

**FIRST AMENDMENT TO AGREEMENT NO. 2023-072  
BETWEEN CHARLOTTE COUNTY  
and  
THE SCHOOL DISTRICT OF MANATEE COUNTY  
d/b/a Manatee Technical College  
for  
CLINICAL PRACTICE**

**THIS AMENDMENT #1** to Agreement No. 2023-072 (the "Amendment") is made and entered into by and between **CHARLOTTE COUNTY**, a political subdivision of the State of Florida, whose address is 18500 Murdock Circle, Port Charlotte, Florida 33948-1094 (the "County"), and **THE SCHOOL DISTRICT OF MANATEE COUNTY**, d/b/a Manatee Technical College, whose address is 215 Manatee Avenue West, Bradenton, Florida 34205, (the "School Board").

**RECITALS**

**WHEREAS**, the County and the School Board entered into Agreement No. 2023-072 (the "*Master Agreement*") on or about August 8, 2023, to engage County as a provider of clinical experience for Manatee Technical College (MTC) EMT/Paramedic students (the "Project"); and

**WHEREAS**, the *Master Agreement*, whose original term commenced August 8, 2023, and continues through June 30, 2026, provides the County with an option to extend the *Master Agreement* for an additional three school years.

**WHEREAS**, pursuant to paragraph (a) of the "***Term and Renewal – Terminations***" section of the *Master Agreement*, the County desires to exercise its option and the School Board desires to extend the *Master Agreement*.

**NOW, THEREFORE**, in consideration of the mutual covenants contained herein, the County and the School Board agree as set forth below:

1.1. The above recitals are hereby incorporated into and made part of this Amendment to the *Master Agreement*;

1.2. Exhibit A of the *Master Agreement* is hereby replaced in its entirety with **Exhibit A** attached hereto.

1.3. The *Master Agreement* is hereby extended by this Amendment for a period of three (3) years commencing July 1, 2026, and terminating June 30, 2029.

1.4 All remaining terms of the *Master Agreement* not amended by, or in conflict with, this Amendment remain in full force and effect.

1.5 This Amendment may be executed in counterparts, each of which shall be deemed an original, and which collectively will be deemed one document.

[SIGNATURE PAGES FOLLOW]

**IN WITNESS WHEREOF**, the Parties hereto have entered into this Amendment as of the date last signed by the parties.

**ATTEST:**

Roger D. Eaton, Clerk of the Circuit Court and Ex-Officio Clerk to the Board of County Commissioners

By: \_\_\_\_\_  
Deputy Clerk

**BOARD OF COUNTY COMMISSIONERS  
OF CHARLOTTE COUNTY, FLORIDA**

By: \_\_\_\_\_  
Joseph M. Tiseo, Chairman

Date: \_\_\_\_\_

**APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY:**

By:  \_\_\_\_\_  
Thomas M. David, County Attorney  
LR26-0341 

**ATTEST:**

**THE SCHOOL BOARD OF MANATEE  
COUNTY, FLORIDA**

By: \_\_\_\_\_  
Laurie Breslin, Superintendent

By: \_\_\_\_\_  
Cindy Spray, Chair

Date: \_\_\_\_\_

**APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY:**

By: \_\_\_\_\_  
Stephen R. Dye, School Board Attorney

## **EXHIBIT A**

### **POST-EXPOSURE PROTOCOLS FOR STUDENT EXPOSURES TO BLOODBORNE PATHOGENS AT AFFILIATE**

#### **Student Exposure to Bloodborne Pathogens**

In the event a Student is exposed to blood or other potentially infectious materials, Affiliate, business, or governmental entity shall immediately provide the attached *Notification Letter for Adult Health Occupation Students* to the exposed Student to sign and date. Affiliate will retain a copy of the signed form. Affiliate shall immediately advise the exposed Student to go to their family physician, urgent care facility or hospital emergency room to seek immediate evaluation and treatment. Affiliate shall attempt to obtain consent from the source individual to have their blood tested to determine HBV, HCV and HIV infectivity and provide that information to the Student through their designated licensed healthcare professional. Affiliate shall comply with all federal, state and local regulations related to maintaining medical confidentiality and protection of personal health information. The School District of Manatee County, Florida, and Affiliate are not responsible for the payment of costs related to a Student's post-exposure evaluation, prophylaxis, counseling or treatment. The Student is responsible for the payment of all costs related to exposure evaluation and treatment.



School District of Manatee County
P.O. Box 9069
Bradenton, Florida 34206-9069

Dr. Laurie Breslin
SUPERINTENDENT
\*\*\*
215 MANATEE AVENUE WEST
BRADENTON, FL 34205
TELEPHONE (941)708-8770
FAX (941)708-8686

SCHOOL BOARD
Cindy Spray, CHAIR\*
Richard Tatem, Vice Chair
Chad Choate III
Heather Felton
Charlie Kennedy

Notification Letter for Adult Health Occupation Student

Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Class: \_\_\_\_\_

Dear Student:

You, \_\_\_\_\_, were involved in an incident where you may have been exposed to blood and/or other potentially infectious materials on \_\_\_\_\_. (Date)

You must consult with your family physician, urgent-care facility or hospital emergency room for further evaluation and follow-up.

This is a very important health matter and your prompt attention is necessary to avoid any possibility of complications in the future.

Please complete the Adult Health Occupation Student section below. The business entity shall provide a copy of the signed letter to you and a copy to your instructor.

Please call your instructor if you have any questions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Health Care Facility

TO BE COMPLETED BY THE ADULT HEALTH OCCUPATION STUDENT
I, \_\_\_\_\_, acknowledge receipt of this letter.
\_\_\_\_\_  
Adult Health Occupation Student's Signature Date Signed