

(NOTE: This is a SAMPLE ONLY and the format may vary. Feel free to modify as necessary. Please contact the Vermont EMS Office for technical assistance or questions.)

OPERATIONAL LETTER OF AGREEMENT

As per Vermont EMS Rules Section 3 Subsection 3.427 this agreement is entered into this [number] day of [month], [year] between [ambulance service name] (hereinafter “Transporter”) and [first responder service name] (hereinafter “First Responder”) and will cover the calendar year of [year].

DISPATCHING

As part of this agreement, there are written dispatch policies between both parties (copies attached). If the Transporter should receive an emergency call within the First Responder’s service area, the Transporter will have the First Responder dispatched to the same call as soon as possible. Should the First Responder receive an emergency call within the Transporter’s service area, the First Responder will have the Transporter dispatched to the same call as soon as possible.

PATIENT CARE

It is agreed by both parties that the First Responder is in charge of patient care until such time that the Transporter arrives. Change of patient care can take place after the Transporter arrives. [insert your procedure for transfer of patient care here]. Should the First Responder initiate advanced care, the First Responder may transfer care to the Transporter only if the Transporter has personnel on board certified at a level qualified to monitor and modify such care. Should the Transporter not have such qualified personnel on board, the First Responder shall send a provider certified at the appropriate level or higher with the patient, and that provider will remain in charge of patient care (but not necessarily operational decisions) until the patient is accepted by the receiving medical facility.

When care of the patient is transferred, the First Responder shall provide the Transporter with a written record of the patient (whenever possible) to include but not be limited to: patient condition, chief complaint, history of the present illness/injury, past medical history, medications, allergies, physical exam findings, vital signs, treatment administered, and any change(s) in the patient’s condition. The First Responder will retain a copy of this information for their records.

ACKNOWLEDGEMENT:

[name of ambulance service]

[name of first responder service]

[signature of service chief and date]
[printed name of service chief]

[signature of service chief and date]
[printed name of service chief]