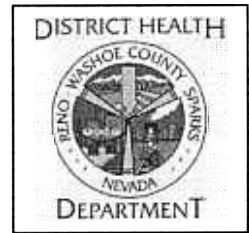


WASHOE COUNTY DISTRICT BOARD OF HEALTH POLICY



Effective date: 1/23/91
Revised date: 10/26/06

SUBJECT

Suggested Guidelines for Emergency Medical Services (EMS) Coverage for Mass Gatherings

II. POLICY

The following provisions are suggested guidelines and are meant for advisory purposes only. They do not create any entitlement or right for the benefit of third parties.

The District Health Department recommends that each political jurisdiction evaluate the factors listed below and make recommendations based upon, but not limited to, the following references:

1. Hanna, J.A., 1995. *Emergency Preparedness Guidelines for Mass, Crowd Intensive Events*. Emergency Preparedness Canada.
2. American College of Emergency Physicians, 1995-96. *ACEP EMS Committee: Provision of Emergency Medical Care for Crowds*. Dallas, Texas.
3. Milsten, A.M., et al, 2002. Mass-Gathering Medical Care: A Review of the Literature. *Prehospital and Disaster Medicine*, 17(3), 151-162.
4. Arbon, P., 2004. The Development of Conceptual Models for Mass-Gathering Health. *Prehospital and Disaster Medicine*, 19(3), 208-212.
5. Federal Emergency Management Agency, 2005. *Special Events Contingency Planning Job Aids Manual*. Washington, D.C.
6. San Francisco Emergency Medical Services Agency, 2007. *Emergency Medical Services at Mass Gatherings & Special Events*, Policy Reference No. 7010.
7. NATIONAL FIRE PROTECTION ASSOCIATION, 2006. NFPA 450. Quincy: National Fire Protection Association.
8. Other published resources that may provide assistance or guidelines for EMS at mass gathering events.

A mass gathering may be defined as a situation or event during which crowds gather and there is a potential for a delayed response to emergencies because of limited access or other features of the environment or location.

The general guideline for any mass gathering event larger than 2500 people per day is access to an Advanced Life Support (ALS) ambulance within eight (8) minutes or one (1) dedicated ALS ambulance, and on-scene medical personnel of various levels suitably equipped, which may vary depending on the factors evaluated. Other factors should be considered which are based on published standards and are identified to be important to provision of EMS coverage at a specific event. The minimum factors to be considered that may increase medical risks or demands for health care are listed below.

An EMS Coverage Analysis Flow Chart (Appendix A) is attached to provide a guideline for the appropriate EMS coverage, and is based on a review of the current literature regarding EMS at mass gatherings. The flow chart is based on both the size of an event and variables that may result in an increased need for medical care for an event of 2500 people or more. For events less than 2500, it is recommended that the local ambulance provider be provided information on ingress/egress plans and traffic issues that may result from the event. This allows the

ambulance provider to plan for and monitor impacts of the event on the EMS system, while continuing to maintain rapid responses to patients throughout the community.

The producer or organizer of the special event may be requested to supply all the required information #1 through #5 below.

ALL EVENTS SHOULD BE REVIEWED FOR:

- 1 Event Title and Description of Activities to Occur:
 - A. Date(s) and times(s) of event and duration
 - B. Location (indoor vs. outdoor activities)
 - C. Expected number of event personnel, participants and spectators
 - D. Weather extremes or other environmental factors, high risk participant activities, terrain, or other hazards identified in the event hazard analysis
 - E. Crowd movement (contained or mobile) and crowd density
 - F. Site map indicating entrances/exits, seating and isles/walkways, etc.
 - G. Availability of alcohol at the event
 - H. Audience composition (ages)
 - I. Any anticipated increase in chronic medical conditions of attendees due to the type of event

2. Medical/EMS Services to be Utilized:
 - A. Name(s) of medical or fire-based EMS organization(s) providing service
 - B. Level of coverage (Basic Life Support/Advanced Life Support), number of medical personnel on-site, and name of responsible contact person for medical coverage
 - C. Location of Medical Aid Stations(s) and/or Medical Command Post
 - D. Name(s) of the on-scene EMS Coordinator/Manager/Person in charge
 - E. Identification method for visibility of EMS personnel
 - F. EMS/911 Communication methods to include activation of the EMS system, radio frequencies utilized and method of communication between on-site personnel
 - G. Ingress/egress route(s) for EMS vehicles
 - H. Distribution of resources to provide responses of on-scene medical personnel within four to five minutes to any part of the event
 - I. Location of nearest acute care hospital
 - J. Anticipated injuries/illnesses based on past events
 - K. List of on-scene medical equipment and supplies available for medical providers

3. Medical Record Keeping Method at Event to Include:
 - A. Number of patients treated on scene
 - B. Number of patients known to have been transported to a medical facility by private vehicle, ambulance or other means
 - C. Listing of individual types of illness or injuries seen

(The summary medical data collected under #3 A, B and C should be submitted to the District Health Department EMS Program within 30 days of the event).

4. Distribution method(s) for Medical Aid Station maps/information to participants and spectators.

5. Copies of letters announcing the event date and times for events greater than 2500, should be distributed to local hospital emergency departments and ambulance services at least one month prior to the event to assist them in anticipating staff needs, etc.

ADDITIONAL GUIDELINES:

The following mitigation strategies for EMS medical coverage are also recommended:

EMS personnel should be on site whenever event personnel, spectators or participants are on scene, including set up and take down activities.


- If dedicated ambulances are utilized, they should be co-located with the first aid tent whenever possible.
- Hand washing facilities for medical aid station personnel should be separate from general public facilities. Handicapped accessible Sani-Huts or ADA-approved fixed facility restrooms should be available near the medical aid stations so patients can access them.

If first aid stations are utilized, disposal of biological waste should be addressed in the event plan.



For venues that are a considerable distance from the closest hospital, pre-planning for landing a medical helicopter should be included.

Plans for compliance with Health Insurance Portability and Accountability Act (HIPAA) provisions should be developed for patient care records that include patient identifiers.

- For events greater than 15,000 people, Multi-Casualty Incident response operations and command structure concepts should be included in the event planning process.

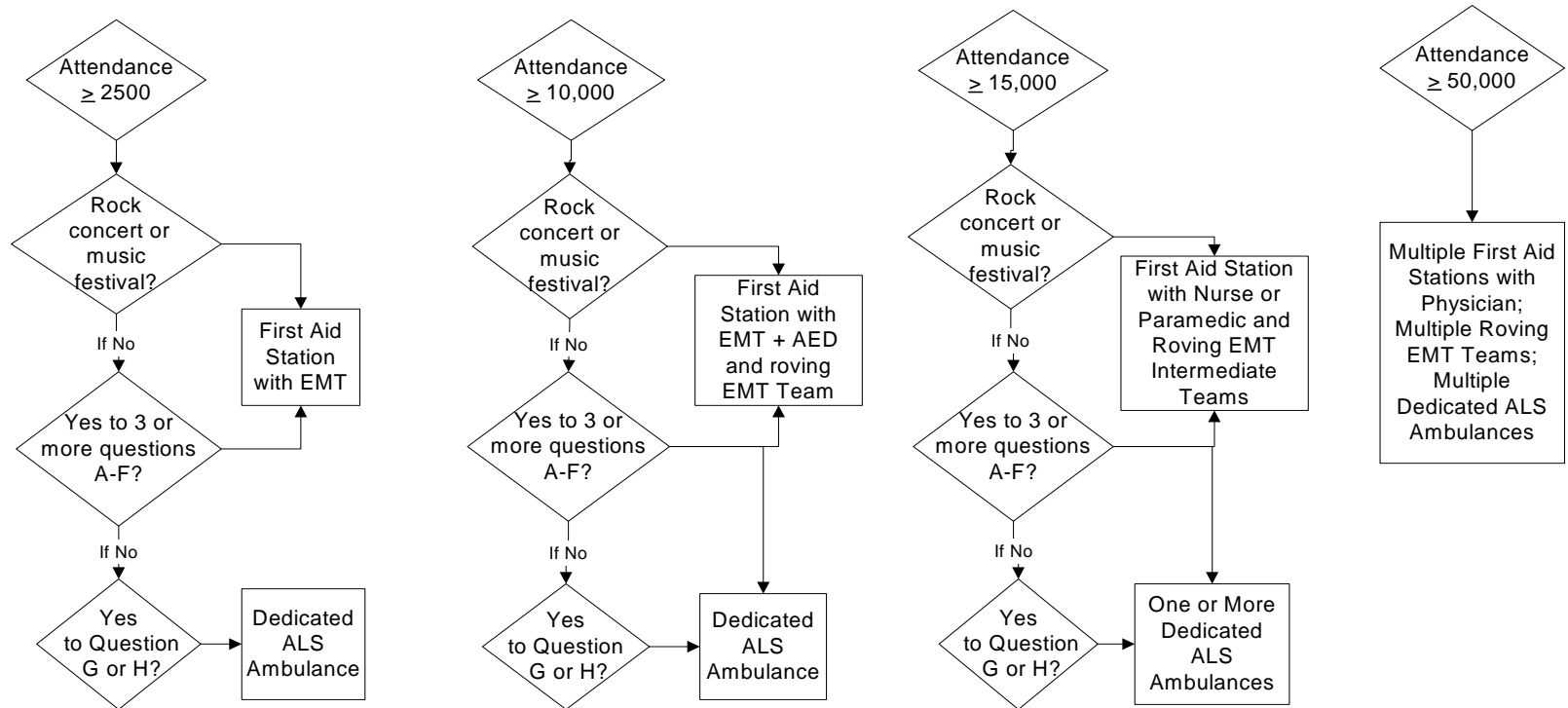


Chairman, District Board of Health Date

District Health Officer Date

APPENDIX A--EMS COVERAGE ANALYSIS FLOW CHART



QUESTIONS

- A. High-risk activities such as sports, racing, etc.?
- B. Environmental hazards or extremes of heat or cold?
- C. Average age of crowd less than 25 or greater than 50?
- D. Crowd includes large numbers of persons with acute or chronic illnesses?
- E. Crowd density presents challenges for patient access or transfer to ambulance ?
- F. Alcohol to be sold at the event, or a history of alcohol or drug use by the crowd at prior events?
- G. Past history of significant number of patient contacts at the event or patients transported to area hospitals?*
- H. Event greater than 5 miles from the closest hospital?

DEFINITIONS

First Aid Station: Fixed location on site staffed by at least one Emergency Medical Technician or a person with a higher skill level capable of providing emergency medical care within their proscribed scope of practice.

Roving EMT Team: team of two or more personnel at the basic or EMT Intermediate level with treatment supplies to provide emergency medical care.

Dedicated ALS Ambulance: An Advanced Life Support ambulance staffed by a Paramedic and Intermediate EMT, or personnel with a higher skill level, and capable of providing transport of patients, but which will immediately respond back to the event site.

** Significant means the number of patient contacts is $\geq .7\%$ of the total number of attendees, or transport rate to hospital by ambulance or private vehicle is $\geq 15\%$ of total patient contacts