MASS GATHERING & SPECIAL EVENTS INCIDENT PLAYBOOK

HAMPTON ROADS MASS CASUALTY INCIDENT RESPONSE GUIDE

December 2023

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INTRODUCTION

PURPOSE

This Playbook predetermines actions that should be taken before and during a Mass Gathering/Special Event in response to an emergency or otherwise hazardous condition. Flexibility must be exercised when implementing this Playbook because of the wide variety of potential hazards that exist for this event.

BACKGROUND

An effective medical response for delivering emergency medical care at various events lies within the "Medical Action Plan", which functions as a blueprint. It consists of sub-plans, each addressing a different facet of medical care operations or administration. The primary mission behind the development and execution of a medical action plan is to ensure essential goals and objectives are met related to the delivery of emergency medical care.

This Playbook intends to provide a comprehensive guide addressing planning for emergency medical care at mass gathering events through a series of checklists. The checklists serve as a guideline for supporting the planning and execution of emergency medical care delivery for mass gathering events.

The recommendations outlined in these checklists are derived from applying an organized, sequential systems approach to mass gathering event medical care. Emergency medical care delivery at a mass gathering event depends on coordinating the complex interrelationships of many functional components among many operational issues.

Special events and mass gatherings may present unique challenges to public safety event planners. For example, variable weather, unpredictable crowds, the presence of alcohol and other drugs, and difficulty accessing and extricating patients in crowded or austere environments adds barriers to providing standard medical care.

Surges in requests for EMS above a service's daily call volume can severely stress unprepared EMS systems. Additionally, without proper planning and allocation of EMS resources to an event, EMS units assigned to cover a community for emergencies may need to be diverted to provide care at the event, leaving a community without 911 EMS coverage. This document aims to help reduce the risk generated from mass gatherings regarding their potential to create medical events requiring an EMS response.

The EMS System is responsible to its providers and the general public to ensure the usual and customary standards of EMS care are maintained and provided to all persons attending large-scale events with mass gatherings.

DEFINITION OF MASS GATHERING/SPECIAL EVENT

For this Playbook, mass gathering events include, but are not limited to, community celebrations, races (motorized, etc.), concerts, athletic events, and other occasions in which at least 1,000 persons are gathered at one location at the same time (National Association of EMS Physicians).

DELIVERY OF MASS GATHERINGS/SPECIAL EVENT MEDICAL CARE

Delivering emergency medical care at mass gathering events is challenging. Emergency Medical Services (EMS) personnel must navigate through large crowds of people gathered in self-contained clusters or located in discontinuous areas without clear landmarks, challenging timely access to patients.

Frequently, there are physical barriers to accessing patients which prevent using motorized transport vehicles for ingress to or egress from the patient's location. Environmental factors, such as weather, may impact or cause a given patient's illness and contribute to many ill patients within a short time.

Failure of a remote communications system and a lack of available medical resources may cause a delay in patient access and care. Concern for terrorist and multiple casualty incidents at large public gatherings, EMS planners are rethinking deployment of personnel and equipment deployment strategies to better prepare for these types of incidents. The most likely medical emergency at a mass gathering event is a common illness. Still, it may present quite differently than most EMS personnel are accustomed to dealing with in their communities.

MEDICAL ACTION PLAN GUIDING DOCTRINE

A medical action plan outlines specific details about the planning, organization and delivery of emergency medical care at a mass gathering event. It should be based upon experience and statistical research of previous similar events of the same duration, along with objective evidence about elements that have influenced the delivery of emergency medical care.

The medical action plan will likely be influenced by local, regional or state regulations addressing such planning activities. These local regulations/guidelines should encourage and enhance the coordination of critical resources with those of the event itself. The checklist supports essential elements that should be established prior to EMS medical coverage at mass gatherings and special events.

- ☐ Medical Action Plan that addresses the uniqueness of every mass gathering event.
- ☐ Contractual agreements between the event operations director and the event sponsors/organizers/managers.
- ☐ Validation of the Medical Action Plan complies with all local, regional and/or state regulations/guidelines for mass gathering event EMS planning and meets the level of out-of-hospital emergency medical practice in the surrounding community.
- ☐ Distribution of the Medical Action Plan to local, regional, state and federal officials supporting the mass gathering event, even though the local permit process may not require a Medical Action Plan.
- ☐ Copies of the Medical Action Plan must be available on-site to all EMS personnel at the mass gathering event.
- ☐ Medical protocols and procedures addressed in the Medical Action Plan are approved by the event medical director or the medical director of the EMS agency primarily responsible for delivering emergency medical care in the jurisdiction of the event.
- ☐ The medical action plan must include/address the following components:
- ☐ Provisions for physician medical oversight and operational support

- Previous Event Research of demand for and provision of medical care in previous similar or recurring events and Venue Medical Reconnaissance of the event venue elements affecting the need for and access to medical care.
    - Availability of ample event medical services to align with estimated medical care needs.
    - Level(s) of Care to be aligned with anticipated morbidities.
    - Primary and stand-by EMS staff to match expected needs for care.
    - Medical Equipment that matches the levels of expertise for its utilization.
    - Treatment Facilities appropriate to the anticipated magnitude of demand for care.
    - Transportation Resources based upon anticipated demand for levels of care beyond that provided at the venue.
    - Public Health Elements will overburden EMS if not prospectively addressed from a prevention perspective.
    - Access to Care for mapping pathways to appropriate care in appropriate timeframes.
    - Emergency Medical Operations address procedural and tactical aspects of care.
    - Communications support the execution of operations through the coordination of personnel.
    - Command and Control address the provision, organization, and functions of leadership.
    - Documentation is a risk management tool for the event organization and the basis for various outbreaks (i.e., hyperthermia/dehydration, contagion, chemical) surveillance.
    - Continuous Quality Improvement (CQI) supplies the basis for improved care at similar future events.

EMERGENCY MEDICAL OPERATIONS PLANNING ASSUMPTIONS

This Playbook's emergency medical response operations component addresses key operational details central to the successful delivery of emergency medical care.

The event Operational Medical Director (OMD) should ensure that the overall emergency medical operation has the necessary resources to execute the mass gathering/special events operations plan.

- Medical care for celebrities, VIPs, and/or high-ranking government dignitaries is in place.
- Mutual aid plans and the procedure for activating this system are in place.
- Emergency medical care protocols follow the community standard and the reality of the available resources to deliver care.
- EMS personnel will be dedicated to the event and should only be responsible for responding to emergency calls within the defined event coverage area. Through event online medical control, procedures to notify the appropriate jurisdictional EMS provider have been enacted when a response is needed outside the event area.
- EMS personnel will be on-site at a mass gathering event prior to the start of the event and remain for a period after the event concludes.
- EMS personnel have the equipment to respond to cases of sudden cardiac arrest to maximize the victim's chances of survival.
- EMS procedures and medical resources have been deployed to deliver early CPR and defibrillation to victims of sudden cardiac death within 5 minutes of collapse.

AUTHORITIES

The following policies, statutes, bylaws, regulations, executive orders, or directives of powers, authorities, or requirements affect or relate to emergency planning and disaster response in the Hampton Roads Region.

FEDERAL

OSAC 2022-N-0020 Standard for Mass Fatality Incident Management

Robert T. Stafford Disaster Relief and Emergency Assistance Act and Amendments

Homeland Security Presidential Directives #5, Management of Domestic Incidents

Homeland Security Presidential Directive #8, National Preparedness

Title 44 of the Code of Federal Regulations

United States Department of Homeland Security

National Incident Management System (NIMS)

National Response Framework (NRF)

Emergency Management and Assistance, 44 Code of Federal Regulations (CFR)

Hazardous Waste Operations & Emergency Response, 29 CFR 1910.120

Federal Radiological Emergency Response Plan

National Oil and Hazardous Substances Pollution Contingency Plan

Target Capabilities List (TCL) 2.0

Universal Task List (UTL) 2.0

COMMONWEALTH OF VIRGINIA

Commonwealth of Virginia Emergency Services and Disaster Law of 2000, as amended, Title 44, Chapter 3.2 Code of Virginia, §44-146.19 through §44-146.28, as amended.

Commonwealth of Virginia Emergency Operations Plan, Virginia Department of Emergency Management, October 2021.

REFERENCES

ICS and NIMS Guidance from Federal Emergency Management Agency (FEMA)

Homeland Security Exercise and Evaluation Program (HSEEP)

RECORD OF CHANGES

Change #	Page #	Section	Summary of Change	Change Made By	Date
1					
2					
3					

RECORD OF DISTRIBUTION

Department	Point of Contact (by Role)	Phone	Email	Date of Distribution

ACRONYMS

Acronym	Description
AED	Automated External Defibrillator
ALS	Advanced Life Support
AMA	Against Medical Advice
BLS	Basic Life Support
CFR	Code of Federal Regulation
CHF	Congestive Heart Failure
CPR	Cardiopulmonary Resuscitation
CQI	Continuous Quality Improvement
EM	Emergency Management/Emergency Manager
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
FEMA	Federal Emergency Management Agency
HSEEP	Homeland Security Exercise and Evaluation Program
IC	Incident Command or Incident Commander (depending on context)
ICP	Incident Command Post
ICS	Incident Command System
MCI	Mass Casualty Incident
MI	Myocardial Infarction
MD	Medical Doctor
MMRS	Metropolitan Medical Response System
NIMS	National Incident Management System
NRF	National Response Framework
OMD	Operational Medical Director
OSAC	Organization of Scientific Area Committees for Forensic Science
RN	Registered Nurse
TBI	Traumatic Brain Injury
TBSA	Total Body Surface Area
TCL	Target Capabilities List
UTL	Universal Task List
VIP	Very Important Person

Table of Contents

CONCEPTS OF OPERATIONS (CONOPS)

PHYSICIAN MEDICAL OVERSIGHT

The medical action plan's medical oversight component defines the minimum recommended qualifications for the position of the event medical director and its requisite job requirement expectations. Medical oversight at a mass gathering can be provided directly (online/on-site) and indirectly (credentialing, training, protocol development/approval, etc.). However, the event medical director's presence (or that of their physician designee) at the event is preferred for several reasons.

1. On-site physician medical director signifies an organizational commitment to delivering the most appropriate emergency medical care at the event.
2. The emergency medicine literature demonstrates that physicians can positively impact decision-making in the field, especially when it concerns potential non-transports and triage decisions.
3. On-site physician represents a part of the Emergency Medical Services (EMS) community and can often function as its spokesperson or champion for the often-unrecognized efforts of the mass gathering medical sector in crucial resource acquisition.

PHYSICIAN MEDICAL OVERSIGHT CHECKLIST

- ☐ Medical intervention protocols for physician medical oversight must exist for every mass gathering event.
- ☐ Protocols and procedures address aspects of direct and indirect medical oversight functions applicable and unique to each mass gathering event.
- ☐ EMS providers have appropriate medical and operational supervision and/or guidance from a medical command/control authority to safeguard the delivery of appropriate standardized emergency medical care.
- ☐ An organizational chart of the reporting structure regarding medical oversight responsibilities is available on-site and at the Incident Command Post (ICP).
- ☐ The event medical director must be continuously available (either in-person or by some form of remote communication) to all EMS personnel for whom they are responsible during the mass gathering event.
- ☐ Any physician designated to fulfill the event medical director's role on-site must know the details regarding the administration and planning of medical care for the mass gathering event.
- ☐ The event medical director must be readily and easily identifiable by uniform, command vest or other emblems on clothing.
- ☐ The event medical director providing direct medical oversight functions should only become personally involved in delivering care to individual patients if an extraordinary, life- or limb-threatening circumstance occurs at their momentary location.

VENUE MEDICAL RECONNAISSANCE CHECKLIST

Researching previous similar or identical recurring events is to gather and analyze data and information on medical care demand to inform preparations for medical care at the current event. Similarly, medical reconnaissance on the venue wherein the event at issue is to occur also can contribute valuable information on risk factors and obstacles to adequate medical care. Through careful analysis of morbidity-related elements, the details in these two components of the medical action plan are meant to inform the event operations and medical directors in planning successful response interventions to medical emergencies. Many of these variables are supported by published literature as having a direct or indirect relationship to the number of patients requesting or requiring care.

Additionally, a thorough evaluation of the contingent impact of the event on the operations of the local EMS system must be conducted prior to the event. The event medical director must have a sufficient understanding of the respective jurisdictional EMS system operations and capabilities to predict the risk for specific problems that would draw down these resources dedicated to the service of the surrounding community.

- ☐ Assess venue location in relationship to destination hospitals and mobile EMS resources.
- ☐ Assess venue characteristics that affect access to care and ease of evacuation.
    - Review previously documented attendance, upon which initial levels of resources and personnel are based.
    - Review available medical resources.
    - Type of event (e.g., sporting event, festival, or rock concert).
- ☐ Review and assess mitigation strategies used to address the following risks for increased demand for care:
    - Overcrowding (excessive volume and density).
    - Spectator mobility, as an increased risk for lower extremity injuries.
    - Physical barriers to access (i.e., tiered arena levels) spectators.
    - Aisle space insufficiency and blockage by spectator overcrowding.
    - Excessive time for event EMS to access victims in specific, uniquely remote areas of the venue.
    - Entrance/ingress and exit/egress routes for spectators and participants
    - Outdoor events with exposure to toxic fauna and flora (i.e., cross-country running, cycling, equestrian events).
    - Multi-day event duration, increasing risk for contagious infectious disease.
    - Threat of naturally occurring weather dangers.
        - Warm ambient temperature and heat-related illnesses/injuries (outdoor events).
        - Cold ambient temperature and cold-related illnesses/injuries (outdoor events).
        - Sudden or unexpected changes in temperature (outdoor events).
        - Precipitation (outdoor events) increases the risk of injuries from ground-level falls.

        - Threat of thunderstorms with lightning and danger of electrocution.
        - Threat of tornadoes or strong damaging winds.
    - Ingress and egress routes for emergency vehicles.
    - Threats against the event or other security concerns.
    - VIPs in attendance.
    - Potential for violent group behavior.
    - Likelihood of technological disaster occurring during the event (plane crash, etc.).

CONSIDERATIONS FOR EVALUATION AND CARE OF IMPAIRED ATTENDEES

The event operational plan must include procedures to safely contain and restrain attendees who are identified as disruptive to the event, assaultive to other attendees, and/or harmful to themselves. They must be restrained physically for their safety and that of other attendees.

- EMS has security staff nearby fixed locations to support EMS with disruptive individuals that are impaired mentally or physically.
- EMS initial evaluation, treatment and response to any stabilizing emergency medical interventions must be reported to event security and/or operations, with recommendations for one of the following dispositions:
    - Further on-site medical observation, follow-up evaluation, and care appropriate to the venue environment.
    - Immediate EMS transport to an appropriate emergency department.
    - Release of the non-emergent patient to a guardian who is present, able to assume custodial care, and willing to sign an impaired person release form confirming the assumption of care.
    - Release of the patient to law enforcement.
    - Release the non-emergent patient to their independent status only if a normal or baseline mental and ambulatory status is confirmed.
- Strict event EMS documentation of the previous steps must be executed according to guidelines designed and approved by the event operations and medical directors.

LEVEL OF CARE CHECKLIST

The level of care component of the medical action plan defines minimum standards for emergency medical capability at a mass gathering event and the preferred credentials and experience of the medical sector personnel. Basic Life Support (BLS), which includes the ability to deliver CPR, early defibrillation and hemorrhage control, must be the minimally acceptable level of care available at a professionally covered mass gathering event.

- ☐ A basic level of care plan must exist for every mass gathering event.
- ☐ EMS care must support basic life support (BLS) personnel and advanced life support (ALS) personnel and the unique capabilities associated with the chosen level of care that justify this choice.

- ☐ Determine how assets and personnel will be deployed to achieve early defibrillation capability for anyone within the venue to meet a collapse-to-shock goal of 5 minutes or less. This may not be achievable in some situations or environments, so the fastest possible response will be addressed.
- ☐ Ensure all providers assigned to the special event have the education/training of EMS providers regarding medical protocols and/or procedures specific to the event.
- ☐ Develop and distribute electronic or hard copy maps of the venue site to illustrate the locations of basic and advanced life support personnel and resources and their geographic areas of coverage.
- ☐ Ensure the level of care available at any mass gathering event reflects, at minimum, what is available in the surrounding community.
- ☐ When advanced life support resources and personnel are limited at an event, they should be located in a fixed position rather than remaining mobile.

EMERGENCY MEDICAL TECHNICIAN (EMT) PARAMEDIC LEVEL OF CARE CHECKLIST

The role of the EMT-Advanced and Paramedic at a mass gathering event is primarily evaluation, stabilization, and/or treatment of acutely ill and/or injured patients who require advanced life support level care or invasive medical therapy to manage airway, ventilator, and cardiovascular instability.

EMT-Advanced and Paramedic personnel charged with direct patient care responsibilities must be certified or licensed in the state where the mass gathering event is being held unless event medical planners have official government-approved waivers of such requirements.

Use of EMT-Advanced and Paramedics are strongly encouraged in the following circumstances:

- Limited transportation resources.
- Large numbers of spectators and/or participants (potential for large patient volume with a wide variety of medical problems).
- Significant risk for the development of life and/or limb-threatening injury (auto racing, equestrian events, boxing, skiing, etc.) in participants and/or illness in spectators (acute MI, CHF, Asthma, etc.).
- Long transport times to definitive care facilities.
- EMT-Advanced and Paramedics are utilized within fixed treatment facilities and as mobile emergency responders.
- EMT-Advanced and Paramedics are knowledgeable in the unique aspects of mass gathering medical care.
- EMT-Advanced and Paramedics are thoroughly familiar with the incident command system, mass casualty incident response, and field triage.

EMT BASIC LEVEL OF CARE CHECKLIST

The role of the EMT at a mass gathering event is primarily the evaluation and treatment of acutely ill and/or injured patients who require only minor or uncomplicated treatment unless there is no advanced life support capability available.

- EMTs charged with direct patient care responsibilities are currently certified or licensed in the state where the mass gathering event is being held.

- EMTs are certified in CPR and First Aid.
- EMTs may be assigned within fixed treatment facilities, but they should be utilized primarily as mobile emergency responders when ALS capability is available within fixed treatment facilities.
- EMTs charged with direct patient care responsibilities are knowledgeable in the unique aspects of mass-gathering medical care.
- EMTs with direct patient care responsibilities are familiar with the incident command system, mass casualty incident response, and field triage.

CONSIDERATIONS VOLUNTEER AND ANCILLARY MEDICAL PERSONNEL LEVEL OF CARE

- Volunteers and ancillary medical personnel can summon or alert the event's professional emergency medical care providers. Volunteer and ancillary medical personnel are the vital link between the demand for medical care and the organized medical resources and professional personnel purposed to meet that demand.
- Volunteers and ancillary medical personnel may serve as scribes, spotters or in other positions which do not require direct clinical patient care responsibility.
- If patient contact is anticipated, volunteers and ancillary medical personnel are trained and credentialed in CPR and basic first aid.

DEPLOYMENT CHECKLIST FOR MEDICAL STAFF AT SPECIAL EVENTS

- ☐ Strategically position emergency medical personnel to be able to respond and initiate basic life support within five minutes of a request for aid 90% of the time.
- ☐ Be within reliable radio communication capability or visual contact with supervisors or the command post.
- ☐ Ensure advanced life support personnel are assigned to fixed treatment facilities only if ample providers are available to permit roving advanced life support teams without compromising fixed treatment facility staffing capabilities.
- ☐ Deploy EMS personnel before the event begins; when the gates open to spectators, the event operations director should determine the exact time with the venue administrators.
- ☐ Demobilize or dismiss emergency medical personnel only after the event ends and all spectators have left; the event operations director, the event managers and venue administrators will determine when personnel may be demobilized.
- ☐ Proactively deploy roving teams of emergency medical personnel to monitor for emergency medical incidents during events with significant crowd density or other factors that may limit response times or timely patient access.
- ☐ Assign separate groups of emergency medical personnel to care for the spectators or the participants at events where there is a likelihood the number of people who will become ill and/or injured may compromise medical coverage for one group or the other.

MASS CASUALTY INCIDENT AND DISASTER PLANNING CHECKLIST

EMS operations must be prepared for unusual circumstances, such as mass casualty incidents and many disaster scenarios, including the possibility of terrorism by ballistic, nuclear, biological, or chemical attack. No expectations should be made that a complex terrorism response plan will be created solely by the medical sector for every event. However, the event operations and medical directors should participate in multi-agency contingency planning for such scenarios and to educate all EMS personnel about the risks and initial response to these occurrences.

- ☐ EMS operations and medical directors have a plan for the possibility of a Mass Casualty Incident (MCI) or disaster during mass gathering events.
- ☐ EMS operations are prepared to respond to the most likely types of disasters at mass gatherings, e.g., environmental (weather), technological, and manmade disasters.
- ☐ EMS personnel are aware of the procedures regarding disaster operations, including medical protocols and other operational guidelines.
- ☐ All medical personnel have been assigned contingent MCI roles prior to the beginning of the event.
- ☐ MCI roles should be based upon the jurisdictional emergency management agency's MCI plan and be consistent with the National Incident Management System (NIMS) and Incident Command System.
- ☐ Access to an MCI/disaster trailer(s) on-site or immediately available for large-scale mass gathering events, those in which patient volume is expected to be excessive, or those designated as National Security Special Events by the U.S. Department of Homeland Security (DHS).
- ☐ Triage tags are available and have been distributed to both event and jurisdictional EMS.
- ☐ See Hampton Roads Mass Casualty Incident Response Guide for additional EMS response information.

HAZARDOUS MATERIALS RESPONSE AT A MASS GATHERING INCIDENT CHECKLIST

- ☐ EMS personnel have been briefed about potentially hazardous materials at or near the venue.
- ☐ Operational Medical Director (OMD) can maintain close contact with security officials so that they may be alerted to any possibility or threat of terrorism as early as possible.
- ☐ For reasons of secure communications, a law enforcement or security official dedicated to the event have been designated to communicate any official event requests for jurisdictional resources to be activated at the event when event organizers, venue managers, and EMS officials agree that event-dedicated response resources are overwhelmed, with regard to handling an MCI.
- ☐ Hazardous Materials mitigation capability is on-site or immediately available to the event for high-profile mass gathering events and those in which threats considered credible by jurisdictional law enforcement have been received.

EMS COMMUNICATIONS CHECKLIST

- ☐ A basic medical communications plan is operational for every mass gathering event.
- ☐ Communications plans address the number, type and functionalities of equipment necessary and available.
- ☐ Designated radio frequencies, cell numbers, and other supervisory medical personnel contact information have been established and distributed.
- ☐ Communication compatibility and interoperability have been tested.
- ☐ Common or agreed-upon communications language has been identified and integrated into field operations and command.
- ☐ Non-medical personnel, such as ushers, have been provided with communications equipment to alert medical personnel to the presence of a medical emergency.
- ☐ Radio frequency designations should be allocated to the event EMS command post and transportation resources for accurate identification.
- ☐ Redundant communications technology should be utilized to avoid system failure.

EMS ADMINISTRATIVE POSITION CHECKLIST

- ☐ An EMS Operations Director has been appointed for the mass gathering event.
- ☐ Other EMS administrative positions may need to be designated based on event characteristics or local EMS practices.

EMS PATIENT CARE DOCUMENTATION CHECKLIST

- ☐ EMS responders must complete patient documentation on all patient contacts per agency and medical direction protocol.
- ☐ EMS responders have Patient Refusal Forms for patients who refuse medical evaluation and/or care and/or transport against medical advice (AMA). EMS responders must inform patients of the risks of doing so and should sign a statement attesting to their actions. If the patient is unwilling to sign, the EMS responder may document that the patient refused to sign in testimony to the previous.
- ☐ EMS operations have special arrangements and administrative processes designed and set in place for the care and/or refusal/AMA of minors and patients with mental impairment. These processes must be designed and implemented in conjunction with the venue/event security.
- ☐ Receiving hospitals are provided with a copy of the patient care documentation, and if possible, in a time frame corresponding to the patient's stay in the destination facility.
- ☐ Any person who receives medical care, advice or supplies from a medical professional at a mass gathering event will be considered a patient. Likewise, the interaction of event EMS personnel with them will be considered a "patient contact".
- ☐ Documentation will be performed on the status of parent contact whenever minors present as patients.

- Documentation will be performed on patients who present more than once for emergency medical treatment, especially for similar complaints.
- When treatment facilities become overwhelmed by patients, requests for assistance and/or mutual aid should be documented.

Date	Treatment Site 1 ALS/BLS Tent Staffing		Treatment Site 2 ALS/BLS Tent Staffing		Treatment Site 3 Hospital Aid Tent Staffing			Staged Ambulance Unit Staffing	
	EMT-B	EMT-P	EMT-B	EMT-P	EMT-P	RN	MD	EMT-B	EMT-P
1-Monday	2	2	1	1	0	0	0	1	1
2-Tuesday	2	2	1	1	0	0	0	1	1
3-Wednesday	2	2	1	1	0	0	0	1	1
4-Thursday	2	2	1	1	0	0	0	1	1
5-Friday	3	3	3	3	1	3	1	2	2
6-Saturday	3	3	3	3	2	4	1	2	2
7-Sunday	3	3	3	3	2	4	1	2	2

Figure 1. Sample Medical Staffing Schedule

EMS MASS GATHERING/SPECIAL EVENT STAFFING CHECKLIST

The exact number of EMS personnel necessary to deliver appropriate care at fixed treatment facilities and to provide roving coverage that will guarantee a rapid response for life-threatening medical emergencies will differ for every mass gathering event. It is difficult to predict the exact staffing requirements for a specific event. Staffing goals should include as many personnel as possible to avoid burdening the local day-to-day EMS system. The number of personnel should be based on the Hazard Vulnerability and Risk Assessment Tool, statistical estimates, and experience from previous events.

Belgium Ambulance Methodology:
"X" = number of ambulances required
"N" = number of people requiring transport
"t" = round-trip travel time to the hospital, including time to return to service (in hours)
"T" = total time available for operations (in hours)
"n" = number of people to be transported per ambulance
Belgium Ambulance Formula: X = Nt / Tn

EVENT TYPE	CROWD SIZE	CPR/AED/911 ACCESS	FIRST AID STATIONS/EMT	FIRST AID STATION W/PARAMEDIC OR RN	FIRST AID STATION W/ MD	BLS OR ALS AMBULANCE	MOBILE TEAMS
Concert/ Music Festival	<2,500	X	X	#			
	2,500-15,500	X		X		ALS#	#
	15,500-50,000	X		X	#	ALS(X)+	X
	>50,000	X			X	ALS(X)+	X
Sporting Event	<2,500	X	X				
	2,500-15,500	X		X	#	ALS(X)+	X
	15,500-50,000	X					
	>50,000	X					
Parade/Street Fair	<2,500	X	#				#
	2,500-15,500	X	X	X		c	X
	15,500-50,000	X			#	ALS(X)+	X
	>50,000	X			X	ALS(X)+	X
Conference/ Convention	<2,500	X	#				
	2,500-15,500	X	X	#		ALS#	X
	15,500-50,000	X		X	#	ALS(X)+	X
	>50,000	X			X	ALS(X)+	X

Figure 2. Sample Resource Guideline

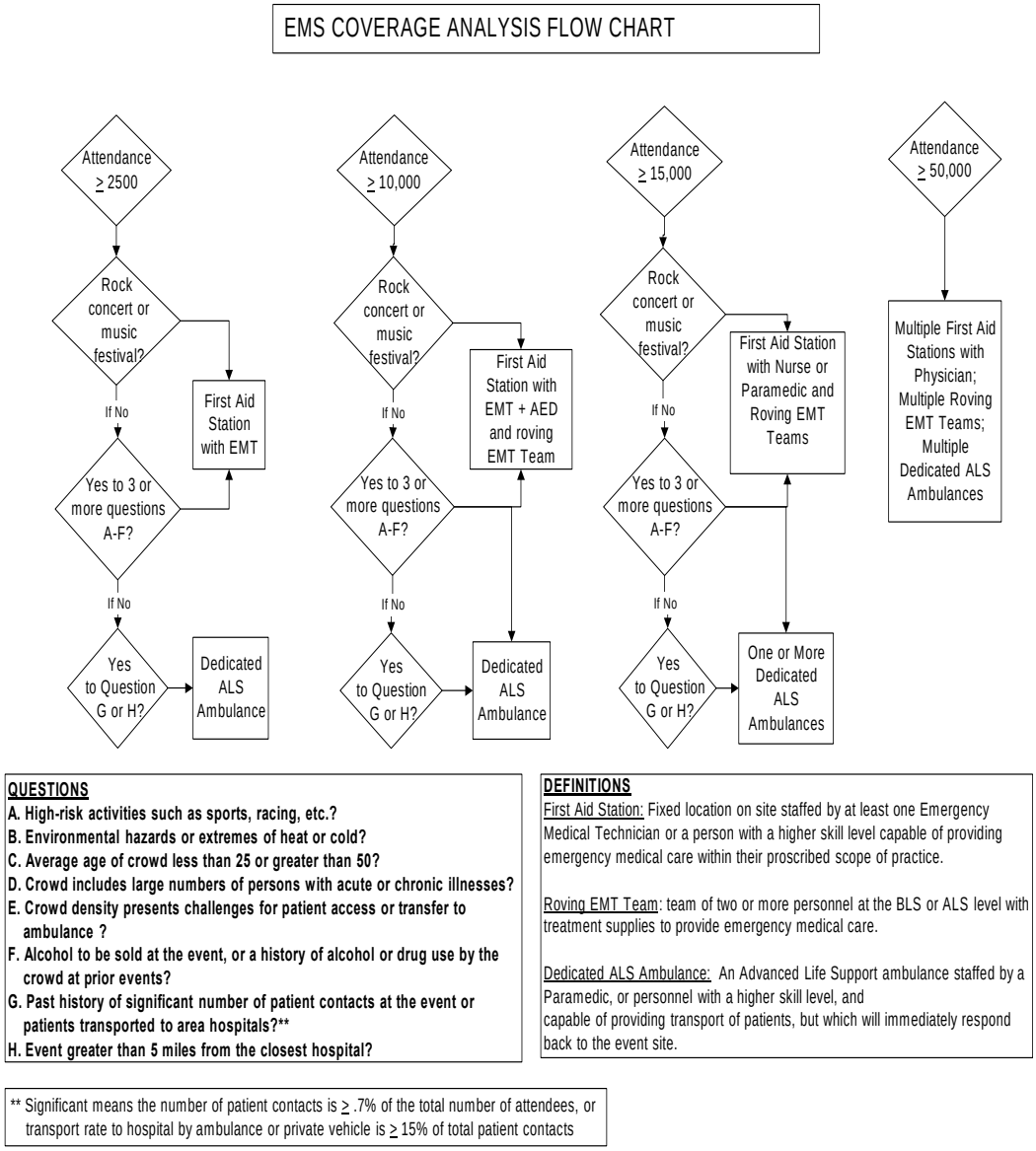

Figure 3. EMS Coverage Analysis Flow Chart

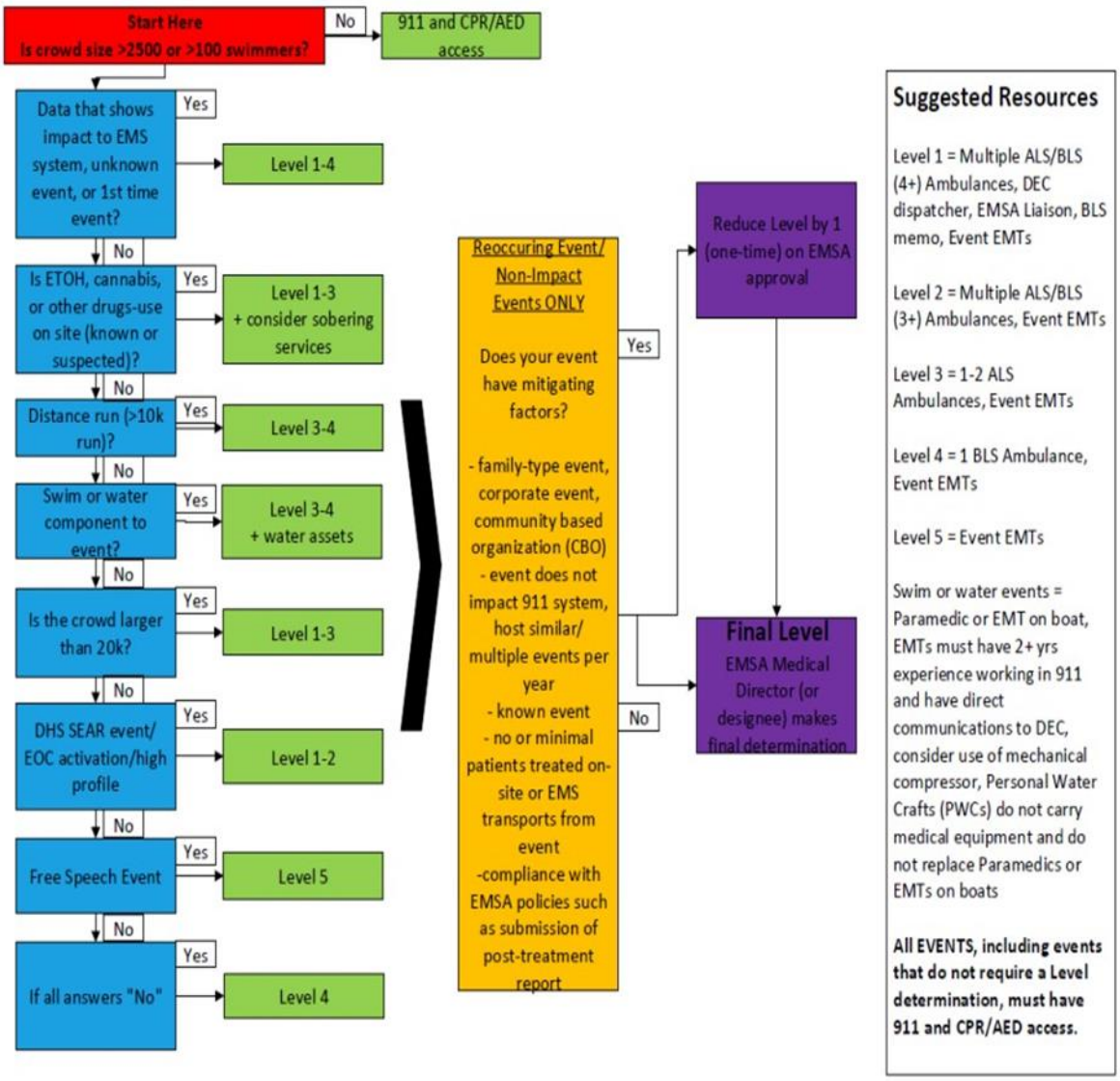

Figure 4. EMS Coverage Analysis Flow Chart

EMS PATIENT CARE SALT TRIAGE

SALT (Sort, Assess, Life-Saving Interventions, Treatment and/or Transport)

- ☐ Begin where you are.
- ☐ Ask anyone who can walk to move to a designated area.
- ☐ Use surveyor's tape to mark patients.
- ☐ Move quickly from patient to patient.
- ☐ Maintain patient count.
- ☐ Provide only minimal treatment.
- ☐ Keep moving!

Remember…Establish COMMAND, SAFETY, SURVEY, SEND, SETUP, AND SALT TRIAGE

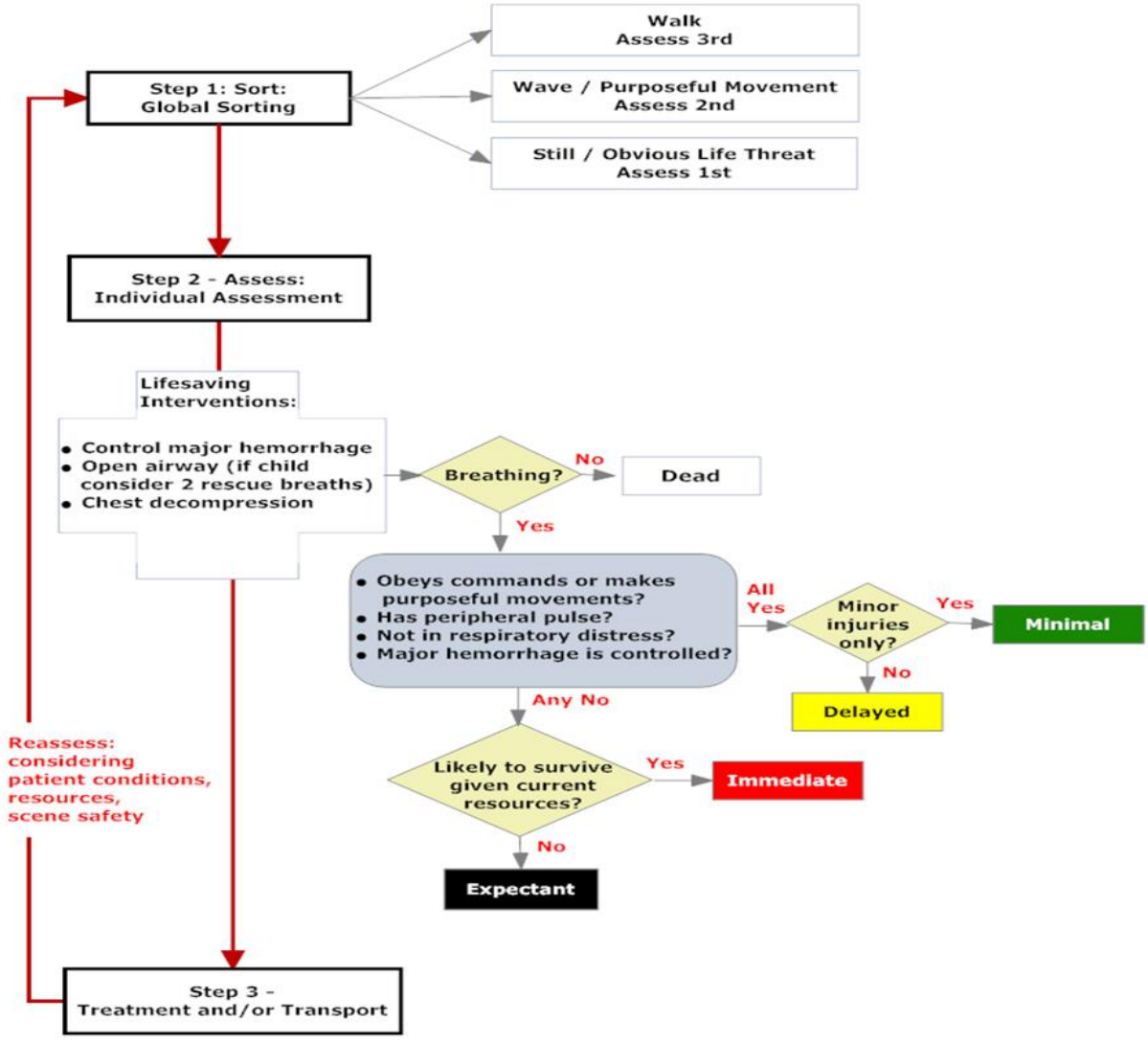

Figure 5. SALT (Sort, Assess, Life-Saving Interventions, Treatment and/or Transport) Triage[1]

[1] https://chemm.hhs.gov/salttriage.htm

SALT TRIAGE CATEGORIES

IMMEDIATE (RED TAGGED)

- Life-threatening injuries/illnesses.
- Risk of asphyxiation or shock is present or imminent.
- High probability of survival if treated and transported immediately.
- Can be stabilized without requiring constant care or elaborate treatment.

DELAYED (YELLOW TAGGED)

- Potentially life-threatening injuries/illnesses.
- Severely debilitating injuries/illnesses.
- Can withstand a slight delay in treatment and transportation.

MINOR (GREEN TAGGED)

- Non-life-threatening injuries.
- Patients who require a minimum of care with minimal risk of deterioration.

EXPECTANT (GRAY TAGGED)

- Not dead but not expected to survive given the injuries and current circumstances.
- Traumatic Brain Injury (TBI) with exposed brain.
- 90% total body surface area (TBSA) burns.
- These patients may be later re-triaged and re-classified if resources change.

DECEASED (BLACK TAGGED)

- Pronounced in place.
- Expired en route to, or in the treatment area.
- Unresponsive with no circulation; cardiac arrest.