

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: EMSLicensing@ochca.com

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)