

Special Event Policy (Number)

I. POLICY

It is the responsibility of the Kern County Public Health, EMS Program (EMS) to organize an emergency medical services response system that provides expedient, efficient and safe emergency medical services to persons in need of emergency medical response, care and transport.

II. PURPOSE

The Kern County EMS system is designed to help residents and visitors to our county obtain prehospital emergency health care in an efficient and timely manner. Large gatherings and/or special events occur throughout our county and in some cases increase the risk of illness or injury to attendees. This policy establishes minimum standards for emergency medical services at large gatherings and special events.

III. AUTHORITY

Health and Safety Code, Division 2.5, Sections 1797.202, 1797.204, 1797.220 and Section 1798

IV. DEFINITIONS

Large Scale/Special Event:

Any event expected to have an event population of 10,000 or more. Or, any event that EMS determines has a probability of generating an increased number of ill or injured patients and/or has the potential to impact the Kern County EMS system.

Population:

Event Population shall be defined as all Attendees, Vendors, Volunteers, Contractors and Paid staff. County and State agency personnel will not count towards an event's population.

Special Event Medical Plan:

A set of written procedures for dealing with medical and traumatic emergencies that minimize the impact of the event and facilitate recovery from the event.

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 Kern County EMS Program 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 two EMT's. 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, or vehicle of some type. The first aid station must have 911 communications capability. It is 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, Fire Department, and local LEMSA to improve coordination with 911.

First Aid Station with Physician, Physician Assistant/Nurse Practitioner, or Nurse: A similar facility to a First Aid Station with an EMT, but staffed by at least one Registered Nurse, Physician, or PA/NP holding a current California license. It is preferred that the medical professional be experienced in emergency medical care and triage of seriously ill or injured patients. 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, Critical Care, Family Practice, Sports Medicine, or Trauma Care specialization. Physicians and/or Nurses are recommended for larger crowd sizes or events needing sobering services.

Ambulance Operations:

Kern County Approved Ambulance services, Advanced Life Support or Basic Life Support, are emergency services which treat illnesses and injuries that require an urgent medical response, providing out-of-hospital treatment and transport to definitive care. All ambulance services must be performed by approved ambulance providers operating within their exclusive operating area ONLY. No non-approved ambulance may be used for the transport of any patient.

Exclusive Operating Area (EOA):

An Emergency Medical Services area or subarea defined by the emergency medical services plan for which a local Emergency Medical Services agency (LEMSA), upon the recommendation of a county, restricts operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support.

BLS (Basic Life Support) Ambulance:

An ambulance staffed by two EMTs 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. 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. Appropriate back filling of Ambulance resources must be addressed.

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 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. 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 AMA documentation.

V. SPECIAL EVENT MEDICAL PLAN – (See addendum A)

Special Event Medical Plans shall include, but not limited to, the following:

1. Event description, including event name, location and expected attendance.
2. Participant safety (the safety plan for event participants and spectators)
3. Descriptions of the following medical resources:
 - a. All personnel either paid or volunteer who will be providing medical care
 - b. First aid station(s) (if indicated);
 - c. Ambulance(s) (if indicated);
 - d. Mobile medical resource(s) (if indicated);

And

- e. In addition to first aid supplies, a Multi Casualty Incident Medical Kit with medical equipment for 50 victims.

VI. Communications

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

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 equipment. This may be done at any time prior to the start of the event.

VII. EMT SERVICES AT SPECIAL EVENTS (PAID OR VOLUNTEER)

1. 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.
2. Paramedics may be used to provide Basic Life Support only unless on duty with a local approved ambulance or first response provider. If they are part of the event staff provided by the applicant they may only provide BLS services and need only be licensed by the State of California.

VIII. PHYSICIAN SERVICES AT SPECIAL EVENTS

Physicians may be utilized during special events but a detailed list of expected skills must be submitted in the event medical plan prior to the event. Doctors providing services for special

events will assume all liability for any potential patient and should have some previous and/or current emergency medicine background. Any doctor providing service whether it be paid or voluntary will submit a copy of all current licensing with the event medical plan.

IX. AMBULANCE SERVICES AT SPECIAL EVENTS

Ambulances deployed as part of the approved Event Medical Plan shall be an approved provider permitted for operation in Kern County by EMS and be the current holder of the Exclusive Operating Area for the location of the event. No out of county ambulance is permitted to operate within the county lines.

X. AUTOMATIC EXTERNAL DEFIBRILLATORS

Automatic External Defibrillators (AEDs) shall 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 2 minutes of notification of qualified personnel.

XI. PLAN INFORMATION AND SUBMISSION

To secure review of a Special Event Medical Plan, the event applicant must submit the plan on the form found in Addendum A. This form solicits all information mandated by EMS. For a plan to be considered for review by EMS, it must meet the following criteria:

1. Submitted to EMS for review at least 90 days prior to the event, or first event in a series of events.
2. Make corrections, if any, as identified and mandated by EMS.
3. Consider recommendations by EMS for plan improvement
4. If any revisions are made, resubmit the revised plan to EMS for review and approval.

The submission of a Special Event Medical Plan to EMS does not relieve the applicant of any responsibility it may have to submit a similar plan to any other department of the county.

XII. EMS PLAN REVIEW

EMS will review the Special Event Medical Plan within 15 days and respond as follows:

Policy Name (Number)
Effective Date:
Revision Date:

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Kristopher Lyon, M.D.
(Signature on File)

1. Approved without modification.
2. Approved pending modification and re-submission.
3. Approval pending submission of additional information specified by the reviewer.
4. Not Approved.

Plans not approved will be returned to the event entity with an explanation of the decision.

The event applicant may appeal the decision by resubmitting the plan to the Kern County EMS Manager. A review will occur within 5 days of receipt. The Kern County EMS Manager's decision shall be delivered to the event applicant within 5 business days of the review.

XIII. EMS EVENT OVERSIGHT

EMS will provide oversight at the sole discretion of The EMS Program Manager.

Factors that contribute the decision to provide on-site EMS oversight include but are not limited to:

1. Type of event.
2. Expected population of event.
3. Event Culture and Historical Information.

XIV. PROCEDURES FOR SUBMITTING POST – EVENT MEDICAL TREATMENT REPORTS

The event applicant will submit a Post Event Report to EMS within two weeks of the conclusion of the event. 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, treatment rendered and disposition. Additionally, the report will include the total number of attendees, staff and any untoward events that occurred during the event.

XV. KERN COUNTY EMS STAFF CONTACT

EMS staff may be reached at 661-321-3000 for questions on this policy or Special Event Medical Plans.

XVI. MINIMUM MEDICAL RESOURCES FOR SPECIAL EVENTS

Estimated Crowd Size At Peak Time	CPR & 911 Access	1 st Aid Station w/EMTs	1 st Aid Station w/ Physician, PA/NP, or Nurse	ALS Ambulance	BLS Ambulance
<2,500	Required	Recommended			Recommended
2,500 to 10,000	Required	Required	Recommended	One ALS Required	Recommended
10,000 to 15,000	Required	Required	Required	One ALS Required	One BLS Required
15,000 to 25,000	Required	Required	Required	Two ALS Required	One BLS Required
25,000 to 50,000	Required	Required	Required	Three ALS Required	Two BLS Required

XVII. Fines/Fees

A. **Fees:**

Application/Plan Submission/Onsite Oversight = \$92.00/hr

B. **Fines:**

Failure to comply with any part of this policy will result in a \$5,000 fine per violation.

Addendum A

SPECIAL EVENT MEDICAL PLAN

Introduction

This document has been prepared by the Kern County Department of Public Health, Emergency Medical Services Program (EMS), to assist applicants that seek to have a Special Event Medical Plan evaluated by EMS. A Special Event Medical Plan shall be submitted for a planned and organized activity or contest which will place participants or attendees, or both, in a defined geographic area in which the potential need for EMS exceeds local EMS capabilities, where access by emergency vehicles might be delayed due to crowd or traffic congestion at or near the event, expected attendance is likely to reach or exceed 10000 persons, or EMS determines that the event poses a high likelihood of generating an increased number of ill or injured patients that has the potential to impact the Kern County EMS system.

Please complete the following plan and submit to EMS at least 90 days prior to your event.

1. Sponsoring Organization/Promoter:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: (____) _____ Fax#: (____) _____

E-mail address: _____

2. Known or estimated attendance (Check the appropriate line):

<2,500 ___ 2,500 to 10,000 ___ 10,000 to 15,000 ___ 15,000 to 25,000 ___
25,000 to 50,000 ___

3. Date(s) of Event: _____

4. Type/Nature of

Event: _____

Policy Name (Number)

Effective Date:

Revision Date:

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Kristopher Lyon, M.D.
(Signature on File)

5. Location of
Event: _____

6. Length of Event
(Hrs/day): _____

7. Name and Qualifications of event medical director:

Name: _____

Qualifications:

8. Name, Qualifications and On-site treatment abilities of any event physician(s) who will
be providing care:

Name: _____

Qualifications:

Treatment abilities: (i.e. medications and equipment available on site for physician use?)

9. Event personnel and equipment:

(A list of all medical personnel, their certification numbers, and qualifications that will engage in the assessment and treatment of patients must be submitted to EMS at least 30 days prior to the event for the purpose of vetting.)

Personnel		Equipment/Supplies
# First Responders: CPR/First Aid/911 Access		
# EMTs:		
# Nurses:		
# PA/RN		
# Physicians:		
# Other Medical Personnel:		

10. Description of On-site treatment facilities:

NOTE: A copy of a map of the event site must be attached to the plan.

11. Description of patient transfer for transport procedures to be utilized:

12. Description of event emergency medical communications capabilities:

13. Description of participant safety plan: (Attach plan if necessary)

14. Description of plans for educating event attendees regarding EMS system access, specific hazards or severe weather:

15. Measures that have or will be taken to coordinate EMS for the event with local ambulance, police and fire organizations:

Printed name of event organizer
(First, MI, Last)

Title

Signature

Date