



GLASTONBURY FIRE DEPARTMENT STANDARD OPERATING GUIDELINE



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CATEGORY: EMERGENCY MEDICAL SERVICE

SUB-CATEGORY: EMERGENCY MEDICAL SERVICE OPERATIONAL

SUBJECT: INCIDENT ACTION PLAN FOR MASS GATHERING EVENT

RELATED GUIDELINES: EMS-010

Section I – Introduction:

A. Objective

The public safety entities (Police, Fire EMS) bears the responsibility to the general public to ensure that the usual and customary standards of life safety are maintained and provided to all persons attending large scale events with mass gatherings of people.

B. Applicability

For the purpose of this guideline, mass gathering events include, but are not limited to, community celebrations, races (motorized, etc.), concerts, athletic events, and other occasions in which at least 1,000 persons are gathered at a specific location for a defined period of time.

C. References

<https://www.nh.gov/safety/divisions/fstems/ems/documents/massgathering.doc>
FEMA – Incident Action Plan Guide January 2012.

Section II – Guideline:

1. A mass gathering event is considered when the emergency medical care at such event exceeds all local, and/or state guidelines.
2. Planning for mass gathering events should include negotiations between event managers, venue owners, and local public safety representatives (Police, Fire and EMS).
3. Effective event planning should include all potential stakeholders (Police, Fire, EMS, Fire Marshal and other affected town/city services).
4. A comprehensive Hazard Vulnerability and Risk Assessment should be conducted to determine the level of demand for local services and medical care.
5. Local event permitting processes and/or ordinance development is recommended.

Section III – Incident Action Plan:

1. The sponsor of an event must adhere to any local and/or state ordinances and regulations regarding approval and conditions that may be required in order to hold the event. It is important to stress that public safety agencies (Police, Fire, EMS, Emergency Management, Health) are to be included in any approval and planning process for any proposed event.
2. The local and state EMS System will act as a resource for maintaining the standard of care at all events located within the geographic boundaries of the event, regardless of size. Standard practices include EMS provider licensing, ambulance licensing, and the use of the Connecticut Statewide EMS Patient Care Protocols.
3. Each public service agency involved in the event will complete an incident action plan based on National Incident Management System's Incident Action Plan Guide.
4. Included in the plan will be a basic medical action plan that will include a clearly defined plan to deliver critically ill and/or injured patients to definitive care.
5. The medical action plan should be discussed with EMS personnel working the event prior to the mass gathering.

Section IV – Emergency Medical Services Incident Action Plan:

1. Medical oversight: Glastonbury Emergency Service, with its sponsor hospital will have ultimate authority and responsibility for all prehospital care provided within the geographic boundaries of the event. Standard Operating Guidelines approved by the local EMS authority and sponsor hospital shall provide the basis of all EMS care for Mass Gathering Events held within the EMS System.
2. Hazard Vulnerability & Risk Assessment: e.g. venue date, location, duration; nature, characteristics, expected attendance; physical considerations such as barriers to crowd access; and ingress and egress routes for emergency vehicles including alternative EMS vehicles such as bicycles. May include crowd demographics, expected weather conditions, risk for violence, availability and/or use of alcohol or drugs, and the availability of food, water, and shelter. (See Hazard Vulnerability & Risk Assessment)
3. Level of care: The Medical Action Plan must state whether Basic Life Support (BLS) and/or Advance Life Support (ALS) care is required on site at the event or on call per usual 9-1-1 procedures. A detailed map of the event or venue site must be created to show where both BLS and ALS support capability is located. When limited ALS resources are available on site, they should be located in a fixed position rather than remaining mobile.
4. Human resources:
 - a. The exact number of EMS personnel necessary to deliver appropriate care at fixed treatment facilities and to provide roving coverage that will guarantee rapid response for life-threatening medical emergencies will differ for every mass gathering event. It is difficult to predict the exact staffing requirements for a specific event. Staffing goals should include as many personnel as possible both to avoid burdening the local day-to-day EMS system. The number of personnel should be based on the Hazard Vulnerability & Risk Assessment Tool, statistical estimates, and experience from previous events.

- b. Medical personnel deployed in the field must be able to contact their supervisors or the command post by radio, cellular phone, or other reliable communication method. Deployment of EMS personnel must occur before the event begins; the exact time should be determined by the Event EMS Coordinator in conjunction with venue administrators.
 - c. Dismissal of EMS personnel must not occur before the Event ends; the exact time of demobilization should be determined by the Event EMS Coordinator in conjunction with venue administrators.
5. Medical equipment: It is impossible to suggest minimum quantities for recommended items as needs will differ for every event. Basic first aid supplies (bandages, ice packs, etc.) are appropriate items for use at community events. (EMS event coordinator should have a plan to restock medical supplies if they become exhausted during the event.)
6. Treatment facilities:
 - a. Consideration for an on-site treatment facility is usually needed only for large mass gathering events, those planned for a long period of time, those with predicted high patient volumes, and those with an excessive transport time to off-site hospitals. Guidelines for specifics regarding physical characteristics of facility, communications, medical equipment, level of care, staffing, patient access, and logistics needs to be approved by the sponsor hospital.
 - b. One or more receiving hospitals must be designated to receive potential patients from the mass gathering event. Potential receiving hospitals should be notified in advance of the event. The EMS event coordinator must ensure that EMS personnel are familiar with local hospital destinations. All attempts should be made to appropriately and efficiently distribute casualties to multiple hospitals to prevent "overload" of any single facility.
7. Transportation resources: A basic transportation plan must exist for every mass gathering event. The plan must contain at a minimum the number of (BLS vs. ALS) ambulances deployed, type and number of non-transport vehicles, and staging locations for all response resources. The number of transportation resources available for event deployment should be greater than the predicted utilization. The number of on-site ground transportation resources should be maintained at a constant level. Dedicated transportation resources should not leave the venue to answer jurisdictional emergency calls unrelated to the mass gathering event.
9. Public health: The purpose of the public health component is to protect the health and well-being of participants and spectators from infections and unintentional injuries related to improper food, water, waste, and/or road traffic management.
10. Access to care: All spectators and participants at a mass gathering event must be able to access EMS care in a timely fashion. The plan should address how the venue administration and the medical sector will inform the public of the location(s) and easiest access to medical care through use of audio and/or visual aids. Such a plan must ensure compliance with all American with Disability Act (ADA) statutes and with pertinent local, regional and state guidelines. The plan must also address the strategic location of EMS resources to minimize the distance and time interval necessary for the patient to reach medical care or vice versa.
11. EMS operations: An EMS operations plan must exist for every mass gathering event including but not limited to contractual relationships (if applicable), scope of medical care to be provided, anticipated duration of medical operations, and geographic limits of medical coverage. The plan must address the

relationship of the medical sector to other areas such as; fire suppression, Police/security, venue administration, and logistics. It should address how medical care will be provided for celebrities, VIPs and /or high-ranking government figures (if applicable). The plan should address an initial response to an act of terrorism, including the use of weapons of mass destruction or other hazardous materials.

12. **Communications:** Efficient and effective information flow is vital to the successful delivery of EMS care at a mass gathering event. The communication portion of the plan should define how information pertinent to medical care and medical issues is managed and disseminated during the Event and how the communications system is designed and operated. The exact configuration of the system, including the type and number of needed radios or phones will be unique to each event and may depend on how the local public safety system is currently functioning.
13. **Command and control:** This section of the plan must show clear lines of authority and responsibility for each medical position. It must delineate the integration of medical oversight into the overall administrative structure of the event. Every mass gathering event must have a functioning EMS event coordinator for operations.
14. **Documentation:**
 - a. A log sheet may be considered for all persons requesting basic first aid who do not require treatment. The log sheet does not need to be forwarded to the State of Connecticut Department of Public Health but should be retained.
 - b. Patients receiving care, as defined under the State of Connecticut Department of Public Health must be entered into the local EMS reporting system.
 - c. All refusals of transportation or care, including against medical advice (AMA), shall be recorded and communicated as described in the State of Connecticut Department of Public Health protocols. Before discharge from the first aid area, all patients should be encouraged to follow-up with their personal physician.
15. **Continuous quality improvement:** The purpose of the quality improvement component is to ensure that the delivery of medical care is constantly improving through analysis of medical sector performance. The EMS event coordinator should ensure that basic facts and figures concerning the delivery of medical care and patient volume at the event are recorded and/or obtained for appropriate analysis. Selected patient summary reports should be reviewed by the EMS event coordinator or his/her designee within a reasonable time frame after the conclusion of the event to determine if care provided was in compliance with system guideline or the event plan. EMS supervisory personnel on-site should be encouraged to record ongoing notes concerning medical sector performance.

Section V - Hazard Vulnerability & Risk Assessment:

1. Having a structured approach to identifying and examining the Hazard and Risk level is critical. The tables/matrix at the end of this Standard Operating Guideline can be used for most events to get a general indication of the risk level of an event and focus attention on the areas that need specific consideration.

2. Hazard and Risk Assessment is the heart of an event plan from which all other planning is based upon. There will always be some level of risk to any event. You should not expect to achieve a risk-free event; but strive to reduce and managed the risks. We do this all the time both consciously and unconsciously during the course of a day and when we plan events. The problem is everyone has a different ability to recognize hazards and each has a different tolerance for risk. It is therefore important to follow a clear and defined process to ensure all significant hazards have been identified and there is clarity for everyone on the level of risk they pose. Without this clarity, decision makers are unable to make reliable decisions and organizers will not focus their attention and planning on the most important issues.
3. When completing the Hazard and Risk Assessment, it is important to remember that mass gatherings are by definition "a congregation of people at an event or activity, generally a high concentration of the local and visiting population in a limited area of the community". Therefore consideration must be given to all the response agencies' capacity to respond not just to the event, but also all the other concurrent events and usual service demands in the rest of the community and the effect the increase population might have on them.
4. Some types of activities at the event will have inherent hazards. It is important to know the details of planned activities to understand the potential risks. Ensure your Planning Team has representation from someone who has in-depth knowledge of the event activities.
5. Objectives
 - a. Obtain group input into identifying hazards.
 - b. Identify all of the hazards that may be associated with the event and what level of risk they represent.
 - c. Prioritize the hazards based on the level of risk they represent
 - d. Focus efforts on the highest priority risks first.
 - e. Develop mitigation plans to eliminate or reduce the level of risk for each element as much as possible.
 - f. Determine if the level of risk remaining is acceptable or if additional mitigation efforts are required.
 - g. Those who are in approval positions should be provided a clear understanding of the risks and Mitigation Plans to support their decisions.
 - h. It should be clear who is responsible to address a recognized risk.
6. Considerations
 - a. Ensure you have proper representation in the Planning Team.
 - b. Encourage open discussion to identify and prioritize risks.
 - c. Get broad input for ideas on mitigating hazards.

- d. Consider risk against the things you wish to protect. Protection of life is the most important but you also need to protect other things including property, community interests, environment, financial interests, legal obligations, reputation and infrastructure.
- e. With every risk identified you must not only consider how to respond to it, but how it might be prevented or minimize its effects. It is better to not have a victim than to treat one.
- f. Ensure roles and responsibilities are assigned.
- g. Know the audience demographics and plan for expected behavior (i.e. alcohol availability).
- h. Establish the level of security and medical services required.
- i. Establish the level of other support services required.
- j. Develop procedures for the response to expected or high consequence events identified in the risk analysis as well as strategies for seamless coordination of response between staff and external response services that may have to attend.
- k. Risk can never be eliminated entirely. Discretion is required to avoid becoming too risk-adverse.

7. Types of Hazards

a. Audience / Participants

- i. What ages (or range of ages) are anticipated to attend?
- ii. Is there any process to limit numbers of attendees/participants? (ticket purchase, etc.)?
- iii. Are there adequate facilities/equipment for the expected age groups?
- iv. Are there identifiable portions of the attendees who may be challenged to take actions for self-preservation with or without directions? This could include children, those with physical and/or cognitive challenges and persons with service animals?
- v. Are there risks from crime / protests / fights / lost or missing persons?
- vi. Will there be participation of or attendance by any VIP(s)?

b. Activities

- i. Does the setup, maintenance and/or take down of equipment for the event pose any specific or general hazard (use of forklift, installation of temporary electrical cables, refueling of generators, propane tanks, etc.)?
- ii. Is there preparation of food (or other products) on site?
- iii. Does the event bring outdoor equipment into an indoor space?
- iv. Are there dangers inherent to the activities (sports, rodeo, auto racing, etc.)?
- v. Are there best practices or professional standards for these activities and are those standards being adhered to / inspected / enforced?

c. Venue

- i. Is there a danger of overcrowding or are there crush zones?
- ii. Is it well maintained, are staff professional and are general safety practices followed?
- iii. How flammable is the structure or items within it?
- iv. Are there security threats?

- v. What are the access and egress areas?
- d. Infrastructure and Services
 - i. Will emergency, municipal, commercial, telecommunication or other services and infrastructure be able to support the number of attendees?
 - ii. Are there issues with vehicle and pedestrian traffic?
 - iii. Will emergency services be able to efficiently respond to and cope with the types of emergency situations that can be reasonably expected to occur?
- e. Environmental
 - i. Are there risks with the venue such as lakes, rivers, rough terrain, etc.?
 - ii. Are there exposure hazards from sun, heat or cold?
 - iii. What is the possibility of extreme weather events?

Section VI - Hazard Vulnerability & Risk Assessment Tools:

1. Having a structured approach to identifying and examining the Hazard and Risk level is critical. The following tables can be used for most events to get a general indication of the risk level of an event and focus attention on the areas that need specific consideration.
2. While planning for a large event, it is not enough to just be focused on the event and venue. Large events can have unwanted effects on the community and congest, strain or collapse the infrastructure in the community or region. Services that the event planners expect may not be available as a result.
3. The following tools and references may be considered when determining overall event risk and to aid agencies in determining the amount of EMS resources for an event:

General Risk Evaluation Table

RISK FACTOR	1 LOW	2 MEDIUM	3 HIGH	4 EXTREME	SCORE
EVENT AND ACTIVITY INFORMATION					
TYPE	Planned Events	Planned Events	Planned Events	Unplanned Events	
	Community and Family Based	Sporting Events Runs/walks Concerts	Rallies Demonstrations Protests	Any Spontaneous Event	
DURATION	Up to 3 Hours	Up to 10 Hours	Up to 24 Hours	Over 24 Hours	

INFRASTRUCTURE AND EQUIPMENT	No Structures, Low to the ground such as tables, chairs	Soft structures such as small or moderate sized tents	Hard, Tall or Heavy Structures (stages), Power Cables and electrical equipment	Uncontrolled or non-permitted structures and equipment	
ALCOHOL	None	Confined, Controlled, Limited Access	Uncontrolled, Unconfined, Moderate to high use	Excessive use, Uncontrolled, Unconfined, Movement through public areas	
CRIMINAL ACTIVITY	None expected	Potential law / ordinance infractions	Criminal acts, Minor property damage, Potential assaults	Life/safety issues, Excessive property damage	
VENUE					
TYPE	Parks and public spaces that are not confined	Buildings or parks with controlled or confined spaces (plazas, theaters)	Buildings with uncontrolled access	Streets	
ROUTE SAFETY	Paths and sidewalks, No police assistance needed	Planned street route with some traffic control and signage	Un-escorted, Un-marked with no police or safety controls	Varied route, Un-planned, Uncontrolled, Interacts with other users	
ORGANIZATION AND PLANNING					
ORGANIZERS	Well-organized, Compliant, Experienced	New group, May be inexperienced	History of uncooperative behavior, Non-payment	Defiant, Violent	
EVENT HISTORY	No problems, No police interventions	Minor incidents, Minimal police interventions	Major incidents, Arrests / charges, Some impacts on town/city services	Critical upset to town/city services, History of violence	

EVENT PLANNING	Maximum preparation time	Limited preparation time	Minimal preparation time	No preparation time	
SECURITY	None needed or trained and in sufficient numbers	Needed, Limited training, Volunteers, Insufficient numbers	Needed, No training, Insufficient numbers	No security	
EMERGENCY RESPONSE PLANNING	Have emergency response plans including medical, security, evacuation, and communications	Adequate emergency response plans and warning/notification systems	Inadequate emergency response plans and/or warning/notification systems	No emergency response plans and/or warning notification systems	

CROWD ASSESSMENT

CROWD TYPE	Family, Corporate, Business, Elderly	Young Adults, Persons of interest	Disruptive, Rebellious, Criminal	Radical	
CROWD SIZE AND CAPACITY	Small size, High capacity venue for size of crowd	Moderate numbers, Up to maximum capacity of venue	Large numbers, Exceeds capacity	Critical density, Uncontrolled venue	
CROWD DYNAMICS	Calm, Cooperative, Peaceful	Celebratory	Anxious, Aggressive	Violent	

CROWD ASSESSMENT

TIME, DAY, SEASON	Weekday	Weekend or weekday evening	Friday or Saturday evening, or other in region during periods of strained servicing capacity	Periods of strained emergency capacity (weekend evening, holiday, other major events, times of high alcohol consumption)	
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ADD TOTAL SCORE	
AVERAGE; TOTAL SCORE / 16 = GENERAL RISK LEVEL	

The following Risk Matrix may be used for establishing the risk of specific threats and threats of high consequence. It can be used in conjunction with, or in place of the General Risk Evaluation Table. Results are entered in the Risk Assessment Table. The Priority level can be color-coded for clarity.

SPECIAL RISKS ASSESMENT

RISK MATRIX							
CONSEQUENCE	HIGH ----- LOW	5			EXCESSIVE RISK		
		4					
		3					
		2					
		1	LOWEST RISK				
			A	B	C	D	E

CONSEQUENCE

LEVEL	RATING	DESCRIPTION
1	INSIGNIFICANT	No injury, minor and routine
2	MINOR	Very minor injury and/or temporary disruption of event
3	MODERATE	Medical treatment required, temporary halt of events. Outside assistance required (i.e. EMS, fire, police)
4	MAJOR	Serious injury and/or system failure. Complete halt of the event. Outside assistance and investigation required.
5	DISASTEROUS	Death, outside assistance and investigation required. Complete halt of the event.

PROABILITY

LEVEL	RATING	DESCRIPTION
A	RARE	Could occur in exceptional circumstances
B	UNLIKELY	Could occur, but unlikely
C	POSSIBLE	Might occur
D	LIKELY	Often occurs

Section VII – Approval:

Fire Chief: Michael P. King

Date of Approval: 4/3/17