Emergency Action and Medical Plan



Event Name

Day of Contact Name:		Cell:	
Alternate Contact:		Cell:	
First Aid Stations Description:	(How many Stations, will you have an AED onsite, First Aid supplies onsite?		
these providers to coordinate the	level of service nece	essary. Napa Cou	Napa County. Please contact one of nty has an exclusive agreement with ervices, advanced life support (ALS),
Providers		Level	Contact number
American Medical Response (AMR)		BLS/ALS	707-501-5282
LIFEwest Northern California		BLS	800-222-8669
Medic Ambulance		BLS	707-644-8989
Falcon Critical Care Transport		BLS	510-223-1171
West Coast Medical Transport		BLS	707-759-2254
First Aid station staff/volunteer na	ame(s):		
First Aid station certified EMT or p	physician name:		
Name of ambulance provider:			
Crowd Size:	Lead Crowd Manager Name:		
e of Crowd Managers: Lead Crowd Manager Cell Phone:			

How will you broadcast emergency information to your vendors and event attendees, both before and during your event?			
How do you plan to evacuate people from your event footprint in the case of emergency? Please include how they would evacuate on foot. Where are the emergency exits?			
If evacuation is not possible, what is your plan to shelter in place?			
How do you plan to ensure emergency vehicle access at this event?			
Are there any special hazards at this event? If yes, list them and explain how you are managing these hazards, including a list of all relevant safety equipment that will be present at event.			