Guidelines for Music Festival Event Organisers: Festival Harm Reduction

February 2019

These Guidelines will be reviewed at least annually to reflect updated information and feedback from music festival event organisers and other stakeholders.

For more information, including contact details for local health districts, or if you wish to provide feedback on these guidelines, please email MOH-musicfestivals@health.nsw.gov.au
There has been a recent, substantial change in the pattern and severity of drug related harms at some music festivals in New South Wales.

The *Guidelines for Music Festival Event Organisers: Music Festival Harm Reduction* have been written to support event organisers to deliver safer music festivals. They bring together existing event planning guidelines and incorporate strategies based on information from events where a number of festival goers died, or presented with serious drug related illness that required immediate and intensive medical management prior to and during transfer to hospital.

The *Guidelines* describe harm reduction strategies and risk management approaches, with checklists and instructions to support implementation. All music festival organisers are encouraged to use the Guidelines to plan their events. For those festivals requiring a music festival licence, event organisers can use the Guidelines to:

- Consider the site infrastructure and site environment to promote the health and amenity of patrons;
- Plan peer support and harm reduction messaging; and
- Develop the event medical plan.

NSW Health will use the Guidelines to assess festival safety management plans.

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

In addition to these Guidelines, NSW Health has developed other resources to support music festival organisers and their health and medical service providers:

- A social media campaign has been developed in consultation with festival goers that helps them recognise the signs and symptoms of drug related illness and reminds them to seek help quickly. The campaign is available online and can be accessed freely from the Your Room website.
- Interim Clinical Guidelines for the Management of Drug Associated Hyperthermia have been circulated so that clinicians have up to date advice on pre-hospital and emergency department management of patrons who present with elevated temperatures associated with drug use and who are at risk of serious illness and death.

Additional clinical guidance in relation to management of acute illness (including reduced consciousness, dehydration and behavioural disturbance) is also in development.

NSW Health will continue to actively support music festival event pre-briefs and de-briefs as needed, to bring together all of the relevant partners for important discussions about harm reduction, managing serious illness, emergency response protocols, and communication and escalation pathways.
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1 Background

1.1 Introduction

The Guidelines for Music Festival Event Organisers: Music Festival Harm Reduction have been written to support music festival event organisers to deliver safer music festivals in NSW.

There has been a changing pattern to the profile of drug related harms at music festivals and NSW Health will work together with event organisers to respond to these changes.

These Guidelines, 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 describe harm reduction strategies and support risk management. They also support NSW Health 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.

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 to address the broader health and safety risks posed by their event. These Guidelines also refer to advice and frameworks to address other risks.

The International Organization for Standardization (ISO) ISO 31000:2018 Risk Management Guidelines identifies that event organisers own the risks associated with their events. NSW Health staff and other agencies can provide support and identify strategies to control the risks associated with the event. Event organisers must incorporate consideration of all health risks into their planning and risk management. Event organisers are required to plan for and respond to medical and other emergencies affecting their event.

1.2 Key definitions

The Liquor Regulation 2018 defines a music festival as ‘an event, other than a concert, that:

a. is music-focused or dance-focused, and
b. has performances by a series of persons or groups that are engaged to play or perform to live or pre-recorded music, or to provide another form of musical or live entertainment, and
c. is held within a defined area, and
d. is attended by 2,000 people on any day, and
e. is a ticketed event (including a free ticketed event) or otherwise requires payment to access the event.’

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 resources of festival onsite medical services.
## 2 Pre-event considerations

### 2.1 Risk assessment and risk management plans

All music festivals and similar events should undertake 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. **Identify hazard and risk**: 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.

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 Factors associated with drug-related health harms

Based on recent experience in NSW, factors associated with a higher likelihood of drug-related harm at music festivals include:

- whether the festival has a predominant target demographic of people aged between 18-29 years
- the size of the event (8,000 patrons or more); and
- the music type being high energy or electronic dance music.

Other considerations that may increase risk include:

- the event is held over a long period (i.e. eight hours or more), and/or extends past midnight;
- anticipated weather conditions, such as high temperature, particularly if the event is to be held outdoors; and
- distance to a tertiary health facility is more than an hour by road.

### 2.3 Local consultation and stakeholder pre-briefing

As local health district input may be required to support the event, it is important for event organisers to involve the relevant local health districts and NSW Ambulance in the early stages of pre-event planning. This ensures the potential impact of the event on local resources can be considered and planned for.
In addition to pre-event planning, event organisers and onsite medical providers should arrange a briefing with local health stakeholders. This ensures 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.

This briefing 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). Appendix A describes interagency briefing participants and roles with an example agenda for the meeting.
3 Health considerations for general event planning

3.1 Site infrastructure

Whether an event is indoors or outdoors, 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 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 from the Event Starter Guide, NSW Department of Premier and Cabinet (2018) can be used to estimate the number of sanitation facilities required for events where alcohol is available.

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.

Table 1: Recommended number of sanitation facilities for events where alcohol is available

<table>
<thead>
<tr>
<th>Patrons</th>
<th>WC</th>
<th>Urinals</th>
<th>Hand basins</th>
<th>WC</th>
<th>Hand basins</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;500</td>
<td>3</td>
<td>8</td>
<td>2</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>&lt;1000</td>
<td>5</td>
<td>10</td>
<td>4</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>&lt;2000</td>
<td>9</td>
<td>15</td>
<td>7</td>
<td>18</td>
<td>7</td>
</tr>
<tr>
<td>&lt;3000</td>
<td>10</td>
<td>20</td>
<td>14</td>
<td>22</td>
<td>14</td>
</tr>
<tr>
<td>&lt;5000</td>
<td>12</td>
<td>30</td>
<td>20</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>&gt;5000</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

For each additional 1000 patrons
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; and
• located away from food storage and food service areas.

Syringe disposal units should be available within freestanding toilet blocks, and/or some of the portable toilet facilities. They should be easily accessible, with clear signposting.

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 must ensure their site infrastructure complies with NSW smoke-free laws and support the promotion of smoke-free festivals.

3.2 Communication processes

Communication technology and processes may require special consideration. Mobile phone connections may be compromised when many users are trying to access the network within close proximity or in regional areas. 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 are required to have back up radio-based communication services available in the event that telecommunication systems are overwhelmed. In remote locations, satellite telecommunications may also be required. Event organisers are expected to create an Event Control Centre. This is a central interagency communications hub with an interagency presence. The Control Centre’s purpose is to respond to and manage incidents as they arise.

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

• onsite medical providers arranging expedited transfer of patients via NSW Ambulance; and
• 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. Under the legal requirement of Responsible Service of Alcohol it is mandatory to ensure 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. If not from a piped town
supply, the event organiser will need to develop a water quality assurance plan and the LHD public health unit should be approached for advice. 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 drink 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 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 experience 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 and active cooling measures

High ambient temperatures and humidity, and physical exertion, such as dancing for long periods, can increase the risk of drug related harms. Temperature and humidity can also add to the risk of dehydration. All events need to plan for extreme weather conditions and consider providing shade and active cooling measures that can mitigate these risks.

Events should provide readily 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.

Use 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. Where existing natural shade is limited, structures to create shade should be provided.

Active cooling measures include misting stations, cooling tunnels, temperature controlled locations and fans in crowded areas.

The free provision of SPF 30 or higher broad spectrum, water-resistant sunscreen to patrons is also encouraged. Further harm reduction approaches regarding sun safety at events can be found in Cancer Council 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 available for the duration of all events. 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.
3.6 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 behaviour.

Patrons or staff reporting sexual assault should be provided with the opportunity to report to medical services and/or Police. A person who has experienced sexual assault should be offered expedited transfer to an appropriate hospital facility, along with a clear explanation of the services available there to assist them, such as access to medical care and counselling and forensic services. Individuals cannot provide informed consent to either accept or decline transfer to hospital without this information.

NSW government health services will provide care for people reporting sexual assault in a manner consistent with the Sexual Assault Services Policy and Procedure Manual (Adult) 2005 PD2005_607.
4 Onsite medical service provision

4.1 Medical centre location, access, signage 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 triage and management of medical presentations. The onsite medical centre should be readily accessible by ambulance vehicles to support expedited transfer of patients to hospital, and should have access to appropriate, dedicated toilets for the use of unwell patrons.

Additional first aid posts may be required for events in large venues. However, the process for transport of patients from 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.

Event medical providers should work with event organisers to ensure there is adequate and appropriate signage to direct patrons requiring medical assistance to the medical centre and first aid posts, while directing patrons who are not unwell to other appropriate areas.

Police should not routinely be in the vicinity of the medical centre to support open disclosure by patients in relation to their substance use. Police may attend the medical centre as requested by medical staff. Security staff should instead be present in these areas to support medical staff.

4.2 Expected presentations

Event organisers must articulate the expected type and number of medical presentations and have in place emergency management protocols and escalation pathways, including urgent transfer procedures to address the emergency care needs of festival goers.

For events that require a music festival licence, early identification, and immediate and intensive management of serious drug related illness must be planned for. This may include ensuring there is one or more resuscitation doctors and nurses on hand with capability to intensively manage more than one extremely unwell patron concurrently, as recent events have shown that a number of festival goers may need urgent and expert medical care at the same time.

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 two main types of medical presentations that should be anticipated:

**Type 1: Minor presentations**

For example: mild dehydration, mild allergic reactions, headaches and minor injuries such as sprains, cuts, abrasions and simple fractures.

**Type 2: Major presentations**

Major presentations may be event specific, or exacerbations of pre-existing general medical conditions.

Serious event specific presentations may include: serious drug or alcohol toxicity; sexual assault; assault or falls with serious complications including head injury; compound or major fractures; crush injuries; near-drowning and other serious presentations including delirium, agitation, reduced consciousness or hyperthermia.
Serious presentations that are exacerbations of pre-existing medical conditions may include seizures, diabetic presentations (hypo or hyperglycaemia), and acute coronary syndromes.

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 medical presentations to onsite medical services are minor (Type 1 above). In addition, 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 illness. These simple requests would be best managed well away from the medical centre and medical triage area, using clear signage to direct patrons who are not seeking or needing medical care to the appropriate area.

Serious and potentially life threatening presentations can also occur (Type 2 above).

Reporting on the number of presentations to onsite medical providers should clearly distinguish true medical presentations (whether minor or major) from non-medical presentations such as requests for sunscreen and Band-Aids.

4.3 Event medical plans

Event organisers may choose for their Event Medical Plan to be prepared by their third party onsite medical provider. The nature and detail of an Event Medical Plan will vary. A checklist of the key components of the Event Medical Plan is included in Appendix B. The Event Medical Plan must articulate the onsite medical provider’s capacity to meet the anticipated profile of presentations for the event. This capacity will be determined by a number of factors, each of which should be specifically addressed, including the:

- Qualifications, skills, experience, number and rostering of medical, nursing, paramedic, first aid and support staff. The designated roles and responsibilities of each of these staff should be explicitly articulated alongside the description of their qualifications, skills and experience.
- Function and physical 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; and
  - transfer processes, including from within the event to the medical centre and from the medical centre or other locations within the event to hospital.
- Type and amount of equipment and medical supplies.
- Distance from and ease of transfer to appropriate hospital facilities for further medical management
- Surge capacity and escalation processes including protocols for emergencies.

When an event is considered to have a significant risk of serious drug and alcohol-related presentations (Section 2.2), onsite medical providers should describe their proposed approach to managing simultaneous serious medical presentations.

4.4 Medical treatment protocols

Medical Event Plans should include standard protocols to manage common presentations in the festival setting, such as dehydration, hyperthermia and reduced consciousness. Additional clinical guidance for onsite medical providers is provided in Appendix D.

NSW Health is progressively developing guidance and resource materials to support event medical providers in developing treatment protocols for music festivals. These will be made available to event organisers to include in their medical event plans as they are developed.
4.5 Onsite medical staff

4.5.1 Definitions, roles and capabilities of onsite medical staff

The capabilities of onsite medical staff must be such that they are able to appropriately respond to the expected number and type of medical presentations for the specific festival event being serviced. For events that require a music festival licence, this includes appropriate consideration of the need for independent resuscitation capability, and senior medical supervision. A thorough assessment of the capabilities required for safer festival outcomes is essential.

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

- have no other duties or responsibilities;
- have relevant experience or training in providing care at major events;
- wear identification, protective clothing and appropriate personal protective equipment;
- be physically and psychologically equipped to carry out their assigned roles; and
- be at least 18 years old.

The role and professional descriptions for onsite medical provider staff should be limited to the terms defined below to clearly describe the capability and qualifications of onsite medical provider staff.

Terms such as emergency medical technician (EMT), medic, or advanced responder should not be used. These terms do not adequately describe the registration status, professional qualifications or capability of health service 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 and their effects and interactions, identifying signs and symptoms of intoxication 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 employed in the music festival setting should have experience in critical care medicine (emergency medicine, intensive care or anaesthetics), management of serious drug and alcohol related toxicity, and pre-hospital or retrieval medicine, and should be at least capable of independently performing the role of resuscitation doctor.

Resuscitation doctor: a medical practitioner allocated to the role of resuscitation doctor must have independent resuscitation skills, including advanced airway and rapid sequence induction (intubation) skills. This may be demonstrated by progression to an advanced level of specialist training (accredited ‘advanced trainee’) through the Australasian College of Emergency Medicine (ACEM), the College of Intensive Care Medicine of Australia and New Zealand (CICM), or the Australian and New Zealand College of Anaesthetists (ANZCA).

The terms: interns; resident medical officers; house officers; career medical officers, registrars or junior medical officers relate to roles in the hospital system where the expectation is to work under the supervision of specialist medical practitioners. In general, doctors who are not specialist medical practitioners (that is, they have not achieved Fellowship of a relevant specialist medical college) should be considered junior doctors, particularly when providing critical care in a pre-hospital setting. This should be considered in managing the skill mix of any onsite medical team as these junior doctors would not be expected to manage the evolving resuscitation needs of a large scale event in an independent manner. Junior doctors in the festival setting should be employed with appropriate onsite senior medical supervision.

Senior doctor: a specialist critical care physician, who has achieved Fellowship of a relevant college (ACEM, CICM or ANZCA). The senior doctor should also have substantial experience in pre-hospital and/or retrieval medicine, and an understanding of the management of serious drug and alcohol related toxicity. Trainees undertaking specialisation or other non-critical care specialist physicians should not be considered a senior doctor in the music festival setting.
The role of the senior doctor in this setting is primarily to provide specialist medical expertise and skills to support the operation of the onsite medical centre, and should be distinct from the role of the resuscitation doctor(s). In the case of simultaneous serious medical presentations, the senior doctor’s experience in identification of serious illness, clinical prioritisation, rapid decision making, and concurrent management of multiple patients is needed to best coordinate the onsite medical capacity and transfer arrangements. Their core role is to supervise and direct the medical management and clinical decision making for the 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 significant triage experience, as demonstrated by recent employment in this capacity in an emergency department.

**Paramedic:** a registered paramedic, with unconditional registration through AHPRA. There are further specialist pathways in paramedical science, such as 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 paramedic 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 employed in an onsite medical provider team 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 drug-related presentations and the signs and symptoms of more serious illness.

When medical, nursing and paramedic students contribute to onsite medical provider staffing, they should only be assigned to a first aid (if first aid certified) or support role, as they are not registered and/or qualified to provide care as a doctor, nurse or paramedic.

### 4.5.2 The onsite medical team capability and skill mix

The number, capability and skill mix of onsite medical staff required will depend on the expected type and number of medical presentations for the specific event. Multidisciplinary approaches to staffing are recommended.

**Where an event requires a music festival licence, the onsite medical provider should strongly consider engaging the services of a senior doctor or at least one resuscitation doctor to enhance the capability of the onsite medical team to manage serious medical presentations.**

**Where the event is anticipated to have multiple serious presentations requiring critical care transport to a hospital, a senior doctor as well as at least one resuscitation doctor, and nurses or paramedic is required.**

Consideration should also be given to surge capacity and safe rostering hours for events longer than 12 hours.

Event Medical Plans must explicitly outline the capability of the onsite medical team, by describing the roles, qualifications, skills, registration status, experience, number and event rostering of all medical, nursing, and paramedic staff, using appropriate terminology as described above.

An example has been provided in Appendix C.
4.6 Onsite medical operations

4.6.1 Onsite medical team briefing
Effective patient management is dependent on multidisciplinary teams working together to ensure appropriate care is provided to all patients at the appropriate time.

Patterns of drug-related toxicity in the festival setting can change rapidly, particularly as novel substances enter the market or patterns of use change. The evidence in relation to best practice pre-hospital management of serious drug-related illness is also continuously evolving.

**Event organisers should ensure that their onsite medical provider coordinates 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, novel substances and other potential serious illness related to the event’s target demographic and the style and location of the festival; and
- space/equipment for medical retrieval and/or LHD resuscitation teams if required.

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.

4.6.2 Triage
An adequate triage capability using qualified staff with appropriate recent experience and a triage tool tailored to the festival setting is essential. Additional information about triage processes is at Appendix D.

4.6.3 Monitoring and management
People with drug and alcohol related toxicity and other serious illness in the music festival setting can rapidly deteriorate.

Regular vital sign monitoring and medical reassessment supports:

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

Regular vital sign monitoring and clinical reassessment of patients who are not improving or who are deteriorating should be a core part of the medical management of patients in this setting, in accordance with good clinical care.

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

Depending on patterns of drug use, crowd behaviour and the general medical condition of event patrons, complex and severe presentations can occur which can become rapidly life-threatening.

In this situation, the principles of onsite medical management are as follows:

For all events without expert onsite medical capability (such as an onsite medical team with a specialist critical care doctor, and/or a pre-deployed specialist medical retrieval team):

1. Ensure early and rapid identification of patient deterioration which may become life threatening
2. Immediately provide life-saving medical intervention as required, while expediting urgent transfer to hospital for definitive medical management.

For events where there is expert onsite medical capability (such as an onsite medical team with a specialist critical care doctor, and/or a pre-deployed specialist medical retrieval team):

1. Immediately provide appropriate, intensive medical management before transport, such as sedation, rapid sequence intubation and aggressive cooling in cases of drug-related hyperthermia.
2. Transport to a tertiary hospital as soon as possible, with medical retrieval team escort if available.

Complex, severe presentations can also occur simultaneously, which can rapidly consume or even overwhelm the onsite medical response capacity. In this case, activate emergency escalation protocols immediately (Section 5), while continuing to reassess and re-prioritise the delivery of onsite clinical care according to the acuity of the medical condition of all seriously ill patients.

4.6.4 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 access, 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 consider the local capabilities of NSW Ambulance, the onsite Ambulance crew (if any) and their paramedic level and accreditation status, as this has implications for initial management of patients. For example, only NSW Ambulance intensive care paramedics can intubate unconscious patients. Intensive care paramedics can also ventilate patients, including for the purpose of transferring patients who are already intubated.

These factors may impact on the capacity of ambulances to transfer ventilated 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. Hence risk management decisions will need to be made.

Early communication with the NSW Ambulance Forward Commander is recommended when an invasive procedure, such as intubation, will take place. This early communication will support the effective and urgent transfer of critically ill patients.

4.6.5 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; and
  - 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.
5 Emergency escalation protocols

5.1 Key emergency definitions

Event organisers need an understanding of emergency management protocols. 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.

5.2 Health emergency escalation and management plans

5.2.1 Health emergency escalation

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 LHD 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 Health Services Functional Area Coordinator (HSFAC) or their delegate.

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 via 1800 650 004.
- 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.

5.2.2 Evacuation and movement of patients

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, as ingress and egress for emergency vehicles is critical.
6 Harm reduction

6.1 Alcohol management

Liquor licensees have legal and social obligations to ensure alcohol is served responsibly to help minimise alcohol-related harm. This includes:

- 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; and
- availability of low alcohol beverages, food and non-alcoholic beverages.

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, such as DanceWize NSW, Save a Mate or other providers. 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 2:* Tool for predicting numbers of required peer-based harm reduction program staff by event size

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<thead>
<tr>
<th>Event size</th>
<th>Coordinator</th>
<th>Team leaders</th>
<th>Peer educators</th>
<th>Total</th>
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<tr>
<td>Up to 10,000</td>
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<td>12</td>
<td>14</td>
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<tr>
<td>40,000-50,000</td>
<td>1</td>
<td>6</td>
<td>42</td>
<td>49</td>
</tr>
</tbody>
</table>

### 6.3.2 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; and
- 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 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.

Information for referral processes to drug and alcohol treatment programs can also be made accessible to patrons in a non-judgemental manner if appropriate.

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 and short videos through the [Ministry of Health](https://www.health.nsw.gov.au) and the [Your Room website](https://yourroom.com.au). Festival organisers can use these social media assets through their own channels.

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. From time to time, NSW Health will undertake market testing on the efficacy of messaging and will negotiate with festival organisers to gain access to events for this purpose.

Event organisers can also work in collaboration with peer-based harm reduction program providers to develop targeted health promotion messaging that is tailored to their event. 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:

- know the signs and seek help;
- if you or a friend are experiencing any of the following symptoms, seek help immediately:
  - confusion
  - feeling hot/overheating
  - vomiting
  - fast heart rate
  - seizures
  - unconsciousness; and
- you won’t get into trouble for telling a medical professional what drugs you’ve taken.

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; and
- **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. They should be clearly labelled as clinical waste bins and disposed of by appropriately licenced contractors.

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.

A harm reduction checklist is provided at Appendix E.
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 Guidelines and other documents can continue to be evaluated and revised.

Reporting should include:

- the number of people with medical presentations, 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; and
- separately identify the number of non-medical presentations.

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 pre-planning? 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?

In the event of a death or significant and serious drug and alcohol-related illness, the event medical must be involved in the clinical debrief.
Key reference documents


8 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.
9 Appendices

9.1 Appendix A: Interagency Briefing Participants, Role and Agenda

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**
- 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
## 9.2 Appendix B: Event Medical Plan Checklist

### Event Medical Plan Checklist

**Festival:**

**Date/s and times:**

**Location and LHD:**

**Number of patrons:**

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

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

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

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Staff Name</th>
<th>Clinical or non-clinical</th>
<th>Role</th>
<th>Qualification and AHPRA number</th>
<th>Experience</th>
<th>Time Rostered (Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/01/19</td>
<td>XX</td>
<td>Non-clinical</td>
<td>First aid logistics support</td>
<td>HLTAID003 and HLTAID002</td>
<td>2 years of experience delivering first aid at events; 1 year experience with music festival events</td>
<td>12PM – 11PM (11 hours)</td>
</tr>
<tr>
<td>12/01/19</td>
<td>XX</td>
<td>Clinical</td>
<td>First Aid</td>
<td>HLTAID003 Currently a nursing student</td>
<td>3 years of experience delivering first aid at festival events</td>
<td>12.30PM – 11PM (10.5 hours)</td>
</tr>
</tbody>
</table>

Staffing of peer-based harm reduction services is described further in Section 6.3.
9.4 Appendix D: Triage and initial treatment protocols

9.4.1 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.
- 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-pressed 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.

9.4.2 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 period of time 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 in combination to significantly impair the body’s 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 features of a toxidrome

**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.

NSW Health is currently developing Clinical Guidelines for the Management of Drug Associated Hyperthermia so that clinicians have up to date advice on pre-hospital and emergency department management of patrons who present at festivals with elevated temperatures and are at high risk of serious illness and death. Interim Clinical Guidelines are available on request from MOH-musicfestivals@health.nsw.gov.au

9.4.3 Other vital signs: suggested actions

Persistence of vital signs outside of the recommended criteria described above, 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.

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.

For young, well populations the parameters described below are 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.

<table>
<thead>
<tr>
<th>Clinical Observation</th>
<th>Recommended clinical criteria to trigger immediate medical practitioner review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temperature</td>
<td>&lt;35.5°C; &gt;37.4°C</td>
</tr>
<tr>
<td>Respiratory rate (per minute)</td>
<td>&lt;12; &gt;22</td>
</tr>
<tr>
<td>Systolic blood pressure (mmHg)</td>
<td>&lt;100; &gt;160</td>
</tr>
<tr>
<td>Heart rate (per minute)</td>
<td>&lt;50; &gt;110</td>
</tr>
<tr>
<td>Oxygen Saturation (SpO₂,%)</td>
<td>&lt;95% on Room Air</td>
</tr>
<tr>
<td>Disability (Neurological assessment)</td>
<td>Any decrease in level of consciousness or new confusion</td>
</tr>
</tbody>
</table>
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 above.

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.
### 9.5 Appendix E: Harm Reduction Checklist

#### Harm Reduction Checklist

<table>
<thead>
<tr>
<th>Festival:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/s and times:</td>
</tr>
<tr>
<td>Location and LHD:</td>
</tr>
<tr>
<td>Number of patrons:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug and alcohol management plan, outlining:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A non-BYO event</td>
</tr>
<tr>
<td>Security check procedures, such as bag checks</td>
</tr>
<tr>
<td>All bar and security staff (with crowd control duties) have Responsible Service of Alcohol (RSA) card</td>
</tr>
<tr>
<td>Proof of age checks and procedures, including tamper resistant wristbands for over-18’s</td>
</tr>
<tr>
<td>Signage for where alcohol can be sold</td>
</tr>
<tr>
<td>Limit of four alcoholic drinks purchased at once</td>
</tr>
<tr>
<td>Low alcohol drinks available (beer and ciders, spirits etc.)</td>
</tr>
<tr>
<td>Free drinking water available at all bars</td>
</tr>
<tr>
<td>Free drinking water available separate from point of alcohol sale</td>
</tr>
<tr>
<td>Non-alcoholic drinks and food available for duration of event</td>
</tr>
<tr>
<td>Location of chill-out spaces and medical tent</td>
</tr>
<tr>
<td>Smoke-free event or non-smoking with designated smoking areas</td>
</tr>
<tr>
<td>Needle and syringe disposal containers in toilets and medical tent</td>
</tr>
<tr>
<td>Secure medical waste bin in onsite medical tent</td>
</tr>
<tr>
<td>Patron information about their rights and responsibilities relating to drug issues</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Event staff training:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible Service of Alcohol (RSA): all bar and security staff (with crowd control duties)</td>
</tr>
<tr>
<td>Recognising and responding to alcohol and other drug harms: all event, bar and security staff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Peer-based harm reduction (HR) program:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR program engaged for peers to rove the festival and staff the chill-out spaces</td>
</tr>
<tr>
<td>HR program involved in early planning</td>
</tr>
<tr>
<td>HR program staffing level meets planner requirements and personnel have no other duties</td>
</tr>
<tr>
<td>HR staff have training in first aid, drugs, identifying intoxication/toxicity and harm reduction</td>
</tr>
<tr>
<td>Information is provided to patrons on: drugs, harm reduction strategies and referral pathways for treatment</td>
</tr>
</tbody>
</table>
### Chill-out space (COS):

<table>
<thead>
<tr>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Designated area for COS in close proximity to medical tent</td>
<td></td>
</tr>
<tr>
<td>Clearly outlined transfer process from COS to medical tent</td>
<td></td>
</tr>
<tr>
<td>Designated area for COS outside or adjacent to the main venue entry/exit</td>
<td></td>
</tr>
<tr>
<td>HR team leader on duty at all times for each COS</td>
<td></td>
</tr>
<tr>
<td>COS provides: free water, basic health care supplies and harm reduction messages and resources</td>
<td></td>
</tr>
</tbody>
</table>

### Targeted education and messaging:

<table>
<thead>
<tr>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HR messaging communicated to patrons: pre-event, during and after event</td>
<td></td>
</tr>
<tr>
<td>Messages used:</td>
<td></td>
</tr>
<tr>
<td>Modes of delivery:</td>
<td></td>
</tr>
</tbody>
</table>

### Other comments:

<table>
<thead>
<tr>
<th>Description</th>
<th></th>
</tr>
</thead>
</table>