



SECTION 900: APPLICATIONS & FORMS

Form: 914

Rev. 8/2017

EMS SPECIAL EVENT INSTRUCTIONS FOR AUTHORIZED AND PERMITTED AMBULANCE PROVIDERS

Authority

Ordinance No. 637, Title 11 "Public Health and Safety", Chapter 11.09 "Ambulance Service", Section .045 "EMS Special Event Notification" of the San Benito County Code.

Required Reporting

All authorized and permitted ambulance providers within the County of San Benito are required to provide notification of any event for which they are providing special event standby coverage shall complete an EMS Special Event Notification Form.

The EMS Agency must be notified of all events, in accordance with the provisions of this document, at least seven (7) days prior to the beginning of the coverage. In a situation where it is not possible to provide seven (7) days' notice, the authorized and permitted ambulance provider shall notify EMS as soon as possible.

In some cases, based on the nature and size of the event, SCR911, Hollister Fire and other partner emergency management organizations may also be notified by EMS.

Required Information

- Special Event Registration Form
- Site Plan/Map

Coordination with SCR911

Prior to the start of coverage, the crew assigned to the Special Event shall notify SCR911 and provide the unit number/s attached to the event, the location of the standby and the crew identifiers. Once on-scene of the event and when clearing the event, the crew shall advise SCR911. In the event that a 911 system call occurs at the special event, SCR911 will dispatch a 911 unit to the call.

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EMS Medical Director

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SPECIAL EVENT REGISTRATION

EMS Service Provider Information

Name of Provider Agency	Contact Person/Phone/Email
Coverage Days/Times	
Resource (Ambulance – ALS/BLS, 1 st Aid, etc.)	
Resource (Ambulance – ALS/BLS, 1 st Aid, etc.)	
Resource (Ambulance – ALS/BLS, 1 st Aid, etc.)	

Event Information

Name of Event	Type of Event
Event Date(s)	Hours of Event(s)
Location of Event/Address	
Brief Description of Coverage Requested	
Risk Factors (alcohol, large crowds, access issues, etc.)	

Incident Action Plan attached

Site Plan/Map attached

EMS Agency Use

Date Received: _____				
Notifications				
	Description	Point of Contact	Phone Number	Date Contacted
<input type="checkbox"/>	Hollister Fire Dept.			
<input type="checkbox"/>	CalStar/REACH			
<input type="checkbox"/>	Law Enforcement			
<input type="checkbox"/>	SCR911			
<input type="checkbox"/>	OES			
<input type="checkbox"/>	Contracted 911 Ambulance Provider			

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