Attachment A – Scheduled Event (To be completed by Provider Agency requesting event standby approval)

This form should be completed anytime it is necessary for a provider agency to implement an additional ALS unit on a temporary basis. Email the completed form to: vsweet@ochca.com or fax to OCEMS at 714/834-3125, attention ALS Program Coordinator. (Email preferred)

ACTIVATION OF TEMPORARY EMS UNIT for SCHEDULED EVENT STANDBY

(Provider Agency name) _____________________________ will activate a temporary ☐ ALS* ☐ BLS** Unit at (location) ____________________________ on the following dates/times (list or attach list):
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

The event(s) for the activation is/are _____________________________________________

The unit will be identified as __________________________

Event promotor (name and contact information):
________________________________________________________________________________
________________________________________________________________________________

Description of how 9-1-1 dispatch will be contacted for on-site medical emergencies:
________________________________________________________________________________
________________________________________________________________________________

* ALS units will be staffed by two (2) Orange County accredited paramedics and will have the full complement of supplies, equipment and medications as per OCEMS policy #325.00.
** BLS units will be staffed by two (2) Orange County accredited EMTs.

Special event units shall comply with all OCEMS policies related to communications, equipment, supplies and documentation

Signed: ___________________________________________ Date: _________________________
(signature – print name/title)

Signature of requesting party indicates that applicable permits have been secured for the events and all OCEMS policies and procedures will be followed.

OCEMS Approval: ___________________________ Date: _________________________
(signature)