Health Service Executive
Requirements and Guidance for
Outdoor Crowd Events

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EXECUTIVE SUMMARY

HSE- Requirements and Guidance for Crowd Events

Each year a large number of outdoor crowd events are held in Ireland. These include concerts, festivals, sporting events, motor rallies, agricultural shows and other similar events. Depending on the nature of the event, its location, the number of attendees and performers these events present varying amounts of risk. The HSE is concerned to manage this risk and to this end has developed these requirements and guidance for outdoor crowd events and an associated staff procedural handbook. These documents will provide for a consistent, risk based approach, to the management of outdoor crowd events by the HSE. They will ensure that limited HSE staff resources are targeted at events in accordance with the event risk profile.

Local Authorities and An Garda Síochána are the other state agencies with responsibilities to manage the risks associated with outdoor crowd events. The HSE requirement/guidance will also contribute to the development of a consistent approach to coordinated interagency management of outdoor crowd events.

The guidance has been developed after an extensive consultation process and will provide clarity and consistency for all HSE staff involved in crowd events. The requirement and guidance will also bring clarity for event promoter as to what is required of them by the HSE and we received very positive feedback from a number of event promoters we engaged with in development of the documents.

Health care arrangements for outdoor crowd events are specified in the Event Medical Plan section of the event plan by the event organiser.

Three aims should underpin an event medical plan for outdoor crowd event:

- Cater for immediate healthcare needs of participants, performers and patrons.
- Reduce the impact of the event on normal HSE services.
- Have some basic arrangements in place for a major incident, should one arise.

Current interagency approach to outdoor crowd events

Under existing legislation events are classified into:

- Licensable i.e. by the local authority under SI 600/2001
- Not licensable.
The procedures set out in SI 600/2001 mainly apply when the anticipated crowd is greater than 5000 and some form of entertainment is planned. Under SI600/2001 the HSE, as a prescribed body is notified of the planned event by the appropriate local authority and the HSE is invited to make a submission on the medical arrangements that should be included in the event plan.

The new approach

The HSE has been advocating for some time with Local Authorities and An Garda Síochána the need to move from the existing narrow definition of which events require a licence, which is purely based on crowd size, to a new more comprehensive risk based approach to determining the level of risk attaching to an events and hence the degree of planning for each outdoor crowd event required.

Our approach has been broadly accepted by these other agencies and our new requirement and guidance for outdoor crowd events reflect same. In tandem with this we are working with the other agencies to develop interagency procedures that reflect this risk based approach.

The Regional Emergency Management Office is to be the single point of contact for both organisers and HSE staff. Guidance for HSE staff is set out in an internal ‘Staff Handbook’ and the administrative procedures including proforma letters are available in the handbook.

The guidance sets out the situations in which the HSE should be notified of certain events and should be sent a draft event medical plan for approval. The fact that the HSE may in certain circumstances be unable to approve a draft medical plan does not of itself prevent the events from going ahead. However we are seeking that all local authorities will make our approval of the event medical plan a condition of granting of a licence.

It is the objective of each of the three agencies involved that the current inadequate legislation will be replaced by a risk based approach consistent with our new guidance.

Conclusion

The HSE’s adoption of these new requirements and guidance for outdoor crowd events and its associated staff handbook provides for a consistent and timely involvement of HSE staff in the management of outdoor crowd events. It will provide clarity for event promoters with regard to our requirements of them in drafting their event medical plan and will clarify their communication routes to the HSE.

It will also standardise our interface with local authorities across the country and will play an important part in the move of all agencies to a risk based approach to the management of outdoor crowd events.
1. Definitions Used throughout This Guidance.

The definitions of terms used throughout this guidance are the same as those used in the appropriate Legislation, Regulations and/or Codes of Practice listed in Appendix 5.

For the purpose of the Planning and Development Act, 2000, an ‘outdoor event’ is a public event which takes place wholly or mainly in the open air or in a structure with no roof or a partial, temporary or retractable roof, a tent or similar temporary structure and at which a crowd is likely to attend.

For the purpose of this guidance, an Event Medical Plan is intended to include medical, First Aid and/or clinical issues but Environmental Health issues can also be included. The Environmental Health Plan and Conditions will be approved by the Environmental Health Service. If more appropriate, the Environmental Health Plan and Conditions could be included in the Event Management Plan and merely referenced in the Event Medical Plan.

An Event Organiser in this guidance is a term applied to any one or all who determine or determines, in whole or in part, the place, timing, size, duration, target or expected attendees, or any other relevant parameter of the proposed event. For the purpose of legal definition an organiser is referred to as a promoter which is further defined in Sec 230 (3) (a) and (b) of the Planning and Development Act, 2000.

An Event Medical Coordinator is a person acting on behalf of the organiser with the role of co-ordinating the activities of all those who have a role in the Event Medical Plan. S/he will liaise with and take clinical direction from the Event Medical Officer if an Event Medical Officer is present. For larger event it would be expected that the Event Medical Coordinator would attend all planning meetings leading up to the event and have an appropriate decision making mandate on behalf of the organiser

If a VES is providing cover at the event, an officer of those services may be appointed by the service to assist and liaise with the Event Medical Coordinator.

An Event Medical Officer is the Medical Officer with overall medical responsibility at the event, who will liaise with the Event Medical Controller on all issues in relation to the treatment of casualties. In the event of a major emergency s/he will liaise with the HSE Controller of Operations. The Event Medical Officer should not assume the role of Event Medical Coordinator in addition to that of Medical Officer.

The term Emergency Medical Controller (EMC) is the post held by members of the NAS or DFB and they are based in an ambulance control centre. At a crowd event there might also be a person doing the same job in Event Control. In an Event Medical Plan, the role of Event Medical Controller is only assigned when there is a separate radio network for event medical control. The Event Medical Controller reports to and acts under the direction of the Event Medical Coordinator.
For the purpose of this guidance ‘definitive care’ means the completion of recommended treatment and is normally carried out in a permanent Health Care Facility as distinct from at an outdoor event. It does not mean the final Health Care Facility to which a patient might eventually be transferred and it does not imply that treatment cannot be completed at an event where suitable medical facilities have been established.

A ‘receiving hospital’ usually means a hospital equipped and staffed to receive and treat patients on an emergency basis. Consequently the nearest hospital to an event may not be a ‘receiving hospital’. An Event Medical Plan may include a proposed ‘receiving hospital’, bearing in mind any appropriate Hospital Access Protocols which may be in place. This in the context of the fact that a patient suffering trauma may benefit from early and direct access to an “appropriate hospital” or “the most suitable hospital” for the purposes of receiving definitive care.

The legislation and the Codes of Practice in this area refer to the term ‘First Aid’. This is now imprecise terminology and, throughout this guidance, more appropriate terminology is used, where required. The term First Aid is used in this guidance to convey the concept of preliminary treatment or to reflect the intention of the relevant regulations, see Appendix 3, page 27, and Appendices 10, 11 and 12. The terms First Aid cover and Clinical cover are also used to distinguish between treatment provided by a Responder and clinical treatment provided by a registered Practitioner.

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1 The term Responder is used in this guidance to cover Emergency First Responders, First Aiders and Cardiac First Responders. The term Practitioner is used to cover Advanced Paramedics, Paramedics and Emergency Medical Technicians. See Appendix 12 for further details.
2. Document Status

This document sets out the standard conditions and recommendations developed by the HSE for HSE staff who are involved in:

(i) Licensed events, as determined by the provisions of the Planning and Development Act, 2000 Part XVI
(ii) Unlicensed events, which the HSE considers to have a risk.

This Guidance Document is intended to apply to licensed crowd events as well as unlicensed crowd events and to cover both medical and general guidance for environmental health issues at such events. There will be other events, to which this guidance will not apply but for which the HSE Environmental Health Service will require notification and an input; such events may not normally include a performance aspect nor may the crowds be such as to require that an Event Medical Plan be submitted.

The guidance outlined in this document should be viewed as part of the HSE’s submission, as a specified agency, made to a Local Authority for the purpose of considering the granting of a licence for a crowd event.

The HSE policy in regard to this guidance is that an event specific plan (the Event Medical Plan), approved by the HSE, should be set by the relevant Local Authority as a specific condition for the granting of a licence for a crowd event.

This document is not a legal interpretation of the governing statutes and regulations relating to the licensing of events.

This document has been developed by the Emergency Management Office of the Health Service Executive (HSE) and, in consultation with HSE stakeholders, may be reviewed and updated from time to time. The most up to date version is available on the HSE website at: www.hse.ie/emergencymanagement.

These requirements and/or recommendations have been adopted by the HSE in December 2012.
3. Introduction

This document provides guidance to HSE staff members as to how they will discharge the HSE’s responsibilities in regard to crowd events.

The HSE is guided by the requirements of Section 184 (1) of SI No 600 of 2001 and, as a prescribed body mentioned in that Statutory Instrument, the HSE is the competent public body charged with the responsibility to give health related advice to any person who intends to make an application for a license.

Any such person, who is in contact with the HSE regarding a proposed event, needs to note that HSE employees will be guided in their dealing with proposed events by this guidance document. As such, they will be unable to give approval to any Event Medical Plan that is deemed to be in conflict with this guidance.

The HSE is concerned with the health care arrangements for events and these should be outlined in each case in an Event Medical Plan. Appropriate health care arrangements must be in place for both the audience attending the event and also for those employed to work at the event or participate in the event.

The event organiser is responsible for the development of the site specific Event Medical Plan, which the HSE attaches as a condition to all licensed outdoor crowd events. The event organiser is also responsible for ensuring that the appropriate medical arrangements are in place for the event.

Merely notifying the HSE of a planned event does not mitigate the responsibility of a to provide adequately for First Aid/Medical cover at the event.

The Regional Emergency Management Office is the HSE point of contact for all crowd event planning. The Regional Emergency Management Office is responsible for the approval of all medical aspects of Event Plans, prepared as part of the review process for outdoor crowd events.

Under Section 7(1) of the Health Act, 2004, the HSE is charged with using the resources available to it ‘in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public’. All relevant legislation and Codes of Practice relating are shown in Appendix 5.

The HSE, therefore, has a duty of care to the public and has responsibility for ensuring:

- that there is adequate First Aid/Medical cover and medical personnel at a crowd event. (This does not mean that the HSE is responsible for providing that cover, only for ensuring that the cover is adequate, regardless of the who provides the cover);

- that any crowd event does not affect the HSE’s level of service to the general public, in the area of the event, or alternatively that the impact of such an event on HSE services is mitigated through consultation with the event promoter / organiser.
- that in the event of a major emergency being declared, while a crowd event is taking place, the HSE has the ability and resources to respond as required.

Events which require an event licence, as set out in SI No. 600 of 2001, Part 16, are outdoor music events at which the expected audience is 5,000 or more people.

However, there is a requirement for the HSE to plan and prepare for other crowd events, which the HSE considers to have risks associated, which are not specifically covered by the Planning and Development Act, 2000 (Part XVI).

The aim of this document is to assist the event organiser so as to ensure that the appropriate medical arrangements (medical, ambulance and First Aid) are in place and to develop the required Event Medical Plan, as part of the licensing requirements. This is so that when the draft Event Management Plan, or a specific draft Event Medical Plan, is submitted, the HSE employees concerned, charged by the HSE with the responsibility of approving such a plan, will be aware that the plan was drafted with the benefit of this guidance.

This document also sets out guidelines for organisers of other types of outdoor crowd events, not just music events, which do not require an event license but do require appropriate medical arrangements and an Event Medical Plan.

The HSE adopts a risk based approach in reviewing events. For many events, a draft Event Medical Plan need not be submitted for approval, if the event size and risk will not be such as to involve the HSE. However, the HSE recommends that an Event Management Plan is prepared for all events, based on a safety assessment of the proposed event.

A draft Event Plan, for all events with a crowd greater than 5000, should be sent to the Local Authority as part of the license application in the event of an event which requires a license and directly to the HSE for approval, in case of events where no licence is required.

If the event has less than 2000 attendees, then an Event Management Plan should be prepared, but there is no requirement to send this plan to the HSE for approval, unless a doctor is required to be on-site or on immediate call for the site. For events which have an anticipated attendance of between 2000 and 5000 and for which a special risk has been identified, a site specific Event Management Plan which includes a medical plan, or site specific Event Medical Plan, should be sent to the HSE for approval. As further guidance, if the risk associated with an event suggests that a doctor is required to be on-site, a draft site specific Event Medical Plan should be sent to the HSE for approval.

Likewise, for events with an anticipated attendance greater than 20,000, the HSE will wish to meet with the organiser to develop an appropriate site specific Event Medical Plan.
<table>
<thead>
<tr>
<th>Description of Types of Crowd Events for which an Event Medical Plan should be Prepared and/or Submitted</th>
<th>Prepare a Plan</th>
<th>Send plan to the HSE for approval</th>
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<tbody>
<tr>
<td>Events with less than 2,000 persons and for which an additional risk <strong>has</strong> been identified</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>Events with less than 2,000 persons and for which <strong>no</strong> additional risk has been identified</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Events with more than 2,000 persons and less than 5000 for which <strong>no</strong> additional risk has been identified</td>
<td>Yes</td>
<td>Notify</td>
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<tr>
<td>Events will less than 5,000 persons and for which additional risk has been identified</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Events with more 5,000 and for which a licence <strong>is required</strong></td>
<td>Submit the plan to the appropriate Local Authority in the first instance who will transmit to the HSE under the terms of SI No 600 of 2001</td>
<td></td>
</tr>
<tr>
<td>Events with more 5,000 and for which a licence <strong>is not required</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Events with more than 20,000</td>
<td>Consult first with the HSE before preparing draft plan</td>
<td>Yes</td>
</tr>
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</table>

*No matter how small the event a plan should always be prepared but, in general, only those events for which more than 2,000 patrons are expected or for which a special risk had been identified are of immediate concern to the HSE.*
4. Risk Assessment

Risk assessment is fundamental to good health and safety management. All promoters / organisers, regardless of the size of the event, are recommended to carry out a risk assessment for their proposed event and to keep a written record of that risk assessment.

Appendix 1 contains the Event Notification Form and this lists some of the considerations that need to be taken into account in preparing a risk assessment, including the location, the type of event proposed, the audience profile and similar factors.

Further guidance on risk assessments is available on the web site of the Health and Safety Authority.
5. HSE Risk Based Approach to Assessing Outdoor Crowd Events

The HSE uses a standard approach for assessing outdoor crowd events. All events are different and the level of planning for each event will be dependent on the audience profile, event type, event history, as well as the size, location and duration of the event.

For each outdoor crowd event the HSE Regional Emergency Management Office will carry out a risk assessment for the event based on criteria such as the following:

- Type of Event
- Timing
- Venue
- Expected Attendance
- Seated/Standing Event
- Audience Profile
- Other Events Taking Place
- Event History
- Hazards and Risks
- Access to Health Services
- Impact and Potential Impact of the Event on HSE Services in the Area

This approach ensures that the level of relevant risk is correctly assessed and low risk events are not subjected to unnecessary levels of planning.

Note: The risks associated with Environmental Health and the statutory requirements in that regard have to be considered separately, irrespective of the size and nature of the event. For that reason the Environmental Health aspects of each event will be referred to the Environmental Health Service for consideration.

There are certain types of outdoor crowd events to which the relevant legislation and Codes of Practice do not directly apply but for which risk analysis would indicate that some level of planning and precautions are required. These include events such as (but not confined to) outdoor agricultural shows, air shows, cycle races, regattas, pyrotechnic displays and parades.

The HSE has a general duty of care to the public and, even for events which do not require a license, HSE policy requires that, where indicated by the risk assessment, an Event Medical Plan must be produced and submitted to the relevant HSE Regional Emergency Management Office for approval.

Under the arrangements set out in the Framework for Major Emergency Management, the HSE, as a Principal Response Agency (PRA), works closely with the other Principal Response Agencies, ie, the Local Authorities and An Garda Síochána. If an event, regardless of the numbers attending, is notified to any of the PRAs, the other two PRAs should also be notified of the event by the PRA that first becomes aware of the event.
In a situation where all three PRA’s identify an event as having a significant risk associated with it, even though a licence is not required, an event planning process, similar to that for licensed events, should be followed.

If an event is notified to any other HSE service that service should automatically notify the HSE Regional Emergency Management Office of the details of the event.

Once it becomes aware of a proposed event, the following is the process that the HSE will follow:

1. The HSE Regional Emergency Management Office will formally notify the event organiser of the HSE’s approach and that the processes set out in Appendix 4 should be followed.

2. The HSE will send the organiser an Event Notification Form (See Appendix 1). When this form is returned, the HSE will determine the appropriate requirements, including whether an Event Medical Plan is required.

3. Where appropriate, the Regional Emergency Management Office will notify all relevant stakeholders within the HSE, including the National Ambulance Service, the Environmental Health Service, the appropriate receiving hospitals (including, specifically, the Emergency Department), the Public Health Service, the appropriate Area Manager and any other relevant HSE service:
   a. Of the requirements that have been set out for this event, such as, the development of an Event Medical Plan, or
   b. That no further action is required, and/or, if appropriate,
   c. That separate Environmental Health arrangements only are required.

4. If an Event Medical Plan is deemed necessary, the HSE will formally advise the organiser that an Event Medical Plan is required and an Event Medical Plan template will be sent to the event organiser for completion (See Appendix 4).

5. The Regional Emergency Management Office will also formally notify the relevant Local Authority and An Garda Síochána that an Event Medical Plan is required.

6. Liaison between the HSE Regional Emergency Management Office and other prescribed bodies and the organiser may take place to facilitate the development of the Event Medical Plan.

7. A key requirement of the HSE is that the Event Medical Plan must be agreed a minimum of two weeks prior to the event taking place. Planning and preliminary notifications must take place prior to that, in order to facilitate any arrangements that need to be put in place.

8. The Regional Emergency Management Office will forward a copy of the Event Medical Plan to all relevant HSE stakeholders (As listed in 3 above).
9. The Regional Emergency Management Office will notify the relevant receiving and supporting hospitals and any other relevant HSE service of the details of the event.

The nature, size and risk associated with some events will require detailed planning and analysis by the various HSE stakeholders for a considerable time before these events are due to take place and this must be taken into consideration by promoters / organisers. Inadequate notice and unreasonable timelines, set by promoters / organisers, cannot be entertained, especially at times of the year when many events require attention from the HSE Regional Emergency Management Offices.

In situations where the event organiser fails to comply with any of the above conditions, the HSE will advise the event organiser that the event should not proceed. In these circumstances, the HSE will then formally notify the key relevant HSE stakeholders of that advice. Subsequent to this, the HSE may also notify the relevant Local Authority, An Garda Síochána, the event health care providers (private and/or voluntary) and/or the landowner and/or the owner of the venue and/or the event insurers that the proposed plan has not been approved by the HSE.
6. Pictogram of the Application Process – Medical Aspects

The Environmental Health aspects are equally important but are not included here since they are not related to the numbers in attendance or to event risks.

If anticipated crowd is <5000 consult the HSE for guidance

Planning a Crowd Event

HSE considers Event in terms of Risks and takes a decision on Medical Cover

HSE recommends Medical Cover & notifies promoter that an Event Medical Plan is recommended

HSE agrees details of Event Medical Plan with promoter

HSE forwards approved Event Medical Plan to become a condition of the grant of licence by the Local Authority

For non-licensed events where the HSE has recommended to the promoter that an Event Medical Plan should be prepared the Local Authority and An Garda Síochána may be notified of that fact

LA decides no license required but HSE considers event carries a risk

(For certain Crowd Events with numbers > 5000, which do not require a Local Authority Licence, the HSE will recommend that an Event Medical Plan is required, on the basis that risks exist other than just attendance numbers.)

Promoter notified by HSE that No separate Event Medical Plan is recommended

Promoter fills out HSE Event Notification Form

Promoter fills out Inter Agency Event Notification Form

LA Copies Event Notification Form to HSE and AGS

Local Authority Approval Process

Promoter notified by Local Authority of a grant of licence with the HSE approved site specific Event Medical Plan as a condition of the grant of licence
7. Applications

It is HSE policy that a site specific Event Medical Plan is set as a specific condition for a grant of an event licence by the relevant Local Authority.

The Local Authority (town, city or county council in whose area the event is being held) holds the primary responsibility for overseeing the planning and licensing of Outdoor Crowd Events. On receipt of a license application for an event, the Local Authority must formally consult with the other ‘prescribed bodies’ – the Health Service Executive and An Garda Síochána. This consultation must take place within five weeks of the date of receipt by the Local Authority of the license application.

All applications for event licenses should be forwarded, by the relevant Local Authority, to the appropriate HSE Regional Emergency Management Office. Details of the four Regional Emergency Management Offices are included in Appendix 6.

The Regional Emergency Management Office is responsible for the processing of all event license applications on behalf of the HSE. All HSE correspondence in relation to an event licence will be sent to the Local Authority to whom the license application was submitted.

A Pre-application consultation:

1. SI No 600 of 2001 provides that any person who intends to make an event licence application may enter into consultation with the HSE in order to discuss the submission of an application. Any such contact should be referred directly to the Regional Emergency Management Office.

   The Regional Emergency Management Office will confirm with the Environmental Health Service that they have been notified of the licence application.

2. When the organiser contacts the Regional Emergency Management Office she/he will be required to provide the information listed in the Event Notification Form. (See Appendix 1)

3. The Regional Emergency Management Office will circulate the pre-application details to HSE stakeholders and invite appropriate feedback.
B Processing of Licence Application

On receipt of a license application for an event the Regional Emergency Management Office will ensure that:

1. Receipt of the application is recorded

2. A copy of the application is forwarded for comment and/or particular requirements to the following services:
   - National Ambulance Service
   - Appropriate receiving hospitals (including ED)
   - Environmental Health Service
   - Any other relevant HSE service such as:
     - Area Manager
     - Public Health Service
     - Community Care
   Note: At this stage or later the REMO may convene a meeting of the relevant HSE services.

3. Note: A letter acknowledging receipt of the application is sent to the relevant Local Authority. This letter sets out the standard conditions applied by the HSE to events. These conditions are set out in Appendix 3.

4. An Event Medical Plan template is sent to the event organiser for completion (see Appendix 4)

5. All stakeholders understand that a key requirement of the HSE is that a site specific Event Medical Plan must be agreed prior to the granting of license. It is HSE policy that a site specific Event Medical Plan is set as a condition for the granting of a licence by the relevant Local Authority.

Following these initial actions:

1. Liaison between the HSE Regional Emergency Management Office and other prescribed bodies and the organiser may take place to facilitate the development of the Health Event Plan.

2. The Local Authority informs the HSE of its licensing decision and issues the HSE with a copy of the license, referencing the agreed site specific Event Medical Plan.

3. The Regional Emergency Management Office forwards a copy of the licence and plan to all relevant HSE stakeholders.

4. The Regional Emergency Management Office notifies the relevant receiving and supporting hospitals, and any other relevant HSE service, of the details of the event.
In situations where the event organiser fails to comply with any of the above conditions, or where the HSE believes the relevant Event Medical Plan cannot be approved, the HSE will formally notify the relevant Local Authority of its concerns and request that the event license not be granted or be suspended, if it has been granted.

In these circumstances if the event license is not suspended by the Local Authority, the HSE will notify the event promoter / organiser, the Local Authority, An Garda Síochána, the health care providers (private and/or voluntary), any other relevant licensing authority and the event insurers that the conditions set out by the HSE have not been met.
Appendix 1 to HSE Requirements and Guidance for Crowd Events - Event Notification Form

**EVENT NOTIFICATION FORM**

This is intended as advance notification of an intention to hold an event. Other agencies such as An Garda Síochána and the Local Authorities will also need to be notified of a proposed event. They will require the same basic information supplemented by information that they will specify as they deem fit.

Submit to: Regional Emergency Management Office, HSE (Region), Regional Emergency Management Office (Address).

<p>| Date: |<br />
| Please State the type of event proposed. State the proposed date or dates on which the event is to be held and the proposed duration of the event, including the times at which the event is proposed to commence and conclude. | Classical performance, Public exhibition, Pop/rock concert, Dance event, Parade, Agricultural/country show, Equestrian event, Marine, Aviation, Motor sport, Music festival or similar. Include additional hazards at the event such as Bonfire/pyrotechnic display, carnival or funfair, helicopters, motor sport display, parachute display, street theatre, Animals and livestock. |
| Name, contact address (including e-mail address where appropriate) and telephone number of the person submitting the notification | Note: Although an Event Medical Plan can be prepared on behalf of the promoter by a medical provider or specialist, the specific Event Medical Plan needs to be submitted by the actual organiser. |
| Where the organiser is not the owner or occupier of the proposed venue state the name of the owner and or occupier of the site, premises or location. | Note: This can include a Local Authority in the case of public roads or a club or organisation who facilities are being utilised |</p>
<table>
<thead>
<tr>
<th><strong>State anticipated number of the persons at the proposed event.</strong></th>
<th>This should be broken down into participants, performers, audience and indicate if ticketed or not.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provide a short risk assessment of the event covering the nature of the anticipated crowd, the nature of the event, proposals if any for sale or distribution of alcohol, previous history of this or similar event and any other factor that might need to be considered</strong></td>
<td>This can be a summary of the Safety Statement but the Safety Statement itself is not required at this preliminary notification stage.</td>
</tr>
</tbody>
</table>
| **State the names of the event controller, the event safety officer, the event medical co-ordinator and their proposed deputies** | Complete overleaf or on a separate page  
This can be considered as a summary of what may need to be submitted later in an event plan. |
| **Provide a location map of sufficient size and containing details of related sites and features in the vicinity of the venue.** | To be submitted depending on the type of event.  
More detailed maps will be required by the Local Authority in connection with a licensed event. |
| HSE Environmental Health Issues | List of food business operators  
Details of Sanitary Facilities  
Detail of provision of potable water (for food providers and medical personnel)  
Food storage facilities  
Waste – storage and removal  
This information may also be sent separately to the local EHO. |
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<tbody>
<tr>
<td>Additional Information</td>
<td>If required and only in relation to the event medical plan</td>
</tr>
<tr>
<td>Please provide details of your insurance arrangements.</td>
<td>If not yet arranged indicate what is proposed.</td>
</tr>
<tr>
<td>Received by Regional Emergency Management Office</td>
<td></td>
</tr>
<tr>
<td>Reviewed by:</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 2 – Standard Conditions Applied by the HSE to Outdoor Crowd Events

General

1. The HSE requires that the medical arrangements, in the form of the Event Medical Plan, shall be completed by the event Organiser and approved by the HSE Regional Emergency Management Office; in the event of licensed events, this must occur prior to the licence being granted. If particular details in the Event Medical Plan cannot be finalised prior to the issue of the licence, these details should be finally agreed by all Medical Providers and the Regional Emergency Management Office no later than three (3) weeks before the event. *(For certain events the Medical Plan can be agreed in principle, subject to specific details, such as names and contact numbers, to be supplied later but a specific mechanism by which this is to be achieved shall be outlined in the Plan).*

2. Medical / First Aid activity *(if any)* at the event shall be recorded, compiled and forwarded directly to the HSE, Regional Emergency Management Office, within one month of the event. This should include the following detail:
   a. Number of patrons accessing medical services requiring actual treatment
   b. Number of patrons removed to hospital *(Names and personal details are not required)*
   c. A summary of illnesses and injuries by type to include:
      - Total numbers treated
      - Totals requiring medical interventions
      - Totals referred to hospital(s) and why
      - Totals admitted to hospital(s)
      - Deaths
      - Times of presentations and any trends such as:
        - Overdoses
        - Intoxications
        - Asthma
        - Eye Irritations/Foreign Bodies
        - Assaults
        - Other

3. In the case of licensed events, the licence may be suspended, at any time, by the Licensing Authority, at the request of the Health Service Executive, due to issues of public safety arising from major public health emergencies.

4. Access to all areas of the event shall be facilitated for the relevant and authorised HSE officials. Appropriate accreditation, if required, for all these
personnel shall be provided to the Regional Emergency Management Office for distribution in advance of the event.

5. Access shall be facilitated to the immediate surrounding area for Health Service Executive Community Services providing domiciliary care services to the population adjacent to the venue.

6. Where Hospitals, Health Centres or Residential Units are located within traffic or pedestrian restricted areas associated with the event, access for Staff, Clients and Visitors shall be maintained.

7. Practitioners and Responders that are listed as having roles under the Event Medical Plan are recommended to be acting on behalf of a pre-hospital emergency care service provider recognised by PHECC to implement Clinical Practice Guidelines as outlined in section 4e of S.I. No. 575 of 2004 (PHECC) and to only act within their scope of practice.

8. In regard to financial reimbursement to the HSE, with respect to any additional costs which arise for the HSE as a result of an event taking place, such matters are to be discussed and agreed between all relevant stakeholders, with written confirmation by the organiser of agreed and defined financial reimbursement to the HSE being required at least three weeks prior to the event. In the case of licensed events, any agreed financial arrangements are not part of the granting of an event licence by the relevant Licensing Authority. The HSE may not withhold approval of an Event Management Plan on the basis of a lack of agreement on such a financial issue.

9. Any additional requirements of the HSE Regional Emergency Management Office shall be resolved directly with that office prior to the event taking place.

**Event Medical Plan**

10. Prior to the event and prior to the granting of an event licence, where appropriate, full details shall be agreed with the appropriate HSE Regional Emergency Management Office, in relation to the Event Medical Plan and the medical infrastructure required to cater for the event.

This shall include details of the following:

a) The Event Medical Coordinator
b) Adequate Medical Communications Infrastructure
c) First Aid Post(s)
d) A Medical Centre of sufficient size for Triage Area, Resuscitation Area and Patient Monitoring Area (to include intoxicated patrons)
e) Staff, as required which may include some or all of the following: On-site Medical Officer, Doctors, Nurses, Advanced Paramedics, Paramedics, EMTs and EFRs, other Responders and First Aiders.
f) Ambulances as required
g) Equipment to the appropriate level of the planned clinical interventions. The PHECC Medications & Skills matrix is a reference for Responders and Practitioners

h) Dedicated Emergency Routes

i) Suitable accommodation and parking for the Event Ambulance Service vehicles and equipment

11. All those who have a role in the event medical structure shall be in place and operational at a minimum of one hour prior to the event. For larger events, site specific medical accommodation should be in place, at a minimum 24 hours in advance of the event.

If there is expected to be queuing in advance of the event, the means by which medical cover for those queuing is to be provided shall be detailed in the Event Medical Plan.

For the purpose of this guidance, the queue is deemed to be part of the event, for medical planning purposes.

Environmental Health

12. The organiser shall provide the designated Environmental Health Officer with a list of the names of key personnel, their areas of responsibility and contact telephone numbers, at least one week prior to the event.
Appendix 3 – HSE Guidance for an Event Medical Plan

Aim

The aim of this guidance is to help all those involved in the organisation of crowd events to plan and manage the events safely and to provide an outline of what should be covered in an Event Medical Plan.

Objective of a Plan

The objective of the Event Medical Plan is to provide for the immediate healthcare needs of the persons attending the event. The plan must cater equally for participants, patrons and staff. In some plans there is an emphasis on the medical cover for performers and participants to the exclusion of the audience. Some plans lay emphasis on major emergency response, to the exclusion of normal or expected medical activity. It is important to realise that the plan is mainly to deal with what can be described as normal or expected medical activity at an event. How affected individuals are to be treated should form the bulk of the Event Medical Plan.

Among the objectives of an Event Medical Plan should be to ensure that the impact of an event on HSE services will be eliminated or reduced, so that normal cover for the general population will be unaffected.

The plan should describe how a more serious incident, that may require additional resources, is to be handled. It should mainly detail how those additional resources are to be put in place, how they are requested and how they will get there.

Disclaimers and Changes

A practice has developed of including “catch-all” disclaimers in event plans. In this, the organiser expressly disclaims all and any liability to any person in respect of anything done, or omitted, by any such person, in reliance on the contents of the written plan.

“Catch-all” disclaimers and conditions should be avoided as they have the effect of making the plan aspirational, rather than being directive and action oriented. A condition to the effect that the reader/user should only act on the basis of any such information, by referring to applicable laws and regulations, is justified, but it should not be expressed in such a way as to make a plan ineffective.

A plan needs to be specific and generic arrangements should be avoided. Sufficient detail is required in the Event Medical Plan in order to allow the HSE to consider the effectiveness of the medical arrangements provided for under the plan.

The information provided in the document can also subject to a condition whereby the details required/provided in the plan are often listed as “to be arranged” or “subject to change”. Where specific detail is unavailable at the time of writing, (such as the names of individuals responsible for identified posts), it will nevertheless be a condition of approval of the plan that an explicit means and associated time deadline
by which the outstanding information is to be communicated in writing to the HSE Regional Emergency Management Office is set out in the draft plan.

The same issue arises in relation to the language used in the plan and vague phrasing and ambiguous terminology should be avoided.

**Listing Those Who Have Roles in the Event Medical Plan.**

The HSE acknowledges that it will be difficult to list those who have roles in an Event Medical Plan. However, the qualifications, the numbers deployed, the locations of those can be listed on a table in the draft event medical plan. The names and pin numbers can be sent in e-mail prior to the event.

<table>
<thead>
<tr>
<th>Appointment</th>
<th>Qualification</th>
<th>Location(s)</th>
<th>Name</th>
<th>PIN Number</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include in</td>
<td>Include in</td>
<td>Include in</td>
<td>Confirm prior to event</td>
<td>Confirm prior to event</td>
<td>Complete at the event</td>
</tr>
<tr>
<td>Draft</td>
<td>Draft</td>
<td>Draft</td>
<td></td>
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</tr>
</tbody>
</table>

The document should be available for inspection and is an important safeguard for the event organiser to demonstrate who carried out the planned roles at the event.

There should be a place for signature for each responder and practitioner as this will acknowledge their awareness of the event medical plan and their role under the plan.

**Audience Numbers**

The Regulations (SI No 600 of 2001] do not define a “site” or a “zone” rather they define an “audience” which means all persons attending an event on a particular day. If an event comprises more than one performance, at one or more locations, at the site on a particular day, the audience shall mean the total number of persons attending all such performances.

This number does not include performers, participants or support staff but it does include visitors and guests. However, in some large participant events, the performers and participants can outnumber the audience and this must be considered in drafting the Event Medical Plan.

Under Health and Safety legislation, employers (in this case the promoters / organisers) are responsible for ensuring that First Aid facilities, equipment and personnel are provided for their employees if they are injured or become ill at work. In order to decide on the level of First Aid provision necessary, the organiser should make an assessment of the First Aid needs appropriate to the circumstances of the workplace.

The latter requirement may have an impact on the overall First Aid/Medical cover proposed, as an event location is a place of work for persons employed at a venue.
**Insurance**

The HSE cannot comfortably engage with an event that has no Public Liability or Employers Liability insurance cover and where it has any concerns in that regard the HSE will request that it be provided with details of the event insurance and contact information for the insurer/broker.

Specific mandatory requirements of the Environmental Health Service will apply irrespective of the insurance status of the event.

**Event Medical Plan**

In addressing the requirement for an Event Medical Plan, the HSE is guided by the principles of S.I. No. 600 of 2001 and these indicate that, as a minimum, the Event Management Plan should include:

i) The names and responsibilities of the Event Controller, the Event Safety Officer and their deputies

ii) A Site Emergency Plan

iii) A Traffic Management Plan

iv) A Safety Strategy Statement

v) An Environment Monitoring Programme for before, during and after the event

However, the HSE is primarily concerned with planning related to health issues and health emergencies and considers that it may be easier for the organiser to separate these issues out, as an *Event Medical Plan*.

An Event Medical Plan can be regarded as a *sub-set* of the Event Management Plan and it may be easier for the promoters / organisers to prepare this as a separate document.

In some cases and for smaller events, it may be easier just to include the medical cover arrangements within the Event Management Plan but, in that case, the medical sections should be marked or referenced to make them easy to indentify.

**Promoter / Organiser**

Occasionally an organiser may appoint an individual or company to prepare an Event Medical Plan on their behalf. The HSE needs to be assured that this organisation, company or individual is a bona fide representative of the promoter / organiser, empowered to enter into agreements on behalf of the promoter / organiser. However, despite the appointment of an agent it remains the promoter’s / organiser’s responsibility to submit the Event Medical Plan.
For the purpose of understanding who exactly a organiser is - the HSE take the view that the event organiser is as defined in Sec 230 (3) (a) and (b) of the Planning and Development Act, 2000. (This is not to imply that an event is or is not subject to the other provisions of that same Act). It would be normal for a person, organisation or company acting as agent of the promoter / organiser, to enter into discussion with the HSE prior to completion of the plan.

The completed Event Medical Plan must be submitted by the organiser as the responsibility for submitting a plan remains with the actual promoter / organiser.

To illustrate further, it should be the norm that the organiser should inform the HSE that a specific person, organisation or company has been appointed to act as their agent.

Submissions, on the headed paper of an organisation or a company, who are not the original organiser often lead to confusion. Also, that could put that organisation or company in a difficult legal position in the event of an incident occurring at an event that might lead to litigation.
Event Management & Event Medical Coordinator

Please refer to the definition of roles given in the introduction, Page 6.

One of the key requirements of an Event Medical Plan is that someone is given the clear task of overall control and coordination of First Aid / medical provision, including all health issues. That person is the Event Medical Coordinator and everyone should know who they are and how to contact them. That person is the agent of the Event Controller (or Event Manager) and is a single point of contact in relation to the Event Medical Plan.

In smaller events that person can have other tasks as well but as a rule they should not be the overall Event Controller.

That person is also the point of contact with the event for the HSE.

Where a VES or a private contractor is the medical provider, an officer from that service may be appointed by that VES to take control of the VES's Medical / First Aid resources and to assist the Event Medical Coordinator. This person in charge of the VES response resources should be readily available during the event in order to ensure the smooth operation of the First Aid / medical response and to assist the Event Medical Coordinator.

In an ideal situation, the Event Medical Controller should be qualified as a PHECC practitioner in his or her own right, not to act in response but to clearly understand the duties and responsibilities of those providing the First Aid / medical cover.

An Event Medical Controller may be provided by the VES or a private contractor to be located in Event Control to assist but not to substitute for the Event Medical Coordinator. An Event Medical Controller will be primarily concerned with communications within the event medical structure.

The Event Medical Coordinator must be able to demonstrate the experience and the competence necessary to take responsibility for the co-ordination of the provision of medical / First Aid and ambulance assistance, as appropriate, to those involved in an event and to fulfill the duties and responsibilities of the role. S/he should have the necessary experience, gained at similar events, to deal with issues that might arise, in particular, escalation to a major emergency.

It is advisable that the organiser should reflect specific duties in the contract that they enter into with their Event Medical Coordinator. Among the duties of an Event Medical Coordinator are the following:
• To participate in relevant medical planning meetings and sign off on the Event Medical Plan and any drills and rehearsals;
• To provide overall co-ordination of the various medical services providing cover to the event;
• To act as the point of contact for the HSE Environmental Health Service

• To liaise with the event promotors / organisers, the Event Safety Officer, the National Ambulance Service Control, the Voluntary Emergency Services, An Garda Síochána, the HSE Environmental Health Service and any other services and agencies relevant to the event;
• To allocate medical resources efficiently and effectively prior to and during the event and to keep the register of those of who have roles in the event medical plan.
• To ensure that all the relevant processes and contact details are in place for effective and efficient communications;
• To ensure that the appropriate PPE is being used;
• To establish and maintain links throughout the event, as appropriate, with the receiving hospitals and the HSE emergency services;
• To ensure that standard Patient Care Report Forms are completed for all medical assists and to provide a summary report to the organisers of event medical assists, in an agreed format, for the purpose of isolating trends etc;
• To attend and contribute to the end-of-day debrief.

If the event has a Site Medical Officer, then the relationship between the event medical coordinator and the Site Medical Officer or the senior Site Medical Officer is critical to the effective operation of the event medical arrangements.

**Event Medical Structure**

The Event Medical Structure, established for the event, is not just those involved in providing medical cover. The key personnel involved in the management of the event, together with those providing the medical cover, constitute the Event Medical Structure. This is most usefully illustrated in an organisation chart format and it recommended that such a chart is included in the Event Medical Plan.

The management and reporting structure should be set out in an unambiguous manner to ensure that control and co-ordination of medical / First Aid provision can be effective and robust, especially if the medical activity were to suddenly surge.

**Persons Identified as Having Roles under an Event Medical Plan**

In regard to “First Aid Requirements” and “First Aiders” – this is now imprecise terminology – and more appropriate descriptive wording is required in recognition of and to reflect more advanced and enhanced qualifications and standards of intervention / treatment available to patients as per the Pre Hospital Emergency Care Council (PHECC).
There are eight clinical levels that could have roles in the event medical structure:

- Doctor
- Nurse
- Advanced Paramedic (AP)
- Paramedic (P)
- Emergency Medical Technician (EMT)
- Emergency First Responder (EFR)
- First Aider (FA)
- Cardiac First Responder (CFR)

All those who have roles under the event medical structure must have experience and qualifications appropriate to their listed role. There is further guidance in Appendices 10, 11 and 12 as appropriate.

Definitions and competencies for persons listed as having roles in the Event Medical Plan are essential to achieving an appropriate skill mix.

**Medical Practitioner (Doctor)**

A 'medical practitioner' means a person whose name is entered in the General Register of Medical Practitioners established under the Medical Practitioners Act. Refer to Appendix 10 for further guidance for doctors at events.

**The Event Medical Doctor has overall clinical care governance and associated responsibility**

The relationship between the Event Medical Doctor and the Event Medical Coordinator is akin to the relationship described in the Framework for Major Emergency Management between the Site Medical Officer and the HSE Controller of Operations. It is also akin to the relationship between for example a Clinical Director and a Hospital CEO.

**Nurse**

A 'nurse' is a person whose name is entered in the relevant division of the professional register maintained by An Bord Altranais (ABA).

Refer to Appendix 11 for further guidance.

**Responders and Practitioners**

Responders that are listed as having roles under the Event Management Plan (or Event Medical Plan) are required to be trained and maintain certification in accordance with Section 4 (h) (ii) of SI 575 of 2004 (Pre Hospital Emergency Care Council (PHECC)) and then only act within their scope of practice. Similarly, Practitioners, listed as having a role, must be currently registered with PHECC.

Refer to Appendix 10 for further guidance.
Pre-Hospital Emergency Care Practitioners and Responders:

Pre-hospital emergency care can be provided by personnel who have trained to become registered Practitioners, by those trained as Responders and / or by someone within the community. The following information summarises the roles and responsibilities, in addition to the education and training, of pre-hospital emergency care Practitioners and Responders:

- Advanced Paramedics (APs)
- Paramedics (Ps)
- Emergency Medical Technicians (EMTs)
- Emergency First Responders (EPRs)
- Occupational First Aiders (OFAs)
- Cardiac First responders (CFRs)

Refer to Appendix 12 for further guidance

Event Ambulance Service

The HSE, when deciding whether or not to approve an Event Medical Plan, does not require that the service provider's vehicles be CEN 1789:2007A+ compliant.

However, the proposed event ambulance(s) should be registered as ambulance(s) for road tax and / or insurance purposes. Such vehicles must be capable of transporting at least one person on a trolley stretcher and be recognisable to the majority of the general population as an ambulance.

For the purpose of the Event Medical Plan, the proposed ambulance(s) should be described in terms of the qualifications of the ambulance crew(s) and must be equipped according to the PHECC medication and skills matrix of minimum EMT level.

Internal event transport may be provided by off-road medical vehicles or 'buggies'. If secondary transport is required (e.g. from First Aid Post to Medical Centre or on-road ambulance) the clinical level of the vehicle crew should correspond to the patient’s condition. Due consideration must be afforded to patient privacy at all times when transporting a patient in such circumstances.

Refer to Appendix 8 which sets out PHECC guidance on Patient Transfer Protocols and on the type of ambulance recommended.

In deciding the ambulance cover required at an event, the organiser needs to consider the implications of the absence of ambulance(s) due to patient transfer off site, by making a realistic estimate of the turnaround time to definitive care.

Management of Controlled Drugs

The organiser must have a policy ensuring that Controlled Drugs (CDs) are managed safely and effectively throughout the event, thus enhancing staff, patient and public safety.
If controlled drugs are to be available for use at the event then a procedure should be set out in the event medical plan to provide for:

A. Requisitioning  
B. Supply  
C. Storage  
D. Record keeping  
E. Return  
F. Disposal  
G. Action in the event of loss

If the organiser is giving this responsibility to the medical provider the plan should refer to the written procedures of the medical provider but must be specifically cited as a reference in the event medical plan. The plan should state that their use must be recorded on the Patient Care Report Form (PCR) following standard practice and the following details should be included:

A. Practitioner PIN number or MCM Number  
B. Incident reference  
C. Date  
D. Amount administered  
E. Amount disposed witnessed [if a PHECC practitioner]

**Role of HSE/NAS Liaison Officer on Site during an Event**

The HSE may decide to appoint a Liaison Officer to attend on-site at an event, either on a visiting basis or for the duration of the event. This official is a representative of the HSE/NAS and has no function in the supervision or management of any of the resources deployed or contracted by the organiser to provide health cover at the event.

The liaison role of the HSE/NAS liaison official is to provide for a presence at the event in order to:

- Provide an appropriate “point of contact” / “liaison person” for, and on behalf of, the National Ambulance Service [Health Service Executive], in relation to the initial / immediate management of any serious incident, untoward event, and/or surge in activity which may be resolved either by the statutory services mobilising to the event or by a transition to a major emergency.
- Monitor the impact of the event on the HSE’s resources.
- Provide liaison if required between the Event Medical Coordinator and the NAS Ambulance Control Centre.
- Facilitate liaison with the other Principal Response Agencies (PRAs), An Garda Síochána and the relevant Local Authority, their respective emergency services, the Event Controller and associated event management staff. (For this reason the NAS/HSE liaison officer may be co-located with partner PRA officials in the Event Control Facility).
This NAS Liaison Officer is specifically instructed not to routinely provide any advice or service to the promoter / organiser, the Event Medical Coordinator or those providing a First Aid, medical or clinical service at the event that could be construed as acting in a managerial, advisory or supervisory role at the event. That supervisory or management role is exercised by the Event Medical Coordinator or behalf of the organiser.

Neither is the NAS Liaison Officer intended to verify or vet the qualifications or registration of those who are listed as providing services in the Event Medical Plan.

**Patient Transport at the request of NAS-Control, or where Regional Ambulance Control is notified.**

For emergency calls from Event Medical Control to Ambulance Control these are the arrangements that will apply:

If the non-NAS transporting resource on scene complies with the appropriate PHECC EMS Dispatch Standard for the patient (as dictated by the Dispatch Code), the non-NAS transporting resource should treat and transport that patient to an appropriate hospital, as directed by the NAS Control Centre, bearing in mind any appropriate Hospital Access Protocols which may be in place; this in the context of the fact that a patient suffering trauma may benefit from early and direct access to an “appropriate hospital” for the purposes of receiving definitive care.

If the non-NAS transporting resource on scene does not comply with the appropriate PHECC Standard for that patient, the NAS Control Centre will dispatch an NAS resource or resources, as per the appropriate PHECC Dispatch Standard for that patient, with instructions to rendezvous with the non-NAS transporting resource; as a consequence, the non-NAS transporting resource will need to move towards an agreed rendezvous with the NAS resource.

**Patient Transport where Regional Ambulance Control is NOT Notified**

Where the relevant responders at the scene are of the view that, under their organisation's operating procedures, a patient may be safely moved to an “appropriate hospital” for the purposes of receiving definitive care, using the non-NAS transporting resource(s) available there, they should act accordingly. If, at any stage during the process, there are concerns or worries about the patient, contact should be made with the NAS Control Centre.

**112/999 Calls from the Public at the Event**

The Event Medical Plan must specifically cater for the situation where a person at the event makes an emergency call to the National Ambulance Service in relation to an incident at the event. This is to ensure that the NAS Control Centre is aware of what clinical resources are in place at the event at the time of the event.

This section of the plan must be specifically agreed between the organiser on the one hand and the HSE Regional Emergency Planning Office and the NAS Control Centre on the other.
The Event Medical Coordinator will liaise with HSE Ambulance Control Centre on the
day/each day of the event and, if required, throughout the day for all relevant
updates.

Nothing in this section should be construed as preventing a Responder or
Practitioner at an event from taking appropriate action in the case of an emergency.
The best interests of the patient/client must always be prioritised by appropriate
intervention in emergency situations.

Emergency calls from members of the public at an event will be taken by Regional
Ambulance Control, as per normal procedures. All calls will receive an appropriate
response and a HSE Emergency Ambulance will be dispatched to the scene, where
appropriate. Regional Ambulance Control may contact the Event Medical Control, to
notify Event Medical Control of the call and/or to seek assistance from appropriate
Responders or Practitioners on duty at the event.

**Determining Adequate First Aid/Medical Cover**

In deciding what First Aid/Medical cover is required for an event, the HSE
recommends that a risk based approach is adopted.

An assessment must also be made of the skill mix of the persons deployed in
support of the event and the size of the site to be covered. Please refer to the
relevant appendices when considering the required skill mix of those shown as
having roles in an Event Medical Plan.

**Maintaining Cover**

The organiser should have in place arrangements to ensure that cover is maintained
at the correct level throughout the event. If a patient needs to be removed from the
site by ambulance, arrangements must be in place to replace that vehicle or
alternatively, to transport the patient using an ambulance dedicated to off-site patient
movement (if there is a need for ambulances on site). The resilience of the Event
Medical Plan should not rely upon requiring resources from the National Ambulance
Service to supplement on-site event resources.

**First Aid Cover for Staff**

The numbers counted for licensing purposes only include the audience. Under the
Health and Safety legislation, employers (in this case the promoters / organisers) are
responsible for ensuring that First Aid facilities, equipment and personnel are
provided for their employees in the event that they are injured or become ill at work.
In order to decide on the level of First Aid provision necessary, the organiser should
make an assessment of the First Aid needs appropriate to the circumstances of the
workplace. This will include build-up and break-down of the event and associated
work activity.
The event organiser has the responsibility to ensure that appropriate PPE is provided and the requirement to wear that PPE and be clearly identified should be a prerequisite to contractual arrangements between the event organiser and the medical service provider.

**Location of Event Medical Facilities**

The location of Event Medical Facilities should be shown in the Event Medical Plan. This should include any static structure (as opposed to mobile or wheeled facility) such a First Aid tent, hut or post. It also includes the more extensive medical facility that might be required at larger events.

Ambulance parking positions should also be shown. When an ambulance is used as a static First Aid post, it cannot also be counted as a resource to transport patients, intra, inter and/or off site.

Information on the location of First Aid facilities must be available to all those attending. Provide adequate signage and consider printing the location of First Aid facilities on tickets for the event. In addition, stewards should be aware of the nearest facility

**Control of Noise**

The affect of noise is an important consideration when selecting the location of a Medical Centre or a Field Hospital. The noise level should not be intrusive. As a rule of thumb if you have to shout to be clearly heard by someone two metres away the level is too high. As a guide the noise level of conversation is about 60 db and a classroom is about 70 db.

**Equipment for Event Medical Facilities**

The type and quantity of equipment provided within the Event Medical Facilities should be appropriate to the registered qualifications of those identified as having roles in providing the event medical services.

The equipment should also reflect the size, type and risk profile of the event.

For some large scale or high risk events the equipment to be provided in a post or medical facility should be specifically listed for the benefit of those who have roles in the Event Medical Plan.

Throughout this guidance, First Aid and Medical cover is described in terms of the competencies of persons listed as having roles in the Event Medical Plan.

The HSE viewpoint is that equipment and facilities, required for persons listed as having roles in the Event Medical Plan, should be such as to allow all practitioners to perform their stated role and responsibilities in accordance with their professional registrations and associated CPGs.
**Duties and Responsibilities**

The Duties and Responsibilities of the Medical Staff including: the number on duty, qualifications required in their role on site, their physical location, and required availability during the event, should be explicitly detailed within the Event Medical Plan.

The location of Practitioners or Responders is important when assessing the response times for the arrival of emergency care to individual casualties at any location within the event site.

It is necessary to ensure that an appropriate competency/skills mix exists and that medical, nursing, pre-hospital emergency care practitioners and/or First Aid providers are located effectively throughout the site.

**Event Medical Plan Operational Timings**

The Event Medical Plan must provide for safe coverage during build-up, arrival and queuing, during the event itself, departure of the patrons and breakdown of the facility. The times when the Event Medical Plan is operational should be specified, including the times when the medical cover requirements or provisions change in response to changes in circumstances.

**Patient Management Procedures**

A Patient Care Report (PCR) should be completed for each person that is ill or injured. The record should be filled in with all available details recorded. It is important to record if the person is a participant, a member of staff or a patron and the exact location and description of any incident.

http://www.phecit.ie/Documents/Information%20Management/JE%20PHECC.PCR%20Ed%203.%20pdf.pdf is an example of the PHECC Patient Care Report. A record form such as this, or one with equivalent information, should accompany a patient transferred to the HSE. There are also Ambulatory Care Reports which may be more appropriate for minor injuries.

A PHECC approved Ambulatory Care Report (ACR) has replaced the various minor injury reports which are in use nationally.

http://www.phecit.ie/Documents/Information%20Management/JE%20PHECC.PCR%20Ed%203.%20pdf.pdf is an example of the PHECC Ambulatory Care Report. Deciding if a PCR or an ACR is completed is the responsibility of the Practitioner providing the care and covered by their training but, in general, a PCR should be completed in the case of referral to hospital.

Medical / First Aid activity (if any) at the event shall be reported on and these reports shall be forwarded directly to the Health Service Executive, Regional Emergency Management Office, within one month after the event.
The information required is as follows:

a) Number of persons accessing medical / First Aid services and also the number requiring actual treatment;
b) Number of persons transported to hospital;
c) A summary of illnesses and injuries by type.

*(Names and personal details are not required in this record but individual Patient Care Reports should be retained)*

**General Protocols**

General Protocols, which are often generic in nature, should be included in the Event Medical Plan. These would cover such things as patient confidentiality; patient care reports (PCRs) or ambulatory care reports (ACRs), control of drugs, media contact, use of sirens, designated call signs and the like.

**Patient Discharge Protocols**

A protocol, which may be generic, which specifies how patients may be discharged back to the site if their complaint is minor, should be included.

Note: See Appendix 10 Guidance for Doctors – only a doctor can implement a policy of ‘treat and discharge’.

Patients who “self discharge” after refusing First Aid or further assistance should be requested to sign the Patient Care Report. However, as this has little legal basis it may be more appropriate to get a reliable witness to sign the PCR.

**Referrals to Hospital**

In general, patients who are referred to the receiving hospital will be categorised according to the EMS Dispatch Protocols published by PHECC as

1. Life threatening;
2. Serious, not life threatening;
3. Non-serious or non life threatening

When patients require urgent medical attention on arrival at the Emergency Department, it is essential that an appropriate patient report precedes their arrival. The report needs to be clear and concise, yet transfer all relevant information. It is good practice to identify the clinical level of the individual dispatching the patient when communicating with the Emergency Department.

The recommended format is ASHICE:

- **A** – Age of Patient
- **S** – Sex of patient
- **H** – History of event
- **I** – Illness / injury
- **C** – Condition (vital signs and reason for pre-alerting)
- **E** – Estimated time of arrival
**Event Ambulance Emergency Route**

The Event Ambulance Emergency Route should be indicated in the Event Traffic Management Plan. The route will be maintained by event stewards, as outlined in the Event Traffic Management Plan. Where practicable, consideration should be given to the provision of suitable sterile routes for the exclusive use of emergency vehicles. Only in exceptional circumstances should ambulance vehicles be allowed to enter audience areas. Event Ambulances should not move from their designated position, except on the instruction of their Control, unless compromised on grounds of safety. At events with high audience densities, consideration should be given to the use of personnel on foot or buggies to assist or remove casualties.

In planning for the end of event ‘traffic’ and/or the traffic issues that may arise in the event of a major incident or adverse weather, consideration should be given to how the emergency route will be maintained in those or related circumstances.

**Communications Protocol**

A protocol for the use of radio equipment, including consistent call signs, must be agreed before the event. A communications plan, detailing medical communication links, should be produced and held at both the Medical Control Point and the Event Control Room. It should also be included in the Event Medical Plan. For specific events, a copy of the Communications Plan will be sent by the HSE Regional Emergency Management Office to the NAS Control Centre.

In the event of an emergency, the NAS Control Centre may request support from the response staff at the event or in a major emergency take over direction of those resources.

If there is more than one medical facility on the site, there should be a designated main medical facility, with an external telephone line (ideally which does not go through a switchboard) and a list of appropriate numbers. All other medical facilities should have an internal telephone or radio link to the main medical facility.

**Communication between Organisers and the Audience**

In certain large events a reliable system of communication between organiser and the audience should be demonstrated prior to the start of the event. The effect of anticipated noise must be considered in all communications and in the selection of the location of medical facilities at an event.

**Blue Lights & Sirens**

The use of blue lights & sirens is another means of communicating an active warning to the public. Their use in a public place is covered by S.I. No. 342 of 2006 and their use on a site should be restricted to the intention set out in the legislation – “Where a vehicle equipped with a lamp in accordance with article 52(18) is used in a public place, the lamp may only be used - if necessary in the circumstances”
All ambulances to be used at Outdoor Crowd Events should also be equipped with passive warning systems, such as reflective markings of specified proportions, running the entire length of the vehicle. The intention is that the vehicle is clearly identified as an ambulance by the majority of the population.

There is no requirement for an outright ban on the use of lights and sirens within a site. It might be an advantage that an ambulance transporting a seriously ill patient could have its lights activated. However, an Event Management Plan should provide for agreement with Event Control that specific permission is given before lights and/or sirens are activated. Once off site and on a public road, the requirements of the Road Traffic Act(s) apply.

**Serious Incidents**

A clear distinction needs to be understood in relation to a SERIOUS INCIDENT on site, which can be managed by the mobilisation of the statutory services to the site, versus the formal declaration of a MAJOR EMERGENCY.

In the event that a Serious Incident occurs, the Event Medical Coordinator will contact the NAS Control Centre and inform them that, in his or her view, a SERIOUS INCIDENT exists at the venue, giving details in the ETHANE format.

When the first responding HSE Ambulance Service personnel arrive, among the issues they may consider is recommending escalation of the incident to a major emergency.

**A Major Emergency** is defined as:

*any event which, usually with little or no warning, causes or threatens death or injury, serious disruption of essential services or damage to property, the environment or infrastructure beyond the normal capabilities of the principal emergency services in the area in which the event occurs, and requires the activation of specific additional procedures and the mobilisation of additional resources to ensure an effective, co-ordinated response.*

As well as catering for a major incident, an Event Medical Plan should also provide for a surge which might create a short-term or cumulative demand on the medical response capacity. The plan should outline how surge is to be monitored, assessed and communicated through the event medical structure.

Areas that would be used for casualties in the event of a major incident should be designated.

The roles of persons having responsibilities in a major emergency are designated by and via the HSE Controller of Operations.

An Event Medical Plan should commit the medical personnel and resources of the event to co-operate and work under the instructions of the HSE Controller of Operations, should a major emergency occur.
The plan should state that the Event Medical Controller will temporally perform the role of Controller of (Medical) Operations until the arrival of the HSE Controller of Operations. A Framework for Major Emergency Management defines a Controller of Operations as a person given authority to control all elements of (medical) activities at and about the site. The Event Medical Controller, having the role of being first on scene should not provide care or transport as this will inhibit the early and orderly organisation of on-site command and control. The Event Medical Controller will liaise closely with the Event Medical Officer and NAS Ambulance Control on all issues related to the treatment of casualties. S/he should confirm a meeting point with the first arriving NAS personnel and have prepared a short brief as to the current situation on site as part of the handover. S/he should remain with the HSE Controller of Operations until the handover/ takeover process is complete.

**Overnight Camping and On-Site Accommodation**

If there is overnight camping and on-site accommodation then an agreed level of medical cover must be in operation during this period and this should be set out in the Event Medical Plan.

**Tests and Inspections**

Where the size and duration warrants it, there may be a requirement to conduct an exercise or a test of the Event Medical Plan prior to final approval.

It may also be necessary to provide for accreditation to allow access for HSE staff to the venue prior to and during the event. This should be arranged between the appropriate Regional Emergency Management Office and the promoter / organiser. It will be the responsibility of the organiser to communicate these arrangements to access control staff, as necessary.

The list signed by those who have roles in the event medical structure is one of the documents that the event medical controller should have available if required.

**Evacuation Procedures**

In addition to an overall evacuation plan, the evacuation procedures for a venue should specifically identify how casualties will be evacuated and by whom.

**Missing Children**

Missing children are not a directly medical issue. As the persons listed as having roles under the Event Medical Plan will have had appropriate Garda vetting, they would be suitable to look after such children. However, it is not appropriate that the medical facility be used as a Rendezvous Point, to which missing children will be brought.
**Requested not to be Listed in an Event Medical Plan**

A site specific Event Medical Plan should deal with the arrangements for cover at the event and for the expected activity. This should form the bulk of the plan. A site specific health plan should not include unnecessary information and reference material. There is little value in including generic policies, procedures, field guides or the like in this plan.

An Event Medical Plan should provide for, but not concentrate on, Major Emergency Procedures.

An Event Medical Plan should not reproduce such things are Triage Sieve and Sort Protocols, as they are already provided for under the training and CPGs of the Practitioners covering the event. They can be referenced as required.

Those who have significant roles in an Event Medical Plan should not be in those roles if they are unfamiliar with PHECC Major Emergency Operations. This applies whether they are registered with PHECC or not. PHECC Major Emergency Operations is similar to what is set out in MIMMS.

An Event Medical Plan is not required to provide detail on how a major emergency or a mass casualty incident will be handled. A mass casualty incident, by its nature, will be beyond the resources of the Responders covering the event, so the plan should provide a basic process as to how an initial response will be put in place and should pre-designate certain locations, such as, a potential casualty clearing site, additional emergency vehicle parking and a potential muster point. A potential muster point is one to which all those who have roles under the Event Medical Plan could be asked to assemble. In activating this procedure, the Event Medical Coordinator must ensure that personnel are not been drawn away from treating casualties.

Cut and Paste extracts from this guidance and other references are not required in the Event Medical Plan.
Appendix 4 – Template for an Event Medical Plan

Introduction

The HSE is primarily concerned with planning for surrounding health emergencies and Environmental Health issues and it may be easier for the organiser to separate relevant issues out, as an Event Medical Plan.

There are nine sections in this template. Not all sections will apply to every event. Please refer to the guidance for more detail on what should be included in the plan. The HSE guidelines set out certain standards for personnel and equipment and these should be reflected in the Event Medical Plan. It is also advisable that the organiser should reflect these standards in the contract entered into with the medical providers.

Where specific detail is unavailable at the time of writing (such as the names of individuals responsible for identified posts) it will, nevertheless, be a condition for approval of the plan that an explicit means and associated time deadline, by which the outstanding information is to be communicated in writing, are set out in the draft plan submitted for approval.

SECTION 1 - describes the event and includes:

Plan Details

Who prepared the plan and details for how they and the organiser can be contacted on planning issues; (Operational contact details should be included in Section 3.); A list of those to whom the plan has been or is to be distributed.

Event Details to include:

- Who: (Promoter / Organiser)
- What: (Type of Event & Event Past History, including past medical activity on site)
- When: (Date(s), Times & Event Duration)
- Where: (Venue Description, including a map & proximity to definitive care)
- How Many: (Audience Profile & Audience Capacity)

In an event which may have special social or community issues, that may need to be taken into consideration, that information should be included here.

Objectives

A plan should specifically explain how the immediate health needs of persons attending the event will be addressed.

It is also worth noting the plan must cater equally for participants, patrons and staff. In some plans there is an emphasis on the medical cover for competitors, to the exclusion of the audience.
Among the other objectives of an Event Medical Plan should be to ensure that the impact of an event on HSE services will be minimised, so that normal cover for the general population will be unaffected.

References:

It will be sufficient to state the scope of the plan. The plan should contain a reference to the fact that formal HSE approval was given on a particular date.

SECTION 2 - Describes how the plan caters for the healthcare requirements of the audience attending the event.

Event Medical Coordinator

One of the key requirements in an Event Medical Plan is that someone is given the clear task of overall control and co-ordination of medical/First Aid provision and that everyone knows who that person is and how to contact them. That person is the agent of the Event Controller (Manager) and is the single point of contact in relation to the Event Medical Plan.

Event Medical Structure

The Event Medical Structure is not just those involved in providing medical cover. The key personnel involved in the medical management of the event, together with those providing the medical cover, constitute the Event Medical Structure. This is most usefully illustrated in an organisation chart format.
**Location of Event Medical Facilities**

Depending on the size of the event, among the facilities that may need to be included are:

- Facilities & location of a Medical Centre or a Field Hospital
- Facilities & location of Advanced Treatment posts
- Facilities & location of First Aid Posts
- Facilities & location of Medical Control & Ambulance Control (if different)
- Facilities & location of ambulances
- Location of welfare, information, counselling and associated services
- Location of staff facilities & car parking

The nature of the event might require varying levels of medical cover throughout the event timetable. This can best be shown by means of a table such as below.

<table>
<thead>
<tr>
<th>Medical Facility</th>
<th>Staffing Resources</th>
<th>Location</th>
<th>Start Time</th>
<th>Stand Down Time*</th>
</tr>
</thead>
<tbody>
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*Stand down time should be at the end of medical operations and confirmed by the Event Medical Coordinator and the Event Controller (Manager)*

**Control of Noise**

The affect of noise is an important consideration when selecting the location of a Medical Centre or a Field Hospital. The noise level should not be intrusive. As a rule of thumb if you have to shout to be clearly heard by someone two metres away the level is too high. As a guide the noise level of conversation is about 60 db and a classroom is about 70 db.

**Duties and Responsibilities**

It is necessary to ensure that an appropriate competency/skills mix exists and that medical, nursing, pre-hospital emergency care Practitioners and/or First-Aid providers are located effectively throughout the site.

**Operational Timings**

Arrangement for maintaining cover and queuing as well as Ambulance turnaround time need to be specified.

The Event Medical Plan should provide for medical, ambulance and First Aid arrangements for any audience members queuing before the gates or doors open and when they leave at the end of the event. The timings and definition of the event duration should cater for queuing.
Stand down of medical, ambulance and First Aid arrangements should be no sooner than one (1) hour post event closure. It is important to decide and detail in the plan what happens to any patients who are in the event medical facilities after the event has closed but who do not have any person to look after them or any transport home.
Medical /First Aid Procedures

Where a medical officer is not present the Medical /First Aid Procedures should be in accordance with PHECC Clinical Practice Guidelines (CPGs) appropriate to the qualification of the relevant Practitioner(s) and/or Responder(s).

Referrals to Hospital

In general, patients whose condition is categorised as Life Threatening or Serious/ non-life threatening will be referred to hospital. Note the Event Medical Plan should include average Road Time and Turnaround Time to the receiving hospital(s) as per the following table:

**Average turnaround times to Receiving Hospital(s) from Event**

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>ROAD TRANSIT TIME</th>
<th>TURNAROUND TIME</th>
</tr>
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Turnaround time is the predicted time that an ambulance will take to transport the patient to hospital, handover the patient and return to its station at the event.

Note: The number of ambulances required to provide cover will be determined by a number of factors including:

- The size and nature of the event.
- The type of medical treatment available at the event.
- The proximity of definitive care.
- The turnaround time
- As a guide, although the time taken to hand over a patient at the receiving hospital will vary, it is unlikely to be less than 20/30 minutes. *This handover time may increase by virtue of increased patient transfer from an event.*

The event medical coordinator needs to determine the estimated turnaround time and then monitor the actual turnaround time for the event in question.
Communications & the Communication Plan

Event medical communications should be closely linked to the overall event communications but should have a separate communications arrangements to cover patient confidentially, urgent messages and an independent, external link to the NAS Control Centre.

This latter is required so that, in a major emergency situation, the NAS Control Centre can take over the direction of the resources or seek support from those resources while NAS assets are en-route to an incident. It is recommended that a communications network chart is made out for the event. See typical examples:
112/999 Calls from the Public at the Event

The arrangements in relation to a 112/999 call being made by a member of the public from the event site to the NAS Control Centre must be clear and precise. For larger events that needs to be put in writing to the NAS Control Centre at least a week prior to the event and confirmed each day to the NAS Control Centre by the Event Controller or Event Medical Coordinator at least one hour prior to the commencement of medical operations.
Contact Names & Numbers

A full list of contact names and contact details should be included in the Event Medical Plan. If numbers are only to be operational during certain time periods, that should be highlighted.

The administrative (non-operational) contact details for the author of the plan should be provided in Section 1.

Signage

Effective signage is an important part of communication. Information on the location of First Aid facilities must be available to all those attending. Provide adequate signage and consider printing the location of First Aid facilities on tickets for the event. In addition, stewards should be aware of the nearest First Aid facility.

Distribution of the Event Medical Plan

Responsibility for the distribution of the Event Medical Plan rests with the organiser and a list of those to whom the plan has been or is to be distributed should be included in Section 7. The HSE Regional Emergency Management Office is responsible for distributing copies of the plan within the HSE.

Sirens and Lights

Sirens and lights are a form of communication and a policy for their use should be set out in the Event Medical Plan.

SECTION 4 - Extracts from the Overall Event Plan

Please note that on the day of the event not all Practitioners and Responders will have a full set of plans. They may have the Event Medical Plan only.

In the case of a large event, when the Event Medical Plan needs to include some of the detail from the overall Event Management Plan be complete and be understood, then that information should be included in this section.

That kind of detail might include:

- Event Communications.
- Event Management details
- Parts of the Traffic Management Plan, such as the Ambulance Emergency Route – The emergency route should be indicated in the Traffic Management Plan
- Evacuation Procedures, including patient Evacuation
- Procedures for Fire or Security Incidents
S.I. No. 600 of 2001 indicates that, as a minimum, an Event Management Plan would include the names and responsibilities of the Event Controller, the Event Safety Officer and their deputies. It should also have a Site Emergency Plan, a Traffic Management Plan and a Safety Strategy Statement.

As the HSE is primarily concerned with planning surrounding health emergencies, it may be easier for the organiser to separate these issues out, as an Event Medical Plan.

**SECTION 5 – Infection Control and Environmental Health Considerations**

**Infection Prevention and Control**

Standard Precautions should be observed at all times when interacting and treating patients. Special additional precautions may need to be considered in periods when flu, or the like, is circulating widely in the community.

**Clinical Waste**

Specific arrangements for the disposal of clinical waste must be planned. Special ‘Bio Hazard’ containers for the disposal of ‘sharps’ or appropriately marked ‘yellow bags’ for the disposal of dressings and/or other contaminated materials will be required. Suitable arrangements must also exist for the disposal of non-clinical waste at medical facilities.

The associated cost of these precautions rests with the promoter / organiser.

**Environmental Health Considerations**

Environmental Health issues are the responsibility of the HSE Environmental Health Service and the appropriate EHO will advise on specific issues.

Refer to Appendix 13 for more guidance.

**SECTION 6 – Reserved for HSE Ambulance Service only**

*This section should be completed only by the National Ambulance Service.*

The National Ambulance Service may provide cover adjacent to an event or adjust its normal cover in light of the planned event. In either case, it is a matter for the National Ambulance Service to provide whatever cover is deemed necessary to continue services to the public through the 112/999 system.

However, in describing the cover proposed, the promoter or organiser cannot ‘count’ these NAS assets as part of event cover, since they could be re-deployed elsewhere during the event, depending on ambulance activity in the area.
Some of the duties of a HSE Official assigned as liaison to the event may be included here, if those duties are of an operational nature.

This information is only included in certain Event Medical Plans, usually for events of a very significant or national nature.
SECTION 7 – Major Emergency Plan

A clear distinction needs to be understood in relation to a SERIOUS INCIDENT on site, which can be managed by the mobilisation of statutory services to the site, versus the formal declaration of a MAJOR EMERGENCY.

In the event of a major emergency, the Event Medical Plan should, clearly commit the First Aid, ambulance, nursing and medical resources on site to the support of the HSE Controller of Operations and confirm that they will co-operate with his or her requests.

A major emergency can only be declared by an authorised officer of one of the Principal Response Agencies (PRAs).

If a serious incident occurs on the site, then the Event Medical Coordinator contacts the Regional Ambulance Control to inform them that a serious incident has occurred, using the ETHANE format:

- **E** – the Exact location (GPS or other location code, if available)
- **T** -- the Type of incident
- **H** – the Hazards present and potential
- **A** – the Access to the location of the incident and the egress route
- **N** – the Number and severity of casualties
- **E** – the Emergency services present and required at the scene

Serious incident planning should provide for a surge in demand, versus planned capacity, as well a major emergency. Areas that would be used for casualties in the event of a serious incident or major emergency should be designated in the Event Medical Plan, including:

- National Ambulance Service meeting point.
- Potential muster point for existing response personnel on-site
- Additional Treatment Area
- Additional Patient Waiting Area
- Potential location for an On-site Co-ordination Centre
- Casualty Clearing Area
- Extra Ambulance Parking Area, Loading Point and traffic route(s)
- Potential Survivor Reception Centre
- Media Liaison Point

**Evacuation Procedures**

The evacuation procedures for a venue should specifically identify how casualties will be evacuated
SECTION 8 - Miscellaneous (or does not fit in another section)

Among the items that could be considered and included under this section of the Plan are as follows:

Critical Crowd Densities & Metering

This is mainly a matter for the Local Authority but dense and semi-static crowds may affect local response times and require different forms of cover.

Critical Density should be taken into account at all times during the event including end-of-event crowd movement.

Overnight Camping or On-Site Accommodation

If there is overnight camping or on-site accommodation, the details should be inserted here and include a reference to the medical cover that will be maintained during the camping period. Note should also be made regarding policy for:
- Campfires
- Assaults
- Site of medical cover
- General security
- Overnight security of medical sites, medications and equipment
- Any special equipment
- Transport around site at night for medical personnel
- Transport to Medical Centre of patients on very large campsites

Unaccompanied Persons

The plan should include here details of how unaccompanied patients, still undergoing treatment, are going to be catered for at the end of the event.

Similarly, the plan needs to cater for intoxicated patrons, vulnerable persons separated from their party and similar considerations.

SECTION 9 - Plans, Diagrams, Charts, Photographs

The provisions of Section 194 (2) (c) of SI No. 600 of 2001 should be applied in regard to maps. Drawings, photographs, charts or diagrams should be of sufficient size and detail to judge the efficiency of the plan. Maps and related documents should be in sufficient detail and quality to inform the responding response teams as the route to and the access/ egress points of the event. The use of GPS or other location codes to identify the location of any medical facilities and related Rendezvous Points and special gates should be considered.
Appendix 5 – Legislation and Codes of Practice that may apply to Crowd Event Planning. (This list is not exhaustive).

The primary legislation governing Outdoor Crowd Events is:

- Planning and Development Act, 2000 – Part XVI, Section 231
- Statutory Instrument No. 600 of 2001 – Planning and Development (Licensing of Outdoor Events) Regulations, 2001
- Fire Services Act, 1981
- Licensing of Indoor Events Act, 2003

The Codes of Practice which relate to Outdoor Crowd Events are:

- Code of Practice for Safety at Sports Grounds, Department of Education, 1996
- Code of Practice for Safety at Outdoor Pop Concerts, Department of Education, 1996
- Code of Practice for Safety at Indoor Concerts, Department of Environment and Local Government, 1998

Other Relevant Legislation

Regulation 852/2004 on the hygiene of foodstuffs
EC (Drinking Water No. 2 Regulation 2007

Local Authority

Building Control Act 1990 and 2007 and associated regulations
Planning and Development Act 2000 and associated regulations
Public Health Acts Amendment Act 1890
Public Health Acts Amendment Act 1890 – Temporary Structures
Casual Trading Act 1995 and associated regulations
Litter Pollution Act 1997 and associated regulations)
Explosives Act 1875 – Fireworks Displays

Health and Safety Authority

Safety, Health and Welfare At Work Act 2005 and associated regulations including
General Application Regulations 2007 - safety of workers on site pre and post event and during event.

Guide to the Safety, Health and Welfare at Work (General Application) Regulations 2007 Chapter 1 of Part 5: Noise

An Garda Síochána

Criminal Justice (Public Order) Acts 1994 to date
Licensing Acts 1833 to date
Licensing (Combating Drug Abuse) Act 1997
SI No 342 of 2006 Road Traffic (Lighting of Vehicles) (Blue and Amber Lamps) Regulation 2006

**Health Service Executive**

Health Acts 1947 to 2004
Medical Practitioners Act 2007
Nurses and Midwives Act 2011
Statutory Instrument No 109 of 2000 (Establishment Order) which was amended by Statutory Instrument No 575 of 2004 (Amendment Order).
European Communities (Drinking Water) (No 2) Regulations, 2007 (SI No 278 of 2007)
Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2008 (SI 512 of 2008)
The Misuse of Drugs (Amendment) Regulations 1993 (SI No. 342 of 1993)
Misuse of Drugs (Amendment) Regulations 1993 (SI 338 of 1993)
Misuse of Drugs Regulations 1988 (SI no. 328 of 1988)
Misuse of Drugs (Safe Custody) Regulations 1982 (SI no 321of 1982)

**Irish Aviation Authority**

Irish Aviation Authority (Rules of The Air Order) 2004

**Environmental Protection Agency**

Environmental Protection Agency Act 1992
Environmental Protection Agency Act 1992 (Noise Regulations) 1994
  - allowable sound levels at edge of site

**Civil Liability**

Occupier's Liability Act 1995
Appendix 6 – HSE Regional Emergency Management Offices

All should be forwarded for consideration to the appropriate HSE Regional Emergency Management Office, within whose geographical catchment area / region of responsibility the proposed event is planned to take place. The necessary information regarding these geographical catchment areas / regions is summarised as follows:

Regional Emergency Management Office – HSE Dublin North East

Responsible for the geographical catchment area / region of:

- Dublin City and County – North of the River Liffey and includes Meath, Louth, Monaghan and Cavan

Emergency Management Office,
HSE Dublin North East,
Emergency Management Office,
Phoenix Hall,
St Mary's Hospital,
Phoenix Park,
Dublin 20.
Ph: 01 6754100
Fax: 01 6754121

Regional Emergency Management Office – HSE Dublin Mid Leinster

Responsible for the geographical catchment area / region of:

- Dublin City and County – South of the River Liffey and includes Kildare, Wicklow, Laois, Longford, Offaly, Westmeath

Emergency Management Office
Regional Health Office
HSE Dublin Mid-Leinster
Block 4
Central Business Park
Clonminch
Tullamore
Co. Offaly
Tel: 057 93 57629
Fax: 057 93 57654
E-mail: emo.dml@hse.ie
Regional Emergency Management Office – HSE South

Responsible for the geographical catchment area / region of:

- Cork, Kerry, Waterford, Tipperary South, Kilkenny, Carlow and Wexford

Emergency Management Office
Eye, Ear and Throat Hospital
Western Road
Cork
Tel: 0214921622
Fax: 0214921637
emo@hse.ie

Regional Emergency Management Office – HSE West

Responsible for the geographical catchment area / region of:

- Limerick, Tipperary North, Clare, Galway, Roscommon, Mayo, Sligo, Leitrim and Donegal

Regional Emergency Management Office,
Merlin Park Hospital,
Galway.
Tel: 00 353 (0)91 775080
Fax: 00 353 (0)91 775939

Note: When or where a proposed event straddles two or more of the aforementioned geographical catchment areas / regions, consultation will be required with all of the relevant Regional Emergency Management Offices within whose geographical catchment area / region of responsibility the proposed event is planned to take place.

The Regional Emergency Management Offices concerned will agree a "lead" Office to manage the process and notify the relevant Local Authorities and the organiser accordingly.
Appendix 7 – Glossary of Terms

In as far as possible, the terminology used in this document is as set out in the Glossary of Terms and Acronyms which can be found in Appendix F3 of the appendices of the MEM Framework on [www.mem.ie](http://www.mem.ie).

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>ACR</td>
<td>Ambulatory Care Report</td>
</tr>
<tr>
<td>AMB</td>
<td>Ambulance(s)</td>
</tr>
<tr>
<td>AND EMS</td>
<td>Assistant National Director Emergency Management Service</td>
</tr>
<tr>
<td>AND NAS</td>
<td>Assistant National Director National Ambulance Service</td>
</tr>
<tr>
<td>AOM</td>
<td>Area Operations Manager (NAS)</td>
</tr>
<tr>
<td>AO</td>
<td>Ambulance Officer</td>
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<tr>
<td>AP</td>
<td>Advance Paramedic</td>
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<tr>
<td>CEN</td>
<td>Comité Européen de Normalisation (European Committee on Standardization)</td>
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<tr>
<td>CFR</td>
<td>Cardiac First Responder</td>
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<tr>
<td>CEMO</td>
<td>Chief Emergency Management Officer</td>
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<tr>
<td>CEHO</td>
<td>Chief Environmental Health Officer</td>
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<tr>
<td>CPA</td>
<td>Collaborative Practice Agreement for a nurse prescriber</td>
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<tr>
<td>EMO</td>
<td>Emergency Management Officer</td>
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<td>EFR</td>
<td>Emergency First Responder</td>
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<td>EMT</td>
<td>Emergency Medical Technician</td>
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<tr>
<td>EVT</td>
<td>Event</td>
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<tr>
<td>EHO</td>
<td>Environmental Health Officer</td>
</tr>
<tr>
<td>EMC</td>
<td>Emergency Medical Controller</td>
</tr>
<tr>
<td>ETHANE</td>
<td>Ref Sec 7</td>
</tr>
<tr>
<td>FCV</td>
<td>Forward Control Vehicle</td>
</tr>
<tr>
<td>LA</td>
<td>Local Authority</td>
</tr>
<tr>
<td>MED</td>
<td>Medical</td>
</tr>
<tr>
<td>MIMMS</td>
<td>Major Incident Medical Management and Support</td>
</tr>
<tr>
<td>NAS</td>
<td>National Ambulance Service</td>
</tr>
<tr>
<td>NASLO</td>
<td>National Ambulance Service Liaison Officer</td>
</tr>
<tr>
<td>OSRM</td>
<td>Operational Support and Resilience Manger (NAS)</td>
</tr>
<tr>
<td>OFA</td>
<td>Occupational First Aid</td>
</tr>
<tr>
<td>P</td>
<td>Paramedic</td>
</tr>
<tr>
<td>PES</td>
<td>Principal Emergency Service</td>
</tr>
<tr>
<td>PHECC</td>
<td>Pre-Hospital Emergency Care Council</td>
</tr>
<tr>
<td>PRA</td>
<td>Principal Response Agency</td>
</tr>
<tr>
<td>PRC</td>
<td>Patient Care Report</td>
</tr>
<tr>
<td>RVP</td>
<td>Rendezvous Point</td>
</tr>
<tr>
<td>RN</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>SI</td>
<td>Statutory Instrument</td>
</tr>
<tr>
<td>VES</td>
<td>Voluntary Emergency Service</td>
</tr>
</tbody>
</table>
## EMS Priority Dispatch Standard - Version 3 (March 2011)

**Dispatch standards**

Calls received for emergency medical assistance shall be prioritised using PGRS from AMPDS. The dispatch cross-reference (OCR) table and priority dispatch as approved by PHECC shall be utilised.

The EMS response to each of the six priority levels shall be as outlined in the table below.

The principles for dispatchers shall apply when dispatching resources in an emergency medical incident.

### Clinical Status

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Essential Response</th>
<th>Response to scene</th>
<th>Vehicle type</th>
<th>Recommended Response</th>
<th>Additional extra response</th>
<th>Non EMS resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Echo Life threatening – cardiac or respiratory arrest</td>
<td>Ambulance with minimum Paramedic</td>
<td>Lights and siren</td>
<td>CEN B ambulance</td>
<td>a) Advanced/Paramedic, b) Responders (minimum CBR) or Minimum 1 to 4 practitioners or responders on scene</td>
<td>Ambulance Officer according to operational requirements</td>
<td>Fire Service, Garda, Coast Guard, Utility services as required</td>
</tr>
<tr>
<td>2</td>
<td>Delta Life threatening other than cardiac or respiratory arrest</td>
<td>Ambulance with minimum Paramedic</td>
<td>Lights and siren</td>
<td>CEN B ambulance</td>
<td>a) Advanced/Paramedic, b) Responders (minimum CBR) if able to get to scene prior to ambulance</td>
<td>Ambulance Officer according to operational requirements</td>
<td>Fire Service, Garda, Coast Guard, Utility services as required</td>
</tr>
<tr>
<td>3</td>
<td>Alpha Serious non life threatening – immediate</td>
<td>Ambulance with minimum Paramedic</td>
<td>Lights and siren</td>
<td>CEN B ambulance</td>
<td>Advanced Paramedic for appropriate conditions</td>
<td>Ambulance Officer according to operational requirements</td>
<td>Fire Service, Garda, Coast Guard, Utility services as required</td>
</tr>
<tr>
<td>4</td>
<td>Bravo Serious non life threatening – urgent</td>
<td>Ambulance with minimum Paramedic</td>
<td>Lights and siren</td>
<td>CEN B ambulance</td>
<td>Ambulance Officer according to operational requirements</td>
<td>Ambulance Officer according to operational requirements</td>
<td>Fire Service, Garda, Coast Guard, Utility services as required</td>
</tr>
<tr>
<td>5</td>
<td>Non serious or life threatening</td>
<td>Ambulance with minimum Paramedic</td>
<td>Normal traffic (no lights or siren)</td>
<td>CEN A or B ambulance</td>
<td>Ambulance Officer according to operational requirements</td>
<td>Ambulance Officer according to operational requirements</td>
<td>Fire Service, Garda, Coast Guard, Utility services as required</td>
</tr>
<tr>
<td>6</td>
<td>Minor illness or injury</td>
<td>Ambulance with minimum FMT</td>
<td>Normal traffic (no lights or siren)</td>
<td>CEN A or B ambulance</td>
<td>Ambulance Officer according to operational requirements</td>
<td>Ambulance Officer according to operational requirements</td>
<td>Fire Service, Garda, Coast Guard, Utility services as required</td>
</tr>
</tbody>
</table>

### Principles for dispatchers

1. The nearest available ambulance shall be tasked to the highest priority incident.
2. The "recommended response" other than an ambulance shall be dispatched if resources are available.
3. Dispatchers shall have discretion to overide PGRS to assign a higher priority to an incident.
4. An ambulance tasked to lower priority incident may be diverted to higher priority incident when resources are limited.
5. The Dispatcher may preserve the availability of ambulances serving Alpha and Omega priority incidents until sufficient resources are available.
6. When response is delayed Dispatchers shall inform the caller of estimated time of arrival.
7. The Dispatcher shall make contact with caller if ambulance response is delayed (> 20 minutes) to verify patient’s condition and review priority of incident.
8. Any recommended resource should only be deployed if it has a reasonable expectation of making patient contact.

### Dispatch Codes

- AMPDS identifies an appropriate Chief Complaint code following caller’s interrogation by the call taker.
- The dispatch cross-reference (OCR) codes are fixed by AMPDS and cannot be changed as they are linked to software and field guides etc.
- AMPDS has designated six response levels (Echo, Delta, Charlie, Bravo, Alpha 1 & Omega) which are linked to the OCR codes.
- The response level to each OCR code is agreed by IMAG (IMAG has agreed not to downgrade the AMPDS response to any OCR code but reserves the right to upgrade the response to specific OCR codes formed from clinical standards. 462 (25%) such upgrades have been made to date).
- The Command Control & Communications Centre, when activating a response to an incident, shall give the OCR codes for the information about the incident to the Practitioners (de-emphasising the letter in the code) and a MAAG agreed response level of Echo, Delta, Charlie, Bravo, Alpha or Omega.

### Changes from previous version

- Principles for dispatchers
  - 1: delete 'ick' and replace with 'delayed'
  - 6: delete all and replace with new wording

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# APPENDIX 9 – PHECC Inter Facility Patient Transfer Standard

Inter Facility Patient Transfer Standard (version 1.2)
A guide to assist matching staff clinical level to patient’s clinical requirement

<table>
<thead>
<tr>
<th>Acuity Level (Patient)</th>
<th>Definition</th>
<th>Clinical Requirement</th>
<th>Vehicle (Type)</th>
<th>Minimum Staff Clinical Level</th>
</tr>
</thead>
</table>
| 4 E                    | Mobile Intensive Care | May require in addition to the above:
- circulatory support
- ventilatory support | CEN C Type Ambulance | + with patient's combination of MP and Ventilator, and if necessary |
| 4 D                    | Acute Emergent Care | Anticipate will require in addition to the above:
- observation and monitoring of IV infusion
- administration of medications as per Paramedic Schedule (Part 2 of S.I. 512/2008)
- Interventions as per PHECC Paramedic CRGs.
- MP and/or RN/MH additional medications or interventions required | CEN B Type Ambulance | + with patient's combination of MP and Ventilator, and if necessary |
| 4 C                    | Acute Non Emergent Care | May require in addition to the above:
- observation and monitoring of IV infusion
- administration of medications as per Paramedic Schedule (Part 2 of S.I. 512/2008)
- Interventions as per PHECC Paramedic CRGs.
- MP and/or RN/MH additional medications or interventions required | CEN A or B Type Ambulance | + with patient's combination of MP and Ventilator, and if necessary |
| 4 B                    | Non Acute Care | May require:
- stretcher
- oxygen therapy
- supervision without restraint
- administration of medications as per EMT Schedule (Part 3 of S.I. 512/2008)
- Interventions as per PHECC EMT CRGs. | Patient Transport Vehicle or CEN A or B Type Ambulance | + with patient's combination of MP and Ventilator, and if necessary |
| 4 A                    | Ambulatory | No requirement for monitoring or active management/intervention. | Private Car/ Taxi Mini Bus | NIL requirement |

Note: 1.2, 3 refer to the first schedule of the MEETING THE CRITERIA FOR ACCREDITATION OR REGISTRATION OF HOSPITALS (AMBULANCE) REGULATIONS 2008. — S.I. 512/2008
Note 2: PHECC = Pre-Hospital Emergency Care Council

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APPENDIX 10 – Recommendations for Doctors at Crowd Events

This appendix is aimed at doctors who are listed in Outdoor Crowd Event Plans as having roles in the Event Medical Structure. Nothing in this guidance should be construed as setting down standards in regard to medical qualifications.

Registration and Experience

Any doctor listed in an Event Management Plan must be a registered medical practitioner, registered by the Irish Medical Council. In listing doctors who have roles in the Event Medical Structure, the relevant Medical Council Number should be shown, together with the doctor’s name. They should either be on the general register or in an appropriate division of the register of medical specialists. Relevant divisions in respect of each specialty, from time to time recognised by the Medical Council pursuant to Section 46(2) of the Medical Practitioners Act 2007 Act, include General Practice, Emergency Medicine, Anaesthesia, ITU or Surgery, but are not limited to these. Medical practitioners may also have temporary registration, but provisional or intern registration will not normally qualify for approval.

“As of May 2011, doctors are legally obliged to maintain their professional competence by enrolling in professional competence schemes and following requirements set by the Medical Council.”
ref: http://www.medicalcouncil.ie/Information-for-Doctors/Professional-Competence/

Before agreeing to undertake a role at an event, a doctor needs to review the duties associated with that role. S/he needs to be confident that his/her experience or specialty is appropriate to the type of event being planned. S/he should decide for her/himself if s/he is willing to undertake the duties set out in the plan.

Doctors are strongly advised to be aware of, and in agreement with, those duties, prior to the draft plan been submitted for approval. It may well be a requirement of a plan that this is formally acknowledged by a need for doctors listed to sign that they have read and agree to the duties involved.

Aims of an Event Medical Plan

The HSE is primarily concerned with planning for surrounding health issues and health emergencies and, for that reason, considers it easier for the organiser to separate all health related issues out from the main Event Management Plan into an Event Medical Plan.

Three aims should underpin an Event Medical Plan for an outdoor crowd event and a doctor will have duties to meet each of those aims.

- Cater for immediate healthcare needs of participants, performers and patrons.
- Reduce the impact of the event on normal HSE services.
- Act as Site Medical Officer at a major incident, should one arise, until relieved.
Roles of a Doctor at Crowd Events

The type and risk of the event and the proposed individual role should dictate the experience or specialty required of each doctor. Broadly speaking, the potential roles of a doctor at crowd events (in decreasing order of likelihood or frequency) are:

1. Minor illness or injury (trips, sprains, faints, heat/dehydration emergencies, general medical—chest pain, headache, etc).

In order to reduce the impact of the event on normal HSE services, the HSE, in approving a plan, will seek to have some from of “treat and discharge” protocol in place at the site.

2. Trauma (only at certain types of events, such as, car rallies, motor cycle races, horse racing, extreme sports, etc.)

Medical practitioners staffing such events should be working within the scope of what forms their daily practice and not functioning in a role they would not normally occupy day-to-day.

This requirement was recognised in the Codes of Practice in relation to events published in 1996 and, although these Codes of Practice are not mandatory, they recommend that a medical practitioner should have completed a course in ATLS and ACLS or equivalent cardiac and trauma immediate care courses. They should also have recent experience in dealing with emergencies in the pre-hospital or emergency medicine environment (within two years) and be familiar with proximate definitive care locations, the operation of the National Ambulance Service and the voluntary emergency services.

3. Taking on the role of Site Medical Officer at a major incident, until relieved

A Framework for Major Emergency Management defines a Site Medical Officer as the person who has overall medical responsibility at the site and who will liaise with the HSE Controller of Operations on all issues related to the treatment of casualties. The HSE Regional Emergency Plan includes procedures for the activation of the plan and the dispatch of a Site Medical Officer and Site Medical Team (if appropriate). The HSE Controller of Operations will, in consultation with the Site Medical Officer and the designated receiving hospitals, decide on the hospital destination of casualties. Pending the arrival on site of the Site Medical Officer and the HSE Controller of Operations, the Senior Medical Officer at the event is expected to take on the role of Site Medical Officer, until relieved. This requirement was recognised in the Codes of Practice published in 1996 and, although these codes of practice are not mandatory, they recommend that a medical practitioner with a role at an event should be familiar with, or have access to, the HSE and Local Authority Major Emergency Plans and be familiar with Major Incident Medical Management and Support (MIMMS) procedures.

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Doctors need to satisfy themselves that they meet the other criteria required by the Codes of Practice. Specific duties or protocols for the Event Medical Officer may be listed in an Event Medical Plan and the plan will be approved on the basis of those duties and protocols.

**Other Duties of an Event Medical Officer**

The Event Medical Officer has overall clinical care governance responsibility at the site and needs to be aware of the consequential responsibilities which, in many cases, go beyond just clinical tasks and include administrative and/or supervisory functions.

The Codes of Practice and other guidance use the terms “First Aid Requirements” and “First Aiders” in Event Plans – this is now imprecise terminology and more appropriate descriptive wording is required in recognition of and to reflect the more advanced and enhanced qualifications and standards of intervention / treatment available to patients, as per the Clinical Practice Guidelines of the Pre Hospital Emergency Care Council (PHECC).

Throughout this guidance the medical cover is mainly described in terms of the competencies of persons listed as having roles in the Event Medical Plan and doctors should be clear on what scope is allowed, under their scope of practice, for nurses registered with an Bord Altranais and the current Clinical Practice Guidelines, as published by PHECC under Section 4 (o) SI 575 of 2004, for Practitioners and Responders.

The type and quantity of equipment, medication and facilities provided as part of the Event Medical Facilities should be appropriate to the size, type and risk profile of the event. It should also reflect the tasks listed among the responsibilities of the Event Medical Officer. This equipment might include, but not be confined to:

1) Clinical Equipment
2) Patient Monitoring Equipment
3) Medication
4) PPE
5) Transport
**Licensed and Unlicensed Events**

Licensing is the responsibility of the relevant Local Authority\(^3\). From the HSE’s point of view, there is no ultimate difference between a licensed and an unlicensed event. All events should have an Event Management Plan and Safety Strategy Statement.

However, as the HSE adopts a risk based approach in reviewing events, for many events no Event Medical Plan need be submitted for approval, if the event size and risk will not be such as to involve the HSE.

As further guidance, if the risk associated with an event suggests that a doctor is required to be on-site, then a draft Event Medical Plan should be sent to the HSE for approval. In summary, the HSE’s policy is that an Event Medical Plan should be approved for events with a definite level of risk and, for all licensable events, a site specific Event Medical Plan should be made a condition of the grant of a license.

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\(^3\) Planning and Development Act, 2000 – Part XVI
APPENDIX 11 – Recommendations for Nurses at Crowd Events

This appendix is aimed at registered nurses who are listed in Event Medical Plans as having roles in the Event Medical Structure established for crowd events.

Nothing in this guidance should be construed as setting down standards in regard to nursing qualifications. The Scope of Practice for Nurses and Midwives Framework April 2000 provides principles which should be used to review outline and expand the parameters of practice for nurses and midwives. Nothing in this document should be construed as preventing a nurse or midwife from taking appropriate action in the case of an emergency. The best interests of the patient/client must be served by appropriate nursing or midwifery intervention in emergency situations.

The Codes of Practice and other guidance use the terms “First Aid Requirements” and “First Aiders” – this is imprecise terminology. Throughout this guidance cover is mainly described in terms of the competencies of persons listed as having roles in the Event Medical Plan.

Registration and Experience

Registration with An Bord Altranais (ABA) is mandatory in order to practice as a Registered Nurse or Registered Midwife in Ireland. ABA operates under the provisions of the Nurses Act, 1985, and Sections 1 and 2 and Part 12 of the Nurses and Midwives Act, 2011. Nurses are accountable to the Board for meeting and maintaining the competencies and standards of the profession (ref: The Code of Professional Conduct for each Nurse and Midwife April 2000).

The experience and leadership that a RGN can bring to the medical structure in support of an event can be invaluable, even if the RGN is not working as a nurse but rather in a Responder role.

However, for larger events or for events with a higher risk profile, appropriate experience is required in order to maintain and enhance professional standards and to provide the highest possible quality of health care.

Nurses staffing such events should be working within the scope of practice informed by their daily practice and not functioning in a role they do not normally occupy.

In determining his/her scope of practice, the nurse or midwife must make a judgement as to whether he/she is competent to carry out a particular role or function. He/she must also take measures to develop and maintain the competence necessary for professional practice.

Nurses, who have roles and responsibilities in an event, must have their names and respective ABA Personal Identification Numbers (PINs) detailed in the event health plan.

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4 In relation to Crowd Events
Nurses that are listed in Event Medical Plan, as having roles in the event medical structure, should be registered in the General Division of the Register of Nurses. Nurses who are not registered in the General Division of the Register of Nurses, but who are registered in other disciplines / divisions, e.g.; Midwifery, Intellectual Disability, Public Health, Childrens and / or Psychiatry, and who consider themselves competent in their scope of practice pre hospital, must have their relevant qualifications and clinical experience detailed in the event health plan, in order to ensure safe and appropriate patient care at said event.

This requirement was recognised in the codes of practice in relation to large crowd events published in 1996 and, although these Codes of Practice are not mandatory, they recommend that a nurse should have completed a course in equivalent cardiac and trauma immediate care courses or as approved by ABA for CPD in the EM area. They should also have recent experience in dealing with emergencies in the pre-hospital or emergency medicine environment (within two years).

**Agreement of the Nurse**

Nurses are strongly advised to be aware of and in agreement with those duties, prior to the draft plan being submitted for approval. It can sometimes be the cases that duties and responsibilities assigned to nurses may be set out in a plan without the prior agreement of the nurses involved.

Nurses need to remind event promoters / organisers that the roles and responsibilities assigned to a RGN need to be carefully considered. As an example, the scope of practice in a hospital context does not translate easily to a pre-hospital role and the appropriate scope of practice for a RGN may limit the duties they may be in a position to undertake.

**Medication and Equipment**

The HSE viewpoint is that equipment and facilities required for persons listed as having roles in an Event Medical Plan should be such as to allow all practitioners to perform their stated roles and responsibilities. This equipment might include but not be confined to:

1) Clinical Equipment  
2) Patient Monitoring Equipment  
3) Medication*  
4) PPE  
5) Transport

*Once prescribed by a medical practitioner. A nurse prescriber’s role is tightly aligned to their CPA

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**Nurse Practicing as a First Responder**

Before agreeing to undertake a role at an event, a Nurse needs to review the duties listed in the plan for that role. S/he needs to be confident that his/her experience or specialty is appropriate to the type of event being planned. S/he should decide for her/himself if s/he is willing to undertake the duties set out in the plan.

In a case where a nurse has multiple qualifications they should be described in the event medical plan in role the role in which they will be employed or tasked either as a nurse or an EMT or a paramedic.

**Nurse Working with a Doctor**

In order to reduce the impact of the event on normal HSE services, the HSE, in approving a plan, will seek to have some from of “treat and discharge” protocol in place at an event. In the normal course, discharging a patient is usually done under the direction of a doctor.

If the event has an Event Medical Officer, he or she has overall clinical care governance responsibility at the site and consequently needs to be aware of the responsibilities which, in many cases, go beyond just clinical tasks and include administrative or supervisory functions. Consequently, the nurse must ensure that the doctor is supported in this supervisory role by being made aware of the activity of other medical providers at the event, including the type and numbers of patients presenting.

If a nurse is working under the direction of a doctor, the normal clinical governance should apply, based on the principles of professional conduct as outlined in the latest version of the Code of Professional Conduct for each Nurse and Midwife produced by An Bord Altranais.

**Summary**

Nurses who are listed in Event Medical Plans as having nursing roles in the event medical structures need to ensure that they are:

- Registered General Nurses in good standing.
- Operating with their scope of practice.
- Have appropriate and recent experience.
- In agreement with the roles and responsibilities as set out in the Event Medical Plan.
- Have the necessary clinical equipment to fulfil the stated role.
- Insured by the Employer or Voluntary Organisation for the agreed role.
APPENDIX 12 – Recommendations for Pre Hospital Practitioners and Responders at Crowd Events

This appendix is aimed at pre-hospital Practitioners and Responders who are listed in Event Medical Plans as having roles in the Event Medical Structures put in place for crowd events.

Nothing in this guidance should be construed as setting down standards in regard to PHECC qualifications.

Nothing in this document should be construed as preventing a Practitioner or Responder from taking appropriate action in the case of an emergency. The best interests of the patient/client must be served by appropriate intervention in emergency situations.

The Codes of Practice⁶ and other guidance use the terms “First Aid Requirements” and “First Aiders” – this is now imprecise terminology. Throughout this guidance clinical cover is mainly described in terms of the competencies of persons listed as having roles in the Event Medical Plan.

Pre-hospital emergency care can be provided both by personnel who have trained to become registered Practitioners and by those trained as Responders. For the purpose of this HSE guidance, aimed as it is at events of a certain size or risk, non–PHECC qualified Responders should be listed in the personnel mix covering such an event only in a support role. A status such as Interim, Intern, Probationary, Student, Cadet, or Provisional Registration will not normally be recognised for formal approval by the HSE of an Event Medical Plan.

However, it must be noted that the involvement of these trainee grades, as part of the personnel mix of those providing cover in a support role, is to be encouraged. These trainee grades are often a first step in qualifying for higher skill levels and the experience to be gained by participation is significant.

PHECC Registration and Experience

Practitioners and Responders that are listed as having roles under the Site emergency plan or the Event Medical Plan are required to be qualified by a recognised institution under Section 4 (e) of S.I. 575 of 2004 (Pre Hospital Emergency Care Council (PHECC)) and then only act in accordance with their registered qualification.

Pre-Hospital Responders and Practitioners shall only provide care management, including medication administration, for which they have specific training.

⁶ In relation to Crowd Events
In addition:

- The Practitioner must be in good standing on the PHECC Register of Practitioners
- The Practitioner must have received training on, and be competent in, the skill and medications specified in the CPG being utilised.
- The Practitioner must have maintained current their certification as outlined in PHECC’s Education and Training Standards.
- The Practitioner must be authorised by the enterprise, agency or organisation on whose behalf he / she is acting, to implement the specific CPGs.

In the same way that the Codes of Practice recommend recent experience of working in an emergency medicine or acute medicine environment for doctors and nurses, similar recent experience is expected of PHECC Practitioners (ref: PHECC’s Education and Training Standards).

**Agreement of Responders and Practitioners**

Before agreeing to undertake a role at an event, a Pre-Hospital Responder or Practitioner needs to review the duties listed in the plan for that role. S/he needs to be confident that his/her experience or specialty is appropriate to the type of event being planned. S/he should decide for her/himself if s/he is willing to undertake the duties set out in the plan.

**Competencies of Practitioners**

In addition to registration and appropriate experience, there are other factors that must be considered, when listing a specific resource in an Event Medical Plan. The equipment and facilities required for persons listed as having roles in an Event Medical Plan should be such as to allow all Practitioners to perform their stated roles and responsibilities.

This equipment might include but no be confined to:

1) Clinical Equipment  
2) Patient Monitoring Equipment  
3) Medication  
4) PPE  
5) Transport

The promoters / organisers need to be reminded that, unlike a doctor, who is authorised to practice independently, the PHECC Practitioner practices only with legitimate association to an approved service provider, either as an employee of, or a member of, the approved service provider. The PHECC Practitioner is not authorised to practice independently but to operate within PHECC approved CPGs and the structures of his/her approved service provider, to the level of that approval.
If the necessary clinical equipment and medication is not provided for at an event, then the Practitioner, while otherwise qualified, cannot practice at the higher level and should not be listed at a higher skill level.

However, it must be noted that a Practitioner, even if listed in a plan at a lower skill level (because of the arrangements of a specific event), can bring to the medical structure the experience and leadership that a highly qualified PHECC Practitioner possesses. This is particularly true of Advanced Paramedics and also of Registered General Nurses (See Appendix 11).

**Definition of Practitioners and Responders**

The PHECC Register of Pre-Hospital Emergency Care Practitioners is divided into three clinical levels or divisions: Emergency Medical Technician (EMT) Division, Paramedic (P) Division, and Advanced Paramedic (AP) Division.

**Advanced Paramedics (APs)**

An Advanced Paramedic (AP) means a person who holds the N.Q.E.M.T. at the level of competence of Advanced Paramedic and whose name appears within the Advanced Paramedic division of the register, as defined in SI 575 of 2004. The scope of practice is as outlined in the current version of the AP Clinical Practice Guidelines issued by PHECC.

**Paramedics (Ps)**

A Paramedic (P) means a person who holds the N.Q.E.M.T. at the level of competence of Paramedic and whose name appears within the Paramedic division of the register as defined in SI 575 of 2004. The scope of practice is as outlined in the current version of the Paramedic Clinical Practice Guidelines issued by PHECC.

**Emergency Medical Technicians (EMTs)**

An Emergency Medical Technician (EMT) means a person who holds the N.Q.E.M.T. at the level of competence of Emergency Medical Technician and whose name appears within the Emergency Medical Technician division of the register as defined in SI 575 of 2004. The scope of practice is as outlined in the current version of the EMT clinical practice guidelines issued by PHECC.

Note: This is the minimum clinical level recommended to be used while caring for a patient during ambulance transportation.

**Definition of Responder Clinical Levels**

There are three clinical levels of Responder.

- Emergency First Responder (EFR)
- First Aider (FA)
- Cardiac First Responder (CFR)
For the purpose of this HSE guidance, aimed as it is at events of a certain size or risk, the Responder level of First Aider (FA) and Cardiac First Responder (CFR) should not be listed as having direct roles in the Event Medical Plan submitted for approval.

However, it must be noted that Responders at these clinical levels are very often members of voluntary emergency services and, therefore, their role may often be a vital support in that organisation’s personnel mix at an event. These two clinical grades are often trainees on a first step in qualifying for higher skill levels. The intention of this section of the guidance is to recognise their support role but at the same time emphasise that the use of the terms “First Aid Requirements” and “First Aiders” cannot now be taken to encompass all clinical levels.

**Emergency First Responder (EFR)**

An Emergency First Responder (EFR) is a person who has completed the PHECC Education and Training course at EFR level and has maintained current certification. The scope of practice is as outlined in the current version of the EFR Clinical Practice Guidelines issued by PHECC.

**First Aider**

First Aider – is equivalent to OFA from a clinical perspective. Courses for First Aiders are certified by voluntary and private organisations, there is no national standard other than the standard for Occupational First Aider (OFA). The scope of practice is as outlined in the current version of the OFA Clinical Practice Guidelines issued by PHECC.

The Occupational First Aider is trained according to the Health and Safety Authority (H&AS) and FETAC (Level 5) standard which is specific to the provision of First Aid in a place of work, in compliance with the Health and Welfare at Work (General Application) Regulations (S.I. No. 299 of 2007). For more information from the Health and Safety Authority visit [www.hsa.ie](http://www.hsa.ie)

**Cardiac First Responder (CFR)**

A Cardiac First Responder – is a person who has completed the PHECC Education & Training course at CFR Community or CFR Advanced level and has maintained certification. The scope of practice is as outlined in the current version of the CFR Clinical Practice Guidelines issued by PHECC.

**Site Specific Event Plans**

Plans are approved on the basis of being site and event specific. Specific duties or protocols for event Practitioners and Responders may be listed in a draft Event Medical Plan and the plan will be approved on the basis of those duties and protocols. Practitioners and Responders are strongly advised to be aware of, and in agreement with, those duties, prior to the draft plan been submitted for approval. It may well be a requirement of a plan that this is formally acknowledged by a need for listed Practitioners to sign that they have read and agree to the duties involved.
Working with a Doctor and Other Practitioners

An Event Medical Officer has overall clinical care governance responsibility at the event site and needs to be aware of the consequential responsibilities which, in many cases, go beyond just clinical tasks and include administrative or supervisory functions.

Tasks delegated by the doctor need to be within the scope of practice or skill level of the Practitioner or Responder, as published by PHECC under Section 4 (o) SI 575 of 2004 for Practitioners and Responders.

The Practitioners and Responders needs to ensure that the Event Medical Officer is fully aware of what is permitted to them under the appropriate CPGs and, if they feel they cannot perform the delegated task, they have a responsibility to so inform the doctor.

In particular, they need to ensure that the Event Medical Officer is kept informed as to the status of resources and the skill mix available for patient transport under PHECC guidelines.

The same delegation responsibility will apply within the three divisions of Emergency Care Practitioners whereby the higher clinical grade carries the higher responsibility including delegation only within the scope of practice and skill level of the junior grade.

The earlier condition still applies, i.e., the Practitioners and Responders must ensure that they only accept a delegated task that is with their scope of practice.
The HSE Regional Emergency Management Office uses a standard approach for assessing events. All events are different and the level of planning for each event will be dependent on the audience profile, event type, event history, as well as the size, location and duration of the event.

The risks associated with Environmental Health and the statutory requirements in that regard have to be considered separately by the Environmental Health Service, irrespective of the size and nature of the event.

The Local Environmental Health Office is the HSE point of contact for Environmental Health regulation at all locations including crowd events.

There will be events other than crowd events for which the HSE Environmental Health Service will require notification and an input, but these events may not include a performance aspect nor may the crowds be such as to require a specific Event Medical Plan.

An Event Medical Plan is intended to cover mainly medical issues and Environmental Health issues in relation to the same event are normally dealt with directly by the HSE Environmental Health Service.

For the purpose of application of this guidance, events which do not include a performance aspect, as intended by the Planning and Development Act, 2000, are also included under the remit of the Environmental Health Service.

The Regional Emergency Management Office is the HSE point of contact for all medical aspects of crowd event planning. The Regional Emergency Management Office is responsible for the approval of Event Medical Plans prepared as part of the review process for Outdoor Crowd Events.

For larger crowd events, particularly those to which Part 16 of the Planning and Development Act 2000 apply, there may be additional Environmental Health related conditions that may apply and may need to be catered for under the event planning process.

These considerations and conditions may be included in the Event Management Plan. These could include some or all of the following.
Standard Environmental Health Conditions (These may apply to Particular Events and will be identified by the Environmental Health Office)

1. The organiser shall provide on-site transportation for the use of the Environmental Health personnel 48 hours prior to and throughout the course of the event. (Required for large music festivals, agricultural shows, etc, which take place over a number of days and over a large area).

2. The organiser shall provide on-site office accommodation for Environmental Health staff (required for large music festivals, agricultural shows, etc, which take place over a number of days and over a large area).

3. There shall be a sufficient supply of potable water available for the duration of the event. Drinking water must be in compliance with the European Communities (Drinking Water) (No. 2) Regulations 2007. A drinking water safety management plan must be contained within the Event (Management) Plan. The number and location of drinking water outlets in the event site and campsite areas shall be agreed with the Environmental Health Service prior to the event.

4. For stage events, hand sanitation liquid shall be provided for members of staff that are designated to distribute water at the front of the stage area and other relevant areas. The hand sanitation liquid shall be used routinely as and when necessary.

5. The quantity and siting of toilet facilities, hand washing and hand drying facilities in the event site and campsite areas shall be agreed with the Environmental Health Service prior to the event. Where appropriate, reference shall be made to Chapter 20 and 24 of the Code of Practice for Safety at Outdoor Pop Concerts and other Outdoor musical Events, Department of Education, January 1996.

6. All sanitary accommodation units shall be in-situ on the site a minimum of 24 hours before the gates open.

7. The organiser shall provide a site map showing the location of all sanitary accommodation, including sanitary facilities for the disabled, drinking water points and hand washing facilities in the event site and campsite areas and on the event site and campsites areas prior to the event. The siting of toilet blocks to reflect areas of demand shall be agreed with the Environmental Health Service prior to the event.

8. All toilets at the event shall be maintained in a clean condition. Cleaning of the toilets on the campsites shall take place prior to the time of peak usage (___00hrs to ___00hrs every morning). All toilets on the campsites shall be ready for use at the times of greatest demand (mornings and night time).

9. Sufficient metal track-ways shall be provided to ensure access for service vehicles to clean and empty campsite sanitary accommodation, irrespective of weather conditions.
10. Major pedestrian routes shall be adequately surfaced to allow easy and safe access by foot at all times.

11. Electric lighting shall be provided in designated sanitary accommodation during hours of darkness __.00hrs – __.00hrs.

12. The organiser shall ensure that a designated person is identified with the authority to deal with Environmental Health issues including food safety and tobacco control for concessions, event site and campsite areas, stalls and indoor areas. This person shall be available to meet at prearranged set times before and during the event, in order to address issues that may require immediate attention or issues of significant non-compliance.

13. The organiser shall provide Environmental Health Service with the details and location of all food business operators on site, including those providing food to contractors and agency staff.

14. The company or personnel responsible for concessions shall contact the local Environmental Health Service at least two weeks prior to the event. All food businesses shall be registered and comply with relevant legislation and conditions to be agreed by the organiser with the Environmental Health Service. Unregistered food businesses, coming from another jurisdiction, need to consult with the Environmental Health Service.

15. All food business shall have sufficient facilities for the collection and safe disposal of waste water. Waste water from food businesses shall not be disposed of directly onto the ground.

16. Suitable and sufficient supply of potable water shall be available to all food units for the duration of the event. The standpipe connections for food units shall be mounted above ground level to avoid contamination. **Note:** Water tests should be carried out a week before the event to allow potential problems to be resolved. It may take 2-3 days for lab results to issue.

17. A suitable number of secure, separate sanitary conveniences, with weatherproof accessibility, shall be provided for the use of food workers. Wash hand basins, with a continuous and instantaneous supply of warm and cold water, shall also be provided in each unit. Account must be taken of expected male/ female ratio. All sanitary conveniences for food operators shall be in place and operational 24 hours prior to the opening of the event.

18. Additional wash hand basins, with supplies of hot and cold running water, bactericidal soap, a suitable means of hand drying and provision for the collection of waste water, shall be supplied adjacent to the food workers sanitary conveniences.
19. Details shall be provided to the Environmental Health Service of designation of responsibility for cleaning and servicing and maintenance of these sanitary units, this information shall include details of frequency of emptying and provision of toilet paper, sanitizer and hand drying wipes.

20. Suitable weatherproof and easily accessible food waste storage facilities, pending collection shall be provided for the food businesses. Responsibility shall be clearly designated for the temporary storage and collection of food waste generated in the environs of the food businesses and arrangements for collection of this waste shall be agreed prior to the event. At a minimum of 10 days prior to the event, the organiser shall provide the Environmental Health Service with a written plan, including a map detailing the proposed arrangements for refuse collection of food waste and waste water, to include details of temporary storage facilities, size, design and location of skips and information on access to the collection points in the case of adverse weather conditions.

21. The organiser shall provide the Environmental Health Service with details of contingency plans in relation to the food businesses and related sanitary accommodation in the event of adverse weather. One day prior to the commencement of the event, the organiser shall confirm if they intend to implement these plans.

22. In notifying the Environmental Health Service, the organiser should also cover the promoter’s / organiser’s responsibilities under the Public Health (Tobacco) Acts 2002 and 2004 and provide a written document confirming who is responsible for the implementation of the Tobacco Control Policy and how they intend to ensure compliance with the relevant legislation.

Pre-Application Consultation:

SI 600 of 2001 provides that any person who intends to make an event licence application may enter into consultation with the HSE in order to discuss the submission of an application. Any such contact should be referred directly to the Regional Emergency Management Office.

The Regional Emergency Management Office will confirm with the Environmental Health Service that they have been separately notified and/or advise the applicant to contact the relevant Environmental Health Service office, if required or if appropriate.

Environmental Monitoring

The Environmental Health Service may required that the Event Management Plan outline how environmental monitoring, as relevant to the event, will be undertaken before, during and after the events. This can be included in the Event Medical Plan or referenced in the Event Plan.
**Contact Information**

The organiser shall provide the designated Environmental Health Officer with a list of the names of key personnel, their areas of responsibility and contact telephone numbers prior to the event.

One of the key requirements of an Event Management Plan is that someone is given the clear task of overall control and coordination of Medical / First Aid provision, including all health issues.

That person is the Event Medical Coordinator and everyone knows who they are and how to contact them. That person is the agent of the Event Controller (Manager) and is a single point of contact in relation to health issues.

That person is also the point of contact for the HSE Environmental Health Service.

**Template Plan**

If necessary, Section 5 of the template plan can be used to include information in relation to Environmental Health considerations. Please refer to the HSE Environmental Health Service, this guidance and the HSE’s Standard Environmental Health Conditions (earlier in this Appendix) for more detail on Environmental Health considerations.

**Arrangements for Infection Prevention and Control.** Public Health considerations, particularly in periods when flu or the like is circulating widely in the community, as well as specific arrangements for the disposal of clinical waste, must be planned for and included in Section 5 of the template plan.

If more appropriate and/or to avoid duplication, this section could also be populated just by reference to other specific sections of the overall event plan.

Anything else that may be advised by the Environmental Health Service or relevant or of a general nature, may also be included in Section 5 of the template plan.

**Note:** Most Environmental Health requirements are on a statutory basis and will apply irrespective of the whether they are included in a plan or not. The purpose of including Environmental Health considerations in this section of the template plan is so that the can be included as a specific condition of the grant of licence, if required. Their inclusion also serves to remind all those who have roles under the plan of environmental health issues and requirements.