

DEPARTMENT OF HEALTH SERVICES
 COUNTY OF LOS ANGELES

SUBJECT: **MASS GATHERING AND SPECIAL
 EVENTS MEDICAL ACTION PLAN**

(EMT, PARAMEDIC, HOSPITALS)
 REFERENCE NO. 842.2

EMS Medical Action Plan (MAP)						
1. Event/Incident Name:						
2. Date Prepared:				3. Operational Period:		
4. Event/Incident Medical Facility						
Triage point	Station location	# of MD's	# of RN's	# of EMT's	# Defibrillators	
5. Number of Mobile Teams			Location of Mobile Teams			
6. EMS Communication						
Company Name/Agency			Location			Phone/Radio Channel
7. Transportation						
Ambulance Provider Name	Address	Dispatch Phone	# of BLS ambulances		# of ALS ambulances	
			Dedicated ¹	Courtesy ²	Dedicated	Courtesy
8. Hospitals						
Name	Address	Phone	Travel Time	Specialty Care ³		
9. Medical Emergency Procedures ⁴						
(CONTINUE ON REVERSE SIDE)						
10. Prepared by: _____						
Contact information: _____ Signature: _____						

¹ Dedicated - Ambulance is at the event for event participants/observers only

² Courtesy - Ambulance is at the event but responds to nearby 9-1-1 system or other calls outside the perimeter of the event

³ Specialty Care – i.e. trauma center, pediatric critical care, burn center, etc.- please list

⁴ Describe the roles of the physician, mobile teams, and medical facility personnel as appropriate for emergency medical incidents