

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Policy Reference No.: 7010
Effective Date: November 1, 2017
Supersedes: January 30, 2017

EMERGENCY MEDICAL SERVICES AT SPECIAL EVENTS

I. PURPOSE

Establish minimum standards for emergency medical services at mass gatherings and special events.

II. POLICY

For brevity, the term “Special Event” is used to refer to either a Mass Gathering or Special Events in this policy.

A. Special Event Medical Plans requiring review by the EMS Agency Medical Director or designee, as mandated by applicable Traffic Code(s), shall meet the minimum standards for the size and type of event, as defined in this policy. These standards are summarized in the Appendices.

B. The EMS Agency Medical Director has the final authority in determining the applicability of any standard and what shall be considered an adequate Event Medical Plan.

III. SPECIAL EVENT MEDICAL PLANS

- A. Special Event Medical Plans shall include, but not be limited to, the following considerations:
1. Event description, including event name, location and expected attendance.
 2. Participant safety (the safety plan for event participants and spectators)
 3. Non-participant safety (the safety plan for individuals not participating in, but affected by the event such as neighboring local residents and on-lookers)
 4. Descriptions of the following medical resources:
 - a) Personnel certified in cardio-pulmonary resuscitation, rapid access to automatic external defibrillator(s), and 911 access;
 - b) First aid station(s) (if indicated; see Appendix A);
 - c) Ambulance(s) (if indicated; see Appendix A);
 - d) Mobile medical resource(s) (if indicated; see Appendix A); and
 - e) In addition to first aid supplies, a Multi Casualty Incident Medical Kit with medical equipment for 50 victims (see MCI kit listed in appendix C).
- B. Special Event Communications Plans, including name(s) and contact information for the event leader and a point of contact on the day of the event, a description of direct routine communications, and a description of disaster communications if cell phones are not available (e.g. two-way radios). A description of communications between the following shall be included:
1. Venue staff and/or security personnel, event coordinator, and medical personnel;

2. Medical personnel located at a first aid station and mobile resources and/or satellite stations;
 3. Medical personnel and the City and County 911 Dispatch Center;
 4. Medical personnel and ambulances as applicable, and
 5. Medical staff at Receiving Hospitals as applicable.
- C. Disaster Plan describing the ability to care for a minimum of 50 event attendees and staff as casualties. The plan must include training of all event medical personnel in the disaster plan, the START disaster triage system, and all appropriate necessary equipment. This may be done at any time prior to the start of the event.

IV. EMT SERVICES AT SPECIAL EVENTS

- A. On-site medical personnel shall be minimally certified as an EMT-1 in California and equipped to provide the complete EMT-1 Scope of Practice as defined in California Code of Regulations, Title 22, Section 100163. They shall follow San Francisco EMS Agency Policies and Protocols.
- B. Paramedics equipped and used to provide Basic Life Support need only be licensed by the State of California

V. PARAMEDIC SERVICES AT SPECIAL EVENTS

- A. Paramedics deployed as part of a Special Events Medical Plan shall be:
 1. Licensed in the state of California;
 2. Accredited in the City and County of San Francisco;
 3. On-duty with an approved Paramedic Service Provider for the duration of the event for which they are deployed; and
 4. Equipped to provide Advanced Life Support care.
- B. Paramedics shall follow San Francisco EMS Agency Policies and Protocols. An on-scene physician may provide medical direction only as allowed in EMS Agency Policy #4041 *Physician on Scene*.

VI. AMBULANCE SERVICES AT SPECIAL EVENTS

Ambulances deployed as part of the approved Event Medical Plan shall be permitted for operation in San Francisco by the EMS Agency.

VII. AUTOMATIC EXTERNAL DEFIBRILLATORS

Automatic External Defibrillators (AEDs) should be made accessible to medical personnel and non-medical personnel trained in its use and located throughout the venue in location(s) that will enable the first shock to a person in cardiac arrest within 5 minutes of notification of qualified personnel. The current San Francisco EMS Response Interval Standard for time to defibrillation must be met by the responding agencies.

VIII. PROCEDURES FOR SUBMITTING SPECIAL EVENT MEDICAL PLANS

- A. Special Event Medical Plans shall be submitted following guidelines posted on the San Francisco EMS Agency website.
- B. The EMS Agency Medical Director or designee shall review the Special Event Medical Plan within 15 days and respond to both the event sponsor and the City permitting agency as follows:
 - 1. Approved without modification.
 - 2. Approval pending submission of additional information specified by the reviewer.
 - 3. Not Approved.
- C. Plans not approved will be returned to the event sponsor with an explanation of the decision.

The event sponsor may appeal the decision by resubmitting the plan to the EMS Agency Medical Director. A review will occur within 5 days of receipt. The EMS Agency Medical Director's decision shall be delivered to the event sponsor within 5 business days of the review.

IX. PROCEDURES FOR SUBMITTING POST – EVENT MEDICAL TREATMENT REPORTS

The event sponsor will submit an Event Medical Treatment Report, within two weeks of the conclusion of the event, to the EMS Agency Medical Director or designee. The report will provide a summary of the medical incidents during the event that involved the EMS plan medical resources. This summary will include at a minimum the number of patients seen at the first aid station(s) or other facilities, their age, gender, chief complaint, and disposition.

X. EMS AGENCY STAFF CONTACT

The EMS Agency staff point of contact for questions on this policy or Special Event Medical Plans may be reached via contact information published at the EMS agency website.

XI. AUTHORITY

California Health and Safety Code, Sections 1797.202, 1797.204, 1797.220, 1798
California Code of Regulation, Title 22, Sections 100063, 100144, 100167(a),
100169 City & County of San Francisco Traffic Code sections 800, 801, 802, 804,
San Francisco
Transportation Code, Division I, section 9.2 and 9.3, San Francisco Police Code section 366,
and Administrative Code section 90.4

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APPENDIX A

GUIDELINES FOR MINIMUM MEDICAL RESOURCE IN SPECIAL EVENTS

EVENT TYPE	Estimated Crowd Size (maximum attendees at peak time)	CPR & 911 Access	1st Aid Station w/ EMT ¹	1st Aid Station w/ Physician, Nurse, or Paramedic ⁴	Water-based ALS	ALS Ambulance ³	Mobile Resources
Concert / Music Festival	< 2,500	Required	Recommended				
	2,500-15,500	Required	Required	Recommended		ALS Required (May need multiple units)	Recommended
	15,500-50,000	Required		Required		ALS Required (May need multiple units)	Required
	>50,000	Required				ALS Required (May need multiple Units)	Required
Athletic / Sporting Event ²	< 2,500	Required	Recommended	Recommended			
	2,500-15,500	Required		Required		ALS Required	Required
	15,500-50,000	Required				ALS Required (May need multiple Units)	Required
	>50,000	Required				ALS Required (May need multiple Units)	Required
Parade / Block Party / Street Fair / Outside Venue	< 2,500	Required	Recommended				Recommended
	2,500-15,500	Required	Required	Required		ALS Required (May need multiple units)	Required
	15,500-50,000	Required		Required		ALS Required (May need multiple Units)	Required
	>50,000	Required				ALS Required (May need multiple Units)	Required
Conference or Convention	< 2,500	Required	Recommended	Recommended			
	2,500-15,500	Required	Required	Recommended		ALS Required (May need multiple units)	Recommended
	15,500-50,000	Required		Required		ALS Required (May need multiple Units)	Required
	>50,000	Required				ALS Required (May need multiple Units)	Required
Water-based	50 – 100	Required	Required	Recommended	Required	Required	Required

Events (Swim, Triathlon, etc.)	100 – 300	Required		Required	Required (May need multiple Units)	Required (May need multiple Units)	Required (May need multiple Units)
	300 – 1,000	Required			Required (May need multiple Units)	Required (May need multiple Units)	Required (May need multiple Units)
	> 1,000	Required			Required (May need multiple Units)	Required (May need multiple Units)	Required (May need multiple Units)

¹ Automatic External Defibrillator required for all events larger than 2,500 attendees.

² More than 1 first aid station is recommended for parades/ sporting events taking place over 1 mile or more.

³ Multiple ambulances may be required depending on event history and size. Recommend 1 unit per 10,000 participants or spectators (Additional Resources may be necessary for isolated or hard-to-access areas, such as Treasure Island.).

⁴ If sobering services are required as part of your EMS plan, they must be staffed by a Nurse or Physician per DPH sobering protocols.

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APPENDIX B

DEFINITIONS SPECIAL EVENT MEDICAL RESOURCES

CPR & 911 Access: Event staff and/or safety personnel have the capability to notify 911 of any medical emergency and to provide CPR/AED access per San Francisco EMS Agency System Standards [within five (5) minutes in 90% of occurrences].

First Aid Station with Emergency Medical Technician (EMT): A fixed or mobile facility with the ability to provide first aid level care staffed by at least one EMT or higher skill level personnel. First Aid level care is defined as treatment of minor medical conditions and injuries by care providers that have received training in First Aid, at the EMT level. Examples of First Aid care are cleaning, bandaging and treating simple wounds such as scrapes and shallow cuts, providing cold packs for musculo-skeletal strains and bruises, and giving drinking water and a place to rest for patients who are mildly dehydrated. Each Fixed First Aid Station shall have an AED and MCI Kit present at all times. Examples of a First Aid Station are a tent, a clinic, an ambulance or vehicle of some type. The first aid station must have 911 communications capability. EMTs who are employees of locally permitted ambulance provider agencies are recommended due to their familiarity with local policy, procedure and protocol. It is also recommended that any event employing multiple First Aid Stations also have a designated Event Physician Medical Director and establish a liaison with the Emergency Communications Department and the Fire Department to improve coordination with 911.

First Aid Station with Paramedic, Nurse, or Physician: A similar facility to a First Aid Station with an EMT, but staffed by at least one Accredited Paramedic, Registered Nurse or Physician, holding a current California license. It is preferred that the Nurse and Physician be experienced in emergency medical care and triage of seriously ill or injured patients to higher levels of care. Examples would be RN's with Emergency Medicine, Critical Care, or Urgent Care backgrounds, or Nurse Practitioners or other mid-level provider licensees. Examples of appropriate Physicians would be those with Emergency Medicine, Family Practice, Sports Medicine, Internal Medicine or Trauma Care specialization. Physicians and/or Nurses are recommended for larger crowd sizes or events needing sobering services; Paramedics may be substituted for smaller size crowds as outlined in the *Guidelines for Medical Resource in Special Events Matrix* in Appendix A.

BLS (Basic Life Support) Ambulance: An ambulance staffed by two EMTs or Paramedics working at a BLS level. BLS units may be utilized for first response (as a Mobile Team) or to substitute for a fixed First Aid Station with an EMT, but may NOT transport unless the following criteria are met. BLS units, in accordance with the City of San Francisco Ambulance Ordinance, may not

transport the ill or injured from a venue to a receiving hospital unless directed to do so by a designated Event Physician in accordance with EMS Agency Policy 4042. In cases where a patient has a life-threatening condition, a dedicated BLS Ambulance may transport only if the ETA to the closest receiving hospital is less than the ETA of responding ALS resources.

ALS (Advanced Life Support) Ambulance: An ambulance staffed by at least one Paramedic and one EMT (ALS) or two Paramedics. An ALS Ambulance is a dedicated transport unit, and must be available for any patient within the event footprint. ALS Ambulances may NOT be utilized as both transport unit and fixed First Aid Station.

Mobile Resource(s): Mobile or “Roving Medical Resource(s)” are non-ambulance based EMTs and/or paramedics, or higher-level interventionists, that are deployed throughout the footprint of a special event and may be on foot, bicycles, or motorized transport cart/vehicle (Gator, Moped, Motorcycle, etc.). Mobile Resource(s) must be able to provide, AT MINIMUM, First Aid Care at a BLS level, and must have communication capability, by radio, cell phone, or other medium (See Appendix D). Each Mobile Resource must carry at least one AED at all times. EMTs, that are dedicated resources within an approved medical plan, may respond, evaluate, and create Patient Declines Transport (PDT) documentation (NOT AMA), for patients that do not qualify under the guidelines in EMSA Policy 4040, Section E.3.a)(1-11).

Water-Based Resource(s): A medical response resource (BLS or ALS), that is based on a boat, Personal Water Craft (PWC), or other water-based vessel (Kayak, Surf-Ski, etc.), that is capable of providing medical interventions and rendezvous with another vessel of higher-level care, or a ground-based transport unit. Any ALS Resource must be located on a vessel that has an accessible deck, and room/equipment to perform ALS/ACLS interventions (See Appendix D). Each Water-Based Resource(s) must have communication capability, by radio, cell phone, or other medium.

APPENDIX C

Multi Casualty Incident Medical Kit

ITEM	Quantity
Bag or Case to hold MCI Equipment	1
Bullhorn or Battery Powered Megaphone	1
Combat Application Tourniquets or approved equivalent*	4
Compression Bandage with ties (e.g. Bloodstopper Dressings)	7
Sterile gauze pads 4" x 4," 12 per box	1
Nonsterile 4" x 4" gauze pads, 200 per box	1
Abdominal Dressing, 8" x 10" or 5"x9" or similar size	2
Stretch-style Sterile Gauze Rolls 4" or 5"	4
Petroleum Gauze Pads, 4" x 6" or 3" x 9" (or similar size)	4
Triangular Bandages	2
Cloth Tape 1," 2" and 3"	2 each size
Cone masks	50
Felt tip markers	2
Glasses or Goggles	2
Heavy Duty Gloves	2
Oral Airways, sizes 0, 1, 2, & 3	4
Oral Airways, sizes 4, 5, & 6	8
Pens	3
Ruled paper tablet	1
Trauma Shears	2
Triage Tags	50
Vests - Kelly Green or Blue: "EMT-1" or "EMT-P"	2
Worksheet: Patient Tracking (who was treated, for what, where did they go?)	1
*Acceptable equivalent includes Combat Application Tourniquet, Emergency and Military Tourniquet, or Special Operations Forces Tactical Tourniquet	

APPENDIX D

Qty:	Description:	Qty:	Description:
BLS Mobile Resource Inventory:			
Various Equipment:			
Appropriate PPE (for reasonably expected hazards)			
	Stethoscope		Blood Pressure Cuff (Adult)
	Paper PCR (or equivalent handoff report)		P100 Mask
2	Biohazard Bags	1	Sharp Shuttle
1	Automatic External Defibrillator (AED)	1	Oxygen ("A" Cylinder or larger)
Airway:			
	Assorted OPA's		Assorted NPA's
1	Nasal Cannula (NC)	1	Non-Rebreather Mask (NRB)
1	Pediatric NRB	1	Bag-Valve Mask (BVM)
5	Water-Based Lubricant		
Trauma Supplies:			
2	Blood Stoppers	1	Petroleum Gauze
1	Triangular Bandage	2	Roller Gauze
5	4X4 Gauze Dressing (Sterile)	2	Abdominal Pad 5X9 (or larger)
10	Band Aids	1	Tourniquet (Combat Style)
1	Quick Clot Bandage (or equivalent)	1	1" or 2" Cloth Tape
1	Trauma Shears	3	Antibiotic Ointment
3	Instant Ice Pack	1	Backboard and/or KED (for Carts Only)
ALS Mobile Resource Inventory:			
All of the above items, PLUS:			
Glucometer (Lancets, Test Strips, ETOH Swabs, BandAids, etc.)			
Airway:			
1 ea	King Tube, Sizes 3,4,5	1	Tube Tamer (or equivalent holding device)
1	Mac 1 Laryngoscope Blade	1	Mac 4 Laryngoscope Blade
1	Laryngoscope Handle (incl. extra batteries)	1	Magill Forceps
1	Nebulizer Mask, Adult	1	Nebulizer Mask, Pediatric
IV Start Kit and Supplies:			
1	16 gauge IV Catheter	2	18 gauge IV Catheter
2	20 gauge IV Catheter	2	22 gauge IV Catheter
2	Tegaderm (or equivalent)	6	Alcohol Swabs
1	1" Transpore Tape	2	Tourniquet (elastic)
1	Chux	2	Saline Flush
2	Saline Lock	1	1000cc Normal Saline
1	Macro Administration Drip Set	1	100cc 5% Dextrose
1	3-Way Stopcock	2	1cc Syringe (with Needle)
2	1cc Syringe (without Needle)	2	3cc Syringe
2	5 cc Syringe	2	10 cc Syringe
Medications:			
1	Adenosine, 6mg Vial	2	Adenosine, 12mg Vial
4	Albuterol, 2.5mg Bullets	3	Amiodarone, 150mg Vial
1	Aspirin (ASA), Bottle of 81mg Tablets	1	Atropine, 1mg Preload
1	Diphenhydramine (Benadryl), 50mg Vial	1	Calcium Chloride, 1g/10ml Preload
1	Charcoal, 25g Tube/Bottle	2	10% Dextrose, 25gm in 250ml Premix bag
3	Epinephrine, 1:1000 Ampoule	3	Epinephrine, 1:10,000 Preload
1	Glucagon, 1mg Vial	1	Magnesium Sulphate, 5mg/10ml Vial
2	Naloxone (Narcan), 2mg Preload	1	Nitroglycerin (NTG), Bottle, 0.4mg Tablets Or Spray
3	Oral Glucose, 15g Tube/Bottle	2	Ondansetron (Zofran), 4mg Preload/Vial