DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

(EMT, PARAMEDIC, HOSPITALS)

SUBJECT: **MASS GATHERING AND SPECIAL EVENTS INTERFACE WITH EMERGENCY MEDICAL SERVICES**

REFERENCE NO. 842

PURPOSE: To establish guidelines for the delivery of Emergency Medical Services (EMS) to protect the health and safety of the participants during mass gatherings and special events of various size and intensity so that participants have access to the appropriate level of care and to minimize the impact of these events on the local EMS system.

AUTHORITY: Health & Safety Code, Sections 1797.202, 1797.204, 1797.220, 1798, 1798.6(a)
Health Insurance portability and Accountability Act 164.501
California Code of Regulations, Title 22, Sections 100063, 100144, 100167(a), 100169
Los Angeles County Code Title 7, Business Licenses, Chapter 7.16, Ambulances

DEFINITIONS:

After Action Review/Report (AAR): A structured review or de-briefing process for analyzing what happened, why it happened, and how it can be done better by those responsible for an event.

Build in/build out plan (also known as "set-up" and "strike out"): Refers to terminology related to special events for the "set up" of a permitted and approved floor plan on/in a stadium, field, building or other structure. "Strike out" is the process in set construction of dismantling, storing or discarding the materials used.

Event Action Plan: A plan that contains objectives that reflect the event strategy and specific control actions for the event. The Medical Action Plan is the part of the Event Action Plan that is specific to medical resources and assignments.

Event Footprint: The area(s) that is within the control of the event promoter, which may include the venue, the parking lot, and any extended area in which an event is being held.

Event Medical Facility: The main medical facility in which medical care is being provided and/or being directed during a mass gathering or special event. This may include a first aid station, medical station, or any combination thereof.

Harm Reduction: Policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences, such as alcohol and drug education pamphlets etc.

Intensity of Event: The level of intensity (low, medium, or high) as designated by jurisdictional provider agency, is based on the number of attendees, weather considerations, geography, the propensity for alcohol and/or drug use, physical exertion, duration, and history of like events

Jurisdictional Provider Agency: The local fire department.

APPROVED: Richard Tadeo
Director, EMS Agency

Medical Director, EMS Agency

Mass Gathering: An organized assembly of 5,000 or more people.

Medical Action Plan (MAP): A plan that explains the medical resources, services, and coordination that will be provided during an event that is provided by the promoter/venue.

Medical Alert Center (MAC): Assists provider agencies and base hospitals with patient destination decisions and multiple casualty incidents. It serves as the control point for VMED28 and ReddiNet systems.

Participant: Any person attending or working at the event.

Recurring Events: A mass gathering that occurs on a daily, weekly, monthly, seasonally, or annual basis at a fixed venue and with an existing developed (proven/successful) plan to manage the health and safety of participants and type of event. Examples include professional sport event, the annual county fair, etc.

Special Event: A gathering that does not meet the definition of a mass gathering but has the potential to impact the local EMS response, as determined by the jurisdictional provider's discretion. Examples could include a parade, one time concert, etc.

PRINCIPLE:

A Medical Action Plan (MAP) shall be created for every mass gathering or special event at the request/discretion of the jurisdictional provider agency.

POLICY:

I. The Medical Action Plan (MAP) shall include, but not be limited to, the following considerations:

   A. Event description, including event name, and expected number of participants.

   B. Participant safety (may include an extended footprint) including harm reduction.

   C. Communications Plan that secures a mechanism for direct, two-way communication between the jurisdictional provider agency and medical staff. Consider the following:

      - Two-way radios
      - Cellular service may be overwhelmed
      - Coordination with the MAC

   D. Medical resources that are appropriate to the number of participants – to include quantities, locations, hours of operation, and staffing levels (Advanced Life Support (ALS), Basic Life Support (BLS), Medical Doctor (MD), Registered Nurse (RN), and volunteers for the following:

      - Transport ambulances
      - Fixed resources –first aid stations, event medical facility
      - Mobile resources- mobile teams/carts, foot/cycle teams
      - Contingency plan if resources become overwhelmed

E. Weather related plans

F. Evacuation plan

G. Build in/build out plan

II. Responsibility of the Promoter/Event Venue

A. Notify the jurisdictional provider agency of the event, participate in the permitting process, develop and review the event MAP with the event medical staff and the jurisdictional provider agency.

B. Submit the MAP for approval to the jurisdictional provider agency at a minimum of twenty-one (21) calendar days prior to the event.

C. Submit any final changes to the MAP to the jurisdictional provider agency at a minimum of seventy-two (72) hours prior to the event. The jurisdictional provider agency will respond within twenty-four (24) hours.

D. Utilize ambulance operators licensed by Los Angeles County (Ref. No. 401.1, Licensed Ambulance and EMS Aircraft Operators) with a minimum of Basic Life Support (BLS) level of service.

E. Incorporate and utilize harm reduction programs for events when applicable.

F. Participate in an AAR upon the request of the jurisdictional provider agency or the Los Angeles County EMS Agency. AARs shall be held within fourteen (14) days post-event unless otherwise approved by the jurisdictional provider agency.

III. Responsibility of the Jurisdictional Provider Agency

A. Review and respond to EAP and the MAP within fourteen (14) calendar days prior to the event. Respond to any final changes to the MAP within twenty-four (24) hours.

B. Verify EMS personnel utilized in the event are appropriately licensed, accredited, and/or certified in Los Angeles County.

To verify an EMT/Paramedic:
https://emsverification.emsa.ca.gov/Verification/

To verify a registered nurse/licensed vocational nurse/physician:
https://www.breeze.ca.gov/

To verify a physician is Board Certified or Board Eligible in Emergency Medicine:
https://www.certificationmatters.org/find-my-doctor/.org

C. When necessary to protect health and safety, may require additional or more stringent requirements than listed in this policy (i.e., medical staffing requirements).

D. Educate the event promoter/venue regarding licensed ambulance company capabilities and hospital resources.

E. Notify the Los Angeles County EMS Agency MAC at 866-940-4401 or via email at lemsadutyofficer@dhs.lacounty.gov of the event as soon as possible, if there is an anticipated regional or multi-jurisdictional impact to the EMS system.

F. Assist with the coordination of the AAR for any event that meets the definition of Multiple Casualty Incident (MCI) as outlined in Ref. No. 519, Management of Multiple Casualty Incidents.

IV. Responsibility of the Emergency Medical Services (EMS) Agency

A. The EMS Agency Medical Director, upon request will:

1. Coordinate a review of the MAP and provide recommendations to the event medical provider and the jurisdictional provider agency

2. Respond within three (3) business days

A sample MAP is included in Ref. No. 842.2, Mass Gathering and Special Events Medical Action Plan

B. Medical Alert Center (MAC), upon request will:

1. Notify the hospitals surrounding the event at least seven (7) calendar days prior to the event

2. Assign personnel to staff the event command center upon request of the jurisdictional provider agency

3. Poll area hospitals for emergency department capacity as needed

4. Monitor the number of patient transports during the event.

5. Open an MCI on the ReddiNet when the number of patients and types of illnesses/injuries are expected to exceed the capabilities of the nearest hospitals.

a. Provide patient destination

b. Notify the Medical Officer on Duty (MOD) and the Administrator on Duty (AOD)

c. Provide a summary of incident with final disposition of all patients to the jurisdictional provider agency and EMS Agency Administration within 72 hours post event.

6. In accordance with Ref. No. 519, Management of Multiple Casualty Incidents, assist with an AAR as needed or requested.

V. Responsibility of the Event Medical Provider

A. Provide adequate equipment and supplies to manage care based on the level of service (BLS, ALS) and number of participants.

B. Identify the event medical facility and ambulance staging locations.

C. Submit a list of event medical personnel to the jurisdictional provider agency at least ten (10) calendar days prior to the event to include:

- Name of person
- Type of license or certification (EMT, Paramedic, Nurse, or Physician), number and expiration date
- Include all volunteers or non-licensed personnel or students that will be attending the event, if applicable.

A sample roster is included in Ref. No. 842.3, Mass Gathering and Special Events Event Roster.

D. Submit any changes to previously approved event personnel to the jurisdictional provider agency at least seventy-two (72) hours prior to the event. The jurisdictional provider agency will respond within twenty-four (24) hours.

E. Maintain a patient care log, to be submitted to the EMS Agency and the jurisdictional provider agency within seventy-two (72) hours after the conclusion of the event, which shall include at a minimum:

- Patient information or patient identifier
- Age
- Chief complaint
- Treatment
- Disposition
- Diagnosis, if a physician is on site
- Destination, if transported

A sample patient care log is included in Ref. No. 842.4, Mass Gathering and Special Event Patient Care Log

F. A patient care record (PCR) shall be generated for each patient that receives an assessment and/or treatment at a mass gathering or special event. All patient care should be documented in accordance to Ref. No. 606, Documentation of Prehospital Care.

G. Provide patient care records (PCRs) for review by the EMS Agency or jurisdictional provider agency when requested.

H. Participate in the After Action Review/Report (AAR) as requested.

VI. Responsibility of the Prehospital Providers

A. Nurses shall be licensed by the State of California and preferably have experience in emergency medical care and triage of seriously ill or injured patients.

B. Paramedics shall be licensed by the State of California, accredited in Los Angeles County and on duty for an approved LA County ALS provider.

C. EMTs shall be certified by the State of California and adhere to the Los Angeles County Scope of Practice.

D. Assess participants and escort them to the event medical facility, as appropriate, and per the event's MAP. Following assessment, the participant shall be referred to the event physician on scene, if applicable. If medical staffing levels do not include a physician, EMS providers will follow Ref. No. 1200, Treatment Protocol, et al.

E. Participants must be medically appropriate to be transported to the event medical facility that is staffed with a licensed health care professional. Medically appropriate patients may include altered level of consciousness (ALOC) without evidence of head trauma or history of recent seizure or active seizure. Any patient meeting Ref. No. 506, Trauma Triage criteria shall be transported directly to a trauma center coordinated through MAC or the jurisdictional provider without delay, or if neither are available, contact the designated base hospital.

F. Once the event has been declared an MCI, the paramedics shall take direction from the MAC or jurisdictional provider for patient destination and treatment per Ref No. 1200, Treatment Protocol, et al.

VII. Responsibility of the Primary Contracted Physician at the Event, if applicable

A. Be Board Certified in Emergency Medicine and familiar with the Los Angeles County Paramedic and EMT scopes of practice. Additional physicians must be Board Certified or Board Eligible in Emergency Medicine.

B. Be familiar with the Los Angeles County prehospital care policies.

C. Maintain communication with the jurisdictional incident commander, event coordinator and other medical staff.

D. Take responsibility for medical oversight of all licensed or certified health care professionals providing patient care at the event.

E. Take responsibility for the care and disposition for all patients at the designated event medical facility.

CROSS REFERENCES:

Prehospital Care Manual:

Ref. No. 412, **EMT Automated External Defibrillator (AED) Service Provider Program Requirements**
Ref. No. 506, **Trauma Triage**
Ref. No. 517, **Private Provider Agency Transport / Response Guidelines**
Ref. No. 519, **Management of Multiple Casualty Incidents**
Ref. No. 606, **Documentation of Prehospital Care**
Ref. No. 802, **EMT Scope of Practice**
Ref. No. 803, **Los Angeles County Paramedic Scope of Practice**
Ref. No. 816, **Physician at the Scene**
Ref. No. 842.1, **Resource Guidelines for Mass Gatherings and Special Events**
Ref. No. 842.2, **Mass Gathering and Special Events Medical Action Plan (MAP)**
Ref. No. 842.3, **Mass Gathering and Special Events Event Roster**
Ref. No. 842.4, **Mass Gathering and Special Events Patient Care Log**