

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

# Special Events Health, Medical and Safety Planning Guide

September 2011





## Health, Medical and Safety Planning for your Special Event

This document is meant to serve as a guide to assist you in planning for your special event and to assist you in the development of your Health, Medical and Safety Plan. Depending on the type and nature of the event, additional requirements and specifications may be put in place by the District of Columbia Department of Health. All Health, Medical and Safety Plans are subject to the approval of the District of Columbia, Department of Health.

## Developing your Health, Medical and Safety Plan

The Department of Health (DOH)/ Health Emergency Preparedness and Response Administration (HEPRA) is ready to assist you in developing your Health, Medical and Safety Plan. A Health, Medical and Safety plan is required for all events that require DOH approval. The plan for your event is based on the type of event and the estimated number of participants you are expecting. This guide offers recommendations of successful strategies that have been used in past events.

Your plan should provide an overview of the event, and the general safety procedures that will be utilized during the event. Special event medical plans are reviewed by the Special Events Group and should meet the minimum standards for the size and type of event, as defined in this policy.

The Health, Medical and Safety Plan should include the following minimum information:

- **Event Description (*Main Application*)**
  - A general description of the event
  - Where it will occur
  - Date and hours of operation.

*This information should be located on the main application. It does not need to be repeated here if you attached a copy of the main application to your Health, Medical and Safety Plan.*

- **Medical Provisions, Medical Aid, Aid Stations and Ambulances**

This section deals with the specifics of your event's medical aid plan, based on the anticipated crowd size. All events held within the District of Columbia must have provisions in place to provide for the safety and well being of attendees should there be an illness and/or injury.

The following are the various types of medical provisions to be put in place depending on the type and size of your event. It is important to note that this serves as a guide and the Department of Health may require additional and/or modifications to these provisions on a case by case basis.

- **9-1-1 Access**

Event staff and/or safety personnel have the capability to directly notify 9-1-1 via telephone of any medical emergency and are recommended to have provisions on site to provide CPR and have access to an Automated External Defibrillator (AED).
- **Aid Stations**

For events with crowd expectations of 2,000 or greater, you will need to staff at least one Basic Life Support (BLS) Aid Station, and for events of 10,000 or greater you will need to staff



at least one BLS ambulance. In your plan you need to 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. In your plan, you should indicate how you plan to resupply the aid station in the event more supplies than expected are used.

Any event employing an Aid Station must also have a designated Event Physician Medical Director who is responsible for all medical care delivered by the event personnel and is actively 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, with 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 such as a Physician, Nurse Practitioner, and/or Physician's Assistant, all of whom 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 2 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.

*A listing of certified EMS agencies within the District of Columbia that may be able to assist you with medical coverage for your event is included with this document as Appendix A.*

- *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.

- *Events that require onsite DOH Participation and/or Representation*

There are some events, either by their nature, when/where they are held, estimated crowd size, or DOH staff discretion which will require active participation by DOH staff at some level. These events typically include:

- Events with estimated crowds in excess of 60,000 people
- Events that require more than four aid stations (not privately contracted) coordinated by DOH
- Any event determined by DOH, HSEMA or DCFEMS to be a 'high risk' event. High risks event criteria may include, but is not limited to:
  - Outdoor events that occur in extreme temperature or weather conditions
  - Events that are scattered over a large area
  - Events that interact with vehicular traffic
  - Events that may cause security concerns
  - Events that include the use of high risk or hazardous materials (such as professional grade fireworks)
  - Any event that requires HSEMA to stand-up their command center

There is a charge for DOH participation and/or representation on the scene of your event in accordance with the District of Columbia Municipal Regulations, Title 24, Section 720. The current DOH schedule of fees is included with this document as Appendix B.

When DOH participation is determined prior to the event, payment must be received at least one week prior to the event. Events will not be approved until payment has been received.



If DOH participation is requested during the event to mitigate an incident, the Department of Health may seek reimbursement. Future events may not be approved for failure to reimburse the Department of Health for services rendered.

The following table represents the minimum requirements and recommendations for medical provisions depending on the estimated crowd size. All races/runs (i.e. 5K, 8K, etc.) must have at a minimum one ALS ambulance for the event with additional requirements being determined based on estimated crowd/participant size.

Estimate Crowd Size	9-1-1 Access	BLS Aid Station	ALS Aid Station	BLS Ambulance	ALS Ambulance	Mobile Teams	DOH Personnel On Site
1-1999	X						
2,000-9,999	X	X					
10,000-19,999	X	X		X	*		
20,000-29,999	X	X	*	X	X	* BLS	
30,000-49,999	X	X(2)	X	X(2)	X	X BLS-1	
50,000-59,999	X	X(2)	X(2)	X(2)	X(2)	X BLS-1 *ALS	*
> 60,000	X	X(2)	X(2)	X(2)	X(2)	X BLS-1 ALS-1	X

X = Required

\* = Recommended

o *Parades*

Parades offer a unique challenge. While they may draw a sizable crowd, the spectators are typically spread over a large distance (1 or 2 miles is common). Additionally, as the parade moves from Point A to Point B, the crowds tend to disperse once the end of the parade has passed. Because of this, these events typically do not benefit from the use of an Aid Station.

For these types of events, medical resources such as roving/walking medical teams, Bike Teams or ambulances are more versatile. Roving teams can generally move effortlessly along the parade route, and through the use of radios can request ambulance transport if necessary. Further, there is no loss of medical services as the parade moves on and spectators disperse.

If the parade terminates at an event site, an Aid Station may be a consideration at the terminus. This Aid Station could serve dual duty as a staging area for the mobile teams and as a fixed station for the event following the conclusion of the parade.



- **Communications**

Indicate how you intend to stay in contact with other event staff members, as well as contacting emergency services, in the event of an emergency. Direct communications, using wireless means when possible, should be included in medical plans as follows (if applicable):

- Between venue staff and/or security personnel, event coordinator, and medical personnel
- Between and medical personnel located at a first aid station and mobile teams and/or satellite stations
- Between medical personnel and the Office of Unified Communications
- Between medical personnel and ambulances
- Between medical staff and receiving hospitals

- **Map (HSEMA Requirement)**

Include a map showing where major items are to be set up, location of aid station(s) if required, and points of ingress and egress. This is typically done for HSEMA. However, if we do not receive the one you submitted to HSEMA we will request another copy from you.

- **Public Communications**

Indicate how you intend to communicate with the attendees to your event, especially if there is a need to evacuate the event area. Typically this would include items such as a public address system, variable message signs, TV monitors (Jumbo-Trons), etc.

- **Special Considerations<sup>1</sup>**

Include any special considerations for your event, if applicable. For instance, if your event should take place during the extreme heat and humidity of summer, consider such issues as cooling stations, shelters from severe storms, misting tents, etc. In the summer time the Washington DC area is known for sudden, violent thunderstorms that occur, especially in the late afternoon. If your event takes place outside, pre-identify designated storm shelters should a violent thunderstorm threaten the area. If the event occurs outside in the middle of winter, consider using warming busses. If the event is inside a large building, evacuation in the event of an emergency should also be a consideration in your planning.

*Sun Smart*

Encourage the provision and use of shade areas. Encourage the use of sunscreen, creams and hats. The vendor could make such items available for purchase by spectators if vendors are permitted and utilized.

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<sup>1</sup> This section was adapted from the FEMA document, "Special Events Contingency Planning Guide", [http://www.armymars.net/ArmyMARS/EmergencyOps/Resources/spec\\_event\\_planning\\_FEMA.pdf](http://www.armymars.net/ArmyMARS/EmergencyOps/Resources/spec_event_planning_FEMA.pdf)



### *Nutrition*

Encourage food vendors to provide nutritious foods if food vendors are being utilized and permitted. Encourage event organizers to select food vendors that provide nutritious food varieties.

### *Alcohol*

Consider the designation of alcohol-free areas or restrictions on the sale of these beverages. Alcohol-free events will minimize aggressive behavior of spectators and also minimize the use of restrooms and water supply.

### *Water*

An adequate supply of safe drinking water must be available. Guidelines suggest that men above 19 years of age have a daily intake of 3.7 liters of water, while women above 19 have an intake of 2.7 liters daily. Consider event duration and location and the anticipated ambient temperature in determining the quantity of potable water required. It is recommended that the water supply is located in a secure area or have someone guard the water supply.

Appropriate access to drinking water must be available for spectators in a field or outdoor venue, or at events such as concerts that allow dancing, where the activity produces an extreme heat environment.

- **Event Report**

For some events the DOH may require information to be reported after the event. The DOH Special Events Coordinator will notify you if this is necessary and will provide you with 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 :

- 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, you may be requested to report 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 us to collect data to help with planning for future events.

### **Submission of the Plan**

Your plan should be submitted electronically via email to the DOH On-Site Special Events Coordinator at [jason.stroud@dc.gov](mailto:jason.stroud@dc.gov), faxed to DOH-HEPRA at 202.671.0707 or dropped off at DOH-HEPRA at 55 M Street, SE. 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.



## APPENDIX A

### District of Columbia DOH Certified Emergency Medical Services Agencies

As of September 2011

- All American Ambulance  
(301) 933-4357  
[Info@aaatransport.net](mailto:Info@aaatransport.net)
- American Medical Response  
(202) 636-4111  
[amr.washington.dc@amr.net](mailto:amr.washington.dc@amr.net)
- Butler Ambulance  
(443) 334-1221
- DC Fire & EMS Department  
(202) 673-3331
- East Coast EMS (Medical Aid Station Staffing Only)  
(202) 882-9050  
[eastcoastemsassociates@yahoo.com](mailto:eastcoastemsassociates@yahoo.com)
- George Washington University (EMeRG)  
(202) 994-0249  
[emerg@gwu.edu](mailto:emerg@gwu.edu)
- Georgetown University (GERMS)  
(202) 687-7546  
[cms233@georgetown.edu](mailto:cms233@georgetown.edu)
- LifeStar Response  
(202) 269-6865
- Special Events Medical Services  
(202) 536-5949  
[info@specialeventsmedicalservices.com](mailto:info@specialeventsmedicalservices.com)
- Team Critical Care  
(877) 822-1911  
[info@teamcriticalcare.net](mailto:info@teamcriticalcare.net)





APPENDIX B

## DOH Rates (as of 9/2011)

### Basic Medical Aid Station

Item	Cost per Hour	Total
One nurse	\$70	\$70/hr
Emergency Ops Staff Member	\$50	\$50/hr
Medical Supplies		\$300
<b>1<sup>st</sup> Hour</b>		<b>\$420</b>
<b>Additional Hours</b>		<b>\$120</b>

### Advanced Medical Aid Station

Item	Cost per Hour	Total
Two nurses	\$70 each	\$140/hr
Emergency Ops Staff Member	\$50	\$50/hr
Medical Supplies		\$500
<b>1<sup>st</sup> Hour</b>		<b>\$690</b>
<b>Additional Hours</b>		<b>\$190</b>

### Supervisory Personnel

If a Special Event presents a significant risk of overwhelming the District of Columbia's emergency medical services and care system, an emergency operations supervisor from DOH-HEPRA, or its successor agency, will be required at the following cost:

Item	Cost per Hour	Total
DOH-Supervisor	\$ 60	\$ 60

### Command Vehicle

The DOH Command Unit is utilized to monitor forward operations at large events. It is used to coordinate activities between DOH, DC Fire & EMS, HSEMA, the District hospitals and the event's Aid Stations.

Item	Cost	Total
Command Unit	\$100	\$100
Staff Member	\$50/hr	\$50/hr
<b>1<sup>st</sup> Hour</b>		<b>\$150</b>
<b>Additional Hours</b>		<b>\$50/hr</b>