

SPECIAL EVENT SERVICE AGREEMENT



This "Special Event Service Agreement" consists of a total of 5 pages. It contains this explanation form, the agreement form, Event Sponsor responsibilities and cost formula.

This "Special Event Service Agreement" and "Cost Formula" were taken from the Ontario Ministry of Health, Ambulance Services Branch, Manual of Policy and Procedure, Number I-48, Pages 6 and 7. They have been adapted in order to meet the contractual obligations of Thunder Bay Emergency Medical Services.

The costs formula consists of 6 calculation sections (a), (b), (c), (d), (e), (f). The following notes should answer most questions concerning these formulas.

- a) Wages are based on the collective agreement between the City of Thunder Bay and the Canadian Auto Workers - Local 229. Travel time to and from the event site is based on which ambulance base the attending vehicle will be traveling from. When at all possible, the closest base is used. Travel time from the event site may be longer due to the fact that the vehicle has to be returned to the base fully fueled. The extra ½ hour is required for mandatory pre-trip inspections and post trip cleaning. The minimum total time for any event is 4 hours.
- b) Self explanatory
- c) The meals section is only applicable in the following situation. The total time, as calculated in section, (a) exceeds 5 hours and the Event Sponsor is not providing meals.
- d) Self explanatory
- e) Self explanatory
- f) Base Hospitals equipment costs only apply if this equipment is damaged or lost during any activates involved with the Special Event. This required equipment is only on loan from the hospital and as the Special Event coverage is not part of regular ambulance service, is not covered by insurance.

Should you have any further question, please contact us.

SPECIAL EVENT SERVICE AGREEMENT

Between: **Superior North Emergency Medical Services**
(hereafter referred to as **"SNEMS"**)

And:
(hereafter referred to as the **"EVENT SPONSOR"**)

1. **"SNEMS"** agrees to provide and operate an Ambulance Service at the following location for the safety and convenience of all persons in attendance at the Special Event.

Special Event:
Location:
Date:
Onsite Times; Start: hrs End: hrs

2. It is agreed by the **"EVENT SPONSOR"** that the operation of an Ambulance Service by **"SNEMS"** at the Special Event will not impede and/or interfere with the obligation of **"SNEMS"** to provide ambulance service in the event of an emergency call outside the Special Event site, providing the ambulance assigned to the Special Event is the closest available vehicle to the emergency, or when required due to other declared emergency situations. If the ambulance assigned to the Special Event is called away from the Special Event site, the **"EVENT SPONSOR"** will only be responsible, financially, up until the time the ambulance is called away.
3. In the event that the ambulance assigned to the Special Event is required as mentioned above in #2, the **"EVENT SPONSOR"** can request another ambulance, as medically required, by contacting the Central Ambulance Communications Center at "911".

4. The **"EVENT SPONSOR"** is responsible for the following:
- To notify **"SNEMS"** a minimum of 24 hours in advance, in the event of cancellation of the Special Event. Failure to do so will result in a minimum 4-hour charge.
Monday to Friday 8 am to 4 pm 625-4600
After hours or no answer:
DUTY OFFICER PAGER 625-0960
 - To provide **"SNEMS"** with a contact name and phone number to be used in the event that **"SNEMS"** has to cancel the ambulance under the provisions of number 8 of this agreement.
 - To provide **"SNEMS"** with the location and name of the onsite event contact, who will be available at the start time indicated in this contact, to meet and direct the Paramedics to their standby location and provide event safety instructions.
 - To notify the on site Ambulance Service of any request for emergency medical service on the event site. This may be done by personal contact with the assigned Paramedics, by providing the Paramedics with communication equipment compatible with that being used at the Special Event, or by providing the Paramedics with a cell phone.
 - To ensure clear ambulance vehicle access/egress.
 - To ensure crowd control for the Paramedics while performing their duties.
 - To provide utilities, if required.
5. The **"EVENT SPONSOR"** is financially responsible for any time over and above the total time that may result from any ambulance service call related to the Special Event.
6. The **"EVENT SPONSOR"** agrees to indemnify the Corporation of the City of Thunder Bay, all employees of **"SNEMS"** for any claims resulting from negligent act(s) and/or omission(s) by the Event Sponsor during the Special Event.

7. The **"EVENT SPONSOR"** agrees to pay **"SNEMS"**, in advance, for all ambulance service costs associated with the Special Event, as calculated on the "Costs Formula" form (attached).

8. **"SNEMS"** may cancel, at any time, without penalty, this agreement for the provision of an Ambulance Service at the Special Event, due to emergency situations, the unexpected/unplanned unavailability of Paramedics and/or ambulance vehicles due to situations beyond our control.

We the **"EVENT SPONSOR"** hereby agree with the stated terms and costs for the provision of an Ambulance Service at our Special Event.

Signed this _____ day of _____, 20____ by,

_____ for
the **"EVENT SPONSOR"**
(Print) (Sign)

_____ for
the **"EVENT SPONSOR"**
(Print) (Sign)

_____ for
"SNEMS"
(Print) (Sign)

EVENT CONTACT: NAME & PHONE NUMBER

ONSITE CONTACT: NAME & LOCATION

COST FORMULA

a) Paramedic Wages: # of Paramedics x hourly wage x total time (on site time + travel to event+ travel from event + ½ hour [minimum 4 hours])

$$\underline{\hspace{2cm}} \times \underline{\hspace{2cm}} \times (\underline{\hspace{2cm}} + \underline{\hspace{2cm}} + \underline{\hspace{2cm}} + 1/2 \text{ hour}) = \underline{\hspace{2cm}}$$

b) Paramedic Benefit Cost: Add 17% of Paramedic wages.

$$\underline{\hspace{2cm}} \times 0.17 = \$\underline{\hspace{2cm}}$$

c) Meals:

$$\underline{\hspace{2cm}} \times \underline{\hspace{2cm}} \times 10.00 = \$\underline{\hspace{2cm}}$$

d) Vehicle Costs: \$50.00 + HST 13% of total of (a), (b), (c)

$$50 + [(\underline{\hspace{2cm}} + \underline{\hspace{2cm}} + \underline{\hspace{2cm}}) \times 0.05] = \$\underline{\hspace{2cm}}$$

e) Administration fee: 5% of total (a), (b), (c), (d)

$$.05 \times (\underline{\hspace{2cm}} + \underline{\hspace{2cm}} + \underline{\hspace{2cm}} + \underline{\hspace{2cm}}) = \$\underline{\hspace{2cm}}$$

f) Base Hospital Equipment Costs: **Billed if required** = \$

THIS AMOUNT IS DUE PRIOR TO THE EVENT = \$