SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

EMERGENCY MEDICAL SERVICES AT SPECIAL EVENTS

EFFECTIVE DATE: ~~10/1/26~~xx/xx/xx *POLICY REFERENCE NO: 7010* *SUPERSEDES: ~~4/1/25~~10/1/26*

~~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.~~

1. DEFINITIONS:

~~2.~~1.1. **City-wide or Civic Special Event**: A gathering in which there is no permit issued by a government agency. This may include, but not be limited to, large viewing areas for City-sponsored events (e.g. Fireworks celebrations) and/or demonstrations/parades without a permit or a clearly defined footprint.

1.2. **DEC:** Division of Emergency ~~Management~~Communications (9-1-1 center)

1.3. **Peak crowd size:** Highest number of attendees or spectators within a defined event footprint at a given moment.

1.4. **Event footprint**: The Special Event boundaries as listed on the Special Event permit issued by the permitting agency, which may include transit points, ingress/egress areas, and is irrespective of a Special Event's temporary security perimeter, fencing, or barriers. The San Francisco EMS Agency (EMSA) reviews and approves medical plans for the entire permit footprint.

1.5. **Event organizer**: An individual or designated leader who holds ultimate responsibility for overall planning and coordination of a Special Event or City-wide/Civic Special Event. This responsibility includes compliance with all provisions in this policy regardless if medical planning or medical plan submission is subcontracted, delegated, or completed by other contractors, vendors, or third parties.

1.6. **Event permit**: For the purposes of medical planning, the term "permit" refers to a land or street permit that as a condition of the permit requires a medical plan. This does not encompass ancillary permits such as, but not limited to, pyrotechnics, film, or food safety.

1.7. ~~"~~**Special Event**~~"~~**:** To the extent that a permitting agency requires a Special Event medical plan as a condition of a permit, which is generally defined as a~~A~~ny gathering with an expected peak crowd size of more than one-thousand (1,000) people at any one time; events with more than one-hundred (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.

1.8. Special Event medical resources: See Appendix B.

~~2.1.~~**1.9. Total crowd size:** Total number of attendees or spectators within a defined event footprint over the course of the operational period.

2. PURPOSE

2.1. Establish minimum standards for emergency medical services (EMS) at mass gatherings and Special Events to ultimately reduce impact(s) on the 9-1-1 system.

2.2. Establish that EMSA formally reviews Special Event medical plans that are required as a condition of a permit.

3. POLICY

3.1. Special Event ~~Medical Plans~~medical plans ~~requiring~~ require review by the ~~EMS Agency~~EMSA Medical Director~~,~~ (or designee) and shall meet the EMSA-assigned Level~~level~~ designation or greater based on the Risk Assessment Matrix in Appendix A.

3.1.1. For submission procedures, see Section 10.

3.1.2. The event organizer is responsible for development and submission of a medical plan for Special Events. The event organizer may designate, subcontract or have a vendor submit a Special Event medical plan on their behalf.

3.1.3. EMSA does not provide financial, logistical or procurement coordination for EMS resources nor submission of medical plan documentation for event organizers (or designees).

~~3.2.~~**3.1.4.**

3.1.5. The ~~EMS Agency~~EMSA Medical Director has the final authority in determining the applicability of any standard, ~~level~~ Level designation, and what shall be considered an adequate Special Event ~~Medical Plan~~medical plan.

3.2. For City-wide/Civic Special Events

3.2.1. EMSA is not required to formally review a medical plan if there is no permit requirement for a medical plan.

3.2.2. EMSA strongly recommends a medical plan for all City-wide/Civic Events with a peak crowd size greater than one-thousand (1,000) people and with resources as recommended in Appendix A.

3.2.3. The event organizer is responsible for development of a medical plan for City-wide/Civic Events. The event organizer may designate, subcontract or have a vendor submit a medical plan on their behalf under Section 3.2.6.

3.2.4. EMSA does not provide financial, logistical, procurement coordination for EMS resources nor submission of medical plan documentation for event organizers (or designees) except for the unlikely event state strike team resources are prepositioned through the Medical Health Operational Area Coordinator (MHOAC) program (e.g. National Special Security Event designation or equivalent).

3.2.5. EMSA may provide:

3.2.5.1. Technical expertise

3.2.5.2. Medical plan coordination amongst EMS provider agencies and DEC

3.2.5.3. Staffing through the EMSA Duty Officer program

3.2.6. EMSA policies and protocols are still applicable (e.g. EMS resources must be authorized and permitted).

3.2.7. To facilitate communication and coordination, medical plan documentation must be submitted on the EMSA platform, with all of the elements under Section 4, no less than seven (7) calendar days prior to the event. EMSA will forward, but not formally review or assess, the submission to facilitate distribution to key public safety partners.

3.2.8. No fee is required as EMSA is not formally reviewing the medical plan.

3.3. Should a Special Event footprint and City-wide/Civic Event footprint occur simultaneously or share a perimeter boundary:

3.3.1. EMS provider agencies, either contracted by the event for the Special Event footprint or covering 9-1-1 response, must collaborate and co-develop a response plan in coordination with DEC and submit all plans under Section 4.

3.4. ~~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.~~For Special Events, City-wide/Civic Events, or a combination of both, EMSA may pre-approve mutual aid as a contingency under EMSA Policy # 8000 (Multi-Casualty Incident Policy, Appendix D). Pre-approval of mutual aid does not substitute or replace adequate EMS staffing by an event organizer for a Special Event or City-wide/Civic Event medical plan, or 9-1-1 staffing by EMS provider agencies.

~~**3.3.**~~**3.5.**

4. SPECIAL EVENT MEDICAL PLANS

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

4.1.1. ~~Event description, including event name, location and expected attendance.~~Description of event

4.1.2. Event name

4.1.3. Location (including the address, park, and/or cross streets)

4.1.4. Event footprint as defined by the permit

4.1.4.1. Event footprint must include a map with clearly defined boundaries with EMS resource locations. For any Level 1-3 event, a map shall be submitted no less than 30 days in advance to the EMSA and DEC so it can be uploaded into Computer Aided Dispatch (CAD).

4.1.4.2. External and satellite transit points such as ride-share pick-up zones, train stations, private shuttles and parking lots adjacent to the Special Event are

not included unless specifically contained within the event footprint as defined by the permit.

4.1.4.3. Special Event EMS resources may respond outside of the event footprint for calls that are in the vicinity of the event on a case-by-case basis. The determination to respond outside of the footprint is made by the contracted EMS provider agency at the event (e.g. an attendee waiting outside footprint in a queue).

4.1.5. Crowd Size

4.1.5.1. Peak Crowd Size

4.1.5.2. Total Crowd Size

4.1.5.3. The event organizer is ultimately responsible for providing and filing an accurate peak and total crowd size on the Special Event medical plan regardless if a contractor, subcontractor, or vendor submits the plan. If the crowd size is unknown (e.g. free, unticketed event), the event organizer must account for additional or unexpected attendees.

~~4.1.1.~~ Deliberate or gross misrepresentation of crowd size may lead to provisions under Section 12.

~~4.1.2.~~**4.1.6.** Participant safety (the safety plan for event participants and spectators)

~~4.1.3.~~**4.1.7.** Non-participant safety (the safety plan for individuals not participating in, but are within the permitted event footprint)~~affected by the event such as neighboring local residents and on-lookers)~~

~~4.1.4.~~**4.1.8.** Descriptions of the following medical resources:

4.1.8.1. Personnel certified in cardio-pulmonary resuscitation, rapid access to automatic external defibrillator(s)

~~4.1.4.1.~~**4.1.8.2.** ~~, and~~ 9-1-1 access~~;~~

~~4.1.4.2.~~**4.1.8.3.** First aid station(s) (if indicated; see Appendix A)~~;~~

~~4.1.4.3.~~**4.1.8.4.** Ambulance(s) (if indicated; see Appendix A)~~;~~

~~4.1.4.4.~~**4.1.8.5.** Mobile medical resource(s) (if indicated; see Appendix A)~~;~~ ~~and~~

~~4.1.4.5.~~**4.1.8.6.** In addition to first aid supplies, a Multi Casualty Incident (MCI) Medical Kit with medical equipment for 50 victims as listed under EMSA Policy # 4001a (Minimum Equipment Requirements for All Vehicle Types). ~~(Policy 4001).~~ MCI Kit must be the MCI kit as required on Ambulances.~~;~~ ~~however,~~ Boards/Worksheets and Position Vests are optional. The event organizer (or designee) is responsible to ensure the MCI kit is on site. MCI kits on dedicated Special Event ambulance(s) do not apply towards the MCI kit requirement. A stand-alone MCI kit must be present.

4.1.9. Access plan for emergency medical personnel and resources, which must contain:

4.1.9.1. Ingress/egress pathways for medical personnel working at the event to include transit through large crowds for response to patients, provision of care with adequate space, and transport of a patient.

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4.1.9.2. Protected and pre-identified transit zones for ambulances that are dedicated to the event and for any 9-1-1 resources that may respond.

4.1.9.3. Designated points for casualty collection in the event of an MCI.

4.1.9.4. As applicable, co-response procedures within the Special Event footprint between Special Event medical and 9-1-1 resources.

4.1.10. A heat mitigation plan must be submitted for any ~~event~~ Special Event taking place in the months of ~~May~~ March through November. The heat mitigation plan shall be enacted if the forecasted temperature is expected to exceed 80°F. A heat plan must include the following components:

- Weather forecast monitoring and plan activation threshold
- Inventory of water and cooling resources to be activated
- Additional medical resources to be activated
- Participant/spectator communication and messaging
- Event staff/medical/security briefing plan to include location of water and cooling resources
- Escalation plan should demand for resources exceed supply
- Documentation and real-time tracking plan for patient volume, first aid station capacity, and patient transports
- Planned event modifications or adjustments based on predetermined thresholds

4.2. Special Event Communications Plan~~s, including~~

4.2.1. N~~n~~ame(s) and contact information for:

4.2.1.1. ~~the event leader~~ On-site medical emergency point of contact (DEC may contact individual for medical emergency that was routed to 9-1-1)

4.2.1.2. Event organizer ~~and a point of contact on the day of the event,~~

~~4.2.~~**4.3.** A~~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.~~**4.3.1.** Venue staff and/or security personnel, event coordinator, and medical personnel

~~4.2.2.~~**4.3.2.** Medical personnel located at a first aid station and mobile resources and/or satellite stations

4.3.3. Medical personnel and ~~the City and County 9-1-1 Dispatch Center~~DEC to include:

4.3.3.1. A process for DEC to notify the emergency contact about a medical call that was called into 9-1-1.

~~4.2.3.~~**4.3.3.2.** A process for the event organizer to notify 9-1-1 for critical incidents.

~~4.2.4.~~**4.3.4.** Medical personnel and ambulances as applicable

~~4.2.5.~~**4.3.5.** Medical ~~staff~~ personnel at general acute care hospital(s) (GACH), ~~Receiving Hospitals~~ as applicable

~~4.3.~~**4.4.** 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~~ Special Event 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~~Special Event.

5. EMT SERVICES AT SPECIAL EVENTS

5.1. The event organizer (or designee such as the Medical Group Supervisor) shall contact DEC to take responsibility for the event footprint at the beginning of each operational period and release responsibility for the footprint at the end of each operational period.

5.2. All EMTs and Paramedics shall be briefed on MCI kit contents and use.

~~5.1.~~**5.3.** On-site ~~medical~~ EMS personnel shall be minimally certified as an EMT in California and equipped to provide the complete EMT Scope of Practice as defined in California Code of Regulations, Title 22, Section 100066.02 and EMSA Policy # 2000 (Prehospital Personnel Standards & Scope of Practice). ~~They shall~~EMS personnel shall follow ~~San Francisco EMS Agency~~EMSA Policies and Protocols.

~~5.2.~~**5.4.** Paramedics deployed to provide Basic Life Support (BLS)~~BLS~~ level of care, need only be licensed by the State of California.

~~5.3.~~**5.5.** If an EMT is responsible for transporting patients from a S~~s~~pecial E~~e~~vent they shall have at a minimum, **four (4)** hours of an ~~EMS Agency~~EMSA ~~-~~approved, and provider documented annual training in:

- ~~5.3.1.~~**5.5.1.** Field to ~~Hospital~~ GACH Communications including e~~E~~arly n~~N~~otification
- ~~5.3.2.~~**5.5.2.** Communications to DEC
- ~~5.3.3.~~**5.5.3.** Patient assessment skills
- ~~5.3.4.~~**5.5.4.** Advanced Life Support (ALS)~~ALS~~ ~~Criteria~~criteria
- ~~5.3.5.~~**5.5.5.** ~~Hospital~~ GACH d~~D~~estinations and ~~Designations~~designations
- ~~5.3.6.~~**5.5.6.** ~~Hospital~~ Ambulance Diversion, EMS Alert, Ambulance Patient Offload Time (APOT) Alert
- ~~5.3.7.~~**5.5.7.** Documentation including Patient Declines Transport (PDT)

5.6. The preceding paragraph is waived if EMT already meets requirements in EMSA Policy # 2000 (Prehospital Personnel Standards & Scope of Practice), Section 6~~"Required Training for Independent Work Assignment on an ALS Ambulance."~~.

~~5.4.~~

6. PARAMEDIC SERVICES AT SPECIAL EVENTS

6.1. Paramedics, utilizing the ALS Scope of Practice, deployed as part of a Special Event~~s~~ ~~Medical Plan~~medical plan shall be:

- **6.1.1.** Licensed in the state of California~~;~~
- **6.1.2.** Approved by ~~the EMS Agency~~EMSA as:
  - **6.1.2.1.** Accredited in the City and County of San Francisco under EMSA Policy # 2050 (Paramedic Accreditation)

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6.1.3. On-duty with an approved San Francisco ALS ~~Service Provider~~ EMS provider agency 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~~EMSA p~~P~~olicies and p~~P~~rotocols.

7. PHYSICIAN SERVICES AT SPECIAL EVENTS

7.1. ~~In mass gatherings and special events~~At 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 ~~SF~~EMSA 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~~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 ~~special event~~ arrive at the scene, follow EMSA Policy # 4041~~:~~ (Physician O~~o~~n-scene).

7.1.5. Patients who are not assessed in-person by the designated Special Event ~~special events~~ physician, are the responsibility of the EMS ~~Personnel~~ personnel who must follow EMSA policies and protocols~~relevant standard treatment protocols and EMS system policies~~, including releases Against Medical Advice under EMSA Policy # 4040 (Patient Consent for and Patient Refusal of Emergency Medical Care and Transport).~~(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~~Special Event medical plan shall be permitted for operation in San Francisco by ~~the EMS Agency~~EMSA.

8.2. Should an ambulance transport from the Special Event~~event~~, DEC shall be notified. DEC and/or ~~Ambulance Provider Agencies~~EMS provider agencies will not regularly backfill an additional unit from the 9-1-1 system to a S~~s~~pecial E~~e~~vent.

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~~medical plans shall be submitted ~~following guidelines posted on the San Francisco EMS Agency website~~through EMSA's portal with a minimum of~~. Plans shall be submitted~~ thirty (30) days in advance of the Special Event.

10.2. Fees

10.2.1. A fee will be assessed for each medical plan and payment must be made upon submission of the medical plan.

10.2.2. The fee is based on peak crowd size.

10.2.3. Multiple day or operational periods: If a Special 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:

10.2.3.1. There are new dates or operational periods not listed in the original approved plan.

10.2.3.2. There are additional event dates that are beyond six (6) consecutive months from the original planned date.

10.2.4. Multiple footprints: If a Special Event is geographically separated into multiple venues or footprints, each geographic site will be required to submit an individual Special Event medical plan and fee.

10.2.5. The event organizer (or designee) for a Special 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 Special Event medical plan to EMSA to determine if changes will require a separate medical plan.

~~**10.2.**~~**10.2.6.**

10.3. The ~~EMS Agency~~EMSA Medical Director or designee shall review the Special Event ~~Medical Plan~~medical plan within fifteen (15) days and respond to both the event ~~sponsor~~ organizer and the City (or government) permitting agency as follows:

10.3.1. Approved without modification.

10.3.2. Approval pending submission of additional information specified by ~~the reviewer~~EMSA.

10.3.3. Not approved with an explanation of the decision.

10.4. The event ~~sponsor~~ organizer may appeal the decision by resubmitting the plan to the ~~EMS Agency~~EMSA Medical Director. A review will occur within five (5) days of receipt. The ~~EMS Agency~~EMSA Medical Director's decision shall be delivered to the event ~~sponsor~~ organizer 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. Real-time Medical Treatment Reports:

11.1.1. At minimum, all Special Events shall track the following in real-time:

11.1.1.1. Patient chief complaint

11.1.1.2. Number of patients treated

11.1.1.3. Number of patients transported and whether emergent/non-emergent

11.1.2. For Level 1-2 Special Events, a real-time, read-only dashboard shall be made available to EMSA Duty Officer and EMSA leadership staff.

11.1.3. For Level 1-3 Special Events, EMSA may require real-time updates be submitted to the EMSA Duty Officer on regular reporting intervals.

11.2. Post-Event Medical Treatment Reports:

11.2.1. The event ~~sponsor~~ organizer (or ~~their~~ designee) ~~will~~ shall submit a Post-Event Treatment Report (PETR) to ~~the EMS Agency~~EMSA, within three (3) business days of Special Event ~~event~~ conclusion. The report will provide a summary of the medical incidents during the Special Event ~~event~~ that involved the EMS ~~plan~~ medical resources. This summary ~~will~~ must include, at a minimum:

11.2.2. ~~the n~~Number of patients seen at ~~the first aid station(s)~~First Aid Station(s) or other facilities

11.2.3. Age

11.2.4. Gender

11.2.5. Chief Complaint

11.2.6. Disposition

11.2.7. If transported~~,~~

11.2.7.1. Number of patients transported

11.2.7.2. Whether transport was emergent (Code 3) or non-emergent (Code 2)

11.2.7.3. Which EMS provider agency completed the transport

11.2.7.4. Ambulance unit number

11.2.7.5. Hospital destination

11.2.8. Number of patients that were assessed, treated or transported by a 9-1-1 resource

11.2.9. ~~their age, gender, chief complaint, and disposition.~~

~~**11.1.**~~

12. MEDICAL PLAN COMPLIANCE

12.1. EMSA may conduct a site verification visit to ensure the on-site Special Event medical plan is consistent with what was filed and approved by EMSA.

12.2. Site visits may require pre-visit submissions including, but not limited to:

- **12.2.1.** On-site point of contact name(s) and contact info
- **12.2.2.** Temporary credentials or entry instructions for EMSA staff
- **12.2.3.** List of medical staff including names, credentials, and license/certification number

12.3. On-site, EMSA may assess:

- **12.3.1.** Crowd size and activity
- **12.3.2.** Staff and credentials
- **12.3.3.** Equipment and supplies
- **12.3.4.** Resources and staging areas
- **12.3.5.** Communications plan

12.4. EMSA may take formal actions for the following circumstances:

- **12.4.1.** Failure to comply with site verification requirements.
- **12.4.2.** A site verification visit does not match the approved Special Event medical plan.
- **12.4.3.** Grossly inaccurate crowd size under Section 4.1.5.
- **12.4.4.** Failure to provide patient counts in real-time under Section 11.1.
- **12.4.5.** Failure to submit a post-event treatment report under Section 11.2.
- **12.4.6.** Greater than expected EMS demand resulting in EMS resources, such as state ambulance strike team(s), being requested by EMSA for deployment to the 9-1-1 system or directly to the Special Event as a result of impacts to the EMS system.

12.5. For non-compliance, EMSA may:

- **12.5.1.** Issue a written notice to the event organizer, which may including permitting agency.
- **12.5.2.** Rescind and/or suspend any future operational periods as listed on the same medical plan and/or any other medical plans by the same event organizer that are pending or already approved. Medical plan review fees will not be refunded and new medical plan review fees must be paid.
- **12.5.3.** Re-determination of event Level. This re-determination includes suspension of established one-time 1 Level reduction for mitigating factors.
- **12.5.4.** If the request was a result of inadequate Special Event medical planning or a surge of EMS calls at a Special Event (or resulting in using extensive 9-1-1 resources), recover direct and indirect costs from the event organizer related to a state strike team request and deployment.

12.6. A Special Event organizer or EMS provider agency may appeal EMSA's decision by submitting responsive documentation and identify factual inaccuracies of an adverse compliance finding.

~~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 EMSA Policy # 4040 (Patient Consent for and Patient Refusal of Emergency Medical Care and Transport)~~Policy #4040~~.

13.2. An EMT ambulance can transport without paramedic assessment only if they meet criteria outlined in ~~Policy #4044 Section 5~~EMSA Policy # 4044 (Scene Management), Section 5.

13.3. PDT and AMA at Special Event ~~special events / mass gatherings~~ approved under EMSA Policy # 7010 (EMS at Special Events) shall follow the BLS 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~~ an ALS assessment.

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

13.5. ~~An EMT~~A BLS ambulance can transport without a paramedic assessment from a Special Event ~~special event~~ when authorized under ~~separate EMSA policies~~ EMSA Policy # 4044 (Scene Management) or EMSA Policy # 8000 (Multi-Casualty Incident Policy) 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

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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~~special event~~. ~~An event~~A Special Event must have the available resources based on the highest ranked level based upon known risk factors (~~i.e.,~~e.g. ~~Event~~ event organizer ~~promoter~~ shall follow Level 1 guidelines if ranked to both Level 1 and Level 3).

Mitigating Factors: If ~~an event~~a Special 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 Special Event ~~event~~ shall be reoccurring and meet mitigating factors in flow chart listed below. If a~~n~~ Special Event ~~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 Special Events~~events~~. The reduction is assessed each year.

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

Level	Description
1	*Highest Level for minimum medical resources.* A Level 1 ranking usually results in C~~c~~ity-~~-~~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 Special Event ~~event~~ EMTs are likely to be used heavily. DEC should have an on-site dispatcher. EMSA should have an EMSA ~~Liaison~~ Duty Officer designated for the Special Event~~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 Special Event ~~event~~ EMTs are likely to be used heavily. Depending on the Special Event~~event~~, DEC may have an on-site dispatcher, and EMSA may have a designated EMSA ~~Liaison~~Duty Officer. Usually, a BLS memo is unnecessary for a Level 2 Special Event~~event~~.
3	Requires 1-2 ALS ambulances. ALS is required for a Level 3 ranking. Foot teams, bikes, gators, and Special Event ~~event~~ EMTs shall augment ambulance resources, if appropriate, depending on Special Event ~~event~~ footprint.
4	Requires minimum 1 BLS ambulance. Foot teams, bikes, gators, and Special Event ~~event~~ EMTs shall augment ambulance resources, if appropriate, depending on Special Event ~~event~~ footprint.
5	Requires Special Event ~~event~~ EMTs that can readily access the entire Special Event ~~event~~ footprint.

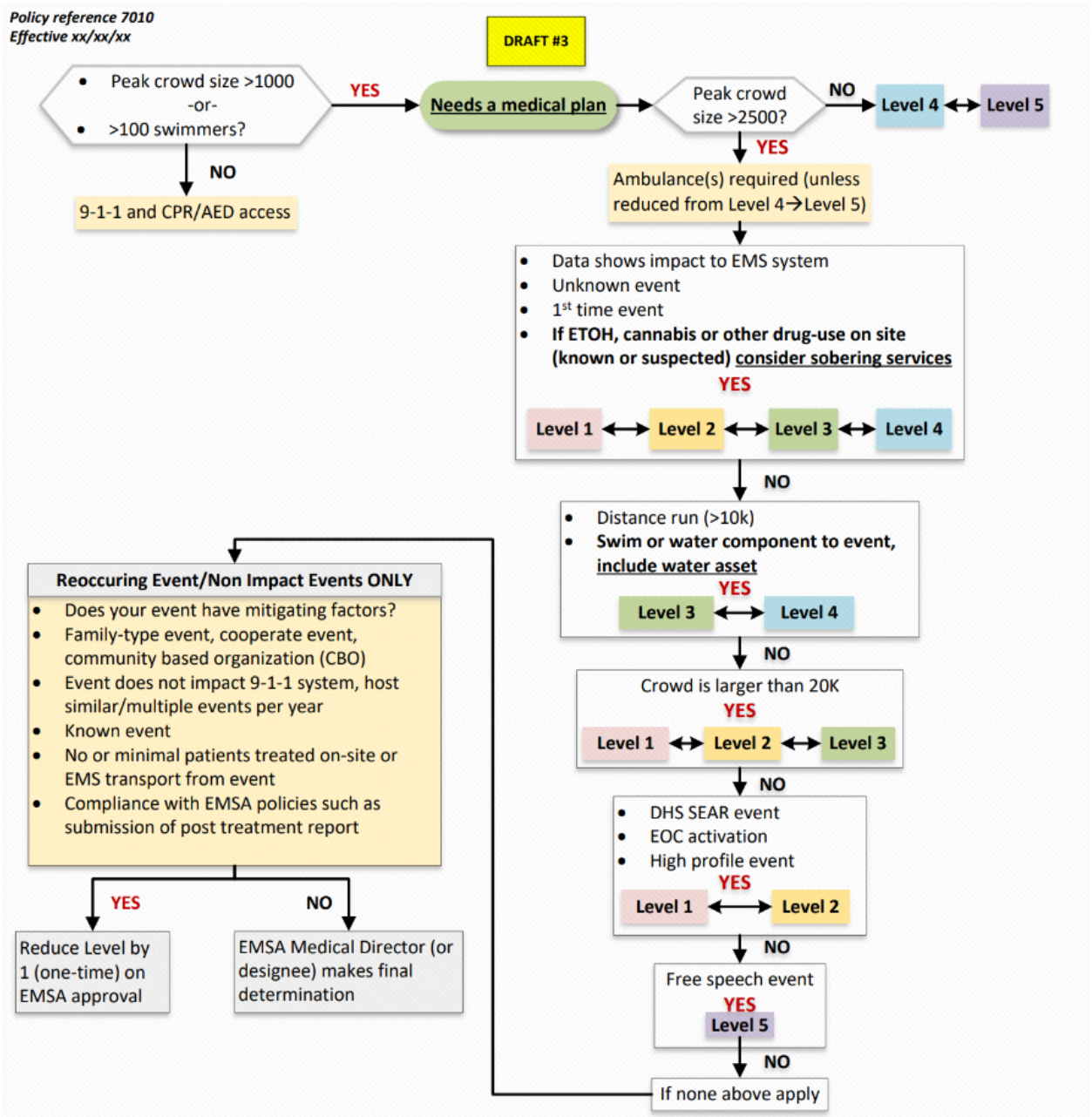
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Swim or Water Events: If a~~n~~ Special Event ~~event~~ has a swim or water component, in addition to the ranked level, the following resources are required/recommended:

- 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~~DEC. EMS personnel must have either:
    - 2+ years 9-1-1 experience
    - Completed ~~L~~EMSA Aquatic Special Event~~Events~~ module
  - Predesignated areas for transport rendezvous must be submitted on map upon plan submission to ~~EMS Agency~~EMSA.
  - 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 Special Event~~Event~~**:** A~~n~~ Special Event ~~event~~ is eligible for a one-step reduction in initial Level designation if the Special Event ~~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 Special Event ~~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 Special Events~~events~~. The event ~~promoter~~ organizer 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).

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Suggested Resources

- **Level 1**=Multiple ALS/BLS (4+) Ambulances, DEC dispatcher, EMSA Duty Officer, memo, Event EMTs
- **Level 2**=Multiple ALS/BLS (3+) Ambulances. Event EMT's
- **Level 3**=1-2 ALS Ambulances, Event EMTs
- **Level 4**=1 BLS Ambulance, Event EMTs
- **Level 5**= First aid tent, Event EMTs
- **Swim or water events**= Paramedic or EMT on boat, EMTs must have 2+ years experience working 9-1-1 (or EMSA approved training)and have direct communications to DEC, consider use of mechanical compressor, Personal Water Crafts (PWCs) do not carry medical equipment and do not replace Paramedics or EMTs on boats
- **All events that do not require a Level determination, must have 911 and CPR/AED access**

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 Special Event ~~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 transport as outlined in Section 13. 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~~GACH is less than the ETA of responding ALS resources.

CPR & 9-1-1 Access: Special Event~~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 E~~e~~vents that potentially require federal government resources and support. These designated Special Events ~~events~~ potentially require Level 1 or Level 2 EMS resources.

Free Speech Special Event~~Event~~**:** Special Events~~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 m~~M~~usculo-skeletal strains and bruises, and giving drinking water ~~and~~ with 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 (all Levels): 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 e~~E~~mergency m~~M~~edicine, c~~C~~ritical care, or u~~U~~rgent c~~C~~are backgrounds, or Nurse Practitioners or other mid-level provider licenses with similar experience. Examples of appropriate Physicians would be those with e~~E~~mergency ~~Medicine~~medicine, f~~F~~amily p~~P~~ractice, s~~S~~ports m~~M~~edicine, i~~I~~nternal m~~M~~edicine or t~~T~~rauma c~~C~~are specialization. Physicians and/or Nurses are recommended for Special Events ~~large crowd sizes or events~~ needing sobering services.~~;~~ Paramedics may be substituted for smaller size crowds as outlines in the Guidelines for Medical Resource ~~in~~ at Special Events Matrix in Appendix A. For Level 1-3 Special Events, First Aid Station(s) should be equipped with the following components, as needed. This includes, but not limited to, continuous patient monitoring with vital sign trending, advanced-provider resuscitation and airway management, trauma care (e.g. suturing), pharmaceutical support (e.g. above ALS scope of practice), exposure hot/cold therapy (e.g. ice bath), and sobering services.

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 ~~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~~at minimum, ~~First Aid Care~~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 (Patient Consent for and Patient Refusal of Emergency Medical Care and Transport)~~EMSA Policy 4040~~, 4.2.1.

Sobering Services: Medically supervised treatment for patients with a primary medical issue of alcohol intoxication as defined by the criteria in EMSA Policy # 5000 (Destination Policy).~~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.~~