



EMS Office Use Only
Date Report submitted to Regional EMS Council: _____
Date Sent to DOH: _____

Post-Event Reporting Form

Purpose:

Section 1013.8 of the Regulations adopted pursuant to the EMS Act requires that a person or organization that files a special event plan shall complete a special event report form. The information contained on this form will be utilized by the regional EMS council which has responsibility for the area in which the event was held to evaluate the EMS activities to determine whether the number of EMS resources that were required for the total attendance were present and the appropriate care was provided. This form must be completed within 30 days following the event and submitted to the regional EMS council.

Report Submitted By: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Day): _____

Phone (Night): _____

Event Name: _____ **Date(s) of Event:** _____

Event Attendance:

<25,000 _____ 25,000-55,000 _____ >55,000 _____

Was the staffing sufficient for the event attendance? YES _____ NO _____

If NO, please describe why staffing was not sufficient: _____

Event Type (Please Circle One):

Academic Athletic Business Concert Entertainment Parade Protest Other

Level of EMS Provided and Prehospital Service Information:

1. Indicate the level of EMS provided (Please circle One): **ALS** **BLS** **QRS**

2. A. Prehospital Service Information. Please check the appropriate boxes and provide the information:

Advanced Life Support (ALS) Ambulance on-site. Please list Affiliate Numbers:

#1 _____ #2 _____ #3 _____

Basic Life Support (BLS) Ambulance on-site. Please list Affiliate Numbers:

#1 _____ #2 _____ #3 _____

Bicycle EMS Units

Quick Response Vehicles (ATV, Snowmobile, Golf Carts, Boats, Air Units)

On-site Physician # On-site * _____

PHRN # On-site * _____

EMT-Paramedic # On-site * _____

EMT Basic # On-site * _____

First Responder # On-site * _____

* Number utilized during peak event hours.

B. Hospital utilized for Medical Command: _____

C. Weather conditions for event: _____

Describe any Variances from the Event Plan that affected EMS Operations (Response, Staging, Staffing):

Describe any unusual occurrences that caused EMS system problems:

1. Communications: _____

2. Treatment Issues: _____

3. Transportation: _____

4. Patient Influx: _____

5. Other: _____

Briefly describe patient contacts:

1. Total number of patients seen by EMS staff: _____

2. Total number of patients by **Category:**

- Spectators* _____
- Participants* _____
- Event Staff* _____
- Volunteers* _____
- Other* _____

3. Total number of patients by **Arrival Mode:**

- Ambulatory* _____
- EMS* _____
- Event Staff* _____
- Wheel Chair* _____
- Police* _____
- Scene Resp* _____
- Other* _____

4. Total number of patients by **Discharge Mode:**

- Self* _____
- Hospital* _____
- Police* _____
- Family* _____
- Event Staff* _____

5. Total number of patients by **Final Outcome:**

- Treat/No Transport* _____
- Treatment/Transport* _____
- Refusal* _____
- Cancellation* _____
- Other (explain below)* _____

6. Patient category:

A. Illness:

- Mild* _____
- Moderate* _____
- Severe* _____

