SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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EMERGENCY MEDICAL SERVICES AT MASS GATHERINGS & SPECIAL EVENTS

NOTE: Policy re-posted on website on May 23, 2012 with updated staff contact information in Section IV. F. There were no other changes to policy content.

I. PURPOSE

A. To establish minimum standards for emergency medical services at mass gatherings and special events.

II. AUTHORITY

- A. California Health and Safety Code, Sections 1797.202, 1797.204, 1797.220, 1798
- B. California Code of Regulation, Title 22, Sections 100063, 100144, 100167(a), 100169
- C. City & County of San Francisco Traffic Code sections 800, 801, 802, 804 and Administrative Code section 90.4

III.POLICY

- A. Mass gathering or special event medical plans requiring review by the EMS Agency Medical Director, as mandated by the above referenced Traffic Code, shall meet the minimum standards for the size and type of event, as defined in this policy. These standards are summarized in Appendix A.
 - 1. The EMSA Medical Director shall have the final authority to determine the applicability of any standard and what shall be considered an adequate Event Medical Plan.
- B. Mass gathering or special event medical Plans shall include, but not be limited to, the following considerations:
 - 1. Event description, including event name and expected attendance
 - 2. Participant safety
 - 3. Non-participant (spectator, bystander) safety
 - 4. Communications, including event leader or point of contact with provisions for emergency communications for events that are anticipated to overwhelm cell phone capacity (e.g. two-way radios)
 - 5. Resources:
 - a) Persons certified in cardio-pulmonary resuscitation, rapid access to automatic external defibrillators, and 911 access
 - b) First aid stations (if indicated; see Appendix A)
 - c) Ambulances (if indicated; see Appendix A)
 - d) Mobile medical teams (if indicated; see Appendix A)

C. Paramedics deployed as part of a medical plan that are equipped and/or used to provide Advanced Life Support shall be licensed in the state of California, accredited in the City and County of San Francisco, and on duty with an approved Paramedic Service Provider for the duration of the event for which they are deployed.

- 1. Paramedics shall follow San Francisco EMS Agency Policies and Protocols.
 - a) Paramedics may utilize designated event physicians as allowed as allowed in EMS Agency Policy #4041, *Physician on Scene*.
- 2. Paramedics equipped and used to provide Basic Life Support need only be licensed by the State of California.
- D. Ambulances deployed as part of the approved Event Medical Plan shall be permitted for operation in San Francisco by the EMS Agency.
- E. 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.
 - 1. Automatic External Defibrillators should be located strategically throughout the venue and made accessible to medical personnel and non-medical personnel that may be trained in the use of an AED pursuant to EMS Agency Policy #7000, *Public Access Defibrillation (PAD) Provider Standards*. The AEDs should be placed in such a manner and location(s) that the first shock will be delivered 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.
- F. Direct communications, using wireless means when possible, shall be included in medical plans as follows:
 - 1. between venue staff and/or security personnel, event coordinator, and medical personnel,
 - 2. between medical personnel located at a first aid station and mobile teams and/or satellite stations,
 - 3. between medical personnel and the Emergency Communications Department,
 - 4. between medical personnel and ambulances, and
 - 5. between medical staff and receiving hospitals.

IV.PROCEDURE

A. Event Medical plans shall be submitted to the appropriate city permitting agency (ISCOTT/Entertainment Commission/Parks and Recreation Department/Police Department) with the permit request and that permitting agency shall forward the Event Medical Plan to the EMS Agency within 2 days of submission of the permit request using the approved template and meeting all minimum standards

- B. The EMS Agency Medical Director shall review the medical plan within 15 days and respond to both the event sponsor and the permitting agency as follows:
 - 1. Recommended without modification
 - 2. Recommended, contingent upon acceptance of modifications specified by the reviewer
 - 3. Not recommended
- C. Those plans not recommended shall be returned and will include an explanation of the decision.
- D. The applicant may appeal the decision by resubmitting the plan to the Director of Health and requesting review within 5 days of the EMS Agency Medical Director's decision.
- E. The applicant will provide a summary of the medical incidents during the event that involved the EMS plan medical facilities. 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.
- F. The staff point of contact for questions on this policy or event EMS plans may be reached via email at **dem.sf events@sfgov.org** or (415) 487-5032.

Appendix A Minimum Resource Guidelines

Event Type	Crowd Size (anticipated)	CPR & 911 Access	1 st Aid Station w/ EMT@	1 st Aid Station w/ Nurse or Paramedic	1 st Aid Station w/ Physician	BLS or ALS Ambulance	Mobile Teams
Concert/ Music Festival	< 2,500	X	X	*			
	2500-15,500	X		X		ALS *	*
	15,500-50,000	X		X	*	ALS (X)#	X
	>50,000	X			X	ALS (X)#	X
Athletic/Sporting Event^	< 2,500	X	X	*			
	2500-15,500	X		X	*	ALS (X)	X
	15,500-50,000	X			X	ALS (X)#	X
	>50,000	X			X	ALS (X)#	X
Parade^/ Block party/Street fair/ Outside Venue	< 2,500	X	*				*
	2500-15,500	X	X	*		ALS*	X
	15,500-50,000	X		X	*	ALS (X)#	X
	>50,000	X			X	ALS (X)#	X
Conference or Convention	< 2,500	X	*				
	2500-15,500	X	X	*		ALS*	*
	155000-50,000	X		X	*	ALS (X)#	X
	>50,000	X			X	ALS (X)#	X

X = REQUIRED

* = RECOMMENDED

#=MULTIPLE UNITS MAY BE REQUIRED depending on history and size of event. A reasonable planning guide is 1 unit per 10,000 participants or spectators.

^=If a parade or sporting event takes place over 1 mile or more, more than 1 first aid station is recommended. Crowd size equals both the participants and spectators @=AED access recommended

Note

If the mass gathering is a protest registered with the Police Department, organizers are encouraged to provide CPR and 911 access by gathering personnel.

Definitions/Background

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 System Standards (within :05 minutes, 90% of occurrences)

First Aid Station with EMT: A fixed or mobile facility with the ability to provide first aid level care staffed by at least one Emergency Medical Technician 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. Examples of First Aid care are cleaning, bandaging and referring 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. 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 a First Aid Station 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 Nurse: A similar facility to the one listed above, but staffed by at least one Registered Nurse or higher skill level personnel. The Registered Nurse must hold a current California license. It is preferred that the nurse 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 Practitoners or other mid-level provider licensees. Nurses are recommended for larger crowd sizes; Paramedics may be substituted for smaller size crowds as outlined in the matrix.

First Aid Station with Physician: A similar facility to the one listed above, but staffed by at least one Physician holding a current California license. It is preferred that the physician be experienced in emergency medical care and triage of seriously ill or injured patients to higher levels of care. Examples would be physicians with Emergency Medicine, Family Practice, Sports Medicine, Internal Medicine or Trauma Care specialization.

BLS (Basic Life Support) or ALS (Advanced Life Support) ambulance: An ambulance staffed by 2 EMT's (BLS) or at least one Paramedic and one EMT (ALS). ALS ambulances my have two Paramedics or a Paramedic and an EMT-1. ALS units may be used to substitute for BLS units. 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 is in extremis, they may transport if the ETA to the closest receiving hospital is less than the ETA of responding ALS personnel. BLS units may be utilized for first response or to substitute for a fixed First Aid Station with an EMT.

Mobile Teams: Mobile teams consist of two or more personnel, one of whom must be an EMT or higher level provider, with treatment supplies necessary for the provider's skill level, and communications capability with at least the First Aid Station.