INTERIM DOCUMENT

Guidelines for Music Festival Event Organisers: Music Festival Harm Reduction

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Contents

1 Background

1.1 Introduction

The purpose of these *Interim Guidelines for Music Festival Event Organisers: Music Festival Harm Reduction (Interim Guidelines)* is to describe harm reduction strategies to support event organisers to deliver safe music festivals in NSW. These *Interim Guidelines* will also support NSW Health staff and other government agencies to assess the planning documents produced by music festival event organisers when applying for relevant licences or authorisation to hold the event.

These Interim *Guidelines* were developed by the NSW Ministry of Health, in consultation with NSW Ambulance, local health districts (LHDs), NSW Poisons Information Centre, peer based harm reduction programs, event organisers and private onsite medical providers.

It is anticipated these Interim Guidelines will be revised and finalised following further feedback, in preparation for the new music festival licence application process to be introduced by NSW Liquor & Gaming from March 2019.

Event organisers must address a broad range of risks in order to support safer music festivals. The *Australian Disaster Resilience Safe and Healthy Crowded Places Handbook* and associated checklists provide an effective structure for event organisers to use as a framework for risk management, communication and emergency planning. Event organisers should use this *Handbook* as the primary guidance document for addressing the broader health and safety risks posed by their event. These *Interim Guidelines* also refers to other documents that provide frameworks to address other risks.

In accordance with the International Organization for Standardization (ISO) ISO 31000:2018 Risk Management Guidelines principles, event organisers own the risks associated with music festival events. NSW Health staff and other agencies can provide support and describe strategies to control the risks associated with the event. Event organisers must incorporate consideration of health risk into all elements of planning and risk management. Event organisers must plan for and respond to medical and other emergencies affecting their event.

Music festivals may represent a challenging context of multiple and cumulative health risks, including the high probability of alcohol and drug use. While risk may not be completely eliminated, best practice harm reduction strategies can support risk management. This document emphasises strategies that support the safest possible outcomes.

It is important to recognise that medical management in a music festival setting cannot replicate the level of medical service available at a tertiary hospital. Best practice management of critically ill patients in the festival setting requires early identification, appropriate initial management and expedited transfer to hospital for definitive management. Ambulance transfer of seriously ill people to an appropriate health facility

should not be considered an adverse performance outcome. Rather, early identification and rapid transfer to a hospital should be encouraged.

1.2 Key definitions

For the purposes of this document a 'music festival' is:

A music-focused event, often involving performances by multiple music artists and held at an entertainment venue (indoor or outdoor) where 2,000 or more attendees enjoy a range of music for anywhere between several hours and several days.

Events should be comprehensively assessed as to their risk, rather than whether they meet the specific definition. For example, 'dance parties' and 'raves' are terms used for similar events that may present similar risks to events considered 'music festivals', depending on the scale and nature of the event. Many of the recommendations in these *Interim Guidelines* may be relevant to other large scale events.

For the purposes of this document 'harm reduction' encompasses:

Approaches that seek to minimise or eliminate the impact of illness and injury associated with drug and alcohol use upon individuals, families and communities. Harm reduction strategies seek to create safer settings and encourage safer behaviours.

1.3 Drug and alcohol use at music festivals

In people aged 20-29 years in NSW, recent drug use (defined as use in the last 12 months) has decreased from 27% (2013) to 24% (2016) (National Drug Strategy Household Survey, 2016). A similar downward trend was also seen in the 14-19 year old group. Young people in NSW are initiating drinking alcohol at a later age and drinking at less hazardous levels than previously (NSW Ministry of Health, 2016).

However, music festival patrons report higher levels of illicit drug use compared with the general population (Day et al., 2018). A survey conducted at a major music festival in 2016 found that 60% of patrons had taken ecstasy in the last 12 months (Day et al., 2018). Some subsets of events, for example Electronic Dance Music (EDM), heavy metal and rock genres, may be further associated with increased rates of medical presentations (Westrol et al., 2017). This shows that drug and alcohol use at festivals requires a tailored harm reduction approach.

Recent studies of 'party drug' use (i.e. those drugs routinely used in the context of entertainment venues such as nightclubs or dance parties) show that ecstasy and cannabis were the drugs of choice (Peacock et al., 2018). Use of ecstasy pills has declined while use of ecstasy in capsules and crystal form has increased (Peacock et al., 2018). Drugs of choice may constantly evolve due to the regular introduction of novel substances and changing patterns of substance use in the community.

Drug and alcohol related harms make up the minority of medical presentations in the music festival setting. A study of four Australian music festivals found that 15% of all presentations to onsite medical centres were associated with alcohol and substance use

(Hutton et al., 2014). However, drug and alcohol related presentations can include a number of seriously ill patients. These patients place significant demands on the limited resources of onsite medical providers at events, and may require transfer to tertiary hospital intensive care facilities.

2 Pre-event considerations

2.1 Risk assessment and risk management plans

All music festivals and similar events should undergo a risk assessment, and have appropriate risk management in place. The extent, severity and exposure to risk will vary depending on the circumstances of the event and the degree of preparation and risk management undertaken by event organisers.

Effective risk management involves the following steps (ISO31000:2018):

1. **Hazard and risk identification:** the aim is to identify all hazards and associated risks, regardless of whether they are within the control of the organisation.
2. **Analyse the risks:** determine the likelihood of the risk and its potential consequences. This involves determining the level of each risk.
3. **Evaluate the risks:** using the resulting risk levels, rank those risks and develop a prioritised list of risks requiring attention. This supports allocation of resources to those risks of greatest priority.
4. **Manage, treat or control the risks:** Risk can be controlled in a number of ways, and the first objective should be to avoid or eliminate the risk entirely. Where elimination is not possible, exposure to risk should be reduced as much as is reasonably practicable. Other strategies include: reducing the likelihood, reducing the consequence, sharing the risk or accepting the risk based on an informed decision.

The *Australian Disaster Resilience Safe and Healthy Crowded Places Handbook* and associated checklists provide an effective structure for event organisers to use as a framework for risk management, communication and incident and emergency planning. Event organisers should use this *Handbook* as the primary guidance document for addressing the broader health and safety risks posed by their event when developing their risk management plans.

2.2 Health risk

Health risk should be integrated into all elements of event planning as it is a key factor in overall risk assessment and risk management. The following describes NSW Health's approach to health risk categorisation of music festivals by LHD staff. Event organisers can utilise this approach to address areas of concern from a health perspective.

The NSW Health Emergency Management Unit's *Health Risk Assessment for Planned Events* (HEMU tool) supports LHD staff to classify a festival's health risk profile (Appendix A). Although it is not exhaustive, this tool facilitates the assessment of the context and location of a festival. For example, a 5,000 person event in metropolitan Sydney may not present as high a risk as one held in regional NSW, where access to health and emergency services may be limited.

In addition LHD staff should further categorise music festivals through the application of the **Indicative Risk Factors** list below. These risk factors are associated with a higher

likelihood of drug and alcohol related harm. **The presence of any of the indicative risk below, noting that this relates to events of more than 2,000 attendees, will introduce risks that need to be actively managed in accordance with these *Interim Guidelines*.** The term higher risk encompasses both the high risk and extreme risk categories of the NSW Health risk assessment policy.

Indicative Risk Factors

- The event targets people aged 18-29 years.
- Time to tertiary health facility by road >60mins.
- The event is held over a long duration (i.e. eight hours or more), and/or extends past midnight.
- Anticipated weather conditions, particularly predicted temperature >25°C.
- The event is new, or the event organiser has less than three years' experience.
- Events by this organiser or landholder in the previous three years have seen:
    - A death or serious harm as a result of alcohol or other drug-use, crowd behaviour or improper safety management.
    - A high probability of illicit drug or alcohol use.
    - A high number of onsite medical presentations relative to the event size.*

*Note that early identification and rapid transfer to hospital of patients with serious or rapidly deteriorating illness should be encouraged. Requests for ambulance transfer should not be considered an adverse performance outcome.

2.3 Interagency consultation

The size, duration and location of an event contribute to its health risk, as local health resources may be used to address the additional demand from the event. It is important for event organisers to involve LHDs and NSW Ambulance from the early stages of pre-event planning to ensure the potential impact of their event on local resources can be considered and planned for. Consultation with local government, police, peer based harm reduction programs and liquor licensing authorities may also be required.

Table 1 provides a suggested timeline for notification and actions by event organisers and onsite medical providers in liaising with health agencies.

Table 1: Actions for Event Organisers Based on the Health Risk Category

Planning actions for event organisers / disaster managers	**Low**	**Medium**	**High**
Minimal notification period to all agencies	4 weeks	10 weeks	90 days
Notify LHD disaster manager	✓	✓	✓
Notify local ambulance	✓	✓	✓
Notify nearest medical facilities	✓	✓	✓
Health risks included in Risk Management Plan	✓	✓	✓
Provision of first aid personnel	✓	✓	✓
Provision of first aid centres	✓	✓	✓
Provision of transport arrangement	✓	✓	✓
Event medical plan required		✓	✓

Develop participant health information and event messaging		✓	✓
NSW Health Public information and health notices		✓	✓
Provision of onsite medical provider		consider	✓
Provision of pre-deployed ambulances (NSW Ambulance)		consider	✓
Provision of peer based harm reduction program		consider	✓
Notify HEMU			✓

2.3.1 Health stakeholder pre-briefing

In addition to pre-event planning, event organisers and onsite medical providers should arrange an interagency briefing with local health stakeholders to specifically address health risk. This ensures that event organisers and onsite medical providers are aware of local processes and escalation procedures. It also informs local health staff and NSW Ambulance about the event and the potential impact on their usual work. Higher risk category events require notification of state level participants.

This meeting should occur in the week to days before the event, to provide opportunity to address any evolving factors that may contribute additional health risk (for example, changing weather, fire danger).

The key health stakeholders for this meeting could include:

LHD staff
- Nominated LHD staff member – either LHD HSFAC or Disaster Manager

NSW Ambulance
- Local manager or their delegated representative
- Allocated NSW Ambulance Forward Commander

Event organiser
- Operations manager
- Emergency coordination consultant

Onsite medical provider
- Senior doctor at the event
- Onsite operations manager
- Triage nurse at the event

Peer based harm reduction program
- Team leader

Depending on the level of risk and location of the event, other health stakeholders that could participate in the meeting include:

LHD staff
- Local HSFAC
- *Local emergency department staff including:

- Director
- Nurse unit manager
- Staff specialist rostered at the key times of the event

*In regional settings it may be necessary to include staff at the referral facilities for that location

State level participants (High risk category)

- State HSFAC
- State HEMU
- State Ambulance superintendent or NSW Ambulance State Planning Unit
- NSW Poisons Information Centre toxicologist

The agenda for this meeting should include:

- Introductions – so all staff are familiar with the NSW Ambulance Forward Commander, their onsite counterparts and contacts for escalation.
- Summary of local risk factors, expected presentations, and current response plans (for example):
  - Weather events: fire plan, dehydration treatment and water availability.
  - Anticipated drug related presentations for the event.
  - Natural environment: drowning, snake bite.
- Method for initiating transfer (for example):
  - Confirming capacity of pre-deployed ambulance(s) onsite
  - Options for aeromedical retrieval
  - Radio communications and back up contact numbers
- Pathway for escalation in the event of major incident or health emergency
- Discussion exercise: how to manage and transfer:
  - Intubated patient post-RSI
  - Intubated unconscious patient
  - Pre-deployed NSW Ambulance versus ambulance awaiting deployment

3 General event planning issues with implications for health

3.1 Site infrastructure

Whether an event is indoor or outdoor, the venue's onsite infrastructure must be assessed to comply with the minimum standards of the *Building Code of Australia*. A thorough assessment of the site must be undertaken to identify any hazards associated with the location. This must include consideration of crowd control and crowd safety mechanisms.

3.1.1 Emergency vehicle ingress and egress

Ingress and egress describe the action of entering and leaving a location. In this context, it relates to emergency vehicle access to and from the event. This includes to specific locations within the event, such as to the onsite medical centre.

The transfer time of patients will depend on local site factors as well as distance to hospital. The festival site map should clearly highlight access corridors to provide ingress and egress for emergency vehicles within the event area. These corridors should remain clear during the course of the event and in the immediate post-event period. These dedicated emergency vehicle corridors are vital to ensure that vehicles do not pose additional risk to event patrons, and to facilitate urgent response and transfer where required.

3.1.2 Sanitation

Inadequate toilets at an event may contribute to patrons limiting their oral fluid intake, which increases their risk of dehydration.

The following tool (Table 2) can be used to estimate the number of sanitation facilities required for events where alcohol is available.

Table 2: Recommended number of sanitation facilities for events where alcohol is available

	Males			**Females**	
Patrons	WC	Urinals	Hand basins	WC	Hand basins
<500	3	8	2	13	2
<1000	5	10	4	16	4
<2000	9	15	7	18	7
<3000	10	20	14	22	14
<5000	12	30	20	40	20

Reproduced from: Event Starter Guide, NSW Government Department of Premier and Cabinet (2018).

For events where there is insufficient existing sanitation infrastructure, temporary toilet facilities are required. In areas where patrons are expected to queue for long periods, temporary toilet facilities should be co-located in the vicinity of the queuing areas. Event organisers must seek approval from the landowner to install portable toilet facilities on their land.

All toilet facilities must be:

- Well lit, including the surrounding area
- Provided with waste receptacles for sanitary products and paper
- Provided with hand sanitiser or soap and hand drying equipment
- Maintained in a clean and workable condition, with cleaning and restocking performed at two hourly intervals at a minimum
- Fitted with syringe disposal units
- Located away from food storage and food service areas

All wastewater products must be disposed of safely to sewer, septic tanks/leach drain, holding tanks or other local government approved methods.

3.1.3 Tobacco

In NSW there are smoke-free laws banning smoking and the use of e-cigarettes in all enclosed public areas and certain outdoor public areas under the *Smoke-free Environment Act 2000* and the *Smoke-free Environment Regulation 2016*. These bans protect people from second-hand tobacco smoke.

Section 11 of the *Public Health (Tobacco) Act 2008* prohibits the retail sale of tobacco products and electronic cigarettes from any mobile structure, vehicle or vessel.

Event organisers should ensure their site infrastructure complies with NSW smoke-free laws, and support the promotion of smoke-free festivals.

3.2 Communication processes

Mobile phones may not work when many users are trying to access the network within close proximity or in regional areas. This increased demand on telecommunications infrastructure may lead to delays if events are solely dependent on dialling Triple Zero (‘000’) to contact emergency services, for example, when arranging ambulance transfer.

Event organisers, particularly for higher risk category events, should create an **Event Control Centre**, which is a central interagency communications hub with an interagency presence. The Control Centre should serve to respond to and manage incidents as they arise. Organisers should ensure back up radio-based communication services are available in the event that telecommunication systems are overwhelmed. In remote locations, satellite telecommunications may also be required.

It is important for event organisers to liaise with NSW Health LHD and NSW Ambulance staff to determine the most effective local approach for communication. It important to ensure effective communication channels exist to support:

- Onsite medical providers arranging expedited transfer of patients via NSW Ambulance
- Information sharing between hospital staff and the onsite medical staff of relevant clinical information for transferred patients and for the management of further onsite presentations.

3.3 Water provision

Dehydration and heat exhaustion are key contributing factors to drug and alcohol related harm. It is a legal requirement that free drinking water is readily available when selling alcohol.

Potable water must be freely available for drinking, hygiene and cooling purposes.

For single day events, there should be:

1. A minimum of 2 litres of free drinking water available per person or at a rate calculated at 500mL per hour, whichever is greater; and,
2. One water outlet per 500 people. A water outlet is an access point to a drinkable water source. For example, there may be multiple water outlets per water source.

It is important that these water outlets are separate and independent of bars and other alcohol service areas. Water outlets must be checked and maintained in a clean and uncontaminated state, to avoid any public health risk. Hand washing basins are not acceptable drinking water outlets.

For events where patrons are prohibited from bringing their own food and drinks into the site, patrons should be permitted to bring their own clear or visibly empty plastic containers to support use of the free water refill outlets. Exceptions may also be made for plastic bottles of proprietary brand labelled water with unbroken manufactured seals.

For overnight or camping events, suggested requirements are for 20 litres of water per person, per day, 4 litres of which are specifically potable water for drinking. These requirements may vary depending on previous experiences and weather. In locations where potable water supplies are limited, non-potable water may be utilised for toilet flushes, and signs should reflect this so patrons are aware.

3.4 Shade provision

Unseasonably warm ambient temperatures add to the risk of dehydration and other sun-related harms. Events should provide freely accessible shaded areas within the festival site. These shaded areas should ideally be separate from bars and alcohol serving areas and in addition to the chill out spaces described in Section 6.

Utilisation of existing shade should be factored into the design and layout of the site. The position of stages, merchandise tents and stalls should take advantage of any shade created over the course of the event. The free provision of SPF 30 or higher broad spectrum, water-resistant sunscreen to patrons is encouraged. Further harm reduction approaches regarding sun safety at events can be found in the Cancer Council of Victoria's *Sun Smart Festival Checklist*.

3.5 Food safety and provision

Proper sanitary measures must be applied to food storage, preparation and distribution. Failure to adequately enforce food standards can contribute to contamination and pose a

danger to public health. Provision of food can assist to engage patrons in activities other than drinking, which can help to reduce the potential for intoxication.

Food should be provided at events greater than three hours. Event organisers are encouraged to consider the pricing of food and non-alcoholic beverages to support accessibility by patrons.

Any business offering food for sale (regardless of setting) must comply with the Australia New Zealand Food Standards Code (FSANZ) Food Act 2003 (NSW). For further information, refer to the NSW Food Authority's Guidelines for food businesses at temporary events and Guidelines for Mobile Food Vending Vehicles. These guides include a self-checklist for businesses, based on the requirements in the Food Standards Code.

Event organisers must ensure that relevant food businesses at their event have appointed a certified Food Safety Supervisor (FSS), that safe food handling is practiced by all operators and food handlers have appropriate food safety skills and knowledge.

4 Emergency escalation protocols

4.1 Key emergency definitions

The following terms are from the NSW Health Plan:

A **health incident** is a localised event, either accidental or deliberate, which may result in death or injury, which requires a normal response from an agency, or agencies from one or more of the components of NSW Health.

A **major incident** is an incident involving, or having the potential to involve, a large number of casualties which can be adequately managed by the available resources but which requires a significant and coordinated response involving those resources.

A **health emergency** is as an emergency, due to actual or imminent occurrence, which endangers or threatens to endanger the safety and health of persons in the state of NSW, and requires a significant and coordinated whole-of-health response.

4.2 Health emergency escalation and management plans

In the event of a health incident, major incident or health emergency (as defined above), the NSW Health Plan and NSW Emergency Management Plan (EMPLAN) should be used to maintain consistency with existing state wide processes. This provides clear command and control structures to NSW Health and emergency services, including NSW Ambulance. These structures support the mobilisation of resources to respond to emergency events.

Through early consultation with local health district staff and NSW Ambulance, event organisers should confirm the level of NSW Ambulance service provision onsite during the event. NSW Ambulance may allocate a senior onsite paramedic to the role of **Forward Commander**. Processes for arranging medical transfers through NSW Ambulance may include communication to their Forward Commander or other representative at the Event Control Centre via radio in the first instance.

Event organisers or onsite medical providers may recognise a need to escalate beyond the resources available onsite. **The decision to escalate may also be made independently by the NSW Ambulance Forward Commander or other NSW emergency services**. This is important as onsite medical personnel may be overwhelmed by the demand arising from a major incident or health emergency.

If a **health incident** occurs, the NSW Ambulance Forward Commander has scope to escalate the situation initially to the NSW Ambulance Commander or via the NSW Ambulance Control Centre. If appropriate, they will further contact the LHD Disaster Manager and/or the LHD Health Services Functional Area Coordinator (HSFAC).

If a **major incident** or **health emergency** occurs or is evolving, the NSW Ambulance Forward Commander will escalate to the NSW Ambulance Commander, who may contact the State HSFAC. The State HSFAC is responsible for the management of health emergencies, as described in the NSW Health Plan.

In the case of a major incident or health emergency, the NSW Ambulance Forward Commander will assume onsite command of the medical response under the delegation of the State HSFAC. This is to support coordination of resources and effective management of the emergency.

If there is clinical disagreement between the NSW Ambulance Forward Commander and the onsite event medical provider's medical practitioners, this could be resolved by:

- The NSW Ambulance Forward Commander should contact the on call State Aeromedical Retrieval Consultant.
- This Retrieval Consultant can provide clinical advice to both parties to support the effective triage and transfer of patients to definitive facilities.
- Where the situation is a major incident or health emergency, the NSW Ambulance Forward Commander will take full control of the medical response.

4.3 Evacuation and movement of patients

The Risk Management Plan must include how to respond to threats which require a partial or complete evacuation of the site. This is an important component of pre-planning.

Event organisers should consider:

- Transfer from within the event venue for health incidents, for example, movement of injured or sick patients to the onsite medical centre or via NSW Ambulance to appropriate hospital services.
- Large scale evacuation due to major incidents or health emergencies, including mass casualty, natural disaster or fire.

The evacuation component of the Risk Management Plan should include resources, training, allocation of specific responsibilities to event staff and communication processes between event organisers and NSW emergency services.

5 Onsite medical providers

Event organisers may choose for their **Event Medical Plans** to be written by their third party onsite medical provider. A checklist of the key components of the Event Medical Plan is included in Appendix B. The Event Medical Plans must articulate the onsite medical provider's capacity to meet the needs of an event. This capacity will be determined by a number of factors, each of which should be specifically addressed, including:

- The qualifications, seniority, experience, number and event rostering of medical, nursing, paramedic, first aid and support staff. The roles and responsibilities of clinical staff and their suitability should be explicitly addressed.
- The functioning and layout of the onsite medical centre and first aid posts.
- Departmental processes in the onsite medical centre including:
    - Command and control
    - Triage
    - Monitoring and treatment protocols
    - Record keeping
    - Transfer processes, including from within the event to the medical centre and from the event to hospital
- Equipment and treatment resources.
- Distance from and ability to transfer to appropriate hospital facilities for definitive management.
- Surge and escalation planning including protocols for emergencies.

When an event is categorised as higher risk (Section 2.2), onsite medical providers should describe their approach to managing the simultaneous resuscitation of multiple critically ill patients.

5.1 Site and security

Onsite medical centres need to be highly visible and accessible to patrons. A single, central onsite medical centre should serve as the primary site for initial management of medical patients. The onsite medical centre should be accessible by ambulance to support expedited transfer of patients to hospital.

Additional first aid posts may be required for events in large venues. However, the transport of patients from within all areas of the event to the onsite medical centre should be clearly articulated. Staff members who are roving the festival may require buggies or stretchers to urgently transport patients from crowded locations.

Police should not routinely be in the vicinity of the medical centre to support honest disclosures by patients about their substance use, but may attend as requested. Security guards should instead be present in these areas to support staff.

5.2 Staff

5.2.1 Definitions and expected competencies for onsite medical provider staff

All onsite first aiders, medical, nursing, paramedic and harm reduction staff should:

- Have no other duties or responsibilities
- Have relevant experience or training in providing care at major public events
- Have identification, protective clothing and personal protective equipment
- Be physically and psychologically equipped to carry out their assigned roles
- Be at least 18 years old

There are other terms used to describe staff in onsite medical provider settings, such as Emergency Medical Technician (EMT), Medic, or Advanced Responder. This terminology does not accurately reflect the registration requirements of the terms defined below. When medical, nursing and paramedic students contribute to staffing, they are only eligible to participate in the First Aider role, as they lack formal registration or qualifications.

Terminology should be limited to the definitions below to minimise confusion about the capacity and qualifications of onsite medical staff.

Peer based harm reduction team member: certified as competent by a registered training organisation in the unit of competency HLTAID003- Provide First Aid or equivalent. All team members are required to have additional training that includes knowledge of drugs, drug interactions and poly-drug use, identifying signs of intoxication and toxicity, and harm reduction strategies.

Medical practitioner: a qualified medical practitioner with current unconditional general registration through the *Australian Health Practitioner Regulation Agency* (AHPRA). Medical practitioners in this setting should have experience in critical care medicine (emergency medicine, intensive care or anaesthetics), management of drug and alcohol related toxicity, and pre-hospital or retrieval medicine.

The terms: interns; resident medical officers; house officers; or junior medical officers relate to roles in the hospital system where the expectation is to work under the supervision of more senior practitioners (typically registrars and consultants). In general, postgraduate year level (PGY) three and below are considered **junior doctors**. This should be considered in managing the skills mix of any onsite medical team.

Junior doctors in the festival setting should be employed under appropriate supervision.

Resuscitation doctor: a medical practitioner allocated to the role of resuscitation doctor must have independent resuscitation skills, including advance airway/rapid sequence induction (RSI) skills. This may be demonstrated by progression to an advanced level of training in specialisation pathways through the Australasian College of Emergency Medicine (ACEM), College of Intensive Care Medicine of Australia and New Zealand (CICM) and Australian and New Zealand College of Anaesthetists (ANZCA).

Early phase advanced trainees in critical care are still developing their critical resource management skills and have variable capacity in independent resuscitation. They would not be expected to manage the evolving needs of mass events independently. The capacity of individual practitioners should be assessed based on their experience alongside their specialist training progression.

Senior doctor: a specialist critical care physician, with fellowship in their respective college (ACEM, CICM or ANZCA). The senior doctor will also have substantial

experience in pre-hospital or retrieval medicine, and the management of drug and alcohol related toxicity. Trainees undertaking specialisation or other non-critical care specialist physicians should not be considered a senior doctor in these settings.

The role of the senior doctor is primarily as a hands-off manager for the onsite medical centre, and should be distinct from the resuscitation doctor position(s). In an emergency response situation the senior doctor's experience in departmental management is important in coordinating the care of simultaneous complex presentations. Although they may also contribute to decision making regarding individual patients, their core role is to provide management and decision making for the medical centre overall.

Where an event is categorised as high risk, the onsite medical provider should strongly consider including a senior doctor on their medical team.

Nurse: a registered nurse, with unconditional registration through AHPRA. They should have at least two years full time nursing experience in addition to the graduate year, and recent experience (within one year) working in a pre-hospital or emergency department environment. They should hold current Australian Resuscitation Council Advanced Life Support certification. It is additionally preferable they have successfully completed the NSW Health *Transition to Practice, Emergency Nursing Program* or equivalent transitional program. Where a nurse is undertaking the triage role in an event setting, they should have triage experience, as demonstrated by recent employment in this capacity in emergency departments.

Paramedic: a registered paramedic, with unconditional registration through AHPRA. There are further specialist pathways in paramedical science, including Intensive Care Paramedics who have additional accredited training and experience, for example through the NSW Ambulance Education Centre. However, the 'scope of paramedic practice' is not specifically defined or described for the paramedicine profession in the National Law. An individual practitioner's scope of practice is determined by their individual skills, training and competence and may also be described as part of their employment. Paramedics should demonstrate a scope of practice suitable for providing care in the music festival setting.

First Aider: A person who holds a current certificate of first-aid competency through a registered training organisation. They should also have experience in providing first aid at large events and receive additional training in recognising common toxicology presentations and drug related terms.

5.2.2 Components of the onsite medical team

The number and types of onsite medical staff required will depend on the overall health risk, duration and size of an event. Multidisciplinary approaches to staffing are recommended. Onsite medical providers should strongly consider including a senior doctor in their medical team for high risk events. Consideration should be given to surge capacity and safe rostering hours for events longer than 12 hours.

Event Medical Plans must explicitly outline the components of the onsite medical team, including the qualifications, seniority, registration, experience, number and event rostering of all medical, nursing, and paramedic staff, using appropriate terminology as described above. An example has been provided in Table 3 below.

Table 3: Example of onsite medical provider personnel descriptions for Event Medical Plans

Date	Staff Name	Clinical or non-clinical	Role	Qualification and AHPRA number	Experience	Time Rostered (Hours)
12/01/19	XX	Clinical	Senior Doctor	Fellow of the Australasian College of Emergency Medicine (FACEM). AHPRA Number XXX	Staff Specialist in Emergency Department for 4 years; currently working as retrieval specialist	1PM – 11PM (10 hours)
12/01/19	XX	Clinical	Resuscitation doctor	Advanced Trainee in Intensive Care (CICM) AHPRA Number XXX	PGY 6; 6 months Anaesthetics and 6 months of retrieval experience	1PM – 11PM (10 hours)
12/01/19	XX	Clinical	Intensive care paramedic	Registered Paramedic AHPRA Number XXX	7 years of experience working with Ambulance NSW	12.30PM – 11PM (10.5 hours)
12/01/19	XX	Clinical	Triage Nurse	Registered Nurse ALS 2 Certificate AHPRA Number XXX	4 years of experience in Emergency Nursing; 2 years of experience in triage	12.30PM – 11PM (10.5 hours)
12/01/19	XX	Non-clinical	Operations	Paramedic	5 years of experience in paramedicine	12.30PM – 11.30PM (11hours)

Event Medical Plans must also explicitly outline the components of the first aid team, including the qualifications, experience, number and event rostering of all first aid staff. An example has been provided in Table 4 below.

Table 4: Example of first aid personnel descriptions for Event Medical Plans

Date	Staff Name	Clinical or non-clinical	Role	Qualification	Experience	Time Rostered (Hours)
12/01/19	XX	Non-clinical	First aid logistics support	HLTAID003 and HLTAID002	2 years of experience delivering first aid at events; 1 year experience with music festival events	12PM – 11PM (11 hours)
12/01/19	XX	Clinical	First Aid	HLTAID003 Currently a	3 years of experience	12.30PM – 11PM

				nursing student	delivering first aid at festival events	(10.5 hours)

Staffing of peer based harm reduction services is described further in Section 6.3.

5.3 Onsite medical provider team briefing

Effective patient management is dependent on multidisciplinary teams working together to ensure the appropriate intervention is applied to the appropriate patient at the appropriate time.

Drug associated toxicity and their management are a continuously changing space, particularly as novel substances regularly enter the market.

In many instances, onsite medical providers hire staff on an individual basis, and the resuscitation team may have never previously worked together. This may contribute to poor communication practices and role confusion.

Event organisers should ensure that their onsite medical provider undertakes internal pre-event briefings with all onsite medical staff. This supports team based approaches to the management of complex patients likely to occur in this setting.

This briefing should review:

- Triage
- Treatment and transfer protocols
- Documentation processes
- Escalation and communication processes
- Recent drug use patterns and novel substances related to the event's demographic

Multidisciplinary simulation sessions should occur as part of this briefing for the members of the resuscitation team. This allows the team to model what they would do when managing a critically ill patient. This would support the identification of appropriate clinical roles (e.g. Team Leader, Resuscitation Doctor, Circulation Nurse etc.); location of equipment and medications; and review of communication processes for facilitating escalation and transfer to hospital.

5.4 Expected presentations

The event organiser must ensure the onsite medical provider can provide a minimum standard of pre-hospital emergency medical care to address the following range of presentations.

There are three main types of presentations during an event:

Type 1: Minor injuries or event specific conditions
For example: sunburn, blisters, dehydration, minor allergy, and minor injuries such as sprains, abrasions and simple fractures.

Type 2: Pre-existing medical conditions that may be exacerbated by the event
For example: epilepsy, mental health crisis, diabetes related complications, cardiovascular disease.

Type 3: Event specific major presentations
For example: assault with serious complications, including head injury, ocular trauma and compound fractures; drug and alcohol related toxicology; crush injuries and falls; high impact vehicle related trauma; heat stroke; drowning.

For all-ages events, the likelihood of paediatric presentations should be considered a specific risk as they require specialised age-appropriate equipment, treatment and management.

For most events, the majority of presentations to onsite medical services are for minor complaints (Type 1 above). A large portion of presentations to onsite medical providers may be simple requests for supplies (e.g. sunscreen, Band-Aids), rather than an actual medical complaint. Reporting on the number of presentations to onsite medical providers should distinguish between these two separate cohorts.

However, serious and life threatening complications can arise from presentations in Types 2 and 3 (above). Due to patterns of ingestion, multiple complex and severe toxicology presentations can occur simultaneously, which can rapidly overwhelm medical capacity.

5.5 Triage

Triage is essential in any clinical setting where many patients may present at once. A triage system is where all incoming patients are categorised into groups using a standard urgency rating scale. It aims to ensure that patients are seen in a timely manner depending on their clinical urgency. It allows for the patient to be allocated to an appropriate assessment and treatment area, and supports allocation of clinical resources.

The *Australasian Triage Scale* (ATS) is a clinical tool designed for use in emergency departments. Application of the ATS requires the formulation of a chief complaint from a brief history of the presenting illness or injury. Triage decisions using the ATS require observation of:

- **General appearance;**
- **Focused clinical history;** and
- **Physiological data**
    - Minimum expectations of vital signs/basic clinical observations in this setting are: **temperature, heart rate, respiratory rate, blood pressure, and oxygen saturation.** The definitions of normal parameters for this setting are explained below (Section 5.6.1)
- **The most urgent feature determines the ATS Category**

Clinical status is dynamic for all patients. A change in clinical status may change the triage category, and re-triage must occur**. Incomplete application of the ATS is not a safe substitute for an effective triage system.**

Clinicians undertaking the triage role must have experience in the assessment of a wide range of illness and injury, and the capacity to consistently and independently make sound clinical decisions in a time-pressured environment. Registered nurses undertaking the triage role must have expertise in emergency nursing and training in the triage role.

Triage processes can be used to allocate the limited resources available in a pre-hospital setting. Triage categories and the identification of high-risk feature should trigger a response that matches the urgency of that feature. For example, any patient who is assessed as an ATS Category 1 will require urgent transfer to hospital, demanding immediate notification of ambulance alongside immediate simultaneous assessment and treatment. Similarly, an expectation is that a large portion of ATS Category 2 cases will require hospital transfer for definitive management.

5.6 Monitoring and management

Drug and alcohol related toxicity in the music festival setting can undergo an especially rapid deterioration. Regular monitoring and patient reassessment should be a core part of the medical management of patients in this setting and should be in accordance with good clinical care.

Routine and continuous monitoring supports:

- Early identification and management of critically ill patients
- Detection of acute deterioration
- Prioritisation of patients requiring transfer

If patients have vital signs outside the conservative normal ranges described below, particularly if this persists following a period of initial monitoring, it should trigger urgent local escalation for onsite medical practitioner review.

5.6.1 Clinical parameters for vital signs

The application of clinical parameters in the pre-hospital festival setting is to:

- Support identification and prioritisation of patients who may be at risk of acute deterioration or are critically ill.
- Define thresholds to support urgent review by onsite medical practitioners.
- Support early identification of patients who will require transfer to hospital.

The *Between the Flags* (BTF) system is designed to detect deterioration in patients who are cared for in NSW public hospitals and health care facilities**.** Table 5 describes the clinical parameters in the BTF system. **It is inappropriate for onsite medical providers to use the BTF parameters in the pre-hospital setting,** where escalation pathways are not equivalent to a hospital in-patient setting.

Table 5: The BTF clinical criteria used in the hospital setting. These criteria are not recommended for use by onsite medical providers in the music festival setting.

Clinical Observation	**Between the Flags Criteria**	
	Yellow Zone	**Red Zone**
Temperature	<35.5°C; >38.5°C	NA
Respiratory rate (per minute)	<10 ; >25	<5; >30
Systolic blood pressure (mmHg)	<100 ; >180	<90; >200

Clinical Observation	Between the Flags Criteria	
	Yellow Zone	Red Zone
Heart rate (per minute)	<50; >120	<40; >140
Oxygen Saturation (SpO_2%)	<95%	<90%
Disability (Neurological assessment)	Rousable by voice	Rousable by pain/ unresponsive

A more conservative range of parameters than the BTF system is recommended for use by onsite medical providers in the music festival setting (Table 6). The conservative ranges account for factors specific to the music festival context, including:

- A generally young and well population
- A higher probability of substance exposure
- Uncertainties in ingested dose
- Extremes in ambient temperature
- Time for transfer to definitive hospital facilities

Table 6: Recommended clinical criteria to trigger immediate medical practitioner review for use by onsite medical providers in the music festival setting.

Clinical Observation	Recommended clinical criteria to trigger immediate medical practitioner review
Temperature	<35.5°C; >37.4°C
Respiratory rate (per minute)	<12; >22
Systolic blood pressure (mmHg)	<100; >160
Heart rate (per minute)	<50; >110
Oxygen Saturation (SpO_2%)	<95% on Room Air
Disability (Neurological assessment)	Any decrease in level of consciousness or new confusion

Any abnormality outside the recommended conservative clinical parameters should trigger immediate review by a medical practitioner. Toxicity due to ingestion of recreational drugs can progress rapidly and is difficult to manage in a pre-hospital setting. **Patients with abnormalities in any of these clinical parameters should have their vital signs performed regularly as clinically indicated.** Medical practitioner review should focus on identification and management of the underlying cause. Recommended responses to abnormal clinical observations are described further in Section 5.7.

There may be patients presenting for medical assessment who do not meet the triggers for medical practitioner review presented in Table 6. However, they may still require transfer to hospital for treatment of toxicity related to recreational drugs or other medical conditions. The recommended clinical criteria in Table 6 are not a substitute for overall clinical assessment and judgement, and should be used in conjunction with system processes such as appropriate triage, monitoring, treatment and transfer procedures, supported with adequate numbers of appropriately trained staff.

5.7 Initial treatment protocols

5.7.1 Fever

Temperature is one of the most important observations in assessing for recreational drug toxicity in this population. Any hyperthermia not responding to

simple cooling measures within a short time interval should be treated as a medical emergency.

Multiple factors can be responsible for raising the body temperature of festival patrons. High ambient temperatures may occur within the venue as a result of weather conditions and poor ventilation. Body temperature can be raised by intense physical activity or ingestion of stimulants. These factors can work synergistically to significantly impair the body's own temperature regulation, resulting in hyperthermia which is potentially life threatening.

Body temperature should be measured with adequately calibrated and accurate equipment, such as tympanic thermometers.

Elevated temperature should be responded to as follows:

1. **Temperature between 37.5°C and 37.9°C:**
   Monitoring: Temperature and vital signs repeated at 15 minute intervals
   Management: Removing to a cool, shaded place, administer cool oral fluids, remove excess clothing, rest, inactivity and ice packs
   Disposition: If temperature is <37.4°C after observation for 30 minutes, all other vital signs are within normal range, and there are no other clinical concerns, discharge can be considered. **If temperature continues to rise despite cooling, then urgent medical practitioner review should occur.**

2. **Temperature at or above 38°C:**
   Monitoring: Temperature and vital signs repeated at 15 minute intervals
   Management: As above, plus urgent review by a medical practitioner – perform clinical assessment and examination looking for toxidromic features
   Disposition: If temperature remains at or above 38°C despite 15 minutes of inactivity, oral fluids, and active cooling strategies, **immediate transfer to hospital should be arranged.**

3. **Management while awaiting transfer to hospital:**
   Patient should have an intravenous cannula sited (IVC), receive intravenous (IV) fluids and have ice packs applied to the groin and axilla. They should continue to have observations measured and documented, and be reviewed by a medical practitioner at least every 15 minutes.

5.7.2 Other vital signs: suggested actions

Persistence of vital signs outside of the recommended criteria described in Section 5.6.1, despite 15 minutes of inactivity, oral fluids, and active cooling should trigger urgent medical practitioner review and further intervention (e.g. IVC and IV fluids). Repeated medical practitioner review should occur every 15 minutes at a minimum to assess for response to intervention and need for transport to hospital.

Vital signs outside of the recommended criteria at presentation in combination with either impairment of level of consciousness and/or fever should trigger immediate medical practitioner review. Persistent confusion, delirium, or decreased level of consciousness should trigger urgent transfer to hospital.

5.8 Transfer to hospital

Once the decision to transfer a patient has been made, onsite medical staff should work with deployed NSW Ambulance staff to support coordination of resources and prioritisation of patients awaiting transfer.

The time required for transfer will depend on factors including ingress, egress and distance to appropriate hospital facilities. NSW Ambulance has existing processes to liaise with hospital emergency departments regarding the acuity of their transfer patients.

While awaiting transfer, clinicians are encouraged to call the NSW Poisons Information Centre. A priority contact line can be provided through LHDs to provide rapid access to tele-health support from a senior toxicologist. This can support the delivery of best practice interim management of toxicology cases while awaiting transfer, including those related to drugs, alcohol, and snake and spider bite.

During pre-planning, event organisers and onsite medical providers should clarify local capacity of paramedics and ambulance, as this has implications for initial management of patients. For example, only NSW Ambulance intensive care paramedics are expected to have the capacity to intubate unconscious patients. Intensive care paramedics can ventilate patients, including for the purpose of transferring patients who are already intubated. Qualified NSW Ambulance P1 paramedics can also ventilate a patient, but do not have intubation skills.

These factors may impact on the capacity of ambulances to transfer ventilation dependent patients. It may be most appropriate for an intubated patient to be ventilated by the onsite medical practitioner to expedite transfer. However, this has major implications for the ongoing provision of onsite medical care if the medical practitioner leaves the event to facilitate transfer.

If there is any indication that an invasive procedure, such as intubation, will take place this should be discussed with the NSW Ambulance Forward Commander as soon as possible. This communication will support the effective and urgent transfer of critically ill patients.

5.9 Management of sexual assault

There can be increased sexual health risks at a music festival. This can include the impact of drug and alcohol misuse on risk taking behaviour. There is also the risk of drink spiking and its association with sexual assault.

Adult patients reporting sexual assault should be considered a serious medical presentation and expedited transfer to an appropriate hospital facility for definitive management should be arranged as soon as possible.

5.10 Documentation

The following should be documented for patients of onsite medical services:

- Basic demographic information
- Clinical information including:
    - Presentation and triage note

- Relevant past medical history
- Examination findings
- Management provided
- Outcome (e.g. discharge destination or transfer)

As with any medical record, this information should be kept securely to protect patient privacy and confidentiality.

Telecommunications systems may be overwhelmed by increased demand during an event. Where electronic medical record systems are used for record keeping, a back-up paper-based system should be in place.

6 Harm reduction

6.1 Drug and alcohol management plan

A Drug and Alcohol Management Plan must be submitted with the Music Festival Licence application for approval prior to the event, according to Liquor & Gaming NSW requirements. The festival organiser should develop the plan in collaboration with key stakeholders including LHD staff, NSW Ambulance, NSW Police and the peer based harm reduction program provider.

The Drug and Alcohol Management Plan should address:

- Legal requirements of the licensee, such as ensuring bar staff and security officers have their current Responsible Service of Alcohol (RSA) card and/or Security Licence on them, trading hours are adhered to, and RSA signs are clearly displayed
- Training on recognising and responding to an alcohol or drug overdose or related distress for all event, bar and security staff
- Proof-of-age checks and procedures, including providing wristbands for over-18s
- Whether alcohol and/or glass can be brought into the venue by event patrons
- Procedures for security checks, such as bag checks
- Secure areas for the storage of confiscated goods
- Provision of clear signage showing where alcohol can and cannot be served
- Any limits on the number of alcoholic beverages that can be purchased at once
- Whether alcohol will only be sold in non-glass containers
- Provision of free drinking water both at and away from points of alcohol sale
- Availability of low alcohol beverages, food and non-alcoholic beverages
- Provision and location of chill out spaces and onsite medical centre
- Availability of drug, needle and syringe disposal containers, with secure storage and disposal
- Patron information about their rights and responsibilities relating to key drug issues
- Consideration of non-smoking and designated smoking areas
- Procedures to shut down the service of alcohol in the case of an emergency

6.2 Identification and management of intoxicated patrons

All event, security, and bar staff are required to undertake training on recognising and responding to alcohol and other drug harms or related distress within a harm management framework by an approved registered training organisation.

The licensee and those serving liquor are required to hold a valid, approved RSA competency card. This applies to those serving liquor in a voluntary capacity as well as any security officers with crowd control duties.

Event organisers should ensure that due diligence is used when ejecting an intoxicated individual from an event. It may be more appropriate for the individual to be transferred to the onsite medical centre or chill out space rather than be ejected from the festival.

6.3 Peer based harm reduction programs

Event organisers should engage a peer based harm reduction program early in their pre-event planning. Provision of a peer based harm reduction program at an event contributes to the health, safety and well-being of patrons. Peer educators can effectively disseminate information on drug and alcohol harms and harm reduction to patrons. The program can also facilitate communication between patrons and service providers during an event.

6.3.1 Peer based harm reduction program planner

The level of risk, duration of event and number of patrons will inform the number of harm reduction staff required. Peer based harm reduction programs should operate throughout the duration of the event. Table 7 provides a tool for estimating the number of staff required for an event by a peer based harm reduction program.

There should be a mix of roles, including: a coordinator; team leaders; and peer educators. The coordinator and team leaders receive additional training in first aid and the management of drug related harms. The coordinator and team leaders need to be identifiable and all members of the harm reduction team are required to wear uniforms, for example, high-visibility vests.

Peer educators should be based in chill out spaces and rove the festival, including within crowded or stage-related spaces. Rovers can identify ‘at risk’ patrons, provide support, and refer to onsite first aid and medical care.

Table 7: Tool for predicting numbers of required peer based harm reduction program staff by event size

Event size	Coordinator	Team leaders	Peer educators	Total
Up to 10,000	1	1	12	14
10,000-20,000	1	2	18	21
20,000-30,000	1	3	24	28
30,000-40,000	1	5	36	42
40,000-50,000	1	6	42	49

6.3.2 Drug and alcohol treatment advice

Information for referral processes to drug and alcohol treatment programs should be made accessible to patrons in a non-judgemental manner both before and during the event. Festival patrons may be motivated to change their behaviours in these settings.

6.3.3 Sexual health

Sexual health organisations and other appropriately trained organisations should be invited to provide health promotion messaging and tools to patrons. This should include resources about the prevention of sexually transmitted infections, support for sexual assault victims and distribution of free condoms. There are instances where organisations can support event organisers to provide testing and treatment of sexually transmitted infections onsite.

6.4 Chill out spaces

Designated space is required for chill out spaces to provide a safe and quiet area where patrons can go for relief from dancing and loud music. Chill out spaces fill the gap between those who are triaged as not needing medical attention, but still needing support and monitoring. The level of risk of an event will inform the size and number of chill out spaces required. The space should be set up to allow 'at risk' patrons to receive private intervention, as well as a public space (frequented by patrons) for harm reduction information, peer connection and support. The space should have capacity for climate control, seating and a portable toilet.

The chill out space needs to provide access to:

- Free water
- Basic health care supplies e.g. sunscreen, band aids, ear plugs, vomit bags, snack foods, condoms, sanitary products, and blankets
- Dedicated spaces free from noise and visual disturbance, low light
- Harm reduction messages and resources about drug and alcohol safety

A team leader should always be present at each chill out space to provide supervision to peer educators. A system for data collection is required to collect information on numbers and timing of presentations, occasions of service and types of care provided to patrons. This information should be provided to the onsite medical team if a patron is transferred to the onsite medical centre.

The central chill out space should be located in close proximity to the onsite medical centre, to facilitate the transfer of patients if necessary. Higher risk events should strongly consider an additional chill out space should be located outside or adjacent to the main venue entry/exit. This facilitates support for patrons arriving, including those who may be refused entry, and in the immediate period following the end of an event.

Police should not routinely patrol the chill out space, as there may be a risk of intoxicated patrons avoiding the service.

6.5 Targeted education and messaging

Education and messaging to inform patrons on harm reduction strategies should be incorporated into all elements of an event. NSW Health provides evidence based drug and alcohol information and harm reduction messages through the Ministry of Health and the Your Room website.

This messaging should be developed and refreshed based on changing patterns of substance use and the introduction of novel substances. Messaging should be co-designed with young people and targeted for specific groups attending music festivals.

Event organisers should work in collaboration with the peer based harm reduction program provider to develop targeted harm reduction and health promotion messaging. Messages should encourage patrons to seek help early if they experience adverse effects after drug and alcohol use and communicate the presence of chill out spaces and

medical centre. Over time, messages and delivery should be updated based on outcomes and findings from previous iterations of a festival.

General messages could include, for instance:

- Pace yourself
- Take your time to chill
- Stay hydrated: free water is available from all bars and water refill outlets
- Look after your friend(s)
- If you see someone looking unwell, get help

6.5.1 Timing

Harm reduction messages should be integrated into all elements of communication with patrons. Social media and online platforms can be used for the delivery of harm reduction messages.

For example:

- Pre-event: patrons undertaking online education could be eligible for presale tickets; email messages and integration into festival apps.
- During: patrons participating in harm reduction training at the event could be eligible for a VIP upgrade; messaging on wristbands and push notifications in the festival app.
- Post-event: Peer based harm reduction programs should distribute event-specific information at exits and follow-up through the festival app.

6.5.2 Location

Messaging during the event may include on billboards, posters, boundary fences and at queuing points, in toilet cubicles and via text messages.

Signage should be placed at the entrance, visible to patrons entering, leaving and during the event. Peer based harm reduction staff could be located at major transport hubs to support patrons at the conclusion of an event.

6.6 Safe drug and needle disposal

There should be secure medical waste bins in the onsite medical centre to enable people to safely throw out unwanted drugs or drugs they may have inadvertently found, rather than consume them or have them be found by other festival patrons. The bins should be in a discreet area to provide privacy.

Safe disposal of needles and other drug paraphernalia should be supported through the provision of dedicated sharps bins. These should be clearly marked, accessible and discreet. Key locations include inside toilet facilities and the onsite medical centre.

In the event of a needle stick injury the patient should present to the onsite medical provider for first aid and referral to appropriate medical facilities for further testing. The needle should be disposed of safely.

6.7 Management of prescribed medication

Some patient presentations to onsite medical services relate to complications of underlying medical conditions. Event organisers must allow patrons to take their prescribed regular medications, without fear of confiscation.

For large or prolonged events, event organisers should establish a medication register where patrons can store and administer prescribed medications. This includes cold storage of medications (e.g. insulin) and safe disposal of medical paraphernalia. Medications would be stored at the owners' risk.

7 Post- event considerations

7.1 Reporting

Onsite medical providers should report and share de-identified patient data with NSW Health through LHD Disaster Managers and NSW Ambulance. This will support planning for future events and build an evidence base so these *Interim Guidelines* and other documents can continue to be evaluated and revised.

Reporting should include:

- The number of patients who presented, grouped by acuity of presentation (e.g. classified by ATS Category).
- The number of patients requiring transfer to hospital, their acuity and general outcome.
    - Identification of factors that delayed / expedited this process.
- Review of processes (e.g. pre-event briefing; communication systems) and their use and responsiveness as circumstances evolved.

7.2 Post-event debrief

Event organisers and onsite medical providers should ensure post-event debrief meetings and evaluation processes occur routinely. Additional debrief meetings between onsite medical provider staff and NSW Health staff, including NSW Ambulance and local hospital staff, and peer based harm reduction programs may be required.

The risk management process should not only address whether or not an incident occurred. It requires consideration of:

- Was the planned control or response to one type of risk helpful in mitigating other risks?
- Were there any near misses or incidents that almost happened?
- What risks occurred that had not been considered in preplanning? Have they been added to the list of risks to assist in future event planning?
- For each risk that occurred, what factors contributed to the resilience of the event response?
- What could be improved for future events at that location?

8 Key reference documents

Australian Institute for Disaster Resilience, Commonwealth of Australia. (2018). Handbook 15: Safe and Healthy Crowded Places.

Events Industry Forum UK. (2018). The Purple Guide to Health, Safety and Welfare at Music and Other Events.

International Organisation for Standardization. (2018). Risk Management – Guidelines.

NSW Government. Department of Premier and Cabinet. (2018). Event Starter Guide.

Victorian Government Department of Health.(2013) Code of Practice for running safer music festivals and events.

Western Australian Department of Health. (2009) Guidelines for concerts, events and organised gatherings.

9 Glossary

Ambulance Commander: refers to the ambulance commander at an incident/emergency site who is responsible for commanding, controlling and coordinating the response of health services at the site. This will typically be undertaken by the NSW Ambulance Forward Commander where there is one deployed onsite.

Definitive management: where the patient receives the best possible treatment for decisively resolving the cause of their acute illness. Due to the complex ongoing treatment needs of critically ill patients, definitive management typically requires further investigations and intensive care available in hospital settings.

Functional Area Coordinator: Refers to the nominated coordinator of a functional area whose role is to coordinate the provision of support and resources for an emergency response and initial recovery operations. This person has the authority to commit the resources of participating and supporting organisations within a functional area, if agreed to by those organisations.

Health Commander: The commander appointed by the State HSFAC to coordinate and control all health responses (medical, ambulance, public health and mental health) at an incident site. The Ambulance Commander operates as Health Commander unless the State HSFAC determines otherwise.

Local Health District: were established under the *Health Services Act 1997* to provide health services to the residents within their geographical boundaries. A LHD is responsible for the administration of NSW Health's policies and responsibilities within those geographical boundaries. There are 15 LHDs in NSW, eight of which cover the greater Sydney metropolitan regions, and seven which cover rural and regional NSW.

LHD Disaster Manager: an appointed role at the LHD level that supports the LHD HSFAC, including in maintaining collaboration with external agencies about the management of emergencies; coordinating the health response phase of an emergency and developing and maintaining prevention and preparation strategies.

LHD Health Services Functional Area Coordinator (LHD HSFAC): an appointed position at LHD level that has the delegated authority of the LHD Chief Executive to coordinate and commit LHD resources for the response to, and recovery from, an emergency. The LHD HSFAC is the initial point of contact within a LHD for an emergency and notifies the State HSFAC of any emergency that may require State-level coordination or support under the NSW Health Plan.

Pre-hospital setting: treatment contexts where patients are encountered outside the hospital and formal health care system.

State Health Services Functional Area Coordinator (HSFAC): A senior officer appointed by the State Emergency Management Committee in accordance with the Minister's direction, who has responsibility for the control and coordination of the Health Functional Services Area response, as detailed in the NSW Health Plan. The State HSFAC is contactable at all hours through the NSW Ambulance.

Tertiary hospital: are those facilities that are defined by the NSW Adult Critical Care Tertiary Referral Network as receiving tertiary referral hospitals for adult patients. Regional LHDs may also refer to tertiary critical care services in other states and territories due to proximity with other jurisdictions.

10 Appendix

10.1 Appendix A: Health Risk Assessment for Planned Events

Health Risk Assessment for Planned Events

It is a mandatory requirement for LHDs and Specialty Networks to undertake risk assessments (Emergency Management Arrangements for NSW Health PD2012_067). Additionally, consistent with Healthplan's principle of managing incidents at the lowest possible level, you have the responsibility of managing local events within your LHDs.

This tool has been developed by the Health Emergency Management Unit (Office of the State HSFAC) in consultation with Disaster Managers. Its risk categories are part of the mandatory fields when creating a new "Planned Event" in SHEMS. Use of this tool does not replace the mandatory requirement in SHEMS. However, it should be used at planning meetings, site visits etc. as a record of the risks identified.

This tool is not designed as an exhaustive assessment of all the many distinctive health risks at events. It is designed to paint a picture of an event and capture enough information to flag that it may be problematic and requiring further detailed examination. In some circumstances the descriptors available within a risk category may not satisfactorily describe your risk. In these circumstances please choose the nearest descriptor or relative score.

Risk Category	Descriptors	Score	Event Score
Event Description	Classical Music / Children's Concert	1	
	Family Event / Local Sport or School Event / Religious Event	4	
	Cultural Festival / Popular Sports Event	8	
	Rock Concert / Extreme Sports Event	16	
	Music Festival / Rave Event	32	
Past Event History (based on data from the last three years)	Good data, low casualty rate previously (<0.05%)	1	
	Good data, medium casualty rate previously (0.05-0.2%)	2	
	Good data, high casualty rate previously (>0.2%)	4	
	First event or inadequate data from the last 3 years	8	
	Event has been associated with drug and alcohol related presentations	16	
	Event has been associated with death or serious medical presentation* in the last three years *A serious medical presentation is defined as one which required admission to hospital	32	
Number of People	<2000	1	
	2000 - 5000	2	
	5001 - 10000	4	
	10001 - 25000	8	
	25001 - 50000	16	
	>50000	32	
Type of People	Families / General Public	1	
	Fans / Support Groups	4	
	Dignitaries / VIPs / International Stars	8	

	Competitors / Active Participants	16	
Age Group	30 - 65 / Families >65 or <10 10 - 15 16 - 29	1 4 8 32	
Location and Density	Outside - Open Area / Field Outside - Confined Area / Enclosure Inside - Sparse Crowd / Exhibition Centre Inside - Dense Crowd / Sports Arena	1 4 8 16	
Duration of Event	<2 hours 2 - 4 hours 4 - 8 hours >8 hours or extends beyond midnight Multiple Days	1 4 8 16 32	
Natural & Environmental Hazards	None Possible Probable	1 8 16	
Season	Spring / Autumn Winter Summer or anticipated temperature >25°C	1 8 16	
Alcohol	Not Permitted Permitted - Controls (e.g. licensed bars) Permitted - No Controls (e.g. BYO)	1 8 16	
Illicit Drugs	Very Unlikely Possible Probable Highly Likely	1 8 16 32	
Food and Water	Both Available Water Only Food Only Neither Available	1 8 16 32	
Lodging	Outside Event Area - Home / Hotel / Motel Within Event Area - Hotel / Motel Within Event Area - Hostel / Cabins Within Event Area - Camping with Amenities Within Event Area - Camping without Amenities	1 4 8 16 32	
First Aid and Medical Resources	Medical Centre and Multiple Advanced First Aid Posts Advanced First Aid at Multiple Posts Advanced First Aid at Single Post Basic First Aid at Multiple Posts Basic First Aid at Single Post None	1 2 4 8 16 32	
Nearest Medical Facilities	Tertiary Hospitals Regional and General Hospitals Small Hospitals / Clinics	1 4 8	
	Multi-Purpose Centres None	16 32	
Ambulance Resources	Local Response - Pre-Deployment Local Response - 000 Call Non Local Response - 000 Call	1 8 16	

Time to Tertiary Health Resources by road	<30 minutes 31-60 minutes 61-90 minutes 91-120 minutes 121-150 minutes > 151 minutes	1 2 4 8 16 32	
Access and Egress	Single / Multi-lane Road - sealed road, verges maintained, dedicated ambulance ingress/egress Single / Multi-lane Road - sealed road, verges maintained, no dedicated ambulance ingress/egress Gravel Road - maintained surface, verges partly maintained Forest / Bush Track - no verges, vegetation beside track	1 4 8 16	
		Total	

Rating	✓	**Categories**
Low		**≤ 39**
Medium		**40 to 69**
High		**70 to 109**
Extreme		**≥ 110**

Planning actions for event organisers / disaster managers	**Low**	**Medium**	**High**	**Extreme**
Minimal notification period to all agencies	4 weeks	10 weeks	90 days	90 days
Notify LHD disaster manager	✓	✓	✓	✓
Notify local ambulance	✓	✓	✓	✓
Notify nearest medical facilities	✓	✓	✓	✓
Health risks included in Risk Management Plan	✓	✓	✓	✓
Provision of first aid personnel	✓	✓	✓	✓
Provision of first aid centres	✓	✓	✓	✓
Provision of transport arrangement	✓	✓	✓	✓
Event medical plan required		✓	✓	✓
Develop participant health information and event messaging		✓	✓	✓
NSW Health Public information and health notices		✓	✓	✓
Provision of onsite medical provider		consider	✓	✓
Provision of pre-deployed ambulances (NSW Ambulance)		consider	✓	✓
Provision of peer based harm reduction program		consider	✓	✓
Notify HEMU			✓	✓

10.2 Appendix B: Event Medical Plan Checklist

Event Medical Plan Checklist

Festival:
Date/s and times:
Location and LHD:
Number of patrons:

	✓/✗	Comment/action
General Event Plan		
Description of emergency vehicle ingress and egress, including access to onsite medical centre, highlighted on site map		
Health Stakeholder Pre-Briefing undertaken or planned		
Description of distance by road (time) from event site to closest hospital and tertiary hospital		
Description of event site specific risks and mitigation, e.g. weather, drowning, fire		
Onsite Medical Personnel		
Detailed description of number, qualifications and experience of onsite staff and their allocated roles		
Event roster (based on each individual clinical and non-clinical staff member)		
Onsite medical team briefing prior to event		
Emergency Processes		
Provision of pre-deployed NSW Ambulance (confirmed or not confirmed)		
Detailed description of communication process to arrange transfer of medical patients		
Description of escalation process in event of emergency		
Medical Management		
Description of onsite triage process		
Description of onsite patient monitoring process		
Description of key vital sign parameters of concern and their management		
Description of treatment approach to core drug and alcohol related toxicity		
Description of record keeping process		
Description of medical centre facility and equipment		
Other comments:		

10.3 Appendix C: Harm Reduction Checklist

Harm reduction checklist

Festival:
Date/s and times:
Location and LHD:
Number of patrons:

	✓/✗	Comment/action
Drug and alcohol management plan, outlining:		
A non-BYO event		
Security check procedures, such as bag checks		
All bar and security staff (with crowd control duties) have Responsible Service of Alcohol (RSA) card		
Proof of age checks and procedures, including tamper resistant wristbands for over-18's		
Signage for where alcohol can be sold		
Limit of four alcoholic drinks purchased at once		
Low alcohol drinks available (beer and ciders, spirits etc.)		
Free drinking water available at all bars		
Free drinking water available separate from point of alcohol sale		
Non-alcoholic drinks and food available for duration of event		
Location of chill out spaces and medical tent		
Smoke-free event or non-smoking with designated smoking areas		
Needle and syringe disposal containers in toilets and medical tent		
Secure medical waste bin in onsite medical tent		
Patron information about their rights and responsibilities relating to drug issues		
Event staff training:		
Responsible Service of Alcohol (RSA): all bar and security staff (with crowd control duties)		
Recognising and responding to alcohol and other drug harms: all event, bar and security staff		
Peer based harm reduction (HR) program:		
HR program engaged for peers to rove the festival and staff the chill out spaces		
HR program involved in early planning		
HR program staffing level meets planner requirements and personnel have no other duties		
HR staff have training in first aid, drugs, identifying intoxication/toxicity and harm reduction		
Information is provided to patrons on: drugs, harm reduction strategies and referral pathways for treatment		

Chill out space (COS):

Designated area for COS in close proximity to medical tent		
Clearly outlined transfer process from COS to medical tent		
Designated area for COS outside or adjacent to the main venue entry/exit		
HR team leader on duty at all times for each COS		
COS provides: free water, basic health care supplies and harm reduction messages and resources		
Targeted education and messaging:		
HR messaging communicated to patrons: pre-event, during and after event		
Messages used:		
Modes of delivery:		
Other comments:		