

**Sec. 42-46. - Fire prevention and protection; emergency medical services.**

(b) *Emergency medical services fees.*

(1) *Established.* The fees as established in this subsection shall be charged for persons who are transported by village ambulances or who receive other emergency medical services on scene from village personnel. The village clerk is authorized to collect such fees based on information provided by the fire department.

(2) *Ambulance conveyance fees.* The fees for ambulance conveyance shall be as follows:

a. *Basic life support:* Transportation by ground ambulance, the provision of basic life support services, staffed by an EMT basic as defined by state and local laws.

	Base	Mileage (per mile)	Oxygen	Spinal immobilization
Resident	<b>\$1,150.00</b>	<b>\$25.00</b>	<b>\$125.00</b>	<b>\$225.00</b>
Nonresident	<b>\$1,300.00</b>	<b>\$25.00</b>	<b>\$125.00</b>	<b>\$225.00</b>

The total cost will be determined by adding the expenses to the base rate. The fee will be determined on usage.

b. *Advanced life support 1:* Transportation by ground ambulance, staffed by an EMT-I or paramedic as defined by state or local laws, and either an ALS assessment with ALS dispatch criteria (in an emergency) or the provision of an ALS intervention.

	Base	Mileage (per mile)	Oxygen	Spinal immobilization
Resident	<b>\$1,350.00</b>	<b>\$25.00</b>	<b>\$125.00</b>	<b>\$225.00</b>
Nonresident	<b>\$1,500.00</b>	<b>\$25.00</b>	<b>\$125.00</b>	<b>\$225.00</b>

The total cost will be determined by adding the expenses to the base rate. The fee will be determined on usage.

c. *Advanced life support 2:* Transportation by ground ALS ambulance with the administration of at least three ALS-2 medications by IV push/bolus or continuous infusion or the provision of one or more of the following ALS procedures: manual defibrillation/cardioversion, endotracheal intubation, central venous line, cardiac pacing, chest decompression, surgical airway, intraosseous line.

	Base	Mileage (per mile)	Oxygen	Spinal immobilization
Resident	<b>\$1,500.00</b>	<b>\$25.00</b>	<b>\$125.00</b>	<b>\$225.00</b>
Nonresident	<b>\$1,650.00</b>	<b>\$25.00</b>	<b>\$125.00</b>	<b>\$225.00</b>

The total cost will be determined by adding the expenses to the base rate. The fee will be determined on usage.

d. *Ambulance fees for on-scene assistance, no transport.* The fees for ambulance on-scene life assistance care only with no patient transport occurring during any calendar year shall be as follows:

Number of responses	Charge
1—5	<b>\$300.00</b>
6 or more	<b>\$400.00</b>

(3) *Ambulance fees on scene care, no transport.* The fees for ambulance on scene care only (examples: diabetic patient, seizure patient or allergic reaction patient), with no patient transport occurring during any calendar year shall be as follows:

Number of responses	Charge
1—5	<b>\$350.00 per response</b>
6 or more	<b>\$500.00 per response</b>