

District of Columbia Department of Health  
Health Emergency Preparedness and Response Administration

# Special Events Health, Medical and Safety Planning Guide

August 2013





## Table of Contents

Dear Special Event Coordinator:.....	3
Special Events Health, Medical & Safety Plan Check List.....	4
Health, Medical & Safety Planning Matrix.....	6
Developing the Health, Medical and Safety Plan.....	7
Event Type.....	7
Number of Participants.....	7
Medical Assets .....	7
Communications .....	7
Pre-Event Health and Safety Meeting.....	8
Extreme Weather Conditions or Temperature .....	8
Annex A: Medical Assets.....	8
Medical Assets, Medical Aid, Aid Stations and Ambulances .....	8
Basic Life Support (BLS) Aid Station with EMTs .....	9
Advanced Life Support (ALS) Aid Station with Paramedic/Nurse/Physician .....	9
BLS or ALS Ambulance.....	9
Mobile Teams.....	9
Annex B: Health, Medical & Safety Template.....	10
Annex C: District of Columbia DOH Certified Emergency Medical Services Agencies.....	11
Annex D: Event Report.....	11



**Dear Special Event Coordinator:**

Thank you for your time and energy in preparing your special event. We recognize the enormous effort each event entails and want to support you in developing a plan. To ensure the safety and well being of all who participate, we are requesting a Health, Medical & Safety plan which must be completed before DCRA approves your event for a license. Enclosed you will find a checklist of actions to complete for approval, as well as a simple guide to help in the creation of your plan. Please read the document carefully. This document and its related template are intended to guide the planning process. Depending on the type of event, there may be instances where the Department of Health requires additional information of preparedness measures. Each special event will be evaluated on a case by case basis.

Please do not visit our office without an appointment. We will not grant a same day signature for walk-ins.

Your plan should be submitted electronically via email to the HEPRA Special Events Point of Contact, Samuel Vigersky, [Samuel.vigersky@dc.gov](mailto:Samuel.vigersky@dc.gov). Electronic copies are the preferred method for us to approve your plan. You may also fax to DOH-HEPRA at 202.671.0707 or drop off at DOH-HEPRA at 55 M Street, SE. Our preferred method is email. Your final plan must include a completed Health, Medical & Safety Plan, and if necessary, a contract or confirmation letter from the required emergency medical services provider. Upon submission, DOH staff will review your plan for approval. The plan should be submitted to DOH no later than 30-days prior to the event. DOH-HEPRA reserves the right to refuse approval if the plan is submitted less than 30 days prior to the event. Once the requested information is provided, we will be happy to give approval.

Please contact me directly if you have any questions at [Samuel.vigersky@dc.gov](mailto:Samuel.vigersky@dc.gov). or (202) 631-0764.

We look forward to your event!

Best regards,

Sam

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## Special Events Health, Medical & Safety Plan Check List

*At a minimum, all plans must include:*

- Description of the event
- Number of participants
- Name of health and safety lead for the event, and their contact information
- List of medical assets
- Communication plan
- An overview explaining your commitment to hold a pre-event health and safety meeting
- Contingency plan should a weather event transpire

In addition to the minimum components, please consult the health and safety matrix on page 5 to determine if you need the following:

- BLS First Aid Station
- ALS First Aid Station
- BLS Ambulance
- ALS Ambulance
- Mobile Teams

Please note that for all events requiring BLS, ALS or mobile team support, a contract or letter of intent with the health provider must be submitted with this document



## Health, Medical & Safety Planning Matrix

Event Type	Crowd Size (anticipated)	CPR & 911 Access	First Aid BLS	First Aid ALS	First Aid Station with Physician	BLS or ALS Ambulance	Mobile Teams
Concert/Music Festival	<3,000	X	x	*			
	3,000-15,000	X		x		BLS*	*
	15,000-50,000	X		x	*	ALS (X)#	X
	>50,000	X			x	ALS (X)#	X
Athletic/Sporting Event	<3,000	X	X	*			
	3,000-15,000	X		X	*	BLS (X)	X
	15,000-50,000	X			X	ALS (X)#	X
	>50,000	X			X	ALS (X)#	X
Parade/Block Party/Street Fair/Outside Venue	<3,000	X	*				
	3,000-15,000	X	x	*		BLS*	*
	15,000-50,000	X		X		ALS (X)#	X
	>50,000	X				ALS (X)#	X
Conference or Convention	<3,000	X	*				
	3,000-15,000	X	X	*		BLS*	*
	15,000-50,000	X		X	*	ALS (X)#	X
	>50,000	x			X	ALS (X)#	X

X= Required

\*= Recommended

# = Multiple Units may be required depending on history and size of event

ALS = Advanced Life Support (see annex for list of service providers)

BLS = Basic Life Support (see annex for list of service providers)

EMT = Emergency Medical Technician

## **Developing the Health, Medical and Safety Plan**

The Special Events Health, Medical and Safety plan should provide an overview of the event and the health, medical and safety procedures that will be utilized during the event. DOH-HEPRA staff review the Special Events Health, Medical and Safety plans to ensure that the plans meet the minimum standards for the size and type of event, as defined in this policy.

At a minimum, your final submitted plan should include the following:

- Event type, with date and hours of operation
- Anticipated number of participants
- Name of your health and safety lead for the event, and their contact information
- Medical assets
- Communication plan
- A commitment to hold a pre-event health and safety meeting
- A contingency plan should a weather event transpire

### **Event Type**

Please consult the Health and Medical Matrix and identify what kind of event you are going to have. We also need to know what hours the event will take place, as well as the day. Fill in this information in Annex A, Health and Medical Plan Template. Please provide a very brief description of your event, the times it will take place, and its purpose.

### **Number of Participants**

Identify the number of participants your event is going to have in total. If, for example, you sold 3,000 tickets for your event, but you anticipate no more than 1,000 people on the grounds during any given moment, use the planning matrix for 1,000 people.

### **Medical Assets**

This will depend on the size of your event. For small events with no required assets, you simply fill in the template by indicating no medical assets are needed. However, it is helpful for you to list medical assets which are available, even if they are not required. This might include a person on staff who knows first aid and/or CPR, or an AED.

### **Communications**

In this section please identify how your staff will communicate with your health and safety lead. This can be done through use of wireless communication, two way radios, or other communication systems. For larger events with BLS and ALS components, the communication plan should include the following (when appropriate):

- Between volunteers/staff and medical personnel located at a first aid station and mobile teams stations
- Between medical personnel and the Office of Unified Communications
- Between medical personnel and ambulances
- Between medical staff and receiving hospital



## **Pre-Event Health and Safety Meeting**

Prior to the event start time, the Health and Safety Lead for each event must hold an informational briefing with staff and volunteers. The meeting should detail all procedures described in the Health, Medical & Safety Plan, as well as encourage vigilance for matters related to safety and health. It should explain the communications plan and point out the various medical resources available and their locations throughout the venue.

## **Extreme Weather Conditions or Temperature**

Washington, DC can be prone to extreme weather conditions. Depending on the time of year you are holding an event, it's important to plan for different types of extreme weather. In this section please indicate your contingency plan should an extreme weather event occur. For example, during a hurricane, you will cancel your event. During a tornado watch or warning, your health and safety lead will direct participants to points of shelter.

## **Annex A: Medical Assets**

### **Medical Assets, Medical Aid, Aid Stations and Ambulances**

Required medical assets are based upon the specifics of the special event, the temperature, the health risks and the anticipated crowd size. All events held within the District of Columbia must have assets in place to provide for the safety and reduce the health risks of the participants and attendees should there be an illness and/or injury.

The following medical assets are required depending on the type and size of your event. It is important to note that this document serves as a guide and the Department of Health may require additional information and/or modifications to these assets on a case by case basis.

#### **9-1-1 Access**

Event staff and/or safety personnel must have the capability to directly notify 9-1-1 via telephone in the event of any medical emergency.

#### **Aid Stations**

DOH requires at least one staffed Basic Life Support (BLS) Aid Station for many events with crowd expectations of 3,000 or greater (please consult the matrix to identify which events qualify). The plan should indicate who will be providing the aid station and/or ambulance services. Examples of a Medical Aid Station are a tent, a clinic, or vehicle of some type (this does not include transport vehicles such as an ambulances). The aid station must have 9-1-1 communications capability which can include cell phones or approved (DC Office of Unified Communications) radio contact. The aid station must be clearly marked as a First Aid Station (i.e., "First Aid Station 1") through a sign or other means. If there is more than one aid station at an event, the station sign should bear a number, and this should correspond to the location of the aid station on the map that is submitted.

It is expected that Aid Stations will have adequate supplies (in accordance with any applicable regulatory requirements) to address the size and nature of the event. The plan should indicate how the aid station will be resupplied in the event more supplies are expended.



In any event where an Aid Station is established, there must be a designated Special Event Physician Medical Director who is responsible for all medical care delivered by the event personnel and currently licensed within the District of Columbia. The medical director should also establish a liaison with the organization that will provide ambulance transport services as well as the DC Fire & EMS Department.

### **Basic Life Support (BLS) Aid Station with EMTs**

A permanent or temporary facility in a fixed location, where medical staff has the ability to provide basic life support (BLS) level care staffed by at least two certified Emergency Medical Technicians or higher skill level personnel authorized to practice within the District of Columbia. BLS level care is defined as treatment of minor medical conditions and injuries by care providers that have received training to at least the EMT level. Examples of BLS care are cleaning, bandaging and localized simple wounds such as scrapes and shallow cuts, providing cold packs for musculoskeletal strains and bruises, and giving drinking water and a place to rest for patients who are mildly dehydrated.

### **Advanced Life Support (ALS) Aid Station with Paramedic/Nurse/Physician**

A similar facility to the one listed above, but staffed by at least one DC certified Paramedic or DC licensed Nurse or higher skill level personnel. It is preferred that the paramedic/nurse be experienced in emergency medical care and triage of seriously ill or injured patients to higher levels of care. In large events that exceed 50,000 attendees, it is recommended that the Aid Station be supplemented with a licensed health care professional, Physician, who must hold a current District of Columbia license. It is preferred that the licensed medical professional be experienced in emergency medical care and triage of seriously ill or injured patients to higher levels of care. Examples would be experience working within Emergency Medicine, Sports Medicine, Internal Medicine or Trauma Care specialization.

### **BLS or ALS Ambulance**

A BLS ambulance must be staffed by two DC certified EMT's, while an ALS ambulance must be staffed with at least one DC certified Paramedic and one EMT (ALS). Events of 20,000 or more require an ALS ambulance on the scene. Include the letter of agreement from the ALS transport provider to meet this requirement.

ALS units may be used to substitute for BLS units. Ambulances may be utilized for first response/mobile teams but cannot be used as a substitute for fixed BLS or ALS Aid Stations. Verification of this requirement can be fulfilled through a proof of contract/agreement with a District Certified EMS Agency.

### **Mobile Teams**

Mobile teams consist of two or more personnel, one of whom must be an EMT or higher level provider (i.e. Paramedic, Registered Nurse, etc) with treatment supplies necessary for the provider's skill level, and communications capability with at least the Aid Stations at the event. The use of Medical Bike Teams is a recommended option.



## **Annex B: Health, Medical & Safety Template**

Health and Medical Lead	<i>Name: Email: Phone:</i>
Event Type	<i>Name: Type: Date: Time:</i>
Number of Participants	<i>Total Number Expected: Average Number Each Hour:</i>
Medical Assets	<i>See Annex A and matrix for specific information on your assets. If you are contracting BLS, and/or ALS, and/or mobile teams, you must submit an invoice or letter proving their commitment to work your event, and level of qualification:  Asset 1: Asset 2: Asset 3:</i>
Communications Plan	<i>Indicate how staff and volunteers will communicate. For questions, reference the communications section</i>
Pre-Event Health and Safety Meeting Plan	<i>Explain your commitment to hold a pre-event health and safety meeting. This means you will hold a meeting the day of the event with all volunteers and staff. This meeting should encourage vigilance for matters related to safety and health. It should reinforce the communication plan and the medical resources made available through your event</i>
Extreme Weather Conditions Plan	<i>Please add a simple line or two about how your event would deal with an extreme weather event</i>



## Annex C: District of Columbia DOH Certified Emergency Medical Services Agencies

- American Medical Response
- Butler Ambulance
- DC Fire & EMS Department
- George Washington University (EMeRG)
- Georgetown University (GERMS)
- LifeStar Response
- Special Events Medical Services

## Annex D: Event Report

For some events DOH may require information to be reported after the event. The DOH-HEPRA Special Events Coordinator will notify you if this is necessary and will provide a list of reporting details (which may include a prescribed form/template) including who to submit this information to and how to submit it. Examples of information that may be requested to report post event include:

- Estimated crowd in attendance for the event
- Number of 9-1-1 medical calls (if using 9-1-1 – for events *under* 2000 participants)
- Number of patients treated in Aid Stations (if applicable). Include total number of patients, total number of patients treated and released, total number of patients treated and transported, and total number of patients who presented with specific chief complaints (i.e. chest pain, nausea, asthma, etc.)

Depending on the event, DOH may request a report on the patient totals at the end of the event or during scheduled times during the event. The follow-up report is very important, in that it allows DOH to collect data to help with planning for future events.