

Pettis County Ambulance District EMS Dedicated Standby Services Agreement

The Pettis County Ambulance District (PCAD) understands the importance of providing EMS during special events or community programs. The enclosed *Dedicated EMS Standby Agreement* must be utilized in order to arrange any special EMS coverage.

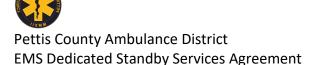
In order for any organization or governmental entity to request special standby services from PCAD, the enclosed agreement must be requested, completed, signed and returned to PCAD at least seven (7) days prior to start of any single occurring special event.

Although PCAD will make every effort to provide the level of service requested, no specific coverage can be guaranteed due to the nature of EMS and the fact that the first priority of EMS is to respond to 911 calls. Please read the enclosed agreement carefully for details.

To complete the process of requesting dedicated standby services from Pettis County Ambulance District, please accurately complete the enclosed agreement and submit it to PCAD before applicable deadlines.

You may return completed and signed agree	ments to:				
Fax:	Mail:	Mail:			
660.829.0668	Pettis County Ambula	Pettis County Ambulance District			
Pettis County Ambulance District	encl: Dedicated Stand	encl: Dedicated Standby Agreement			
Attn: Scheduling	P.O. Box 1383	P.O. Box 1383			
	Sedalia, MO 65302				
Pettis County Ambulance District Dedicated	EMS Standby Agreement				
THIS AGREEMENT, entered into this	day of	, 20	_ by and		
between Pettis County Ambulance District (P	CAD) and				
	(SERVICE USER).				
WHEREAS, SERVICE USER is requesting dedic	ated standby services; and				
WHEREAS, PCAD is willing to provide such se	rvices under the terms set fo	orth herein	ı;		
NOW, THEREFORE, it is agreed as follows:					

1. Pettis County Ambulance District agrees to provide dedicated EMS standby service(s) to the SERVICE USER named above. Standby service, meaning an emergency vehicle staffed with two medical technicians, will locate themselves at a function or event and will remain dedicated to that event unless an emergency occurs and their services are required elsewhere. Such vehicle will be equipped to provide care in either an Advanced Life Support or Basic Life Support capacity as required by the SERVICE USER. Pursuant to #3 below, dedicated standbys are subject to the availability of EMS crews and resources.



- 2. PCAD agrees to provide dedicated ALS or BLS standby emergency medical service(s) to the SERVICE USER named above for the dates, times, and locations specified in the STANDBY AND USER INFORMATION section.
- 3. Due to the call volume of EMS, dedicated standby services are subject to the availability of off-duty crews and spare emergency vehicles. In addition, even if a SERVICE USER requests and agrees to the conditions of dedicated standby services, certain extreme, catastrophic, or immediate life-threat emergencies may still require Pettis County Ambulance District to utilize the technicians/ambulance assigned to the dedicated standby. If this occurs during a scheduled dedicated standby (with this AGREEMENT in place), and a lapse of on-site EMS coverage occurs, another ambulance/crew will be routed to the event upon availability,
- 4. <u>Hourly charges for this service</u> begin 1 hour prior from the time the crew arrives at the designated standby until 1 hour after it is released from the event, with a *two-hour minimum charge per dedicated standby service*. PCAD reserves the right and will typically waive fees for school-sponsored sporting events (e.g. varsity football games). Dedicated standby service fees are as follows:
 - a. Two hundred twenty-five dollars per hour (\$225/hr) for each Advanced Life Support (ALS) unit. ALS units are staffed with two persons, at least one of which is an ALS provider (Paramedic).
 - b. Two hundred dollars per hour (\$200/hr) for each Basic Life Support (BLS) unit. A BLS unit is staffed by two Emergency Medical Technicians.
 - c. One hundred dollars per hour (\$100/hr) for a PCAD Quick Response Vehicle and Paramedic (ALS)
 - d. Seventy-five dollars per hour (\$75/hr) for a PCAD Quick Response Vehicle and EMT (BLS)
- 5. Upon completion of dedicated standby services, Pettis County Ambulance District will bill SERVICE USER for all costs associated with this agreement and SERVICE USER agrees to pay all fees within 30 days of invoice receipt.
- 6. PCAD reserves the right to refuse any Dedicated Standby Agreement submitted by SERVICE USER less than seven (7) days prior to the start time of requested dedicated standby services event.
- 7. This agreement may be canceled by either party by giving 24-hours advance notice, if cancelation is done less then 24-hours in advance the SERVICE USER will be charged a 1 hour minimum at the rate of service that was initially requested.
- 8. Nothing herein shall be construed to create a higher standard of care on the part of EMS than generally recognized under the laws of the State of Missouri Bureau of EMS. PCAD crews may only operate under written protocols and procedures specifically approved by the PCAD Service Medical Director.
- The charges provided for herein reflect only those charges associated with making EMS more readily available to the SERVICE USER. The normal charges for the care and transportation of patients will be the responsibility of the patient.



EMS Dedicated Standby Services Agreement

STANDBY AND SERVICE USER INFORMATION ATTACH PROOF OF EVENT OR ORGANIZATIONAL INSURANCE WHEN SUBMITTING THIS FORM

The following SERVICE USER information will be used by Pettis County Ambulance District for scheduling and billing for EMS dedicated standby services.

Name/Title of Event:						
EVENT OCCURRENCE						
Date:	Start Time:	End Ti	me:			
Location:						
EVENT OCCURRENCE	2 (if applicable)					
Date:	Start Time:	End Ti	me:			
Location:						
(If request is for more	e than 2 event occurr	ences attach addit	ional details to	agreement)		
Organization Name: _						
Primary Contact Pers	on's Name (print):					
Mailing Address (for I	billing):					
City:	State:	Zip	Code:			
Phone #:	Phone # da	Phone # day of event (if different):				
Email Address (if avai	lable): F, the parties hereto	have executed thi	s agreement o	 n the date first noted		
above.						
SERVICE USER		Pettis Co	ounty Ambulan	ce District		
Printed Name		Printed Name				
Signature		Signature				
		Inc. #	Event 1	Event 2		
		Time Arrived				
		Time Cleared				
		Total Hours				
		Total Charge		\$		