

# SPECIAL EVENT EMERGENCY ACTION PLAN (EAP)

## I. GENERAL

The "EVENT NAME" will be held MONTH DAY, YEAR at GENERAL LOCATION/ADDRESS/FACILITY TITLE.

## II. PURPOSE PROCESS

- A. This emergency action plan predetermines actions to take before and during the "EVENT NAME" (hereinafter referred to as the event) in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for those required during an emergency.
- B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include, but are not limited to, Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.

## III. ASSUMPTIONS

- A. The possibility of an occurrence of an emergency is present at this event. The types of emergencies possible are various and could require the response of Fire & Rescue, Emergency Medical Services, and Police.

## IV. BASIC PLAN

### A. EAP Event Representative

- 1. The EAP event representative will be identified as the point of contact for all communications regarding the event.
  - a. PRIMARY CONTACT: FIRST/LAST NAME
  - b. TELEPHONE NUMBER:

### B. Emergency Notification

- 1. In the event of an emergency, notification of the emergency will be through the use of 911. The caller should have the following information available to the 911 operator:
  - a. Location of the emergency
  - b. Nature of the emergency
  - c. Contact person with callback number

2. We will have on-site LFR (DELETE TEXT OR ENTER CONTACT NAME OF EMS SUPERVISOR & CELL PHONE NUMBER HERE)
  - a. This information can be filled out after coordination through the Events Team.
3. We will have on-site LPD (DELETE TEXT OR ENTER CONTACT NAME OF LPD SUPERVISOR & CELL PHONE NUMBER HERE)
  - a. This information can be filled out after coordination through the Events Team.

### C. Severe Weather

1. Weather Forecasts and current conditions will be monitored through National Weather Service's Omaha Weather Forecast Office website at [www.weather.gov/oax](http://www.weather.gov/oax).
2. Before the event – If severe weather is predicted prior to the event, the EAP event representative will evaluate the conditions and determine if the event will remain scheduled. The EAP event representative or his/her designee will be identified as such and will be responsible for monitoring the weather conditions before and during the event.
3. During the event – If severe weather occurs during the event, the EAP event representative or his/her designee will notify those attending the event that a hazardous weather condition exists and direct them to shelter.
  - a. Shelter Location: (ENTER SHELTER LOCATION HERE INCLUDING CAPACITY)
4. There are very limited provisions for sheltering participants in the events of severe weather.
5. This event will follow the 30-30 Rule for lightning. If lightning is observed and thunder is heard within 30 seconds, the event will be delayed until 30 minutes have passed since thunder was last heard.
  - a. In the event of severe weather, the crowd will be moved to XXXX. In the event that the crowd cannot be moved inside, the LLC Emergency Manager, LPD Duty Commander, or an LFR Battalion Chief has the authority, above and beyond the EAP event representative, to delay and/or cancel an event.

### D. Fire

1. No specific hazard has been identified as an increased risk of fire at this event, or there is an increased risk of fire due to \_\_\_\_\_.
  - a. In certain high-risk cases, on-site Fire Department personnel may be required. This judgment will be made by City staff.
2. All staff will be instructed on the safe use of Portable Fire Extinguishers.
3. The use of open flame for grilling is permitted under the Fire Code when the following conditions are met: XXX
4. Should an incident occur that requires the Fire Department, 911 will be utilized to request this resource. The caller should have the following information available to the 911 operator:
  - a. Location of the emergency

- b. Nature of the emergency
- c. Contact person with callback number

#### **E. Medical Emergencies**

1. As with any event, there is potential for injury to the participants. The types of injuries are various and include those that are heat-related as well as traumatic injuries.
2. The limited provisions for on-site Emergency Medical Services at this event include:
  - a. (DELETE SECTION OR ENTER TEXT )
3. Should an incident occur that requires Emergency Medical Services, the on-site EMS officer will be contacted to request this resource. If there is no on-site EMS officer, the EAP event representative will contact 911 to request this resource. The caller should have the following information available to the on-site EMS officer or 911:
  - a. Location of the emergency
  - b. Nature of the emergency
  - c. Contact person with callback number

#### **F. Law Enforcement**

1. Should an incident occur that requires Law Enforcement, the on-site LPD officer will be contacted to request this resource. If there is no on-site LPD officer, the EAP event representative will contact 911 (for emergencies) or 402-441-6000 to request this resource. The caller should have the following information available to the on-site LPD officer or 911:
  - a. Location of the emergency
  - b. Nature of the emergency
  - c. Contact person with callback number

#### **G. Emergency Vehicle Access**

1. Access for emergency vehicles will be maintained at all times.
2. Fire lanes and fire hydrants will not be obstructed.
3. Participants and spectators will be directed to park in approved areas and not obstruct protective features, sidewalks, or public thoroughways.
4. Crowd control will be managed by STAFF/PRIVATE SECURITY
  - a. (ENTER NAMES OF ALL RESPONSIBLE STAFF/PRIVATE SECURITY, PHONE NUMBERS, AND SPECIFIC HOURS THEY WILL BE WORKING THE EVENT, ETC)
5. Parking for vendor and staff vehicles will be (ENTER LOCATION)
6. Parking for attendee vehicles will be (ENTER LOCATION)

**V. Contact Information**

Event Organizer	First/Last Name	Cell Phone
EAP Event Representative	First/Last Name	Cell Phone
Crowd Manager	First/Last Name	Cell Phone
Lincoln Police Department	On-Site Supervisor's Name	Cell Phone
Emergency Medical Services	On-site Supervisor's Name	Cell Phone
Lincoln Fire & Rescue	On-Site Supervisor's Name	Cell Phone
General Emergency	Lincoln ECC	911(emergencies)/402-441-6000

**VI. Event Area Map (attached next page)**

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**EAP Event Representative Signature**