



Delaware County Emergency Management Agency  
**Emergency Action Planning Guide**

## 1.0 Purpose

The Significant Event Emergency Planning Guide is provided to assist Delaware County Significant Event Coordinators in the development of action plans for any public gathering of significant size (500 or more attendees).

## 2.0 Definitions

**2.1 Significant Event** - An organized gathering of persons that, due to specific circumstances, for example, a large volume of attendees, requires coordinated planning for emergencies or other special needs.

Circumstances under which an event may be considered 'significant', and thus requires an Emergency Action Plan (as defined in 2.4) may include, but may not be limited to, an event that fills a facility to its authorized capacity, includes the attendance of a high-profile or controversial visitor, or includes the attendance of persons with special medical or mobility needs.

**2.2 Event Coordinator** - Person designated to coordinate planning for the event.

**2.3 Event Emergency Coordinator** - Person assigned by the Event Coordinator to monitor the event, maintain communication with municipal emergency services, and implement the Emergency Action Plan (As Defined in 2.4). In certain events, a member of the Delaware County Emergency Management Agency (DCEMA) may serve in this role.

**2.4 Emergency Action Plan** - Plan developed by the Event Emergency Coordinator before a significant event that addresses event-specific emergency procedures.

**2.5 Event Staff** - Persons assigned by the Event Emergency Coordinator to carry out roles within the Emergency Action Plan and trained in their responsibilities. Event Staff are typically easily identifiable by special clothing.

## 3.0 Concept of Operations

**3.1** The primary goal of the Emergency Coordinator is to ensure the safety of event participants.

**3.2** The Event Emergency Coordinator will develop an event-specific Emergency Action Plan using the checklists and templates in this document. The Emergency Action Plan will be submitted to DCEMA at least 3 weeks before the event.

**3.3** The Emergency Action Plan will be reviewed by the Event Coordinator, Event Emergency Coordinator, and DCEMA to determine its adequacy and the necessary resources at least 2 weeks before the event.

**3.4** DCEMA will coordinate requirements for law enforcement, fire, and emergency medical services (EMS) resources.

**3.5** The Event Emergency Coordinator will coordinate requirements for Event Staff and all other resources necessary for the safety of event attendees.

**3.6** The Event Coordinator, Event Emergency Coordinator, and DCEMA will review all preparations no later than 5 days before the event.

**3.7** The Event Emergency Coordinator will provide information to the Event Staff immediately preceding the event as outlined in Section 8.0 of this document.

**3.8** The Event Coordinator and Event Emergency Coordinator will maintain communication throughout the event. The Event Emergency Coordinator will test and maintain communication with municipal emergency

services.

**3.9** In the event of an emergency during the event, the Event Emergency Coordinator will be notified by the Event Staff. The Event Emergency Coordinator will then:

**3.9.1** Notify the Event Coordinator

**3.9.2** Take and/or order immediate actions to protect event participants.

**3.9.3** Notify municipal emergency services and relay the specific nature of the emergency and any resource needs (police, fire, EMS).

**3.9.4** Report to a defined point outside the event and coordinate with the responding municipal emergency services.

**3.9.5** The Event Emergency Coordinator will assume a supporting role to the responding municipal emergency services and assist in crowd control and accountability with Event Staff.

**3.10** The Event Emergency Coordinator will be required to complete a post-event assessment and submit it to DCEMA.

## **4.0 Communication**

**4.1** Primary communication will take place in person through the Event Emergency Coordinator and assigned resource personnel at DCEMA (when applicable). Backup communication will take place via cell or landline telephones.

**4.2** The Event Emergency Coordinator will relate the specific nature of an emergency to municipal emergency services.

## **5.0 Event Evacuation**

**5.1** Evacuation planning is the responsibility of the Event Coordinator and Event Emergency Coordinator.

**5.2** An evacuation plan will be completed and included as part of the Emergency Action Plan.

**5.3** Event Staff are responsible for assisting event participants with evacuation and directing them to areas of refuge for accountability and further assistance.

**5.4** Persons with disabilities or mobility challenges require special attention and will be prioritized by Event Staff for evacuation. Event participants will be requested to assist as they are capable.

## **8.0 Training**

**8.1** DCEMA will provide information and guidance on the development of an Emergency Action Plan as needed.

**8.2** DCEMA will arrange for training for the Event Coordinator and Event Emergency Coordinator as required.

**8.3** The training mentioned in above Section 8.2 will cover the following subject content:

**8.3.1** Developing the Emergency Action Plan

**8.3.2** Emergency Procedures

**8.3.3** Dealing with the public

**8.3.4** Communication

**8.3.5** Briefing the Event Staff

**8.3.6** Performing a post-event assessment

**8.4** The Event Emergency Coordinator will provide a briefing to the Event Staff immediately preceding the event. This briefing will contain, at minimum:

**8.4.1** Defining Event Staff roles and responsibilities including areas of the event for which they are

responsible and accountable.

**8.4.2** Explaining the event and the Emergency Action Plan

**8.4.3** Communication procedures and hierarchy

**8.4.4** Evacuation procedures

**8.4.5** Rendering emergency aid and assistance

# Emergency Action Planning Checklist

## General Event Information

Name of Event	
Date of Event	
Event Location	

## Event Planning Contacts

Event Coordinator	Name: Contact Number:
Event Emergency Coordinator	Name: Contact Number:
DCEMA Liasion	Name: Contact Number:

## Event Staff

Name	Primary Responsibilities

## Emergency Action Plan Review

<input type="checkbox"/> Emergency Action Plan Received by DCEMA	Due Date: Received Date:
Municipal Resources Required <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> Other (Indicate) _____	
<input type="checkbox"/> Emergency Action Plan Reviewed by DCEMA	Date Approved: Date Returned to Event Emgcy Coord.:
<input type="checkbox"/> Final Coordination Meeting	Date:
<input type="checkbox"/> Event Staff Trained on Emergency Action Plan	Date:
<input type="checkbox"/> Post-Event Assessment completed and returned to DCEMA liason	Date:

# Emergency Action Planning Template

Emergency Action Plan Reviewed by	Name:	Date:
Emergency Action Plan Approved by	Name: (DCEMA Liason)	Date:

## 1.0 Event Information

Name of Event	
Date(s) of Event	
Venue	Name:
	Address:
Anticipated activities associated with event	
Expected number of attendees/participants	<input type="checkbox"/> Daily <input type="checkbox"/> Per Performance
Potential issues impacting attendees/participants	<input type="checkbox"/> Unusual Weather <input type="checkbox"/> Full facility capacity <input type="checkbox"/> Attendees with restricted mobility <input type="checkbox"/> Protest or acts of civil disobedience <input type="checkbox"/> High-profile guest(s) <input type="checkbox"/> Other (Indicate):

## 2.0 Key Contacts

Event Coordinator	Name: Contact Number: <input type="checkbox"/> Cell 24/7 <input type="checkbox"/> Office (Day)
Event Emergency Coordinator	Name: Contact Number: <input type="checkbox"/> Cell 24/7 <input type="checkbox"/> Office (Day)
DCEMA Liason	Name: Contact Number: <input type="checkbox"/> Cell 24/7 <input type="checkbox"/> Office (Day)

## 3.0 Resources

Event Staff per day or performance	
Municipal Resources Required	<input type="checkbox"/> Law Enforcement <input type="checkbox"/> Fire <input type="checkbox"/> Emergency Medical Services <input type="checkbox"/> Other (Indicate) _____
Supporting Information	



## 4.0 Event Internal/External Communication

Contact	Name	Channel	Telephone
Municipal Emergency Services Dispatch			911
DCEMA Liason			
Event Emergency Coordinator			
Event Coordinator			

## 5.0 Venue Floor Plan

**5.1** A copy of the venue floor plan is to be attached to this document.

**5.2** The Emergency Event Coordinator will identify the posting locations for Event Staff using the following symbols:

- X = Event Office / Event Emergency Coordinator
- S = Event Staff / Usher
- L = Law Enforcement
- F = Fire
- M = Medical Aid Station

## 6.0 Facility Evacuation

**6.1** Each Event Staff member is assigned a specific section or area of the venue in which to assist attendees in the event of a facility evacuation.

**6.2** Event Staff are not to place themselves at risk during rescue. However, they are required to notify the Event Emergency Coordinator of anyone requiring assistance beyond what they are capable of performing.

**6.3** Using the same facility floor plan from Section 5.0, identify sections of the venue by letter/number assigned to a specific Event Staff person. Identify the evacuation route that the staff member should use to direct attendees out of the venue.

## Facility Zone Assignments

Section	Event Staff Member Assigned	Comments / Specific Instructions
A		
B		
C		

## 7.0 Pre-Event Facility Safety Inspection

Item	Correcitve Action
<input type="checkbox"/> Radio and cell communication checked throughout facility	Assigned To: _____
<input type="checkbox"/> Emergency exit doors unlocked and functioning and emergency egress paths clear	Assigned To: _____
<input type="checkbox"/> Emergency lighting functioning	Assigned To: _____
<input type="checkbox"/> Fire protection systems operational and armed	Assigned To: _____
<input type="checkbox"/> Other	Assigned To: _____
<input type="checkbox"/> Other	Assigned To: _____
<input type="checkbox"/> Other	Assigned To: _____
<input type="checkbox"/> Other	Assigned To: _____
<input type="checkbox"/> Other	Assigned To: _____
<input type="checkbox"/> Other	Assigned To: _____

## **8.0 Training Plan**

- 8.1** All Event Staff must receive a briefing on the approved Emergency Action Plan. The briefing will be conducted by the Event Emergency Coordinator.
  
- 8.2** The Event Emergency Coordinator must certify on the Event Staff Briefing Roster that the following topics have been covered during the training:
  - 8.2.1** Defining the Event Staff roles and responsibilities, including areas of the venue for which they are responsible and accountable.
  
  - 8.2.2** Explaining the event and the Emergency Action Plan
  
  - 8.2.3** Communication procedures and hierarchy
  
  - 8.2.4** Evacuation procedures
  
  - 8.2.5** Rendering emergency aid and assistance

## Event Staff Briefing Roster

I certify that the topics required in Section 8.0 of the Emergency Action Plan template have been covered in the briefing conducted for this event.		
Signature		
Event Emergency Coordinator Name		Briefing Date: ____ / ____ / ____
Event Name		Event Date: ____ / ____ / ____

Complete	Topic
<input type="checkbox"/>	Defining Event Staff roles and responsibilities, including areas of the venue for which they are responsible and accountable.
<input type="checkbox"/>	Explaining the event and the Emergency Action Plan.
<input type="checkbox"/>	Communication procedures and hierarchy.
<input type="checkbox"/>	Evacuation procedures.
<input type="checkbox"/>	Rendering emergency aid and assistance.
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

## Post-Event Assessment

### Event Information

Event Name		Event Date(s):	
Venue	Name:	Address:	
Event Coordinator		Event Emergency Coordinator	

### Municipal Resources

Requested Per Plan	Used	Emergent Request (Unplanned Use)	Notes
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Fire	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Emergency Medical Services	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	

### Communication Issues

	<input type="checkbox"/> No Communication Issues
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### Staffing Issues

Total number of Event Staff trained for the event		
<input type="checkbox"/> No Staffing Issues		

### Other Issues (Please explain)

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