

Back-Up Response Plan

(Name of Licensed Service)

PURPOSE:

In the event that *(Name of Licensed Service)* cannot respond to a request for emergency medical service, the dispatcher shall dispatch the request to *(Name of Responding Service)*.

POLICY:

***(Name of Licensed Service)* will be paged 3 times at specified five minute intervals. The first page is considered number one for counting purposes, if no response is received from *(Name of Licensed Service)* within five minutes after the first page, dispatch will initiate a second page. If there has been no response from *(Name of Licensed Service)* within five minutes after second page, dispatch will then initiate a third page and also page *(Name of Responding Service)*. This will ensure that *(Name of Responding Service)* will be called no more than ten minutes after the original call activation.**

A copy of this signed plan will be maintained by both the primary service and the back-up response service named in this agreement and an additional copy will be sent to the dispatching agency/agencies.

Name of Primary Service

Name of EMS Officer

Date

Physician Medical Director's Signature

Date

Name of Back-Up Response Service

Name of EMS Officer

Date

Physician Medical Director's Signature

Date