

**EVENT**



**MEDICAL**

**FINAL**

**NOT FOR PUBLIC RELEASE**

**APPROVED**

*By Michael J Hammond at 6:30 pm, May 12, 2016*

# EMS Event Medical

Event Medical Plan

Defqon 1 - 2016

Sydney Regatta Centre

17th September 2016

**STRICTLY CONFIDENTIAL**

**Prepared by** - EMS Event Medical Planning

Date Prepared 09/03/16

prepared for

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## Distribution List

Designation	Name
EMS Medical Director	Mike Hammond
EMS Assistant Medical Director	Kris Wallace
EMS Operations Manager	Tim Scott
EMS Logistics Manager	Jason Lane
EMS Doctors	Dr Katie Barnes    Dr Gurav Agrawal
EMS Trauma Team Leader	Brad Goodwin
EMS Accounts	Virginia Hammond
Q Dance	Simon Coffey
Q Dance	Craig Da Vita
Ambulance NSW	Kylie Duncan
NSW Police	Grant Healy



# A: EMS Event Medical Plan

## Defqon1 2016

Document Prepared by

**Mike Hammond RN, RCSEd, MAREMT, MANZCP, MGMCCS**

Registered Nurse

Qualified Paramedic

Mass Gathering Medicine Critical Care Specialist

Paramedic / Nurse Educator

Paramedic Clinical Advisor AREMT

Clinical Assessor AREMT

Flight Paramedic AREMT

Adv Dip Public Safety (Emergency Management)

Adv Dip Paramedical Science (Ambulance)

Dip App Science (Nursing)

Dip Paramedical Science (Ambulance),

Dip RM (Risk Management)

Dip Bus,(Business)

Cert IV TAE, (Training & Assessing)

Cert IV Paramedical Skills,

Mass Gathering Medicine Critical Care Certification

Special Event Medical Services Certification

BLS, ALS, ACLS, AED





## EMS Event Medical - Document Approval

Details	Unit or Name	Approved Date
<b>Author:</b>	EMS Event Planning	10/03/16
<b>Recommended : Administration &amp; Accounts</b>	Virginia Hammond	10/03/16
<b>Recommended: Logistics &amp; Stores</b>	Jason Lane	10/03/16
<b>Recommended: Event Operations</b>	Tim Scott	10/03/16
<b>Approved: EMS Event Medical Director</b>	Mike Hammond	10/03/16



## B: TOPOGRAPHY

The Sydney International Regatta Centre, located in Penrith, Sydney, New South Wales, Australia, is a rowing and canoe sprint venue built for the 2000 Summer Olympics. Wikipedia

Address: A Old Castlereagh Rd, Castlereagh NSW 2749

Set on 187 hectares of native bush and parklands and surrounded by Penrith Lakes, the Sydney International Regatta Centre is the perfect location for large-scale outdoor festivals

Purpose-built for the 2000 Sydney Olympics and Paralympics, the Sydney International Regatta Centre is unique in location and offers:

- 178 hectares of native bush and parklands surrounded by Penrith Lakes
- A large island with limited noise restrictions: Village green with natural amphitheatre
- Outdoor and undercover exhibition areas
- Integrated PA System
- Multiple meeting rooms
- Restaurant and kiosk
- On water access with launch pontoons
- Parking for 2000 cars and coach set down areas
- Venue operations centre and First Aid hut

Helicopter landing pad

The Sydney International Regatta Centre is equipped to land a helicopter. Compliance through the centre and appropriate aviation authorities is required.



**EVENT**



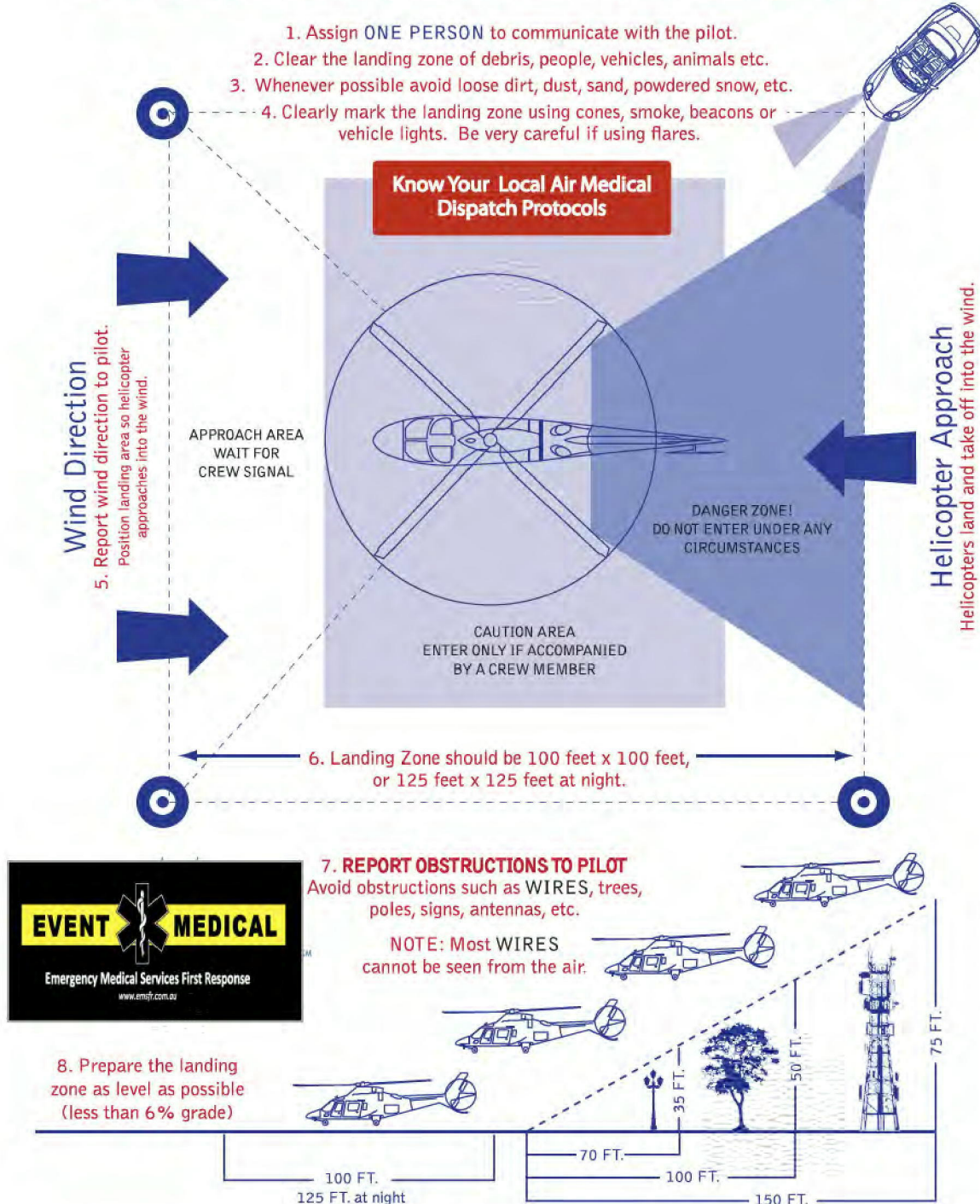
**MEDICAL**

**Emergency Medical Services First Response**

[www.emsfr.com.au](http://www.emsfr.com.au)



## 8 Steps To Setting Up A Helicopter Landing Zone







# General Safety Rules



- NEVER**
- Never approach a helicopter from the rear.
  - **NEVER APPROACH A HELICOPTER WITH THE BLADES TURNING** unless directed to do so by a flight crew member.

- ALWAYS**
- Approach and depart the aircraft forward of the cabin in full view of the pilot.
  - Wait for instructions from the flight crew before putting equipment in the helicopter or taking equipment away from the helicopter.
  - Let a flight crew member open and close doors or compartments on the aircraft.
  - Be aware of the tail rotor and always follow the flight crew's directions for your safety.

- REMEMBER**
- Before moving away from the aircraft please check for loose or forgotten equipment.
  - Keep your head down and **NEVER LIFT ANYTHING ABOVE YOUR HEAD!**
  - If the helicopter has landed on a slope, approach and depart from the down slope side only.
  - When moving a vehicle past a helicopter on the ground, have pilot stand outside the tip of the main rotor blade closest to the vehicle to safely guide the driver past the helicopter.

- COMMUNICATE**
- Select **ONE PERSON** for ground to air communication with the helicopter.
  - If this is a hazmat incident advise dispatch and the flight crew immediately!
  - Let the pilot know the direction the wind is coming from – helicopters land and take off into the wind.
  - Advise the pilot of the location of the landing zone, and include any hazards such as wires, poles or trees.
  - Let the pilot know when you have the helicopter in sight and provide directions to your location.

- NIGHT OPERATIONS**
- Secure a larger landing zone - 125 x 125 feet if possible.
  - Turn off all non-essential lights. The flight crew will be using Night Vision Goggles, less light is better.
  - Red revolving lights can be blinding when using Night Vision Goggles.
  - Night landings require more attention to detail, double check for over head wires, trees, signs and poles.
  - Lasers can be used to mark the landing zone and hazards, do not point lasers at the aircraft!

- SECURITY**
- Do not allow spectators within 200 feet of the landing zone.
  - Keep EMS personnel at least 100 feet away from the helicopter.
  - **CRITICAL:** Do not permit vehicle movement within the landing zone during helicopter landing or take off.
  - After landing a helicopter on a roadway, place a vehicle no closer than 75 feet in front of and to the rear of the aircraft for security and protection.
  - Have one person at the landing zone to provide security for the aircraft.

- LANDING MORE THAN ONE HELICOPTER**
- Each helicopter will need 100' x 100 feet to land.
  - Land the first helicopter closest to the scene, the next further away.
  - Always keep the left side of the helicopter clear, patients are usually loaded from the left.
  - If possible, load the closest helicopter first, avoid walking past one helicopter to get to another.
  - The landing zone officer should let incoming aircraft know when helicopters are departing the scene by transmitting their departure and direction on the radio.

**EMS Staff Remember to set Windsock and yellow LED Flares**

Guidelines For Calling

## DEFQON.1 FESTIVAL TERMS & CONDITIONS OF ATTENDING

This is an over 18's event. Entry will be refused to persons under the age of 18.

Admission to the event will be granted only upon presentation of a valid admission ticket. It is a condition of entry that all patrons present a valid and acceptable form of photo identification.

Acceptable forms of ID are limited to Australian Drivers' License, Passports or RTA endorsed proof of age card.

Line-up is subject to change without notice and no refunds will be given.

No admission to the Defqon.1 Festival on Saturday after 7:00 PM. As this is a licensed venue, entry will be refused to people who are intoxicated and / or disorderly.

Patrons choosing to bring valuables to the premises do so at their own risk.

Any wristband removed from wrist or tampered with will be rendered invalid and will not be replaced. Lost or missing wristbands will not be replaced.

Any patron may be required to undergo search, pat down, bag check and / or metal detector search when they enter and/or during the event.

A person who refuses to undergo such a search, pat down and/or bag check may be prohibited from entering the event without being entitled to a refund of the admission fee, or such a visitor may be immediately removed from the event. Q-dance Australia reserves the right to refuse

entry to any persons who breach the Conditions of Entry.

There are no pass outs. Q-dance maintains a ZERO TOLERANCE drug policy.

Any patron ejected, or refused entry gives permission for their details to be recorded, and photograph to be taken.

Patrons ejected, or refused entry will receive a Ban Notice, excluding them from all Q-dance events for a period of seven (7) years

Patrons choosing to bring valuables to the premises do so at their own risk

Entry will be refused to all members of the following groups – LADS, Bandidos, Black Uhlans, Coffin Cheaters, Comanchero, Finks, Fourth Reich, Gladiators, Gypsy Jokers, Hells Angels, Highway 61, Life & Death, Lone Wolf, Mobshitters, Nomads, Odins Warriors, Outcasts, Outlaws, Phoenix Rebels, Scorpions, Notorious or any similar group

No gang associated behaviour, jewellery, accessories or clothing that displays or infers by form of word, colours, logo, symbol or otherwise that they are a member of one of the above listed groups or similar (Striped polo shirts or skin baseball caps, Nautica, Canterbury shorts etc.)

Anyone wearing prohibited clothing inside the venue will be removed from the event.

The use of earplugs is recommended if long-term hearing loss is of concern to you.

The Promoters of the event will not be held liable for any hearing damage or loss.

**PROHIBITED ITEMS (THERE IS TO BE NO DISCREPANCY, MANAGERMENTS DECISION IS FINAL):**

- Alcohol and / or illegal drugs
- Food
- All prescription drugs will be assessed and reviewed by our trained medical personnel. Their decision on the items will be final. If in doubt then please carry your prescription with you.
- Drinkable liquids
- Aerosol or deodorant spray cans
- Tripods and selfie sticks
- Professional video equipment (unless written permission from Q-dance)
- Umbrellas
- Furniture, including fold up chairs



- BBQ's
- Animals, except guide dogs or other animals trained to provide mobility assistance
- Balls, sporting equipment, bicycles, skateboards, skates or scooters
- Glass bottles, aluminium cans, metal containers or breakable containers
- Offensive weapons, including potential missiles
- Fireworks, matches, flares, highly flammable or explosive substances
- Large chains or spiked bracelets
- Wallet chains
- Laser Pens
- Large Eskies
- Banners, flags, badges or symbols or any other signs or materials bearing offensive, malicious, hurtful, provocative or political text or representations
- Football shirts, club insignia or clothing that suggests membership or allegiance to a gang
- Markers, "textas", aerosol cans and all graffiti tools are strictly prohibited.
- Large sound systems
- Any other item deemed to be dangerous or offensive by event organisers.

#### SELF-REGULATIONS

To promote a positive and safe atmosphere, we ask that all patrons accept responsibility for their own behaviour and follow the rules and regulations of the event site. Additionally, patrons are required to respect the directions of event staff and security personnel at all times in the interest of patron safety.

#### RIGHT TO REFUSE ENTRY

The organiser reserves the right to refuse entry to any patron.

The organiser reserves the right to refuse entry to or remove from the premises and person who causes annoyance or inconvenience to other patrons or members of the public.

The organiser reserves the right to refuse entry to or remove from the premises and person who is believed to be intoxicated, or under the influence of any non-prescribed drug.

NO Lads, Lad Clothing or Lad behaviour is permitted at Defqon.1. The organiser reserves the right to remove from the event site, any person suspected of being a Lad or inciting Lad behaviour.

#### SAFETY OF PERSONAL BELONGINGS

The organiser or Sydney International Regatta Centre (SIRC) will not be held responsible for any damage, loss or theft of a person's personal property.

The organiser or Sydney International Regatta Centre (SIRC) will not be held responsible for

any damage or loss of a person's personal property that has been confiscated by security.

Patrons choosing to leave valuables on the premises unattended do so at their own risk.

#### SERVICE OF ALCOHOL

The Sydney International Regatta Centre is a licensed premise. As such, any person found to be intoxicated may be removed from the event site.

The consumption of alcohol is permitted in the designated areas only. The organiser reserves the right to ask patrons to move to a designated alcohol consumption area. If a patron refuses to move, the organiser reserves the right to remove the patron from the event site.

Roving RSA Marshalls will be patrolling the event site for the duration of the event. RSA Marshalls reserve the right to refuse the service of alcohol to any patron.

Bar Staff reserve the right to refuse the service of alcohol to any patron.

Any persons who are intoxicated, violent, quarrelsome or disorderly will be removed from the site.

#### FIRE SAFETY

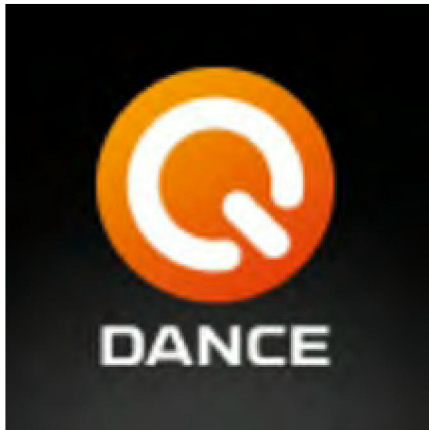
Fire fighting equipment is only to be used in the event of a fire, and any patron found tampering with fire extinguishers or other fire safety equipment will be removed from the event site and refused entry to Defqon.1 Festival.

#### MEDICAL

Qualified Event Medical staff will be in attendance for the duration of the event.

Should any patron require First Aid, Security personnel can contact the HQ directly via radio.

## C: EMS Historical Data



*EMS Event Medical are well positioned for this type of event having worked previous events with this and other promoters.*

All EMS Key staff working at Defqon1 have worked these types of events previously and have a sound track record with these types of events.

These include:

- Armin Van Burren
- A State of Trance
- Midnight Mafia
- Shadows of Wonderland
- Alison Wonderland
- Atlantis
- ElectroCircus
- Genesis Subculture
- Stereosonic

# EMS Event Medical Infographic



## EMS MMC & MALS

**01** The EMS Mobile Medical Centre / Mobile Advanced Life Support ambulances are available for your next event.

## Professional Staff

**02** All EMS Event Medical Team Members are tertiary qualified and externally registered with an authority to practice

## Event Equipment

**03** EMS Event Medical use state of the Art equipment including Lifepak 12 lead ECG's and Zoll M Series Patient monitors

## Advanced Medical Kits

**04** EMS Event Medical use a selection of the best available kits from around the world - designed for a specific purpose no general kits.

*Our experience has show that this type of crowd is often predominantly mobile and well behaved.*

*Drugs may be a significant factor at this event - however it should be noted that with the reduced hours implemented by Q Dance and the NSW Police Operations planned a reduced impact from any serious drug related incidents should be realised.*

*Alcohol are may be a significant factor -however again it should be noted that with the reduced hours implemented by Q Dance, the NSW Police Operations planned and the RSA Measures in place throughout the venue it is also expected a reduced impact from any serious alcohol-related incidents should be realised.*

*There is no obvious increase in demand for EMS Event Medical at this event, due to current climate and recent events.*

**Age Restrictions:** This event is strictly for over 18's only. ID is required.



*It should be noted that EMS have a Working SOP for all suspected drug overdoses which includes:*

**Mandatory**

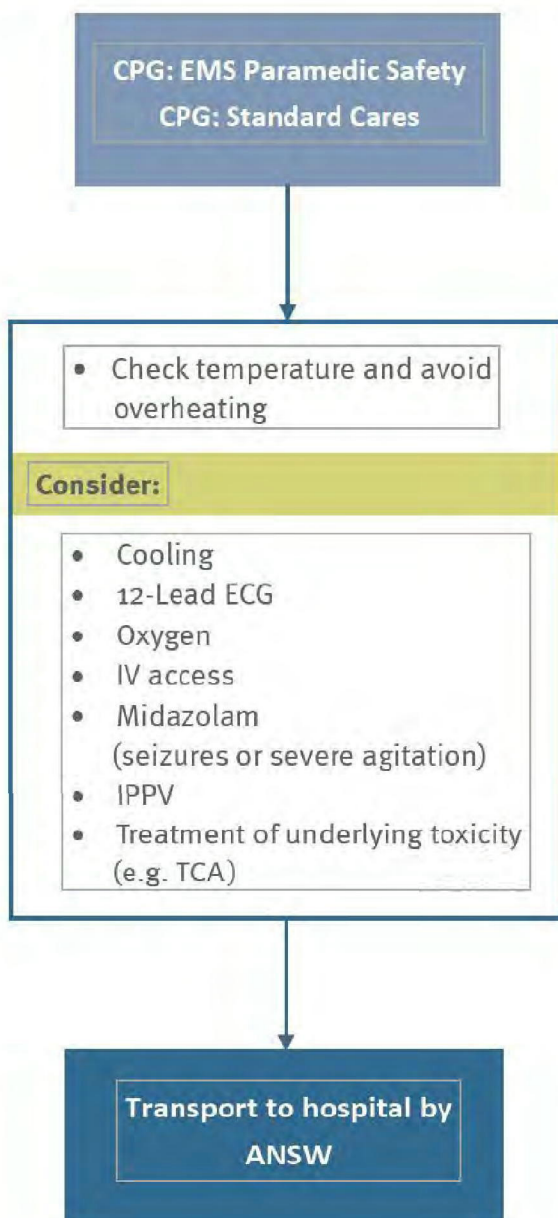
- Tympanic Temperature at regular intervals
- Blood Glucose Levels
- NIBP - Blood Pressure
- ECG
- SPO2 - Oxygen Saturation Levels

Any change in core temperature will invoke EMS Clinical Practice Guidelines Protocols D1 D3 AI-1, DO-1

**DRUG OVERDOSE**

**CPG DO-1**

*Risk Assessment has determined the numbers of EMS Staff required and these have been secured by the promoter.*





# S: Situation



*Covers general and background information for the mission.*

*It will indicate any special information as to the reason for the mission.*

Since 2009, Deqon1 is an annual event, held at the Sydney International Regatta Centre (SIRC).

This year the event will be held on 17th September 2016 between the hours of 1100-2300, and has an expected attendance of 25 000 patrons.

The event has planning capacity for 30 000 patrons - any increase in numbers attending will be advised and if needed staffing numbers adjusted.

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.

EMS Event Medical will provide event medical to Defqon for the first time in 2016.

Past patient presentation data indicates that there may be up to 400 patient presentations, with potential for some transports throughout the event. While traditionally there would be a 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.

EMS Event Medical prides itself on reducing the number of transports for such events by providing Doctors, Paramedics and Nurses to cover the presentations at such an event.

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

**Mission Statement**

To provide professional medical services to all persons at Sydney Regatta Centre;  
To provide rapid response teams to incidents;  
To operate a triage and treatment at EMS allocated at MGMCC & MED2,  
EMS Services are to be provided in accordance with EMS Event Medical protocols and procedures.

**MEDICAL**

EMS Event Medical have been engaged as the paramedic event medical providers for The Defcon.1 event, and they will be onsite 17th September 2016.

EMS will not be onsite during the bump in/out.

EMS Event Medical will ...

- Maintain a visual presence across the site and monitor attendees and respond to any medical incident as required
- Remain static at the dedicated EMS location and respond to any medical incidents as required
- Provide medical assistance to attendees and coordinate further medical care or transport through the EMS Medical Director

# N: National Terrorism Threat Advisory System



## Australian National Security

### National Terrorism Threat Advisory System

Australia's current National Terrorism Threat Level is **PROBABLE**.

**PROBABLE**

- [Current advice to the public](#)
- [Video—Overview of the National Terrorism Threat Advisory System](#)

The National Terrorism Threat Advisory System is a scale of five levels to provide advice about the likelihood of an act of terrorism occurring in Australia:

When the threat level changes, the Australian Government provides advice on what the threat level means, where the threat is coming from, potential targets and how a terrorist act may be carried out.

The National Terrorism Threat Level is regularly reviewed in line with the security environment and intelligence.

It is important to be aware of the current threat level and to report any suspicious incidents to the National Security Hotline on 1800 1234 00.

More information is available in the following fact sheet:

- [National Terrorism Threat Advisory System fact sheet \[PDF 216KB\]](#)
- [National Terrorism Threat Advisory System fact sheet \[DOCX 287KB\]](#)

### Public advice

The National Terrorism Threat Level for Australia is **PROBABLE**. Credible intelligence, assessed by our security agencies indicates that individuals or groups have developed both the intent and capability to conduct a terrorist attack in Australia. The public should continue to exercise caution and report any suspicious incidents to the National Security Hotline by calling 1800 1234 00. Life-threatening situations should be reported to the police by calling Triple Zero (000).

We must maintain vigilance in the face of an escalating global terrorist threat that continues to affect Australia. This multifaceted threat was the reason the Commonwealth Government took the unprecedented step of raising the national terrorism threat level in September 2014. The factors that underpinned that decision persist, and some have worsened. Those who wish to do us harm, some located here and some overseas, continue to view Australia as a legitimate target.

**CERTAIN**

**EXPECTED**

**PROBABLE**

**POSSIBLE**

**NOT EXPECTED**

### **What are the likely targets?**

Symbols of government and authorities perceived as terrorist adversaries, such as the military, police and security agencies, are often targeted by terrorists.

However, indiscriminate attacks are increasing, and the risk to the general public in Australia remains. Overseas extremists have encouraged local sympathisers and supporters to attack the public anywhere—attacks and plots in Europe and Africa in late 2015 targeting the public underscore this threat. Attacks of this nature are designed to cause injury or death and are aimed at disrupting our lives and damaging the nation by causing fear.

This is why it is important for the public to maintain a level of awareness and to report any suspicious activity immediately to authorities.

### **How would an attack occur?**

The most likely form for a terrorist attack in Australia would be an attack by an individual or a small group of like-minded individuals. However, a larger, more coordinated attack cannot be ruled out. Threats can develop quickly, moving to an act of violence with little preparation or planning.

It is highly likely that a terrorist attack in Australia would use weapons and tactics that are low-cost and relatively simple, including basic weapons, explosives and/or firearms.

These are commonly used in terrorist attacks overseas and featured in the September 2014 attack on police officers in Melbourne, the December 2014 Martin Place siege in Sydney and the fatal shooting outside New South Wales Police headquarters in Parramatta in October 2015. Basic weapons are readily available, everyday objects that do not require specialist skills.

Terrorists have used basic weapons such as knives, machetes and even cars to conduct lethal attacks.

Explosives remain a favoured terrorist weapon globally. Homemade explosives can be manufactured from readily available materials. Improvised explosive devices do not need to be large to be effective and can be easily concealed.

Firearms can be sourced through legal and illicit channels.

**NATIONAL SECURITY HOTLINE 1800 1234 00**



# M: Mission

*Provides a clear and concise statement of the task(s) to be accomplished.*



## **The objectives of EMS Event Medical are:**

- The provision of high-quality pre-hospital care for Defqon 1
- The minimisation of the potential impact on normal NSW Ambulance operations by the supply of tertiary trained and qualified EMS Paramedics for Defqon 1
- To maintain a close liaison with other agencies associated with Defqon 1
- Detail the arrangements that are in place for the response to and recovery from medical emergencies at Defqon1
- Demonstrate the planning, logistical and operational arrangements that have been put in place to support the event from a medical perspective.
- Have an integrated approach to the provision of medical services through stakeholder agreement and planning
- Efficient use of medical services through a tiered system which ensures rapid intervention, appropriate treatment and effective discharge.

## **EVENT OVERVIEW**

### **ADDRESS**

Sydney International Regatta Centre  
Old Castlereagh Road  
Penrith NSW 2749 Australia

### **MINIMUM AGE**

Defqon.1 is an over 18s event.

One of the following forms of ID is required:

- Over 18s RTA photo ID
- Valid photo drivers' license
- Current photo passport

# E: Execution



*Explains how the EMS mission is to be carried out in order to accomplish the mission.*

*Sub headings provide three areas of information.*

- *General Outline: Gives the concept of the mission and is a broad statement on how it is intended to be carried out.*
- *EMS Group Detail: Instructions are given for every EMS staff member role whose presence is necessary to the success of the mission, including tasks, locality and areas of responsibility.*
- *Co-ordinating Instructions: Provide the details necessary to co-ordinate the EMS mission, such as boundaries, protocols & procedures etc.*

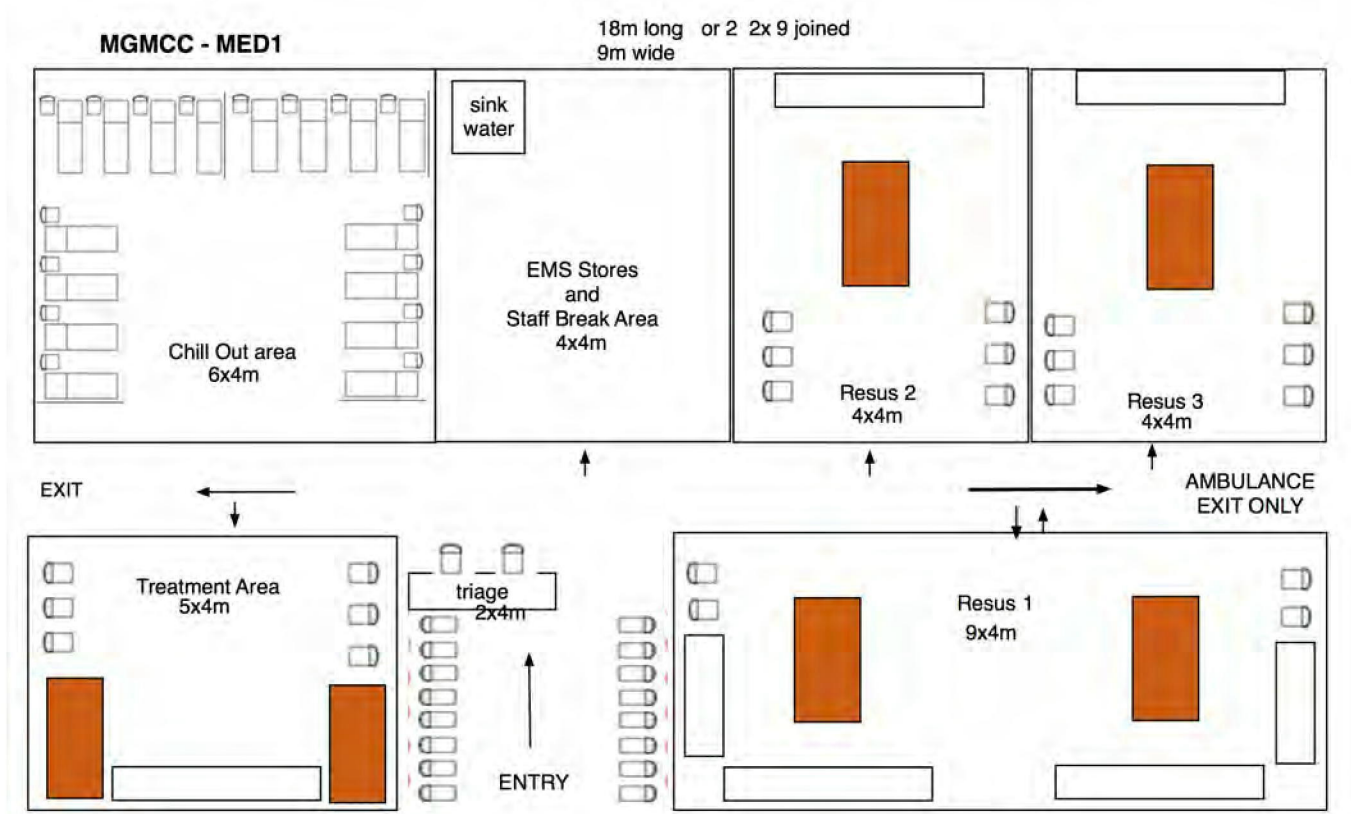
## **MGMCC - Mass Gathering Medical Casualty Centre**

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. (see equipment document)

The Medical Centre for this event will have a capacity of

- A triage Centre
- A Waiting room with 24 chairs
- 4 resuscitation beds in 3 resus bays (Bay 1 x 2 Beds, Bay 2+3 x 1 bed each)
- 12 Acute Care Beds
- 20 Minor Injury Chairs in treatment



## MED2

A second Medical Centre will be located at Map Ref: H6

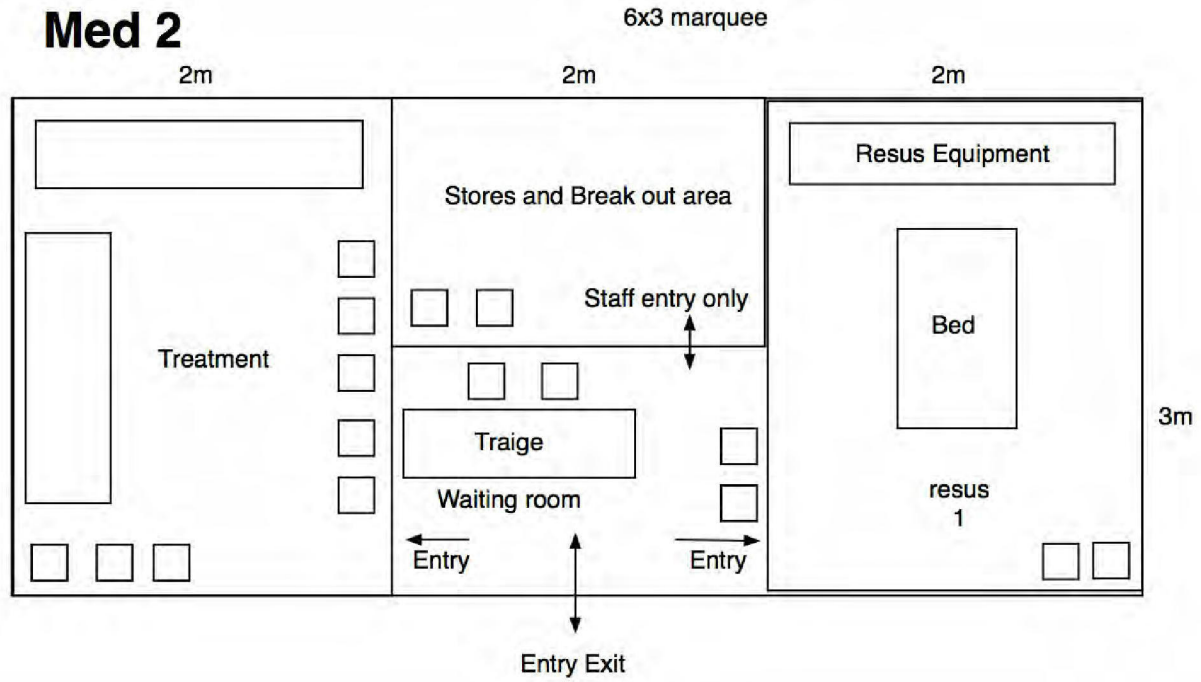
This post will be staffed with a Doctor and Nurse and 2 Paramedics and will contain

- 2 resuscitation beds
- 4 Acute Care Beds
- 12 Minor Injury Chairs

The Post will be able to provide treatment to patrons, and will have the 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 stabilisation.

A buggy will be stationed at the main MGMCC Post to transfer patients to the Medical Centre.



### Entry Zone Medical Point

A Medical Point will be allocated in the entry zone – and will be utilised during both ingress and egress. This point will be staffed at least 30 minutes prior to doors open, and will consist of 2 Paramedics and the EMS Mobile Medical Centre (Unit 133) - this unit will remain at the location throughout the event.





## **EMS Station Medical Point**

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 1030-1400 and 2000-2300

This site will be staffed from 1000-1430 & 2000 - 2400hrs and will consist of 2 Paramedics and EMS Response 2 Vehicle. This post will have 3x3 marquee and stocked with tables, chairs and appropriate medical equipment and will work with the Q Dance Liaison to;

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

This Medical point will be utilised during both ingress and egress.



# EMS Staffing Deployment

EMS Event Medical staffing will be as follows .....

<p><b>EMS Medical Director</b>                  a person who is trained to run a medical team especially in medical trauma situations,                  0700-2400 (17hrs)</p>
<p><b>EMS Assistant Medical Director</b>                  a person who is trained to run a medical team especially in medical trauma situations,                  0700-2400 (17hrs)</p>
<p><b>EMS Paramedics x 2 Penrith Railway Station (Ingress)</b>                  a person who is trained to do medical work, especially in medical trauma situations,                  0700-1200 (5hrs)</p>
<p><b>EMS Paramedics x 2 Event Entry Point (Ingress)</b>                  a person who is trained to do medical work, especially in medical trauma situations,                  0800-1200 (4hrs)</p>
<p><b>EMS Doctor x 2</b>                  1100-2400 (13hrs)</p>
<p><b>EMS Paramedics x 18 2 x 2 Response Teams Main Stage Area (4) 2 x 2 Teams for Other Stages (4) Mass Gathering Medicine Casualty Centre MGMCC Stage Right (6) Medical Centre Two satellite Stage Left (4)</b>                  a person who is trained to do medical work, especially in medical trauma situations,                  0900-2400 (15hrs)</p>

<p><b>EMS Communications EOC Operator x 1</b></p> <p>Radio Operator 1000-2400 (14hrs)</p>
<p><b>EMS Scribe x 1</b></p> <p>PCR Records 1000-2400 (14hrs)</p>
<p><b>EMS Paramedics x 2 Penrith Railway Station (Egress)</b></p> <p>a person who is trained to do medical work, especially in medical trauma situations, 2300-0100 (2hrs)</p>
<p><b>EMS Paramedics x 2 Event Entry Point (Egress)</b></p> <p>a person who is trained to do medical work, especially in medical trauma situations, 2300-0100 (2hrs)</p>

## **Event Medical staff will arrive 20-30 minutes prior to commencement of shift**

### **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.

WFA is headed by Mark McCarthy a NSW Paramedic and Aquatic Rescue Specialist, Mike Hammond has had a 20 year relationship with Mark.

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 EOC will dispatch a Response team to an agreed landing position.
- WFA crews will handover patients to EMS Event Medical teams.

## **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 and referring them on to EMS Event Medical

EMS and Save A Mate have worked previously before and have a working relationship with a clear understanding of each others roles.



## Scope of Operations



### **Scope of Operations:**

EMS Event Medical will provide a liaison in the Emergency Coordination Centre (ECC) on Operational nights for Defqon1.

Other resources will be pre-deployed for Defqon1 as required and determined by the EMS Safety Plan.

EMS Event Medical Emergency calls to all incidents within Defqon1 will be undertaken by normal EMS Event Medical resources using current EMS Standard Operating Protocols & Procedures.

Please be prepared for early opening.

# 1.0 Event General Information

## **Transports from within the event: (as per Emergency Management Plan)**

Transports to hospital are to be carried out by ANSW event crews, who will be on-site throughout this event.

If the EMS Medical Director determines that it is appropriate to request a transport by ANSW, the request should be passed via the Defcon1 Control Room then through the ANSW Forward Commander

The following details MUST be provided:

- Clear identification as the EMS Event Medical Director
- The exact location including cross street and landmark
- Chief complaint and response priority.
- If EMS Medical personnel are with the patient and if the patient is accessible by ambulance resources.
- Any addition information such as security meeting / access point, additional resource requirement (e.g. ICP) pertinent to prompt resource allocation.

## **EMS Capability**

EMS Event Medical will have the capability to provide

- IV fluids,
- advanced airway management,
- medications,
- suturing,
- restricted medications (up to and including S4's),
- analgesia
- chemical patient management
- advanced patient monitoring
- 12 lead ECG (lifepak x 2)

Through our EMS Doctor  
restricted medications may also be available

## 1.1 Event Introduction

EMS Event Medical has been asked to provide event medical coverage to the Defqon1 to be held at Sydney Regatta Centre on 17th September 2016.

Coverage will be provided from 1100hrs to approximately 2330hrs.

This Defqon1 Operational Plan describes the procedures to be followed by EMS Event Medical during this event.

This supplements EMS Event Medical's existing policies and procedures.

Event organisers and other service providers will provide their own plans appropriate to their role at the event.

## 1.2 Event Venue Description

The venue is the Sydney Regatta Centre.

The Sydney International Regatta Centre, located in Penrith, Sydney, New South Wales, Australia, is a rowing and canoe sprint venue built for the 2000 Summer Olympics.

Address: A Old Castlereagh Rd, Castlereagh NSW 2749

Set on 187 hectares of native bush and parklands and surrounded by Penrith Lakes, the Sydney International Regatta Centre is the perfect location for large-scale outdoor festivals

Purpose-built for the 2000 Sydney Olympics and Paralympics, the Sydney International Regatta Centre is unique in location and offers: 178 hectares of native bush and parklands surrounded by Penrith Lakes

A large island with limited noise restrictions:

- Village green with natural amphitheatre Outdoor and undercover exhibition
- areas Integrated PA System

- Multiple meeting rooms
- Restaurant and kiosk
- On water access
- Parking for 2000 cars and coach set down areas
- Venue operations centre and First Aid hut

#### Helicopter landing pad

The Sydney International Regatta Centre is equipped to land a helicopter. Compliance through the centre and appropriate aviation authorities is required.

EMS Event Medical (EMS) are proud to be the contracted event medical service provider at the number one indoor entertainment venue in the southern hemisphere.

## 1.3 Event Climate Characteristics

The event will be held during September, which is during Spring.

The average climate conditions for September are:



Given the demographics of the event, and the fact it is held during night hours, climate is not a potential casualty risk factor



## AVERAGES FOR SYDNEY IN SEPTEMBER

 **Temperature**  
**16°C 61°F**

 **Low Temperature**  
**12°C 54°F**

 **High Temperature**  
**20°C 68°F**



**Sunshine Hours**  
**9 hrs**

**Chance of Sunny Day**  
**20 %**



**Rainfall**  
**65mm**

**Rainfall days**  
**11 days**

**Chance of Rain**  
**40 %**



**18°C 64°F**

**Chance of Windy Day**  
**40 %**

## 1.4 Event Description

Defqon.1

Weekend Festival is an annual music festival held in the Netherlands, Australia, and Chile.

It was founded in 2003 by festival organizer Q-dance

## 1.5 Event Crowd Characteristics

The majority of patrons are expected to be in the age range Over 18's, with family groups and elderly unlikely to be attending.

Experience suggests the crowd is generally non-combative and cooperative.

However, some patrons may become aggressive and uncooperative, particularly those under the influence of alcohol or other drugs.

## 1.6 EMS Medical Resource - Risk Planning Matrix

### MEDICAL RESOURCE PLANNER

Ensuring the right number of medical personnel.

The number and qualifications of medical personnel and first aid facilities will vary with the type of event.

A risk assessment should determine the required resources and these requirements should be compared with the Medical Resource Planner which has been based on data from outdoor events over the past 15 years.

## 1.7 Event Category

This Event is a Hard Style Dance Festival Category.

## 1.8 Event Operational Period

OPERATIONAL PERIOD	Date	Details	HOURS
	17th September 2016	Sydney Regatta Centre	1100hrs
	17th September 2016	Sydney Regatta Centre	2330hrs

Team leaders are to ensure their staff have clocked on in WHEN I WORK prior to commencing shift.

## 1.9 EMS Event Overview

EMS Event Medical have been engaged as the event medical providers for this series of events, and they will be onsite 17th September 2016

EMS will not be onsite during the bump in/out.

EMS Event Medical will ...

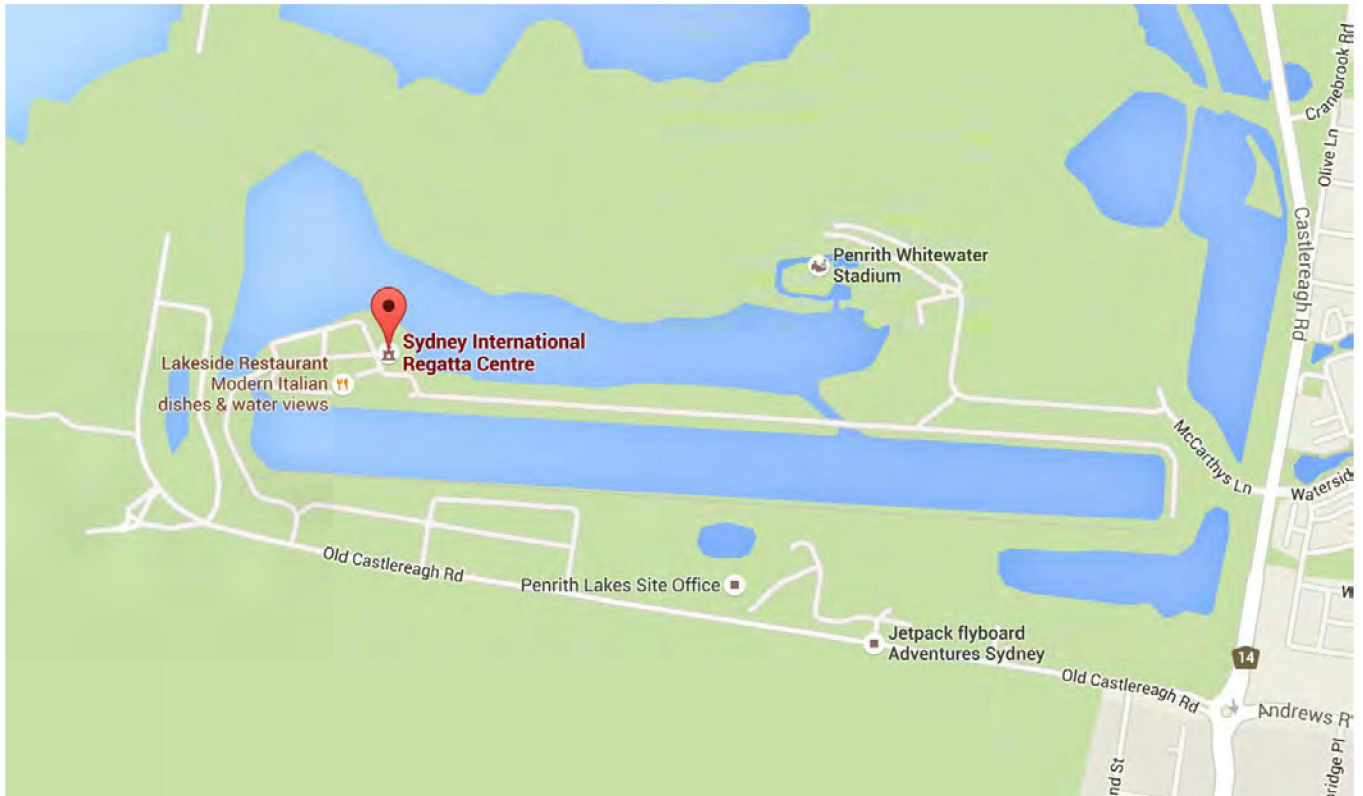
- Maintain a visual presence across the site and monitor attendees and respond to any medical incident as required
- Remain static at the dedicated EMS location and respond to any medical incidents as required
- Provide medical assistance to attendees and coordinate further medical care or transport through the Triple Zero Network (000).

## Location and Schedule

Sydney Regatta Centre

1100hrs 17th September 2016

2330hrs 17th September 2016







## 2.0 EVENT IMPLEMENTATION

### 2.1 Overall Operation

EMS Event Medical will operate Two (2) stationary posts throughout the event including the specific Mass Gathering Medicine Casualty Centre MGMCC located in front of the Boat Shed Map Ref S8.

The Second post is located above stage 2 in the north west corner of the entry way. Map Ref H6

#### 2.1.1 EMS Medical Posts

Post Name	Location
Medical 1 - Main Mass Gathering Medical Casualty Centre	Map Ref S8
Medical 2 - A supplementary Medical Centre Fully staffed	Map ref H6

The EMS Medical Director may alter staffing arrangements depending on the available resources, casualty distribution patterns and the crowd characteristics.

## **2.1.2 EMS Event Medical Mass Gathering Medicine Casualty Centre (MGMCC)**

EMS Event Medical will establish an EMS Event Medical Services Mass Gathering Medicine Casualty Centre at the Sydney Regatta Centre. This centre will be staffed by 2 EMS Doctors, EMS Mass Gathering Medicine Specialist, Event Medical Specialists, EMS Nurses and other suitably trained EMS Staff.

The EMS Mobile Advanced Life Support Vehicle and or the EMS Mobile Medical Centre are to be brought into the venue to provide additional resources for the MGMCC.

The MGMCC will be located in front of the Boatshed east side of site so that patrons can freely access and will have staff in the entrance to perform triage.

The MGMCC Team Leader is responsible for the proper set up and operation of the MGMCC.

## **2.1.3 EMS Event Medical - Internal Casualty Transport**

EMS Event Medical will be providing rescue baskets, stretchers and wheelchairs at each EMS post, and a Medicab for general use.

## **2.2 EMS Staff access**

EMS Event Medical staff must be in full uniform to gain access on site.

## **2.3 EMS Staff briefing**

### **Briefing:**

The EMS Shift Commander will conduct a briefing for all EMS crews upon arrival on-site. NSW are to be invited to this brief

A briefing will occur between Command and Team Leaders on the day of the event 30 minutes

prior to the commencement of operational duty. Team Leaders will take responsibility for briefing members upon arrival at their posts but members are to meet at the MGM Medical Centre to sign on. Staff are to arrive at the Medical Centre 30 minutes minimum prior to start of shift.

The EOC Liaison is responsible for making contact with the NSW Ambulance Forward Commander and briefing him/her on EMS Event Medical's operations at this event.

### **Standard procedures**

A number of venue specific rules need to be adhered to.

These include:

- No photography.
- No smoking
- EMS Staff should adhere to Sydney Regatta Centre staff code of conduct and relevant policies.
- EMS Staff must adhere to EMS Event Medical and any Sydney Regatta Centre WHS policies and regulations.
- EMS Staff should be familiar with the venue's fire and evacuation procedure

### **Emergency Management & Fire Evacuation**

In the unexpected event of an emergency evacuation EMS are to assist with evacuation and provide emergency medical treatment.

EMS is to undertake the following course of action:

- Direct patrons to the nearest fire exits in a clear and calm manner.
- Evacuate the building via the nearest emergency exit.
- If safe to do so, take essential medical equipment: first aid kit, medication kit, oxygen resuscitation kit and defibrillator.
- All EMS personnel are to assemble at the MGMCC
- Patrons not requiring medical assessment/treatment are to be directed to the appropriate exit point.
- Directions will be given by the EMS Medical Director and Event Operations Manager.

It is important EMS Staff are aware of key staff at the venue.

Event Management: Simon Coffey is the most senior event manager at the venue. Simon, or Craig De Vita or one of his site management team may be the designated event coordinator. The event management team is the primary point of contact for event management

issues, before, during and after an event.

**Security:**

ISEC Security (Peter Armstrong) is the primary contact for emergency operations.

The ISEC Security Manager oversees all emergency operations.

**Security Control:**

Security control coordinates all emergency operations in the venue.

Security can be contacted on the EOC radio, call sign 'control'

**Fire wardens (Deputy Chief Warden 'DCW'):**

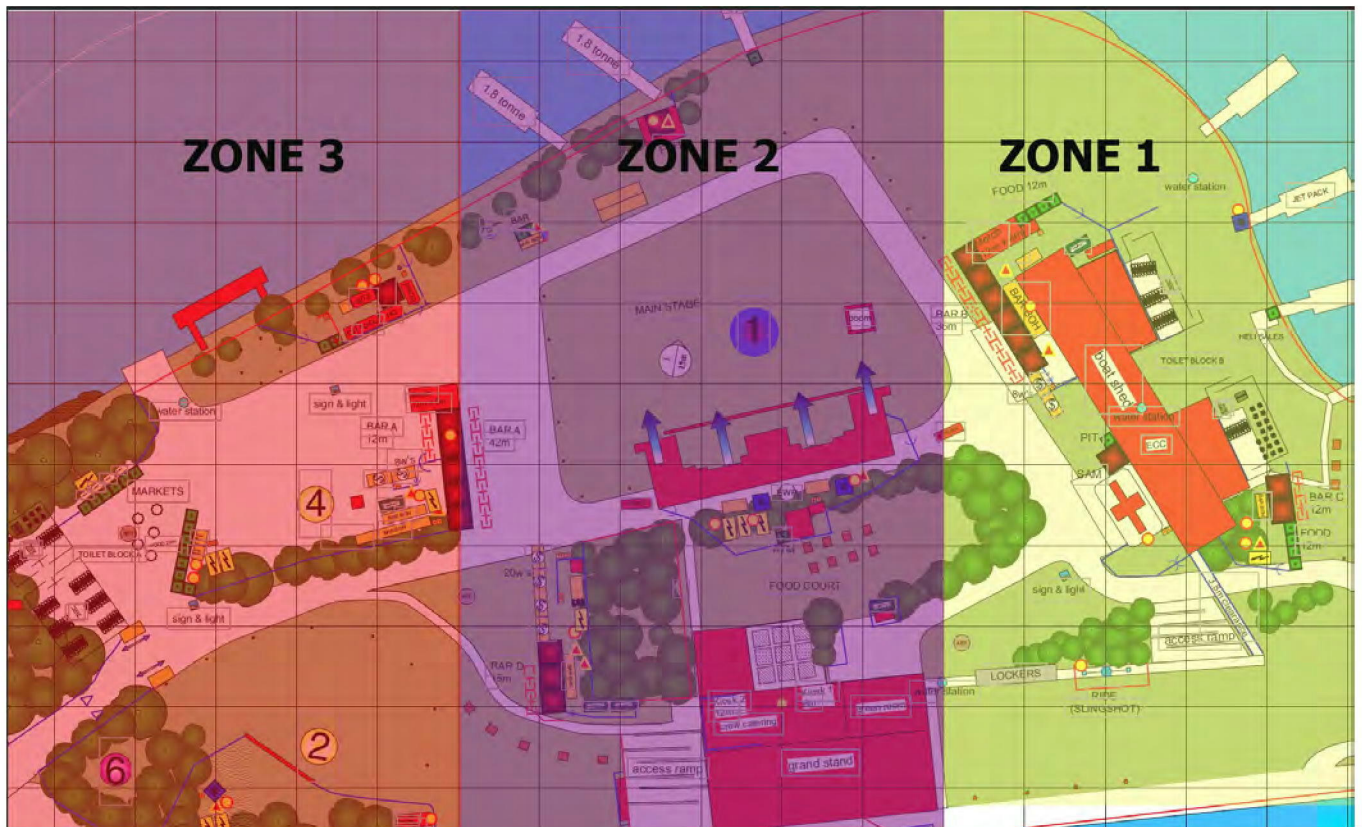
The fire wardens oversee and support all emergency teams in the Sydney Regatta Centre.

The fire warden will wear a black/blue and red shirt. The EMS Event Operations Manager should ask the security supervisor to introduce them to the Fire Warden for the night.

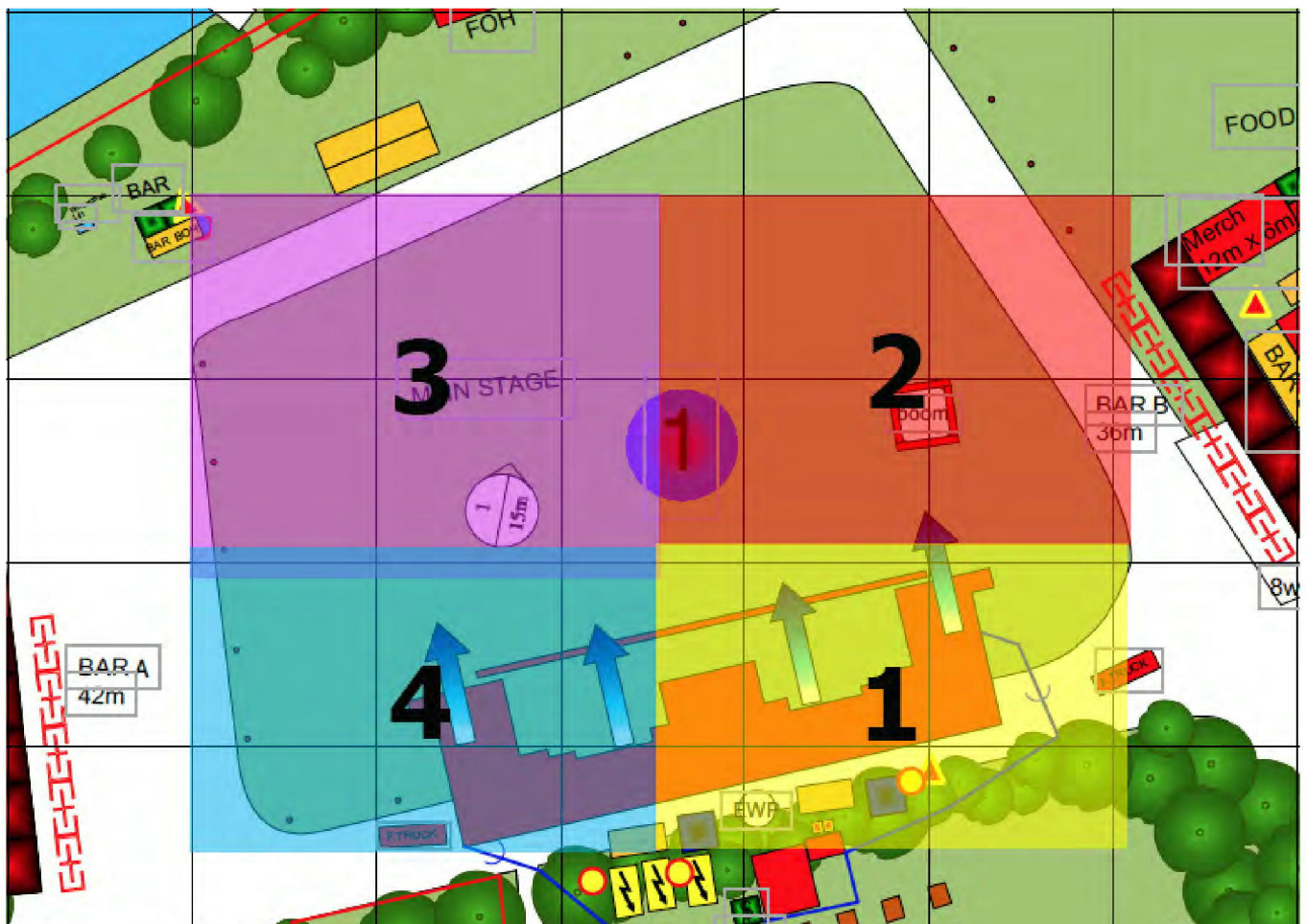
## 2.4 EMS Response Teams

- Response Teams are available to respond to incidents that occur away from a Medical post.
- Incident reports are expected through security, emergency services, event organisers, patrons and members of the public.
- Incidents reports received by Event Control will be given to the nearest available response team.
- The Post Supervisor of each post is responsible for ensuring teams are aware of their call sign and are familiar with EMS radio protocols.
- Teams should inform EMS Control of their status - on-site / off-site etc
- If a Post Supervisor dispatches a Team to an incident he/she is to advise Event Control.
- Where practical, teams should include a male and a female member. Response team are to be issued with torches and light up arm bands once it gets dark.
- To assist response squads to locate casualties, venue maps will be provided to each member as included in Appendix A.
- The main site will have 3 zones





- The main arena will be divided into 4 quadrants





## 2.5 NSW Ambulance

NSW Ambulance is to have two (2) ambulances on site, located on the southern end of the MGMCC Compound. Map Ref S9

NSW Ambulance will have a liaison in the Emergency Support and Operations Centre (ESOC) for the event located above the Boatshed to the rear of the MGMCC.

Requests for ambulance transport are to be made through EMS Liaison in the EOC, who will pass these to NSW Ambulance for action.



**NSWA access will be:**

Defqon 1 Music Festival  
Enter via McCarthy's Lane,  
off Castlereagh Road  
Penrith NSW  
Map Ref W11

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

Defqon 1 Music Festival  
Front Entry/Gate C  
Enter from Old Castlereagh Road  
Penrith NSW  
Map Ref C18

## 2.6 Event Casualty Management

Casualties are to be managed in accordance with EMS Event Medical Clinical Practice Guidelines and Protocols and Procedures. Male members should treat female casualties with another member or a member of the public present.

Casualties requiring extended periods of care should be transported back to a medical centre or post provided movement by EMS will not exacerbate the casualty's condition.

Intoxicated casualties, particularly those who are underage, should be managed with a friend of

the casualty present, if possible.

Attempts should be made to transport the casualty to the nearest Post or to the MGMCC, unless the casualty is in a condition where movement by EMS will worsen their condition (including suspected head or spinal injuries - stabilise - package - transport to MGMCC if in doubt, do not transport – request assistance).

Casualties who are likely to require extended care should be transported to the MGMCC or to hospital by ambulance as appropriate.

If translation services are required for treating a casualty from a non-English speaking background, contact the Health Translation Service on 13 14 50 (24 hrs).

## 2.7 Event Casualty Transport

- It is important that EMS Event Medical's internal casualty transport facilities are well utilised.
- This ensures appropriate use of resources and allows the MGMCC staff and ANSW to better utilise resources on-site.

Internal casualty transport can be done by:

- Folding stretcher to the nearest medical post,
- Patient Sheet to the nearest medical post,
- Rescue basket with spine protection to the nearest medical post
- Wheelchair to the nearest medical post,
- Stairchair to the nearest medical post,
- Medicab to the nearest medical post
- Using the EMS MALS or BSL Ambulance for transport to the MGMCC (if required)
- In addition, each post will have a carry sheet to assist in lifting and moving casualties.

Requests for internal casualty transport should be made to EMS Control.

- The request should include the age, gender and a brief description of the condition of the casualty.
- It should also indicate whether or not transport to the nearest post or MGMC is required.

New South Wales Ambulance is responsible for transporting all casualties from the venue that require hospital treatment, excluding casualties who make their own arrangements.

- Requests are to be made through Event Control. It is important that vehicle travel within

areas of the venue where patrons are moving is minimised.

NSWA access will be:

Defqon 1 Music Festival  
Enter via McCarthy's Lane,  
off Castlereagh Road  
Penrith NSW  
Map Ref W11

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

Defqon 1 Music Festival  
Front Entry/Gate C  
Enter from Old Castlereagh Road  
Penrith NSW  
Map Ref C18

### **EMS Event Medical Transport Procedure**

In the event of an emergency in the main site area - transport will be initially via rescue baskets, stretchers and wheelchairs, to a medicab then to the nearest medical post

If an internal transfer is required from Med 2 - MGMCC - then rescue baskets, and / or stretcher will be used - transfer will be through the northern container heading east around behind FOH to meet with the EMS Medicab in the North East Corner of the event site - or by direct carry straight to the MGMCC.

### **Special Note**

If a request is made for NSW Ambulance transport from MED2 the Emergency Management Plan will be evoked. This will see a partial closure of the access point to permit an Ambulance entry. Room will be allocated for the Ambulance to move freely and reverse into the MED2 emergency bay. For full details see Emergency Management Plan.

## **2.8 EMS Relationships with Other Organisations**

### **Medical providers:**

EMS Event Medical has been engaged as the medical provider for the event. They will undertake the initial response to patients within the event, except for aquatic responses. They will access patients within the event and transport back to the MGMCC for assessment and treatment.

NSW Police officers will be present at this event.

Should their assistance be required, contact Event Control who will pass the request to the NSW Police via the EMS liaison in the EOC.

ISEC security will be operating for this event and will be allocated precincts.

## **2.9 Event Demobilisation**

The event concludes at 2300 hrs on 17th September 2016

Closure of posts will occur when the crowd in the vicinity is negligible.

Posts should remain open until directed to close down by the EMS Medical Director.

The EMS Advance Crew supervised by the logistics manager will pick up the stores and equipment on the night.

Staff who are issued vests must return these to the Logistic Manager on the night at the conclusion of their shift.

Malfunctioning items should have a brief report attached and RED tape placed on the handle or around the item.

Team Leaders may allow staff to be stood down at their posts if prudent to do so.

EMS Staff are not required to return the Command Post prior to departure. However, it is important that you clock off in WHEN I WORK.

Team Leaders are responsible for ensuring this information from their staff if they elect to allow them to leave the venue from their post without returning to the Command Post.



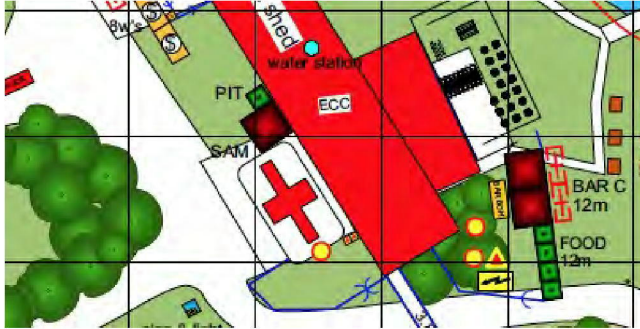

## 3.0 LOGISTICS AND ADMINISTRATION


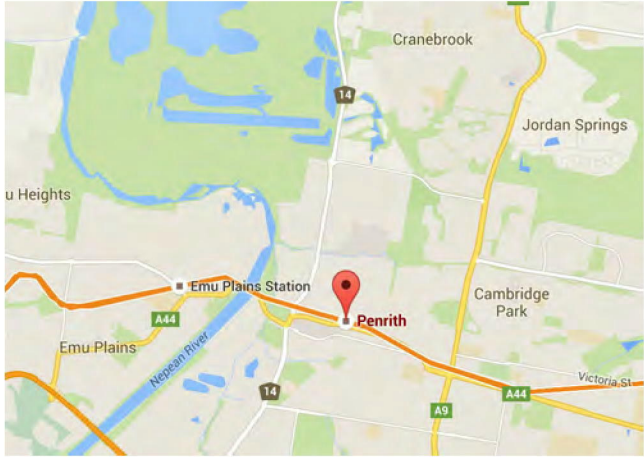
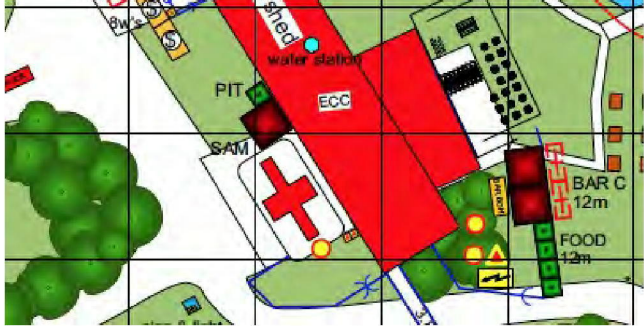
### 3.1 Tasks and Timetable

Date	Operational Times	Activity
17th September	0700 - 0800hrs	EMS Advance Team on site with MMC and MALS and Response 1
	2100 - 2330hrs	Event Medical Director, Command Vehicle, MMC & MALS on duty
	2100 - 2300hrs	Doctor, Paramedics, Liason, Scribe on duty
	2330hrs	Doctor, Paramedics, Liason, Scribe off site
	2400hrs	Event Medical Director, Command Vehicle, MMC & MALS off site



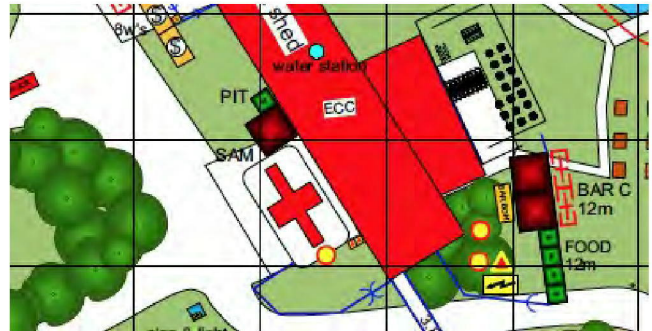
# EMS Event Medical Services - Resource Locations and Allocation:

Role/s	Location
1 EMS Event Medical Team	<p>MGMCC Map Ref S8</p> 
2 EMS MALS	<p>MGMCC Map ref S9</p> 

<p>3 EMS Medical Team 2</p>	<p>Med 2 Map ref H6</p> 
<p>5 EMS Response Vehicle 2</p>	<p>Penrith Station 0900-1400hrs ingress Penrith Station 1900-2400hrs egress @-33.7527443,150.6951262,12.83</p> 
<p>6 EMS Medicab</p>	<p>MGMCC Compound Map Ref S9</p> 

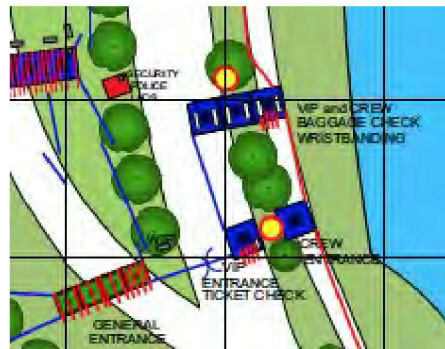
7 EMS Response Vehicle 1

MGMCC Compound  
Map Ref S9



8 EMS Mobile Medical Centre

Police Compound Main Entry Gate 1400-1830hrs  
Map Ref C18



<b>Details</b>		
<b>Equipment / Resources</b>		
<b>Name</b>	<b>Type of Vehicle</b>	<b>Vehicle Registration Number</b>
EMS Commander Vehicle Response 1	Black Nissan	EMSFR
EMS ALS Ambulance Advanced Life Support Vehicle	White Mercedes	CB 22 LO
EMS MMC Ambulance Mobile Medical Centre	White Mercedes	BT 69 VD
EMS Operations Vehicle Response 2	Silver Toyota Hilux	CV G9 1V

### 3.2 EMS Staff Qualifications

Role/s	Qualification	Specialist Qualifications
EMS Doctor	Bachelor of Medicine  General and Specialist Registration  Clinical Emergency Management Program Intermediate  Clinical Emergency Management Program Advanced Adult Emergency Trauma  Clinical Emergency Management Program Advanced Paediatric Emergencies	Event Medical Specialist
EMS Intensive Care Paramedic	Bachelors of Paramedical Practice  Advanced Diploma Paramedical Science  Diploma Paramedical Science	Mass Gathering Medicine Critical Care Specialist  Special Event Medical Specialist  ACLS
EMS Advanced Care Paramedic	Bachelors of Paramedical Practice  Advanced Diploma Paramedical Science  Diploma Paramedical Science	Mass Gathering Medicine Critical Care Specialist  Special Event Medical Specialist  ALS
EMS General Care Paramedic	Diploma Paramedical Science	Mass Gathering Medicine Certified  Special Event Medical Specialist  BLS



### 3.3 EMS Roles



**Command:**

All EMS Event Medical resources for Defqon1 will be under the direction of the EMS Event Medical - Medical Director.

NSW Ambulance will be the primary transport agency for taking patients from Event Medical posts to hospital.

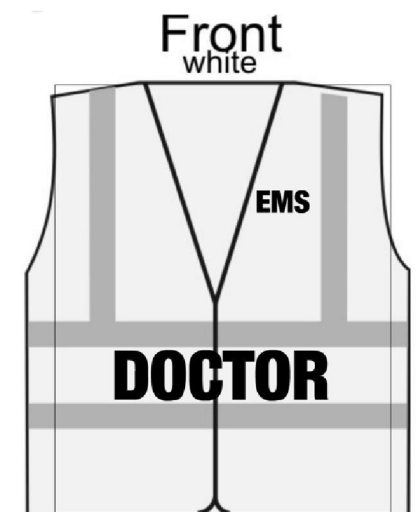
Requests for NSW Ambulance transport should be directed to the Event Medical Director who will coordinate the response through the EOC or triple Zero (000).



**Defqon1 EMS Event Medical Director:**

**Mike Hammond**

- Exercise overall command of EMS Event Medical Services resources and staff at the event.
- Maintain the functional command structure for Defqon1.



**Defqon1 EMS Event Doctors:**

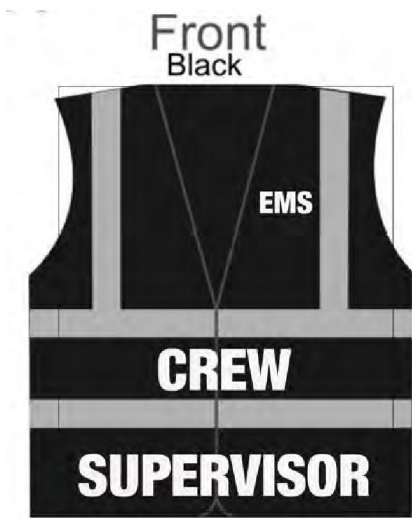
**Dr Katie Barnes & Dr Gurav Agrawal**

- Exercise overall command of EMS Event Medical resuscitation areas



**Defqon1 Medical Trauma Team Leader:  
BRAD GOODWIN**

- Exercise overall command of EMS Trauma Teams and NSW Ambulance resources at the event.
- Maintain the functional command structure



**EMS Event Operations Manager:  
TIM SCOTT**

- Conduct a pre-shift brief and a post shift debrief with the EMS event crew.
- Establish and maintain liaison with Ambulance New South Wales and other agencies as required.
- Advise the Event Control Centre of any escalating incidents or incidents that may impact upon the provision of services in accordance with escalation and notification procedures.
- In the event of a major incident, the Event Medical Commander is to escalate the incident to the Defqon1 Commander
- In consultation with ANSW and Control Centre, task ANSW event crews to transport patients to appropriate hospital facilities.
- Compile and maintain an operational log using E.V.E.N.T
- Provide situation reports (SitRep) through E.V.E.N.T hourly to the event organiser and the EMS ECC representative



## EMS Event Medical

### Paramedic crews

- Undertake pre-hospital treatment and all treatments as required in accordance with current EMS Event Medical policy and procedures.
- Must maintain radio contact with the Event Control Centre at all times.
- Respond as directed by the EMS Medical Director

Front  
Yellow



### EOC Liaison:

#### Daniel Oysten

- Report directly to EMS Medical Director and ANSW Forward Commander.
- Provide hourly SitReps to EMS Medical Director via phone.
- Act as a “conduit” for information to and from the event.
- Monitor event and report incidents that may impact on EMS operations.

Front  
Yellow



### EMS Scribe:

#### Virginia Hammond

- Report directly to EMS Medical Director
- Provide hourly SitReps to organiser
- Act as a “conduit” for information to and from the event.
- Monitor event and report incidents that may impact on EMS operations.
- Compile and maintain an operational log using E.V.E.N.T

## 3.4 EMS Capability Statement

EMS Event medical services will have the capability to provide through our Paramedics and Nurses:

- IV fluids, (Hartmans, Glucose + Saline (TKVO only)
- Advanced Airway Management,
- Basic Medications,
- Restricted Medications (up to and including S4's),
- Basic Suturing,
- ACLS,
- Cardiac Monitoring,
- 3/5/12 Lead ECG,
- Analgesia
- Chemical Patient Management.

### through EMS Doctor

- Restricted Medications (up to and including S8's)
- 
- Advanced Analgesia
- Intubation
- Tracheostomy
- Intraosseous administration
- Cricothyrotomy
- Advanced Suturing and Surgical



## Pharmacology Index

**EMS Event Medical / EMS First Response Pharmacology**

- 201 Adrenaline
- 202 Atropine
- 203 Calcium gluconate
- 205 Glucose gel
- 207 Frusemide
- 208 Glucagon
- 209 Glyceryl trinitrate (GTN)
- 211 Compound Sodium Lactate (Hartmann's)
- 212 Lignocaine
- 213 Metoclopramide (Maxalon)
- 215 Naloxone
- 216 Salbutamol
- 217 Sodium bicarbonate
- 218 Aspirin
- 219 Midazolam
- 220 Methoxyflurane
- 221 Oxygen
- 222 Paracetamol
- 223 Ipratropium bromide (Atrovent)
- 230 Ibuprofen (Nurofen)
- 233 Glucose 10%
- 234 Ondasetron
- 235 Fexofenadine (Telfast)
- 240 Sodium Chloride 0.9% (Normal Saline)



## 3.5 EMS Uniforms

### Uniform:

- EMS Shirts are to be worn whilst at the event.
- Response Teams will wear HI Vis Vests
- ID cards must be carried.
- Other standard PPE (including wet weather gear) will be carried and utilised as required.



## 3.6 Personal Belongings

Personal belongings should be kept to a minimum and stored in an EMS vehicle or secure location on-site.

There are safes in all vehicles see your team leader to access them as required.

## 3.7 Sustenance

- EMS Paramedics will be provided with meals for this event
- EMS will provide drinks
- There may be no access to food and beverage outlets during the event.
- EMS will provide tea and coffee.

### 3.8 E.V.E.N.T - Casualty Treatment Record

**Documentation:**

- A Clinical Record (CR) via E.V.E.N.T is required for attending this event. Case details will be given to the crew as allocated by the Control Centre.
- A separate Incident No. and CR are required for each patient treated and or transported following usual reporting processes.

New features added for 2016

- The EMS Whiteboard
- Tracking representations
- Tracking Nationality
- Tracking types of drugs being used at the event

**EMS E.V.E.N.T DASHBOARD**
8:46:55
Close File

EMS WHITEBOARD						Number of Presentations <span style="font-size: 24px; font-weight: bold;">332</span>	New Patient	
Time In	Patient Name	Priority	Location	Time Out	Discharged	Event Acuity Summary		Current Patient Record
14:43	Lennart Van Neerven	P5	Discharged	1238	Event	Total Low Acuity	301	<div style="font-size: 10px; text-align: center; margin-top: 5px;"> <b>EMS Event Medical Staff Listing</b>                      Event Details                      Event Contacts  <span style="border: 1px solid red; padding: 2px;">Hourly Update</span> </div>
17:32	Abbey Watts	P4	Discharged	1353	Event	Total High Acuity	18	
19:25	Simone Christiansen	P5	Discharged	1310	Event	Event Gender Summary		<div style="display: flex; justify-content: space-around;"> <span style="background-color: #007bff; color: white; padding: 2px 5px;">TRIAGE Ipad</span> <span style="background-color: #6f42c1; color: white; padding: 2px 5px;">TRIAGE Iphone</span> </div>
14:35	sandra sabou	P5	Discharged	1425	Event	Total Male	119	<div style="display: flex; justify-content: space-between;"> <div> <p><b>Summary Clinical Presentations</b></p> <p>Cardiac Episode Total <span style="color: red;">4</span></p> <p>Soft Tissue Injuries Total <span style="color: red;">14</span></p> <p>Trips Falls Total <span style="color: red;">7</span></p> <p>Drug Affected Total</p> <p>Alcohol Affected Total <span style="color: red;">1</span></p> <p>Asthma Total <span style="color: red;">10</span></p> <p>Anaphylaxis Total</p> <p>Cuts Scratches Total <span style="color: red;">15</span></p> <p>Wound Total <span style="color: red;">11</span></p> <p>Fracture Total <span style="color: red;">6</span></p> <p>Concussion Total <span style="color: red;">2</span></p> <p>Head Injury Total <span style="color: red;">1</span></p> <p>Sun/Heat Total <span style="color: red;">8</span></p> <p>Other Total <span style="color: red;">91</span></p> </div> </div>
18:34	Kien Vinh Tran	P5	Discharged	1442	Event	Total Female	204	
19:07	Hildegard CIESLIK	P5	Discharged	1441	Event			
19:58	Male Patient	P5	Discharged	1426	Event			
20:25	Purna Ukter	P5	Discharged	1505	Event			
20:40	Bora Jang	P5	Discharged	1515	Event			
20:26	Monica Torres	P5	Discharged	1515	Event			
20:45	Gehan Al-Jamash	P5	Discharged	1539	Event			
20:25	Sarah Mullen	P5	Discharged	1545	Event			
20:40	Farahnaz Hasani	P5	Discharged	1541	Event			
20:28	Lynne Cooper	P3	Discharged	1523	Event			
20:37	Christine Jeyarajh	P5	Discharged	1628	Home			
20:30	Plomens Manickathan	P5	Discharged	1603	Event			
21:00	Brock Turner	P5	Discharged	1610	Event			
20:50	Jessica Miller	P5	Discharged	1630	Event			
20:50	Sayed Hussainizada	P5	Discharged	1652	Event			
21:01	kerry mcosker	P5	Discharged	1705	Event			
21:15	Karen Peat	P5	Discharged	1730	Event			
21:24	Harriet Wichett	P5	Discharged	1720	Event			
21:15	Carmen Iacopetta	P5	Discharged	1750	Event			
20:20	ally yang	P5	Discharged	1810	Event			
21:03	Male	P5	Discharged	1748	Event			
21:02	Alicia Rimington	P5	Discharged	1827	Event			
21:04	Bora Jang	P5	Discharged	1805	Event			

# E.V.E.N.T

EMS Venue Events Notification Tool

## EMS Patient Records

Back NEW Forward

PCR # 1563

ALCOHOL AND OTHER DRUG USE

PRIVACY SCREEN

EMS Dashboard

Patient Record	Patient ID Scan	Baseline	Baseline 2	ECG	Oral Fluids	Medical Hx	Complaint	Allergies	Treatment RX	Outcome	Signature	Reports
----------------	-----------------	----------	------------	-----	-------------	------------	-----------	-----------	--------------	---------	-----------	---------

**Event Name** Atlantis Refused to provide details

**Time Stamp In**   **Time Out**   **Date Presented**  

**Casualty Name**   **Address**  

**DOB / Age**   **Phone**   **Gender** Male  Female

**Priority**  P1  P2  P3  P4  P5 Nationality  

P1 most serious

**Locations Profile**  Waiting Room  Treatment Area  Rescus Area  Holding Area  Discharged

**EVENT** Event Day  Non Event Day

**LOCATION** Event Site  Other

**DESIGNATION** Patron  Staff   
Staff Trust  Staff Contractor

**PRESENTATION** Call Out  Walk In

**ACUITY LEVEL** Low  High

**AGE GROUP** Adult  Child  Infant

**STATUS**

On Site  Police  
 Home  Security  
 Hospital  ANSW  
 Event  Decamped

This grey box must be completed  
NO EXCEPTIONS

Use number 1 only in fields

**Injury Classification**

<input type="checkbox"/> Anxiety	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Trips falls	<input type="checkbox"/> Cardiac episode	<input type="checkbox"/> Headache
<input type="checkbox"/> Asthma	<input type="checkbox"/> Wound	<input type="checkbox"/> Soft tissue	<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Back Pain
<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> ? Fracture	<input type="checkbox"/> Pre-Existing	<input type="checkbox"/> Sun Heat	<input type="checkbox"/>
<input type="checkbox"/> Dehydration	<input type="checkbox"/> Concussion	<input type="checkbox"/> Cuts / Scatches		

**Unclassified**   please place a number 1 in the box next to type of injury that has occurred

**Unclassified Details**  

**Representation**  

**Drugs**   Enter a number 1

**Drug Type**  

**ETOH**   Enter a number 1

8:38:47

MAIN SCREEN

Patient Photo

**Consent**  Given  Implied  Refused

Consent gives EMS permission to supply your Medical Records to a third party request



**E.V.E.N.T**  
EMS Venue Events Notification Tool

**EMS Patient Records**  
Back NEW Forward

Event Day Contacts, Cough, Privacy Screen, EMS Dashboard, PCR 1

Patient Record Patient ID Scan Baseline Baseline 2 Oral Fluids Medical Hx Complaint Allergies Treatment Outcome Signature Reports

**Known Allergies**

<input checked="" type="checkbox"/> Nil Known	<input type="checkbox"/> Bees	<input type="checkbox"/> Tomatoes	<input type="checkbox"/> Latex
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Spiders	<input type="checkbox"/> Strawberries	<input type="checkbox"/> Bananas
<input type="checkbox"/> Dust	<input type="checkbox"/> Wasps	<input type="checkbox"/> Seafood	<input type="checkbox"/> Other

**Other Allergies**

Nil Known

**Signs**

- Vomiting
- Diarrhea
- Stomach Cramp

**Skin**

- Hot  Diaph  Pale  Hives
- Cool  Cyan  Flushed

**Oedema**

- Face  Lips  Generalised
- Eyes  Tongue

# E.V.E.N.T

EMS Venue Events Notification Tool

**PCR**  
**1**

## EMS Patient Records

Back    NEW    Forward

PRIVACY SCREEN

EMS Dashboard

Patient Record

Patient ID Scan

Baseline

Baseline 2

Oral Fluids

Medical Hx

Complaint

Allergies

Treatment

Outcome

Signature

Reports

Time Stamp Initial	Time Stamp Secondary	Time Stamp Trending 1	Time Stamp Trending 2	Time Stamp Trending 3
10:22	10:30			
<b>INITIAL</b>	<b>SECONDARY</b>	<b>TRENDING DATA</b>	<b>TRENDING DATA</b>	<b>TRENDING DATA</b>
BP    89/45	BP 2    145/76	BP T1 <input type="text"/>	BP T2 <input type="text"/>	BP T3 <input type="text"/>
Heart Rate    120	Heart Rate 2    88	Heart R T1 <input type="text"/>	Heart R T2 <input type="text"/>	Heart R T3 <input type="text"/>
SPO2    98%	SPO2 2    98%	SPO2 T1 <input type="text"/>	SPO2 T2 <input type="text"/>	SPO2 T3 <input type="text"/>
BSL    4.4	BSL 2    4.6	BSL T1 <input type="text"/>	BSL T2 <input type="text"/>	BSL T3 <input type="text"/>
Resps    16	Resps 2    18	Resps T1 <input type="text"/>	Resps T2 <input type="text"/>	Resps T3 <input type="text"/>
Temp    37	Temp 2    37	Temp T1 <input type="text"/>	Temp T2 <input type="text"/>	Temp T3 <input type="text"/>

Trending notes



The screenshot displays the E.V.E.N.T. (EMS Venue Events Notification Tool) interface. At the top, there is a navigation bar with various icons for functions like 'Event Day Contacts', 'Google', and 'Alcohol and Other Drug Use'. The main title 'E.V.E.N.T.' is prominently displayed, followed by 'EMS Patient Records'. Below this, there are navigation buttons for 'Back', 'NEW', and 'Forward', along with a 'PRIVACY SCREEN' button. A sidebar on the right shows 'PCR 1' and an 'EMS Dashboard' button. The main content area is divided into several sections: a top navigation menu with tabs like 'Patient Record', 'Patient ID Scan', 'Baseline', 'Baseline 2', 'Oral Fluids', 'Medical Hx', 'Complaint', 'Allergies', 'Treatment', 'Outcome', 'Signature', and 'Reports'; a 'Baseline 2' form with fields for 'Airway Clear?' (Yes/No), 'Respirations' (Laboured, Increased, Decreased), 'Breath Sounds' (Wheezing, Crackles, Rhonci, Moist, Absent), 'Pain' (1-10 scale), 'Eyes' (Fixed, Dilated, Equal, Unequal), 'Eyes Unequal' (Left fixed, Right Fixed), 'Eye Size' (1-8), and 'Glasgow Coma Scale Total' (E, V, M); a 'Current Meds' section with a text input field containing 'Venotilin'; a 'Notes' section with a text input field; and a 'Last Meal' and 'Last Drink' section with dropdown menus. A stethoscope icon is also visible on the right side of the form area.

**E.V.E.N.T.**  
EMS Venue Events Notification Tool

**EMS Patient Records**  
Back NEW Forward

Event Day Contacts Google

PRIVACY SCREEN

EMS Dashboard

PCR 1

Alcohol and Other Drug Use

Patient Record Patient ID Scan Baseline Baseline 2 Oral Fluids Medical Hx Complaint Allergies Treatment Outcome Signature Reports

Name of Treating Person M Hammond ACP

Designation Senior Paramedic

Signature of Treating Person

**E.V.E.N.T**  
EMS Venue Events Notification Tool

**EMS Patient Records**  
Back NEW Forward

PRIVACY SCREEN

PCR 1

EMS Dashboard

Patient Record Patient ID Scan Baseline Baseline 2 Oral Fluids Medical Hx Complaint Allergies Treatment Outcome Signature Reports

### EMS E.V.E.N.T Reports

Detailed Event Information

Event Report

Search for hospital

Event E-Message

EMS Quick Notes

**IMIST-AMBO**

AMBULANCE SERVICE OF NEW SOUTH WALES

Police

Transported by ANSW

ANSW Vehicle Number

Destination Hospital

**E.V.E.N.T**  
EMS Venue Events Notification Tool

**EMS Patient Records**  
Back NEW Forward

PRIVACY SCREEN

PCR 1

EMS Dashboard

Patient Record Patient ID Scan Baseline Baseline 2 Oral Fluids Medical Hx Complaint Allergies Treatment Outcome Signature Reports

**Outcome - where did the casualty go**

**Discharged**

- Home with Friend
- Home with Family
- Hospital by ANSW  0
- Hospital by Friend Family
- Back to Event  1
- Discharged to Police

Transported by ANSW  Please indicate Yes or No

ANSW Vehicle Number

Transferred to

time discharged to Police

Property Log

Emergency Contact Details

## 3.8.1 Privacy & Records

### Privacy and Records

All patients treated by EMS Event Medical staff will have an individual patient record completed via the E.V.E.N.T System. 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 EMS Event Medical Director 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 further care of a patient. These reports are issued through E.V.E.N.T.

There is a separate report available for Police and is available from the BLUE tray at triage reception

There is a separate report available for Ambulance and is available from the YELLOW tray at triage reception

If for reasons of legal or other justifiable purpose, access to individual clinical records is deemed necessary an application must be made to the EMS Event Medical Director of EMS Event Medical.

EMS Event Medical complies with respective Australian Privacy Regulations and has privacy policies in place.


All PCR's are stored in E.V.E.N.T and contain ID and copies of ECG's etc.

## 3.8.2 Post Event Report

### Post Event Report:



The EMS Medical Director will provide a Post Event Report to Event Planning and the organiser within three days of the event.





**Post Event Medical Report**  
**Defqon1**  
**Sydney Regatta Centre**  
17<sup>th</sup> September 2016

**EMS Event Medical**  
Report generated by information  
Captured by EMS E.V.E.N.T Software



### **3.9 EMS Event Medical Security of Medications & Drugs**

- All posts will be provided with drugs listed on the EMS Event Medical Services TGA license.
- These drugs are stored in a lock up
- These drugs are to be accessed from the drug safe by the Post Triage Nurse only (they are the only person other than the Medical Director who have a key)
- Drugs are to be checked by 2 persons prior to issue as per CPG's
- At the conclusion of the duty these drugs are to be returned to the Command Post and signed back to the Medical Director.



## 4.0 COMMAND AND COMMUNICATION

### 4.1 Control

EMS Head Office		02 46477726
EMS Event Medical Director	Mike Hammond RN ACP	0415100089
EMS Trauma Team Leader	Brad Goodwin ICP	0408 656763
EMS Event Operations Manager	Tim Scott	0433 629572
EMS Logistic Manager	Jason Lane	0433 804494
Q Dance	Simon Coffey	0434 001888
Site	Craig Da Vita	0404 995625
ISEC Security	Peter Armstrong	0414 425967

#### 4.1.1 Event Control Unit

##### Event Operations Centre (EOC)

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

- EMS Event Medical Coordinator,

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

An on-site radio network will be established, comprising

- Site
- Production
- Security
- Bars
- Medical

All response to incidents will be co-ordinated by the EMS Event Medical 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.

- The event control unit for this event is EVENT CONTROL contacted through the EOC
- Emergency On the Day– contact phone: 0415100089.
- This unit will be operational from approximately 0800 to 2400 on the day

## 4.1.2 Channel Allocation

All event crews are required to operate on radio channel

EMS has a back up Satellite Phone for emergency use.

**Satellite Phone: 0011 8707 7673 2223**

### 4.1.2.1 EMS Radio Channels

Channel	Frequency
EMS Medical CH1	471.9125 MHZ T-CTCS 114.8 HZ R-CTCS 114.8HZ
EMS Internal CH2	510.0000 MHZ no side tone (back channel EMS Staff only)
Site EOC	Not disclosed


### **4.1.3 Coverage and Technical Difficulties**

Site testing has been conducted and no coverage difficulties are anticipated.

EMS Staff are reminded not to rely on commercial mobile phone networks.

## **4.2 Call Taking and Dispatch**

### **4.2.1 Assistance Requests**

Requests are to be communicated to the Event control and will come from:

- Forward Command/Event Operations Centre (EOC)
- Field generated events
- The Public

### **4.2.2 Documentation**

The EMS Event Medical Radio Log system E.V.E.N.T will be used.

Resource allocation is to be made in accordance with current EMS Policies.

Deviations from these policies requires the authorization of the event medical director or the EMS Event clinical coordinator.

Radio Log updated Feb 2016



**E.R.L.T.**  
EMS RADIO LOGGING TOOL

Event Atlantis

Record Number 11

8:43:18

Close File

Current Date [ ] On Scene [ ] Received By [ ] Current Operator [ ]  
 Current time [ ] Actioned By [ ]

**Record TX RX**

**Call From**

- Event Control
- Event Organiser
- Security
- Police
- Guest
- EMS Staff
- Other

**Nature of Call**

- Advice on Event
- Information Request
- EMS Call Out
- Consultation

**Team**

- Deployed
- On Hold
- Stand Down

**Which Team Allocated** [ ]

**Current Location of Casualty** [ ] (Grid Reference)

**Sex**

- M
- F
- Unknown

**Are they Actively Bleeding**

- Yes
- No
- Unknown

**Have they Vomitted**

- Yes
- No
- Unknown

**Is the Casualty Conscious**

- Yes
- No
- Unknown

**Is the Casualty Breathing**

- Yes
- No
- Unknown

**Is Breathing Normal**

- Yes
- No
- Unknown

**Medical Teams** | **Team Allocation** | **Narrative** | **Quick Notes** | **Job Completed**

**Drugs**

- Yes
- No
- Unknown

**Alcohol**

- Yes
- No
- Unknown

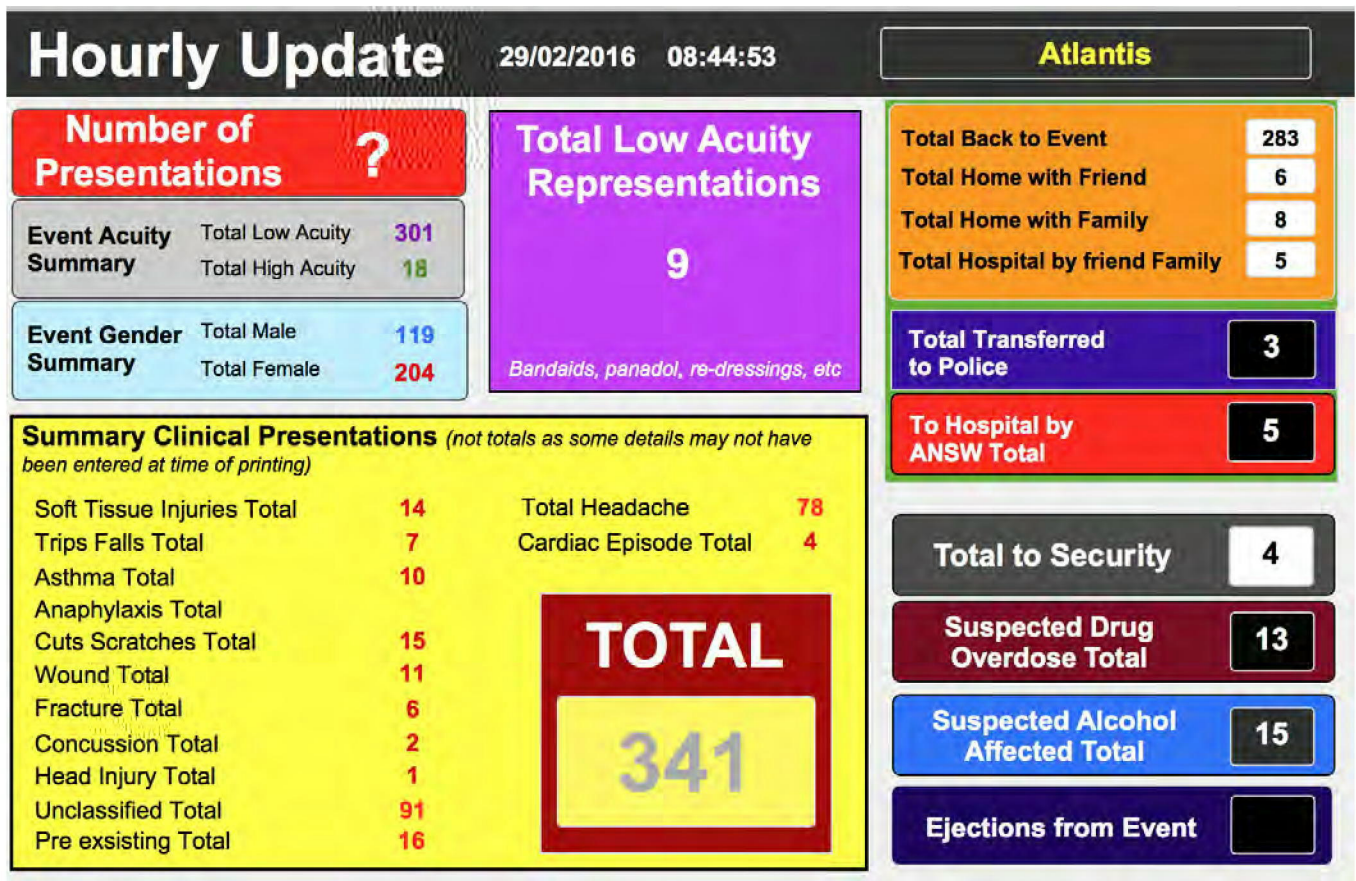
### 4.2.3 Situation Reports

EMS Response teams must provide a situation report within 30 seconds of arriving at a casualty or location to which they have responded.

Hourly Sit-Rep's will be produced automatically through E.V.E.N.T Software.

Shows everything you could want to know. These will be sent to a pre-determined email list.

Updated January 2016 - SAMPLE BELOW NOT ACTUAL



### 4.2.4 Radio Traffic Management

All Operational traffic takes priority over administrative/logistics requests and operational summaries.

### 4.2.5 Operational Summaries

Cumulative numbers of:

- casualties treated;
- casualties transported via ambulance;
- self-help requests fulfilled;
- types of injuries

are provided to the event control unit every hour, or upon request. Final casualty figures and ambulance/casualty report details must be provided to the event control unit upon completion of the event.

Medical Reports will be supplied with in 3 days of the completion of the event.

## 4.3 Call Sign Allocation

### 4.3.1 Command

### 4.3.2 Event Command Personnel

Designation	Name	Call Sign
EMS Medical Director	Mike Hammond RN ACP MGMCCS	X Ray
EMS Assistant Medical Director	Kris Wallace Paramedic	X Ray2
EMS Doctor 1	Dr Barnes	Doc1
EMS Doctor 2	Dr Agrawal	Doc2
EMS Trauma Team Leader	Brad Goodwin ICP MGMCCS	Trauma1
EMS Event Operations Commander	Tim Scott P	Ops1
EMS Logistic Manager	Jason Lane P	Jay1
EMS EOC Liasion	Daniel Oysten	EOC
EMS Response Team Leader		Response1
Organiser	Simon Coffey	DB1
Event Security Manager	Security	Secops1
Site Manager		Site1
EMS Medicab	Neil Henwood	Medi1

### 4.3.3 Clinical Coordinators

Designation	
MGM Casualty Centre Supervisor (MGMCC)	Ops1
Triage 1	Triage1
Medical Centre Two (MED2)	Super2

Triage 2	Triage2

### 4.3.4 EMS Response Teams

Team Allocation	Location	Call Sign
<b>Rescue One</b>		
Paramedic	As Required	Rescue1
Paramedic		
<b>Response One</b>		
Paramedic	Main Arena	Response1
Paramedic		
<b>Response Two</b>		
Paramedic	Main Arena	Response2
Paramedic		
<b>Response Three</b>		
Paramedic	Main Arena	Response3
Paramedic		
<b>Stages</b>		
	Stage 2, 3, 4	
	Stage 4, 5 ,6	

### 4.3.5 EMS Support Vehicles

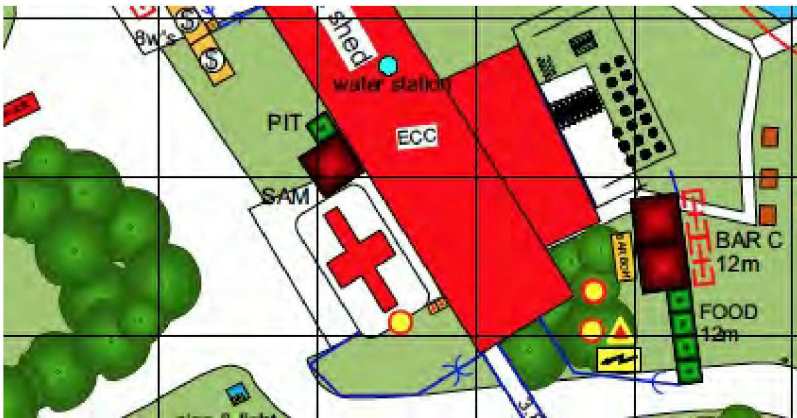
	Location	Call Sign
EMS Mobile Advanced Life Support	MGMCC	MALS1
EMS Mobile Medical Centre	Gate A	MMC1

EMS Response Vehicle 1	MGMCC	Response 1
EMS Response Vehicle 2	Penrith Station	Response 2

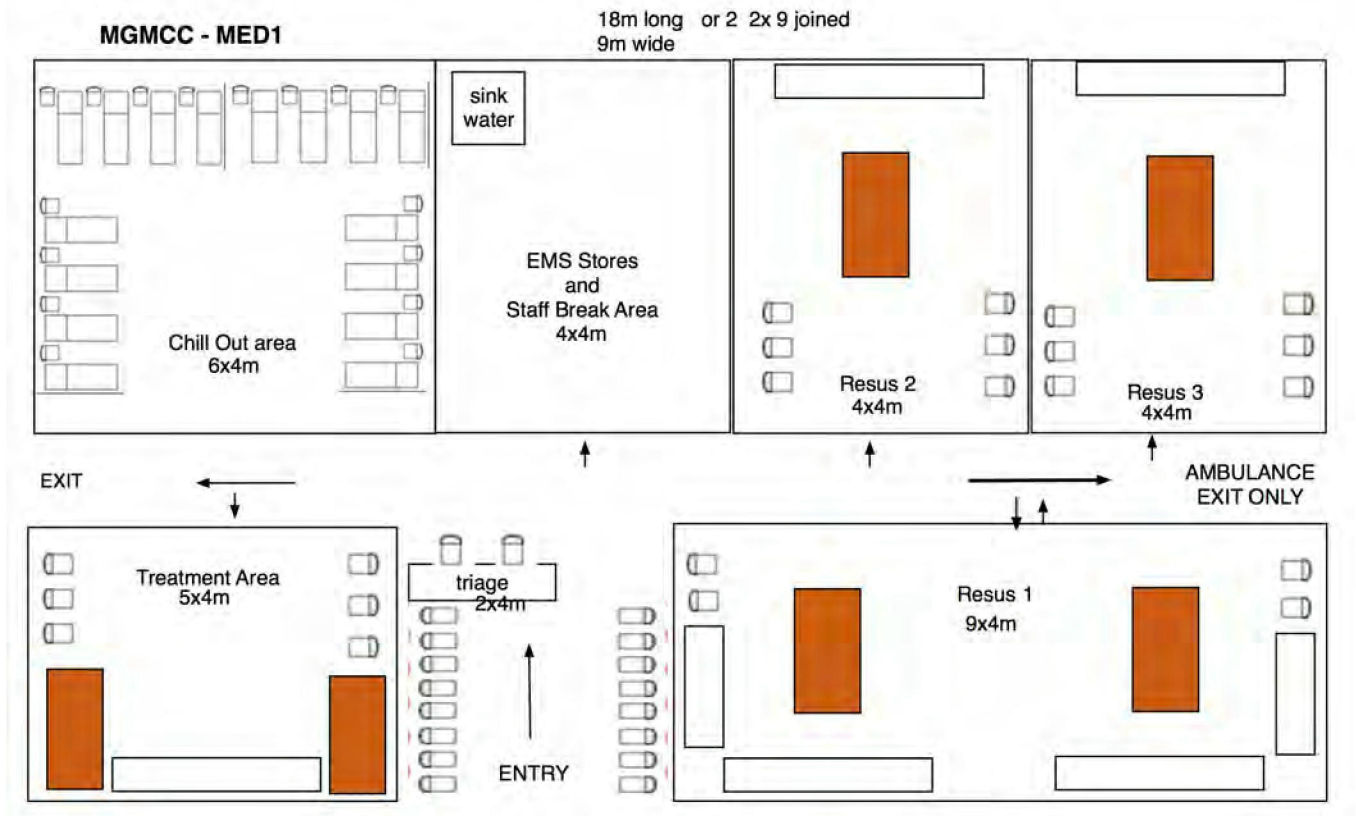
### 4.3.6 Call Signs by Post

#### 4.3.6.1 Medical 1 - MGMCC Main Medical Centre

Designation	Call Sign
Mass Gathering Medicine Casualty Centre	Medical1



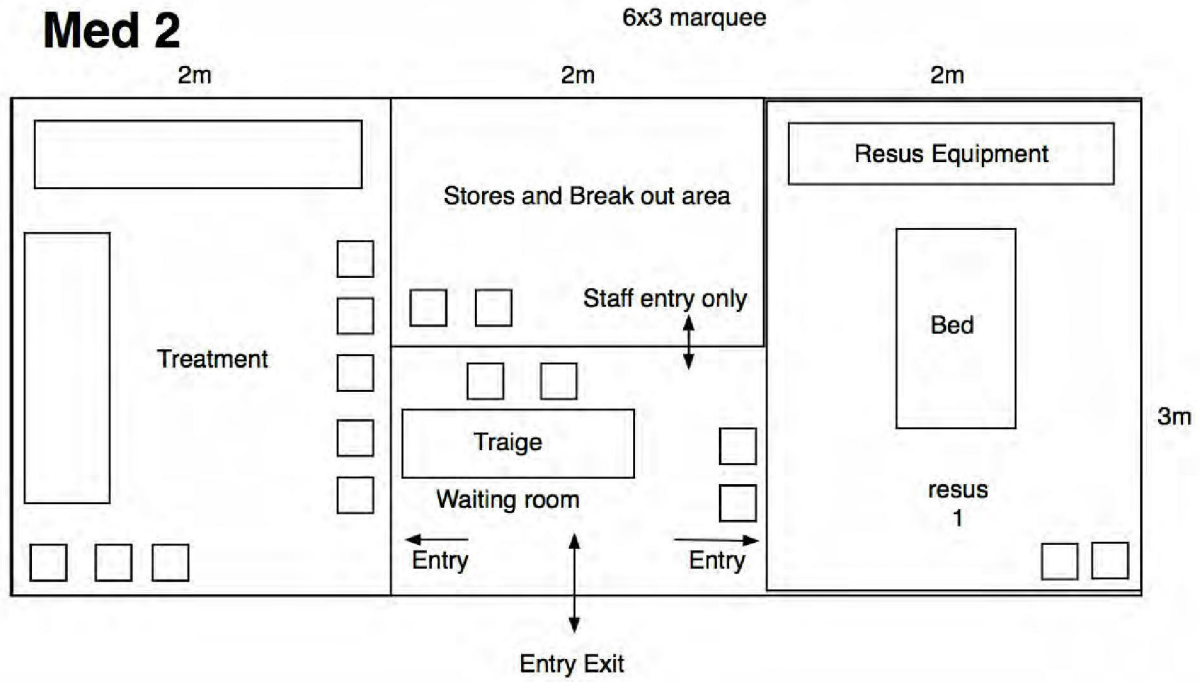




### 4.3.6.2 Medical 2 -

Designation	Call Sign
Medical Triage/Treatment Station	Medical2





## 4.4 External Communications

The primary means of communication between EMS Event Medical Services and other agencies will be through the Event Operations Centre (EOC) located on site.

EMS Event Medical Services may be contacted by attending a medical post or by contacting the Operations Centre who will radio through to EOC.

If EMS Staff need to contact other agencies at the event this should be done so through EMS Control 0415100089.

### 4.4.1 Communications with Organiser

Name	Organisation	Phone Number
Simon	Q Dance	

## 4.4.2 Ambulance transport requests

Requests for Ambulance transports are to be made through the EVENT CONTROL.

Requests are not to be made directly to '000'.

This also allows EMS to liaise directly with the NSW Ambulance Forward Commander

EMS Event Medical will book all ambulances through the EOC.

Ambulance requests should include the casualty's age, sex and condition/injuries. The net control unit will keep a log of ambulance transport requests.

## 4.5 Staff & Public information

This is a major event in Sydney and it is important that the image of EMS Event Medical and its staff needs to be preserved.

EMS Staff are expected to be courteous and helpful to the public at all times.

EMS Staff should be familiar with the following, to assist the public if required.

- toilets
- automatic teller machines
- telephones
- lost property
- lost children
- taxi arrangements
- event information
- access routes
- EMS Education & Training CPR & First Aid Courses

### **Lost Property**

For lost property, members of the public should be directed a police officer.

### **Lost Child**

If a lost child arrives at a medical post, take him/her to the triage Nurse who will notify event control who will contact the NSW Police.

## 4.6 Media Inquiries

All media inquiries are to be reported to the EMS Event Medical Director only.



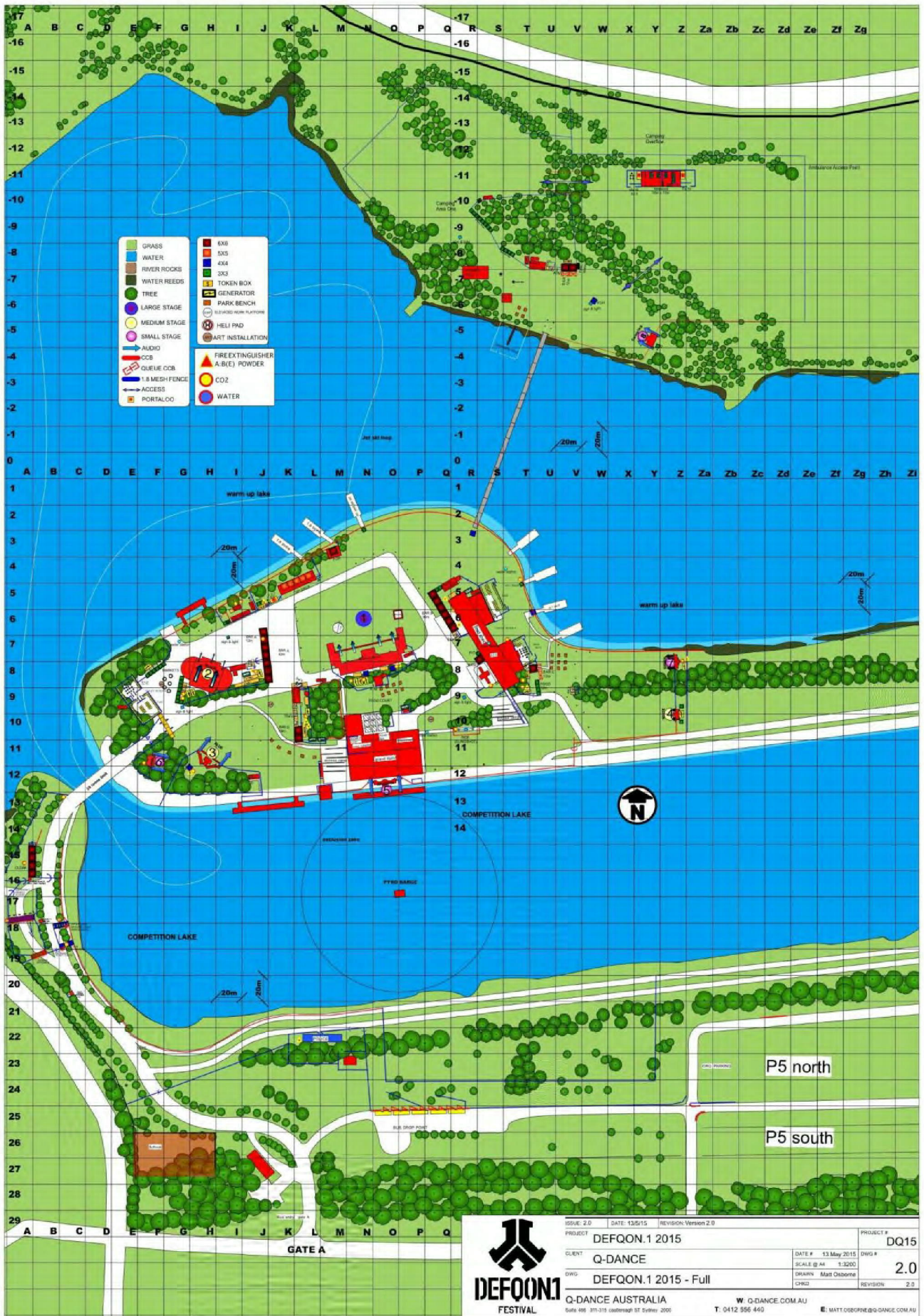
# ABBREVIATIONS

Abbreviation	Meaning
ACLS	Advanced Cardiac Life Support
ACP	Advanced Care Paramedic
ALS	Advanced Life Support
ANSW	Ambulance New South wales
BLS	Basic Life Support
CCC	Critical Care Certified
EMS	Event Medical
CCS	Critical Care Specialist
EOC	Emergency Operations Centre
ICP	Intensive Care Paramedic
MALS	Mobile Advanced Life Support
MMC	Mobile Medical Centre
MCI	Mass Casualty incident
MGM	Mass Gathering Medicine
RN	Registered Nurse



# Appendix A

## Site Map



# Appendix B

## Medical Risk Classification Tool

The primary purpose of this tool is to determine the specific medical risks, the location and medical resources available to the public, and determines the level of medical planning required for an event, and the need for a medical intervention plan for an event.

Category	Grouping / Allocation	Event Score
Event Description	Cat 7 - Hard Style Event 20	20
Number of people	>10000 - 50000 8	8
Type of people attending	Over 18's 5	6
Age group	Over 18's 5	5
Event location / Confinement	Outside - confined area 2	3
Available Health Resources	Tertiary Hospitals 1	1
Distance to Local Health Resources	< 10 kms 1	1
Time to Health Resources	< 30min 1	1
Duration of event	12 – 24 hours 5	5
Weather	Weather Low 2	2
Alcohol	Readily available 4	4
Time of event	All Day 4	3
Season of event	Spring / Autumn 1	1
Possibility of Drugs	Possible 2	4
Possibility of Seriuos Injury	No = 2	2
	<b>Total Score</b>	<b>66</b>





## Medical Risk Categories

Based on the 'Event Scoring' column total in the Medical Risk Classification Tool.

**Low < 13**

**Medium 14 – 49**

**High 50 - 85**

**Extreme 86 +**

# Risk Response

The risk response approach adopted involves:

Ensuring resources are available for all patient types with a high likelihood of occurrence;  
Ensuring that there is a planned response to severe patient types (even with a low likelihood of occurrence); and

Having a contingency response in place for other low or medium risk patient types.

Members are to follow standard Event Medical Services patient management protocols for all patient types, and use NSW Ambulance resources as appropriate.

Patient types	Likelihood	Consequence	Risk	Response
Blisters and headaches	Almost	Insignificant	Low	Resources available at posts – planned response
Lacerations/abrasions	Almost	Insignificant	Low	Resources available at posts – planned response
Sunburn	Almost	Insignificant	Low	Resources available at posts – planned response
Asthma (mild)	Almost	Minor	Medium	Resources available at posts – planned response
Nausea/vomiting	Almost	Minor	Medium	Resources available at posts – planned response
Sprain/strain	Almost	Minor	Medium	Resources available at posts – planned response
Substance abuse (no LOC)	Almost	Minor	Medium	Resources available at posts – planned response
Intoxication	Almost	Moderate	High	Initial management by EMS Patrols, transport to EMS posts
Faint	Likely	Minor	Low	Resources available at posts – planned response
Nose bleed	Likely	Insignificant	Very Low	Resources available at posts – planned response
Heat exhaustion	Likely	Minor	Low	Resources available at posts – planned response
Severe bleeding	Likely	Moderate	Medium	Resources available at posts – planned response
Emotional distress	Moderate	Minor	Low	Resources available at posts and with EMS Patrols – planned response
Burn	Moderate	Minor	Low	Resources available at posts and with EMS Patrols – planned response
Dislocation	Moderate	Minor	Low	Resources available at posts and with EMS Patrols – planned response
Fracture	Moderate	Moderate	Medium	Initial management by EMS, refer to hospital by ambulance
Drug overdose (LOC)	Moderate	Major	Medium	Initial management by EMS, refer to hospital by ambulance if required
Head/spinal injury	Moderate	Major	Medium	Initial management by EMS, refer to hospital by ambulance
Bite/sting	Unlikely	Minor	Very low	Resources available at posts – planned response
Chest pain (likely cardiac)	Unlikely	Major	Low	Initial management by EMS, refer to hospital by ambulance if required
Eye injury	Unlikely	Minor	Very Low	Resources available at posts – planned response
Major (multiple) trauma	Unlikely	Major	Low	Initial management by EMS/MGM, triage procedures to be followed, NSW Ambulance to be contacted
Shock	Unlikely	Major	Low	Initial management by EMS, transport to post
Stroke/TIA	Unlikely	Major	Low	Initial management by EMS, refer to hospital by ambulance
Abdominal pain	Unlikely	Moderate	Low	Resources available at posts – planned response
Breathing difficulty	Unlikely	Moderate	Low	Resources available at posts and with Patrols – planned response
Chest/abdominal injury	Unlikely	Moderate	Low	Resources available at posts – planned response
Diabetes	Unlikely	Moderate	Low	Resources available at posts – planned response
Heat stroke	Unlikely	Moderate	Low	Resources available at posts and with Patrols – planned response, ambulance response
Seizure	Unlikely	Moderate	Low	Resources available at posts and with Patrols – planned response
Sexual assault	Rare	Moderate	Low	Initial management by EMS Nurses, then Police, NSW Ambulance to be called
Cardiac arrest	Rare	Catastrophic	Low	Response Teams with Zoll M Series or AEDs, MGM Team to respond contact ambulance

## Measure of Consequences (event safety)

Consequence	Description
Catastrophic	Multiple deaths
Major	Single death
Moderate	Injury requiring hospitalisation
Minor	Injury requiring medical treatment
Insignificant	Injury requiring first aid



# Event Safety Risk Management

<b>Event Safety Risk Management</b>					
<b>Hazard</b>	<b>Likelihood</b>	<b>Consequences</b>	<b>Risk</b>	<b>Risk Treatment</b>	<b>Prevention / Contingency action</b>
Patient falling	Moderate	Minor	Low	Reduce likelihood	<ul style="list-style-type: none"> <li>Patients to be secured on carry chairs and stretchers while being transported</li> </ul>
Infection from body	Unlikely	Moderate	Low	Retain	<ul style="list-style-type: none"> <li>EMS infection control procedures to be followed</li> </ul>
Manual handling injuries	Moderate	Moderate	Low	Reduce likelihood	<ul style="list-style-type: none"> <li>Members to use transport vehicles and carry chairs/wheelchairs for patient transport where possible.</li> <li>Four people are to be used to carry patients on folding stretchers</li> </ul>
Needle stick injury	Unlikely	Moderate	Low	Reduce likelihood	<ul style="list-style-type: none"> <li>EMS infection control procedures to be followed</li> <li>Needle stick injury hotline to be called.</li> </ul>
Trips/falls	Moderate	Minor	Low	Reduce likelihood	<ul style="list-style-type: none"> <li>Team leaders to ensure no trip hazards exist around Medical posts</li> </ul>
Violent/aggressive persons	Unlikely	Minor	Low	Reduce likelihood	<ul style="list-style-type: none"> <li>EMS Members to work in pairs.</li> <li>EMS Members to avoid areas with aggressive or uncooperative patrons and approach intoxicated substance abuse patrons with caution.</li> <li>Police to be called if a patient becomes uncooperative.</li> <li>If assaulted, member to receive appropriate first aid/medical treatment and counselling/support of member by Deputy Commander</li> </ul>
Post-traumatic stress	Rare	Moderate	Very low	Reduce consequences	<ul style="list-style-type: none"> <li>EMS Critical Care Mass Gathering Incident Procedures to be followed.</li> </ul>

### Risk Treatment Options:

<b>Treatment</b>	<b>Meaning</b>
Avoid the risk	<ul style="list-style-type: none"> <li>Avoid proceeding with the activity likely to generate risk</li> </ul>
Reduce likelihood	<ul style="list-style-type: none"> <li>Modify hazard to reduce the likelihood of occurrence</li> </ul>
Reduce consequence	<ul style="list-style-type: none"> <li>Modify susceptibility and/or increase resilience to reduce consequence of occurrence</li> </ul>
Transfer	<ul style="list-style-type: none"> <li>Cause another party to bear or share the risk</li> </ul>
Retain	<ul style="list-style-type: none"> <li>Accept the risk and plan to manage its consequences</li> </ul>

Source: "Emergency Risk Management – Applications Guide", Emergency Management Australia

### Risk Level Matrix

	<b>CONSEQUENCES</b>				
<b>LIKELIHOOD</b>	<b>Catastrophic</b>	<b>Major</b>	<b>Moderate</b>	<b>Minor</b>	<b>Insignificant</b>
<b>Almost Certain</b>	Critical	Critical	High	Medium	Low
<b>Likely</b>	Critical	High	Medium	Low	Very Low
<b>Moderate</b>	High	Medium	Medium	Low	Very Low
<b>Unlikely</b>	Medium	Low	Low	Very Low	Very Low
<b>Rare</b>	Low	Very Low	Very Low	Very Low	Very Low

### Measure of Consequences

<b>Consequence</b>	<b>Description</b>
Catastrophic	<ul style="list-style-type: none"> <li>Totally impair/disrupt EMS operations</li> </ul>
Major	<ul style="list-style-type: none"> <li>Significantly impair/disrupt EMS operations</li> </ul>
Moderate	<ul style="list-style-type: none"> <li>Impair EMS operations</li> </ul>
Minor	<ul style="list-style-type: none"> <li>Some impairment to EMS operations</li> </ul>
Insignificant	<ul style="list-style-type: none"> <li>No impairment to EMS operations</li> </ul>

**Measure of Likelihood:**

<b>Likelihood</b>	<b>Description</b>
<b>Almost Certain</b>	<i>The incident is expected to occur more than once during the event</i>
<b>Likely</b>	<i>The incident will probably occur once during the event</i>
<b>Moderate</b>	<i>The incident may occur once during the event</i>
<b>Unlikely</b>	<i>The incident is unlikely to occur during the event</i>
<b>Rare</b>	<i>The incident could occur during the event in exceptional circumstances</i>

<b>Activity</b>	<b>Likelihood</b>	<b>Consequences</b>	<b>Risk</b>	<b>Risk Treatment</b>	<b>Prevention / Contingency action</b>
<i>Crowd crush</i>	<i>Unlikely</i>	<i>Major</i>	<i>Low</i>	<i>Transfer, Retain</i>	<ul style="list-style-type: none"> <li>* Organiser, security and Police to manage in accordance with crowd management plans.</li> <li>* Members to follow standard patient management protocols when scene is declared safe by Police</li> <li>* If multiple patients, triage procedures to be followed, additional resources to be allocated from other posts.</li> <li>* Logistics supplies vehicle to be stationed at Medical Command Post.</li> </ul>
<i>Unexpected wet weather</i>	<i>Unlikely</i>	<i>Minor</i>	<i>Very low</i>	<i>Reduce likelihood, reduce consequence</i>	<ul style="list-style-type: none"> <li>* Message to be emailed to members and placed on EMS Roster site regarding expected weather conditions.</li> <li>* EMS Teams to be encouraged to take disposable ponchos to duty.</li> </ul>
<i>Hail or severe storms</i>	<i>Unlikely</i>	<i>Moderate</i>	<i>Low</i>	<i>Retain</i>	<ul style="list-style-type: none"> <li>* Members to remain at posts.</li> <li>* Avoid using carry-chairs &amp; stretchers during hail.</li> <li>* Structures (e.g. stalls, trailers) likely to become unstable to be evacuated.</li> </ul>
<i>Radio communications system failure</i>	<i>Unlikely</i>	<i>Moderate</i>	<i>Low</i>	<i>Retain</i>	<ul style="list-style-type: none"> <li>* Use mobile telephones</li> </ul>
<i>Member(s) assaulted</i>	<i>Unlikely</i>	<i>Moderate</i>	<i>Low</i>	<i>Reduce consequence</i>	<ul style="list-style-type: none"> <li>* EMS Member to receive appropriate medical treatment</li> <li>* Counselling/support of EMS member by Nursing Staff and Event Commander</li> </ul>
<i>Rioting or widespread crowd violence</i>	<i>Unlikely</i>	<i>Major</i>	<i>Low</i>	<i>Transfer, Retain</i>	<ul style="list-style-type: none"> <li>* EMS Members should protect themselves by remaining inside their vehicles. E M S Members safety should be consider before responding to a casualty in the crowd.</li> <li>* Members should maintain an appearance of being calm. Do not confront aggressive persons and do not intervene if EMS equipment is being damaged (leave this to the NSW Police).</li> <li>* If a Medical post becomes unsafe, stay together and leave the area. Radio for NSW Police and/or security assistance.</li> </ul>

<b>Activity</b>	<b>Likelihood</b>	<b>Consequences</b>	<b>Risk</b>	<b>Risk Treatment</b>	<b>Prevention / Contingency action</b>
<i>Post supplies exhausted</i>	<i>Moderate</i>	<i>Minor</i>	<i>Low</i>	<i>Reduce likelihood</i>	<ul style="list-style-type: none"> <li>* EMS logistics manager to monitor supplies and request additional supplies before supplies exhausted.</li> <li>* Bulk supplies vehicle to be located at EMS Medical Command Centre and supplies distributed to Posts on a needs basis.</li> <li>* If additional supplies are exhausted, extra supplies obtained from MMC or MALS</li> </ul>
<i>Patients overwhelm post</i>	<i>Moderate</i>	<i>Moderate</i>	<i>Medium</i>	<i>Reduce consequence</i>	<ul style="list-style-type: none"> <li>* Triage procedures to be followed</li> <li>* Additional resources allocated from other posts</li> </ul>
<i>Patient requests overwhelm squads</i>	<i>Moderate</i>	<i>Moderate</i>	<i>Medium</i>	<i>Reduce likelihood. Reduce consequence</i>	<ul style="list-style-type: none"> <li>* Move Teams from other posts to ensure Teams available across venue.</li> <li>* Triage procedures to be followed – Teams to focus on stabilising serious/critical patients, walking patients directed to Medical Command</li> <li>* Allocation of Roving Team personnel to support other teams</li> </ul>
<i>Radio malfunction</i>	<i>Moderate</i>	<i>Moderate</i>	<i>Medium</i>	<i>Reduce likelihood, Reduce</i>	<ul style="list-style-type: none"> <li>* All radios to be checked and charged prior to event EMS Logistics Officer</li> <li>* Additional radios to be kept at Medical Command Post</li> </ul>
<i>Bomb or fire incident</i>	<i>Rare</i>	<i>Catastrophic</i>	<i>Low</i>	<i>Retain</i>	<ul style="list-style-type: none"> <li>* Safety procedures to be followed</li> <li>* Event Medical Services to work with other emergency services, including NSW Ambulance, in response to incident.</li> </ul>
<i>Chemical /biological incident</i>	<i>Rare</i>	<i>Catastrophic</i>	<i>Low</i>	<i>Retain</i>	<ul style="list-style-type: none"> <li>* Safety procedures to be followed</li> <li>* Event Medical Services to work with other emergency services, including NSW Ambulance, in response to incident.</li> </ul>
<i>Power failure</i>	<i>Rare</i>	<i>Moderate</i>	<i>Very low</i>	<i>Reduce consequence</i>	<ul style="list-style-type: none"> <li>* Battery Pack to be provided to MMC and MALS</li> <li>* Torches to be provided at all posts</li> <li>* Back up lighting to be available for posts</li> </ul>



**Risk Level Matrix:**

<b>LIKELIHOOD</b>	<b>CONSEQUENCE</b>				
	<b>Catastrophic</b>	<b>Major</b>	<b>Moderate</b>	<b>Minor</b>	<b>Insignificant</b>
<b>Almost Certain</b>	<i>Critical</i>	<i>Critical</i>	<i>High</i>	<i>Medium</i>	<i>Low</i>
<b>Likely</b>	<i>Critical</i>	<i>High</i>	<i>Medium</i>	<i>Low</i>	<i>Very Low</i>
<b>Moderate</b>	<i>High</i>	<i>Medium</i>	<i>Medium</i>	<i>Low</i>	<i>Very Low</i>
<b>Unlikely</b>	<i>Medium</i>	<i>Low</i>	<i>Low</i>	<i>Very Low</i>	<i>Very Low</i>
<b>Rare</b>	<i>Low</i>	<i>Very Low</i>	<i>Very Low</i>	<i>Very Low</i>	<i>Very Low</i>

**Measure of Consequences (patient risk) (Based on Australasian Triage Scale)**

<b>Consequence</b>	<b>Description</b>
<i>Catastrophic</i>	• <i>Immediately life threatening</i>
<i>Major</i>	• <i>Imminently life threatening/time critical treatment required</i>
<i>Moderate</i>	• <i>Potentially threatening to life or limb</i>
<i>Minor</i>	• <i>Potentially serious</i>
<i>Insignificant</i>	• <i>Minor (non-urgent)</i>

**Patient Presentation Response Strategy - Key Measure of Likelihood:**

<b>Likelihood</b>	<b>Description</b>
<i>Almost Certain</i>	<i>The incident is expected to occur more than once during the event</i>
<i>Likely</i>	<i>The incident will probably occur once during the event</i>
<i>Moderate</i>	<i>The incident may occur once during the event</i>
<i>Unlikely</i>	<i>The incident is unlikely to occur during the event</i>
<i>Rare</i>	<i>The incident could occur during the event in exceptional circumstances</i>

# Appendix C

## Major Incident or Disaster

In the event of a mass casualty incident, EMS Event Medical Services are to provide medical assistance to injured competitors and/or spectators.

The EMS Medical Director will establish control of the situation until the arrival of senior Ambulance Service of NSW (ASNSW) staff.

Upon arrival of ANSW, EMS Event Medical Services will provide personnel and assistance to the ANSW in accordance with EMS Procedures.

Under these circumstances the EMS Medical Director will assume the role of Site Commander and liaise with the ANSW

EMS are not to enter the incident area until advised by the police or fire brigade that the area is safe.

# Appendix D

## **Mass Gathering Medicine - 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 MGM protocols - Mass Gathering Medicine.

All EMS Event Medical staff are Mass Gathering Medicine Critical Care Certified which includes command and triage, and utilise the SMART triage System – of which there will be an incident management pack on-site.

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

Infrastructure on site (eg: MAss Gathering Medicine Casualty Centre - MGMCC) may be utilised as Casualty Clearing/marshalling point if required

## **Major Incident Response**

### Preface

The primary responsibility for EMS Staff at a major incident is ensuring the health and safety of its team.

This consideration applies to all EMS activities in the event of an incident.

In the event of an evacuation, the EMS Medical Director should ensure that all team members are present at the evacuation site.

Incident details are to include: ETHANE

- Exact location
- Type of incident
- Hazards present
- Access for emergency vehicles/personnel
- Number of casualties
- Emergency services required or on site



# Appendix E

## Authority to Practice



REGISTERED 2016

# Australasian Registry Emergency Medical Technicians

This is to certify that having skills levels, assessment capability,  
for professionally trained Emergency Medical Personnel and evidence  
of accredited Emergency Care Training, Training and Assessment  
criteria, this Certificate of Authority to Practice under AREMT-EMSET CLINICAL guidelines  
is hereby issued to

**\*EMS EVENT MEDICAL\***  
**EMERGENCY MEDICAL TECHNICIAN**  
**-CLINICAL PRACTICE-**

Under AREMT-EMSET Medical Advisory Board and accepted protocols this  
Clinical practice certificate is issued to the above company.  
In compliance with current AREMT-EMSET Clinical Practice requirements.

MANAGING DIRECTOR  
REMOTE MEDICAL PRACTITIONER ISAMP  
ASSOC FELLOW ACEM  
SENIOR ASSOCIATE AMS

Issued without erasure or alteration and verified as an original document as below dated

**Any authority to practice is still subject to CMO approval and direction as required**

**By the practicing EMS Agency or Individual.**  
**CERTIFICATE/REGISTRATION: AUTHORITY TO PRACTICE**

**AUTHCoP 2/2016-0101**

**Expiry Date : 21 FEBRUARY 2017**

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