



# Coffey County EMS Special Service Agreement

Coffey County EMS understands the importance of providing EMS services during special events or community programs. The enclosed Special EMS Service Agreement must be utilized in order to arrange any special EMS coverage provided by Coffey County EMS.

Special EMS Services differ depending on the organization requesting (government vs. business vs. nonprofit) services and the level of coverage that the requesting organization desires. The contents of the enclosed agreement should be carefully reviewed and completed depending on the nature of your event and the characteristics of the hosting organization.

For any organization or governmental entity to request special standby services from EMS, the enclosed agreement must be requested, completed, signed and returned to EMS at least 72 hours prior to start of any single occurring special event. Extended events (> 4 hours), multi-day events, or large events (> 1,000 attendees) must be arranged and this agreement returned to EMS at least seven (7) days prior to the start of the event.

**Although Coffey County EMS will make every effort to provide the level of service requested, no specific level of service or coverage can be guaranteed due to the nature of EMS services and the fact that the first priority of EMS is always response to 911 calls made by Coffey County Citizens.** Please read the enclosed agreement carefully for details.

Coffey County EMS always seeks to provide the best EMS services to citizens and those that requests special services and we always welcome feedback should you have any questions or concerns.

To complete the process of requesting special standby services from Coffey County EMS, please accurately complete the enclosed agreement and submit it before applicable deadlines.

**You may return the completed and signed agreement to “ATTN: Special Service Agreement” by email, fax, or mail:**

**Email:** [Jpresley@coffeyhealth.org](mailto:Jpresley@coffeyhealth.org)

**Fax:** 620-364-4551

**Mail/In Person:** Coffey County EMS, 801 N 4<sup>th</sup> ST Burlington, KS 66839

Questions or concerns can be addressed to Jesse Presley at (620) 364-4551



# Coffey County EMS Special Service Agreement

**Agreement All those requesting special EMS services must read, understand, complete, sign and submit this agreement AND the attached Request Form before applicable deadlines.**

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THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between Coffey County Emergency Medical Services, (EMS) and \_\_\_\_\_ (*SERVICE USER*).

WHEREAS, "*SERVICE USER*" is desirous of contracting for special EMS services; and WHEREAS, "EMS" is willing to provide such services under the terms set forth herein; NOW, THEREFORE, it is agreed as follows:

1. "EMS" Agrees to provide special service(s) to the "*SERVICE USER*" named above for the dates, times, and locations, and at the service level specified, in the "SPECIAL SERVICE REQUEST FORM" SECTION.
2. "EMS" always places priority of ambulances and EMS personnel on emergency 911 requests for EMS services. As such, NON-DEDICATED services to extended events are subject to the availability of the off-duty personnel.
3. If a "*SERVICE USER*" requests and agrees to the conditions of Dedicated Standby Services, certain extreme, catastrophic, or immediate life-threatening emergencies may still require "EMS" 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 significant lapse of on-site "EMS" coverage occurs, another ambulance/crew will be immediately routed to the event, and all fees associated with this AGREEMENT will be waived.
4. Upon completion of Dedicated Standby Services, "EMS" 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.
5. "EMS" reserves the right to refuse any Special Services Agreement submitted by "*SERVICE USER*" less than 72 hours prior to the event.
6. "*SERVICE USER*" agrees to pay a late filing fee of \$250.00 if this request for Special Services was received by "EMS" less than 72 hours prior to the start time of the event and "EMS" still provided Special Services for the event. "*SERVICE USER*" requesting DEDICATED Special Services agrees to pay late filing fee in addition to any applicable hourly Special Services fee(s) agreed to herein.



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7. If the “SERVICE USER” is entering into this agreement as a NONPROFIT organization AND requesting a NON-DEDICATED STANDBY, a copy of the “SERVICE USER” organization’s IRS Determination Letter MUST be attached to this agreement to qualify for waived fees. Governmental agency confirmation will be conducted by “EMS” before any “SERVICE USER” filing as such will be provided service by “EMS” for waived fees.
  
8. The parties agree that commercial service/for profit events and users are not eligible for nondedicated standby (no fee) services and the “SERVICE USER” will be billed, and agrees to pay, for special EMS services following the conclusion of the event.
  
9. “EMS” reserves the right to refuse all future requests for special services to any “SERVICE USER” that fails to remit payment of fees within 30-days of invoice.
  
10. This agreement may be cancelled by either party by giving 48-hours advanced notice.
  
11. 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 Kansas for “EMS” services.
  
12. The charges provided for herein reflect only those charges associated with making “EMS” services more readily available to the “SERVICE USER”. The normal charges for the care and transportation of patients will be the responsibility of the patient.

IN WITNESS WHEREOF, the parties hereto have executed this agreement on the date first noted above.

“SERVICE USER”

“EMS”

\_\_\_\_\_

\_\_\_\_\_

Printed Name

Printed Name

\_\_\_\_\_

\_\_\_\_\_

Signature

Signature



# Coffey County EMS Special EMS Service Request Form

*BE SURE YOU HAVE READ AND SIGNED THE SPECIAL SERVICES AGREEMENT*

**Requesting Organization (SERVICE USER):** \_\_\_\_\_

**ORGANIZATION DETAILS**

- Private Business
- Individual
- Nonprofit Organization (A copy of your IRS Determination Letter MUST be provided)
- Governmental Entity
- Other: \_\_\_\_\_

Is the *SERVICE USER* (if an organization) headquartered in Coffey County, Kansas?

- YES
- NO

Has the *SERVICE USER* completed a special services request with Coffey County EMS before?

- YES
- NO

**Organization/Individual Mailing Address:**

Number/Street: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Organization/Event Website Address (if applicable): \_\_\_\_\_ Organization

Email (if applicable): \_\_\_\_\_



# Coffey County EMS Special EMS Service Request Form

## EVENT DETAILS

Name/Title of the Event: \_\_\_\_\_

Location of the Event: \_\_\_\_\_

\*Date of the Event: \_\_\_\_\_

\*Start Time: \_\_\_\_\_

\*End Time: \_\_\_\_\_

***\* If this is a multi-day event or if the event will be repeated on additional days, please attach to this form additional details/description, or an official event schedule.***

### Please check any/all of the following that apply to this event:

- |   |   |
|---|---|
| <input type="checkbox"/> Single day event occurring two or more times   | <input type="checkbox"/> Special needs population will be present > 1/3 (estimated) of attendees will be over the age of 65 |
| <input type="checkbox"/> Multi-day event Extended occurrence (event lasts longer than 4 hours)                            | <input type="checkbox"/> The event is geographically distributed (ie-races, marathons, bike rides, etc.)                    |
| <input type="checkbox"/> Large Event (> 1,000 attendees)  | <input type="checkbox"/> Rescue services (Jaws of Life, water rescue, rope rescue, etc.) may be required                    |
| <input type="checkbox"/> High Risk Event (injury of participants or spectators is likely and/or EMS presence is mandated) |   |

### The following information will only be given to EMS supervisors & will only be used if needed

Contact Person Name Day of Event: \_\_\_\_\_ Phone \_\_\_\_\_

Day of Event: \_\_\_\_\_

Alternate Phone Day of Event (optional): \_\_\_\_\_

<b>OFFICE USE ONLY</b>			
<b>Received:</b>	Click or tap to enter a date.	<b>Date of Event</b>	Click or tap to enter a date.
<b>TYPE:</b>	<input type="checkbox"/> DEDICATED	<input type="checkbox"/> NON-DEDICATED	
<b>APPROVED</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>APPROVING AUTHORITY</b>			

## SERVICES REQUEST DETAILS



# Coffey County EMS Special EMS Service Request Form

Please select the level of service you are requesting:

**EMS Service Notification ONLY**

**Fee: \$0**

Restrictions: None

Details: A system-wide alert will be generated that informs all EMS personnel and units of the event and the event details, but no on-site services will be provided.

**Non-Dedicated EMS Standby**

**Fee: \$0**

Restrictions:

1. This service is **ONLY** available to nonprofit organizations (with Letter of Determination on file) and governmental entities
2. Non-dedicated service to extended events (> 4 hours) is **ONLY** provided by Off-duty personnel.
3. This level of coverage will **NOT** be approved for large events and/or high risk events.

Details: A single ambulance, staffed by a minimum two EMS attendants, will be assigned to the event, **BUT** will remain available for other EMS calls in the area. If the ambulance is dispatched to another EMS call, another ambulance/crew will be routed to the event as soon as possible, but consistent event coverage is not guaranteed and gaps in coverage may occur.

**Dedicated EMS Standby**

**Fee: \$100/hour**

Restrictions: None

Details: A single ambulance, staffed by a minimum two EMS attendants, will be assigned to the event and will remain dedicated to the event. The ambulance will only leave if they must transport an event participant/spectator and a replacement ambulance will be immediately sent to the event to sustain on-site EMS coverage.

**Large Event and/or High-Risk Event Coverage**

**Fee: Vary per event**

Restrictions: Early notification is required

Details: A single ambulance, staffed by a minimum two EMS attendants, will be assigned to the event and will remain dedicated to the event. The ambulance will only leave if they must transport an event participant/spectator and a replacement ambulance will be immediately sent to the event to sustain on-site EMS coverage. Multiple Ambulances can be requested for additional charge.