



# **SPECIAL EVENT EMS PLAN**

**Pennsylvania Department of Health  
Emergency Medical Services Office**

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## **Introduction**

This document has been prepared by the Emergency Medical Services Office (EMS Office) of the Department of Health (Department)) to assist entities that seek to have a Special Event EMS Plan evaluated by the Department. A Special Event EMS Plan may be submitted for a planned and organized activity or contest which will place participants or attendees, or both, in a defined geographic area in which the potential need for EMS exceeds local EMS capabilities, or where access by emergency vehicles might be delayed due to crowd or traffic congestion at or near the event.

This document is not itself a regulation, and consequently it does not have the force or effect of law. Furthermore, although the EMS Office may revise this document from time to time to keep it up to date, statutory, regulatory or policy changes may occur following the distribution of this document and later revisions. Therefore, interested persons are encouraged to review a current copy of the Emergency Medical Services Act and the Department's regulations and to confer with the appropriate regional emergency medical services (EMS) council to secure additional assistance. An interested person may log onto the Department's website at [www.health.state.pa.us](http://www.health.state.pa.us) to secure the most up-to-date copy of this document. Special Event EMS regulations are set forth at 28 Pa. Code §§1013.1-1013.8.

## **Plan Information and Submission**

To secure review of a Special Event EMS Plan, an entity must submit the plan on the form found in Attachment A. This form solicits information specified in 28 Pa. Code §1013.1. A copy of that section of the regulations may be obtained from a regional EMS council listed in Attachment B. If an entity chooses to submit a plan for review by the EMS Office, it must do the following:

1. Submit the plan to the appropriate regional EMS council for review at least 90 days prior to the event, or first event in a series of events.
2. Make corrections, if any, identified by the regional EMS council.
3. Consider recommendations by the regional EMS council for plan improvement
4. If any revisions are made, resubmit the revised plan to the regional EMS council for review and transmission to the EMS Office.

The submission of a Special Event EMS Plan to the Department through a regional EMS council does not relieve the entity of any responsibility it may have to submit a similar plan to the Pennsylvania Emergency Management Agency (PEMA). The entity should contact PEMA at (717) 651-2001 or (800) 424-7362 (for calls made within Pennsylvania) or e-mail (PEMA) at [stateeoc@state.pa.us](mailto:stateeoc@state.pa.us). The entity should also contact the county

emergency management agency in the county where the event will be held to inquire about any local requirements.

### **Plan Approval**

After the plan has been reviewed by the regional EMS council and is determined by that council to be complete and accurate, that council will forward the plan to the EMS Office for review and approval or disapproval. The EMS Office will complete its review within 60 days after the regional EMS council determines that it has received a complete and accurate plan. If approved by the EMS Office, a copy of the plan will be returned to the regional EMS council through which it was submitted, together with documentation to verify that it has been approved. The regional EMS council will then provide an approved copy of the plan to the entity that submitted it.

### **Post Event Reporting**

If an entity participates in the Special Event EMS Plan and it has been approved, 28 Pa. Code §1013.8 requires the entity to complete special event report form after the event has occurred. This report form labeled “Post Event Reporting Form” is appended hereto as Attachment C. Within 30 days following the special event, the entity must complete the form and submit it to the regional EMS council to which the Special Event EMS Plan was submitted. That regional EMS council will review the report for completeness. Once complete, the council will forward it to the EMS Office. After reviewing the report, either the regional EMS council or the EMS office may make recommendations to the event organizer for areas of improvement.

**ATTACHMENT A**  
**SPECIAL EVENT EMS PLAN**



## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9a. 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:		

9b. Name of Ambulance Service(s) Providing EMS Coverage:

Name of Service

Level of Coverage

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\* 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)

Title

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Signature

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Date

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

**ATTACHMENT B**  
**REGIONAL EMS COUNCIL LISTING**

**REGIONAL EMS COUNCILS**

**COUNTIES**

**Bradford Susquehanna EMS Council**

RR#1, Box 154-Tomahawk Road  
Towanda, PA 28848  
(570) 265-7909 FAX (570) 266-6124

Bradford  
Susquehanna

**Bucks County Emergency Health Services**

911 Ivyglenn Circle  
Ivyland, PA 18974  
(215) 340-8735 FAX (215) 957-0765

Bucks

**Chester County EMS Council**

Department of Emergency Services  
601 Westtown Road -- Suite 12  
P.O. Box 2747  
West Chester, PA 19390-0990  
(610) 344-5000 FAX (610) 344-5050

Chester

**Delaware County EHS Council, Inc.**

Government Center Building, Room 117  
201 W. Front Street  
Media, PA 19063  
(610) 891-5310 FAX (610) 566-3947

Delaware

**Eastern Pa EMS Council, Inc.**

1405 North Cedar Crest Blvd. - Suite 208  
Allentown, PA 18104  
(610) 820-9212 FAX (610) 820-5620

Berks  
Carbon  
Lehigh

Monroe  
Northampton  
Schuylkill

**EHS Federation, Inc.**

722 Limekiln Road  
New Cumberland, PA 17070  
(717) 774-7911 FAX (717) 774-6163

Adams (1)  
Cumberland (21)  
Dauphin (22)

Franklin  
Lancaster  
Lebanon

Perry  
York

**Emergency Medical Service Institute**

221 Penn Avenue, Suite 2500  
Pittsburgh, PA 15221  
(412) 242-7322 FAX (412) 242-7434

Allegheny  
Armstrong  
Beaver  
Butler

Fayette  
Greene  
Indiana  
Lawrence

Washington  
Westmoreland

**EMMCO East, Inc.**

1411 Million Dollar Highway  
Kersey, PA 15846  
(814) 834-9212 FAX (814) 781-3881

Cameron  
Clearfield  
Elk

Jefferson  
McKean  
Potter

**EMMCO West, Inc.**

16271 Conneaut Lake Road Suite 101  
Meadville, PA 16335-3814  
(814) 337-5380 FAX (814) 337-0871

Clarion  
Erie  
Mercer

Crawford  
Forest  
Venango

Warren

**REGIONAL EMS COUNCILS (Cont'd)****COUNTIES (Cont'd)****EMS of Northeastern PA, Inc.**

1153 Oak Street  
 Pittston, PA 18640  
 (570) 655-6818 FAX (570) 655-6824

Lackawanna)  
 Luzerne  
 Pike

Wayne  
 Wyoming

**LTS EMS Council**

542 County Farm Road, Suite 101  
 Montoursville, PA 17754-9621  
 (800) 433-9063 FAX (570) 433-4435

Lycoming  
 Sullivan  
 Tioga

**Montgomery County EMS**

Office of Emergency Medical Services  
 50 Eagleville Road  
 Eagleville, PA 19403  
 (610) 631-6520 FAX (610) 631-9864

Montgomery

**Philadelphia EMS Council**

Philadelphia Fire Department  
 240 Spring Garden Street  
 Philadelphia, PA 19123-2991  
 (215) 686-1313 FAX (215) 686-1321

Philadelphia

**Seven Mountains EMS Council, Inc.**

523 Dell Street  
 Bellefonte, PA 16823  
 (814) 355-1474 FAX (814) 355-5149

Centre  
 Clinton

Juniata  
 Mifflin

**Southern Alleghenies EMS Council, Inc.**

Olde Farm Office Centre - Carriage House  
 Duncansville, PA 16635  
 (814) 696-3200 FAX (814) 696-0101

Bedford  
 Blair  
 Cambria

Fulton  
 Huntingdon  
 Somerset

**Susquehanna EHS Council, Inc.**

249 Market Street  
 Sunbury, PA 17801-3401  
 (570) 988-3443 FAX (570) 988-3446

Columbia  
 Montour

Northumberland  
 Snyder

**ATTACHMENT C**  
**POST EVENT REPORTING FORM**