

Special Event EMS Coverage

The Arlington Area Ambulance service provides medical coverage for many large public gatherings each year. We may offer EMS coverage for some smaller events, but we're not able to offer coverage for all events. Regardless, we will be there quickly for any emergent need at any special event with a call to 9-1-1.

There are more events in our service area than we can cover without negatively impacting 9-1-1 operations. We consider the following criteria in determining whether we will offer EMS coverage:

- 100+ event participants
- High risk factors for participants
- Total event crowd size
- Traffic impedance caused by the event (e.g., major road closures)
- Availability of EMS personnel
- Impact of the event on 9-1-1 operations

If We Are Able to Offer Coverage

We will determine what type of EMS resources we need to cover the event (ambulances, staff, supervisor, etc.). These are operational decisions that we make based on what we determine is needed to provide coverage.

If you make your request and submit the form to Arlington City Hall, you will receive written confirmation by way of email or direct mail confirming dedicated EMS coverage for your event, the type of EMS resources used, and an estimate of the total costs, which are passed on rates set by the Arlington City Council.

The City of Arlington Clerk will mail an invoice after the event. Occasionally, single events may require pre-payment based on estimated costs prior to the event.

Unfortunately, we are unable to donate services for nonprofit and/or fundraising events.

EMS special event coverage is intended for individual patient evaluation, treatment and/or transportation to an emergency department. It is beyond the scope of our services to provide "first aid station" services such as mass supply of icepacks or elastic bandage, and other medical supply handouts. EMS special event coverage will not provide specialized services such as extrication, fire suppression, overall scene management, excessive crowd control, or any other Law Enforcement Officer or Firefighter duties.

Deadlines to Request Event Coverage

Submit a Special Event Medical Coverage Enquiry Form located at www.arlingtonmn.com.

*Weekend events require a minimum of thirty (30) days' notice.

*Weekday events require a minimum of fourteen (14) days' notice.

Coverage Fee Schedule

- A. Ambulance, two (2) staff: \$150/hour
- B. Cart Team, two (2) staff: \$130/hour PLEASE NOTE: A cart will be needed; to be supplied to EMS staff and the venue requesting this coverage will be required to maintain the liability insurance and overall maintenance of the cart being used by EMS personnel. Arlington Area Ambulance service will not be liable for any accidents or damage pertaining to the cart in use.
- C. Venue foot team, two (2) staff: \$120/hour
- D. A supervisor: \$80/hour

EMS coverage types are posted to publish hourly rates for a given asset. EMS will evaluate the venue, the activity, and operational logistics to determine which assets are used based on a tactical approach to providing EMS coverage.

Organizers should anticipate up to a 4% rate increase annually. The above rates were updated on 03/01/2024.

Arlington Area Ambulance Service Special Event Coverage

Please Read Carefully - Revised 2024

The Arlington Area Ambulance Service understands the importance of providing EMS services during special events or community programs. The attached Special Event Coverage Form must be utilized in order to arrange any special EMS coverage by the Arlington Area Ambulance Service.

For any organization or governmental entity to request standby services from the Arlington Area Ambulance Service, the attached request must be completed, signed, and returned to the City of Arlington at least fourteen (14) days prior to the start of any single or multi-day event occurring on a weekday and thirty (30) days prior to the start of any single or multi-day event occurring on a weekend. Multi-day events require a separate request for each day the event is scheduled.

Arlington Area Ambulance charges up to \$150/hr. minimum of two (2) staff members for any event and a minimum of two (2) hours.

Although the Arlington Area Ambulance Service will make every effort to provide the level of service requested, no specific level of service or coverage can be guaranteed due to the nature of EMS services and the fact that the first priority of the Arlington Area Ambulance Service is always response to 911 calls made by the citizens and visitors in the City of Arlington, Green Isle and surrounding areas.

Special Events will not be staffed by the primary duty crew. Arlington Area Ambulance will staff events with resources dedicated primarily to the event. Arlington Area Ambulance reserves the right to depart a special event due to unforeseen emergencies within the area(s) requiring utilization of the resources at a special event. Were an "Emergency Diversion" needs to occur for Special Event resources, billing per these terms would be adjusted to reflect the actual time spent staffing an event.

The Arlington Area Ambulance Service always seeks to provide the best EMS services to citizens and those requesting special services and we always welcome feedback should you have any questions or concerns.

To complete the process of requesting special standby services from the Arlington Area Ambulance Service, please accurately complete the attached form legibly and submit it to the City of Arlington before applicable deadlines.

You may return completed and signed Event Medical Coverage Enquiry Form to:

Email: ems@arlingtonmn.gov

Mail or

Deliver in Person: City of Arlington
204 Shamrock Drive
Arlington, MN 55307
Attn: Ambulance Manager

You may address any questions or concerns to the Arlington Area Ambulance Manager, Jaime Weikle:

Email: jweikle@arlingtonmn.gov

Phone: (507) 964-2828

Special Event Medical Coverage Enquiry Form

Please complete this form in its entirety to request Arlington Area Ambulance Special Event Coverage.

Organization/Company Name	
Coordinator/Main Contact	
Address (of Organization/Organizer)	
Main Phone Number	
Alternate Phone Number	
Contact Email	
Is your billing address different from the information above?	Yes or No
Billing address if different from above	

EVENT Details

Event Name/Description	
Event Location <i>*Please be as descriptive as possible, especially if this is an outdoor event, over a wider area.</i>	
*Coverage Start Date/Time:	
*Coverage End Date/Time:	
Specific Activities Taking Place	
Event Website	

**Multi-day events will need a separate Event Medical Coverage Form for each separate day.*

Spectator Information

Expected Number of People Involved:

	Total Max Overall	Max at any One Time
Participants		
Spectators		
Staff/Volunteers		

On The Event Day

Who do our team report to the day of the event?	
What is their contact number?	
Is there a facility available for treating casualties in private? <small>*Please provide details, if a facility is available or if we will need to provide this on your behalf.</small>	
Is parking available for staff?	
Where is the approximate location our ambulance/staff will need to stage?	

Please read and sign below that you acknowledge the requirements for requesting event coverage.

By submitting this form, I understand that I am requesting a quotation for the services of the Arlington Area Ambulance for my requested event. I acknowledge that completion of this form does not constitute a firm booking. I have completed this form with the correct information to the best of my knowledge and will undertake to inform the Arlington Area Ambulance service of any changes to the information. I have read and will comply with the Arlington area Ambulance and City of Arlington standard terms and conditions. I will forward all relevant documentation to Arlington Area Ambulance including risk assessments, site plans and emergency escalation plans.

I understand the Arlington Area Ambulance Manager will determine what type of EMS resources we need to cover the event.

I understand that if I submit my request to Arlington City Hall or the Arlington Area Ambulance Manager within the noted timeframe, I will receive written confirmation by way of email or direct mail confirming the details associated to dedicated EMS coverage for my event, the type of EMS resources used, and an estimate of the total costs.

I understand the Arlington Area Ambulance Service and the City of Arlington reserves the right to decline event coverage requests if the standard terms and conditions aren't met.

Signature

Date

Printed Name