



Detail or Stand-by Policy and Request

From time to time it becomes necessary for a community organization, school, or business to request that an ambulance stage at the scene of a special event. It is the policy of Marple Township Ambulance Corps (MTAC) to provide this service without reservation. However, in the recent years it has become increasingly more expensive to provide this service without compensation, especially when the event calls for a crew to be “committed” to the scene. On average, the cost for a basic life support ambulance to leave the station alone is in the area of \$510.00 dollars; this includes personnel, personnel training, equipment, fuel and insurance.

The MTAC Board of Directors have adopted a “stand-by” policy which is intended to better serve the community and allow us to prepare in advance for your special event.

Definitions:

Basic Life Support - QRS: A QRS (Quick Response Service) is staffed with one EMT, that is capable of handling basic life support emergencies, such as falls, fractures, nausea, vomiting or dizziness. This is a non - transporting unit that is capable of providing immediate care until an ambulance arrives to transport.

Basic Life Support Ambulance: A fully staffed BLS crew, with two EMTs, that is capable of handling basic life support emergencies, such as falls, fractures, nausea, vomiting or dizziness. **For most events, a BLS crew is all that is needed.**

Advanced Life Support Responder: An ALS Responder crew consists of one paramedic and is capable of handling emergencies such as cardiac or respiratory events. This is a non - transporting unit that is capable of providing immediate ALS care until an ambulance arrives to transport.

Advanced Life Support Ambulance: A fully staffed ALS crew consists of one paramedic and one EMT and is capable of handling emergencies such as a cardiac or respiratory event. Keep in mind, any BLS crew will start care of an emergency patient and call for the appropriate level of care as needed.

Detail or Stand-by: Any event where an ambulance or responder is requested to be on-site by the member of the sponsoring organization. For example, a high school football game.

Committed Crew: A *committed* crew shall consist of a crew that is dedicated to the special event and shall not answer calls outside of the event.

Procedure:

Please determine the level of care and crew type you need for your special event. Complete the request application form and return it to MTAC as soon as possible and fax it to **610-356-9502** or email to bdowney@marpleems.com. Contact our station at **610-356-1639** (*leave message if necessary*) if you have any questions. Remember, it is important to give us as much notice as possible since the shortage of emergency medical personnel in the area has placed a great demand on our resources.

If you are having difficulty determining the level of care, call us and ask us what our recommendation would be based on the description of the event. We **MUST HAVE** the completed form at least 30 days prior to the event in order to guarantee your request. If it is not completed within the time frame we will do our best to have at least a responder or the “on-call crew” at the event. MTAC reserves the right to deny requests based upon concurrent requests, 911 emergency medical needs, staffing and equipment availability.

With MORE THAN 30 days notice in writing

<u>Committed BLS QRS:</u>	Two hours of dedicated coverage	\$100.00
<u>Committed BLS Ambulance:</u>	Two hours of dedicated coverage	\$220.00
<u>Committed ALS Responder:</u>	Two hours of dedicated coverage	\$200.00
<u>Committed ALS Ambulance:</u>	Two hours of dedicated coverage	\$300.00

Cost after first two dedicated hour's

<u>Committed BLS QRS:</u>	Each additional hour	\$50.00
<u>Committed BLS Ambulance:</u>	Each additional hour	\$110.00
<u>Committed ALS Responder:</u>	Each additional hour	\$100.00
<u>Committed ALS Ambulance:</u>	Each additional hour	\$150.00

Terms and conditions, MTAC is a non-profit corporation which receives no recurring tax-funding and must operate on sound financial decision making when it comes to scheduling career personnel and equipment, therefore:

- MTAC reserves the right to refuse any request regardless of ability for reimbursement.
- An invoice will be sent and payment in full is expected before the day of the event.
- If payment in full is not received by the day of the event MTAC reserves the right to cancel the events services without notice.
- If services are carried out by MTAC without payment by the day of the event, a surcharge of 1.5% will be immediately added and an additional surcharge of 1.5% will be added for each subsequent month payment is late.
- Requests for event services may be cancelled up to 5 days in advance by written notice to bdowney@marpleems.com. Cancellations for any reason given with less than 5 days notice will result in the event being charged in full.
- MTAC reserves the right to discontinue and or refuse service without notice to any event based upon previous lack or lateness of payment or failure to comply with MTAC detail request procedures.
- MTAC reserves the right to cancel services without notice at anytime based upon the emergency needs of the community.
- Organizations that wish relief from charges may submit a written request to the Marple Township Ambulance Corps Board of Directors at PO Box 172, Broomall, PA 19008.

When making such requests, please be mindful that MTAC is a non-profit organization with 501(c)3 status which does not receive any recurring tax funding and requests for event fee waiver for non-profit sponsored events is not enough merit on its own.

As always we will continue to provide the “excellence in pre-hospital care” our community deserves and has come to expect of MTAC. We thank you for your continued support and understanding in the ever changing world of emergency medicine.



Emergency Calls: Dial 911

Administrative Office

Marple Township Ambulance Corps

P.O. Box 172
610 Parkway Dr.
Broomall, PA 19008
Office: (610) 356-1639
Fax: (610) 356-9502

Request of Ambulance Detail / Stand-by Form

Date of Event _____ Today's Date of Request _____

Coverage request: Committed BLS Crew Committed ALS Crew Stated Fee: _____

Return form to:

Contact Persons Name: _____ Phone Number: _____ Email: _____

Billing Address: _____

Name of Event: _____ Type or Description of Event: _____

Location of Event: _____

Estimated Attendance: _____ Start Time: _____ End Time: _____

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(signature)

(title)