

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

# Special Events Health, Medical and Safety Planning Guide

September 2014



DC DOH-EMS Form 2014-0026B



ORG: Sep 2014



# Special Events Health, Medical and Safety Planning Guide

## Release Notes

September 2014 – Initial Release



## Regulation and Policies

The following table identifies the regulations and policies that influence this manual.

Law	Regulation	Policy	Title	Effective Date
7-2341			EMS Act of 2008	01 June 2009
	29-510		Emergency Medical Services Agency Vehicles: Certifications	06 Dec 2013
	29-511		Emergency Medical Services Agency Vehicles: Non-transport Vehicles	06 Dec 2013
	29-513		Emergency Medical Services Agency Vehicles: Inspections	06 Dec 2013
	29-515		Emergency Medical Services Providers	06 Dec 2013
	29-524		Limited Reciprocity Certifications	06 Dec 2013
	29-549		Transportation of Patients	06 Dec 2013
	29-561		Special Event Medical Aid Stations	06 Dec 2013
		2014-0026	Medical Aid Station Operating Requirements During Special Events	18 Sep 2014
		2014-0027	Medical Aid Station Equipment Standards and Inspection Program	18 Sep 2014



## Preface

### 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 require a Health, Medical & Safety Plan which must be completed before the D.C. Department of Consumer and Regulatory Affairs (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 your planning process. Depending on the type of event, there may be instances where the Department of Health (DOH) requires additional information of preparedness measures. Each special event will be evaluated on a case-by-case basis.

Please submit your Health, Medical & Safety Plan, along with a copy of your *Special Events Application Questionnaire* and medical support invoice (if applicable), via email to the HEPRA Special Events Point of Contact assigned to assist you. Electronic submission is the fastest method for us to review and approve your plan. However, you may also fax your information to DOH-HEPRA at (202) 671-0707. ***Your application must include a completed Health, Medical & Safety Plan, and, if necessary, a contract or signed letter of intent from the required emergency medical services provider.***

Submit your plan to DOH-HEPRA 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.) Upon submission of all appropriate documents (including your Special Event application), our staff will review your plan for approval.

Please contact the Special Events Coordinator if you have any questions at (202) 671-4222.

We look forward to your event!

Best regards,

Brian W. Amy, MD, MHA, MPH, FACPM  
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Washington, D.C. 20003



# Table of Contents

Release Notes.....	2
Laws, Regulations and Policies .....	2
Preface: Intro Letter to Special Event Coordinator.....	4
Special Events Health, Medical & Safety Plan Check List .....	6
Health, Medical & Safety Planning Matrix .....	7
Developing the Health, Medical and Safety Plan .....	8
Event Type.....	8
Participant Numbers.....	8
Medical Assets .....	8
Communications Plan .....	8
Pre-Event Health and Safety Meeting.....	9
Extreme Weather Conditions or Temperature .....	9
Annexes .....	10
Annex A: Health, Medical & Safety Template .....	11
Annex B: Medical Assets .....	12
Medical Assets, Medical Aid Stations and Ambulances.....	12
9-1-1 Access.....	13
Medical Aid Stations.....	13
Basic Life Support (BLS) Medical Aid Station with EMTs .....	13
Advanced Life Support (ALS) Medical Aid Station with Paramedic/Nurse/Physician.....	13
BLS or ALS Ambulance .....	13
Mobile Teams.....	13
Annex C: District of Columbia DOH Certified Emergency Medical Services Agencies .....	14
Annex D: Special Event Reporting .....	15



## Special Events Health, Medical & Safety Plan Checklist

At a minimum, all Health, Medical & Safety Plans must include the following components:

- Event Type
- Participant Number (estimated)
- Name of your event's Health and Safety Point of Contact, (with contact information)
- Medical Assets List
- Communication Plan
- Extreme Weather Conditions Plan
- Pre-Event Health and Safety Meeting (date/location)
- In addition to these minimum components, please consult the Health, Medical & Safety Planning Matrix on page 5 to determine if your event will require the following:
  - Basic Life Support (BLS) First Aid Station
  - Advanced Life Support (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 signed letter of intent with the required emergency medical services provider **must be submitted** with your Health, Medical & Safety Plan.

***To receive approval, a copy of your Special Event Application Questionnaire must also be submitted along with your Health, Medical & Safety Plan and any other required documents.***



## Health, Medical & Safety Planning Matrix

(In accordance with DCMR Title 29 §561 “Special Event Medical Aid Stations”)

Event Descriptions		Required Medical Assets (indicated by an X)					
Event Type	Crowd Size (anticipated)	CPR & 911 Access	Medical Aid Station (BLS)	Medical Aid Station (ALS)	Medical Aid Station (with Physician)	Ambulance(s) (BLS or ALS)	Mobile Med Teams
Concert/Music Festival	<2,500	X	X	*			
	2,500-15,000	X		X		BLS *	*
	15,000-50,000	X		X	*	ALS (1)	X
	>50,000	X			X	ALS (1)	X
Athletic/Sporting Event	<2,500	X	X	*			
	2,500-15,000	X		X	*	BLS (1)	X
	15,000-50,000	X			X	ALS (1)	X
	>50,000	X			X	ALS (1)	X
Parade/Block Party/Street Fair/Other Outside Venue	<2,500	X	*				*
	2,500-15,000	X	X	*		BLS *	X
	15,000-50,000	X		X		ALS (1)	X
	>50,000	X			X	ALS (1)	X
Conference or Convention	<2,500	X	*				
	2,500-15,000	X	X	*		BLS *	*
	15,000-50,000	X		X	*	ALS (1)	X
	>50,000	X			X	ALS (1)	X

X= Required

\*= Recommended

(1) = Multiple Units may be required depending on history and size of event

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

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

EMT = Emergency Medical Technician



## Developing the Health, Medical and Safety Plan

Your Special Events Health, Medical and Safety Plan must provide an overview of the event and the health, medical and safety assets that will be used, if required, during the event. (See Annex A.) The DOH-HEPRA staff will review your Special Events Health, Medical and Safety Plan to ensure that the plan meets the minimum standards for the size and type of event, as defined in this guide.

At a minimum, include the following elements when submitting your final Health, Medical and Safety Plan.

- Event Type (with date and hours of operation)
- Participant Numbers (estimated)
- Name of your event's Health and Safety Point of Contact, (with contact information)
- Medical Assets List
- Communications Plan
- Extreme Weather Conditions Plan
- Pre-Event Health and Safety Meeting (date/time/location)

### Event Type

Please consult the Health, Medical and Safety Planning Matrix (p. 7) to identify the type of event you are going to have. Provide the date(s) and what hours the event will take place. Fill in this information in Annex A (Health, Medical & Safety Plan Template). Please provide a very brief description of your event, the times it will take place, and its purpose.

### Participant Numbers

First, identify the estimated total number of participants for your event. (For example, based upon historical numbers, registration numbers or the number of tickets you plan to sell.) If possible, you are encouraged to estimate the number of attendees per hour. This is especially useful for "come and go" type events such as open air festivals, ward/neighborhood block parties, etc.

### Medical Assets

The size of your event determines the required medical assets. For small events requiring no medical assets, simply indicate in the Health, Safety and Medical Plan that no medical assets are needed (other than a staff member that knows CPR, which is required for all events). However, please list any/all medical assets that may be available, even if they are not required. Some examples include the staff member who knows first aid and/or CPR or the venue has a piece of medical equipment (e.g., an Automated External Defibrillator). If you're considering use of volunteer medical personnel, special considerations apply (see Annex B). List all volunteer personnel in this section.

### Communications Plan

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):



Communications between -

- Volunteers/staff and medical personnel located at a Medical Aid Station(s) and with Mobile Teams
- Medical personnel and the D.C. Office of Unified Communications (OUC)
- Medical personnel and ambulances
- Medical staff and receiving hospital

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

Prior to the event start time, the Health and Safety Lead/Organizer for each event must hold an informational briefing with his/her event 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 course/site/venue.

### **Extreme Weather Conditions or Temperature**

Washington, D.C. 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.) Include how you will monitor local weather information for the latest updates during your event.



## Annexes

- A – Health, Medical & Safety Plan Application
- B – Medical Assets
- C – D.C. DOH Certified Emergency Medical Service Agencies
- D – Special Event Reporting



## Annex A: Health, Medical & Safety Plan Application



Government of the District of Columbia – Department of Health

### Special Event Health, Medical & Safety Plan Application



Event	Name: Date:
Event Type	
Number of Participants	Total Number Expected: Average Number Each Hour:
Special Event Health and Medical Lead	Name: Email: Phone:
Medical Assets	Asset 1: Asset 2: Asset 3:
Medical Asset Provider/Agency	Provider/Agency Name and Contact Info:
Communications Plan	
Extreme Weather Conditions Plan	
Pre-Event Health and Safety Meeting	

**Certification**  
I hereby certify that the information contained within this application is true and complete to the best of my knowledge and belief. I understand and acknowledge that the making of a false statement in connection with this application is punishable by criminal penalties, and may also subject me to civil penalties and to the denial or termination of my application

*Signature of the Event Organizer*

*Date*

**Submit Application to**

**District of Columbia Department of Health**  
 Health Emergency Preparedness and Response Administration  
 Special Events Section  
 55 'M' Street, SE, Suite 300  
 Washington, DC 20003  
 202-671-4222

**Reminder:** Submit a copy of your Special Event Application Questionnaire with this Health, Medical & Safety Plan, and medical assets invoice/letter (if medical assets are required).



## Annex B: Medical Assets

### Medical Assets, Medical Aid Stations and Ambulances

Required medical assets for your event are based upon the specifics of the special event, climatic conditions, 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. These medical assets and services are regulated in accordance with the EMS Act of 2008, and DCMR Title 29, Chapter 29-5 *et seq.* This document serves as a guide and the DOH may require additional information and/or modifications to these assets on a case-by-case basis.

The use of volunteer medical personnel to either supplement or constitute entirely the required medical asset(s) for the special event must be carefully decided upon. It is the event organizer's responsibility to ensure that any Emergency Medical Technician, Paramedic, Nurse, Nurse Practitioner, Physician Assistant, and/or Physician who volunteers possesses a valid D.C. certification/license; and that all volunteers are listed in the Health, Medical & Safety Plan. Similarly, the event organizer is responsible for ensuring that his/her special event has a back-up plan in case any volunteer medical personnel fail to show up for the event.

### 9-1-1 Access

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

### Medical Aid Stations

In accordance with DCMR Title 29 § 561 "Special Event Medical Aid Stations", the DOH requires at least one (1) staffed Basic Life Support (BLS) capable, Medical Aid Station for events with crowd expectations of 2,500 or greater. The DOH-HEPRA requires at least one staffed BLS Ambulance for special events with crowd expectations beginning at 2,500. 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 Medical Aid Station must have 9-1-1 communications capability which can include cell phones or approved (D.C. Office of Unified Communications) radio contact. The site must be clearly marked as a Medical Aid Station (i.e., "Medical Aid Station 1") through a sign or other means. If there is more than one Medical Aid Station at an event, the station sign should bear a number, and this should correspond to the location of the Medical Aid Station on the site map that is submitted.

It is expected that Medical 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 special event where a Medical 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 Special Event Physician/Medical Director should also establish a liaison with the organization that will provide ambulance transport services as well as the D.C. Fire & EMS Department.



### **Basic Life Support (BLS) Medical 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 (2) 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) Medical Aid Station with Paramedic/ Nurse/ Physician**

A similar facility to the one listed above, but staffed by at least one (1) D.C. certified Paramedic or D.C. 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 Medical 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 the Emergency Medicine, Sports Medicine, Internal Medicine or Trauma Care specializations.

### **BLS or ALS Ambulance**

In accordance with DCMR Title 29 §510 “EMS Agency Vehicle Certifications, §514 EMS Agency Vehicle Operating Standards, and §549 “Transportation of Patients”, a BLS ambulance must be staffed by two (2) D.C. certified EMTs, while an ALS ambulance must be staffed with at least one (1) D.C. certified Paramedic and one (1) EMT (ALS). Special events of 20,000 or more attendees 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 Medical Aid Stations. Verification of this requirement can be fulfilled through a proof of contract/agreement with a D.C. certified EMS Agency.

### **Mobile Medical Teams**

Mobile medical teams consist of two (2) 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 & event type, and communications capability with at least the Medical Aid Station(s) at the event. The use of Medical Bike Teams is a recommended option.



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

In accordance with DCMR Title 29 §502 “Certification as an Emergency Medical Services Agency”, an Emergency Medical Services Agency that provides EMS services during a special event must be certified as a District EMS Agency, whether or not it operates an ambulance or response vehicle. An Emergency Medical Services Agency certification shall not be transferable.

Effective as of the date of publication, and subject to change, the following EMS Agencies have completed the Certificate of Need (CON) process as outlined in D.C. Code 44-401 *et seq.* of the Health Services Planning Program Reestablishment Act of 1996; and the CON regulations (Title 22B, Section 4000, *et seq.*) to provide services specifically for special events. Further, these EMS agencies have been certified to provide services in accordance with DC Code 7-2341 *et seq.* of the EMS Act of 2008, and the EMS and Special Event regulations (DCMR Title 29, Chapter 29-5, *et seq.*):

- American Medical Response  
(202) 636-4111; email: [amr.washington.dc@amr.net](mailto:amr.washington.dc@amr.net)
- DC Fire & EMS Department  
(202) 673-3331
- \*\*George Washington University (EMeRG) *\*\*for events on their campus grounds only*  
(202) 994-0249; email: [emerg@gwu.edu](mailto:emerg@gwu.edu)
- \*\*Georgetown University (GERMS) *\*\*for events on their campus grounds only*  
(202) 687-7546; email: [cms233@georgetown.edu](mailto:cms233@georgetown.edu)
- LifeStar Response  
(202) 269-6865
- Special Events Medical Services  
(202) 536-5949; email: [info@specialeventsmedicalservices.com](mailto:info@specialeventsmedicalservices.com)



## Annex D: Special Event Reporting

In accordance with DCMR Title 29 §561 “Special Event Medical Aid Stations”, the EMS Agency supporting your event is required to use a Patient Care Report (PCR) to collect emergency medical services data for all patient encounters, and securely maintain that data for six (6) years.

For some events, the DOH may require information to be reported after the event. Depending on the type and size of the special event, DOH-HEPRA may request a report on the patient totals at scheduled times during the event. In either case, the DOH-HEPRA Special Events Coordinator will notify you and provide a list of reporting details (which may include a prescribed form/ template) including how to submit this information and to whom. Examples of information that may be reportable post-event include:

- Estimated crowd size/population 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 Medical Aid Stations (if Medical Aid Stations were used). 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.)
- Lessons learned

Event reporting is vital because it enables DOH-HEPRA to analyze relevant outcomes to help refine and guide future special events planning.