



EMERGENCY MEDICAL SERVICES AGENCY

POLICY: 460.00

TITLE: Special Event Emergency Medical Services

EFFECTIVE: DRAFT

REVIEW: DRAFT

SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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## Special Event Emergency Medical Services

### I. AUTHORITY

Division 2.5 of the Health and Safety Code, Sections 1797.204 and 1797.220; Title 22 of the California Code of Regulations, Division 9, Section 100063, 100126, 100146.

### II. DEFINITIONS

- A. **Advanced Life Support (ALS)** —means special services designed to provide definitive prehospital emergency medical care, including but not limited to cardiopulmonary resuscitation, cardiac monitoring, cardiac defibrillation, advanced airway management, intravenous therapy, administration of specific drugs and other medicinal preparations, and other specific techniques and procedures as defined in Health and Safety Code Division. 2.5, Section 1797.52
- B. **Advanced Life Support (ALS) Ambulance** —means an ALS ambulance staffed with a minimum of one Paramedic licensed in the State of California and one EMT certified in the State of California and equipped per the requirements of Mountain Counties EMS Agency Policy 407.00 Ground Ambulance Equipment and Medical Supply Inventory.
- C. **Agency** —means the Mountain Counties EMS Agency
- D. **Applicant** —means an entity seeking approval to provide medical coverage at a special event.
- E. **Attendees** —means the number of event participants, spectators, and all supporting staff at the event.
- F. **Base Hospital** —means a hospital located within the geographic boundaries of the Agency and has been authorized to provide medical control to EMS personnel.
- G. **Basic Life Support (BLS)** —means emergency first aid and cardiopulmonary resuscitation procedures which, at a minimum, include recognizing respiratory and cardiac arrest and starting the proper application of cardiopulmonary resuscitation, including the use of an Automatic External Defibrillator (AED) to maintain life without invasive techniques until ALS is available.
- H. **Basic Life Support (BLS) Ambulance** —means a BLS ambulance staffed with a minimum of two EMTs certified in the State of California and equipped per the requirements of Mountain Counties EMS Agency Policy 407.00 Ground Ambulance Equipment and Medical Supply Inventory.
- I. **Cooling Station** —means a facility or shelter where people may go for relief during periods of extreme heat.

- J. **Emergency Medical Responder (EMR)** —means an individual who has successfully completed a U.S. Department of Transportation, 5640 Hour Emergency Medical Responder course which meets or exceeds the requirements of Title 22, Division 9, Chapter 1.5 of the California Code of Regulations and is currently certified as an EMR.
- K. **Emergency Medical Services (EMS)** —means the services utilized in responding to a medical emergency. These services are specially organized and provide for the personnel, facilities, and equipment for the effective and coordinated delivery of care in a given geographic area.
- L. **Emergency Medical Technician (EMT)** —means an individual who has successfully completed an EMT Course which meets or exceeds the requirements of Title 22, Division 9, ~~and~~ Chapter 2 of the California Code of Regulations and is certified as an EMT by a certifying authority in the State of California.
- M. **First Aid Station** —means a fixed or mobile facility with the ability to provide first aid level care staffed by at least one EMR, EMT, AEMT, or Paramedic. The First Aid Station must be stocked with supplies and equipment necessary to treat the expected type of patients given the event. Additionally, the Station must be equipped with a device to allow communication with the local 9-1-1 Emergency Communications Center and an Automatic External Defibrillator.
- N. **Incident Action Plan (IAP)** —means a plan that documents the medical resources, services, communications, personnel, and system coordination that will be provided during a special event.
- O. **Local Provider** —means an ambulance service provider that is based inside the county whose service area encompasses the special event.
- P. **Medical Station** —means a fixed or mobile facility that is equipped to provide medical care and is staffed with a ~~P~~paramedic, ~~r~~Registered ~~n~~Nurse, ~~n~~Nurse ~~p~~Practitioner, ~~p~~Physician ~~a~~Assistant, or ~~m~~Medical ~~d~~Doctor who has experience in ~~e~~Emergency ~~m~~Medicine, ~~f~~Family ~~p~~Practice, ~~s~~Sports ~~m~~Medicine, ~~i~~Internal ~~m~~Medicine or ~~t~~Trauma ~~c~~Care. The Medical Station must be stocked with supplies and equipment necessary to treat the expected type of patients given the event. Additionally, the Station must be equipped with a device to allow communication with the local 9-1-1 Emergency Communications Center and an Automatic External Defibrillator.
- Q. **Member Counties** —means the counties which participate in the joint powers agreement for local EMS Agency services with the Agency.
- R. **~~Non-local~~Out-of-area Provider** —means an ambulance service provider that will provide services at a special event and is based outside the county where the special event will be held.
- S. **Paramedic** —means an individual who is educated and trained in all elements of prehospital ALS; whose scope of practice to provide ALS is in accordance with the standards prescribed in Title 22, Division 9, Chapter 4 of the California Code of Regulations and is currently licensed as a Paramedic in the State of California.
- T. **Public Safety First Aid (PSFA)** —means an individual who has successfully met the requirements of a course which meets or exceeds the requirements of Title 22, Division 9, Chapter 1.5 of the California Code of Regulations.
- U. **Special Event** —means an activity approved by a governmental agency where a large group of people gather for a specific purpose at a specific location where the potential for emergency response is significant and could overwhelm the daily operating resources of the local EMS system.
- V. **Warming Station** —means a shelter where people can go to stay warm and dry in inclement or cool weather.

III PURPOSE

To identify the requirements for the provision of EMS at a Special Event.

IV. POLICY

- A. EMS shall be provided at all special events within the geographic boundaries of the Agency in compliance with the requirements outlined in Appendix A.
- B. Providers of EMS at special events must meet all of the requirements of this policy prior to receiving authorization to provide service.
- C. Applicant to provide EMS at a special event must submit a completed application and pay all applicable fees a minimum of thirty (30) days prior to an event.
- D. An IAP must be submitted for approval with the application and contain the following items:
  - 1. Event Name
  - 2. Event Description
  - 3. Expected number of participants, spectators, and staff
  - 4. Communications Plan
    - a. List method of communication(s) and frequencies utilized with on scene providers, dispatch agencies, and hospitals
  - 5. Medical Resources
    - a. Type of medical provider in compliance with Appendix A of this Policy.
      - 1. First Aid
      - 2. EMR
      - 3. EMT
      - 4. Paramedic
      - 5. Registered Nurse
      - 6. Nurse Practitioner
      - 7. Physician's Assistant
      - 8. Physician
    - b. If volunteers are utilized as medical providers, please document back up plan if sufficient volunteers do not appear on day(s) of event
    - c. Supplies on scene
    - d. Fixed Resources
      - 1. First Aid Tents
      - 2. On site medical facility
      - 3. Hydration stations
      - 4. Cooling/Warming stations
    - e. Mobile Resources
      - 1. Foot/Cycle teams
      - 2. ATV Teams
      - 3. ALS/BLS Ambulances
      - 4. Air Ambulances
    - f. Contingency plan if on site resources become overwhelmed
    - g. Weather contingency plan
    - h. Evacuation Plan

- E. The transport of any patient(s) from the special event shall be made by the ambulance provider in whose jurisdiction the event is being held except when the Applicant has an ALS/BLS ambulance on site and the ETA of the responding ambulance is greater than the transport time to the closest appropriate facility, and if it is in the patient's best interest, the Applicant may transport via the ALS/BLS ambulance temporarily authorized for the special event coverage if, in the Applicant's opinion, a patient's condition warrants rapid transport. If the Applicant transports a patient, a rendezvous point should be arranged to transfer the patient to an authorized ambulance provider to enable the ambulance covering the special event to return to the event. A rendezvous should especially be considered if the transporting special event ambulance is a BLS ambulance or if the transporting special event ambulance is an ALS ambulance and the transport time is greater than thirty (30) minutes to the closest appropriate facility. Prior to transferring any patient to another provider, the patient's condition and delay caused by transferring care should be considered. Applicant must submit, within 24 hours of a patient transport, an MCEMSA Unusual Occurrence Report (Agency Policy 620.20) outlining the reason(s) for immediate transport of the patient and all patient documentation to the Agency.
- F. Applicant will provide the Agency with an updated IAP no later than 72 hours prior to the event.
  - 1. Any significant changes to the IAP, not previously approved by the Agency, may result in the revocation of approval to provide medical coverage at the event.
- G. Medical care provided at the event must be documented on the Agency Interim PCR found in Agency Policy 560.11 – Documentation of Patient Contact
  - 1. All Interim PCRs must be submitted to the Agency within 72 hours of the end of the event
- H. Applicant must submit an After Action Report ([AAR](#)) found in Appendix B within 72 hours of the end of the event
- I. The destination for all patients transported from the scene of a special event, shall occur in conformance with the following Agency policies:
  - [1. Policy 413.00 – Patient Destination](#)
  - ~~1-2.~~ [Policy 522.00 – Stroke Triage and Destination](#)
  - ~~2-3.~~ [Policy 530.00 – STEMI Triage and Destination](#)
  - ~~3-4.~~ [Policy 553.25 – Trauma Triage and Destination](#)
- J. The transfer of patient care shall conform to the requirements of Agency Policy 412.20 ALS Transfer of Patient Care.
- K. All ALS personnel, upon verification of their licensure status in the State of California, will be issued temporary accreditation to provide care at the special event
- L. Applicant agrees to have on the grounds of the special event:
  - 1. If not providing an ALS/BLS ambulance, all appropriate ALS/BLS equipment as required by the Agency Policy 409.00 LALS/ALS Equipment and Medical Supply.
  - 2. If providing an ambulance, the ALS/BLS ambulance must be completely stocked according to the policies of the County in which it is based. The ambulance must also be currently licensed by the California Highway Patrol, for private providers, for operation in the County in which it is based pursuant to Article I, Section 2501 of the California Vehicle Code and satisfy all requirements as specified in the California Code of Regulations, Title 13, Division 2, Chapter 5, Article 1. A copy of this license and inspection must be submitted with the application for special event coverage.

M. All personnel staffing the special event may only function ~~within~~<sup>to</sup> their scope of practice and must be oriented to the following requirements outlined in this policy:

1. Patient destination criteria
2. Transfer of patient care
3. IAP

N. The Agency will:

1. Assign a Special Event name to be utilized in all communications during the event.
2. Notify and provide the following appropriate entities with the Special Event Plan:
  - a. Air Ambulance Provider
  - b. Ambulance Dispatch
  - c. Base Hospital
  - d. Ground Ambulance Provider
  - e. Fire Dispatch
  - f. Fire Department in whose jurisdiction the event will be held
3. Conduct 100% audit of all transports from the scene of the special event
4. Conduct a random review of patient contacts which occurred during the special event
5. Review the AAR and address any concerns with the special event provider

### Appendix A

## Standards for EMS Coverage at a Special Event

| Total Attendees | 9-1-1 Access & AED | First Aid Stations(s) | Medical Stations(s) | BLS or ALS Ambulance |
|-----------------|--------------------|-----------------------|---------------------|----------------------|
| 51 – 250        | X                  | Recommended           |                     | n/a                  |
| 251 – 500       | X                  | Recommended           |                     | n/a                  |
| 501 – 1000      | X                  | Required              |                     | n/a                  |
| 1001 – 3000     | X                  | Required              |                     | n/a                  |
| 3001 – 5000     | X                  | n/a                   | Required            | ALS *                |
| 5001 – 10,000   | X                  | n/a                   | Required            | ALS *                |
| Over 10,000     | X                  | n/a                   | Required            | ALS *                |

\*Based upon the probability of injury for a given event, the applicant shall coordinate with the EMS Agency to determine the number of ALS ambulances required to be on scene.

## Cooling Stations

| Temperature                                                                                                              |                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 85 – 95 Degrees                                                                                                          | 95 Degrees or Warmer                                                                                                     |
| Free Drinking Water <ul style="list-style-type: none"> <li>Sufficient signage to direct participants to area.</li> </ul> | Free Drinking Water <ul style="list-style-type: none"> <li>Sufficient signage to direct participants to area.</li> </ul> |
| Cooling station(s) suitable to the number of participants                                                                | Cooling station(s) suitable to the number of participants                                                                |
|                                                                                                                          | Shade area(s) to include misters suitable to the number of participants                                                  |
|                                                                                                                          | Consider portable air conditioning based upon the type of event                                                          |

## Warming Stations

| Weather Condition                                                           |                                                                             |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Rain                                                                        | 55 Degrees or Cooler                                                        |
| Disposable (aluminum/mylar) blankets suitable to the number of participants | Disposable (aluminum/mylar) blankets suitable to the number of participants |
|                                                                             | Portable heaters suitable for the number of participants                    |

Appendix B

Special Event After Action Report

|                                                                                                                             |                                |
|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| Name of Event:                                                                                                              |                                |
| Date and Time of Event:                                                                                                     |                                |
| Name of Person Completing Report:                                                                                           |                                |
| Preferred Contact Number or E-Mail Address:                                                                                 |                                |
| Date AAR Submitted to EMS Agency:                                                                                           |                                |
| List differences in medical aid resources between actual and planned Event.<br><i>(attach separate sheet if necessary):</i> |                                |
| Actual Number of Attendees:                                                                                                 |                                |
| Planned medical resources adequate<br>Yes          No                                                                       | <i>If no, please describe:</i> |

|                                            |
|--------------------------------------------|
| <i>Please add any additional comments:</i> |
|--------------------------------------------|

| Summary of Medical Treatment Provided by Event Staff<br><i>Please attach additional sheets of paper if necessary</i> |                                  |                             |                                  |
|----------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------|----------------------------------|
| Problem Description                                                                                                  | # of Persons Treated for Problem | Treatment Provided          | Outcome or Recommended Follow-up |
| <i>Example: Cut and Bruises</i>                                                                                      | <i>5</i>                         | <i>Clean wound; bandage</i> | <i>See Primary MD</i>            |
|                                                                                                                      |                                  |                             |                                  |
|                                                                                                                      |                                  |                             |                                  |
|                                                                                                                      |                                  |                             |                                  |
|                                                                                                                      |                                  |                             |                                  |
|                                                                                                                      |                                  |                             |                                  |

Please submit After Action Report no later than 72 hours following the conclusion of the event to:

Mountain Counties EMS Agency  
Attn: Special Events  
3505 Spangler Lane Suite 405  
Copperopolis, CA 95228  
Fax: 209-529-1496