



**EMERGENCY MEDICAL SERVICES AT SPECIAL EVENTS**  
**EMSAM FEBRUARY 2026**

**EFFECTIVE DATE:** xx/xx/xx

**POLICY REFERENCE NO:** 7010

**SUPERSEDES:** 4/1/25

**1. PURPOSE**

**1.1.** Establish minimum standards for emergency medical services at mass gatherings, special events, and reduce impact on the 9-1-1 system.

**2. DEFINITIONS:**

**2.1.** **DEC:** Division of Emergency Management

**2.2.** **"Special Event":** Any gathering with an expected peak crowd size of more than 1,000 people at any one time; events with more than 100 swimmers; any parade as defined in Article 4 of the San Francisco Police Code; Major Events or Athletic Events as defined in Article 6 of the San Francisco Transportation Code; and events permitted under Chapter 90 of the San Francisco Administrative Code; and events designated by other government agencies such as the United States Coast Guard, Port of San Francisco, National Park Services and San Francisco Recreation and Parks.

**3. POLICY**

**3.1.** Special Event Medical Plans requiring review by the EMS Agency Medical Director, or designee shall meet the EMSA assigned level designation or greater based on the Risk Assessment Matrix in **Appendix A**.

**3.2.** The EMS Agency Medical Director has the final authority in determining the applicability of any standard, level designation, and what shall be considered an adequate Event Medical Plan.

**4. SPECIAL EVENT MEDICAL PLANS**

**4.1.** Special Event Medical Plans shall include, but not be limited to, the following considerations:

**4.1.1.** Event description, including event name, location and expected attendance.

**4.1.2.** Participant safety (the safety plan for event participants and spectators)

**4.1.3.** Non-participant safety (the safety plan for individuals not participating in, but affected by the event such as neighboring local residents and on-lookers)

**4.1.4.** Descriptions of the following medical resources:

**4.1.4.1.** Personnel certified in cardio-pulmonary resuscitation, rapid access to automatic external defibrillator(s), and 9-1-1 access;

**4.1.4.2.** First aid station(s) (if indicated; see Appendix A);

**4.1.4.3.** Ambulance(s) (if indicated; see Appendix A);

- 4.1.4.4.** Mobile medical resource(s) (if indicated; see Appendix A); and
- 4.1.4.5.** In addition to first aid supplies, a Multi Casualty Incident Medical Kit with medical equipment for 50 victims (Policy 4001). MCI Kit must be the MCI kit as required on Ambulances; however, Boards/Worksheets and Position Vests are optional.
- 4.1.4.6.** A heat mitigation plan must be submitted for any event taking place in the months of May through November. The heat mitigation plan shall be enacted if the forecasted temperature is expected to exceed 80°F.

**4.2.** Special Event Communications Plans, including name(s) and contact information for the event leader and a point of contact on the day of the event, a description of direct routine communications, and a description of disaster communications if cell phones are not available (e.g., two-way radios). A description of communications between the following shall be included:

- 4.2.1.** Venue staff and/or security personnel, event coordinator, and medical personnel
- 4.2.2.** Medical personnel located at a first aid station and mobile resources and/or satellite stations
- 4.2.3.** Medical personnel and the City and County 9-1-1 Dispatch Center
- 4.2.4.** Medical personnel and ambulances as applicable
- 4.2.5.** Medical staff at Receiving Hospitals as applicable

**4.3.** Disaster Plan describing the ability to care for a minimum of 50 event attendees and staff as casualties. The plan must include training of all events medical personnel in the disaster plan, the START disaster triage system, and all appropriate necessary equipment. This may be done at any time prior to the start of the event.

## 5. EMT SERVICES AT SPECIAL EVENTS

- 5.1.** On-site medical personnel shall be minimally certified as an EMT-4 in California and equipped to provide the complete EMT-4 Scope of Practice as defined in California Code of Regulations, Title 22, Section 100066.02. They shall follow San Francisco EMS Agency Policies and Protocols.
- 5.2.** Paramedics deployed to provide BLS level of care, need only be licensed by the State of California.
- 5.3.** If an EMT is responsible for transporting patients from a special event they shall have at a minimum, **four (4)** hours of an EMS Agency approved, and provider documented annual training in:
  - 5.3.1.** Field to Hospital Communications including Early Notification
  - 5.3.2.** Communications to DEC
  - 5.3.3.** Patient assessment skills
  - 5.3.4.** ALS Criteria
  - 5.3.5.** Hospital Destinations and Designations
  - 5.3.6.** Hospital Diversion
  - 5.3.7.** Documentation including Patient Declines Transport (PDT)

**5.4.** The preceding paragraph is waived if EMT already meets requirements in EMSA Policy 2000, Section 6 “Required Training for Independent Work Assignment on an ALS Ambulance.”

## 6. PARAMEDIC SERVICES AT SPECIAL EVENTS

**6.1.** Paramedics, utilizing the **ALS** Scope of Practice, deployed as part of a Special Events Medical Plan shall be:

- 6.1.1.** Licensed in the state of California;
- 6.1.2.** Approved by the EMS Agency as:
  - 6.1.2.1.** Accredited in the City and County of San Francisco
  - 6.1.3.** On-duty with an approved San Francisco ALS Service Provider for the duration of the event for which they are deployed; and
  - 6.1.4.** Equipped to provide ALS care.

**6.2.** Paramedics shall follow San Francisco EMS Agency Policies and Protocols. ~~An on-scene physician may provide medical direction only as allowed in EMS Agency Policy #4041 Physician on-Scene.~~

## 7. PHYSICIAN SERVICES AT SPECIAL EVENTS

**7.1.** In mass gatherings and special events where physicians are present as part of an organized system of providing care on-site, Paramedics and EMTs may provide care with these Physicians according to site-specific scene protocols. Site-specific protocols cannot deviate from SFEMSA policies and protocols but may supplement them.

**7.1.1.** Patients at these sites who are evaluated by the designated Physician are the medical responsibility of that Physician.

**7.1.2.** Paramedics and EMTs may assist in treatments that do not exceed their Scope of Practice under the direct supervision of the designated on-site Physician.

**7.1.3.** Paramedics and EMTs assigned to work at a special event may transfer care of a stable patient to the on-site Physician provided that:

- 7.1.3.1.** The on-site Physician accepts the transfer of care; and
- 7.1.3.2.** There are adequate resources (e.g. facility, equipment etc.) on-site to care for the patient.

**7.1.4.** If 9-1-1 is activated and EMS personnel not assigned to the special event arrive at the scene, follow Policy #4041: Physician on-scene.

**7.1.5.** Patients who are not assessed in-person by the designated special events physician, are the responsibility of the EMS Personnel who must follow relevant standard treatment protocols and EMS system policies, including releases Against Medical Advice (Policy #4040).

**7.1.5.1.** In the event of **conflict** between Paramedic and Physician on-site raises concerns for patient safety, then the Base Hospital Physician will be contacted immediately and have final authority over patient care decisions provided by the Paramedic.

## 8. AMBULANCE SERVICES AT SPECIAL EVENTS

- 8.1. Ambulances deployed as part of the approved Event Medical Plan shall be permitted for operation in San Francisco by the EMS Agency.
- 8.2. Should an ambulance transport from the event, DEC shall be notified. DEC and/or Ambulance Provider Agencies will not regularly backfill an additional unit to a special event.

## 9. AUTOMATIC EXTERNAL DEFIBRILLATORS

- 9.1. Automatic External Defibrillators (AEDs) should be made accessible to medical personnel and non-medical personnel trained in its use and located throughout the venue in location(s) that will enable the first shock to a person in cardiac arrest within **five** (5) minutes of notification of qualified personnel. The current San Francisco EMS Response Interval Standard for time to defibrillation must be met by the responding agencies.

## 10. PROCEDURES FOR SUBMITTING SPECIAL EVENT MEDICAL PLANS

- 10.1. Special Event Medical Plans shall be submitted following guidelines posted on the San Francisco EMS Agency website. Plans shall be submitted **thirty** (30) days in advance.
- 10.2. A fee will be assessed for each medical plan and payment must be made upon submission of the medical plan.
- 10.3. The EMS Agency Medical Director or designee shall review the Special Event Medical Plan within **fifteen** (15) days and respond to both the event sponsor and the City permitting agency as follows:
  - 10.3.1. Approved without modification.
  - 10.3.2. Approval pending submission of additional information specified by the reviewer.
  - 10.3.3. Not approved with an explanation of the decision.
- 10.4. The event sponsor may appeal the decision by resubmitting the plan to the EMS Agency Medical Director. A review will occur within **five** (5) days of receipt. The EMS Agency Medical Director's decision shall be delivered to the event sponsor within **five** (5) business days of the review.
- 10.5. A fee will be assessed for each event medical plan and payment must be made upon submission of the medical plan.
- 10.6. **Multiple day events:** If an event consists of multiple operational periods (multi-date events), it will be assessed as a single plan and fee. However, a new or additional plan submission and fee are **required if:**
  - 10.6.1. There are new dates or periods not listed in the original approved plan.
  - 10.6.2. There are additional event dates that are beyond six (6) consecutive months from the original planned date.
- 10.7. **Multiple footprints:** If an event is geographically separated into multiple venues or footprints, each geographic site will be required to submit an individual medical plan and fee.
- 10.8. The party responsible for an event's medical plan shall report any significant changes to peak crowd size, footprint, and/or medical resources for any date or operational period listed on an

approved multi-date event plan to the agency to determine if changes will require a separate medical plan.

## 11. PROCEDURES FOR SUBMITTING POST-EVENT MEDICAL TREATMENT REPORTS

**11.1.** The event sponsor or there designee will submit a Post-Event Treatment Report to the EMS Agency, within **three (3)** business days of event conclusion. The report will provide a summary of the medical incidents during the event that involved the EMS plan medical resources. This summary will include at a minimum the number of patients seen at the first aid station(s) or other facilities, their age, gender, chief complaint, and disposition.

## 12. EMS AGENCY STAFF CONTACT

**12.1.** The EMS Agency staff point of contact for questions on this policy or Special Event Medical Plans may be reached via contact information published on the EMS Agency website.

## 13. BLS TRANSPORTATION AND DOCUMENTATION FROM SPECIAL EVENTS

**13.1.** EMTs that are an approved resource within an approved EMS medical plan may respond, evaluate, and create PDT documentation (NOT Against Medical Advice). All Against Medical Advice (AMA) patients require a paramedic Assessment and shall follow Policy #4040.

**13.2.** An EMT ambulance can transport without paramedic assessment only if they meet criteria outlined in Policy #4044 Section 5

**13.3.** PDT and AMA at special events / mass gatherings approved under EMSA Policy # 7010 (EMS at Special Events) shall follow the guidelines defined in Policy 7010.

**13.4.** If an EMT ambulance transports from a Special Event, the following are required:

**13.4.1.** Notification to DEC of transport

**13.4.2.** Submission of completed PCR. This is independent of paramedic assessment.

**13.4.3.** Submission of exception report to the EMS Agency within 24 hours of transport.

**13.5.** An EMT ambulance can transport without a paramedic assessment from a special event when authorized under separate EMSA policies including:

**13.5.1.** Patients with life threatening, time critical situation (Policy #4043 Section 5)

**13.5.2.** "On-viewing incident" (Policy #4043 Section 6)

**13.5.3.** MCI/surge plan (Policy #7010).

## 14. AUTHORITY

**14.1.** California Health and Safety Code, Sections 1797.202, 1797.204, 1797.220, 1798

**14.2.** California Code of Regulation, Title 22, California Code of Regulations, Title 22, Division 9, Ch. 3.1, Art. 2, §100066.02, Ch. 3.3, Art. 2, §100091.02, Art. 5, §100094.02, & Art. 7, §100096.01

**14.3.** San Francisco Transportation Code, Division I, Article 6

**14.4.** San Francisco Police Code Article 4

**14.5.** Administrative Code section 90.4

## APPENDIX A

## GUIDELINES FOR MINIMUM MEDICAL RESOURCES AT SPECIAL EVENTS

**Level:** The Level, ranked from 1 (most resources) to 5 (least number of resources), determines the minimum resources required at a special event. An event must have the available resources based on the highest ranked level based upon known risk factors (i.e., Event promoter shall follow Level 1 guidelines if ranked to both Level 1 and Level 3).

**Mitigating Factors:** If an event has factors that are less likely to impact the 9-1-1 system, the Level can be reduced by 1 Level for a one-time reduction. To be considered for a reduction by the EMSA, the event shall be reoccurring and meet mitigating factors in flow chart listed below. If an event is reduced by 1 Level and impacts the 9-1-1 system or event-type changes, the reduction can be revoked by the EMSA Medical Director for future events. The reduction is assessed each year.

**All Levels:** All Levels shall have **CPR-trained** responders with AEDs and CPR plus 9-1-1 access.

Level	Description
1	<i>Highest Level for minimum medical resources.</i> A Level 1 ranking usually results in city- wide response and coordination. Multiple ALS and BLS units (greater than 4) need to be obtained. ALS resources are required. Foot teams, bikes, gators, and event EMTs are likely to be used heavily. DEC should have an on-site dispatcher. EMSA should have an EMSA Liaison designated for the event. A BLS memo may be pre-approved by the EMSA Medical Director or ready for implementation if necessary for the 9-1-1 system.
2	Second-highest Level for minimum medical resources. A Level 2 ranking usually results in some public safety department response and coordination. Multiple ALS and BLS units (3 or greater) need to be obtained. ALS resources are required. Foot teams, bikes, gators, and event EMTs are likely to be used heavily. Depending on the event, DEC may have an on-site dispatcher, and EMSA may have a designated EMSA Liaison <b>designated for the event</b> . Usually, a BLS memo is unnecessary for a Level 2 event.
3	Requires 1-2 ALS ambulances. ALS is required for a Level 3 ranking. Foot teams, bikes, gators, and event EMTs shall augment ambulance resources, if appropriate, depending on event footprint.
4	Requires minimum 1 BLS ambulance. Foot teams, bikes, gators, and event EMTs shall augment ambulance resources, if appropriate, depending on event footprint.
5	Requires event EMTs that can readily access the entire event footprint.

**Swim or Water Events:** If an event has a swim or water component, in addition to the ranked level, the **following resources are required/recommended:**

- Required:

- A Paramedic or EMT shall be stationed on a boat with deck access to perform high quality CPR and have direct access to 9-1-1 Center. EMS personnel must have either:
  - 2+ years 9-1-1 experience
  - Completed LEMSA Aquatic Events module
- Predesignated areas for transport rendezvous must be submitted on map upon plan submission to EMS Agency.
- Personal Watercrafts (PWCs) or Jet Skis do not carry medical equipment and do not replace Paramedics or EMTs on boats.

- Recommended:

- Use of a mechanical compressor on the boat
- EMT on boat deck, should have 2+ years of 9-1-1 experience.

**Reoccurring Event:** An event is eligible for a one-step reduction in initial Level designation if the event has minimal patients treated on-site, transports from event, or impact to the 9-1-1 system. The one-time reduction from the initial Level is re-evaluated each year or subsequent event based on post-event treatment report and impact to 9-1-1 system. This usually applies to family-type events, community-based organizations, and established, re-occurring events. The event promotor must request this reduction as part of the planning process. This approval or denial of the request is determined by the EMSA Medical Director or designee.

## APPENDIX B

## DEFINITIONS SPECIAL EVENT MEDICAL RESOURCES

**ALS (Advanced Life Support) Ambulance:** An ambulance staffed by at least one (1) Accredited Paramedic and one (1) EMT (BLS) or two (2) Accredited Paramedics. An ALS Ambulance is a dedicated transport unit and must be available for any patient within the event footprint. ALS Ambulances may NOT be utilized as both transport unit and fixed First Aid Station.

**BLS (Basic Life Support) Ambulance:** An ambulance staffed by two EMTs or Paramedics working at a BLS level. BLS units may be utilized for first response (as a Mobile Team) or to substitute for a fixed First Aid Station with an EMT, not may ~~NOT~~ transport as outlined in ~~unless the following criteria are met in~~ Section 13 ~~above~~. In cases where a patient has a life-threatening condition, a dedicated BLS Ambulance may transport only if the ETA to the closest receiving hospital is less than the ETA of responding ALS resources.

**CPR & 9-1-1 Access:** Event staff and/or safety personnel have the capability to notify 9-1-1 of any medical emergency and to provide CPR/AED access per San Francisco EMS Agency System Standards [within five (5) minutes in 90% of occurrences]. All events should meet this requirement regardless of crowd size.

**Department of Homeland Security SEAR (Special Event Assessment Rating) Designated Events:** Special events that potentially require federal government resources and support. These designated events potentially require Level 1 or Level 2 EMS resources.

**Free Speech Event:** Events protected by the First Amendment of the U.S. Constitution.

**First Aid Station with Emergency Medical Technician (EMT):** A fixed or mobile facility with the ability to provide first aid level care staffed by at least one EMT or higher skill level personnel. First Aid level care is defined as treatment of minor medical conditions and injuries by care providers that have received training in First Aid, at the EMT level. Examples of First Aid care are cleaning, bandaging and treating simple wounds such as scrapes and shallow cuts, providing cold packs for Musculo-skeletal strains and bruises, and giving drinking water and a place to rest for patients who are mildly dehydrated. Each Fixed First Aid shall have an AED and MCI Kit present at all times. Examples of a First Aid Station are a tent, a clinic, an ambulance or vehicle of some type. The first aid station must have 9-1-1 communications capability. EMTs who are employees of locally permitted ambulance provider agencies are recommended due to their familiarity with local policy, procedure and protocol. It is also recommended that any event employing multiple First Aid Stations also have a designated Event Physician Medical Director and establish a liaison with the Emergency Communications Department and the Fire Department to improve coordination with 9-1-1.

**First Aid Station with Paramedic, Nurse, or Physician:** A similar facility to a First Aid Station with an EMT, but staffed by at least one Accredited Paramedic, Registered Nurse or Physician, holding a current California license. It is preferred that the Nurse and Physician be experienced in

emergency medical care and triage of seriously ill or injured patients to higher levels of care. Examples would be RN's with Emergency Medicine, Critical care, or Urgent Care backgrounds, or Nurse Practitioners or other mid-level provider licensees with similar experience. Examples of appropriate Physicians would be those with Emergency Medicine, Family Practice, Sports Medicine, Internal Medicine or Trauma Care specialization. Physicians and/or Nurses are recommended for large crowd sizes or events needing sobering services; Paramedics may be substituted for smaller size crowds as outlined in the Guidelines for Medical Resource in Special Events Matrix in Appendix A.

**Mobile Resource(s):** Mobile or "Roving Medical Resource(s)" are non-ambulance based EMTs and/or paramedics, or higher-level interventionists, that are deployed throughout the footprint of a special event and may be on foot, bicycles, or motorized transport car/vehicle (Gator, Moped, Motorcycle, etc.). Mobile Resource(s) must be able to provide, AT MINIMUM, First Aid Care at a BLS level, and must have communication capability, by radio, cell phone, or other medium. Each Mobile Resource must carry at least one AED at all times. EMTs, that are dedicated resources within an approved medical plan, may respond, evaluate, and create Patient Declines Transport (PDT) documentation (NOT Against Medical Advice), for patients that do not meet the criteria in EMSA Policy 4040, 4.2.1 **Section IV, B.**

**Sobering Services:** Medically supervised treatment for patients with a primary medical issue of alcohol intoxication as defined by the criteria in Policy 5000, Destination Policy.

**Water-Based Resource(s):** A medical response resource (BLS or ALS), that is based on a boat, capable of providing medical interventions and rendezvous with a ground-based transport unit. See Appendix A for resource requirements and recommendations. ~~If the resource is an EMT, the EMT must have 2+ years of experience working in a 9-1-1 system and have direct communication to DEC or land-based assets. Resources must be located on a vessel that has an accessible deck, and room/equipment to perform CPR. Each Water-Based Resource(s) must have communication capability, by radio, cell phone, or other medium.~~

**APPENDIX C****ALS CRITERIA GUIDELINES FOR SPECIAL EVENTS**

An ALS Assessment shall occur for the following clinical indications at a special event. The following list is a guide and is not comprehensive. If in doubt or unsure whether patient needs an ALS assessment, care and/or transport, call for assistance.

**A. Abdominal Pain**

1. Discomfort, pain, unusual sensations if patient is >40 years old and has cardiac history
2. Severe generalized abdominal pain

**B. Breathing**

1. Respirations >30 min, abnormal respiratory patterns, patient in tripod position
2. Audible wheezing
3. Need for inhaler or no improvement after self administration
4. Asthma attack or medical history with need for intubation

**C. Burns**

1. All thermal burns except minor heat related, superficial burns
2. Chemical and/or electrical burns

**D. Cardiac**

1. Suspected acute coronary symptoms
2. Irregular heart rate
3. Chest pain

**E. CVA/Stroke**

1. Suspected stroke with associated symptoms

**F. Diabetic**

1. Patient with history of diabetes with decreased mental status, is unable to swallow, has rapid respirations, fails to respond to oral glucose, suspected ketoacidosis

**G. Environmental**

1. Hypothermia or Hyperthermia with co-morbidities (i.e., elderly, illness, trauma, alcohol and/or drug use)
2. Suspected drug induced hyperthermia
3. Temperature greater than 100.5° F or less than 96.5° F

**H. Mental Status**

1. ~~Glasgow Coma Score less than or equal to 13~~
2. ~~Abnormal behavior with unstable vital signs~~
3. ~~Abnormal behavior with suspected drug or alcohol intoxication~~
4. ~~Sobering patients that do not meet Policy 5000 "Sobering Services" criteria~~

**I. Vital Signs**

1. ~~Hypotension (Systolic < 90)~~
2. ~~Signs of shock (Systolic < 90, Pulse > 120)~~
3. ~~Sustained tachycardia~~
4. ~~Hypertension (Systolic > 160 or Diastolic > 110)~~
5. ~~Hypotension and severe bradycardia~~

**J. OB/GYN**

1. ~~All patients with known or suspected pregnancy with an OB/GYN complaint~~

**K. Seizure**

1. ~~Any seizure or seizure-like activity reported prior to arrival~~

**L. Trauma**

1. ~~All patients meeting Policy 5001 Trauma Triage Criteria and/or patients meeting base hospital contact criteria within Policy 5001~~
2. ~~Patients with moderate to severe pain requiring pain control~~