

TOWN OF EAST GREENWICH
CAPITAL IMPROVEMENTS PROGRAM

Individual Project Description and Justification

1. Department: Fire
2. Project Title: EMS upgrades
- Project Priority (within program area): 1
3. This description is for: Equipment ☒
Project ☐
Other ☐
4. Fiscal Year(s): 2018
5. Total Project Cost: 96974
6. Is this project part of an approved Plan, study, or report like the Comprehensive Community Plan, Downtown Revitalization Plan, Open Space and Recreation Plan, or others?
Yes ☐ No ☒
Name of Plan or Document:
7. Project Description: Give a brief description of what the project includes. Provide basic information like the location, size, capacity, etc.

The current Cardiac monitors carried on the Rescues and Engines are 8-12 years old and do not meet the current Rhode Island Ambulance Licensure and Inspection stands. Further due to the age and technology improvements these monitors are no longer supported by the manufacturer making repairs a major concern for this critical devices.

Rhode Island State Protocols require that cardiac arrest patients received a minimum of 30 minutes of CPR on scene before transport. Given the physical demands of CPR on the responders and other interventions that are being done providing quality CPR for a minimum of thirty minutes will be difficult to obtain. Therefore I am proposing the purchase of two(2) chest compression systems to meet this state standard.

We are also upgrading our AED that are carried on the engines so that they are compatible with the new cardiac monitors and provide better information to the engine company firefighter/EMT while they are treating the patient before the arrival of the Rescue.

8. CIP Evaluation Criteria: Relate the proposed project to the selection criteria provided in the instructions, for example: risk to public safety, protection of property, systematic replacement, etc.

The replacement of the cardiac monitors has been discussed in prior years and efforts have been made to meet the state standards with updates rather than replacement. The time has come to be in compliance with the state requirements and improve the interaction with the hospitals when treating a cardiac patient. As described above the chest compression system will improve the CPR being administered which will increase the chance of survivability for the patient. The AED modernizes our equipment and is compatible with the cardiac monitors which enable a rapid switch over from the AED to the cardiac monitor when necessary. All of these improvements are necessary to improve the quality of care that EGFD can provide to this community.

9. Project Schedule/Status Report: If the project will take more than one year to complete, outline the schedule here and in the required spreadsheet. If applicable, include work (including planning work) done in prior years. The following chart is a guideline to be used if applicable.

	Cost FY	Cost FY	Cost FY	Cost FY	Cost FY	Cost FY
Planning/Design						
Site Acquisition						
Site Improvement						
Construction						
Equipment						
Other						
Other Contingency						
TOTAL						

10. Coordination: If the project is dependent upon or should be linked to other CIP projects, identify them and indicate the relationship between projects.

11. Cost Estimates and Financing: Amounts shown here must agree with amounts shown in the required spreadsheet. For projects that will take more than one year, indicate each year separately. Indicate the basis of the cost estimate and discuss any funding sources proposed other than the capital budget.

12. Additional Comments: Provide information here that does not appear elsewhere which makes a case for this proposal. Such information may include data on your existing inventory of facilities and equipment; an actual evaluation of their condition; a repair/replacement schedule; an analysis of the demand for new or expanded services, etc.

The fire department is prepared to demonstrate the importance of these equipment purchases if necessary so that the Council has a clearer understanding of the critical need to replace and add these tools for our EMS operations.

Robinson, Kevin Chief

From: Rossmeisl, Eric (RIDOH) <Eric.Rossmeisl@health.ri.gov>
Sent: Thursday, February 01, 2018 4:27 PM
To: Robinson, Kevin Chief
Subject: RE: [EXTERNAL] : State Requirements for Rescues

Chief Robinson,

The requirement to perform CPR for 30 minutes before transport is in the treatment protocols under cardiac arrest, they can be found at <http://www.health.ri.gov/publications/protocols/StatewideEmergencyMedicalServices.pdf>

The requirement for telemetry is in the Ambulance Inspection Manual in the definition for cardiac monitor and defibrillator. This document can be found at <http://www.health.ri.gov/publications/manuals/AmbulanceLicensureAndInspection.pdf>.

The regulatory references are:

8.1 Each Emergency Medical Technician in discharging his or her functions and responsibilities for specific classifications as outlined hereunder for which he or she is licensed, shall be subject to the current standards of practice as set forth in the *State of Rhode Island Prehospital Care Protocols and Standing Orders* [Reference 6] approved by the Department.

12.23 **Equipment:** Ambulances shall be equipped with no less than the equipment and materials, as specified for each ambulance classification in the current *Ambulance Licensure & Inspection Manual* [Reference 4] issued by the Department.

Thanks,
Eric

Eric D Rossmeisl
Field Technician, EMS
Division of Preparedness, Response, Infectious Disease & EMS
Rhode Island Department of Health
(401) 222-2401



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- Routine patient care.
- In situations where adequate bystander cardiopulmonary resuscitation (CPR) [good quality compressions/other care] is ongoing upon EMS arrival, proceed with BLS or ALS assistance as below. If no bystander care is in progress, begin CPR following current AHA ECC Guidelines.
- A defibrillator (AED or manual) should be applied as soon as available and ECG rhythm analysis should immediately follow. If indicated (VF/VT), electrical therapy should be delivered without delay. The initial shock should be delivered at the defibrillator manufacture's recommended energy dose. Subsequent shocks should be administered as indicated every 2 minutes, interposed between two minute CPR duty cycles.
- Continuous compressions and delivery of electrical therapy should take priority over other care.
- Maintain good quality continuous compressions by switching providers every 2 minutes. **Rhythm checks should occur at this time and pauses should be limited to ≤ 5 seconds.**
- Pre-charge the defibrillator at 1:45 sec of each duty cycles to minimize pre-shock pauses if electrical therapy is indicated.
- CPR should be resumed immediately following the delivery of electrical therapy without a pulse check.
- If an automated CPR device (load-distributing or piston) is utilized, the time for application should be minimized.
- Continuous inline waveform capnography may be helpful in determining the quality of chest compressions identifying return of spontaneous circulation (ROSC).
- If the EtCO₂ is < 10 mmHg, attempt to improve CPR quality.
- Avoid over-ventilation; ventilation should occur at a rate of 10 bpm.
- Advanced airway management (endotracheal intubation or placement of BIAD) should not result in interruption of chest compressions.
- **Regardless of proximity to a receiving facility, absent concern for provider safety, or traumatic etiology for cardiac arrest, continue resuscitative efforts for a minimum of 30 minutes prior to moving the patient to the ambulance or transporting the patient. BLS providers should request ALS if available.**
- If after 30 minutes of resuscitation at the scene, the patient has organized electrical activity or a shockable rhythm or an EtCO₂ ≥ 20 mmHg or signs of life (purposeful motor movement, eye opening) during CPR, consideration should be given to continuing resuscitative efforts at the scene.
- Identify possible treatable etiology of cardiac arrest and manage per appropriate protocol(s) as indicated.

Reversible Causes of Cardiac Arrest

- If return of spontaneous circulation (ROSC) is achieved, manage patient per age

Hypovolemia	Tension pneumothorax
Hypoxia	Tamponade (cardiac)
Hydrogen ion (acidosis)	Toxins
Hypothermia	Thrombosis (pulmonary embolism)
Hypo-hyperkalemia	Thrombosis (coronary)

appropriate *Post Cardiac Arrest Care Protocol*.

- Transport the patient to the nearest appropriate Hospital Emergency Facility. Per the *Post Cardiac Arrest Care Protocol*, patients with hemodynamic instability (MAP <65 or SBP <90, electrical instability (recurrent VF/VT, bradycardia recurring TCP or pharmacologic therapy), or STEMI should be transported to PCI capable facility (see *Routine Patient Care Protocol* - Table 2 - Point of Entry - Specialized Hospital Emergency Facilities).



N-95 Respirators

Vehicle shall be stocked with N-95 Respirator Masks (1 (one) each per crew member).

Sharps Receptacle

Vehicle shall be equipped with at least one (1) rigid, disposable biohazard sharps container. Container must not be full.

III.6 - CARDIAC MONITORING & DEFIBRILLATION

Automatic External Defibrillator Vehicle shall be equipped with an FDA-approved automatic external defibrillator (AED) compliant with American Heart Association (AHA) standards in effect at the time of purchase. The unit must operate according to manufacturer's standards and be current with maintenance and servicing as prescribed by the manufacturer. The unit shall have a fully charged battery and at least one (1) set of adult pads and one (1) set of pediatric pads, if applicable, unopened and appropriate to the defibrillator, or an attenuation device, as applicable.

**Cardiac Monitor
& Defibrillator**

Vehicle shall be equipped an FDA-approved cardiac monitor with manual defibrillator function (biphasic type only), rhythm waveform display, 12 lead ECG, telemetry, pacing and synchronized cardioversion capability. If the unit has an AED capability, it shall be compliant with American Heart Association standards in effect. The unit shall operate according to manufacturer's standards and be current with maintenance and servicing, as prescribed by the manufacturer. The unit shall have a fully charged battery and either device-appropriate hands-free pads and/or paddles, in both adult and pediatric sizes, with conductive gel. The unit shall have a working strip chart recorder with an adequate supply of paper. Electrodes for ECG tracings must be available in the vehicle.



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 Service Plan fax 800.772.3340

To EAST GREENWICH FIRE DEPT
 Attn: Kevin Robinson, Chief
 284 MAIN STREET
 EAST GREENWICH, RI 02818
 (401) 886-8694
krobinson@eastgreenwichri.com

Quote Number 00112033
 Revision # 1
 Created Date 1/31/2018
 Sales Consultant Crystale Perry
 (401) 255-8876
crystale.perry@stryker.com
 FOB Redmond, WA
 Terms All quotes subject to credit approval and the following terms and conditions
 NET Terms NET 30

Expiration Date 3/14/2018

Product	Product Description	Quantity	List Price	Unit Discount	Unit Sales Price	Total Price
99577-001958	LIFEPAK 15 V4 Monitor/Defib, Adaptive Biphasic, Manual & AED, Color LCD, 100mm Printer, Noninvasive Pacing, Metronome, Trending, SpO2, NIBP, 12-Lead ECG, EtCO2, Carbon Monoxide, Bluetooth, Temp INCLUDED AT NO CHARGE: 2 PAIR QUIK-COMBO ELECTRODES PER UNIT - 11996-000091, TEST LOAD - 21330-001365, N-SERVICE DVD - 21330-001486 (one per order), SERVICE MANUAL CD- 26500-003612 (one per order) and ShipKit- (RC Cable) 41577-000290 INCLUDED. HARD PADDLES, BATTERIES, CARRYING CASE NOT INCLUDED.	2.00	37,000.00	-7,075.60	29,924.40	59,848.80
Trade-in product	Trade in of Zoll E-Series towards the purchase of Lifepak 15	2.00	0.00	0.00	-4,000.00	-8,000.00
Trade-in product	Trade in of ACPA towards the purchase of power	1.00	0.00	0.00	-200.00	-200.00
Trade-in product	Trade in of Zoll AutoPulse towards the purchase of LUCAS	2.00	0.00	0.00	-3,000.00	-6,000.00
Trade-in product	Trade in of MBSS towards the purchase of Power Supply	1.00	0.00	0.00	-200.00	-200.00
11140-000015	AC power cord	2.00	83.00	-17.73	65.27	130.54
11140-000052	LP15 REDI-CHARGE Adapter Tray	2.00	211.00	-44.26	166.74	333.48
11141-000115	REDI-CHARGE Base (power cord not included)	2.00	1,555.00	-320.20	1,234.80	2,469.60
11160-000013	NIBP Cuff-Reusable, Child	2.00	25.00	-4.84	20.16	40.32
11160-000017	NIBP CUFF-REUSEABLE, LARGE ADULT, BAYONET	2.00	34.00	-6.28	27.72	55.44
11171-000046	M-LNCS DCI, Adult Reusable Sensor, 1/box	2.00	301.00	-48.16	252.84	505.68
11171-000049	Rainbow DCI Adt Reusable Sensor, 1/box	2.00	640.00	-104.92	535.08	1,070.16
11220-000028	Carry case top pouch for use w/LIFEPAK 12 or LIFEPAK 15	2.00	59.00	-13.14	45.86	91.73
11240-000016	Strip chart recorder paper, 100mm 2rolls/bx (1-23)	4.00	22.00	-5.70	16.30	65.18

Quote Number: 00112033

11260-000039	LIFEPAK 15 Carry case back pouch	2.00	84.00	-17.47	66.53	133.06
11577-000002	LIFEPAK 15 Basic carry case w/right & left pouches; shoulder strap (11577-000001) included at no additional charge when case ordered with a LIFEPAK 15 device	2.00	327.00	-67.27	259.73	519.46
11996-000017	Electrode QUIK-COMBO w/REDI-PAK preconnect	6.00	43.00	-7.05	35.95	215.71
11996-000081	FilterLine Set Adult/Pediatric (box of 25)	1.00	286.00	-46.10	239.90	239.90
11996-000093	Electrode EDGE QUIK-COMBO pediatric RTS	2.00	46.00	-7.44	38.56	77.11
11996-000163	SmartCapnoLine Plus w/O2 delivery - Adult/Intermediate patients>44lbs, 25/box	1.00	357.00	-57.12	299.88	299.88
11996-000359	Temp Sensor, Skin Probe, High Dielectric, Disp (box of 20)	1.00	146.00	-23.36	122.64	122.64
11996-000360	Temp Sensor, Esophageal-Rectal, 9FR, Disp (box of 20)	1.00	156.00	-24.96	131.04	131.04
11996-000369	LIFEPAK Monitor to PC USB Cable	2.00	300.00	-60.94	239.06	478.13
21330-001176	LP 15 Lithium-ion Battery 5.7 amp hrs	9.00	479.00	-97.98	381.02	3,429.22
99576-000043	LUCAS 3.0 Chest Compression System INCLUDES HARD SHELL CASE, SLIM BACK PLATE, TWO (2) PATIENT STRAPS, (1) STABILIZATION STRAP, 2 SUCTION CUPS, 1 RECHARGEABLE BATTERY, AND INSTRUCTIONS FOR USE WITH EACH DEVICE.	2.00	15,950.00	-2,871.00	13,079.00	26,158.00
11576-000060	LUCAS Battery Desk-Top Charger	2.00	1,195.00	-235.86	959.14	1,918.28
11576-000080	LUCAS 3 Battery - Dark Grey - Rechargeable LiPo	2.00	730.00	-124.80	605.20	1,210.40
11576-000071	LUCAS Power Supply	2.00	379.00	-63.65	315.35	630.70
LP15-OSCOMP-1-POS	LIFEPAK 15 Service - 1 YEAR. On-site Comprehensive Coverage for LIFEPAK® 15 Includes: -Services performed at customer's location by a Physio-Control Technical Specialist -Parts and labor necessary to restore device to original specifications -Annual Preventive Maintenance and inspections including quality assurance documentation -Discounts on accessories, disposables, and upgrades -Updates to the latest software version -Preconfigured loaner device provided if needed -Battery Replacement Service	2.00	1,764.00	-252.00	1,512.00	3,024.00
99425-000025	LIFEPAK 1000 (Kit #5) ECG Display, Standard Setup w/carry case, battery & electrodes Included at No Charge: 41425-000034-ShipKit 11425-000012-Strap for Carrying Case 11141-000156-Battery 11996-000017-QUIK-COMBO REDI-PAK electrodes (2 pair per unit) 11111-000016-3 Wire Monitoring Cable 11425-000001-Accessory Pouch 11100-000001-LIFEPATCH ECG ELECTRODES (3 per package) 26500-003457-Operating Instructions	3.00	3,425.00	-616.50	2,808.50	8,425.50
Trade-in product	Trade in of Zoll AED Plus towards the purchase of CR+/LP1000	3.00	0.00	0.00	-250.00	-750.00

Subtotal
Estimated Tax

USD 96,473.95
USD 0.00

Tax will be calculated at time of invoice and is based on the Ship To location where product will be shipped.

Grand Total

USD 96,658.95

Pricing Summary Totals

List Price Total

USD 137,242.99

Total Contract Discounts Amount

USD -2,686.40

Total Discount

USD -22,932.64

Trade In Discounts

USD -15,150.00

Tax + S&H

USD 185.00

GRAND TOTAL FOR THIS QUOTE

USD 96,658.95

Please provide a company issued Purchase Order that includes Billing and Shipping Address.

PO must reference payment terms of Net 30 days.

- OR -**Required information if no Purchase Order is provided**

Billing Address <input type="checkbox"/> same as address on quote	Shipping Address <input type="checkbox"/> same as Billing Address
Account Name	Account Name
Address	Address
City	City
State	State
Zip Code	Zip Code
Accounts Payable Contact Information	
Accounts Payable Contact	Accounts Payable Phone Number
Accounts Payable Email	Customer is Tax Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Customer Signature	
Name	Signature
Title	Date

Optional information:

Special Ship to Address

Comments

For Multiple End Users, please attach a supporting document with End User name, physical location, product type and quantity

To update any customer information, please complete form at www.physio-control.com/account/

Reference Number CP/01441301/114305

General Terms for all Products, Services and Subscriptions.

Physio-Control, Inc. ("Physio") accepts Buyer's order expressly conditioned on Buyer's assent to the terms set forth in this document. Buyer's order and acceptance of any portion of the goods, services or subscriptions shall confirm Buyer's acceptance of these terms. Unless specified otherwise herein, these terms constitute the complete agreement between the parties. Amendments to this document shall be in writing and no prior or subsequent acceptance by Seller of any purchase order, acknowledgment, or other document from Buyer specifying different and/or additional terms shall be effective unless signed by both parties.

Pricing. Prices do not include freight insurance, freight forwarding fees, taxes, duties, import or export permit fees, or any other similar charge of any kind applicable to the goods and services. Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services unless Physio receives a copy of a valid exemption certificate prior to delivery. Discounts may not be combined with other special terms, discounts, and/or promotions.

Payment. Payment for goods and services shall be subject to approval of credit by Physio. Unless otherwise specified by Physio in writing, the entire payment of an invoice is due thirty (30) days after the invoice date for deliveries in the USA, and sight draft or acceptable (confirmed) irrevocable letter of credit is required for sales outside the USA.

Minimum Order Quantity. Physio reserves the right to charge a service fee for any order less than \$200.00.

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Delays. Physio will not be liable for any loss or damage of any kind due to its failure to perform or delays in its performance resulting from an event beyond its reasonable control, including but not limited to, acts of God, labor disputes, the requirements of any governmental authority, war, civil unrest, terrorist acts, delays in manufacture, obtaining any required license or permit, and Physio inability to obtain goods from its usual sources.

Limited Warranty. Physio warrants its products and services in accordance with the terms of the limited warranties located at <http://www.physio-control.com/Documents/>. The remedies provided under such warranties shall be Buyer's sole and exclusive remedies. Physio makes no other warranties, express or implied, including, without limitation, **NO WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND IN NO EVENT SHALL PHYSIO BE LIABLE FOR INCIDENTAL, CONSEQUENTIAL, SPECIAL OR OTHER DAMAGES.**

Compliance with Confidentiality Laws. Both parties acknowledge their respective obligations to maintain the security and confidentiality of individually identifiable health information and agree to comply with applicable federal and state health information confidentiality laws.

Compliance with Law. The parties agree to comply with any and all laws, rules, regulations, licensing requirements or standards that are now or hereafter promulgated by any local, state, and federal governmental authority/agency or accrediting/administrative body that governs or applies to their respective duties and obligations hereunder.

Regulatory Requirement for Access to Information. In the event 42 USC § 1395x(v)(1)(I) is applicable, Physio shall make available to the Secretary of the United States Department of Health and Human Services, the Comptroller General of the United States General Accounting Office, or any of their duly authorized representatives, a copy of these terms, such books, documents and records as are necessary to certify the nature and extent of the costs of the products and services provided by Physio.

No Debarment. Physio represents and warrants that it and its directors, officers, and employees (i) are not excluded, debarred, or otherwise ineligible to participate in the Federal health care programs as defined in 42 USC § 1320a-7b(f); (ii) have not been convicted of a criminal offense related to the provision of healthcare items or services; and (iii) are not under investigation which may result in Physio being excluded from participation in such programs.

Choice of Law. The rights and obligations of Physio and Buyer related to the purchase and sale of products and services described in this document shall be governed by the laws of the state where Buyer is located. All costs and expenses incurred by the prevailing party related to enforcement of its rights under this document, including reasonable attorney's fees, shall be reimbursed by the other party.

Additional Terms for Purchase and Sale of Products.

In addition to the General Terms above, the following terms apply to all purchases of products from Physio:

Delivery. Unless otherwise specified by Physio in writing, delivery shall be FOB Physio point of shipment and title and risk of loss shall pass to Buyer at that point. Partial deliveries may be made and partial invoices shall be permitted and shall become due in accordance with the payment terms. In the absence of shipping instructions from Buyer, Physio will obtain transportation on Buyer's behalf and for Buyer's account. Delivery dates are approximate. Freight is pre-paid and added to Buyer's invoice. Products are subject to availability.

Inspections and Returns. Within 30 days of receipt of a shipment, Buyer shall notify Physio of any claim for product damage or nonconformity. Physio, at its sole option and discretion, may repair or replace a product to bring it into conformity. Return of any product shall be governed by the Returned Product Policy located at <http://www.physio-control.com/Documents/>. Payment of Physio's invoice is not contingent on immediate correction of nonconformities.

No Resale. Buyer agrees that products purchased hereunder will not be resold to third parties and will not be reshipped to any persons or places prohibited by the laws of the United States of America.

Additional Terms for Purchase and Sale of Service Plans.

In addition to the General Terms above, the following terms apply to all Physio Service Plans.

Service Plans. Physio shall provide services according to the applicable Service Plan purchased by Buyer and described at <http://www.physio-control.com/ServicePrograms.aspx> for the length of the subscription purchased and for the devices specified as covered by the Service Plan ("Covered Equipment").

Pricing. If the number or configuration of Covered Equipment changes during the Service Plan subscription, pricing shall be prorated accordingly. For Preventative Maintenance, Inspection Only, Comprehensive, and Repair & Inspect Service Plans, Buyer is responsible to pay for preventative maintenance and inspections that have been performed since the last anniversary of the subscription start date and such services shall not be pro-rated.

Device Inspection Before Acceptance. All devices that are not covered under Physio's Limited Warranty or a current Service Plan must be inspected and repaired (if necessary) to meet specifications at then-current list prices prior to being covered under a Service Plan.

Unavailability of Covered Equipment. If Covered Equipment is not made available at a scheduled service visit, Buyer is responsible to reschedule with the Physio Service Technician, or ship-in the Equipment to a Physio service depot. Physio reserves the right to charge Buyer a surcharge for a return visit. Surcharges will be based on then-current Physio list price of desired services, less 10% for labor and 15% for parts, plus applicable travel costs. The return visit surcharge will be in addition to the subscription price of the Service Plan. To avoid the surcharge, Buyer may ship devices to a Physio service depot. Buyer shall be responsible for round-trip freight for ship-in service.

Unscheduled or Uncovered Services. If Buyer requests services to be performed on Covered Equipment which are not covered by a Service Plan, or are outside of designated Services frequency or hours, Physio-Control will charge Buyer for such services at 10% off Physio-Control's standard rates (including overtime, if appropriate) and applicable travel charges. Repair parts required for such repairs will be made available at 15% off the then-current list price.

Loaners. If Covered Equipment must be removed from service to complete repairs, Physio will provide Buyer with a loaner device, if one is available. Buyer assumes complete responsibility for the loaner and shall return the loaner to Physio in the same condition as received, normal wear and tear exempted, upon the earlier of the return of the removed Covered Equipment or Physio's request.

Cancellation. Buyer may cancel a Service Plan upon sixty (60) days' written notice to Physio. In the event of such cancellation, Buyer shall be responsible for the portion of the designated price which corresponds to the portion of the Service Plan subscription prior to the effective date of termination and the list-price cost of any preventative maintenance, inspections, or repairs rendered after the last anniversary date of the subscription start date.

No Solicitation. During the Service Plan subscription and for one (1) year following its expiration Buyer agrees to not to actively and intentionally solicit anyone who is employed by Physio to provide services such as those described in the Service Plan.

Physio-Control, Inc. | Lifesaving starts here.™

ADDRESS

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800 442 1142

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January 31, 2018

Physio-Control, Inc. is the sole-source provider in the Hospital (hospitals and hospital-owned facilities), Emergency Response Services and Emergency Response Training (paramedics, professional and volunteer fire) markets for the following products:

- New LIFEPAK® 15 monitor/defibrillators
- New LIFEPAK 20e defibrillator/monitors
- New LIFEPAK 1000 automated external defibrillators
- New LUCAS® Chest Compression System
- TrueCPR™ Coaching Devices

Physio-Control, Inc. is the sole-source provider in all markets for the following products and services:

- RELISM (Refurbished Equipment from the Lifesaving Innovators) devices
- LIFENET® System and related software
- CODE-STAT™ Data Review Software
- Factory-authorized inspection and repair services which include repair parts, upgrades, inspections and repairs
- HealthEMS® Software
- HomeSolutions.NET® Software
- ACLS (non-clinical) LIFEPAK defibrillator/monitors
- Heart Safe SolutionSM Government Campus Solution

Physio-Control is also the sole-source distributor of the following products for EMS customers in the U.S. and Canadian markets:

- McGRATH™ MAC EMS Video Laryngoscope
- McGRATH MAC Disposable Laryngoscope Blades
- McGRATH X Blade™

Physio-Control does not authorize any resellers to sell these products or services in the markets listed above. We will not fulfill orders placed by non-authorized businesses seeking to resell our products. If you have questions, please feel free to contact your local Physio-Control sales representative at 800.442.1142.

Sincerely,

PHYSIO-CONTROL, INC.



Matt Van Der Wende, Senior Director, Americas Sales

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