



# County of Santa Clara Emergency Medical Services System

## EMS Reference Form # 909 Special Event Registration

### SECTION I: APPLICANT INFORMATION

Name of Applicant (Last, First, Middle)		
Phone Number		
Business Address		
City	State	Zip
Corporation/Organization Name (DBA)	Email Address	Fax
State of Incorporation	Tax Payer ID	Other Tax Payer ID

### SECTION II: EVENT INFORMATION

Name of Event	Estimated Daily and Peak Attendance	
Event Date(s)	Hours of Event(s)	
Location of Event/Address (street address)		
Thomas Brothers Map Reference	Event Sponsor	Type of Event
Brief Description of Event		
<input type="checkbox"/> <b>ATTACH A COPY OF THE IAP AND/OR MEDICAL PLAN</b> <input type="checkbox"/> <b>ATTACH A COPY OF THE SITE PLAN/MAP</b> <input type="checkbox"/> <b>ATTACH A COPY OF AMBULANCE SERVICE STANDBY PUBLIC NOTICE FORM</b>		
Risk Factors (alcohol, athletic events, large crowds, access issues, etc.)		

### SECTION III: EMS SERVICE PROVIDER INFORMATION

Name of Provider Agency				Contact Person/Phone/Email	
Coverage Days/Times				Identify each resource that will be attached to the event below. Attach additional sheets as necessary.	
Resource (ambulance, EMT, etc.)	Unit ID	F9 PGR	PTT ID	Staging Location	Hours of Coverage
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**SECTION IV: EMS Agency Use**

Date Received	Duty Chief Assigned	Jurisdiction	Manager Review
Additional Considerations			

**Notifications**

	Description	Responsible Party	Date
<input type="checkbox"/>	Public Safety Jurisdiction		
<input type="checkbox"/>	911- Ambulance Contractor		
<input type="checkbox"/>	County Health Officer		
<input type="checkbox"/>	Fire OA Coordinator		
<input type="checkbox"/>	Law OA Coordinator		
<input type="checkbox"/>	County Office of Emergency Services		
<input type="checkbox"/>	County Communications		
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

**\*\*\* NOTICE \*\*\***

A copy of this document must accompany the units assigned to the event or must be immediately available through the service's dispatch center.

**County of Santa Clara  
Emergency Medical Services System**

**Emergency Medical Services Agency**  
700 Empey Way  
San Jose, CA 95126  
408.794.0600 voice | [www.sccemsagency.org](http://www.sccemsagency.org)  
[www.facebook.com/SantaClaraCountyEMS](http://www.facebook.com/SantaClaraCountyEMS)



## **PUBLIC NOTICE**

# **Use of Ambulances for Event Standby and Emergency Medical Care Services**

**ISSUED: October 13, 2011**

The operation of all ambulances within Santa Clara County is regulated by the Santa Clara County Emergency Medical Services Agency. The County provides exclusive rights to authorized ambulance service providers consistent with the California Health and Safety Code, Santa Clara County Code, and Santa Clara County Prehospital Care Policy.

**Santa Clara County-permitted ambulance service may be hired for event/medical standby services. However, should a patient require unscheduled or emergency treatment and/or transport, only the exclusive provider for the area may provide care and transport. Any hired non-exclusive operating area ambulance services may only provide initial medical care and then must activate the 9-1-1 Emergency Medical Services System.**

- In the City of Palo Alto (including Stanford), the Palo Alto Fire Department holds exclusive rights to all unscheduled and emergency treatment and ambulance transports.
- All other areas of the County are covered by the County contracted ambulance provider (Rural/Metro) which holds exclusive rights to all unscheduled and emergency treatment and ambulance transports.

### **What this Means to Users of Ambulance Services**

If an organization hires a non-exclusive operating area ambulance service, the patient or organization holding the event will be billed for the cost of a 9-1-1 ambulance transport, in addition to any fees paid to the non-exclusive area ambulance service provider.

Exclusive area ambulance service providers may be hired for standby services. In such cases, the ambulance service is authorized to provide medical care and transportation services.

This provision does not apply to the transfer of patients between licensed medical facilities as authorized by a physician.

A list of Santa Clara County Permitted Ambulance Services can be found on the Internet at [www.sccemsagency.org](http://www.sccemsagency.org) and then select "Providers".

**Required Acknowledgement**

In order to provide ambulance services to an organization, the ambulance service provider is required to provide this PUBLIC NOTICE to all prospective users. To verify such disclosure, the County requires that the requesting organization sign this notice prior to entering any agreements for service. One copy of this signed document must be provided to the party hiring the ambulance service and one copy is to be submitted by the ambulance service provider to the Santa Clara County EMS Agency.

***Section A: To be completed by the organization requesting services.***

Organization Name: \_\_\_\_\_  
Organization Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

By signing, I declare that I have read and understand the content of this Public Notice.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

***Section B: To be completed by permitted ambulance service provider.***

Ambulance Service Name: \_\_\_\_\_  
Ambulance Service Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Notes: \_\_\_\_\_  
\_\_\_\_\_

*Questions or concerns may be routed to the Santa Clara County Emergency Medical Services Agency by telephone at 408.794.0600 and requesting the EMS Special Events Compliance Manager.*