

Non Dedicated Medical Standby

Effective Date: April 1, 1996

Chapter 1

Scope

- 1.1 This policy applies to requests for a *non dedicated medical standby* within the confines of the City of Batavia and the County of Genesee when attendance is expected to exceed one-thousand (1,000) people but not more than five-thousand (5,000) people, the attendees are at a perceived health risk, or when directed by City Administration.

Chapter 2

Purpose

- 2.1 The purpose of this policy is to maintain consistency with a requests for a non dedicated medical standby. Moreover, this policy establishes a clear understanding for both parties before each party commits to a public function.

Chapter 3

Conditions

- 3.1 The Fire Department periodically provides medical resources for public functions.
 - 3.1.1 A request for a non dedicated medical standby shall be considered only after an application is completed and forwarded to the Fire Department.
 - 3.1.2 Resources include one (1) certified, transporting ambulance capable of basic life support (BLS) or advanced life support (ALS).
- 3.2 Fire Department resources detailed to a non dedicated medical standby shall remain in service and available for other emergencies in the city and county. Hence, non dedicated.
 - 3.2.1 If an emergency occurs in the City of Batavia, County of Genesee, or otherwise while on medical standby, our medical resources may be required to respond to said emergency. Our commitment to said emergency is for a duration dictated by the circumstances surrounding the emergency. Our return to a medical standby shall be at our earliest convenience after terminating the emergency.
 - 3.2.2 If an medical emergency occurs during our absence, the host organization or the general public can summon Fire Department services by dialing 9-1-1.

NON DEDICATED MEDICAL STANDBY

(Pursuant to Policy Statement Regarding Non Dedicated Medical Standby)

Sponsor's Name _____

Event Address _____

City/State/Zip _____

Event Name _____

Event Location _____

Event Date _____ Event Time _____

Anticipated Attendance _____

Contact Person _____

Address _____

City/State/Zip _____

Telephone Number _____

Name (Print) _____

Signature _____ Date _____