

COMCAST BUSINESS

COMCAST BUSINESS SERVICE ORDER

Company Name: <u>The Library Norris</u>		Order # <u>43560410</u>	
Service Location:		Billing Location:	
Address 1	<u>1 NORRIS SQ</u>	Address 1	<u>100 N MAIN ST</u>
Address 2	<u>OFC</u>	Address 2	<u>STE 210.</u>
City	<u>NORRIS</u>	City	<u>CLINTON</u>
State	<u>TN</u>	State	<u>TN</u>
Zip	<u>37828</u>	Zip	<u>37716</u>
Primary Contact Name	<u>KATHERINE AJMERI</u>	Billing Contact Name	<u>Brian Young</u>
Primary Contact Phone	<u>(865) 494-6800</u>	Billing Contact Phone	<u>(865) 806-9459</u>
Primary Contact Email	<u>norrispl@comcast.net</u>	Billing Contact Email	<u>it@andersoncountytn.gov</u>
Service Term	<u>24 Months</u>	Tax Exempt	<u>Yes</u>
Package Code:	<u>\$150Data_MOB_CP_PerformancePkg_2yr</u>	Promo Code:	<u>\$37.97BTBBasic</u>

Package & Promotion Details

Data, Voice, Secure Package for discounted rate of \$150 for months 1-24, increasing to then regular rate in month 25. Equipment, installation, taxes and applicable fees, including Broadcast TV Fee, Regional Sports Fee, regulatory recovery fee and other charges extra and subject to change. Package includes Business Internet Performance (download speed up to 500 Mbps), 1 Mobility Line, Connection Pro, SecurityEdge. 2 year term agreement required. Additional Mobility Lines can be added at discounted rate of \$25 each for months 1-24, increasing to regular rate in month 25. Additional \$10 monthly discount with enrollment in both paperless billing and automatic payments with bank account via <https://business.comcast.com/myaccount> within 30 days of service installation. If either paperless billing or automatic payment service is cancelled, or automatic payment method is changed to credit or debit card, the monthly service charge automatically increases by \$10.00. \$20 mobile discount limited to customers with Comcast Business Internet Standard service or higher who activate new Comcast Business Mobile service with minimum one Mobile Unlimited line. Mobile discount applied to Comcast Business Internet bill for 12 months. Limit one discount per account. Mobile Unlimited line must be added to account within 30 days of Internet installation and activated within 90 days of Internet installation to qualify for the mobile discount. After 12 months, or if any of the required services are cancelled or downgraded, the mobile discount will be removed. Comcast Business Internet must be installed by 1/7/2026 to qualify for the mobile discount.

Promotion Code \$37.97BTBBasic - Business TV Basic for discounted rate of \$37.97 for months 1-12, increasing to then regular rate in month 13. Minimum Business Internet Essential required. Minimum 2 year term required. Equipment, installation, taxes and fees, including Broadcast TV Fee, Regional Sports Fee, regulatory recovery fee and other applicable charges extra and subject to change.

Customer Initials

Package	Services Included	Qty	Package Monthly Service Charge ¹	Package Non-Recurring Charge ²
Data, Voice, Secure Package	Mobility Lines	1	\$ 150.00	\$ 0.00

Equipment and Additional Service(s)	Qty	Additional Monthly Service Charge ¹	Additional Non-Recurring Charge ²
Equipment Fee			
Package Equipment Fee	1	\$ 27.95	
Equipment Sub Total		\$ 27.95	
Business Voice			
Mobility Lines	1	\$ 25.00	
Business Voice Sub Total		\$ 25.00	
Business Video			
TV Basic	1	\$ 75.95	



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Equipment and Additional Service(s)	Qty	Additional Monthly Service Charge ¹	Additional Non-Recurring Charge ²
Equipment - TV Box + Remote (STB)	1	\$ 11.95	
Broadcast TV Fee	Up To	\$ 37.65	
Regional Sports Fee		\$ 0.00	
Business Video Sub Total (disc not incl)	Up To	\$ 125.55	
Video Discount			
Video Discount		\$ 37.98	
Business Video Sub Total (disc incl)	Up To	\$ 87.57	
Additional Fees			
Standard Installation Fee / Change of Service Fee	1		\$ 69.95
Total Additional Charge		\$ 140.52	\$ 69.95
		Monthly Service Charge¹	Non-Recurring Charge²
Total Charge for Service Order		Up To \$ 290.52	\$ 69.95

¹ Charges identified in the Service Order Agreement are exclusive of maintenance and repair charges, and applicable federal, state, and local taxes, fees, surcharges and recoupments (however designated).

² Non-Recurring Charges in the Service Order Agreement reflect activation and installation fees for this order. This excludes any custom installation fees.

³ Discount per Service (e.g. Business Internet, Business Voice, etc.) based on business offer.

General Special Instructions

AGREEMENT

1. This Comcast Business Service Order Agreement ("Agreement") sets forth the terms and conditions under which Comcast Cable Communications Management, LLC and its operating affiliates ("Comcast") will provide the Services to the above-named customer ("Customer"). This Agreement consists of this document (this "SOA"), the Business Services Customer Terms and Conditions (the "Terms and Conditions"), and any jointly executed amendments ("Amendments") entered under the Agreement. In the event of inconsistency among these documents, the order of precedence will be as follows: (1) Amendments, (2) Terms and Conditions, and (3) this SOA. This Agreement shall commence and become a legally binding agreement upon Customer's execution of the SOA. The Agreement shall terminate as set forth in the Terms and Conditions. The Terms and Conditions are located at <https://business.comcast.com/terms-conditions-smb>. Capitalized terms not otherwise defined in this SOA shall have the meaning ascribed to them in the Terms and Conditions. Use of the Services is also subject to the then-current Acceptable Use Policy for High-Speed Internet Services (the "AUP") located at <https://business.comcast.com/customer-notifications/acceptable-use-policy> (or any successor URL), and the then-current Privacy Statement (the "Privacy Policy") located at <https://business.comcast.com/privacy-statement> (or any successor URL), both of which Comcast may update from time to time.

2. Each Comcast Business Service ("Service") carries a thirty (30) day money back guarantee. If within the first thirty (30) days following installation of a new Service, Customer is not completely satisfied, Customer may cancel the Service and Comcast will issue a refund for the monthly recurring charge paid for the first thirty (30) days of Service, excluding any custom installation fees, voice usage charges, fees, taxes, surcharges and optional service fees. Customer will be charged for any non-refundable fees and other charges. In order to be eligible for the refund, Customer must cancel the new Service within thirty (30) days of installation and return any Comcast-provided equipment in good working order. In no event shall the refund exceed \$500.00. If Customer uses the Service in the first thirty (30) days, Customer will be refunded its subscription fees, but charged the applicable one-time fee. For the avoidance of doubt, this money back guarantee does not apply to renewals of an existing Service.

3. To complete a Voice order, Customer must execute a Comcast Letter or Authorization ("LOA") and submit it to Comcast, or Comcast's third party order entry integrator, as directed by Comcast.

4. New telephone numbers are subject to change prior to the install. Customers should not print their new number on stationery or cards until after the install is complete.

Modifications: All modifications to the Agreement, if any, must be captured in a written Amendment, executed by an authorized Comcast Vice President and the Customer. All other attempts to modify the Agreement shall be void and non-binding on Comcast. Customer by signing below, agrees and accepts the Terms and Conditions of this Agreement.

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5.

6. Once your service appointment is scheduled, you must provide Comcast with 24-hours' notice if you need to cancel. If you fail to cancel at least 24 hours before your scheduled appointment and miss your appointment, a missed appointment fee will apply unless otherwise prohibited.

7. IF CUSTOMER IS SUBSCRIBING TO COMCAST'S BUSINESS DIGITAL VOICE SERVICE, CUSTOMER, BY SIGNING BELOW, ACKNOWLEDGES RECEIPT AND UNDERSTANDING OF THE FOLLOWING 911 NOTICE:

911 Notice

911 Email Notification- If 911 is dialed using the Voice Service, Comcast will send a notification to the Customer designated email address, unless the Customer has opted out of receiving such notifications. Each notification will include the telephone number from which 911 was dialed, location information, and the time the call was placed. After installation of the Voice Service, Customer may change the designated email address and/or decision to receive notifications by calling Comcast at 1-888-824-8104.

Your Comcast voice service ("Voice Service") may have the following 911 limitations:

- For 911 calls to be properly directed to emergency services using the Voice Service, Customer must provide the correct address information ("Registered Service Location") for each telephone number used by Customer. The Registered Service Location may also include information such as floor and office number.
- If the Voice Service or any Voice Service device is moved to a different location without Customer providing an updated Registered Service Location, 911 calls may be directed to the wrong emergency authority, may transmit the wrong address, and/or the Voice Service (including 911) may fail altogether. Customer's use of a telephone number not associated with its geographic location, or a failure to allot sufficient time for a Registered Service Location change to be processed, may increase these risks.
- If a Registered Service Location is deemed to be in an area that is not supported for 911 calls, Customer 911 calls will be sent to an emergency call center where a trained agent will ask for the caller's name, telephone number, and location, and then will contact the local emergency authority.
- The Voice Service uses electrical power in the Customer's premises. If there is an electrical power outage, 911 calling may be interrupted if back-up power is not installed, fails, or is exhausted. Voice Services that rely on a broadband connection may also be interrupted if the broadband service fails.
- Calls using the Voice Service, including calls to 911, may not be completed if there is a problem with network facilities, including network congestion, network equipment, and/or power failure, a broadband connection failure, or another technical problem.

Registered Service Location Updates- The Registered Service Location will be provided to Public Safety Answering Points to assist in responding to a 911 call. Customer may update or otherwise customize the Registered Service Location by:

- Calling Comcast at 1-888-824-8104

BY SIGNING BELOW, CUSTOMER ACKNOWLEDGES THAT IT HAS READ AND UNDERSTANDS THE FOREGOING 911 NOTICE AND THE 911 LIMITATIONS OF THE VOICE SERVICE.

CUSTOMER SIGNATURE		FOR COMCAST USE ONLY	
By signing below, Customer agrees and accepts the Terms and Conditions of this Agreement. General Terms and Conditions can be found at http://business.comcast.com/terms-conditions/index.aspx		Sales Representative	<u>ENTERPRISE BigSouthOE</u>
Signature		Sales Representative Code	
Name		Sales Manager Name	<u>Enterprise Sales Manager</u>
Title		Sales Manager Approval	
Date		Division	<u>Central</u>

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BUSINESS VIDEO CONFIGURATION DETAILS

Outlet Details	Location	Outlet Type
Outlet 1 - Primary	Outlet - 1	TV Box + Remote (STB)

Service Location Occupancy*

* Occupancy required for public view

Additional Comments

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OUTLETS 9 & UP	QUANTITY
TV Box + Remote	0

BUSINESS VOICE CONFIGURATION DETAILS

Directory Listing Details	
Directory Listing (Published, Non-Published, Unlisted)	Published
Directory Listing Phone Number	8654946800
Directory Listing Display Name	TheNorrisLibrary
DA/DL Header Text Information	Library Research Service
DA/DL Header Code Information	066590
Standard Industry Code	8711

Additional Voice Details	
Caller ID (Yes/No)	Yes
Caller ID Display Name(max 15 char.)	TheNorrisLibra r
International Dialing (Yes/No)	No
Call Blocking (Yes/No)	No
Auto Attendant (Yes/No)	No

Hunt Group Configuration Details	
Hunt Group Features Requested	No
Hunt Group 1 Configuration Type	
Hunt Group 2 Configuration Type	
Hunt Group 1 Pilot Number	
Hunt Group 2 Pilot Number	

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Toll Free Phone #	Calling Origination Area	Associated TN

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LETTER OF AGENCY

Please print or type the following **All blank spaces must be completed.**

Billing Name The Library Norris

Billing Address: 100 N MAIN ST STE 210.

City: CLINTON State: TN Zip: 37716

If Company is switching its current phone number(s) to Comcast, please print the telephone number(s) and the name(s) of Company's current local and long distance phone service providers in the spaces below.

Area code(s) and telephone number(s) Company wants switched to Comcast (you may also insert a number range, e.g., 215-555-0000 thru 215-555-9999):

Telephone Number	Current Local Provider	Telephone Number	Current Local Provider
8654942600	ATT		
8654946800	ATT		

Please read the following information:

The undersigned is an authorized representative of the Company. Company chooses Comcast for all its landline calling needs across town, across the country, and worldwide for the telephone number(s) listed above (if applicable). Company understands that Comcast will take the place of its current landline phone service provider(s) for local, local toll, and long distance services. Company understands that, for each of these services, it may designate only one provider per service for any one telephone number. Company also understands that the service provided by Comcast includes all distances, which means that Company may only designate one provider for all of its calling needs for any one telephone number.

The undersigned signature on this form authorizes Comcast to act as Company's agent in making the changes from Company's current service provider(s), and to switch Company's telephone number(s), listed above (if applicable), to Comcast. Company understands that its current service provider(s) may charge a fee to switch its service to Comcast and that Company may consult that provider as to whether a fee will apply.

Please sign here:

Authorized Representative's Signature: _____ Date: _____

Authorized Representative's Name (Print): _____

Authorized Representative's Title _____

CLINICAL AFFILIATION AGREEMENT

This Clinical Affiliation Agreement (hereinafter "Agreement") is made and entered into as of this 12/1/2025 ("Effective Date"), by and between the University Health System, Inc. (hereinafter "Hospital") and Anderson County EMS (hereinafter "School") to provide clinical experiences for participants in educational programs of School (hereinafter "Students").

WHEREAS, Hospital is a facility licensed by the State of Tennessee to provide various forms of inpatient and outpatient care; and

WHEREAS, Hospital is, in addition to its patient care activities, engaged in educational activities regarding the provision of health care services in various disciplines; and

WHEREAS, School desires to utilize services of Hospital in providing clinical experiences for Students enrolled in School's AEMT program ("Programs").

NOW, THEREFORE, in consideration of the mutual covenants and promises herein contained, the parties hereby agree as follows:

1.0 Mutual Responsibilities.

1.1 The Hospital will accept Students selected by the School for a period of clinical education experiences. The nature of the experiences shall be arranged by the School and a designated individual from the Hospital within the stated philosophies and objectives of the School and the Hospital. The experiences are those set forth in Exhibit A, attached hereto and incorporated herein by reference.

1.1.1 The number of Students assigned will be subject to the Hospital's ability, in its sole judgment, to provide a quality educational experience while meeting all Hospital's business objectives and Hospital's ability to maintain quality client service.

1.1.2 This Agreement does not obligate Hospital to accept any particular number of Students, or any Students at all.

1.2 School faculty supervising students in the Hospital are not considered employees of the Hospital.

1.3 All rules and regulations of the Hospital shall be applicable to all faculty of School and the assigned Students while rotating at Hospital.

1.4 The Hospital will have administrative supervision of the Students during the clinical experience; however, the School acknowledges that it maintains ultimate responsibility with respect to the Students including, but not limited to, the entry into and dismissal from the clinical experience; attendance at clinical experience activities; and discipline related to clinical experience activities.

1.5 School may visit Hospital before, after and/or during the Student assignment.

1.6 All medical and/or health care provided to Student or School faculty, whether emergency or otherwise, by Hospital will be at the expense of the respective Student or School faculty member.

1.7 Hospital will not collect tuition or fees from Students for the clinical experience provided to Students under this Agreement.

1.8 School and any Hospital liaison or representative will communicate as often as appropriate to fulfill the objectives of this Agreement.

2.0 School Responsibilities.

2.1 School will notify Hospital of the number of Students and the rotation periods at least four (4) weeks prior to the commencement of any Student's assignment to Hospital.

2.1.1 School may revoke any assignment prior to a Student's entry into the clinical education program of the Hospital.

2.1.2 School will use its best efforts to see that Students selected for participation in training under this Agreement are prepared for effective participation in the activities contemplated by this Agreement.

2.1.3 School may withdraw a Student from his/her assigned clinical education experience at Hospital when, in the School's judgment, the clinical experience does not meet the needs of the Student.

2.1.4 School shall remove a Student from his/her assigned clinical rotation at Hospital at any time requested by Hospital when, in the sole judgment of Hospital, such removal is appropriate.

2.2 School shall provide a written statement of philosophy and the objectives of curricular and clinical education to Hospital.

2.3 School shall appoint a faculty member who will be the liaison or representative for the School with Hospital and provide Hospital in writing the name, address and telephone number of said individual.

2.4 School may assign faculty members to Hospital who are appropriately licensed and/or certified.

2.5 School shall provide written communication to Hospital if requested regarding its performance in providing clinical education experiences.

2.6 School will confirm that all Students and School faculty have completed and submitted to Hospital the TCPS Clinical Passport Version 1 modules and quizzes; access to the Passport must be obtained from Hospital's Student Clinical Coordinator.

2.7 School will require student compliance with the Hospital's rules, regulations and procedures, and use its best efforts to keep students informed as to the same and any changes therein. Specifically, the School will keep each participating student apprised of his or her responsibility:

2.7.1 To follow the administrative policies, standards and practices of the Hospital, including specifically Hospital's Code of Conduct, when the student is in the Hospital.

2.7.2 To provide the necessary and appropriate uniforms and supplies required where not provided by the Hospital.

2.7.3 To report to the Hospital on time and to follow all established regulations during the regularly scheduled operating hours of the Hospital.

2.7.4 To conform to the standards and practices established by the School while training at the Hospital.

2.7.5 To adhere to the requisite professional standards of care applicable to Students in the clinical experiences contemplated under this Agreement.

2.7.6 To keep in confidence all medical and health information pertaining to Hospital patients in compliance with applicable state and federal laws and regulations including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 and the regulations

promulgated thereto.

2.7.7 To keep in confidence all Hospital business practices and operational information.

2.8 Unless the parties agree otherwise, in writing, with respect to a particular student, Hospital requires criminal background checks of all Students participating in the clinical experience. School shall notify Students of this requirement prior to enrollment in the program. It shall be the Students' responsibility to make timely arrangements for the background check and to pay all costs associated with such checks.

3.0 Hospital Responsibilities. The Hospital shall:

3.1 Provide clinical education experiences as set forth in this Agreement to the assigned Students.

3.2 Subject to availability, provide access to the physical facilities, library, and equipment necessary for the Students to obtain the clinical education experiences as set forth under this Agreement.

3.3 Provide appropriate hospital and clinical orientation, including computer documentation, to any assigned School faculty, who will provide such to their Students, for participation in Hospital's activities.

3.4 Designate an appropriate individual within the Hospital to be the liaison or representative to School.

3.5 Request the School to withdraw a Student/Faculty from their assigned clinical education experience when the Student/Faculty, in Hospital's sole judgment, is unacceptable to Hospital; Student's/Faculty's clinical performance is unsatisfactory, inappropriate, or their behavior is disruptive or detrimental to the Hospital and/or patients.

3.6 Participate, when requested by School faculty, in the evaluation of the Student and the clinical education experience.

3.7 Make available, where appropriate, the privileges of Hospital employees (meals, parking, etc.) to School faculty and Students.

4.0 General Agreement.

4.1 Jurisdiction, Venue and Governing Law. It is agreed between the parties hereto that the place of this Agreement, its situs and forum, jurisdiction and venue, will be Knox County, Tennessee. Any and all actions regarding this Agreement, or otherwise, shall be brought in the Courts of Knox County, Tennessee, whether sounding in contract or tort, or relating to validity, construction, interpretation, and enforcement of this Agreement. This Agreement shall be governed by the laws of the State of Tennessee.

4.2 Responsibility for Care. It is understood that patient care services are the responsibility of Hospital and under its control and supervision and as directed by members of its medical staff.

4.3 Responsibility for Education and Students. It is understood that the education program and all Students placed at Hospital under this Agreement are under the control and supervision of School, and not Hospital.

4.4 Term and Termination. The term of this Agreement shall begin on the Effective Date mentioned above and shall continue in full force for a period of 2 years. This Agreement may be terminated at any time by either party without penalty provided that written notice of such termination is furnished to the other party at least thirty (30) days prior to termination.

4.5 Prior Agreements. Any and all prior agreements of School and Hospital regarding the subject matter as contained in this Agreement shall, by mutual consent of School and Hospital terminate

as of the effective date of this Agreement if said agreements have not terminated under their own terms prior to the effective date of this Agreement. The parties acknowledge that these prior agreements shall control, in all respects, the relationship of the parties during the time periods to which those agreements were applicable, including any payment obligations contained in any prior agreement.

4.6 Compliance with Laws and Regulations. The parties intend this Agreement and the operation of the clinical education experience to comply with all applicable laws and regulations, including those relating to any applicable reimbursement of the Hospital and the School for care provided to patients under governmental reimbursement programs. The parties agree to work together in good faith to ensure continuing compliance in the operation of the clinical experience and to negotiate in good faith any modifications or additions to this Agreement which may be necessary from time to time to maintain compliance with a changing regulatory environment. In the event that there is a change in the laws and regulations governing this Agreement or the reimbursement of either party for care provided to patients under governmental reimbursement programs which materially affects the operation of the clinical experience or the reimbursement available to either party, then either party may give written notice to the other requesting renegotiation of this Agreement to meet that change and the parties shall proceed in good faith with such renegotiation. If the parties fail within sixty (60) days of such notice to reach agreement on new or modified terms for the operation of the clinical experience, this Agreement shall then terminate.

4.7 Entire and Exclusive Agreement. This Agreement constitutes the entire agreement between the parties, incorporating and superseding all prior agreement, oral or written; and no provisions hereof may be omitted or modified except in writing signed by the parties. No provision of this Agreement may be waived except in writing signed by the party from whom such waiver is sought, and such waiver shall be effective only in the specific instance and for the specific purpose given.

4.8 Assignment. Neither party hereto shall assign this Agreement or any rights, obligations or duties hereunder without first obtaining the written consent of the other party.

4.9 Notices. Notice of communication required to be given pursuant to this Agreement, or otherwise, shall be given to the respective parties by hand, by mailing when deposited with the United States Postal Service, certified or registered mail, or by overnight courier to the following addresses unless otherwise designated by either party by written notice one to the other:

If to School:

Bobbi Jo Henderson
Deputy Direction of Education
314 Public Safety Lane
Clinton, TN 37716

If to Hospital:

President and CEO
University Health System, Inc.
2121 Medical Center Way, Suite 200
Knoxville, TN 37920

With a copy to:
Student Clinical Coordinator
University Health System, Inc.
1924 Alcoa Highway
Knoxville, TN 37920

4.10 Liability and Insurance. School agrees to maintain adequate general and professional liability insurance in an amount not less than \$1 million per occurrence \$3 million aggregate for itself, its employees, and Students. School agrees to name Hospital as an additional insured under its policies of insurance if requested by Hospital. Hospital agrees to maintain adequate general and professional liability insurance for itself and its employees. School will provide evidence of such insurance coverage of School and Students prior to placement of Students under this Agreement.

4.11 Subcontracting. Neither party shall subcontract any part of this Agreement without the

prior written consent of the other party.

4.12 Severability. If any parts of this Agreement are found to be void or prohibited by or unlawful or unenforceable under any applicable law, the remaining provisions of this Agreement shall nevertheless be binding with the same effect as though the voided parts were deleted.

4.13 Counterparts. This Agreement may be executed in any number of counterparts, each original of which, when taken together, shall constitute one Agreement.

4.14 Titles and Subtitles. Titles of paragraphs and subparagraphs are placed herein for convenient reference only and shall not in any event have the effect of modifying, amending, or changing the expressed terms and provisions of this Agreement.

4.15 Words of Gender and Number. As used herein, unless the context clearly indicates to the contrary, the singular number shall include the plural and the singular, and the use of any gender shall be applicable to all genders.

4.16 Nondiscrimination. No person on the grounds of disability, age, race, color, religion, sex, national origin, veteran status or any other classification protected by federal and/or Tennessee constitutional and/or statutory laws shall be excluded from participation in, or be denied benefits of, or be otherwise subjected to discrimination in the performance of this Agreement.

IN WITNESS WHEREOF, the Parties have entered into this Agreement as of the date first above written.

UNIVERSITY HEALTH SYSTEM, INC.

BY: _____

BY: _____

TITLE: _____

TITLE: President and CEO

EXHIBIT ADescription of Clinical Educational Experience

Patient Assessment:

- Medical
- Trauma
- Pediatric

Airway

- OPA
- NPA
- Oxygen Administration
- CPAP/BiPAP
- Stoma Care
- Supraglottic Airways

Vascular and Medication Access

- IV
- IO
- IM
- IN
- SQ

BLS CPR/Cardiac Arrest Management to include Epi Administration

Bleeding Control/Shock Management

Tourniquet Application

Long Bone Immobilization

Joint Immobilization

Medication administration

- Med Math
- Medication Delivery, including pain management (observation only if policy)