

EMS APPENDIX

Special Event EMS Plan- see attached

List of Fees

Fees

Type	Fee
Paramedic Crew (2 Person) & Ambulance	\$95.00 per hour



SPECIAL EVENT EMS PLAN

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

November 2004

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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 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. 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:

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:

12. Description of Special Event Emergency Medical Communications Capabilities:

13. Description of Plans for Educating Event Attendees Regarding EMS System Access, Specific Hazards or Severe Weather:

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:

Printed Name of Event Organizer
(First, MI, Last)

Title

Signature

Date

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

Standby EMS Service Letter of Understanding

The City of Bethlehem EMS understands the importance of providing emergency medical services during special events or community programs. This Standby EMS Letter of Understanding must be utilized in order to arrange any EMS coverage by the City of Bethlehem EMS.

In order for any organization to request special standby services from EMS, this Letter of Understanding must be requested, completed, signed and returned to EMS at least (72) hours prior to start of any single occurring event. Extended events, multi-day events, or large events requiring EMS service should be arranged and this letter returned to EMS at least ninety (90) days prior to the start of the event.

Although City of Bethlehem EMS will make every effort to provide the level of service requested, no specific level of service or coverage can be guaranteed due to the nature of EMS services and the fact that the first priority of EMS is always response to 911 calls. Please read the enclosed Letter of Understanding carefully for details.

The City of Bethlehem EMS always seeks to provide the best EMS services to citizens and those requesting special services and we always welcome feedback should you have any questions or concerns.

To complete the process of requesting standby services from City of Bethlehem EMS, please accurately complete this Letter of Understanding and submit it to BEMS before applicable deadlines.

You may return completed and signed letters to:

Email: gsmith@bethlehem-pa.gov,

Fax: 610-865-7292

Phone: 610-865-7111

Mail: City of Bethlehem EMS
540 Stefko Blvd.
Bethlehem, Pa. 18017

THIS LETTER OF UNDERSTANDING, entered into this _____ day
of

_____, 20_____ by and between the City of

Bethlehem Emergency Medical Services, (EMS) and

_____ (SERVICE USER).

WHEREAS, “SERVICE USER” is requesting Standby EMS services;

and WHEREAS, “EMS” is willing to provide such services with the

understanding set forth herein; NOW, THEREFORE, it is agreed as follows:

1. “EMS” Agrees to provide the following service(s) to the “SERVICE
USER” named above:

EMS STANDBY

Standby ambulance service, meaning an ambulance with two paramedics, will locate themselves at a function or event and will remain dedicated to that event, and will not be available for other routine EMS calls in the area. Dedicated standbys are subject to the availability of “EMS” crews and resources, see item #3 for additional details. The fee for this service is \$95.00 per hour with a minimum charge of two (2) hours.

2. “EMS” Agrees to provide the above service(s) to the “SERVICE USER” named above for the dates, times, and locations specified in the “STANDY AND USER INFORMATION SECTION.

3. City of Bethlehem Emergency Medical Services, Standby Services are subject to the availability of off-duty crews and spare ambulance units. In addition, even if a “SERVICE USER” requests and agrees to the conditions of Standby Services, certain extreme, catastrophic, or immediate life-

threatening emergencies may still require “EMS” to divert the paramedics/ambulance assigned to the Standby. If this occurs during a scheduled Standby and a lapse of on-site “EMS” coverage occurs, fees associated with that time frame will be waived.

4. Upon completion of Standby Services, “EMS” will bill “SERVICE USER” for all costs understood to be applicable and “SERVICE USER” agrees to pay all fees within 30 days of receipt of invoice.

5. “EMS” reserves the right to refuse to provide any Standby Services to a “SERVICE USER” when the request is submitted by “SERVICE USER” less than 72 hours prior to the start time.

6. “SERVICE USER” agrees to pay \$75.00 in addition to hourly standby fees for any event for which the request for Standby Services was received by “EMS” less than (72) hours prior to the start time of the request Standby Services event.

7. Nothing herein shall be construed to create a higher standard of care on the part of “EMS” than generally recognized under the laws of the State of Pennsylvania for “EMS” services.

8. The charges provided for herein reflect only those charges associated with making “EMS” services more readily available to the “SERVICE USER”. The normal charges for the care and transportation of patients will be the responsibility of the patient.

STANDBY AND "SERVICE USER" INFORMATION

The following "SERVICE USER" information will be used by "EMS" for scheduling and billing for services.

Name/Title of Event: _____

EVENT OCCURANCE Date: _____

Start Time: _____ End Time: _____

Location: _____

(If request is for multiple event occurrences, please attach additional details to agreement)

Organization Name:

Primary Contact Person Name:

Mailing Address: (for billing)

City: _____ State: _____ Zip Code: _____ Phone: _____

Email Address:

IN WITNESS WHEREOF, the parties hereto have executed this agreement on the date

"Service User":

"EMS":

Printed Name

Printed Name

Signature

Signature