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**Medical Plan**

All events are required to submit a medical plan. The plan should include the event’s medical communication plan, number of, certification levels and types of resources that will be at the event, description of how resources will be managed, and location of medical aid stations.

The Medical Service Matrix identifies the **minimum requirements** for special events in the City of Colorado Springs. The Colorado Springs Fire Chief or his/her designee has final authority to determine event medical service requirements. Other factors which may impact medical service requirements include, but are not limited to, alcohol sale or consumption, type of event/event activities, potential for hot or cold weather issues, and CSPD threat analysis.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EVENT TYPE** | **PEAK ATTENDANCE (at any given time)** | **FIRST AID STATION** | **CERTIFIED BLS PROVIDERS** | **LICENSED AMBULANCE PROVIDER ON STANDBY\*\*** | **CSFD SPECIAL EVENTS MEDICAL TEAM** |
| Festival or Gathering on City Streets or in a City Park | Less than 2,500 |  |  |  |  |
| 2,500-10,000 |  | 5-9 staff\* | 1unit\* |  |
| 10,001-50,000 |  |  | 1-5 units\* | 5-9 staff\* |
| Over 50,000 |  |  | 1-5 units | 5-12 staff\* |
| Sporting Event | Less than 2,500 |  | 2-3 staff\* |  |  |
| 2,500-10,000 |  | 5-9 staff\* | 1unit\* |  |
| 10,001-50,000 |  |  | 1-5 units\* | 5-9 staff\* |
| Over 50,000 |  |  | 1-5 units\* | 5-12 staff\* |
| Parade | All |  | As determined by CSFD | As determined by CSFD | As determined by CSFD |

\*Actual staffing and unit numbers to be determined by CSFD following review of event application.

Definitions:

* **First Aid Station:** A dedicated area staffed with individuals trained in basic first aid.
* **Certified Basic Life Support (BLS):** Individuals that are certified by the State of Colorado as Emergency Medical Technicians that are provided by the event organizers.
* **Licensed Ambulance Provider:** An ambulance provider that is licensed for emergent transport in El Paso County by El Paso County. **\*\***Standby ambulances are valuable as an adjunct to on-site medical providers. A dedicated ambulance that is the only medical asset will leave the event without coverage if a patient must be transported.
* **CSFD Special Events Team:** Colorado Springs Fire Department medical team, including but not limited to, Advanced Life Support (ALS) bike teams and paramedic staffed medical stations.

**Medical Planning Guide** – Complete and submit with your Special Event Application.

**MEDICAL PLANNING GUIDE**

|  |  |
| --- | --- |
| **New Event** | Yes No |
| **Name of Event\*** |  |
| **Location of Event\*** |  |
| **Date of Event\*** |  |
| **Event Start Time\*** |  |
| **Event End Time\*** |  |
| **Expected Daily Attendance\*** |  |
| **Pre-Event Briefing**  *Date/Time/Location* |  |
| **Location of Event Information Booth**  *Location of event staff and/or knowledgeable volunteers* |  |
| **Event Medical Contact\*** | Name:  Mobile Phone:  E-Mail: |
| **Medical Provider** | Organization:  Primary Contact:  Mobile Phone:  E-Mail: |
| **Are radios being used for event operations?**  **Do medical providers have event radios?** | Yes No  Yes No |
| **Medical Personnel & Assets\*** | First Aid Kit  First Aid Station Number of Stations:  BLS Providers Number of Staff:  Ambulances Number of Units:  CSFD Medical Team Number of Staff: |
| **Location of First Aid Tent/CSFD Medical Tent** |  |
| **Location of Ambulance(s)** |  |
| **Potential/Anticipated Issues\*** | None  Participants/spectators with potential medical issues  Large crowds  Controversial gathering/known threats  Alcohol use  Heat/cold  Other: |

**\*RESPONSE REQUIRED**

**Additional Information** - Attach additional pages, maps and/or supporting documents as necessary.