



**Southern Chester County EMS
Application and Agreement for
Paramedic Event Medical Coverage**

1. Name of the Event _____
2. Sponsor of the Event _____
3. Event Date _____ Rain Date _____
4. Event Location _____
5. Time of Event Start _____ Time of Event Finish _____
6. Set-up Time _____ Breakdown Time _____
7. Estimated Number of Attendees (Participants and Spectators) _____

EVENT COORDINATOR INFORMATION

1. Event Manager's Name _____
2. Mailing Address _____
3. E-mail Address _____
4. Day of Event Contact Person _____
5. Day of Event Contact Person's Cell Phone Number _____

HIRING ORGANIZATION INFORMATION

1. Name of Organization Requesting Service _____
2. Contact Person _____
3. Position of Contact Person _____
4. Billing Address _____

EVENT HISTORY AND DETAILS

1. Has this event been held before? Yes ___ No ___

2. If yes, please indicate: When (month/year) _____/_____

3. Who was the Sponsor? _____

4. Were there any medical emergencies during previously held events? Yes ___ No ___

If so:

Did any medical emergencies require ambulance transport to a hospital?

Yes ___ No ___ If yes, how many? _____

5. Will alcoholic beverages be served at the venue? Yes ___ No ___

6. What paramedic resources are being requested or will be needed for the event?

(The Southern Chester County EMS reserves the right to determine the proper resources required to provide appropriate medical coverage for an event, and to reject requests or assignments that are not properly resourced.)

One paramedic and equipment in one non-transporting paramedic unit

Two paramedics and equipment in two non-transporting paramedic unit(s)

EVENT SIGN AND SITE LAYOUT

1. Use this space or add an attachment to show the location for each of the following:

Activity areas/tents/kiosks/structures, Food/cooking/hand washing facilities.

Area(s) where alcohol will be served. Music/bandstand area/speakers/sound booth

Restrooms/portable toilets Parking areas/shuttle bus stops. Road closures and street barricades. First Aid Stations.

Please include a map of event showing entire course/activities.

SOUTHERN CHESTER COUNTY EMS (SCCEMS) CONTRACTUAL DUTY POLICIES

1. Southern Chester County EMS will provide dedicated advanced life support coverage for an event. The current rate for a paramedic unit with (1) paramedic is \$100.00 per hour. A four (4) hour minimum is required for each contractual duty job. Preparation and travel time to and from the venue will be included in the invoice.

2. All assignments require completed and signed Application and Agreement to Hire Paramedics for Event Medical Coverage and Indemnification Agreement. The completed documents should be returned to:

Southern Chester County EMS
PO Box 8012
West Grove, PA 19390

The completed Application and Agreement to Hire Paramedics for Event Medical Coverage and Indemnification Agreement should be submitted at least 30 days prior to the scheduled event.

3. Southern Chester County EMS reserves the right to determine the proper EMS resources required to provide appropriate medical coverage for an event, and to reject requests or assignments that are not properly resourced. This is not negotiable, and is required for proper medical coverage and public safety at certain events.

4. Paramedics assigned to a special event may, or may not engage in the transport of patients from the venue to a hospital, if continued EMS coverage cannot be maintained at the special event site. The organization requesting emergency medical services coverage should specify if they are requesting continuous, uninterrupted event medical coverage. It will be understood that SCCEMS reserves the right to transport from this event any person(s) for medical reasons to area hospitals determined by SCCEMS at the request of any person(s) requiring medical attention. A reasonable attempt will be made to relocate another unit to the event grounds prior to transport. SCCEMS will not be held responsible for delays, interruptions, or stoppage/cancellation of the event due to transporting person(s) off event grounds for medical reasons. Other relocated units will not be committed to the event and must remain available for emergencies outside of the event area.

5. SCCEMS staff will use one person as the primary contact for event coordination and planning. This may be the same point of contact for the event.

6. A minimum of twenty-four (24) hours notification is required for cancellation of any scheduled event coverage by SCCEMS. Both verbal and written confirmation of the cancellation is required. Verbal notification of a cancellation must be made to the Southern Chester County EMS Chief at 610.842.1690 and written confirmation of the cancellation should be emailed to rhotchkiss@sccems.org.

A failure to provide a minimum of twenty-four (24) hours notification of the cancellation of any scheduled SCCEMS coverage will result in the User being charged a minimum of four (4) hours for each SCCEMS paramedic scheduled for the assignment.

7. Southern Chester County EMS paramedics are required to provide service in compliance with the Pennsylvania Basic and Advanced Life Support Treatment Protocols issued by the Pennsylvania Department of Health. SCCEMS cannot and will not take orders or direction by any "on scene" emergency medical technicians, paramedics, nurses, doctors, or any other medical staff even if they are affiliated and/or contracted by or for the event. If such person does administer care to the extent, that such care is outside the scope of practice, and/or the laws and protocols that govern the care prior to patient contact by this entity, SCCEMS reserves the right to have said person remain with that patient(s) up to and including transport to the hospital.

8. Southern Chester County EMS may, at its sole discretion, cancel any or all contractual duty assignments due to departmental conflicts or operational necessity. Acceptance of an assignment does not guarantee that paramedics will be found to work an event.

9. The responsible party on the Application and Agreement for Hire of Southern Chester County EMS Paramedics for Event Medical Coverage will be invoiced for paramedic services rendered after the event. Payment should be payable to Southern Chester County EMS within 30 days of receipt with a notation of the name and date of the event and mailed to:

Southern Chester County EMS
PO Box 8012
West Grove, PA 19390

10. Southern Chester County EMS will not schedule staff for special events for organizations with overdue payments or unresolved returned checks from previous events.

INDEMNIFICATION AGREEMENT

_____ shall indemnify, defend and hold harmless Southern Chester County EMS, its paramedics, employees and agents from and against any and all claims, losses, liabilities or exposure, damages, demands and actions, however caused, including payment of reasonable attorney's fees, arising out of or resulting from the performance of the service provided pursuant to this

User Agreement.

Signed: _____

Printed Name: _____

Position: _____

Date: _____

USER AGREEMENT

I am requesting the assignment of Southern Chester County EMS to provide dedicated medical coverage of the event described herein. I have reviewed the Southern Chester County EMS Contractual Duty Policies and understand the terms and conditions of the Agreement. I further attest that the above information contained in the Application and Agreement is true and accurate.

Signed: _____

Printed Name: _____ Date: _____