

Lee County Board of County Commissioners  
Agenda Item Summary

Blue Sheet No. 20030047

1. REQUESTED MOTION:

ACTION REQUESTED: Authorize Chairman to approve a Certificate of Public Convenience and Necessity (CON) to the San Carlos Park Fire Protection and Rescue Service District to conduct advance life support (ALS) non-transport service, emergency medical service care.

WHY ACTION IS NECESSARY: Commission Chairman's signature is required to execute CON.

WHAT THE ACTION ACCOMPLISHES: Grants the applicant license to provide ALS service in accordance with State law and provision contained in Lee County Ordinance 02-19.

2. DEPARTMENTAL CATEGORY:

COMMISSION DIST. #

C7B

3. MEETING DATE:

01-28-2003

4. AGENDA

- X CONSENT
- ADMINISTRATIVE
- APPEALS
- PUBLIC

TIME REQUIRED:

5. REQUIREMENT/PURPOSE

(Specify)

- STATUTE
- ORDINANCE
- ADMAN. CODE
- X OTHER

6. REQUESTOR OF INFORMATION

- A. COMMISSIONER
- B. DEPARTMENT Independent
- C. DIVISION Public Safety

BY John D. Wilson, Director

*JDW*

7. BACKGROUND:

This District is submitting an application for a Certificate of Public Convenience and Necessity (CON) to provide advance life support (ALS) non-transport service within its boundaries. Granting the request would allow the district to place qualified paramedics and emergency medical technicians on fire rescue vehicles or engines that could provide pre-hospital emergency medical care prior to Lee County EMS personnel arriving on scene.

County staff reviewed the District's application according to the current county ordinance provisions and recommends granting the Certificate if the District complies with provisions in the attached CON prior to furnishing any ALS non-transport service within its defined service area. The District's fire chief has agreed to these conditions.

Attachment 1: Application for Certificate of Public Convenience and Necessity (3)

Attachment 2: Certificate of Public Convenience and Necessity (3)

8. MANAGEMENT RECOMMENDATIONS: Staff recommends approval of Certificate of Public Convenience and Necessity.

9. RECOMMENDED APPROVAL

DEPARTMENT DIRECTOR <i>JDW</i> 1/10/03	Purchasing or Contracts N/A	Human Resources	County Attorney <i>J. Wilson</i>	County Administration OAI   OMI   Risk   IGC <i>1/14/03</i> <i>1/15/03</i> <i>1/15/03</i> <i>1/14/03</i>	COUNTY MANAGER <i>Wilson</i>
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10. COMMISSION ACTION:

- APPROVED
- DENIED
- DEFERRED
- OTHER

Rec. by CoAtty  
Date: 1/14/03  
Time: 4:10 PM  
Forwarded To:  
*1/15/03 4:34 PM*

RECEIVED BY  
COUNTY ADMIN. *PM*  
1-14-03  
11:45  
COUNTY ADMIN.  
FORWARDED TO: *BK*  
1/15/03

## CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

IT IS HEREBY CERTIFIED by the Board of County Commissioners of Lee County, Florida to be of public convenience and necessity that:

1. There is hereby granted to:

### SAN CARLOS PARK FIRE PROTECTION AND RESCUE SERVICE DISTRICT

with the right to maintain, operate and control an Advanced Life Support (ALS) non-transport service within the geographic district designated:

SAN CARLOS PARK FIRE PROTECTION AND RESCUE SERVICE DISTRICT, FLORIDA and to do all things needful of the operation, maintenance, and control thereof after the acceptance of the terms of this Certificate by the said District and until rescinded by the County but this Certificate shall not be transferred or assigned without the consent of the Board of County Commissioners.

2. The said Fire District in carrying out the purpose of this Certificate shall have free right to run the streets of Lee County with its vehicles, subject only to State regulations incident thereto as may govern ambulances and shall have free access to and the right, within said area, to perform (ALS) non-transport service; provided, however, the District shall at all times hold Lee County harmless, release and indemnify County from any loss or damage by reason of the acts of District, its agent, servants, or employees.

3. It shall be the duty of said District, upon the acceptance of the terms of this Certificate, to diligently and efficiently protect and save lives and authority is hereby granted to said District to do all things needful to such ends not inconsistent to Florida Law now in existence or which may change or hereafter be passed. District certifies it has the legal capacity to operate said (ALS) non-transport services and to comply with the Laws of Florida, particularly Chapter 401, et al. Florida Statutes.

4. In no event shall Lee County be responsible in any way for the debts or obligations of the Fire District contracted in the duties imposed under this Certificate nor shall the County be liable in any manner whatsoever on account of the negligence of said District in carrying out the provisions of this Certificate.

5. Upon the failure of said Fire District to carry out and fulfill the obligation and duties hereby imposed upon it, all the rights hereby granted to said District shall thereupon be forfeited.

**APPLICATION FOR LEE COUNTY  
CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
AMBULANCE AND RESCUE SERVICE**

**12/12/96**



San Carlos Park Fire Protection  
And Rescue Service District

8013 Sanibel Blvd. • Fort Myers, Florida 33912-6183

Emergency 911  
Business: (911) 267-7525  
(911) 267-2424  
Fax: (911) 267-7505

January 9, 2003

Mr. John Wilson  
Public Safety Director  
P.O. Box 398  
Fort Myers, FL 33902-0398

Dear Mr. Wilson:

It is our desire to renew our Certificate of Need to provide Non-Transport Advanced Life Support services to the members of our district.

Enclosed you will find the application for the Lee County Certificate of Public Convenience and Necessity Ambulance and Rescue Service, the additional supporting information as requested in the ordinance for renewing our application, and a check in the amount of \$250.00 to cover the application fee.

We request that this application be reviewed, supported and sent to the Board with the recommendation of renewing our Certificate of Need. If you find that additional information is needed or an item needs to be clarified, please contact us at (239) 267-7525. Your assistance and support is appreciated.

Respectfully,

Natale J. Ippolito  
Fire Chief

Respectfully,

Mary Lou Garofalo  
Chairperson, Board of  
Fire Commissioners

Enclosures

Governmental <input checked="" type="checkbox"/>	Private <input type="checkbox"/>	Voluntary <input type="checkbox"/>	
TYPE:			
Transport	<input type="checkbox"/>	ALS <input type="checkbox"/>	BLS <input type="checkbox"/>
Non-Transport	<input checked="" type="checkbox"/>	ALS <input checked="" type="checkbox"/>	
Air-Medical	<input type="checkbox"/>	ALS <input type="checkbox"/>	BLS <input type="checkbox"/>
<b>GOVERNMENTAL/CORPORATION/OWNER</b>			
Name: <u>San Carlos Park Fire Protection &amp; Rescue Service District</u>			
Address: <u>8013 Sanibel Blvd., Ft. Myers, FL 33912</u>			
Street/PO Box	City	State      Zip	
<b>DIRECTORS/OWNERS</b>			
Name: <u>Mary Lou Garofalo</u> Age <u>56</u>			
Address: <u>7570 Laurel Valley Rd., Ft. Myers, FL 33912</u>			
Street/PO Box	City	State      Zip	
Name: <u>William Elliott</u> Age <u>46</u>			
Address: <u>8013 Sanibel Blvd., Ft. Myers, FL 33912</u>			
Street/PO Box	City	State      Zip	
Name: <u>Everett Glover</u> Age <u>44</u>			
Address: <u>8013 Sanibel Blvd., Ft. Myers, FL 33912</u>			
Street/PO Box	City	State      Zip	
Name: <u>Terry Dettmar</u> Age <u>47</u>			
Address: <u>8013 Sanibel Blvd., Ft. MYers, FL 33912</u>			
Street/PO Box	City	State      Zip	
Name: <u>Lawrence Sweeney</u> Age <u>59</u>			
Address: <u>18461 Olive Rd., Ft. Myers, FL 33912</u>			
Street/PO Box	City	State      Zip	
Name: _____ Age _____			
Address: _____			
Street/PO Box	City	State      Zip	

**NARRATIVE DESCRIBING HOW THE APPICANT'S SERVICE WILL  
COORDINATE WITH EXISTING PUBLIC SAFETY AGENCIES**

1. Prior to the arrival of an advanced life support ambulance from local EMS transport providers, initial basic and advanced life support services will be administered to patients in preparation for transport to a medical facility.
2. Assist local EMS transport providers with advanced life support services when requested to do so.
3. Conduct basic and advanced emergency medical training along with and or equivalent to or exceeding the local EMS agencies.

**HOW WILL THE SYSTEM ENHANCE PRE-HOSPITAL CARE  
FOR THE PUBLIC HEALTH, SAFETY AND WELFARE**

1. This service will allow us to continue to deliver emergency care at the level of basic and advanced life support services.
2. This service will continue to decrease the amount of time that the patient has to wait for basic and advanced life support services, which will directly reduce patient morbidity and mortality.
3. This service will allow the current local advanced life support transport services additional resources to assist them in the delivery of pre-hospital emergency care.

**HOW WILL THE SERVICE IMPROVE THE PUBLIC CONVENIENCE AND  
JUSTIFY THE NECESSITY OF THE INTENDED SERVICE**

1. This service will allow fire rescue units to provide basic and advanced life support services which will decrease advanced life support response times by approximately five to 15 minutes. It will also provide an additional resource to local EMS transport agencies.

Provide emergency medical personnel certified as firefighter-EMTs and paramedics with additional certifications in other pre-hospital emergency specialties, as required by the service medical director.

**NUMBER AND TYPE OF RESPONSE/TRANSPORT VEHICLES**

1. Three (3) advanced life support non-transport units.
2. One (1) advanced life support non-transport unit to be phased in over the next 12 to 18 months.

**ADDRESS OF HEADQUARTERS**

San Carlos Park Fire Protection  
And Rescue Service District  
8013 Sanibel Blvd.  
Fort Myers, FL 33912-6183

**ADDRESS OF POSTING-STATIONS**

San Carlos Park Fire Station #2  
16901 Island Park Road  
Fort Myers, FL 33908-5017

San Carlos Park Fire Station #3  
10501 FGCU Blvd.  
Fort Myers, FL 33965  
(temporarily stationed at Florida Gulf Coast University  
until construction of Station #3 is complete – November 2003)



**SCHEDULE OF RATES FOR SERVICE**

None

**MEDICAL DIRECTOR'S NAME AND LICENSE NUMBER(S)**

NAME: William Bess, M.D.

AUDIT CONTROL #: 0753616

FILE #: N/A

BOARD CERTIFICATION#: ME33756

(see attached)

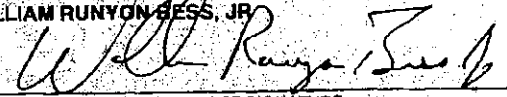
STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
DIVISION OF MEDICAL QUALITY ASSURANCE

AC# 0753616

DATE	LICENSE NO.	CONTROL NO.
11/07/2001	ME 33756	52618

THE MEDICAL DOCTOR  
NAMED BELOW HAS MET ALL REQUIREMENTS OF  
THE LAWS AND RULES OF THE STATE OF FLORIDA.  
EXPIRATION DATE: JANUARY 31, 2004

WILLIAM RUNYON GESS, JR



LICENSEE SIGNATURE

**CERTIFICATION OF INSURANCE – VEHICLE AND MALPRACTICE**

See attached forms

# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

1/8/2003

**PRODUCER**

**VFIS of Florida**  
 One S. Ocean Blvd., #310  
 Boca Raton, FL 33432  
 800-995-8554

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORD BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

COMPANY

LETTER **A** American Alternative Insurance Corp.

COMPANY

LETTER **B**

COMPANY

LETTER **C**

COMPANY

LETTER **D**

COMPANY

LETTER **E**

**INSURED**

**San Carlos Park Fire Protection & Rescue Service District**  
 8013 Sanibel Blvd.  
 Fort Myers, FL 33912

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO I.T.R.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMM. GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input checked="" type="checkbox"/> Malpractice	VFIS-CL-0018418-2	2/15/02	2/15/03	GENERAL AGGREGATE \$ 3,000,000 PROD. COMP. AGG. \$ 3,000,000 PERS. & ADV. INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (One Fire) \$ 1,000,000 MED. EXPENSE (One Per) \$ 5,000 COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE \$
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY	VFIS-CL-0018418-2	2/15/02	2/15/03	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 4,000,000 STATUTORY LIMITS \$ EACH ACCIDENT \$ DISEASE POLICY LIMIT \$ DISEASE-EACH EMP. \$
	<b>EXCESS LIABILITY</b> <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	VFIS-CU-5006197-2	2/15/02	2/15/03	
	<b>WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY</b>				
	<b>OTHER</b>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

**CERTIFICATE HOLDER**

Information Only

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*James J. Delich*

**LEE COUNTY BOARD OF COUNTY COMMISSIONERS**

**P.O. BOX 398**

**FORT MYERS, FLORIDA 33902-0398**

**INVOICE**

**APPLICATION FEE: \$250.00**

**FOR: CERTIFICAT OF PUBLIC CONVENIENCE AND NECESSITY  
AMBULANCE AND RESCUE SERVICE**

**NAME: San Carlos Park Fire Protection and Rescue Service District**

**ADDRESS: 8013 Sanibel Blvd., Fort Myers, Florida 33912**  
**STREET/PO BOX            CITY            STATE            ZIP**

**MAKE CHECK PAYABLE TO: LEE COUNTY BOARD OF  
COUNTY COMMISSIONERS**