I. **PREFACE**

The System bears a responsibility to its Providers and the general public to ensure that the usual and customary standards of EMS care are maintained and provided to all persons attending episodic large scale events with mass gatherings of people.

II. **DEFINITION of a MASS GATHERING EVENT**

For the purpose of this policy, mass gathering events include, but are not limited to, community celebrations, races, concerts, athletic events, etc. in which at least 1000 persons are gathered at a specific location for a defined period of time (NAEMSP).

III. **POLICY**

A. The provision of emergency medical care at a mass gathering shall meet or exceed all local, regional, and/or state guidelines for mass gathering event EMS planning.

B. Planning for mass gathering events should include negotiations between event managers, venue owners, and the event EMS Coordinator in conjunction with the EMS Medical Director MD (EMS MD). The medical action plan must be the basis for any contractual agreements between the event EMS Coordinator (EMS provider agency), the event EMS MD, and event sponsor(s).

C. The NWC EMSS has adopted the recommendations listed in *Mass Gathering Medical Care: The Medical Director's Checklist* (National Association of EMS Physicians), ACEP's *Provision of Emergency Medical Care for Crowds*, and requirements set forth by IDPH as the minimum standards for providing prehospital care at any episodic mass gathering.

IV. **PROCEDURE**

A. IDPH requires submission of a Special Events Form to be completed as an amendment to an existing EMS system plan by the EMS provider agency that will be providing on-scene coverage at a specific event. The completed form and attachments, if appropriate, should be forwarded to the NWC EMSS office for review and approval by the EMS MD. If approved, the EMS Admin. Director will forward the signed form to the IDPH Regional EMS Coordinator. Forms shall be submitted to IDPH at least 45 days prior to the event. See attached form.

B. The System will act as a resource for maintaining the standard of care at all events located within the geographic boundaries of the NWC EMSS regardless of size.

C. A basic medical action plan must be created for every mass gathering event.

The medical action plan should address the following components:

1. **Physician medical oversight**: The System EMS MD has ultimate authority and responsibility for all prehospital care provided within the geographic boundaries of the NWC EMSS. Standard Operating Procedures approved by the EMS MD shall provide the basis of all EMS care for Mass Gathering Events held within the System.

2. **Medical reconnaissance**: e.g. venue date, location, duration; nature, characteristics, expected attendance; physical considerations such as barriers to crowd access; and ingress and egress routes for emergency vehicles including alternative EMS vehicles such as bicycles. May include crowd demographics, expected weather conditions, risk for violence, availability and/or use of alcohol or drugs, availability of food, water, and shelter.

3. **Negotiations for Event medical services**: Planners should address all regulations governing mass gathering medical care, fire codes, safety codes, public health codes and any other applicable local and state regulations must be reviewed prior to the event. A contractual agreement must be in place that delegates responsibility for the delivery of EMS care to the appropriate agency or authority. Scope and responsibility for EMS care must be clarified. Issues regarding licensing and System practice privileges for EMS personnel who are not already System members must be clarified. All parties must agree upon the number and type of EMS personnel necessary and desirable for event coverage. Resources for each event must be evaluated based on specific needs, i.e., community band concerts will have a different clientele with different needs than a heavy metal concert or a baseball game.

4. **Level of care**: The Plan must state whether or not ALS care is required on site at the event or on call per usual 911 procedures. It must also address how early defibrillation capability will be designed to meet a collapse-to-shock goal of 3-5 minutes or less. A detailed map of the event or venue site must be created to show where both BLS and ALS support capability is located. When limited ALS resources are available on site, they should be located in a fixed position rather than remaining mobile. Wherever possible, the System encourages municipalities to mandate appropriate levels of care through ordinance and the permit process.

5. **Human resources**

   a. The exact number of EMS personnel necessary to deliver appropriate care at fixed treatment facilities and to provide roving coverage that will guarantee rapid response for life-threatening medical emergencies will differ for every mass gathering event. It is impossible to present a mathematical formula that will accurately predict staffing requirements. Staffing goals should include as many personnel as possible both to avoid burdening the local EMS system and to be prepared for mass casualty incidents. The number of personnel should be based on medical reconnaissance, statistical estimates, and experience from previous events.

   b. In addition, there must be a sufficient number of appropriately trained on-site personnel to deliver emergency cardiac care (minimum 2 EMT-Bs with AED defibrillation capability) to anyone suffering sudden cardiac death within the geographic boundaries in which care is to be provided within 3-5 minutes from the time the first call for assistance is placed 90% of the time. See guidelines for recommendations regarding physician, physician extender, nurse, EMT-P and EMT-B roles. All EMS personnel must have NWC EMSS practice privileges unless a Variance is approved in advance by the EMS MD.

   c. Medical personnel deployed in the field must be able to contact their supervisors or the command post by radio, cellular phone, or other reliable communication method. Deployment of EMS personnel must occur before the event begins; the exact time should be determined by the Event EMS Coordinator in conjunction with venue administrators.

   d. Dismissal of EMS personnel must not occur before the Event ends; the exact time of demobilization should be determined by the Event EMS Coordinator in conjunction with venue administrators.

6. **Medical equipment**: It is impossible to suggest minimum quantities for recommended items as needs will differ for every event. ALS personnel may only administer drugs included in the System SOPs. Basic first aid supplies (bandages, ice packs, etc.) are appropriate items for use at community events. Under no circumstances should any over-the-counter drugs (aspirin, Tylenol, etc.) be given to patrons/participants of the event without an EMS physician's direct order. See the Guidelines for a listing of recommended BLS and ALS supplies.

7. **Treatment facilities**

   a. There must be a clearly defined plan to deliver critically ill and/or injured patients to definitive care. Establishment of an on-site treatment facility must be guided by criteria that ensure a safely constructed environment that is efficient for medical personnel and maximally therapeutic for patients. On site treatment facilities are usually needed only for large mass gathering events, those planned for a long period of time, those with predicted high patient volumes, and those with an excessive transport time to off-site hospitals. See the Guidelines for specifics regarding physical characteristics of facility construction, communications, medical equipment and pharmaceuticals, level of care, staffing, patient access, and logistics.

   b. One or more receiving hospitals must be designated to receive potential patients from the mass gathering event. Potential receiving hospitals should be notified in advance of the event. The Event EMS Coordinator must ensure that EMS personnel are familiar with local hospital destinations. All attempts should be made to appropriately and efficiently distribute casualties to multiple hospitals to prevent "overload" of any single facility. Use the Multiple Patient Incident SOP.

8. **Transportation resources**: A basic transportation plan must exist for every mass gathering event. The plan must contain at a minimum the number of medical capability (BLS vs. ALS) of ambulances deployed, type and number of non-transport vehicles, and staging locations for all response resources. The number of transportation resources available for event deployment should be greater than the predicted utilization. The number of on-site ground transportation resources should be maintained at a constant level. Dedicated transportation resources should not leave the venue to answer jurisdictional emergency calls unrelated to the mass gathering event unless this possibility is included in the plan and agreed to by all Event planners. See guidelines for specifics regarding ambulance, alternate response vehicles, staging, and placement of transport resources.

9. **Public health elements**: The purpose of the public health component is to protect the health and well-being of participants and spectators from infections and unintentional injuries related to improper food, water, waste, land and/or road traffic management.

   Event EMS personnel must determine if the jurisdictional public health department and other regulatory authorities will be responsible for oversight of public health concerns at a mass gathering event. While EMS personnel may not be directly responsible for any of these areas, a working knowledge of factors contributing to the development of diseases and injuries related to improper management of these areas may help reduce the number of medical incidents during the event.

10. **Access to care**: All spectators and participants at a mass gathering event must be able to access EMS care in a timely fashion. The plan should address how the venue administration and the medical sector will inform the public of the location(s) and easiest access to medical care through use of audio/and/or visual aides. Such a plan must ensure compliance with all American with Disability Act (ADA) statutes and with pertinent local, regional and state guidelines. The plan must also address the strategic location of EMS resources to minimize the distance and time interval necessary for the patient to reach medical care or vice versa.

11. **EMS operations**: An EMS operations plan must exist for every mass gathering event including but not limited to, contractual relationships (if applicable), scope of medical care to be provided, anticipated duration of medical operations, and geographic limits of medical coverage. The plan must address the relationship of the medical sector to other areas, such as fire suppression, security, venue administration, and logistics. It should address how medical care will be provided for celebrities, VIPs and /or high-ranking government figures (if applicable). The plan should address an initial response to an act of terrorism, including the use of weapons of mass destruction or other hazardous materials. See the Guidelines for specific details regarding these issues.

12. **Communications**: Efficient and effective information flow is vital to the successful delivery of EMS care at a mass gathering event. The communication portion of the plan should define how information pertinent to medical care and medical issues is managed and disseminated during the Event and how the communications system is designed and operated. The exact configuration of the system, including the type and number of needed radios or phones will be unique to each event and may depend on how the local public safety system is currently functioning. EMS personnel must follow the System Communication Policy relative to on-line medical control.

13. **Command and control:** This section of the plan must show clear lines of authority and responsibility for each medical position. It must delineate the integration of medical oversight into the overall administrative structure of the Event. Every mass gathering event must have a functioning Coordinator for EMS Operations. See guidelines for specific recommendations.

14. **Documentation**

    a. Patient information shall be noted on a Mass Gathering Log Sheet (see attached) for all patients requesting first aid who do not require transport to a hospital. This log sheet does not need to be forwarded to the NWC EMSS Office but should be retained and archived as medical records by the Provider for a minimum period of seven years.

    b. Patients receiving ALS care must be entered into the EMS System and have an ePCR completed per usual and customary system procedure.

    c. All refusals of transportation against medical advice (AMA) shall be recorded and communicated as described in System Policy R-6, "Refusal of Service".

    d. Before discharge from the first aid area, all patients should be encouraged to follow-up with their personal physician. Note that a full disclosure of risk and recommendation for follow-up care has been communicated on the release form.

15. **Continuous quality improvement**: The purpose of the QI component is to ensure that the delivery of medical care is constantly improving through analysis of medical sector performance. The Event EMS Coordinator should ensure that basic facts and figures concerning the delivery of medical care and patient volume at the Event are recorded and/or obtained for appropriate analysis. Selected patient care reports should be reviewed by the Event EMS Coordinator or his/her designee within a reasonable time frame after the conclusion of the event to determine if care provided was in compliance with System policy or the Event plan. EMS supervisory personnel on-site should be encouraged to record ongoing notes concerning medical sector performance.

D. The medical action plan should be discussed with EMS personnel working the event prior to the mass gathering.

John M. Ortinau, M.D., FACEP
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Northwest Community EMS System
Mass Gathering Patient Log Sheet

Event:	Provider:	Date:

Error! Bookmark not defined. Time In/Out	Name & Address (Please print)	Age	Sex	Chief complaint/medical history/allergies/exam findings	Treatment & disposition	Signatures
In:						Patient/guardian
Out:						EMS Personnel
In:						Patient/guardian
Out:						EMS Personnel
In:						Patient/guardian
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