SAN FRANCISCO EMERGENCY **MEDICAL SERVICES AGENCY**

EMERGENCY MEDICAL SERVICES AT SPECIAL EVENTS

EFFECTIVE DATE: 10/1/24 ***POLICY REFERENCE NO: 7010*** ***SUPERSEDES: 4/1/23***

1. PURPOSE

1.1. Establish minimum standards for emergency medical services at mass gatherings, special events, and reduce impact to the 911 system.

2. POLICY

2.1. The term "Special Event" is used in this policy to refer to: 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.

2.1.1. 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.

2.1.2. 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.

3. SPECIAL EVENT MEDICAL PLANS

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

3.1.1. Event description, including event name, location and expected attendance.

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

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

3.1.4. Descriptions of the following medical resources:

3.1.4.1. Personnel certified in cardio-pulmonary resuscitation, rapid access to automatic external defibrillator(s), and 911 access;

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

3.1.4.3. Ambulance(s) (if indicated; see Appendix A);

3.1.4.4. Mobile medical resource(s) (if indicated; see Appendix A); and

3.1.4.5. 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.

3.2. 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:

3.2.1. Venue staff and/or security personnel, event coordinator, and medical personnel;

3.2.2. Medical personnel located at a first aid station and mobile resources and/or satellite stations;

3.2.3. Medical personnel and the City and County 911 Dispatch Center;

3.2.4. Medical personnel and ambulances as applicable, and

3.2.5. Medical staff at Receiving Hospitals as applicable.

3.3. 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 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.

4. EMT SERVICES AT SPECIAL EVENTS

4.1. On-site medical personnel shall be minimally certified as an EMT-1 in California and equipped to provide the complete EMT-1 Scope of Practice as defined in California Code of Regulations, Title 22, Section 100063. They shall follow San Francisco EMS Agency Policies and Protocols.

4.2. Paramedics equipped and used to provide Basic Life Support need only be licensed by the State of California.

5. PARAMEDIC SERVICES AT SPECIAL EVENTS

5.1. Paramedics, utilizing the Advanced Life Support Scope of Practice, deployed as part of a Special Events Medical Plan shall be:

5.1.1. Licensed in the state of California;

5.1.2. Approved by the EMS Agency as:

5.1.2.1. Accredited in the City and County of San Francisco

5.1.2.2. Endorsement under Policy 7010, Appendix D, Standby NonTransport Paramedic;

5.1.3. On-duty with an approved San Francisco ALS Service Provider for the duration of the event for which they are deployed; and

5.1.4. Equipped to provide Advanced Life Support care.

5.2. 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.

6. AMBULANCE SERVICES AT SPECIAL EVENTS

6.1. Ambulances deployed as part of the approved Event Medical Plan shall be permitted for operation in San Francisco by the EMS Agency.

6.2. Should an ambulance transport from the event, Department of Emergency Communications (DEC) shall be notified. DEC and/or Ambulance Providers will not regularly backfill an additional unit to a special event.

7. AUTOMATIC EXTERNAL DEFIBRILLATORS

7.1. 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 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.

8. PROCEDURES FOR SUBMITTING SPECIAL EVENT MEDICAL PLANS

8.1. Special Event Medical Plans shall be submitted following guidelines posted on the San Francisco EMS Agency website. Plans shall be submitted 30 days in advance.

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

8.3. The EMS Agency Medical Director or designee shall review the Special Event Medical Plan within 15 days and respond to both the event sponsor and the City permitting agency as follows:

8.3.1. Approved without modification.

8.3.2. Approval pending submission of additional information specified by the reviewer.

8.3.3. Not approved with an explanation of the decision.

8.4. The event sponsor may appeal the decision by resubmitting the plan to the EMS Agency Medical Director. A review will occur within 5 days of receipt. The EMS Agency Medical Director's decision shall be delivered to the event sponsor within 5 business days of the review.

9. PROCEDURES FOR SUBMITTING POST-EVENT MEDICAL TREATMENT REPORTS

9.1. The event sponsor will submit an Event Medical Treatment Report, within 3 business days of the conclusion of the event, to the EMS Agency Medical Director or designee. 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.

10. EMS AGENCY STAFF CONTACT

10.1. 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.

11. BLS USE, TRANSPORTATION, AND DOCUMENTATION FROM SPECIAL EVENTS

11.1. If Advanced Life Support (ALS) is available at the special event, an ALS Assessment should occur prior to transport by a Basic Life Support (BLS) ambulance, in accordance with the ALS Criteria in Appendix C.

11.1.1. If an ALS resource is providing triage or determination of BLS patients, the individual or unit shall be designated in the EMS medical plan.

11.2. A BLS ambulance can transport without an ALS Assessment under the following criteria:

11.2.1. The patient does not meet any ALS Criteria (Appendix C) guidelines

11.2.2. The patient is being transported from inside a designated special event or event box.

11.2.3. The event has an approved medical plan on file with the EMS Agency.

11.3. If a BLS ambulance transport from a Special Event, the following conditions shall apply:

11.3.1. On departure from special event, BLS ambulance shall notify DEC of transport. DEC will not regularly backfill an additional unit to a special event.

11.3.2. EMTs transporting from the special event shall have, at a minimum, 4 hours of an EMS Agency approved and provider documented annual training in:

11.3.2.1. Field to Hospital Communications including Early Notification

11.3.2.2. Communications to DEC

11.3.2.3. Patient assessment skills

11.3.2.4. ALS Criteria

11.3.2.5. Hospital Destinations and Designations

11.3.2.6. Hospital Diversion

11.3.2.7. Documentation including Patient Declines Transport (PDT)

11.3.3. The preceding paragraph XI.C.2. is waived if EMT already meets requirements in EMSA Policy 2000, Section 6 “Required Training for Independent Work Assignment on an ALS Ambulance”

11.3.4. All patient transported via BLS Ambulance with or without an ALS Assessment shall submit a PCR and exception report to the EMS Agency within 24 hours of transport.

11.4. A BLS ambulance can transport without an ALS assessment from a special event when authorized under separate EMSA policies.

11.4.1. This policy shall not supersede EMSA Policy 4041 “On-Viewed Incidents.” For critical, life-threatening conditions, the BLS ambulance may transport if the ETA to the closest receiving hospital is less than the ETA of responding ALS resources.

11.4.2. BLS transportation from a special event is intended for MCI/surge plans pursuant to EMSA Policy 7010 or by EMSA medical director approval via memo. BLS transportation is not to be utilized in regular, daily 911 operations and responses.

11.4.3. Documentation

11.4.3.1. EMTs that are an approved resource within an approved EMS medical plan may respond, evaluate, and create PDT documentation (NOT Against Medical Advice).

11.4.3.2. All AMA patients require an ALS Assessment and shall follow Policy 4040 procedures.

12. AUTHORITY

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

12.2. California Code of Regulation, Title 22, Sections 100063, 100146, 100166, 100168

12.3. San Francisco Transportation Code, Division I, Article 6

12.4. San Francisco Police Code Article 4

12.5. 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 amount 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 911 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 911 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 911 access.

Level 1: Highest Level for minimum medical resources. 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. Department of Emergency Communications (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 911 system.

Level 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, a Department of Emergency Communications (DEC) may have an on-site dispatcher, and EMSA may have an EMSA Liaison designated for the event. Usually, a BLS memo is unnecessary for a Level 2 event.

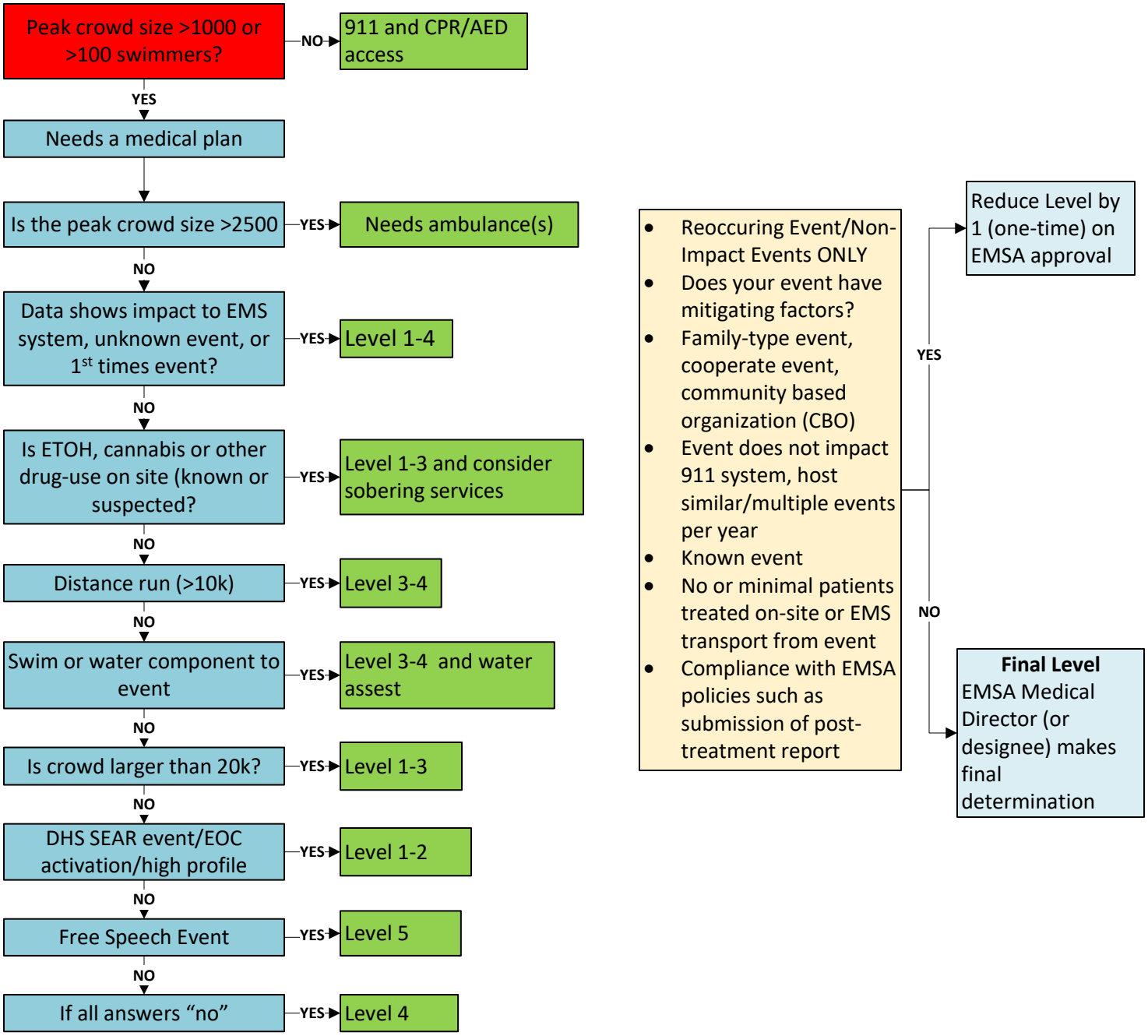
Level 3: A Level 3 ranking requires 1-2 ALS ambulances. ALS is required for a Level 3 ranking. Foot teams, bikes, gators, and event EMTs shall augment ambulance resources, if appropriate, depending on event footprint.

Level 4: A Level 4 ranking requires at a minimum 1 BLS ambulance. Foot teams, bikes, gators, and event EMTs shall augment ambulance resources, if appropriate, depending on event footprint.

Level 5: A Level 5 ranking requires event EMTs that have the ability to readily access the entire event footprint.

Swim or Water Events: If an event has a swim or water component, it shall have the additional resources in addition to the ranked level. A Paramedic or EMT shall be stationed on a boat with deck access to perform high quality CPR. If an EMT is utilized, the EMT shall have 2+ years of 911 experience and have direct access to 911 Center. Use of a mechanical compressor on the boat shall be considered. 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.

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 911 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 911 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.



Suggested Resources

- **Level 1**+Multiple ALS/BLS (4+) Ambulances, DEC dispatcher,EMSA Liaison, 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
- **Swim or water events**= Paramedic or EMT on boat, EMTs must have 2+ years experience working 911 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 Leval determination, must have 911 and CPR/AED access**

APPENDIX B

DEFINITIONS SPECIAL EVENT MEDICAL RESOURCES

CPR & 911 Access: Event staff and/or safety personnel have the capability to notify 911 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.

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 Station 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 911 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 911.

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 outlines in the Guidelines for Medical Resource in Special Events Matrix in Appendix A.

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 unless the following criteria are met in Section X 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.

ALS (Advanced Life Support) Ambulance: An ambulance staffed by at least one Accredited Paramedic and one EMT (ALS) or two 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.

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 (See Appendix D). 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, Section IV, B.

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. If the resources is an EMT, the EMT must have 2+ years of experience working in a 911 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.

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.

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.

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

APPENDIX D

USE OF STANDBY, NON-TRANSPORT PARAMEDICS

This is a pilot program that has a 1-year effective date on policy implementation. This Appendix will be removed from policy 1-year after effective date unless otherwise extended by EMSAC. For consistency and clarification, EMSA Policy 2000, II, B, 2 and EMSA Policy 2050, II, B are waiver for this pilot for Paramedics meeting criteria for this pilot.

A. Standby, Non-Transport Paramedics may be utilized under the following:

1. Licensed in the state of California;
2. Approved by the EMS Agency under endorsement as Standby NonTransport Paramedic
3. Accredited with a minimum of one Local EMS Agency (LEMSA) in the state of California
4. Meet all application requirements as listed in Section B, 2
5. Equipped to provide a modified Advanced Life Support care as listed below
6. On-duty and employed with an approved San Francisco ALS Service Provider for the duration of the event for which they are deployed
7. Shall follow all San Francisco Policies and Protocols
8. Shall not be used on a watercraft or boat as part of an Event Medical Plan
9. Must complete a full patient care record for patient care and treatment
10. ALS Provider shall review 100% of patient contacts with Provider Medical Director oversight via Provider Quality Improvement Plan

B. Training, Orientation, and Applications:

1. Standby, Non-transport Paramedics shall take an EMS Agency approved 8-hour orientation course instructed by the San Francisco ALS Provider for initial endorsement and for every 2-year renewal cycle, which includes:
    a) Radio use
    b) Base hospital contact procedures
    c) Hospital and specialty center designations
    d) Protocols, policies, and documentation specific to San Francisco
    e) EMS Agency Policy #4041 Physician on Scene
    f) Documentation procedures such as Patient Declines Transport (PDT) and Against Medical Advice (AMA)
2. An applicant for endorsement shall submit a copy of the following:
    a) State of California Paramedic Licensure
    b) Driver's License
    c) LEMSA accreditation (may be any LEMSA state-wide)
    d) Proof of orientation completion

e) Proof of current Healthcare Provider CPR, ACLS, PALS, PTLS
f) Expiration will be based on License OR termination of employment, whichever is first

C. **Operations**:
1. Standby, Non-transport Paramedics shall not transport or ride-in to a Receiving Facility with a patient from a Special Event footprint
2. Use is for first aid stations, bikes, carts, and foot teams to augment transport ALS resources
3. Standby, Non-transport Paramedics shall use the regular Paramedic Scope of Practice
4. Use Base Hospital per San Francisco policy or medical direction