

## Metropolitan Area EMS Authority OUTSIDE AGENCY SPECIAL EVENT STANDBY MEDICAL EVENT PLAN

Date Completed:			
Agency/Organization Name:			
Name of Representative Com	pleting Plan:		
Contact Phone:		Contact Email:	
Event Name:			
	EVENT TYPE		
Sporting Event	Concert	Street Fair	Other
Provide Details of Event:			
Event Sponsor/Promoter/Org	anizer:		
Contact Name of Sponsor/Pro	omoter/Organize	r:	
Contact Phone:		Contact Email:	
<b>Event Location</b>			
Street Address:			
City:		Zip Code:	
List Specific Details Such as	Block Ranges or	r area the Event will be Held:	
Date(s) of Event:			
Start of Event:		End of Event:	
Anticipated Attendance:			



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#### MEDICAL RESOURCES ON SCENE

Team	1	Resource	Τy	pe
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ALS Ambulance Mule/ATV Mobile Team on Foot Bike Team First Aid Tent
BLS Ambulance Mule/ATV Mobile Team on Foot Bike Team First Aid Tent

Scheduled Start Time: Scheduled End Time:

Number of Personnel on Team:

Team 2 Resource Type

ALS Ambulance Mule/ATV Mobile Team on Foot Bike Team First Aid Tent
BLS Ambulance Mule/ATV Mobile Team on Foot Bike Team First Aid Tent

Scheduled Start Time: Scheduled End Time:

Number of Personnel on Team:

Team 3 Resource Type

ALS Ambulance Mule/ATV Mobile Team on Foot Bike Team First Aid Tent
BLS Ambulance Mule/ATV Mobile Team on Foot Bike Team First Aid Tent

Scheduled Start Time: Scheduled End Time:

Number of Personnel on Team:

Team 4 Resource Type

ALS Ambulance Mule/ATV Mobile Team on Foot Bike Team First Aid Tent
BLS Ambulance Mule/ATV Mobile Team on Foot Bike Team First Aid Tent

Scheduled Start Time: Scheduled End Time:

Number of Personnel on Team:



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### **Supervisor / Command Staff**

Scheduled Start Time:	Scheduled End Time:
Contact Name:	
Contact Phone:	
Location of Command Post:	
Dispatch Center	
Agency/Organization Dispatch Cent	eer:
Contact Number:	
Method of Communications with Re	esources Staffing the Event:
MEDI	ICAL EMERGENCY PROCEDURES
How will Communications between	the Event and the Medical Providers be handled:
How will MedStar Mobile Healthcar	re Be Contacted for EMS Transports from the Event:
Ambulance Ingress into the Event:	
Ambulance Egress from the Event:	