



## SPECIAL EVENT EMS PLAN

1. Known or Estimated Attendance (Check the appropriate line):

<25,000 \_\_\_\_\_ 25,000-55,000 \_\_\_\_\_ >55,000 \_\_\_\_\_

2. Types and Nature of Event:

\_\_\_\_\_  
\_\_\_\_\_

3. Date(s) of Event: \_\_\_\_\_

4. Location of Event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Length of Event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Sponsoring Organization:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Facsimile # (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

7. Name and Qualifications of Special Event EMS Director:

Name: \_\_\_\_\_

Qualifications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Name and Qualifications of Special Event Supervisory Physician:

Name: \_\_\_\_\_

Qualifications: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Available Personnel and Equipment:

Personnel	Vehicles*	Equipment/Supplies**
# First Responders:	#Basic Life Support:	
# EMTs:	# ALS Mobile Care:	
#EMT-Paramedics:	# ALS Squad:	
# Prehospital Registered Nurses (PHRN):	# Aircraft:	
# Physicians:	Other Vehicles (Describe):	
# Other Personnel:		

**\* Vehicle requirements based on attendance are as follows:**

- 5,000-25,000- One staffed and licensed ambulance vehicle
- 25,000-55,000- Two staffed and licensed ambulance vehicles
- >55,000- Three staffed and licensed ambulance vehicles

\*\* Describe equipment and supplies that will be available for use at the event, e.g., Automated External Defibrillators (AEDs), etc.

10. Description of the On-site Treatment Facilities:

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**NOTE: A copy of a map of the special event site must be attached to the plan.**

11. Description of the Patient Transfer Protocols and Agreements that will be Utilized:

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12. Description of Special Event Emergency Medical Communications Capabilities:

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13. Description of Plans for Educating Event Attendees Regarding EMS System Access, Specific Hazards or Severe Weather:

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14. Measures that have or will be taken to Coordinate EMS for the Event with Local Emergency Services and Public Safety Agencies, such as Ambulance, Police, Fire, Rescue, and Hospital Agencies or Organizations:

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Printed Name of Event Organizer  
(First, MI, Last)

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Title

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Signature

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Date

**Attach Additional Pages for Any Items That Require More Space to Complete**