

## SPECIAL EVENT EMS PLAN

1. Known or Estimated Attendance	e (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 Spe	ecial Event EMS Director:	
Name:		

Qualifications:		
8. Name and Qualif	ications 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.

0. Description of th	e On-site Treatment Facilities:	
	ppy of a map of the special event e Patient Transfer Protocols and A	site must be attached to the plan.  Agreements that will be Utilized:
2. Description of S <sub>1</sub>	pecial Event Emergency Medical (	Communications Capabilities:
-	ans for Educating Event Attendee or Severe Weather:	s Regarding EMS System Access,
Emergency Serv	ve or will be taken to Coordinate lices and Public Safety Agencies, s pital Agencies or Organizations:	
Printed Name (First, MI	e of Event Organizer , Last)	Title
Sig	nature	Date

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