Special Events Application

Instructions:

1. Complete the included IDPH Emergency Medical Services (EMS) Systems Special Events Request Application.
   a. If a completed NIMS Incident Action Plan (IAP) is available, you may submit the following ICS forms **if the forms include ALL the information needed on the IDPH form**:
      i. ICS 201, Incident Briefing.
      ii. ICS 203, Organization Assignment List.
      iii. ICS 206, Medical Plan.
      iv. ICS 218, Support Vehicle / Equipment Inventory.
   b. Question 2 on the IDPH form may be addressed by including a copy of any MABAS box cards being used for mutual aid assistance planning.
2. Forward the completed application to the MWLC EMSS EMS Coordinator: Beth DePouw, elizabeth.depouw@nm.org.

MWLC EMSS will review the application for completeness, determine if the MWLC EMSS plan warrants a temporary modification to address the impact of the special event, and submit to IDPH as needed.

Please contact the MWLC EMSS office with any questions.

Emergency Medical Services (EMS) Systems
Special Events Request Application

This application is to be completed as an amendment to an existing EMS system plan by an ambulance provider who will be providing coverage at a specific event. The completed application and attachments should be forwarded to the EMS medical director and EMS system coordinator for review and approval. The application should then be forwarded to the Regional EMS Coordinator (REMSC) at least 45 days prior to the event.

Provider Name_____ Date _____

Provider Contact _____ Phone _____ E-mail_____

Address _____ City _____ State _____ ZIP _____

Ambulance License Number	VIN	Level of Care

1. Provide name(s) and license number(s) of EMT(s) for each vehicle listed above or attach a current staff roster.

Name	License Number	Name	License Number

2. Outline below how service area for vehicle(s) listed above will be covered during event. What mutual aid or backup will be provided for vehicles covering the event?

_____

_____

_____

Name of Event _____ Location _____

Number of People Expected _____ Date(s) of Event _____ Hours of Operation_____

Attach a map of the hospital(s) to which the ambulance(s) will be transporting.

EMS System Name _____

Name of EMS system(s) that will handle communication for event if different than above.

_____

Emergency Medical Services (EMS) Systems
Special Events Request Application

I have reviewed the above request to amend the EMS System Plan and verify that this ambulance provider meets the vehicle, equipment and staffing requirements of the EMS Act, Rules and Regulations and recommend these modifications of that plan.

_____   _____
EMS Medical Director   **Date**

_____   _____
EMS System Coordinator   **Date**

FORWARD THIS FORM AND ALL ATTACHMENTS TO THE REGIONAL EMS COORDINATOR FOR REVIEW.

REMSC Review: ❑ I Recommend   ❑ I Do Not Recommend   Date Received _____

Inspection Needed   ❑ Yes   ❑ No

Comments

_____

_____

_____

_____   _____
REMSC Signature   **Date**

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated:
		Date: Time:

4. Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)**:**

5. Situation Summary and Health and Safety Briefing (for briefings or transfer of command)**:** Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 1   Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated:
		Date: Time:

7. Current and Planned Objectives:

8. Current and Planned Actions, Strategies, and Tactics:

Time:	Actions:

6. Prepared by: Name: _____ Position/Title: _____Signature: _____

ICS 201, Page 2   Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

9. Current Organization (fill in additional organization as appropriate)**:**

```
                          ┌─────────────────────┐      ┌──────────────────────┐
                          │ Incident Commander(s)│──────│   Liaison Officer    │
                          │                     │      └──────────────────────┘
                          │                     │      ┌──────────────────────┐
                          │                     │──────│    Safety Officer    │
                          │                     │      └──────────────────────┘
                          │                     │      ┌──────────────────────────┐
                          │                     │──────│ Public Information Officer │
                          └─────────────────────┘      └──────────────────────────┘

┌──────────────────┐  ┌──────────────────┐  ┌──────────────────┐  ┌──────────────────────┐
│ Operations       │  │ Planning         │  │ Logistics        │  │ Finance/Admin        │
│ Section Chief    │  │ Section Chief    │  │ Section Chief    │  │ Section Chief        │
└──────────────────┘  └──────────────────┘  └──────────────────┘  └──────────────────────┘
```
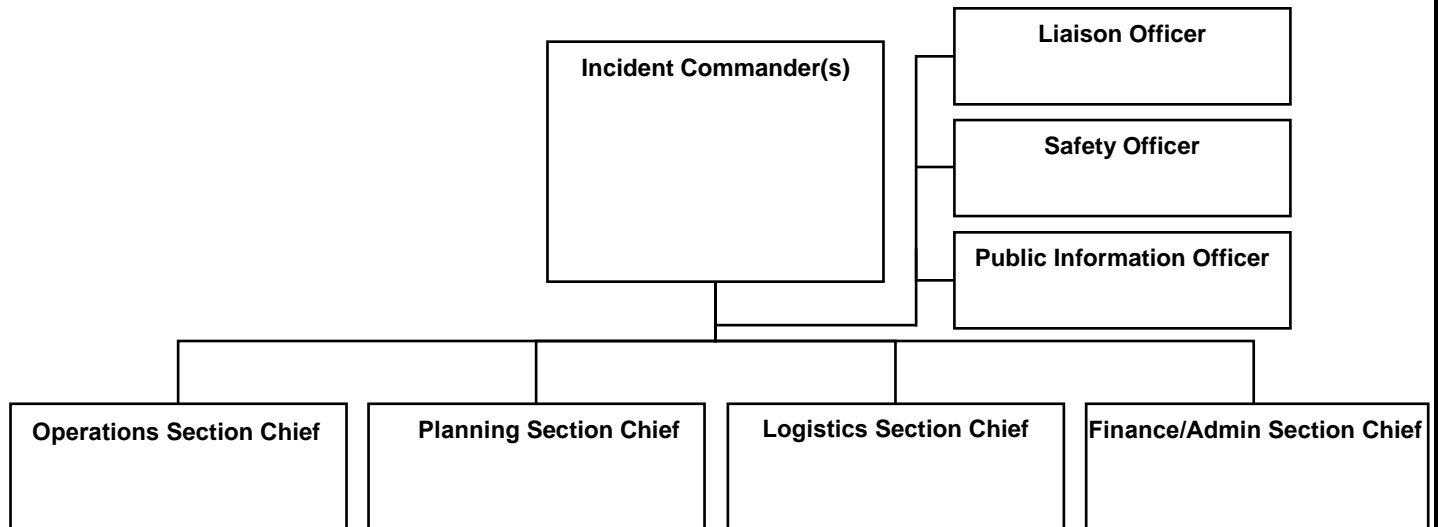
6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 3	Date/Time: _____

INCIDENT BRIEFING (ICS 201)

1. Incident Name:	2. Incident Number:	3. Date/Time Initiated: Date: Time:

10. Resource Summary:

Resource	Resource Identifier	Date/Time Ordered	ETA	Arrived	Notes (location/assignment/status)
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	

6. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 201, Page 4   Date/Time: _____

ICS 201
Incident Briefing

Purpose. The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

Preparation. The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

Distribution. Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The "Map/Sketch" and "Current and Planned Actions, Strategies, and Tactics" sections (pages 1–2) of the briefing form are given to the Situation Unit, while the "Current Organization" and "Resource Summary" sections (pages 3–4) are given to the Resources Unit.

Notes:
- The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Incident Number**	Enter the number assigned to the incident.
3	**Date/Time Initiated** • Date, Time	Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).
4	**Map/Sketch** (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)	Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology. If specific geospatial reference points are needed about the incident's location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209). North should be at the top of page unless noted otherwise.
5	**Situation Summary and Health and Safety Briefing (**for briefings or transfer of command): Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.	Self-explanatory.
6	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).
7	**Current and Planned Objectives**	Enter the objectives used on the incident and note any specific problem areas.

Block Number	Block Title	Instructions
8	**Current and Planned Actions, Strategies, and Tactics** • Time • Actions	Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.
9	**Current Organization** (fill in additional organization as appropriate) • Incident Commander(s) • Liaison Officer • Safety Officer • Public Information Officer • Planning Section Chief • Operations Section Chief • Finance/Administration Section Chief • Logistics Section Chief	• Enter on the organization chart the names of the individuals assigned to each position. • Modify the chart as necessary, and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections. • If Unified Command is being used, split the Incident Commander box. • Indicate agency for each of the Incident Commanders listed if Unified Command is being used.
10	**Resource Summary**	Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly.
	• Resource	Enter the number and appropriate category, kind, or type of resource ordered.
	• Resource Identifier	Enter the relevant agency designator and/or resource designator (if any).
	• Date/Time Ordered	Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.
	• ETA	Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).
	• Arrived	Enter an "X" or a checkmark upon arrival to the incident.
	• Notes (location/ assignment/status)	Enter notes such as the assigned location of the resource and/or the actual assignment and status.

ORGANIZATION ASSIGNMENT LIST (ICS 203)

1. Incident Name:	2. Operational Period: Date From: ___ Date To: ___ Time From: ___ Time To: ___

3. Incident Commander(s) and Command Staff:		7. Operations Section:		
IC/UCs		Chief		
		Deputy		
Deputy		Staging Area		
Safety Officer		**Branch**		
Public Info. Officer		Branch Director		
Liaison Officer		Deputy		
4. Agency/Organization Representatives:		Division/Group		
Agency/Organization	Name	Division/Group		
		Division/Group		
		Division/Group		
		Division/Group		
		Branch		
		Branch Director		
		Deputy		
5. Planning Section:		Division/Group		
Chief		Division/Group		
Deputy		Division/Group		
Resources Unit		Division/Group		
Situation Unit		Division/Group		
Documentation Unit		**Branch**		
Demobilization Unit		Branch Director		
Technical Specialists		Deputy		
		Division/Group		
		Division/Group		
		Division/Group		
6. Logistics Section:		Division/Group		
Chief		Division/Group		
Deputy		**Air Operations Branch**		
Support Branch		Air Ops Branch Dir.		
Director				
Supply Unit				
Facilities Unit		**8. Finance/Administration Section:**		
Ground Support Unit		Chief		
Service Branch		Deputy		
Director		Time Unit		
Communications Unit		Procurement Unit		
Medical Unit		Comp/Claims Unit		
Food Unit		Cost Unit		

9. Prepared by: Name: _____ Position/Title: _____ Signature: _____

ICS 203	**IAP Page** _____	Date/Time: _____

ICS 203
Organization Assignment List

Purpose. The Organization Assignment List (ICS 203) provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position/unit. It is used to complete the Incident Organization Chart (ICS 207) which is posted on the Incident Command Post display. An actual organization will be incident or event-specific. **Not all positions need to be filled.** Some blocks may contain more than one name. The size of the organization is dependent on the magnitude of the incident, and can be expanded or contracted as necessary.

Preparation. The Resources Unit prepares and maintains this list under the direction of the Planning Section Chief. Complete only the blocks for the positions that are being used for the incident. If a trainee is assigned to a position, indicate this with a "T" in parentheses behind the name (e.g., "A. Smith (T)").

Distribution. The ICS 203 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit.

Notes:
- The ICS 203 serves as part of the IAP.
- If needed, more than one name can be put in each block by inserting a slash.
- If additional pages are needed, use a blank ICS 203 and repaginate as needed.
- ICS allows for organizational flexibility, so the Intelligence/Investigations Function can be embedded in several different places within the organizational structure.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Incident Commander(s) and Command Staff** • IC/UCs • Deputy • Safety Officer • Public Information Officer • Liaison Officer	Enter the names of the Incident Commander(s) and Command Staff. Label Assistants to Command Staff as such (for example, "Assistant Safety Officer"). For all individuals, use at least the first initial and last name. For Unified Command, also include agency names.
4	**Agency/Organization Representatives** • Agency/Organization • Name	Enter the agency/organization names and the names of their representatives. For all individuals, use at least the first initial and last name.
5	**Planning Section** • Chief • Deputy • Resources Unit • Situation Unit • Documentation Unit • Demobilization Unit • Technical Specialists	Enter the name of the Planning Section Chief, Deputy, and Unit Leaders after each position title. List Technical Specialists with an indication of specialty. If there is a shift change during the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name.

Block Number	Block Title	Instructions
6	**Logistics Section** • Chief • Deputy **Support Branch** • Director • Supply Unit • Facilities Unit • Ground Support Unit **Service Branch** • Director • Communications Unit • Medical Unit • Food Unit	Enter the name of the Logistics Section Chief, Deputy, Branch Directors, and Unit Leaders after each position title. If there is a shift change during the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name.
7	**Operations Section** • Chief • Deputy • Staging Area **Branch** • Branch Director • Deputy • Division/Group **Air Operations Branch** • Air Operations Branch Director	Enter the name of the Operations Section Chief, Deputy, Branch Director(s), Deputies, and personnel staffing each of the listed positions. For Divisions/Groups, enter the Division/Group identifier in the left column and the individual's name in the right column. Branches and Divisions/Groups may be named for functionality or by geography. For Divisions/Groups, indicate Division/Group Supervisor. Use an additional page if more than three Branches are activated. If there is a shift change during the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name.
8	**Finance/Administration Section** • Chief • Deputy • Time Unit • Procurement Unit • Compensation/Claims Unit • Cost Unit	Enter the name of the Finance/Administration Section Chief, Deputy, and Unit Leaders after each position title. If there is a shift change during the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name.
9	**Prepared by** • Name • Position/Title • Signature • Date/Time	Enter the name, ICS position, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

MEDICAL PLAN (ICS 206)

1. Incident Name:	2. Operational Period: Date From: Date To: Time From: Time To:

3. Medical Aid Stations:

Name	Location	Contact Number(s)/Frequency	Paramedics on Site?
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No

4. Transportation (indicate air or ground)**:**

Ambulance Service	Location	Contact Number(s)/Frequency	Level of Service
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS
			☐ ALS ☐ BLS

5. Hospitals:

Hospital Name	Address, Latitude & Longitude if Helipad	Contact Number(s)/ Frequency	Travel Time Air	Travel Time Ground	Trauma Center	Burn Center	Helipad
					☐ Yes Level:____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:____	☐ Yes ☐ No	☐ Yes ☐ No
					☐ Yes Level:____	☐ Yes ☐ No	☐ Yes ☐ No

6. Special Medical Emergency Procedures:

☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

7. Prepared by (Medical Unit Leader)**:** Name: _____ Signature: _____

8. Approved by (Safety Officer)**:** Name: _____ Signature: _____

ICS 206	**IAP Page** _____	Date/Time: _____

ICS 206
Medical Plan

Purpose. The Medical Plan (ICS 206) provides information on incident medical aid stations, transportation services, hospitals, and medical emergency procedures.

Preparation. The ICS 206 is prepared by the Medical Unit Leader and reviewed by the Safety Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air Operations.

Distribution. The ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). Information from the plan pertaining to incident medical aid stations and medical emergency procedures may be noted on the Assignment List (ICS 204). All completed original forms must be given to the Documentation Unit.

Notes:
- The ICS 206 serves as part of the IAP.
- This form can include multiple pages.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period** • Date and Time From • Date and Time To	Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.
3	**Medical Aid Stations**	Enter the following information on the incident medical aid station(s):
	• Name	Enter name of the medical aid station.
	• Location	Enter the location of the medical aid station (e.g., Staging Area, Camp Ground).
	• Contact Number(s)/Frequency	Enter the contact number(s) and frequency for the medical aid station(s).
	• Paramedics on Site? ☐ Yes ☐ No	Indicate (yes or no) if paramedics are at the site indicated.
4	**Transportation** (indicate air or ground)	Enter the following information for ambulance services available to the incident:
	• Ambulance Service	Enter name of ambulance service.
	• Location	Enter the location of the ambulance service.
	• Contact Number(s)/Frequency	Enter the contact number(s) and frequency for the ambulance service.
	• Level of Service ☐ ALS ☐ BLS	Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support).

Block Number	Block Title	Instructions
5	**Hospitals**	Enter the following information for hospital(s) that could serve this incident:
	• Hospital Name	Enter hospital name and identify any predesignated medivac aircraft by name a frequency.
	• Address, Latitude & Longitude if Helipad	Enter the physical address of the hospital and the latitude and longitude if the hospital has a helipad.
	• Contact Number(s)/ Frequency	Enter the contact number(s) and/or communications frequency(s) for the hospital.

	• Travel Time
	  • Air
	  • Ground
		Enter the travel time by air and ground from the incident to the hospital.

	• Trauma Center ☐ Yes Level:_____	Indicate yes and the trauma level if the hospital has a trauma center.
	• Burn Center ☐ Yes ☐ No	Indicate (yes or no) if the hospital has a burn center.
	• Helipad ☐ Yes ☐ No	Indicate (yes or no) if the hospital has a helipad. Latitude and Longitude data format need to compliment Medical Evacuation Helicopters and Medical Air Resources
6	**Special Medical Emergency Procedures**	Note any special emergency instructions for use by incident personnel, including (1) who should be contacted, (2) how should they be contacted; and (3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies.
	☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.	Self explanatory. Incident assigned aviation assets should be included in ICS 220.
7	**Prepared by** (Medical Unit Leader) • Name • Signature	Enter the name and signature of the person preparing the form, typically the Medical Unit Leader. Enter date (month/day/year) and time prepared (24-hour clock).
8	**Approved by** (Safety Officer) • Name • Signature • Date/Time	Enter the name of the person who approved the plan, typically the Safety Officer. Enter date (month/day/year) and time reviewed (24-hour clock).

SUPPORT VEHICLE/EQUIPMENT INVENTORY (ICS 218)

Incident Name:	Agency:	Event Date:

Assigned EMS apparatus list:

Apparatus License Number	Type	Vehicle Number	Level of Care	Staff Name / License Number	Staff Name / License Number

ICS 218	Prepared by:	Position/Title:	ICS 218 page 1 of:

SUPPORT VEHICLE/EQUIPMENT INVENTORY (ICS 218)

ICS 218
MWLC EMSS Support Vehicle/Equipment Inventory

Purpose. The MWLC EMSS Support Vehicle/Equipment Inventory (ICS 218) provides an inventory of all EMS apparatus assigned to the incident. The information is used by the Ground Support Unit to maintain a record of the types and locations of vehicles and equipment on the incident. The Resources Unit uses the information to initiate and maintain status/resource information.

Preparation. The MWLC EMSS ICS 218 is prepared by the agency submitting the application for the special event.

Distribution. As determined by the MWLC EMSS Medical Director or their designee.

Notes:
- If additional pages are needed, create additional MWLC EMSS ICS 218 and repaginate as needed.

Block Number	Block Title	Instructions
1	**Incident Name**	Enter the name assigned to the incident.
2	**Agency**	Enter the agency applying for the special event.
3	**Event Date**	Enter the date (month/day/year) of the special event.
4	**Apparatus License Number**	Enter the specific vehicle IDPH licensure number.
	- Type	Enter Transport or Non-Transport.
	- Vehicle Number	Enter the agency number of the vehicle (three or four digit number operations utilizes to reference that apparatus).
	- Level of Care	Enter ALS or BLS.
	- Staff Name / License Number	Complete both fields for each EMS apparatus to indicate both crew name and their IDPH license number.
5	**Prepared by**	Enter the name of the person preparing this form.
6	**Position/Title**	Enter the title of the person preparing this form (position in the agency).
7	**Total pages for this form**	Enter the total number of ICS 218 pages.