

ORDINANCE NO. _____

An ordinance approving an agreement between the Metropolitan Government of Nashville and Davidson County, acting by and through the Nashville Fire Department, Emergency Medical Services Division, and the Ascension Saint Thomas EMT Training Program to provide the Ascension Saint Thomas School of EMS students with practical experience in EMS-based patient care activities.

WHEREAS, the agreement between the Metropolitan Government of Nashville and Davidson County, acting by and through the Nashville Fire Department, Emergency Medical Services Division, and the Ascension Saint Thomas School of EMS, attached hereto, regarding the participation and clinical training of students enrolled in the Ascension Saint Thomas School of EMS; and,

WHEREAS, approval of the agreement will benefit the citizens of the Metropolitan Government of Nashville and Davidson County.

NOW, THEREFORE, BE IT ENACTED BY THE COUNCIL OF THE METROPOLITAN GOVERNMENT OF NASHVILLE AND DAVIDSON COUNTY:

Section 1. That the agreement between the Metropolitan Government of Nashville and Davidson County, acting by and through the Nashville Fire Department, Emergency Medical Services Division, and the Ascension Saint Thomas School of EMS, attached hereto and incorporated herein, is hereby approved.

Section 2. That this Ordinance shall take effect from and after its final passage, the welfare of the Metropolitan Government of Nashville and Davidson County requiring it.

RECOMMENDED BY:

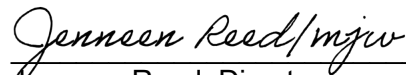


William Swann, Director-Chief
Nashville Fire Department

INTRODUCED BY:

Members of the Council

APPROVED AS TO
AVAILABILITY OF FUNDS:



Jenneen Reed, Director
Department of Finance

APPROVED AS TO FORM AND
LEGALITY:



Assistant Metropolitan Attorney

CLINICAL AFFILIATION AGREEMENT

The Metropolitan Government of Nashville and Davidson County, by and through the Nashville Fire Department and Ascension Saint Thomas EMS

This agreement made and entered into this March 13, 2025, and effective upon approval from the Metropolitan Council, by and between The Metropolitan Government of Nashville and Davidson County, by and through the Nashville Fire Department (referred to as the “clinical site”) and the Ascension Saint Thomas EMT Training Program (hereinafter referred to as “School of EMS”) and will continue until the agreement is terminated by either party.

I. PURPOSE

The clinical site shall provide the School of EMS students with practical experience in EMS-based patient care activities through the clinical site’s owned entities and the School of EMS shall provide the student with academic experience.

II. RESPONSIBILITIES OF THE CLINICAL SITE

The clinical site shall:

- A. Provide cooperation to ensure students of the School of EMS receive an effective clinical experience.
- B. Provide a suitable clinical experience situation as prescribed by the curriculum provided by the School of EMS and outlined by the National Highway Traffic Safety Administration.
- C. Assist with clinical teaching and supervision of agreed upon number of students of the School of EMS.
- D. Ensure the standards of patient care established by the clinical site remain in control of the employees.
- E. Reserve the right to determine the manner in which the clinical site’s owned equipment and supplies shall be used and operated.
- F. Provide a contact person for the School of EMS at the clinical site so as to facilitate interaction between the training program and our system.

III. RESPONSIBILITIES OF THE SCHOOL OF EMS

The School of EMS shall:

- A. Ensure that students who use the clinical site’s facilities will abide by the clinical site’s policies.
- B. Ensure students of the School of EMS will have professional liability insurance in the appropriate amount prior to beginning clinical experience with the clinical site.
- C. Ensure each student has been provided infection control training as outlined by the Department of Transportation knowledge objectives for EMS courses.
- D. Ensure each student has been provided HIPAA training in accordance with the Federal and State guidelines.
- E. Ensure each student has been cleared through a background check to include the federal inclusion/exclusion list.
- F. Ensure that documentation has been established by the School of EMS on how students are determined to be proficient in both basic and advanced skills which are expected to be utilized in the clinical internship setting.
- G. Provides each student a Competency Check List so that the student may present this to the clinical site’s facility they are assigned to during all internship assignments.
- H. Consider promptly any complaint made by the clinical site against a student in accordance with the School of EMS standards and procedures of disciplinary action.

IV. HOLD HARMLESS

The School of EMS agrees and is bound to hold the clinical site whole and harmless against any and all claims for damages, costs and expenses to persons or property that may arise out of or be occasioned by

this contract or any activities or from any act or omission of any teacher or student involved in the School of EMS.

V. RESPONSIBILITIES OF THE CLINICAL SITE AND THE SCHOOL OF EMS

The clinical site and the School of EMS shall:

- A. Agree upon the number of students to be placed at the clinical site for clinical rotations.
- B. Revise and modify this contract in writing if both parties agree to the revision or modification.

VI. TERMINATION

This contract may be terminated by either party upon thirty (30) days written notice to the other party by registered mail, return receipt requested. To the extent it is reasonable and practicable, termination shall not take effect until students who are enrolled at the time such notice is given have completed the courses in which they are enrolled.

VII. DISCRIMINATION

The clinical site and the School of EMS shall not lawfully discriminate in their respective performance of this contract.

VIII. CONTACT PERSONS

The contact person and authorized designee of the School of EMS for the purposes of this agreement is:

Name: Eric Getner

Email: Eric.Getner@Ascension.org

Address: Ascension Saint Thomas EMS, 460 Metroplex Drive Suite 117, Nashville, TN 37211

Phone Number: 615-222-5602

The contact person and authorized designee of the Metropolitan Government, by and through the Nashville Fire Department of this agreement is:

Name: Commander Joaquin Toon

Email: Joaquin.toon@nashville.gov

Address: 63 Hermitage Ave. Nashville TN, 37072

EXECUTED on March 13, 2025, and effective upon approval by the Metropolitan Council. The clinical site and the School of EMS have executed this agreement by and through one of its duly authorized officers, thereby binding themselves, their successors and assignees and representatives for the faithful and full performance of the terms and provisions of this contract.

School of EMS

Signature: 

Signature:

Name: Eric T Getner

Title: Clinical Coordinator

**METROPOLITAN GOVERNMENT OF
NASHVILLE AND DAVIDSON COUNTY**



Chief Frederick Smith
Nashville Fire Department

May 14, 2025

Date

APPROVED AS TO RISK AND INSURANCE:



Director of Insurance

5/19/25

Date

**APPROVED AS TO FORM AND
LEGALITY:**



Metropolitan Attorney

May 7, 2025

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/05/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Affinity Insurance Services, Inc 1100 Virginia Dr., Suite 250 Fort Washington, PA 19034		CONTACT NAME: PHONE (A/C No. Ext): 888-288-3534 FAX (A/C, No): E-MAIL ADDRESS: STB.Brokers@aon.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: American Casualty Company of Reading, PA	
		NAIC # 20427	
INSURED Saint Thomas EMS 460 Metroplex Dr Ste 117 Nashville, TN 37211		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Professional Liability - Occurrence	X		741051540	07/12/2024	07/12/2025	Per Claim Aggregate	\$1,000,000 \$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

This is a Student Blanket Professional Liability policy that covers the Healthcare Students, the faculty and the school.

Metro Nashville Fire Department at 63 Hermitage Avenue is included as an additional insured with respect to the Professional Liability, per the policy's terms and conditions.

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Affinity Insurance Services, Inc

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