato

6. Meetings:

First Coast EMS Advisory Council – 1st Thursday of every month @ 1000

• Location: Century Ambulance Every Month Except June and November MTG's at FSC Campus and December Christmas MTG at Maggiano's

First Coast Disaster Council

Prehospital Rotation

- Location: Specialty Hospital Jacksonville, 4901 Richard Street, Jacksonville, FL 32207
- 7. Mass gathering medicine. Participation in event planning is required for completion of this component. Please discuss with Dr. Sabato to get contact information for events that are upcoming. Several Mass Gathering EMS articles are required reading for this activity, please see Dr. Sabato.

Didactic Component:

In addition to attending all planned Thursday morning conferences, residents are required to complete the following lectures and/or reading to complete the rotation. Lectures and reading materials will be made available so that residents can review them at a time convenient to them. Please refer to the instruction sheets for each mandatory part. Starred items are MANDATORY.

- 1. *Incident command ICS-100 class.
- 2. *Complete Disaster life support certification.
- 3. *Complete triage training.
- *Meeting and ride-along with St. John's County EMS Medical Director (Dr. Woodward) – one day with a suburban EMS medical director.
- 5. *Meeting, ride-along, and education with Nassau EMS Chief (Sam Young) - one day with rural EMS agency chief.
- 6. *Participation in the monthly Shands Jacksonville STAT STEMI QA meeting with Dr. Sabato and Dr. Box.
- 7. **EMT/Paramedic Education** at Florida Community College/Northside Campus. The resident is able to observe and participate in classroom paramedic training.
- 8. Vehicle Extrication (Jaws of Life) Course. one day course.
- 9. Pediatric EMS Review with Peds EM faculty member. Discussion of unique aspects of pediatric emergency treatment and transport.
- 10. Emergency Vehicle Operations Course (EVOC) one day course.
- 11. **Hospital Disaster Planning**. Review and discussion of the hospital disaster plan with the course director.
- 12. Literature review for Standard Operating Procedures (SOP) Manual. Residents may do a literature search on a topic from the Fire Rescue SOP and propose changes / revisions to the SOP. A literature summary, copies of relevant articles, and a draft new SOP are prepared for the EMS Medical Director to use in revisions of SOP.
- 13. "EMS Grand Rounds." A 30-40 minute talk to EMS providers topic must be applicable to EMS and targeted for paramedic level.

Evaluation process:

All residents must:

Prehospital Rotation

- 1. turn in their sign-in sheet with at least 70% of the Jacksonville EMS requirements completed.
- 2. Complete post test with 90% grade
- 3. meet with the Course Director in the last week of the rotation to discuss the reading materials.

Residents are to be trained and assessed with the core competencies as defined by the ACGME serving as the principle foundation.

General Competencies Minimum Program Requirements	
The residency program must require its residents to obtain competencies in the 6 areas	
below to the level expected of a new practitioner. Toward this end, programs must defin	ne
the specific knowledge, skills, and attitudes required and provide educational experience	es
as needed in order for their residents to demonstrate:	
a. *Patient Care that is compassionate, appropriate, and effective for the treatmen of health problems and the promotion of health	ıt –
b. *Medical Knowledge about established and evolving biomedical, clinical, and	
cognate (e.g. epidemiological and social-behavioral) sciences and the application	n
of this knowledge to patient care	
c. *Practice-Based Learning and Improvement that involves investigation and	
evaluation of their own patient care, appraisal and assimilation of scientific	
evidence, and improvements in patient care	
d. *Interpersonal and Communication Skills that result in effective information	
exchange and teaming with patients, their families, and other health professional	.S
e. *Professionalism, as manifested through a commitment to carrying out	
professional responsibilities, adherence to ethical principles, and sensitivity to a	
diverse patient population	
f. *Systems-Based Practice, as manifested by actions that demonstrate an	
awareness of and responsiveness to the larger context and system of health care	
and the ability to effectively call on system resources to provide care that is of	
optimal value	
* Denotes those competencies taught and assessed during this rotation.	

Dr. Sabato reviews all required elements of the rotation and a written evaluation based on the core competency model is sent to the Program Director after being reviewed with the resident. The written evaluation of the resident's performance is also reviewed at the semi-annual evaluation.

Feedback mechanisms: Dr. Sabato meets with the residents at regular intervals to discuss progress over the month and overall performance requirements. At the end of the rotation Dr. Sabato will provide a list of completed duties that the resident has accomplished. The resident will also have the opportunity to provide a written evaluation and feedback of the rotation.

UF Health Emergency Medicine Letter of Agreement

Contract No. CM2213

Prehospital Rotation

PRE-HOSPITAL ROTATION CHECKLIST

Resident _____

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Rotation Period

		Rotation			
Pre-Potati	on Meeting				
					Date
Dr	Sabato, Rotation Dir	rector			
	,				
Five shifts	with JFRD Rescue	<u>Jnits</u>			
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Optional: s	hifts with Nassau or		•		
Unit #	Date				Name
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Signature Signature	ly with TraumaOne				Date Date Date
NE Florida I	Disaster Council:	Date	Signature		
First Coast	EMS Adv. Comm.:	Date	Signature		
Hazardous N	Materials Team:	Date	Signature		
Nassau Cour	nty Observation:	Date	Signature		
St Johns Co	unty Observation:	Date	Signature	and the second	
Shands STE	MI Review MTG	Date	Signature		
Prehospital I	EKG Review	Date	Signature		

Prehospital Rotation

Hospital Disaster Planning/Decon Team (Tony Susczynski, Emergency Preparedness Coordinator, x-44316)

Date _____ Signature _____

Review a Standard Operating Procedures (SOP) Manual for Revisions. A copy of the materials must be attached
Date ______ Signature______

Topic

Sports Medicine / Mass Gathering Medicine
Date ______Signature ______
Event ______

Completion of Hospital Incident Command

Completion of Triage Review

□ Completion of Disaster Orientation

RESIDENT CERTIFICATION

I certify that all information and signatures on these forms are correct, and the rotation was completed as indicated.

Signature _____

Date _____

Prehospital Rotation

Name of Resident Rotation Period	
PRE-HOSPITAL ROTATION EVALUATION	
[]Honors []Pass []Fail	
COMMENTS Motivation:	
Professionalism:	
Timeliness:	
Other:	
Post-Rotation Meeting	
Signature	Date
Dr. Sabato, Rotation Director	

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UF Health Emergency Medicine Letter of Agreement

New Innovations::Block Scheduling

Contract No. CM2213

Page 1 of 1

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Department of Emergency Medicine/EM-Emergency Medicine Last updated: 9/24/2013 3:09:01 PM

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Friday, October 04, 2013

Notes:

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