



Special Events Emergency Action Plan

Please answer the questions below. The Emergency Action Plan requirement is fulfilled by completing this document **along with your comprehensive site map**. All event staff, volunteers, and vendors must have a thorough understanding of these documents.

Name of person filling out form:	Event Role:
Event Title:	
Event Location:	
Event Date(s) and Time(s):	Predicted Daily Total Attendance:

A. Event Communication

1. List the key onsite decision makers, along with their role and cell phone number. The individuals listed below are responsible for making decisions during an emergency and implementing the procedures detailed in this plan.

Name	Event Role	Cell Phone
1.	Event Leader*	
2.	Backup Event Leader*	
3.	Safety*	
4.	Security*	
5.		
6.		

*Required. No single person can fill more than two roles.

2. How will you share the Emergency Action Plan with staff, volunteers, and vendors? Check all that apply.

Share at meeting or training prior to the event	Email to staff, volunteers, and vendors prior to the event
Present to volunteers and vendors at event check-in/load-in	Other - please list:

3. How will you communicate with staff, volunteers, and vendors <i>during</i> the event? Check all that apply.	
Cellphone call	Radio
Announcements through event sound system	Messaging on screens
Event staff dispersing through crowd, communicating with vendors/volunteers	Text messages or Messaging app(s) - please specify:
Other - please list:	
4. Where will staff be headquartered during the event?	
5. How will you communicate with participants/attendees <i>prior</i> to the event? Check all that apply.	
Email Blast	Text Messages or Alerts
Website Updates	Press Releases
Variable Message Signs	Social Media - please list:
Other - please list:	
6. How will you communicate with participants/attendees <i>during</i> the event? Check all that apply.	
Text Messages or Alerts	Announcements through event sound system
Website Updates	Messaging on screens
Event staff dispersing through crowd, communicating with participants	Social Media Live Updates - please specify platforms:
Other - please list:	

B. Severe Weather Contingency Plan

- The Event Leader shall enforce the Severe Weather Contingency Plan.
- The Event Leader is responsible for notifying event participants of any impending severe weather and finding a safe designated assembly area.
- If severe weather is anticipated during the time frame of the outdoor event, the Event Leader will coordinate the plan to amend, postpone, or cancel the event.

1. Who will monitor the weather before and during the event?	
Name:	Title/Event Role:
2. How will weather be monitored before and during the event? Check all that apply.	
National Weather Service website: https://www.weather.gov/rnk	
Phone App – please specify:	
3. What weather conditions would cause you to delay or cancel the event? Check all that apply.	
<i>Consider the length of time it will take to cancel the event, relocate event participants, secure/remove projectiles, etc. This will assist in determining when you would need to cancel the event prior to anticipated severe weather impacts. The National Weather Service website provides helpful guidance for weather-related hazards.</i>	
Predicted heavy rain	Active heavy rain
Sustained winds of _____ mph	Wind gusts of _____mph
Predicted lightning	Active lightning within _____mi (max 10 mi required)
Predicted hail	Active hail
Tornado Watch	Tornado Warning
Heat Index over _____	Air Quality Index over _____
Icy roadways	Wind Chill under _____
Predicted snow	Active snow
Other – please specify:	
4. If severe weather occurs during your event, where can people seek shelter?	
Structures near the event site. <i>Specify exact locations:</i>	Business that have agreed to provide shelter:
Personal vehicles	Event vehicles

5. If weather or other emergency requires you to delay or stop your event, describe the process for a delayed start or a restart. (ex. may not delay >1 hour; will not restart after 3:00 PM, etc.)

*Public safety working the event must be available to work additional hours. Certificate of Insurance must cover the full timeframe of the event.

6. In case of extreme temperatures, which of the following will be implemented?

Cooling tents	Staged vehicles for warming
Free water	Free hot beverages
Staged vehicles for cooling	Hand warmers available
Adjust event timeline	Extra medical personnel on site
Signage describing symptoms of temperature-induced medical issues	Other - please specify:

C. Medical

1. If an attendee at your event has a medical emergency, how will you ensure they receive help quickly? Check all that apply.

Event will temporarily stop	Staff/volunteers will help clear the immediate area
On-site medical personnel will be alerted via (radio, phone, etc). Specify:	Staff/volunteers will call 911

2. Will you have EMS personnel on site during the event? YES NO

If yes, where will EMS set up?
If yes, contact Roanoke Fire-EMS Battalion Chief of EMS at duane.noell@roanokeva.gov more than 30 days prior to the event.

D. Safety & Security

1. What is your plan for securing the event?	
2. Are you hiring a 3rd party security company?	YES NO
If yes, please list company name and contact information.	
3. If an individual is separated from their parent/guardian at your event, how will you reunite them with the correct guardian? Select all that apply.	
Brief staff and volunteers on your missing child procedure	Have staff person(s) available to stay with individual
Announcements over PA system	Inform staff/volunteers via phone/radio
Alert local authorities	Designate a reunification area - please specify where:

Initial each of the following to acknowledge:

_____ I understand that event staff will need to be briefed on the emergency action plan and shelter locations, and given maps of the locations prior to the event.

_____ I understand the Event Leader shall enforce the Severe Weather Contingency Plan.

_____ I understand the Event Leader is responsible for notifying event participants of any impending severe weather.

_____ I understand if severe weather is anticipated during the time frame of the event, the Event Leader will coordinate the plan to delay, suspend, or cancel the event.

A comprehensive site map must be included with your EAP.

Printed Name: _____

Date: _____

Signature: _____

Submit your EAP to appinfo@roanokeva.gov

Emergency Management may reach out to discuss your Emergency Action Plan in further detail.