



SPECIAL EVENTS MEDICAL AID STATION CHECKLIST

Major events often require on-site medical capability to treat minor illness and injury, stabilize higher-acuity patients, reduce unnecessary ambulance transport, and preserve EMS system capacity. A medical aid station should not be treated as a tent with supplies. Its mission, staffing, treatment capability, security posture, patient tracking, communications, sustainment, and relationship to the larger incident organization should be defined before the event begins. This checklist is intended to help Fire/EMS leaders and partner agencies build a medical aid station that is operationally useful, clinically appropriate, and integrated into the event plan.

Planning Prior to the Event

- Define the mission of the medical aid station before selecting staffing or equipment.
- Decide whether the site is intended for first aid only, urgent care-level treatment, ALS stabilization, observation, or limited definitive care.
- Determine what patient types should be treated on site versus transferred immediately to EMS transport or a hospital.
- Establish the level of provider staffing needed, including physicians, nurses, paramedics, EMTs, and support personnel.
- Define what equipment and medications will be on site, including OTC items, ALS equipment, cardiac monitoring, airway supplies, IV capability, and trauma supplies.
- Decide whether the goal is patient convenience, EMS load reduction, hospital diversion reduction, or all three.
- Identify who will staff and sustain the site, including partner hospitals, private providers, public EMS, or event medical contractors.
- Clarify whether the medical aid station reports under the Medical Branch Director, Treatment Group, or another event structure.
- Establish communications links between the aid station, field units, dispatch, hospitals, and unified command.



- Determine how patients will be documented, tracked, and dispositioned from the site.
- Identify how patient privacy, controlled access, and site security will be maintained.
- Plan for crowd control if patrons converge on the site during a major incident in search of care or loved ones.
- Consider the site as a possible soft target and coordinate security accordingly.
- Establish feeding, hydration, relief, restroom, and sustenance plans for aid station personnel.

Weeks Prior

- Confirm staffing model, shift lengths, relief plan, and clinical supervision.
- Confirm equipment cache, medication plan, resupply method, and who owns replacement.
- Test communications with EMS, hospitals, and event command.
- Confirm patient documentation forms, tracking system, and handoff process for transported patients.
- Review ambulance access to and from the aid station.
- Confirm physical layout, security measures, patient flow, and separation of treatment, waiting, and staff areas.
- Coordinate with local hospitals on physician support, nursing support, specialty consultation, or surge assistance if applicable.
- Ensure the medical aid station has a suitable physical structure with adequate lighting, climate control, power, weather protection, and enough space for patient care, staff movement, and equipment.
- If the site is temporary or set on grass or uneven ground, address flooring, drainage, tent or structure stability, and safe movement of patients, cots, and equipment.



- Provide generator-backed power, portable toilets for staff, and enough cots or treatment spaces to support the expected patient load.

Operational Period

- Confirm staffing, provider mix, and clinical capability for the day's projected attendance and risk.
- Verify equipment readiness, medication stocks, power supply, lighting, cooling, and sanitation.
- Confirm communications with command, EMS, and hospitals.
- Review patient tracking, transport thresholds, and hospital notification procedures.
- Confirm security, crowd management, and controlled access to the treatment area.
- Ensure feeding, hydration, and relief support are in place for aid station staff.

During Operations

- Keep the aid station focused on its defined mission and do not allow scope creep by default.
- Treat minor and moderate cases on site when appropriate to preserve transport resources.
- Escalate quickly when patients exceed the station's defined capability.
- Track patient volume, acuity, treatment rendered, and disposition throughout the event.
- Maintain communication with EMS transport units and hospitals as conditions change.
- Protect the site from becoming congested, unsecured, or overwhelmed during a surge or major incident.

Recovery

- Reconcile patient records, transport dispositions, and supply use.
- Restock medications, consumables, and equipment before the next operational period.
- Identify staffing, treatment, tracking, security, or sustainment problems while they are still fresh.
- Update the aid station plan based on what was learned.