



2024 MEMORANDUM OF UNDERSTANDING BETHANY HOUSE OF LAREDO

This MEMORANDUM OF UNDERSTANDING (MOU) is made and entered into by and between Bethany House of Laredo, referred to as "Bethany House", and the Laredo Fire Department.

The purpose of this MOU is to establish a collaborative relationship between the parties to build a partnership based on (1) understanding both Bethany and the Laredo Fire Department's expectations, including treatment clinic rules; (2) having a designated area for paramedic to treat patients safely; (3) secure EMS equipment in a designated offices space/room.

TERM:

This agreement shall remain valid for the duration of the available funding for the Bethany House. The Bethany House or Community Partner should provide a 30-day notice to terminate the agreement for any reason other than the exhaustion of funding.

RESPONSIBILITIES OF BETHANY HOUSE:

- 1) Inform clients of overnight clinic availability and proper use.
 - a. Bethany House shall direct acute injury/illness to community paramedic at clinic if after 7pm.
 - i. Educate current population on proper use of (urgent care paramedics).
- 2) Shall provide a designated are for triage and treatment of patients.
 - a. Security shall be available for paramedic use if a patient is unable to travel to designated treatment area within the Bethany facility.
 - b. Provide a safe sleeping quarter near treatment room. (if applicable)
 - c. Patient room must have adequate locks and privacy amenities.

RESPONSIBILITIES OF LAREDO FIRE DEPARTMENT:

- 1) Provide triage and treatment of patient with low acuity medical needs.
- 2) May response to patient within the Bethany house facility with a security escort.
- 3) Have an online medical control to assist paramedic decisions when needed.
- 4) Refer patient to appropriate follow up care.
- 5) Educate Bethany House employees and tenants on the proper use of the overnight clinic.
 - a. Not meant to replace 911 for life threatening injury or illnesses.

CITY OF LAREDO

BETHANY HOUSE authorized signature:

_____ **Date:** _____

NAME
TITLE
ADDRESS
PHONE NUMBER

_____ **Date:** _____

NAME
TITLE
ADDRESS
PHONE NUMBER

APPROVED AS TO FORM

_____ **Date:** _____

NAME
TITLE
ADDRESS

PHONE NUMBER

_____ **Date:** _____

NAME

TITLE

ADDRESS

PHONE NUMBER

Laredo Fire Department authorized signature:

_____ **Date:** _____

Name

Title

Address

Address

Phone