



**FIRSTCARE**  
m e d i c a l

# Event Medical Plan

## Defqon1

19<sup>th</sup> September 2015  
Sydney International Regatta Centre

First Care Medical Services Australia P/L

Trading as

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| Name                                  | Function           |
|---------------------------------------|--------------------|
| First Care Medical Services Australia | Medical Services   |
| New South Wales Ambulance             | Ambulance Service  |
| UniMed                                | First Aid Services |
| Wollongong First Aid                  | Aquatic Rescue     |

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**Approval:**

| Name    | Title    | Signature  | Date |
|---------|----------|------------|------|
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## Glossary of terms

|                 |   |
|-----------------|---|
| <b>AED</b>      | Automatic External Defibrillator          |
| <b>ALS</b>      | Advanced Life Support                     |
| <b>FCM</b>      | First Care Medical Services Australia P/L |
| <b>FR</b>       | First Responder                           |
| <b>ICP</b>      | Intensive Care Paramedic                  |
| <b>NSWA</b>     | New South Wales Ambulance                 |
| <b>NSWA EME</b> | NSWA Emergency & Major Event Department   |
| <b>RN</b>       | Registered Nurse                          |
| <b>MCI</b>      | Mass Casualty Incident                    |
| <b>NSW</b>      | New South Wales                           |
| <b>NSWPOL</b>   | NSW Police                                |
| <b>QDA</b>      | Q Dance Australia                         |
| <b>SIRC</b>     | Sydney International Regatta Centre       |
| <b>WFA</b>      | Wollongong First Aid                      |

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# Event Medical Plan

## 1 Situation

Since 2009, Defqon1 is an annual event, held at the Sydney International Regatta Centre (SIRC).

This year the event will be held on 19<sup>th</sup> September 2015 between the hours of 1100-2300, and has an expected attendance of 25 000 patrons. The event has planning capacity for 30 000 patrons

An over 18's event, Defqon1 attracts a demographic of 18-35 year olds, largely in groups. Genres of music are largely hardstyle music, including hardcore techno, jumpstyle and trance.

Additionally, an overnight camping area is provided for patrons who pay an additional fee. This camping area is open between the hours of 1500 on Friday 18<sup>th</sup> September and 1000 prior to the event and from 2200 on 19<sup>th</sup> September to 1200 (midday) on 20<sup>th</sup> September.

First Care Medical provided services to this event in 2014. Patient presentation data indicates that there may be up to 400 patient presentations, with *potential* for up to ten (10) patient transports to hospital. While traditionally there would be an presentation rate of 40/60 (ie: 40 percent acutely ill or injured patients/ 60 percent with minor injuries)– the data indicates that for this event previously, it was at 60/40 split presentation rate (ie: 60% of presentations were for acute illness or injury/40 percent for minor injuries)

Pre-event stakeholder planning will include attempts to reduce patient presentations through the use of harm minimisation strategies where possible.

The event is promoted and managed by Q-Dance Australia.

## 1.1 risk assessment and management

Comprehensive risk assessment and management strategies are employed across the event.

As a contractor – FCM has obligations to provide safe work environments and methods of work. FCM constantly monitors patient presentation types and trends. The MSM is able to act on any trends, including identifying any specific risks which may be resulting in injury or illness. The MSM will feed this back to the Event Manager, or their delegate, at the earliest possible time to implement control measures.

While responsibility for overall risk management lies with the event management team – this section addresses specific risk items relating to the presentation of patron requiring first aid or medical care

### Factors affecting patient presentations

Several key factors can have an impact on both the number of presentations, and the severity of presentations.

Patient Presentation Data from the 2014 event showed a number of trends

- From 1400 – 2200, an average of 30 patients per hour presented for treatment
- 1.49% of patrons presented for first aid or medical treatment.
  - While this total number is not comparatively remarkable – the percentage of patients presenting with injury or illness categorized as either *ACUTE* or *RESUSCITATION*, was significantly higher than typically expected.
- Patrons suffering more acute illness were a higher feature than typically expected
  - 4% of total presentations categorized as highest priority, typically this would be less than 2%
    - Of this group – 66% required high level intervention and stabilization prior to transport to hospital
  - 19% of patients were categorized as *ACUTE* – generally these patients will occupy bed-space for at least 1 hour.
- 11% of total presentations were related to sprains and strains. A typical causal factor to these injuries was dancing.

With an average age of 22.41 years, and a spread ranging from 17 to 50 years of age, an even split of males and females presented for treatment

From this data, we were able to conclude that risk taking behaviors in the patrons was demographically driven, with no specific environmental factors immediately identifiable as able to be managed with specific control measures.

Planning for specific risk relating to the venue and the relevant control measures are identified in Table 1

| Risk   | Effect on patient presentations   | Control measure  | Responsibility  |
|--|---|--|---|
| <p><b>Variables in weather – heat</b></p> <p>- Ambient temperature of &gt;34 degrees celsius</p> | <p>Increase patient presentations including</p> <ul style="list-style-type: none"> <li>• Increased effects of alcohol</li> <li>• Increased effects of substances</li> <li>• Dehydration</li> <li>• sunburn</li> </ul>   | <p>Event management liaison</p> <ul style="list-style-type: none"> <li>• Consider options for passive cooling strategies of patrons               <ul style="list-style-type: none"> <li>o misting tents,</li> <li>o increased water points</li> <li>o increased availability of shade and grass areas</li> </ul> </li> <li>• consider reduced alcohol sales               <ul style="list-style-type: none"> <li>o max 2 per purchase</li> </ul> </li> </ul> <p>Logistics planning<br/>– increased availability of:</p> <ul style="list-style-type: none"> <li>• Drinking water</li> <li>• IV Fluids</li> <li>• Fans and shaded areas for patients</li> <li>• Sunscreen</li> </ul> <p>Staff welfare</p> <ul style="list-style-type: none"> <li>• Staff rotation</li> <li>• Actively encourage oral fluid hydration</li> </ul> | <p>Event Manager<br/>FCM Medical Services Manager</p> <p>FCM Medical Services Manager</p> <p>FCM Medical Services Manager<br/>FCM Operation Co-ordinator<br/>FCM Medical Centre Team Leader</p> |
| <p><b>Variables in weather – cold</b></p> <p>-Ambient temperature of &lt;16 degrees</p>          | <p>Has tendency to decrease overall patient presentations secondary to reduced risk taking behaviours</p> <p>Slight increase in presentation of patients for cold/hypothermia</p> <ul style="list-style-type: none"> <li>• Patrons entering cold water (lake).</li> </ul> | <p>Logistics planning</p> <ul style="list-style-type: none"> <li>• Supply of blankets available for patients</li> <li>• Availability of warm area for passive re-warming</li> </ul>  | <p>FCM Medical Services Manager</p>   |



|  |   |   |  |
|--|---|---|--|
| <b>Illicit Drugs</b><br>- <b>Significant</b><br>** | Significant quantities of illicit drugs <ul style="list-style-type: none"> <li>• Increase likelihood of adverse reaction/s</li> <li>• Potential to overwhelm available medical resources with volumes of presentations</li> </ul> | <ul style="list-style-type: none"> <li>• Pre-event harm minimization messaging</li> <li>• Active monitoring of patrons</li> <br/> <li>• Active drug detection operation</li> <li>• Bag search</li> <br/> <li>• Mass Casualty Incident (MCI) management</li> </ul> | Event Manager/<br>Promotor<br><br>New South Wales Police Security<br><br>New South Wales Ambulance/<br>NSW Health FCM Medical Services Manager |
|--|---|---|--|

\*\* - refer to QDA Risk Assessment document 4.2 for specific risk management strategies relating to drugs

**Discussion notes**

Some specific risk is identified in the Q Dance Australia Risk Management profile including structure collapse or fire. Whilst First Care Medical may play some involvement in the response to such an incident, the primary medical agency responsible will be New South Wales Ambulance. In the rare instance of such occurring – FCM’s normal operations will cease and Mass Casualty Incident (MCI) procedures will be implemented – under the direct control of NSW

## 2 Mission

First Care Medical Services Australia Pty Ltd (First Care Medical) has been contracted by the event managers to provide an efficient and effective harm minimisation, first response (First Aid) and on site/static Medical Services, to any incident or emergency involving patrons and staff attending this event.

It is the objectives of this plan to:

- Detail the arrangements that are in place for the response to and recovery from medical emergencies at Defqon 1
- Demonstrate the planning, logistical and operational arrangements that have been put in place to support the event from a medical perspective.
- Minimise the impact of the event on medical resources in local communities where the event is running.
- Have an integrated approach to the provision of medical services through stakeholder agreement and planning
- Efficient use of first aid and medical services through a tiered system which ensures rapid intervention, appropriate treatment and effective discharge.

## 3 Execution

This medical plan is underpinned by a collaborative approach to the management of the event's medical requirements, utilizing the services of three services –these being

- First Care Medical Services Australia P/L
- Unimed First Aid
- New South Wales Ambulance

Each of the aforementioned bring unique service capabilities to the event, ensuring the safety of patrons is at the forefront of this plan.

### **Medical and First Aid Services – locations**

The three (3) primary sites where medical and first aid services are to be provided are;

- Camping area
  - Friday 18<sup>th</sup> September 1100 hours - Saturday 19<sup>th</sup> September 1000 hours
  - Saturday 19<sup>th</sup> September 2200 hours - Sunday 20<sup>th</sup> September 1200 hours (midday)
- Defqon1 Event Site
  - Saturday 19<sup>th</sup> September 1100-200 hours
    - Soft open at 1030
- Penrith Train Station
  - Saturday 19<sup>th</sup> September 1000-1400 hours

### **FCM will:**

- oversee all planning and medical operations within the event boundary/ies
- Liaise patient transfer to hospital via NSW

- Provide medical equipment and staff to supply First Aid and Advanced Life Support medical coverage to the event,
- Endeavour, where appropriate, to achieve hospital avoidance and limit the burden of the event on local health infrastructure

**UniMed will:**

- Provide appropriately qualified, equipped and trained staff to a minimum standard of Basic Life Support,
- Respond as required to attend patrons in the event area, provide the necessary treatment and provide for an appropriate discharge,
- Transfer patients to the care of the Medical Centre where the patients' condition requires further assessment or intervention.

**NSWA will:**

- Be involved with stakeholder planning and provide appropriate assistance and recommendations with respect to their involvement,
- Provide appropriate standby crewing for the event as determined through the use of appropriate risk assessments,
- Manage the transport requirements of all patients who require further assessment or intervention off-site,
- Assume the role of lead medical authority in the event of an MCI

### 3.1 Phase one – pre-event

Pre-event planning and stakeholders involvement with planning this event will occur.

**FCM will:**

- Be involved with stakeholder planning
- Provide a comprehensive event medical plan for the event
- Plan for staffing and logistics
- Liaise with public safety agencies as required (eg: Ambulance Service)

### 3.2 Phase two – event phase

The three (3) relevant organizations providing services will work collaboratively within the context of this medical plan and their relevant roles as per Section 3

A briefing document will be provided to staff, and a physical briefing for all relevant first aid, ambulance and medical staff will occur prior to the commencement of the event.

This briefing will include such information as

- Key personnel
- Event information
- Expected workload
- Deployment and radio procedure

### 3.2.1 Defqon1 Event Site

#### **Medical Centre**

There will be one (1) Event Medical Centre, located centrally within the event confines on the forecourt of the Boatshed.

This will be stocked with appropriate medical, first aid and response equipment as per 4.1

The Medical Centre for this event will have a capacity of

- **2** resuscitation beds
- **16** Acute Care Beds
- **20** Minor Injury Chairs

## **Triage and Treatment Point (T&T Point)**

A T&T Point will be located adjacent to the production office, opposite Stage 3. (Map Ref: J6)

This post will be staffed with 2 response teams (UniMed) and will contain 1x Resuscitation Bed and 6 chairs for minor injury patients.

The First Aid Post will be able to provide first aid treatment to patrons, and will have capacity to provide high level intervention (ie: Resuscitation) if required. Should a patient require any active, ongoing or invasive procedures – the patient will be moved to the Medical Centre as soon as practicable after stabilization.

A buggy will be stationed at the First Aid Post to transfer patients to the Medical Centre.

## **Entry Zone First Aid Point**

A First Aid Point will be allocated in the entry zone – and will be utilized during both ingress and egress. This point will be staffed at least 30 minutes prior to doors open, and will consist of 2-4 Response Teams (Unimed) and 1 Paramedic (FCM).

### **Ingress**

During ingress, one (1) NSWA crew will be stationed at this location. Any patients who require ongoing or invasive intervention as a result of presenting to this point, and is unable to self ambulate across the bridge into the main event area - will be transferred to hospital via NSWA.

This T&T Point will shut down as patron activity in this area becomes low in this area. This decision will be made collaboratively between the Event Manager (or their representative) and the Medical Services Manager.

### **Egress**

A Paramedic and Response teams will be allocated to this area at a time appropriate prior to the end of the event. As patronage increases in this area, further resources can be allocated to this area as required. This will again occur as a collaborative decision between the Event Manager or their delegate, and the Medical Services Manager.

A buggy will be located in this area also.

## **Staffing**

FCM will provide a minimum of

- **1 Doctor**
- **9 ALS Staff (Nurses, Paramedics)**
- **7 Medics\***

\*These staff are experienced in managing patients within the medical centre setting, and work under the direct supervision of senior ALS staff.

Unimed will provide a minimum of

- **1 Supervisor**
- **20 Medics**

- Total of 10 response teams

NSWA will provide\*\*

- **1 supervisor**
- **1x Liaison (EOC)**
- **3x ambulance crews with staggered start times**

\*\*Refer to 3.2.4 for configuration and timings

## Incident Response and Deployment

An Event Operations Centre (EOC) will be established for the event.

All calls for first aid assistance from any event staff (ie: Security, bar staff etc) will be via the radio network to the EOC, where cases will be managed by the FCM Operations Co-ordinator

The FCM Operations Co-ordinator will maintain a dispatch log of all activity and radio transmissions for future reference if required.

Where calls for assistance have originated from Security, guards will remain with the patient, initiate first aid where indicated, and ensure rapid access to the patient location by First Responders.

All FCM Managers, Unimed Supervisor and Response Teams will be issued with radios.

### FR Teams

UniMed FR teams will be deployed to an allocated area, typically consistent with security zones – and will reactively attend all cases as required.

FR teams may be proactively deployed to areas of high activity or planned risk (ie: stages hosting popular artists). The FCM Operations Co-ordinator will monitor, plan and action this as required.

### Response Paramedics

FCM Response Paramedics will be deployed to assist FR teams as required.

This will occur:

- a) At the request of the FR team as per the Medical Emergency Team activation procedure, or;
- b) When initial call-receipt information determines a patient with a significant or life threatening injury or illness, or;
- c) At the request of the Aquatic Rescue Teams as per the Aquatic Safety Plan

Due to the geographical location of the site, small wheeled vehicles (eg: Buggies) may be used for routine evacuation of patients to the Medical Centre.

Ambulances may be used to evacuate patients within the venue if the critical nature of a patient's condition dictates- however, this **will only occur** ;

- At the request of the FCM or Unimed staff member; and
- In consultation with the NSW Forward Commander
- With approval of the event manager and/or site safety officer; and
- With assistance from Security staff to escort the vehicle through the venue

### 3.2.2 Penrith Train Station

Q-Dance Australia is allocating resources to the Penrith Train Station to assist with the expected volume of patronage to occur immediately prior to the start of the event.

It is expected that approximately 9500-10500 patrons will utilise the train service, with the majority of this to occur between 1030-1500.

This resource allocation will include a Medic Team, who will be equipped with standard response equipment including Oxygen and AED.

This site will be staffed from 1000-1430, and the medics will work with the Q Dance Liaison to;

- Promote responsible consumption and a harm minimisation messaging service
- Manage any incidents as required,
- Minimise the impact of event patrons on local health resources.

### 3.2.3 Camping

Overnight camping will be occurring in an allocated area of the event site. This is a ticketed location, and will include alcohol sales between 1500-2400 and live entertainment is provided.

Approximately 2000 patrons and 50 staff will be present between the hours of

- o Friday 18<sup>th</sup> September 1100 hours - Saturday 19<sup>th</sup> September 1000 hours
- o Saturday 19<sup>th</sup> September 2200 hours - Sunday 20<sup>th</sup> September 1200 hours (midday)

Unimed staff will be allocated to manage the First Aid requirements of the campground.

2x FCM staff (including minimum of 1 medic) will staff the onsite medical centre during the above noted times, (ie: outside of show hours) and are able to assist Unimed staff with any complex patients

### 3.2.4 Aquatic Safety

A separate aquatic safety plan exists for the event, and Wollongong First Aid(WFA) are providing several lifeguards and vessels for aquatic response and retrieval. Summarily – in the event of a patient being immersed or suffering injury or illness in the water, the following will occur;

- WFA crews will respond as required
- On assessment of the patient – will provide a SITREP to the EOC, including severity of injury or illness of patron
- The FCM Operations Co-ordinator will dispatch a Unimed Response team (with consideration of dispatching a Response Paramedic) to an agreed landing position.
- WFA crews will handover patients to Unimed teams.

### 3.2.5 NSW Ambulance

The primary role of NSWA is to facilitate appropriate evacuation of patients to hospital as required, in addition to planning for, and implementation of major

incident response, as required - within the framework of their organisational policy and procedure.

NSWA is involved with Stakeholder planning, and at the time of writing is proposed that the following resources will be provided;

| Role              | Start | Finish |
|-------------------|-------|--------|
| Forward Commander | 1030  | 2330   |
| Liaison (EOC)     | 1030  | 2330   |
| Standby Ambulance | 1100  | 2200   |
| Standby Ambulance | 1300  | 2330   |
| Standby Ambulance | 1300  | 2330   |

It is the intent of the standby crews to only transport patients who require hospital intervention (ie: not act as primary responders) – in order to minimise the impact of the event on normal ambulance operations.

The decision to transport a patient will be made by Medical Centre Team Leader, in collaboration with, and after the patient has been assessed and treated by, the Doctor(s).

A request for Ambulance Transport will be made via the EOC to the NSW Forward Commander who will action and manage all ambulance transport requests.

NSWA access will be:

**Defqon 1 Music Festival**  
Enter via McCarthy's Lane,  
off Castlereagh Road  
Penrith NSW

For ambulance attendance at the front entry, NSW access will be;

**Defqon 1 Music Festival**  
**Front Entry/Gate C**  
Enter from Old Castlereagh Road  
Penrith NSW

### **Standing down Ambulance Crews**

Should the event's medical workload significantly decrease in the latter part of the day, the Ambulance Forward Commander may, after consultation with the MSM and the Event Manager – stand down ambulance crews earlier than their designated time. This will only occur after consideration is given to both real and potential workload, and where the risk to the event is deemed to be negligible.



### 3.2.6 Red Cross Save-A-Mate

Red Cross Save-A-Mate (SAM) provides a peer-support and harm minimisation service for events and can act as a roving intermediary and provide information to both the event and the medical team regarding patron behaviour. SAM will be an integral part of any preventative strategies for patrons.

Additionally, they will provide a “chill out” space, where patrons are able to rest and rehydrate as required. This will be located in close proximity to the medical centre to allow urgent intervention if required.

- distributing bandaids, sunscreen, earplugs, water, feminine hygiene products and condoms
- assisting with First Aid in emergency situations
- assisting patrons to access water
- assisting patrons to access the Chill Out Space
- keeping an eye out for heavily intoxicated patrons.

### 3.2.7 Major Incident

In the event of a major emergency/incident or disaster - Normal Mode of Operation will cease and implementation of care and command as per the MIMMS (Major Incident Medical Management System) will occur.

All First Care Medical staff are trained in MIMMS systems of command and triage, and utilise the SMART triage System – of which there will be an incident management pack on-site, containing at least 80 triage cards.

First Care Medical staff and resources will be offered to the Ambulance Service Commander. First Care Medical managers will retain control of onsite medical staff while reporting to the designated Ambulance Incident Commander.

Infrastructure on site (eg: Medical Centre) may be utilised as Casualty Clearing/marshalling points if required

## 3.3 Post event phase

FCM will provide a post event briefing paper to Q-dance Australia summarising:

- Patient presentations and trends
- Treatment types that resulted in hospital avoidance
- Number of patients transported to hospital
- Any logistical or operational considerations for future events which will enhance patron and worker safety through improvements to any system, resource, planning or deployment.

## 4 Administration and logistics

### 4.1 Equipment

First Care Medical will provide all medical equipment necessary to run a medical centre and equip our staff with first response and ALS kits to provide both Basic and Advanced Life Support treatments within the event confines.

FCM equipment will include (but not limited to):

- 12 Lead ECG monitors with pacing and defibrillation capability
- Automatic External Defibrillators
- Medical Oxygen
- Suturing and ENT, minor procedure equipment
- Intensive Care Resuscitation drugs and equipment (including medications)
- Acute Care medical centre kits and trolleys (including medications)
- Minor Injury medical centre kits and trolleys
- Acute care and Resuscitation beds
- Advanced Life Support response kits
- Band-aids
- Ear Plugs

#### 4.2 FCM policy & Clinical Governance

FCM Staff will operate within normal operating policies, procedures and clinical guidelines

#### 4.3 Health, safety and welfare (HS&W)

All staff participating should ensure they have access to adequate supplies of safety equipment. The Medical Services Manager will ensure that any equipment required will be available.

All incidents involving either operational or non-operational staff must be reported in the first instance to the Medical Services Manager or their delegate

A Peer Support Service for Psychological Support will be available to all staff.

#### 4.4 Privacy and Records

All patients treated by medical / first aid staff will have an individual patient report form completed. This applies in all cases, no matter what treatment or advice is required.

Patient medical records are Medical in Confidence and will not be available for issued to any unauthorised persons. The FCM Clinical Manager is responsible for the security and archiving of these documents.

In the interest of continuity of care – records will be given to relevant Health Care Professionals (eg: paramedics, hospital staff) who assume the care of a patient.

If for reasons of legal or other justifiable purpose, access to individual clinical records is deemed necessary an application must be made to the Clinical Manager and Medical Director of First Care Medical.

First Care Medical complies with respective Australian Privacy Regulations and has respective privacy policies.

Patient Records which are the property of other agencies, remain as such, and each agency has their own policy. In the interest of continuity of care - Carbon copies of patient records may be attached to FCM records – and will be managed in compliance with FCM's Medical Records Policy.

## 5 Command and communication

First Care Medical is the contracted provider of medical services for the event – providing planning and liaison as part of its service.

The FCM Medical Services Manager will undertake all medical planning, and work with all agencies/stakeholders management teams to ensure a consistent, safe and effective approach to patient care throughout the event.

This **event medical plan** forms the over-arching control of Medical Services. An Operations Brief is provided internally to all medical staff – and allocates staffing roles and any specific operational and deployment requirements.

### **Event Operations Centre (EOC)**

An EOC will maintain coordination and liaison with event management and other stakeholders. The EOC is staffed by

- Medical Coordinator,
- Security Coordinator
- Event Management,
- other public safety agencies ie: Police, ASNSW Liaison

An on-site radio network will be established, comprising

- Site
- Production
- Security
- Bars
- Medical

First Response and ALS response teams will be issued with Radios and Call-signs on the day. All response to incidents will be co-ordinated by the FCM Operations Co-ordinator, located in the EOC.

In the event of major incident, normal operating mode will cease and the EOC becomes the Primary Incident Command Centre.

### **5.1 Medical Services Management Team**

The Event Medical management team will work dynamically and collaboratively to ensure safe, holistic and effective patient care modalities are maintained.

The **Medical Services Manager** will oversee medical service delivery on event day, and will be the primary point of contact for the event medical services.

The **Assistant Medical Services Manager** will undertake delegated functions of the MSM, and is also a senior Paramedic Manager

The **Operations Co-ordinator** will be located in the EOC and, in addition to managing deployment of medical response assets, will serve as the interface between FCM and all other agencies in the EOC.

The Medical Centre will have a designated **Team Leader**.

The **Doctor** is the lead clinician and retains responsibility for clinical decisions.

The **UniMed Supervisor** will retain responsibility of their staff and will work with the Operations Co-ordinator and the MSM to ensure appropriate deployment, response and welfare of Unimed staff.

The **NSWA Forward Commander** will retain responsibility of their staff, and will work with the MSM and the Medical Centre Team Leader to ensure appropriate management of the events patient transport requirements. In the case of a major incident – the NSW Forward Commander will become the Incident Commander as per 3.5

The **NSWA Liaison** will manage NSW resource deployment and operational requirements, including maintaining communication with the Ambulance Service Communications Centre, ensuring appropriate planning and management of NSW resources.



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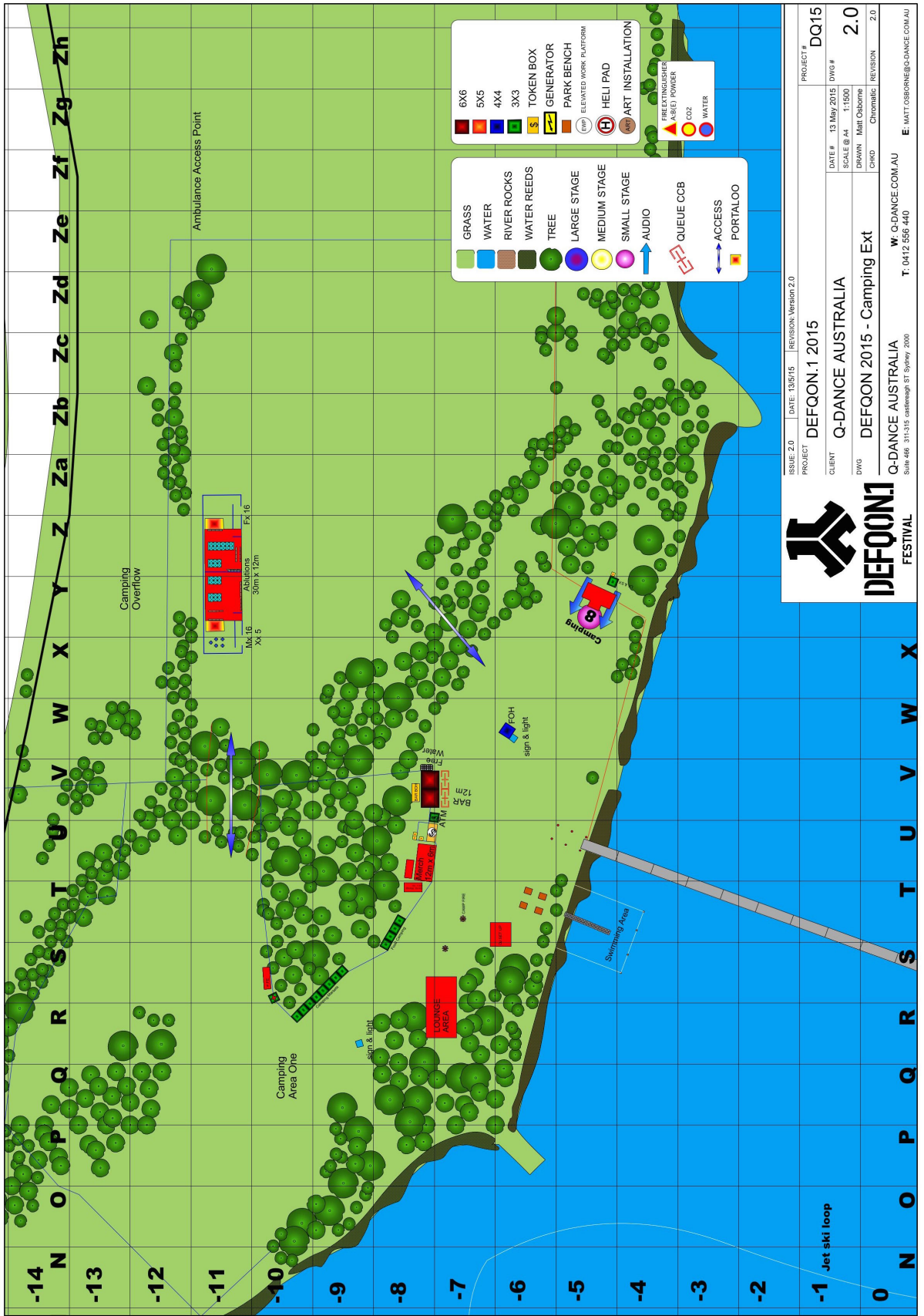
*PREPARED BY*

*Matthew Callaway  
Medical Services Manager*

*15<sup>th</sup> May 2015*

SITE MAPS





**ANNEX A**    **Key personnel**

|   |                     |
|---|---------------------|
| Medical Services Manager<br><b>Matthew Callaway</b>       | <b>0410 606 992</b> |
| Assistant Medical Services Manager<br><b>Greg Wittles</b> | <b>0412 374 141</b> |
| Event Manager<br><b>Simon Coffey</b>                      | <b>0434 001 888</b> |
| NSWA Forward Commander<br><b>TBA</b>                      |                     |
| Unimed Supervisor<br><b>Heath Lyons</b>                   | <b>0451 482 426</b> |

## ANNEX B Child/minors protection plan

This is an over 18's event and as such there should be no persons under the age of 18 within the licensed event perimeter. However, in practice, despite the efforts and intentions of event organisers, security and police, a small number of persons who are aged under 18 attend the event. The most common situations in which this occur are fence jumping and the use of fake identification

The management of the protection of children and young people is covered by a range of legislation. In reference to intoxicated people, the police have specific powers under the Law Enforcement and the Liquor Licensing Acts.

A key issue for dealing with or treating children and young people is consent. Persons over the age of 16 may provide consent for medical care as though they are an adult. Persons under 16 are covered under implied consent. Consent for emergency medical care in the absence of parents is covered under relevant government acts.

Child protection issues may also be a concern for medical staff. The police and ambulance services have existing procedures for reporting issues to the government services and taking action to protect children and young people. These will be the default procedures for reporting child protection issues for the on-site medical team.

The management of children and young people who may be intoxicated can be problematic, especially in discharging the duty of care of the medical team, licensee and venue for ensuring the safety of children and young people who are intoxicated. As a matter of policy, the medical team will not release intoxicated people to others under the age of 18. People who will act as "responsible people" will be vetted to ensure that releasing intoxicated children and young people to them does not constitute a child protection risk and does not compromise duty of care. If any doubt exists the intoxicated child/young person will be referred to ambulance service and/or police.

In the instance that intoxicated children and young people are non-compliant requests of the medical team or Ambulance Service and do not require transport to hospital, the police will be requested to use the necessary powers to detain the person in the interests of their own safety and participate in the arrangement of an appropriate "Responsible Person" as per that act to take charge of the child or young person.

### Definitions

- **Child** means a person under the age of 16 years.
- **Intoxicated Person** means a person who appears to be seriously affected by alcohol or another drug or a combination of drugs.
- **Mandatory Reporter** (means a person who meets the criteria for Mandatory Reporting under government legislation. At this event this includes police officers, doctors, nurses and ambulance paramedics.
- **Responsible Person** includes any person who is capable of taking care of an intoxicated person including:
  - (a) a friend or family member, or
  - (b) An official or member of staff of a government or non-government organisation or facility providing welfare or alcohol or other drug rehabilitation services.

Note: The medical team will be applying the additional criteria to "responsible person":

- \* That they are over the age of 18
- \* That they seem capable of safely and responsibly looking after the person



- \* That they have means to convey the person to their home or an appropriate safe place for care
- **Young Person**, for the purpose of this document - means a person who is aged 16 years or above but who is under the age of 18 years.

### *Risks associated with children and young people*

While the vast majority of event goers who are under the age of 18 acts responsibly and add appropriately to the positive experience of the event, some issues do arise with persons under 18. These include:

- People under the age 18 may have a higher rate of risk taking behaviour including fence jumping and ignoring safety messages
- People under the age of 18 are more likely to use alcohol in a risk taking manner because of the normal restrictions on the sale of alcohol to under 18's. This may include using harder forms of alcohol or consuming alcohol in large quantities immediately before entering the event
- People under the age of 18 may be less likely to access medical care as they believe it will lead to punishment or punitive actions such as exclusion from the event, police involvement or parental intervention
- People under the age of 18 are generally less educated and informed about safety partying strategies
- People under the age of 18 may be more likely to make vexatious claims of assault, abuse, or drink spiking due to a perception that telling the truth will bring negative consequences
- People under the age of 18 may be experimenting with drugs and alcohol for the first time and therefore may not be aware of what quantities their bodies can physiologically handle therefore placing them at a much higher risk of overdosing.

### *Strategies to minimise harm to children and young people*

Within a medical context, a number of strategies will be implemented to minimise harm to children and young people by the event medical team. This includes:

- Use of traditional security measures such as perimeter security and ID checks to prevent the entry of persons under the age of 18
- Use of First Aid or harm minimisation field rovers to identify patrons who may be less experienced or underage and target safety messages to them
- The use of signage around medical areas to reassure children and young people that seeking medical assistance does not constitute a police or security response (unless the patient becomes violent, another crime has been committed or there are concerns for the person's welfare)
- Briefing of all medical, police and ambulance personnel on these strategies.
- Encouragement of the use of the medical area, for the temporary placement of children and young persons who may be intoxicated as an alternative to detention under Law and as a proactive measure to give the person exposure to information and peer support on issues or drug and alcohol use.

### *Strategies to reduce risk to caregivers of children and young people*

When dealing with persons under the age of 18, additional sensitivity needs to be applied to ensure child protection. Risk to patients needs to be considered as well as the risk or vexations claims against medics, paramedics and others. Strategies to protect care givers

will include:

- Child protection screening (already in place) for Ambulance, Police and event medical personnel.
- Where practicable, patients will be managed by a same gender medic, or a team involving a medic of the same gender. This may not always be possible for response teams, however, response teams of opposite gender medics should always work as a team of two with patients under 18.
- All examinations will be supervised by a second medic, supervisor, paramedic, doctor or nurse police officer or other appropriate person
- Persons being escorted to toilets or from the event to be done so by same gender medic, security or police or a team including a same gender officer of the appropriate service.
- All allegations of improper conduct by medical staff will be immediately referred to police and the Medical Commander for internal investigation.
- Police will be summoned to all situations where there is a high risk of allegations against medical or ambulance staff due to patient behaviour, intoxication, etc.
- Patients under 18 will not be allowed in private areas without the supervision of a same gender medic or a team including a medic or other appropriate person of the same gender.

### *Consent for medical treatment*

Provisions exist within law for emergency medical treatment without parental consent. Patients over the age of 16 have full legal consent rights over medical treatment, however the refusal of such in certain circumstances may constitute a child protection issue.

### *Response to a child protection issue*

In the event that event medical staff become aware of a child protection issue, they will refer it to a supervisor who is able to assess the child protection issue. As the Ambulance Service and Police have existing structures for reporting child protection issues, the reporting of the matter will be undertaken in consultation with the Ambulance commander and/or a senior police officer. Any issue which raises concerns about the immediate welfare or safety of a child or young person will be referred to police. Any child protection issue which includes the commission of a crime (eg sexual assault) will also be immediately referred to the police.

### *Intoxicated Persons under the age of 18*

In the event that a person under the age of 18 is found to be intoxicated they will be treated clinically as any intoxicated person. The policy of the medical team in relation to the disposal of that person is as follows:

If the person is accompanied by a “Responsible Person” or a “Responsible Person” is summoned to the medical area:

- The person will be treated until such point as they are not in any danger from their level of intoxication and discharged with the advice that they should return home immediately and call 000 or attend a local hospital if there are any further complications of their intoxication.

The person under the age of 18 cannot be readmitted to the event for any reason, including seeking the “responsible person”. The only option which exists for the person under 18 who does not require hospitalisation is to leave the event with a “responsible person”.

If the person is not accompanied by a “Responsible Person” or a “Responsible Person” cannot be summoned to the medical area from within the event:

- Attempts will be made to contact a “Responsible Person” such as a parent or

guardian. In the event that a responsible person cannot be easily located by the medical team, the matter will be referred to police. Depending on the circumstances, options may include the police taking custody of the person or transporting the person to hospital by ambulance.

If the person is not compliant with medical advice or becomes abusive, violent, or attempts to leave against advice while intoxicated:

- The person will be prevented as much as is practicable from leaving the medical area and the police will be requested to take custody of the person. Should the person become compliant after discussion with the police, a suitable management plan will be negotiated between the medical team, police and the patient.

The Medical Team will not release intoxicated persons under 18 to:

- Other persons under 18
- Persons who will not consent to take the person home or to a safe place in a timely manner
- Persons whom the medical team feel will not act in the best interests of the child or young person and provide them with a safe environment and appropriate care.

### *Persons under 18 outside the event perimeter*

It is likely that a number of the persons under the age of 18 treated by the medical team may be outside the event perimeter. This may be because they have been refused entry, or they have been attempting to gain entry to the event illegally.

The same duty of care will be applied to persons under 18 outside the event perimeter as inside. Where practical, they will be made safe and arrangement made to return them to a place of safety. Medics have less jurisdiction over persons under 18 outside the event licence area, so the cooperation of Police or Ambulance services may be sought depending on the situation to assist in ensuring the safety of young people.

It is preferable that interactions with young people outside the perimeter are finalised outside the perimeter, however, it is an option to transport them to an event medical centre to ensure a place of safety.

### *General concerns for welfare*

In the event that a concern for the welfare of a child or young person arises, the matter will be referred to security and/or the police as appropriate. Such concerns could include:

- Persons under the age of 18 who are missing or unable to be located by friends or family members
- Persons under the age of 16 who are not consenting to reasonable medical care
- Persons under 18 who are refusing to leave the event or make reasonable arrangements to be taken home or to a place of safety
- Persons under the age of 18 who may engage in risk taking behaviour which affects the safety of themselves or others
- Persons under the age of 18 who may be at risk of sexual assault or harassment

## ANNEX C Environmental Considerations

This document outlines the considerations for management of a range of environmental emergencies which may occur at events, and outlines a number of trigger points for decision making and suggested risk management strategies. It is recognised that a number of the suggested strategies may have significant commercial implications for the event including changes in bar service, changes in music program and ultimately evacuation of the site.

The decisions attempt to balance the commercial implications with issues of public safety and risk aversion. These are always difficult aspects of an event to balance, especially given the size and complexity of the event. This plan should be viewed as a framework for decision making, not necessarily a checklist manual for specific actions at specific trigger points. Each decision needs to be made by the promoter in consultation with medical, site management, police, security, bar operators and other stakeholders. Each decision made will occur in a unique, dynamic environment.

All decisions are ultimately driven by the promoter/event management within the guidance provided by expert stakeholders such as medical, security and site management. It is recognised that each decision will be unique and may give rise to new risks which may also need to be managed. Many decisions will affect patrons and their behaviour which may be difficult to predict or manage. The fact that this plan exists, however, indicates the willingness of stakeholder parties to research and address the issues of extreme environmental factors and how they will impact on the safe operation of the event.

The environmental response plan is a sub plan of the Medical Plan but incorporates a multi-departmental and multi-agency focus. The plan is divided into three areas, heat emergency; incorporating heat risk analysis, heat injury prevention and heat injury response and management; storm emergency and wind emergency.

The risk of heat injury at the event is significant given the current trends in the Australian climate. The term "heatwave" describes a period of prolonged heat normally accompanied by high humidity. The technical parameters for heatwave are set regionally and a definition for venue will need to be developed in conjunction with the Bureau of Meteorology (BOM) and respective Health Departments. Heatwave has the highest mortality and morbidity rates of any natural hazard other than disease and has been responsible for death and injury of more Australians than bushfire, flooding or storm and tempest.

The prevention of heat illness relies on several strategies. These include site design, education, and access to services. Site design includes access to shade, the implementation of temperature control structures such as misting tents (if appropriate for event season), and the design of traffic flow to reduce the incidence of patrons congregating densely in exposed areas. Education includes harm minimisation strategies to inform patrons about avoiding heat injury and how to self manage appropriately. Access to services includes access to sunscreen, free water and the capacity of vendors to supply ice and water as part of their services.

The medical response to heat injury includes early intervention, encouragement of self management and integrated patient management strategies between the on-site medical services, Ambulance Service and Health Departments. Heat illness is inextricably linked to drug and alcohol intoxication and may complicate these presentations as well as occurring as a chief complaint.

Storm activity can produce a range of risks to patrons. This includes lightning strike, localised flooding, hypothermia, crowd crush and public health emergencies. The large exposed area of the event presents issues with patrons seeking shelter from storm activity. Likewise, electrical risks exist both from lightning strike and the effect of rain on electrical equipment on site. Storm activity can cause power and infrastructure issues for medical and other essential services.

The risks from wind include eye injury, trauma from debris, unstable structures and crowd crush. As medical is located in temporary structures, wind can cause fundamental infrastructure disruption. Wind also creates risk for response teams. The mitigation of wind risk is possibly the most challenging as it is a dynamic and powerful natural risk.

## Heatwave

Heatwave has the highest association with mortality of any natural hazard with the exception of disease<sup>1</sup>. Heatwave poses particular risks for events; however these risks are poorly understood in the context of events. There is a paucity of research into event specific heat illness.

## Heat Risk Analysis

Heat has been a major factor in patient presentations at previous outdoor events, and can lead to a level or workload which will challenge on site medical services.

When considering risk of heat illness, it is important to consider the multi-factorial causality of heat presentations at outdoor dance festivals. Contributing factors to heat illness are likely to include:

- Consumption of alcohol
- Availability of water (free and sold)
- Use of illicit drugs (specifically psychostimulants and Amphetamine-Type Substances [ATS])
- Patron activity including dancing and exertion
- Availability of shade and cooler areas
- Capacity of environment to reflect or absorb heat
- Knowledge of heat illness prevention by patrons
- Age and health of population
- Presence of other cooling strategies

## Consumption of Alcohol

Alcohol contains diuretic properties which exacerbate dehydration. Likewise alcohol leads to risk taking behaviour and make users prone to forgetting heat stress prevention strategies such as maintaining fluid intake, seeking shelter, using sunscreen and dressing appropriately.

It is important to note that as well as alcohol, highly caffeinated drinks (ie: Energy Drinks) have a diuretic effect which can influence dehydration.

It is proposed that harm minimisation messages linking alcohol to an increased risk of heat stress are conveyed appropriately to patrons.

## Availability of Water

Current medical advice indicates that patrons should be drinking 250ml of water in hot conditions when resting and 500ml and hour when active (7-8ml/kg)<sup>2</sup>.

Availability of water includes both free water and water for sale. There are currently plans for multiple free water outlets (a multi-tap free water system) and stocks from medical facilities. Bars will have significant stocks of bottled water.

## Patron Activity

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<sup>1</sup> QLD Government. Queensland Heatwave Plan. QLD Government, Brisbane; 2004

<sup>2</sup> Sports Medicine Australia. Beat the Heat Factsheet. SMA, Canberra; 2001

Levels of activity increase metabolism and the need for fluid. Patron activity is influenced by a number of factors including temperature, musical act performing, time of day and comfort.

Strategies in place to address activity include harm minimisation messages advising patrons to rest and take regular breaks.

#### Availability of Shade and Cooler Areas

The availability of shaded areas influences the amount of direct sunlight experienced by patrons and the risk of sunburn (which effects the skin's ability to participate in heat exchange).

A number of shaded areas, both in the form of tents and areas of tree canopy are available for patrons. These areas do not cover the entire event area but will provide effective shade for a large proportion of the event population.

#### Capacity of the Environment to Reflect or Absorb Heat

Different part so the event footprint will reflect or absorb heat more readily. Dance floor areas may be concrete, or covered with Terraplas (a white plastic flooring) which is highly reflective and tends to create an environment several degrees hotter than ambient temperatures. Shaded grassy areas, conversely, are less likely to retain heat and will dissipate it more readily.

A mix of areas are available for patrons. A balance between concrete and Terraplasted areas (require to protect grass from damage) are balanced with cooler grassed areas for rest.

#### Knowledge of Heat Illness Prevention by Patrons

The capacity of patrons to prevent heat illness and self-treat is a significant factor in the load on medical services. Heat illness prevention strategies can include monitoring fluid intake, wearing appropriate clothing, using sunscreen to reduce the incidence of sunburn, and taking breaks. Knowledge of self treatment include self-rehydration, knowing when and how to access medical and seeking shelter.

An education program will be implemented to educate as many patrons as possible on avoiding heat stress. This may occur in online media prior to the event, event website, event program and by peer educators on the day of the event.

#### Age and Health of Population

The age and health of the event population is a major factor in their capacity to survive heat stress. Heat stress creates the most risk in the aged, very young and infirmed.

The target population of outdoor dance parties/music events is likely to be young, relatively fit and healthy. Some risk may exist with people who attend the event with underlying medical conditions such as recent viral illness or medical conditions which affect their capacity of manage heat and fluid such as renal disease. This is likely to be only a very small proportion of the population.

#### Presence of other Cooling Strategies

Cooling infrastructure implemented at the event will assist in reducing the risk of heat illness.

A number of strategies may need to be considered by event management to assist in cooling patrons if predictive temperatures suggest a possible heatwave environment. Eg: Misting tents, shaded areas with fans

### **Temperature, Humidity and Heat Risk**

#### Predicting temperature

A commonly used measurement for temperature is the Wet Bulb Globe Temperature.

## Temperature and risk

Currently, the best models for heat risk are related to the sporting industry. In their literature, they state the following levels of risk<sup>3</sup>:

| WBGT         | Level of Heat Risk | Suggested Action  |
|--------------|--------------------|---|
| < 20 Low     | Low                | Heat illness can occur in distance running<br>Caution over-motivation Moderate to high                                  |
| 21 – 25      | Moderate - High    | Increase vigilance Caution over-motivation Moderate early pre-season training intensity and duration. Take more breaks. |
| 26 – 29      | High - Very high   | Limit intensity. Limit duration to less than 60 minutes   |
| 30 and above | Extreme            | Consider postponement to a cooler part of the day or cancellation (allow swimming)                                      |

## Suggested Management Plan for Heat Stress

### Medical Team Preparation

The event medical team needs to have sufficient staffing, training and resources to manage a moderate level of heat illness on site. As a result the following preparations will be undertaken:

- All medical staff will receive targeted training on the management of heat illness
- The event medical centre will have access to sufficient IV fluid to manage at least 50 patients on site
- A heat illness management clinical protocol will be introduced for the event which outlines the amount of fluid and care a patient will receive on site prior to transport or what triggers will initiate immediate transport
- The medical centre will have access to both water and isotonic sports drinks for patients
- A self management regime to monitor the fluid levels of medical team members will be introduced to support staffing levels
- A resuscitation area of the medical centre will be enclosed and air conditioned
- Liaison will be undertaken with Health and Ambulance Service about patient flow related to potential high heat stress caseloads.

### Action Plan for Management and Prevention of Heat Illness

Unlike small sporting events, such as those the SMA Heat Guidelines are designed for, closure of an event is neither an easy nor commercially viable option. Closure of the event after it has commenced will result in a range of possible consequences including:

- Public order issues
- Movement of heat illness and other medical cases from the event environment into the public domain increasing Emergency Department presentations and 000 ambulance calls
- Access issues around the event

The hottest part of the day is 11am to 3pm and management strategies during this period will be critical to the minimisation of harm. Essentially, if the WBGT is in a danger range at 11am,

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<sup>3</sup> Sports Medicine Australia. Hot Weather Guidelines. SMA, Canberra; 2006

it will most likely increase for the next few hours and then likely drop, depending on climate conditions (such as changed in wind, etc) mid afternoon.

The following trigger points and actions are suggested. The suggested actions are designed to minimise the exacerbating factors which will increase heat injury risk

| Trigger Point | Potential Actions  |
|---------------|--|
| WBGT 32°      | <ul style="list-style-type: none"> <li>• Delay sales of alcohol or increase drink limit</li> <li>• Consider music programming to discourage vigorous activity (eg more chill out music)</li> <li>• Increase harm minimisation education to provide direct targeted messages to patrons</li> <li>• Bring forward pass out time</li> </ul>   |
| WBGT 36°      | <ul style="list-style-type: none"> <li>• Delay start of music program</li> <li>• Cease alcohol sales</li> <li>• Decrease price of bottled water</li> <li>• Consider hosing down patrons in appropriate locations (eg dance floor)</li> <li>• Implement immediate pass outs</li> <li>• Program music with enforced 10-15 minute breaks (eg DJs play 45-50 minute sets and then music program ceases encouraging people to sit down and rest)</li> </ul> |
| WBGT 40°      | <ul style="list-style-type: none"> <li>• Postpone start of event until WBGT under 32° (preferably 28°)</li> <li>• Distribute free bottled water</li> <li>• If event has commenced, then abandon event and evacuate patrons it is this is safe to do so</li> </ul>  |
| WBGT 44°      | <ul style="list-style-type: none"> <li>• At this point running the event will be absolutely untenable from a safety point of view – severe heat illness is immanent</li> <li>• Crew should move into sheltered air conditioned areas</li> </ul>  |

All management strategies need to be considered in the context of an overall risk analysis, for example, a strategy which will produce other risks (eg public order issues) may need to be considered in that context. Information flow to patrons is critical as postponement may, for example, cause queuing external to the event which will also create heat illness risk.

Evacuation of patrons should be avoided, however should it occur, a comprehensive plan for the movement of patrons and communication of the rationale for evacuation to patrons (as well as post evacuation instructions) must be considered.

It is suggested that in consultation with the BOM, the heat trend for the day is closely monitored. Trigger points can be pre-empted if, in the opinion of the BOM and event organisers, they are going to be reached (for example, if the WBGT is 30° at 11am, then the 32° strategies should be implemented as it is highly likely this trigger point will be reached in the near future. If the 32° trigger point has been reached at 11am, then the time frame for the next trigger point should be considered.

### Communication and Decision Making

The weather conditions will be monitored leading up to the event and monitored closely on the morning of the event. A heat management meeting could be held between event managers and medical staff at between 10am and 10:30am to review current BOM data and discuss predictions of heat activity. Decision about management strategies will be made at this time. As each trigger point is approached, the event management team will need to consider potential actions.



## Storm

### Risk Analysis

Storm activity produces a range of risks to patrons and staff. This includes:

- Hypothermia
- Electrical risks from stage power and generators
- Risk of lightning strike
- Risk of losing power and infrastructure to critical areas such as communications and medical
- Increased risk of falls on slippery surfaces
- Crowd crush and sudden crowd movement as people seek shelter or move from exposed areas
- Injuries from the deployment of umbrellas and other shelter
- Risks to responders

Potential storm activity will be closely monitored leading up to the event and BOM radar will be monitored throughout the event by site management and medical. Potential storm risk will be discussed at the morning heat risk meeting.

### Storm Management Actions

The management of storm damage and risk is an issue for event management and especially site crew. Potential management strategies include:

- All medical, site crew and emergency responders appropriately equipped with wet weather gear
- Design of critical infrastructure areas such as medical to avoid localised flooding
- Redundant power supplies for critical infrastructure areas
- Postponement of event if storm occurs in morning
- Changes in music program to discourage congregation in open areas
- Evacuation of site if there is a risk of lightning strike, hail or other storm activity which will cause injury

### Storm Evacuation Strategies

If the operation of the event medical centre becomes untenable due to storm activity and the event has been evacuated, the medical team will relocate to a predetermined site and liaise with Health and the Ambulance Service in the provision of services to displaced event patrons.

## Wind

### Risk Analysis

The Storm activity produces a range of risks to patrons and staff. This includes:

- Risk of structure collapse
- Increased risk of eye injuries
- Crowd crush and sudden crowd movement as people seek shelter or move from exposed areas
- Injuries from the deployment of umbrellas and other shelter being blown away (no structures including umbrellas may be staked in the Domain)
- Risks to responders

Potential storm activity will be closely monitored leading up to the event and BOM radar and wind speed indicators will be monitored throughout the event by site management and medical. Potential wind risk will be discussed at the morning heat risk meeting.

## Wind Management Actions

The management of storm damage and risk is an issue for event management and especially site crew. Potential management strategies include:

- All medical, site crew and emergency responders appropriately equipped with wet weather gear and protective eye wear. Responders moving during windy periods to be equipped with helmets with face shields
- Design of critical infrastructure areas such as medical to have maximum practicable wind rating
- Postponement of event if wind occurs in morning
- Changes in music program to discourage congregation in open areas
- Strategies for site crew to reduce wind risk, such as stripping banners, flags, etc from site
- Evacuation of site if there is a risk of serious structure collapse or situation which will cause injury

## Wind Evacuation Strategies

If the operation of the event medical centre becomes untenable due to wind activity and the event has been evacuated, the medical team will relocate to a pre-determined site and liaise with Health and the Ambulance Service in the provision of services to displaced event patrons.

If the likelihood of wind evacuation is significant, all non-ambulatory patients will be transferred to Emergency Departments or another appropriate hospital in consultation with the Ambulance Service and Health.

## ANNEX D: Blood and Body Fluid Exposure & Decontamination

### Risk Analysis

Blood and body fluid exposure include sharps injuries (including needle stick) and splashes into/onto mucous membranes or bare intact skin.

The following body fluids pose a risk for bloodborne virus (such as human immunodeficiency virus (HIV), hepatitis B virus (HBV) and hepatitis C virus) transmission:

- blood, serum, plasma and all biological fluids visibly contaminated with blood
- laboratory specimens that contain concentrated virus
- pleural, amniotic, pericardial, peritoneal, synovial and cerebrospinal fluids
- uterine/vaginal secretions, fecal matter or semen.

Exposure is an injury that involves direct skin contact with a body fluid listed above and there is compromised skin integrity such as an open wound, abrasion or dermatitis, or if there is direct mucous membrane contact. For exposure to skin, the larger the area of skin exposed and the longer the time of contact, the more important it is to verify that all the relevant skin area is intact.

### Blood and Body Fluid Management Actions

#### General management

- removal of contaminated clothing
- thorough washing with soap and water
- affected mucous membranes (such as mouth) should be flushed with large amounts of water
- eyes should be flushed gently
- provide advice re sexual abstinence or adherence to safe sex and abstinence from injecting drug use or adherence to safe injecting practices
- referral to general medical practitioner or the Emergency Department at the nearest hospital for further testing and education
- Provide Psychological support as necessary