



Government of the District of Columbia – Department of Health
**Special Event Health, Medical
& Safety Plan Application**



General Instructions

- Application should be submitted to the Department of Health no later than 30-days prior to the event.
- It is the responsibility of the Event Organizer to sign the application verifying the application is true and complete.
- An application must have any required documents attached to be considered complete. Failure to attach required documents may result in delay or denial of the application.
- Submit a copy of your Special Event Application Questionnaire with this Health, Medical & Safety Plan, and medical assets invoice/letter (if medical assets are required).
- Health, Medical and Safety Plan requirements are subject to change as a result of new legislation, new rules and regulations, or new policies and procedures adopted by the Department of Health. **Events must meet all requirements in force as of the time of their application.**

Event Type

- Event Type should identify one of the following:
 - Concert/Music Festival
 - Athletic/Sporting Event
 - Parade/Block Party/Street Fair/other Outside Venue
 - Conference or Convention

If your event does not fall into one of these categories, contact the Special Events section at the Department of health for guidance and instructions.

Number of Participants

- Include the total number of participants expected, as well as the number expected on an hourly basis for the duration of the event. Be sure to include any peak load participation that is expected or has been observed in past events.

Medical Assets

- Refer to the Health, Medical Safety and Planning Matrix in the Event Guidebook for specific information.

Medical Asset Provider Agency

- If contracting BLS, and/or ALS, ambulances, and/or Mobile Teams, you must submit an invoice or letter proving their commitment to work your event, and their level of qualification.

Communication Plan

- Indicate how staff and volunteers will communicate. Refer to the Communications Plan section in the Event Guidebook for specific information.

Extreme Weather Plan

- Include information on how your event will monitor and take action to deal with an extreme weather event.

Pre-Event Health and Safety Meeting

- Special Event Organizers will conduct a synchronization meeting the day of the event with all volunteers and staff. This meeting should review: the communication plan, the medical assets available during the event, and the need to remain vigilant for matters related to safety and health. Identify when and where this will occur.

Important: This application packet consist of 2 pages, including instructions. Do not submit the application unless you have read and understood all pertinent information.



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Event	Name: Date:
Event Type	
Number of Participants	Total Number Expected: Average Number Each Hour:
Special Event Health and Medical Lead	Name: Email: Phone:
Medical Assets	Asset 1: Asset 2: Asset 3:
Medical Asset Provider/Agency	Provider/Agency Name and Contact Info:
Communications Plan	
Extreme Weather Conditions Plan	
Pre-Event Health and Safety Meeting	

Certification

I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application is punishable by criminal penalties, and may also subject me to civil penalties and to the denial or termination of my application

Signature of the Event Organizer

Date

Submit Application to

District of Columbia Department of Health
Health Emergency Preparedness and Response Administration
Special Events Section
55 'M' Street, SE, Suite 300
Washington, DC 20003
202-671-4222