

SPECIAL EVENTS HEALTH AND MEDICAL PLAN (SAMPLE)

<u>Denver Special Event Base Health and Medical Plan</u>			
Event Name:		Date(s):	
Event Description:			
Event Staff On-Site Date(s):		Event Staff On-Site Time(s):	
Event Start Time(s):		Estimated Event End Time(s):	
Event Location Description: (Please attach a detailed map)			
Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Open Access Outdoor <input type="checkbox"/> Fenced Outdoor <input type="checkbox"/>			
Estimated # of attendees (daily and peak time):		Is Alcohol Being Served at Event: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Event Primary Safety/Medical Contact			
Organization:		Partner:	
Contact Person # 1:		Contact Person # 2	
Primary Phone:	Alternate Phone:	Primary Phone:	Alternate Phone:
Primary Event Medical Provider			
Organization:			
Contact Person:		Primary Phone:	Alternate Phone:
Dispatch/Coordinator Phone #:	Command Post / Coordination Center Location		

Are radios being used for event operations? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do medical providers have event radios? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Event Private Security Provider			
Organization:			
Contact Person:		Primary Phone	Alternate Phone
Dispatch/Coordinator Phone #:	Security Command Post / Coordination Center Location (if different)		
Communications Plan			
Primary Event Coordinator, Event Day:		Radio Channel:	Phone:
Primary Event Safety/Medical Contact:		Radio Channel:	Phone:
Medical Provider Lead:		Radio Channel:	Phone:
Event Radio Talk Group/Channel:		Assignment:	
Medical Personnel and Assets			
Personnel Type	Number	Asset Type	Number
CPR/AED/First Aid		AED Devices	
BLS Providers		Bicycle Medics	
ALS Providers		ATV/Motorcycles	
Physicians		Standby Ambulance	
		Aid Stations	
		Cooling and Hydration	
		Transport Ambulances	
Potential / Anticipated Issues			
<input type="checkbox"/> None <input type="checkbox"/> Participants with acute health issues <input type="checkbox"/> Large crowd <input type="checkbox"/> Controversial gathering <input type="checkbox"/> Traffic disruption		<input type="checkbox"/> Pedestrian disruption <input type="checkbox"/> Alcohol/drug Use <input type="checkbox"/> Heat/cold <input type="checkbox"/> Difficult ingress/egress <input type="checkbox"/> Other:	