



# NEW CASTLE COUNTY EMS DIVISION

## *APPLICATION AND AGREEMENT TO HIRE PARAMEDICS FOR EVENT MEDICAL COVERAGE*

1. Name of the Event \_\_\_\_\_
2. Sponsor of the Event \_\_\_\_\_
3. Date of Event \_\_\_\_\_
4. Event Location \_\_\_\_\_
5. Event Address \_\_\_\_\_
6. Time of Event Start \_\_\_\_\_ Time of Event Finish \_\_\_\_\_
7. Set-up and Breakdown Time \_\_\_\_\_
8. 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 Telephone Number \_\_\_\_\_

### **HIRING ORGANIZATION INFORMATION**

1. Name of Organization Requesting Service \_\_\_\_\_
2. Contact Person \_\_\_\_\_
3. Position of Contact Person \_\_\_\_\_
4. Billing Address \_\_\_\_\_  
City/State/Zip Code \_\_\_\_\_
5. Event Website \_\_\_\_\_

## 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 \_\_\_
5. Did any medical emergencies require ambulance transport to a hospital?  
Yes \_\_\_ No \_\_\_ If yes, how many? \_\_\_\_\_
6. Will alcoholic beverages be served at the venue? Yes \_\_\_ No \_\_\_
7. What paramedic resources are being requested or will be needed for the event?  
*(The New Castle County Department of Public Safety 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.)*

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### Available Emergency Medical Services Division Resources:

- **Paramedic Ambulance:** *two (2) paramedics with a transport-capable ambulance.*
- **Paramedic Unit:** *two (2) paramedics with a non-transporting response truck. Patients needing transport to a hospital will require an ambulance.*
- **Paramedic Gator Unit:** *a 4 x 6 tractor-type response unit that can be used for off-road emergency response or venues with limited access by full size vehicles. The vehicle features patient transport capability on the top of a John Deere "Gator" that can be used to move patients from a venue to an aid station or waiting ambulance at the perimeter of an event. This vehicle is typically used in conjunction with the paramedic crew (two paramedics) from a non-transporting response truck.*
- **Paramedic Bike Team:** *two (2) paramedics on bicycles. The paramedic bike teams are particularly useful for large crowds and venues with little or no vehicle access. The paramedic bike teams are for emergency response at a venue, and do not provide patient transport capability.*
- **Mobile Medical Aid Unit:** *mobile aid station typically deployed for events with large crowds and/or extended hours. The Mobile Medical Aid Unit serves as the command post for coordination of event emergency medical services coverage, and a fixed medical aid station at the event venue.*

**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 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
- Map of event showing entire course

**FOR DEPARTMENT OF PUBLIC SAFETY USE ONLY**

**APPROVED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
*Chief of Emergency Medical Services*

**EMS Special Operations Order Required for Event?**    \_\_\_\_ YES    \_\_\_\_ NO

**APPROVED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
*Director of Public Safety*

## NEW CASTLE COUNTY PARAMEDIC CONTRACTUAL DUTY POLICIES

1. New Castle County Paramedics will provide dedicated advanced life support coverage for an event. The current rate for a paramedic unit with two (2) paramedics is \$132.00 per hour. A two (2) 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:

Emergency Medical Services Division  
*ATTN: EMS Special Events Coordinator*  
New Castle County Department of Public Safety  
3601 North DuPont Highway  
New Castle, DE 19720-6315

**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. The New Castle County Department of Public Safety 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.
5. The Emergency Medical Services Division 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 four (4) hours notification is required for cancellation of any scheduled event coverage by the New Castle County Paramedics. Both verbal and written confirmation of the cancellation is required.
  - a. Verbal notification of a cancellation must be made to the New Castle County EMS Duty Lieutenant at 302-395-8180 or the Emergency Communications Center at 302-395-8203.
  - b. Written confirmation of the cancellation should be faxed to the Emergency Medical Services Division Headquarters at 302-395-8179.

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

7. New Castle County Paramedics are required to provide service in compliance with Delaware State Code and the Statewide Standard Treatment Protocols, Paramedic Standing Orders and Guidelines issued by the Delaware Office of Emergency Medical Services and approved by the Board of Medical Licensure and Discipline. The paramedics assigned to an event are not authorized to accept treatment orders or requests for clinical procedures from other medical providers, including physicians and nurses that are not working at an authorized hospital EMS base station facility.
8. The New Castle County Department of Public Safety 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 Paramedics for Event Medical Coverage will be invoiced for paramedic services rendered after the event. Payment should be payable to “*New Castle County Paramedics*” with a notation of the name and date of the event and mailed to:

Emergency Medical Services Division  
New Castle County Department of Public Safety  
3601 North DuPont Highway  
New Castle, DE 19720-6315

10. The New Castle County Paramedics will not schedule staff for special events for organizations with overdue payments or unresolved returned checks from previous events.
11. Pursuant to New Castle County Ordinance 99-022, the New Castle County Government charges a \$35.00 fee for returned checks.

# Application and Agreement to Hire Paramedics for Event Medical Coverage and Indemnification Agreement

## INDEMNIFICATION AGREEMENT

\_\_\_\_\_ shall indemnify, defend and hold harmless New Castle County, Delaware, 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 New Castle County Paramedics from the Emergency Medical Services Division of the Department of Public Safety to provide dedicated medical coverage of the event described herein. I have reviewed the New Castle County Paramedic 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: \_\_\_\_\_

