



**A RESOLUTION OF THE CITY COUNCIL OF THE  
CITY OF SUNNYSIDE, WASHINGTON, APPROVING AFFILIATION  
AGREEMENT WITH THE UNIVERSITY OF IOWA HOSPITALS AND CLINICS  
EMERGENCY MEDICAL SERVICES LEARNING RESOURCE CENTER**

**WHEREAS**, the City of Sunnyside operates an Advanced Life Support Ambulance Transport Service and employs full-time certified paramedics; and

**WHEREAS**, The University of Iowa Hospitals and Clinics Emergency Medical Services Learning Resource Center ("School") is seeking a partnership with the City of Sunnyside Fire Department ("Agency") for the purpose of providing a relationship of the two operating parties as they contribute to the education, training, and experience for the School's paramedic Program; and

**WHEREAS**, the purpose of this program is to provide a training site which is committed to training health care professionals, to provide desirable clinical and in the field learning experiences for paramedic students who are enrolled in School's Paramedic Training Program; and

**WHEREAS**, the City Council finds and determines that such approval is in the best interests of residents of the City of Sunnyside and will promote the general health, safety and welfare.

**NOW, THEREFORE, IT IS HEREBY RESOLVED BY THE CITY COUNCIL OF THE CITY OF SUNNYSIDE, WASHINGTON**, as follows:

**SECTION 1.** That the Clinical / Field Affiliation Agreement relating to education for paramedic students selected and affiliated with the University of Iowa Hospitals and Clinics Emergency Medical Services Learning Resource Center which such agreement is attached hereto as Exhibit "A" and incorporated herein by this reference, is hereby approved; and the City Manager is hereby

authorized to execute and administer such agreement for and on behalf of the City of Sunnyside.

**SECTION 2.** This Resolution shall be effective upon passage, approval and signatures hereon in accordance with law.

**PASSED** this 10<sup>th</sup> day of February, 2014.

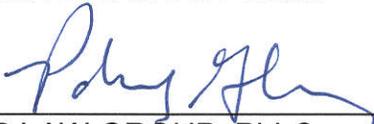


\_\_\_\_\_  
JAMES A. RESTUCCI, MAYOR

**ATTEST:**

  
\_\_\_\_\_  
DELILAH SAENZ, CMC, CITY CLERK

**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
KERR LAW GROUP, PLLC  
Attorneys for the City of Sunnyside

**THE UNIVERSITY OF IOWA HOSPITALS AND CLINICS  
EMERGENCY MEDICAL SERVICES LEARNING RESOURCES CENTER**

200 Hawkins Drive, S608-1 GH  
Iowa City, Iowa 52242-1009

**Clinical / Field Affiliation Agreement**

**The University of Iowa Hospitals and Clinics  
EMS Learning Resources Center**  
(Hereinafter called the "*School*")

**City of Sunnyside Fire Department  
Sunnyside, WA**  
(Hereinafter called the "*Cooperating Agency*")

**PURPOSE OF AGREEMENT:**

This is a mutual Agreement between the School offering programs in Paramedic Training and the Cooperating Agency providing clinical or field experience for selected student learning. The basic purpose of this Agreement is to establish cooperative relationships and to outline responsibilities of the two cooperating parties as they contribute to the education, training and experience for the students of the School's Paramedic Training Program.

**I. Both parties agree that:**

- A. This agreement shall commence on the 1st day of February, 2014, and shall remain in full force and effect for a period of three (3) years.
- B. They shall establish a channel of communication for the purpose of continuing feedback.
- C. They shall provide evidence of non-discrimination with respect to race, religion, sex, creed, disability or national origin by ongoing practices.
- D. Either party shall have the right, for good cause shown and upon prior notification to the other party, to dismiss a participant from the clinical or field portion of the Paramedic Training Program.
- E. They shall not use students in lieu of professional or non-professional staff.
- F. They shall provide schedules, including the number of students, types of students according to their skill level, and the availability of the facility.
- G. Each shall be responsible only for activities in its own patient care setting. Nothing in this agreement shall be construed to impose an obligation or liability on either party for medical care or services provided to patients of the other party.
- H. They have the right to unilaterally terminate the Agreement, upon thirty (30) days written notice, the autonomy of each being recognized.

**The School and Cooperating Agency agree that:**

**II. The School Shall:**

- A. Assume full responsibility for planning and execution of the educational phase of the Paramedic Training Program.
- B. Be responsible for the planning, implementation and administration of the curriculum.
- C. Identify students by name to the Cooperating Agency four (4) weeks prior to the scheduled clinical or field rotations.
- D. Advise the Cooperating Agency and students in writing of the starting and ending dates of the clinical and field experience.
- E. Verify and document that the students have professional liability insurance (minimum coverage of one million dollars per occurrence and three million aggregate).
- F. Ensure that each student has been fitted with an N-95 Particulate Respirator mask and has had appropriate training in bloodborne, airborne pathogens and infection control according the OSHA standards, prior to having contact with patients.
- G. Ensure that each student will have had appropriate training in Hazardous Materials Awareness and in recognizing Child and Dependent Adult Abuse.
- H. Ensure that each student has completed the School's HIPAA training session.
- I. Recognize the Cooperating Agency as an affiliated hospital and/or ambulance service.
- J. Provide preceptor orientation materials to the cooperating agency.
- K. The student shall be responsible for all medical costs associated with an illness or injury that occurs while participating in clinical/field experience.
- L. Ensure that the student shall have current vaccinations, including Hepatitis B (or sign a declination form), rubella, MMR, and has had a yearly TB skin test with positive results requiring a chest x-ray before beginning the clinical/field experience.
- M. With the consent of the Student, the School will provide the Cooperating Agency with relevant information as set forth in this agreement, including but not limited to the results of the Student's criminal background check, adult abuse registry check, child abuse registry check, and sex offender registry.

EXHIBIT "A"

**III. The Cooperating Agency Shall:**

- A. Designate a primary preceptor for responsibility in teaching, coordinating, and directing the student's clinical or field experience. This individual shall be involved in the planning with the School's faculty and has reviewed the preceptor orientation materials.
- B. Make available clinical or field resources and related experiences for the educational program of students of the Paramedic Training Program.
- C. Have clinical or field instruction planned, organized and taught by designated clinicians it employs. Persons assuming this educational responsibility for the Cooperating Agency shall be selected by mutual agreement.
- D. Provide a thorough orientation to include the physical environment, safety, infectious control, confidentiality and pertinent policies/procedures.
- E. Review the Clinical/Field Evaluation Forms and guidelines for the clinical or field training of the students.
- F. Inform the School regarding the scheduling of students for the clinical or field experience.
- G. Schedule students for clinical or field experience time to assure appropriate experience.
- H. Assure that while engaged in patient care, no student shall be left without the continuous on-site presence and supervision of a licensed physician, nurse or paramedic provided by the Cooperating Agency.
- I. Provide the preceptors who are to provide the School with an evaluation of each student throughout the clinical or field experience.
- J. Shall not be responsible for lost or damaged personal property of the student.

EXHIBIT "A"

This agreement will be reviewed every year by both parties.

**THE UNIVERSITY OF IOWA  
HOSPITALS AND CLINICS**

**COOPERATING AGENCY**

BY: \_\_\_\_\_  
*Douglas K. York*

BY: \_\_\_\_\_  
*Aaron J Markham*

TITLE: **Director, EMSLRC**

TITLE: **Fire Chief**

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
*Kenneth P. Kates*

BY: \_\_\_\_\_  
*Donald D. Day*

TITLE: **Chief Executive Officer**

TITLE: **City Manager**

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CONTACT INFORMATION:**

**University of Iowa, EMSLRC**

Lee Ridge, Clinical & Field Coordinator  
200 Hawkins Drive, S-608-1 GH  
Iowa City, IA 52242  
319-353-8434 (office)  
319-240-4550 (emergency)  
[loren-ridge@uiowa.edu](mailto:loren-ridge@uiowa.edu)

**Cooperating Agency**

City of Sunnyside  
818 E. Edison Avenue  
Sunnyside, WA 98944  
509-837-3999 Fire Station  
509-837-3997 City Hall  
[amarkham@sunnyside-wa.gov](mailto:amarkham@sunnyside-wa.gov)