



## Special Event Medical Plan Approval Process Questionnaire

Pursuant to Nevada Revised Statute (NRS) 450B.650 - 450B.700 and Clark County EMS Regulations Section 1150, certain organizations hosting certain special events in Clark County must provide emergency medical services under certain circumstances.

Per NRS 450B.685 and Clark County EMS Regulations 100.238, a **special event** is defined as “a temporary event, including without limitation, a concert or sporting event at which 2,500 or more persons are projected to be in attendance at the same time. The term does not include a temporary event held at a location which is designed to host concerts, sporting events, conventions, trade shows and any other similar events and which has permanently established methods for providing first-aid or emergency medical services at the location.” The provisions of NRS 450B.650 through 450B.700 do not apply to a special event held within the boundaries of a city whose population is less than 25,000 if there is a firefighting agency within the city other than a volunteer fire department, and the city has adopted a plan for providing emergency medical services at special events.

Please answer the following questions to determine whether you need to submit an *Application for Special Event Medical Plan Approval* to the Southern Nevada Health District Office of Emergency Medical Services & Trauma System.

1. Will the projected peak attendance at the special event be less than 2,500 people at one time?

Yes  No

If Yes, it is not necessary to complete an *Application for Special Event Medical Plan Approval*.

If No, continue to Question 2.

2. Will the projected peak attendance be between 2,500 and 49,999 people at one time?

Yes  No

If No, and the anticipated peak attendance is 50,000 or more people at one time, **you are required to submit a completed *Application for Special Event Medical Plan Approval*** to the Southern Nevada Health District Office of Emergency Medical Services & Trauma System.

If Yes, please answer the following questions:

3. Is the special event a concert or do any three (3) of the following six (6) conditions apply?
- A special event involving high risk activities, such as sports or racing that have an increased potential for injury or death of participants or spectators.
  - An outdoor special event with potential environmental hazards, such as poor air quality secondary to dust or extreme heat/cold weather conditions that have the potential to adversely affect a person's health.

A special event scheduled on a day/night with a predicted heat index temperature that falls into Category II (Hot), Category III (Very Hot) and Category IV (Extremely Hot) will be considered extreme heat. The average daily temperature can be projected by referencing: <http://www.usclimatedata.com/climate.php?location=USNV0049>. The heat index can be projected by calculating the projected daily temperature and relative humidity for the time period by referencing <http://www.srh.noaa.gov/srh/jetstream/global/hi.htm>.

A special event scheduled on a day/night with a predicted wind chill temperature that falls into the Very Cold, Bitter Cold, Extremely Cold or Frigidly Cold category will be considered extreme cold. The average daily temperature can be projected by referencing: <http://www.usclimatedata.com/climate.php?location=USNV0049>. The wind chill can be projected

by calculating the projected daily temperature and wind speed for the time period by referencing <http://www.srh.noaa.gov/srh/jetstream/global/chill.htm>.

- A special event specifically intended to attract attendees whose average age is less than 25 years or more than 50 years.
- A special event specifically intended to attract a large number of attendees who have acute or chronic illnesses.
- A special event where alcohol will be sold, alcohol consumption will be allowed, or if the event was held before, there is a history of alcohol or drug use by attendees in the past.
- A special event where the density of the attendees increases the difficulty of emergency medical personnel to access a patient for medical care or for transfer to an ambulance.

This factor will apply to events where the projected density of the crowd reduces the ability of emergency medical personnel to easily move through the crowd in a straight line to access a person needing emergency medical attention or requires them to carry or wheel a patient greater than 200 feet.

Yes                       No

If Yes, you are required to submit a completed *Application for Special Event Medical Plan Approval* to the Southern Nevada Health District Office of Emergency Medical Services & Trauma System.

If No, please continue to Question 4.

4. Will the special event be held greater than five (5) miles in driving distance from the closest hospital?

Yes                       No

If Yes, you are required to submit a completed *Application for Special Event Medical Plan Approval* to the Southern Nevada Health District Office of Emergency Medical Services & Trauma System.

If No, please continue to Question 5.

5. Is there a past history of a significant number of patient contacts at the special event or a significant number of patients transported from the special event?

**Patient contact** is defined as a person who receives a medical assessment by special event medical personnel who then determine whether the person requires medical care and/or transport to a medical facility.

**Significant number of patient contacts** = 0.7% or more of the peak number of attendees.

**Significant number of transports** = 15% of patient contacts

Yes                       No

If Yes, you are required to submit a completed *Application for Special Event Medical Plan Approval* to the Southern Nevada Health District Office of Emergency Medical Services & Trauma System.

If No, it is not necessary to complete an *Application for Special Event Medical Plan Approval*.

If you have any questions, please contact the Office of Emergency Medical Services & Trauma System by email at [ems@snhdmail.org](mailto:ems@snhdmail.org) or by telephone at 702-759-1050.



**Mailing Address:** Southern Nevada Health District, Office of EMS & Trauma System  
PO Box 3902, Las Vegas, NV 89127

**FedEx or UPS:** Southern Nevada Health District, Office of EMS & Trauma System  
330 S. Valley View Blvd., Las Vegas, NV 89107

**Apply in person:** Southern Nevada Health District, Office of EMS & Trauma System  
330 S. Valley View Blvd., Las Vegas, NV 89107

**Host Organization Application for Special Event Medical Plan Approval**

Type or print clearly - Incomplete applications will be denied.

A fee of \$200.00 must be paid at the time of application. The application MUST be received at the office at least thirty (30) calendar days PRIOR to the event. ALL APPLICATION FEES ARE NONREFUNDABLE – NO EXCEPTIONS. Please make cashier’s checks or money orders payable to: Southern Nevada Health District. NO PERSONAL OR BUSINESS CHECKS ACCEPTED.

EVENT INFORMATION

Name of Event: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Name of host organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Email address: \_\_\_\_\_

Type of event (check all that apply):

- Concert
- Festival
- Dance
- Fair
- Extreme sporting
- Motor vehicle race
- Other: \_\_\_\_\_
- Equestrian
- Rodeo
- Event involving water
- Sporting
- Combat sporting
- Political rally

Location of event:

Name of facility/venue: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Event to be held:     Indoors     Outdoors     Both

Venue surface material:

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> Grass  | <input type="checkbox"/> Asphalt/concrete   |
| <input type="checkbox"/> Gravel | <input type="checkbox"/> Temporary flooring |
| <input type="checkbox"/> Dirt   | <input type="checkbox"/> Other: _____       |

Projected weather conditions. (You may reference the following sites to assist with your projections for the scheduled date(s) of the event: <http://www.usclimatedata.com/climate.php?location=USNV0049> and <http://www.srh.noaa.gov/srh/jetstream/global/hi.htm>)

Temperature:

- |                                      |                                     |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> < 50° F     | <input type="checkbox"/> 50°-60° F  |
| <input type="checkbox"/> 61°-70° F   | <input type="checkbox"/> 71°-80° F  |
| <input type="checkbox"/> 81°-90° F   | <input type="checkbox"/> 91°-100° F |
| <input type="checkbox"/> 101°-110° F | <input type="checkbox"/> > 110° F   |

Humidity \_\_\_\_\_%

Wind \_\_\_\_\_MPH

Estimated shaded area: \_\_\_\_\_ sq. ft.

Estimated peak attendance each day of the event: \_\_\_\_\_

Estimated total attendance for the entire event: \_\_\_\_\_

Average age of attendees:

- |                                     |                                      |                                     |
|-------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> < 25 years | <input type="checkbox"/> 26-49 years | <input type="checkbox"/> > 50 years |
|-------------------------------------|--------------------------------------|-------------------------------------|

Could attendees have acute or chronic illnesses that require special accommodations?  
(For example, an event specifically intended for acute or chronically ill children or adults.)

- |                             |                                  |  |
|-----------------------------|----------------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes, please describe: |
|-----------------------------|----------------------------------|--|

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Will alcohol be allowed, sold or be expected on the premises?

- |                             |  |
|-----------------------------|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, please describe: _____ |
|-----------------------------|--|

Name of the EMS permit holder contracted to provide Emergency Medical Services: \_\_\_\_\_

**SNHD Permitted Transport-Capable 9-1-1 Responding EMS Services** (May be restricted depending on local ordinance, municipal code, or franchise agreement. Contact agency directly.)

- |                                 |                              |
|---------------------------------|------------------------------|
| AMR Ambulance Service           | Boulder City Fire Department |
| Clark County Fire Department    | Community Ambulance          |
| Henderson Fire Department       | Las Vegas Fire & Rescue      |
| MedicWest Ambulance Service     | Mesquite Fire & Rescue       |
| North Las Vegas Fire Department |                              |

**SNHD Permitted Transport-Capable (Restricted) EMS Services** (May be restricted on transporting patients from a special event depending on local ordinance, municipal code, or franchise agreement. Contact agency directly.)

- |                          |                                 |
|--------------------------|---------------------------------|
| Las Vegas Motor Speedway | Guardian Elite Medical Services |
|--------------------------|---------------------------------|

**SNHD Permitted Transport-Capable Air Ambulance Services**

- Mercy Air Service

See the SNHD OEMSTS website for contact information for the above noted permitted agencies.  
<http://www.southernnevadahealthdistrict.org/ems/index.php>

Based on your anticipated peak attendance, describe how you will meet the requirements as outlined in the attached "Minimum EMS Requirements for Special Events" (Pursuant to NRS 450B.650-450B.700 and SNHD EMS Regulations 1150.000-1150.350): \_\_\_\_\_  
\_\_\_\_\_

Number of Clark County licensed providers scheduled to provide emergency medical care each day:

EMT: \_\_\_\_\_ AEMT: \_\_\_\_\_ Paramedic: \_\_\_\_\_

Number of Nevada licensed providers scheduled to provide emergency medical care each day:

Licensed Practical Nurse: \_\_\_\_\_ Registered Nurse: \_\_\_\_\_

Advanced Practice Nurse: \_\_\_\_\_ Physician Assistant: \_\_\_\_\_

Physician: \_\_\_\_\_

Description of First Aid Station(s): \_\_\_\_\_  
\_\_\_\_\_

Description of other treatment facilities: \_\_\_\_\_  
\_\_\_\_\_

Description of emergency medical equipment for:

Roving EMT Team(s): \_\_\_\_\_

Roving Intermediate Team(s): \_\_\_\_\_

First Aid Station(s): \_\_\_\_\_

Description of on-site medical communication capabilities: \_\_\_\_\_  
\_\_\_\_\_

Description of plan to inform attendees regarding access to emergency medical care and for specific hazards such as severe weather: \_\_\_\_\_  
\_\_\_\_\_

Description of plan for emergency evacuation of the event site: \_\_\_\_\_  
\_\_\_\_\_

Attach a map of the special event site including routes of ingress and egress.

Host Organization Responsibilities:

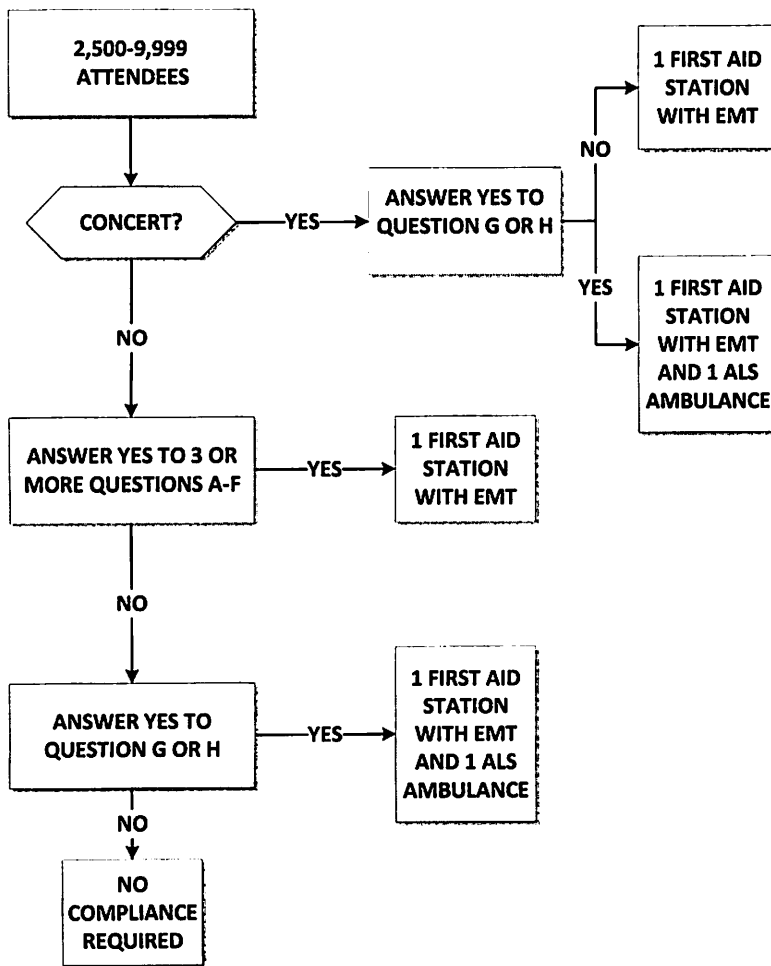
- Meet all requirements set forth in the applicable sections of the SNHD EMS Regulations. Initials: \_\_\_\_\_
- Contact the SNHD Office of Emergency Medical Services & Trauma System **prior to the event** to provide updates if any changes or additions to this application are made. Initials: \_\_\_\_\_

Print name and job title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Minimum EMS Requirements for Special Events With 2,500 to 9,999 Attendees at One Time



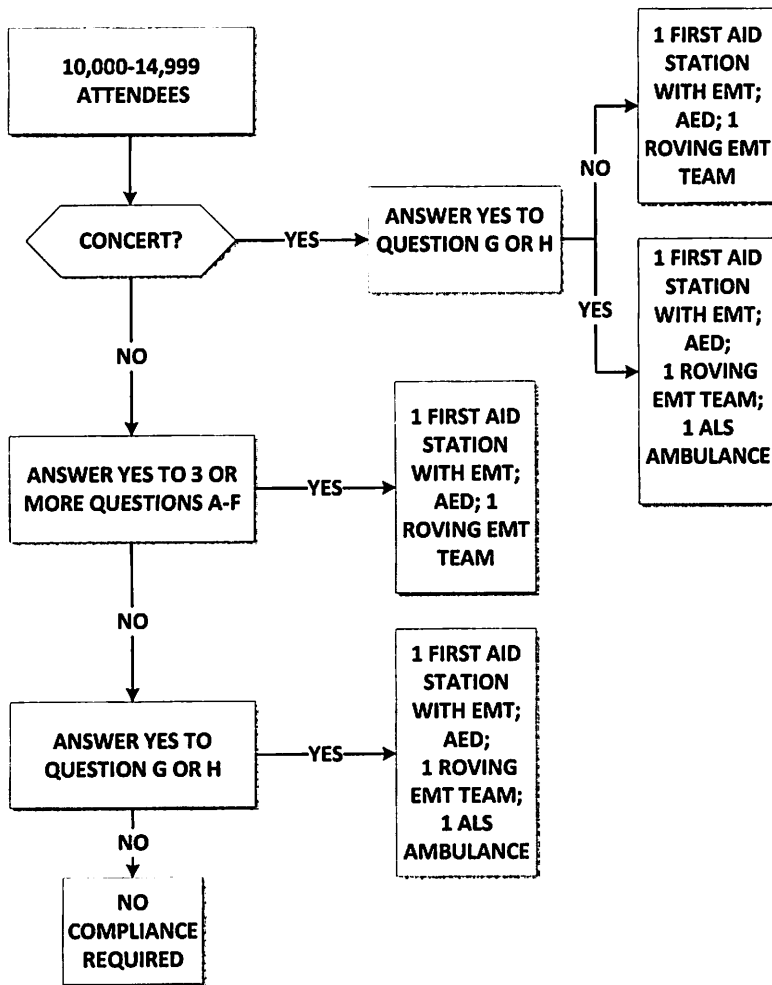
### QUESTIONS

- A. DOES THE EVENT INCLUDE HIGH RISK ACTIVITIES SUCH AS SPORTS OR RACING THAT HAVE AN INCREASED POTENTIAL FOR INJURY OR DEATH OF PARTICIPANTS OR SPECTATORS?
- B. IS THE EVENT HELD OUTSIDE DURING A PERIOD OF EXTREME HEAT DEFINED AS CATEGORY II, III OR IV BY NOAA OR DURING A PERIOD OF EXTREME COLD DEFINED BY NOAA AS VERY COLD, BITTER COLD, EXTREMELY COLD OR FRIGIDLY COLD?
- C. IS THE EVENT INTENDED FOR SPECTATORS WITH AN AVERAGE AGE OF < 25 OR > 50 YEARS?
- D. IS THE EVENT INTENDED TO ATTRACT A LARGE NUMBER OF SPECTATORS WITH ACUTE OR CHRONIC ILLNESS?
- E. IS ALCOHOL TO BE SOLD AT THE EVENT, OR HAS THERE BEEN A HISTORY OF ALCOHOL OR DRUG USE BY ATTENDEES AT PRIOR EVENTS?
- F. DOES THE DENSITY OF ATTENDEES INCREASE THE DIFFICULTY FOR PATIENT ACCESS OR TRANSFER TO AN AMBULANCE?
- G. IS THE EVENT TO BE HELD GREATER THAN 5 DRIVING MILES FROM THE CLOSEST HOSPITAL?
- H. HAS THERE BEEN A PAST HISTORY OF A SIGNIFICANT NUMBER OF PATIENT CONTACTS AT THE EVENT OR PATIENTS TRANSPORTED TO AREA HOSPITALS?

(SIGNIFICANT NUMBER OF CONTACTS = 0.07% OR MORE OF ATTENDEES. SIGNIFICANT NUMBER OF TRANSPORTS = 15% OF CONTACTS.)



## Minimum EMS Requirements for Special Events With 10,000 to 14,999 Attendees at One Time



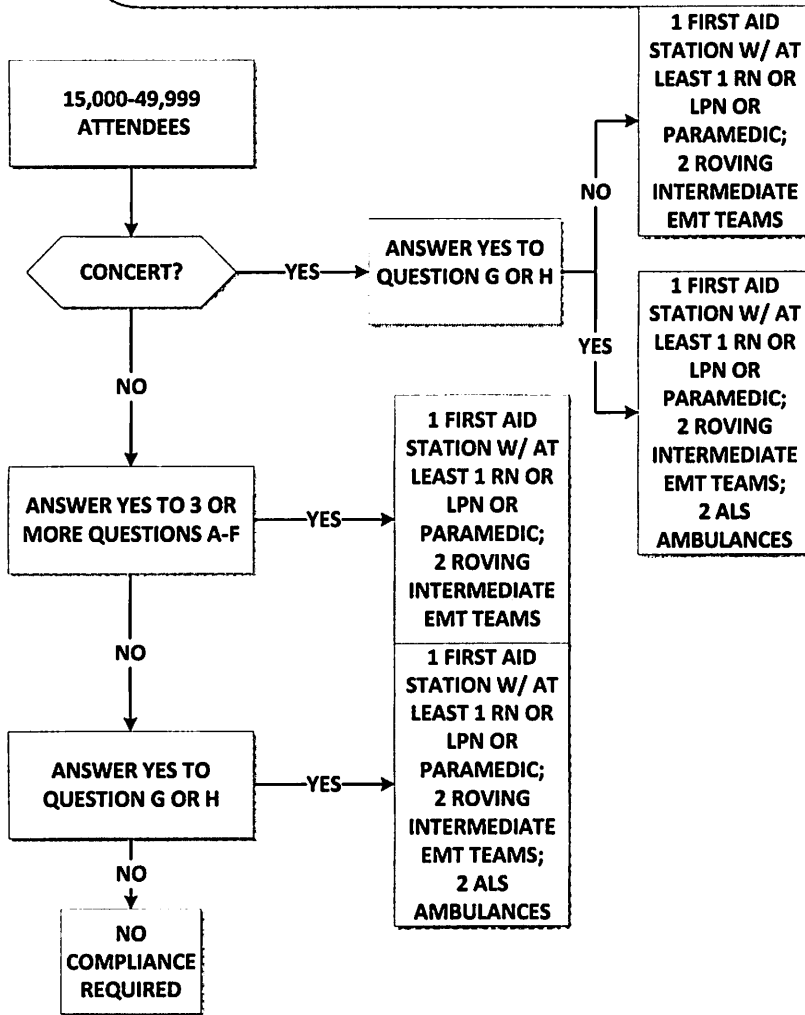
### QUESTIONS

- A. DOES THE EVENT INCLUDE HIGH RISK ACTIVITIES SUCH AS SPORTS OR RACING THAT HAVE AN INCREASED POTENTIAL FOR INJURY OR DEATH OF PARTICIPANTS OR SPECTATORS?
- B. IS THE EVENT HELD OUTSIDE DURING A PERIOD OF EXTREME HEAT DEFINED AS CATEGORY II, III OR IV BY NOAA OR DURING A PERIOD OF EXTREME COLD DEFINED BY NOAA AS VERY COLD, BITTER COLD, EXTREMELY COLD OR FRIGIDLY COLD?
- C. IS THE EVENT INTENDED FOR SPECTATORS WITH AN AVERAGE AGE OF < 25 OR > 50 YEARS?
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- E. IS ALCOHOL TO BE SOLD AT THE EVENT, OR HAS THERE BEEN A HISTORY OF ALCOHOL OR DRUG USE BY ATTENDEES AT PRIOR EVENTS?
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- G. IS THE EVENT TO BE HELD GREATER THAN 5 DRIVING MILES FROM THE CLOSEST HOSPITAL?
- H. HAS THERE BEEN A PAST HISTORY OF A SIGNIFICANT NUMBER OF PATIENT CONTACTS AT THE EVENT OR PATIENTS TRANSPORTED TO AREA HOSPITALS?

(SIGNIFICANT NUMBER OF CONTACTS = 0.07% OR MORE OF ATTENDEES. SIGNIFICANT NUMBER OF TRANSPORTS = 15% OF CONTACTS.)



## Minimum EMS Requirements for Special Events With 15,000 to 49,999 Attendees at One Time



### QUESTIONS

- A. DOES THE EVENT INCLUDE HIGH RISK ACTIVITIES SUCH AS SPORTS OR RACING THAT HAVE AN INCREASED POTENTIAL FOR INJURY OR DEATH OF PARTICIPANTS OR SPECTATORS?
- B. IS THE EVENT HELD OUTSIDE DURING A PERIOD OF EXTREME HEAT DEFINED AS CATEGORY II, III OR IV BY NOAA OR DURING A PERIOD OF EXTREME COLD DEFINED BY NOAA AS VERY COLD, BITTER COLD, EXTREMELY COLD OR FRIGIDLY COLD?
- C. IS THE EVENT INTENDED FOR SPECTATORS WITH AN AVERAGE AGE OF < 25 OR > 50 YEARS?
- D. IS THE EVENT INTENDED TO ATTRACT A LARGE NUMBER OF SPECTATORS WITH ACUTE OR CHRONIC ILLNESS?
- E. IS ALCOHOL TO BE SOLD AT THE EVENT, OR HAS THERE BEEN A HISTORY OF ALCOHOL OR DRUG USE BY ATTENDEES AT PRIOR EVENTS?
- F. DOES THE DENSITY OF ATTENDEES INCREASE THE DIFFICULTY FOR PATIENT ACCESS OR TRANSFER TO AN AMBULANCE?
- G. IS THE EVENT TO BE HELD GREATER THAN 5 DRIVING MILES FROM THE CLOSEST HOSPITAL?
- H. HAS THERE BEEN A PAST HISTORY OF A SIGNIFICANT NUMBER OF PATIENT CONTACTS AT THE EVENT OR PATIENTS TRANSPORTED TO AREA HOSPITALS?

(SIGNIFICANT NUMBER OF CONTACTS = 0.07% OR MORE OF ATTENDEES. SIGNIFICANT NUMBER OF TRANSPORTS = 15% OF CONTACTS.)





## Minimum EMS Requirements for Special Events With 50,000 or More Attendees at One Time

