

Emergency Medical Services Division Policies – Procedures – Protocols

Special Event Policy (1012.00)

I. POLICY

It is the responsibility of the Kern County Public Health, EMS Program (EMS) to organize an emergency medical services response system that provides expedient, efficient and safe emergency medical services to persons in need of emergency medical response, care and transport.

II. PURPOSE

The Kern County EMS system is designed to help residents and visitors to our county obtain prehospital emergency health care in an efficient and timely manner. Large gatherings and/or special events occur throughout our county and in many cases increase the risk of illness or injury to attendees. This policy establishes minimum standards for emergency medical services at public gatherings and special events.

III. AUTHORITY

Health and Safety Code, Division 2.5, Sections 1797.202, 1797.204, 1797.220 and Section 1798

IV. DEFINITIONS

Special Event:

Any event expected to have a large or unusual event population or, any event that EMS determines has the probability of generating an increased number of ill or injured patients and/or has the potential to impact the Kern County medical/health system.

Population:

Event Population shall be defined as all Attendees, Vendors, Volunteers, Contractors and Paid staff. County and State agency personnel will not count towards an event's population.

Special Event Medical Plan:

A set of written procedures for dealing with medical and traumatic emergencies that minimize the impact of the event and facilitate recovery from the event.

CPR & 911 Access:

Event staff and/or safety personnel have the capability to notify 911 of any medical emergencies and to provide CPR/AED access per Kern County EMS Program System Standards [within two (2) minutes of responder notification.]

First Aid Station with Emergency Medical Technician (EMT):

A fixed or mobile facility with the ability to provide first aid level care staffed by at least one EMT. First Aid level care is defined as treatment of minor medical conditions and injuries by care providers that have received training in First Aid, at the EMT level and hold current California EMT certification. Examples of First Aid care is cleaning, bandaging and treating simple wounds such as scrapes and shallow cuts, providing cold packs for musculo-skeletal strains and bruises, and giving drinking water and a place to rest for patients who are mildly dehydrated. Each Fixed First Aid Station shall have; an AED, medical equipment, and supplies consistent with the CA EMT basic scope of practice, and MCI Kit present at all times. Examples of a First Aid Station are a tent, a clinic, or vehicle of some type. The first aid station must have 911 communications capability and establish a liaison with the Emergency Communications Center, Fire Department, and Kern County EMS program to improve coordination with 911. Kern County EMS personnel will have full access to all areas within the First Aid Station and have ultimate authority over patient transport to local hospitals. First aid stations must be positioned to allow for the expedient ingress and egress of ambulances without navigating through the event space and crowd.

First Aid Station with Physician, Physician Assistant/Nurse Practitioner, or Nurse:

A similar facility to a First Aid Station with an EMT, but staffed by at least one Registered Nurse, Physician, or PA/NP holding a current California license. It is preferred that the medical professional be experienced in emergency medical care and triage of seriously ill or injured patients. Examples would be RN's with Emergency Medicine, Critical Care, or Urgent Care backgrounds, or Nurse Practitioners or other mid-level provider licensees. Examples of appropriate Physicians would be those with Emergency Medicine, Critical Care, Family Practice, Sports Medicine, or Trauma Care specialization. Nursing and Physician Assistant staff should function at a BLS or first aid level unless they have specific protocols in place and Physician level medical direction including quality improvement and onsite or tele health capability. Kern County EMS personnel will have full access to all areas within the First Aid Station and have ultimate authority over patient transport to local hospitals. First aid stations must be positioned to allow for the expedient ingress and egress of ambulances

without navigating through the event space and crowd.

Ambulance Operations:

Kern County Approved Ambulance services, Advanced Life Support or Basic Life Support, are emergency services which treat illnesses and injuries that require an urgent medical response, providing out-of-hospital treatment and transport to definitive care. All ambulance services must be provided by approved ambulance providers operating within their exclusive operating area ONLY. No non-approved ambulance may be used for a standby or the transport of any patient.

Exclusive Operating Area (EOA):

An Emergency Medical Services area or subarea defined by the emergency medical services plan for which a local Emergency Medical Services agency (LEMSA), upon the recommendation of a county, restricts operations to one or more emergency ambulance services or providers of limited advanced life support or advanced life support.

BLS (Basic Life Support) Ambulance:

An ambulance staffed by two EMTs working at a BLS level. BLS units may be utilized for first response (as a Mobile Team) or to substitute for a fixed First Aid Station with an EMT. BLS Ambulances may NOT be utilized as both transport unit and fixed First Aid Station. In cases where a patient has a life-threatening condition, a dedicated BLS Ambulance may transport only if the ETA to the closest receiving hospital is less than the ETA of responding ALS resources. Appropriate back filling of Ambulance resources must be immediately addressed.

ALS (Advanced Life Support) Ambulance:

An ambulance staffed by at least one Paramedic and one EMT (ALS) or two Paramedics. An ALS Ambulance is a dedicated transport unit and must be available for any patient within the event footprint. ALS Ambulances may NOT be utilized as both transport unit and fixed First Aid Station. In cases where a patient has a life-threatening condition, a dedicated ALS Ambulance may transport. Appropriate back filling of Ambulance resources must be immediately addressed.

Mobile Resource(s):

Mobile or "Roving Medical Resource(s)" are non-ambulance based EMTs and/or higher-level practitioners that are deployed throughout the footprint of a special event and may be on foot, bicycles, or motorized transport cart/vehicle (Gator, Moped, Motorcycle, etc.). Mobile Resource(s) must be able to provide, First Aid Care at a BLS level, and must have communication capability, by radio, cell phone, or other medium. Each Mobile Resource must carry at least one AED at

all times. EMTs, that are dedicated resources within an approved medical plan, may respond, evaluate, and create AMA documentation within the EMT basic scope of practice. Any EMT or Paramedic used in this manner must maintain current California licensure.

V. SPECIAL EVENT MEDICAL PLAN AND APPLICATION – (See Appendix B)

Special Event Medical Plan Applications shall include, but not be limited to, the following:

1. Event description in detail, including event name, location, expected attendance, type of event (Concert, Music Festival, Arts Festival, Rave, Rodeo, Etc.
 2. Participant safety (the safety plan for event participants and spectators)
 3. Descriptions of the following medical resources:
 - a. All personnel either paid or volunteer who will be providing medical care. Certification/license # and Name must be submitted to EMS for vetting of any person providing patient care.
 - b. First aid station(s) Number of stations, List of equipment in each station.
 - c. Ambulance(s) (if indicated);
 - d. Mobile medical resource(s) Number and list of equipment carried by each.
- And
- e. In addition to first aid supplies, a Multi Casualty Incident Medical Kit with medical equipment for treatment of a minimum of 100 victims. This kit should include triage tags, S.T.A.R.T triage instructions, TCCC recommended tourniquets and pressure/ hemostatic dressings at a minimum.

VI. COMMUNICATIONS

Special Event Communications Plans, including name(s) and contact information for the event leader and a point of contact for the duration of the event, a description of direct routine communications, and a description of disaster communications if cell phones are not available (e.g. two-way radios). A description of communications between the following shall be included:

1. Venue staff and/or security personnel, event coordinator, and medical personnel;
2. Medical personnel located at a first aid station and mobile resources and/or satellite stations;
3. Medical personnel and the City and County 911 Dispatch Center;
4. Medical personnel and ambulances as applicable
5. Disaster Plan describing the ability to care for a minimum of 100 event attendees and staff as casualties. The plan must include training of all events medical personnel in the disaster plan, the START disaster triage system, and all appropriate equipment. This may be done at any time prior to the start of the event.

VII. EMT SERVICES AT SPECIAL EVENTS (PAID OR VOLUNTEER)

1. On-site medical personnel shall be minimally certified as an EMT-1 in California and equipped to provide the complete EMT-1 Scope of Practice as defined in California Code of Regulations, Title 22, Section 100163.
2. Paramedics may be used to provide Basic Life Support only unless on duty with a local approved ambulance or first response provider. If they are part of the event staff provided by the applicant, they may only provide first aid services and need only be licensed by the State of California.

VIII. PHYSICIAN SERVICES AT SPECIAL EVENTS

Physicians may be utilized during special events, but a detailed list of expected skills must be submitted in the event medical plan prior to the event. Doctors providing services for special events will assume all liability for any potential patient and should have some previous and/or current emergency medicine background. Any doctor providing service whether it be paid or voluntary will submit a copy of all current licensing with the event medical plan. Any Physician that renders care above the BLS or first aid level must accompany the patient in the ambulance until transfer of care has occurred at the receiving hospital as per the California Medical Association guidelines.

IX. AMBULANCE SERVICES AT SPECIAL EVENTS

Ambulances deployed as part of the approved Event Medical Plan shall be an approved provider permitted for operation in Kern County by EMS and be the current holder of the Exclusive Operating Area for the location of the event unless written approval is given by the EOA provider. No out of county ambulance is permitted to operate within the county lines without prior written authorization from the EMS program.

X. AUTOMATIC EXTERNAL DEFIBRILLATORS

Automatic External Defibrillators (AEDs) shall be made accessible to medical personnel and laypersons trained in its use and placed throughout the venue in location(s) that will enable the first shock to a person in cardiac arrest within 2 minutes of notification of qualified personnel.

XI. PLAN INFORMATION AND SUBMISSION

To secure review of a Special Event Medical Plan Application, the event applicant must submit the plan on the form found in Appendix B. This form solicits all information mandated by EMS. For a plan application to be considered for review by EMS, it must meet the following criteria:

1. Submitted to EMS for review at least 60 days prior to the event, or first event in a series of events.
2. Make corrections, if any, as identified and mandated by EMS.
3. Consider recommendations by EMS for plan improvement
4. If any revisions are made, resubmit the revised plan application to EMS for review and approval.

The submission of a Special Event Medical Plan Application to EMS does not relieve the applicant of any responsibility it may have to submit a similar plan to any other department of the county.

XII. EMS PLAN APPLICATION REVIEW

EMS will review the Special Event Medical Plan Application within 15 days and respond as follows:

1. Approved without modification.
2. Approved pending modification and re-submission, plan held until re-submission.
3. Approval pending submission of additional information specified by the reviewer, plan held until information received.
4. Not Approved, plan not accepted.

Plans not approved will be returned to the event entity with an explanation of the decision.

The event applicant may appeal the decision by resubmitting the plan to the Kern County EMS Manager. A review will occur within 5 days of receipt. The Kern County EMS Manager's decision shall be delivered to the event applicant within 5 business days of the review.

XIII. PLAN APPROVAL AND EMS EVENT OVERSIGHT

Plan approval and EMS oversight is billed at an hourly rate per EMS staff member as per the Kern County EMS ordinance.

Factors that contribute to the decision to approve a medical plan and provide onsite EMS oversight include the following.

1. Type of event.
2. Location of event
3. Expected population of event.
4. Experience of Event and Medical staff.
5. Event Culture and Historical Information.
6. Hazard assessment.

XIV. PROCEDURES FOR SUBMITTING POST – EVENT MEDICAL TREATMENT REPORTS

The event applicant shall submit a Post Event Report to EMS within two weeks of the conclusion of the event. The report will provide a summary of the medical incidents during the event that involved the EMS plan medical resources. This

summary will include at a minimum the number of patients seen at the first aid station(s) or other facilities, their age, gender, chief complaint, treatment rendered and disposition. Additionally, the report will include the total number of attendees, staff and any untoward events that occurred during the event.

XV. KERN COUNTY EMS STAFF CONTACT

EMS staff may be reached at 661-868-5218 for questions on this policy or Special Event Medical Plans.

XVI. EVENT MEDICAL NEEDS ASSESSMENT

Below are general guidelines for event medical needs. The EMS Program may require more resources to be present for peak event times, or event's that pose an extreme risk to the attendees or EMS system. If EMS oversight is required, the EMS Program Manager will determine what times the oversight will be provided.

COVERAGE REQUIREMENTS FOR 50 - 499 PROJECTED ATTENDEES

1. If the special event is outdoors, the event must have at a minimum (1) one EMT Basic with an AED, medical equipment, supplies consistent with the CA EMT basic scope of practice, and 911 access.
2. EMT's shall be readily available to event participants and staff for the entire duration of the event.

COVERAGE REQUIREMENTS FOR 500 - 999 PROJECTED ATTENDEES

1. If the special event is outdoors, the event must have a sufficient number of EMT-B to provide care at a dedicated first aid station, 24 hours a day, with an AED, medical equipment, and supplies consistent with the CA EMT basic scope of practice, and 911 access.

COVERAGE REQUIREMENTS FOR 1,000 - 9,999 PROJECTED ATTENDEES

1. If the Special Event is a concert or any three (3) of the following conditions apply, the Host Organization must provide for at least one (1) First Aid Station equipped with an automated external defibrillator.
 - a. The Special Event involves a high-risk activity, including, without limitation, sports or racing.
 - b. The Special Event is held during a period of extreme heat or cold or held in an area that poses environmental hazards.
 - c. The average age of attendees is less than 30 years or over 50 years.
 - d. A large number of attendees have acute or chronic illness.
 - e. Alcohol is sold at the Special Event or, if the event has a history of alcohol or drug use by attendees.
 - f. The density of the number of attendees at the Special Event increases the difficulty in accessing Persons requiring Emergency Medical Care or in transferring those Persons requiring Emergency Medical Care to an Ambulance.
 - g. The terrain or geographical location will extend response time for Emergency Medical Care.
2. In addition to the above requirements, the Host Organization must provide one (1) Dedicated Advanced Life Support Ambulance if:
 - a. The Special Event is more than five (5) miles from the closest Receiving Facility;
or
 - b. If the Special Event was held before and there was a history of Significant Number of Patient contacts or Patient Transports.

If the Special event meets four (4) of the following from section 1 and 2 combined, EMS oversight is required.

COVERAGE REQUIREMENTS FOR 10,000 – 19,999 PROJECTED ATTENDEES

1. If the Special Event is a concert or any three (3) of the following conditions apply, the Host Organization must provide for at least one (1) First Aid Station equipped with an automated external defibrillator, and one (1) Roving Emergency Medical Technician Team.
 - a. The Special Event involves a high-risk activity, including, without limitation, sports or racing.
 - b. The Special Event is held during a period of extreme heat or cold or held in an area that poses environmental hazards.
 - c. The average age of attendees is less than 30 years or over 50 years.
 - d. A large number of attendees have acute or chronic illness.
 - e. Alcohol is sold at the Special Event or, if the event has a history of alcohol or drug use by attendees.
 - f. The density of the number of attendees at the Special Event increases the difficulty in accessing Persons requiring Emergency Medical Care or in transferring those Persons requiring Emergency Medical Care to an Ambulance.
 - g. The terrain or geographical location will extend response time for Emergency Medical Care.
2. In addition to the above requirements, the Host Organization must provide one (1) Dedicated Advanced Life Support Ambulance per 10,000 attendees if:
 - a. The Special Event is more than five (5) miles from the closest Receiving Facility;
or
 - b. If the Special Event was held before and there was a history of Significant Number of Patient contacts or Patient Transports.

If the Special event meets four (4) of the following from section 1 and 2 combined, EMS oversight is required.

COVERAGE REQUIREMENTS FOR 20,000 – 29,999 PROJECTED ATTENDEES

Special Event Policy (1012.00)

Effective Date:03/01/2020

Revision Date:09/03/2024

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Kristopher Lyon, M.D.

(Signature on File)

1. If the Special Event is a concert or any three (3) of the following conditions apply, the Host Organization must provide for at least one (1) First Aid Station equipped with an automated external defibrillator and at least two (2) Roving Emergency Medical Technician Teams.
 - a. The Special Event involves a high-risk activity, including, without limitation, sports or racing.
 - b. The Special Event is held during a period of extreme heat or cold or held in an area that poses environmental hazards.
 - c. The average age of attendees is less than 30 years or over 50 years.
 - d. A large number of attendees have acute or chronic illness.
 - e. Alcohol is sold at the Special Event or, if the event has a history of alcohol or drug use by attendees.
 - f. The density of the number of attendees at the Special Event increases the difficulty in accessing Persons requiring Emergency Medical Care or in transferring those Persons requiring Emergency Medical Care to an Ambulance.
 - g. The terrain or geographical location will extend response time for Emergency Medical Care.
2. In addition to the above requirements, the Host Organization must provide one (1) Dedicated Advanced Life Support Ambulances per 10,000 attendees if:
 - a. The Special Event is more than five (5) miles from the closest Receiving Facility;
or
 - b. If the Special Event was held before and there was a history of Significant Number of Patient contacts or Patient Transports.

If the Special event meets four (3) of the following from section 1 and 2 combined, EMS oversight is required.

COVERAGE REQUIREMENTS FOR 30,000 OR MORE PROJECTED ATTENDEES

EMS oversight is required for all events of this size.

The Host Organization must provide:

1. At least two (2) First Aid Stations.
2. At least two (2) Roving Emergency Medical Technician Teams.
3. At least four (4) Dedicated Advanced Life Support Ambulances.

XVII. Fees

Hourly rate as per the EMS ordinance (Billed for time used to review application and process the event plan.)

EMS Oversight =hourly rate as per the EMS ordinance.

An event being held by a government agency or 501(c)(3) may apply to have the fees waived. The final decision will be at the discretion of the EMS Program Manager.

Failure to comply with any part of this policy will result in revocation of the plan approval and may negatively affect future events in Kern County.

Revision Log:

02/13/2020: EMCAB approval. Effective 03/01/2020.

Appendix A

Special Event Policy Application Check List

The following are due 60 days prior to the event:

- ☐ Special Event Medical Plan Application.
- ☐ Copy of event incident action plan, safety plan, and medical plan complete with maps.

(These can be all included in one plan)

- ☐ Copy of treatment protocols or standing orders for all levels of providers.

The following are due 7 days prior to the event:

- ☐ List of all EMT's, Paramedics, Nurses, and Physicians that will be working in any paid or volunteer capacity at the event. List must include full first and last name, type of certification or license, and certification or license number.
- ☐ Inventory list for MCI kit.

Appendix B

SPECIAL EVENT MEDICAL PLAN APPLICATION

Introduction

All Special Events held within Kern County that place participants or attendees, or both, in a defined geographic area in which the potential need for EMS exceeds local EMS capabilities, where access by emergency vehicles might be delayed due to crowds, location or traffic congestion at or near the event, expected attendance is likely to reach or exceed 1000 persons, or EMS determines that the event poses a high likelihood of generating an increased number of ill or injured patients that could potentially have a negative impact on the Kern County EMS system, require a Special Event Medical Plan Application approval.

Please complete the following plan and submit to EMS at least 60 days prior to your event.

1. Sponsoring Organization/Promoter:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone #: (____) _____ Fax#: (____) _____
E-mail address: _____

2. Known or estimated attendance including staff (Check the appropriate line):
<1,000 ____, 1,000 to 9,999 ____, 10,000 to 19,999 ____, 20,000 to 29,999 ____,
30,00 or greater ____

3. Event Type (check all that apply): ☐ Concert ☐ Festival ☐ Race ☐ Sports
☐ Extreme Sports ☐ Combat Sport ☐ Rodeo ☐ Equestrian ☐ Water Activity
☐ Carnival ☐ Political/Dignitary ☐ Motorcade ☐ School Event ☐ Rally ☐ Other:

Describe Event Activity: _____

4. Event Assembly/Closure: _____

5. History of event: _____

6. Location of Event: _____

7. Length of Event (Hrs/day): _____

8. Name and Qualifications of event medical director:

Name: _____

License Number: _____

Qualifications: _____

9. Name, Qualifications and On-site treatment abilities of any event physician(s) who will be providing care:

Name: _____

Qualifications: _____

Treatment abilities: (i.e. medications and equipment available on site for physician use?) _____

10. Event personnel and equipment:

(A list of all medical personnel, their certification numbers, and qualifications that will engage in the assessment and treatment of patients must be submitted to EMS at least 30 days prior to the event for the purpose of vetting.)

Personnel		Equipment/Supplies
# First Responders: CPR/First Aid/911 Access		
# EMTs/Paramedics:		
# Nurses:		
# PA/RN		
# Physicians:		
# Other Medical Personnel:		

11. Description of On-site treatment facilities:

NOTE: A copy of a map of the event site must be attached to the plan.

12. Description of patient transfer for transport procedures to be utilized:

13. Description of event emergency medical communications capabilities:

14. Description of participant safety plan: (Attach plan if necessary)

15. Description of plans for educating event attendees regarding EMS system access, specific hazards or severe weather:

16. Measures that have or will be taken to coordinate EMS for the event with local ambulance, police, and fire organizations:

17. Are you a government agency or non-profit 501(c)(3) applying for a fee waiver?

Yes _____ No _____

Printed name of event organizer
(First, MI, Last)

Title

Signature

Date