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