

Flugtag Dublin

Sun 20th May 2018

**RED BULL
FLUGTAG DUBLIN**



EVENT MEDICAL SERVICES

Draft Medical Management Plan

Introduction

This document is an appendix of the main Event Management Plan and should be read in conjunction with that document.

The purpose of this document is to contain the information relating to medical provision and management for the event. It is produced following consultation with the HSE Emergency Management Office, HSE Ambulance Service and Event Medical Services.

In the event of a major Emergency this plan outlines the initial management of same, until the implementation of the Major Emergency Plans of any state agency, it does not replace or supersede any of those plans.

Any queries relating to this document should be directed to:

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Willie Wade	Event Controller	RB
Paul Scott	Safety Officer	RB
Andrew Llyle	Medicall Ambulance Services	MAS
Eddie Duffy	Order of Malta	OMAC

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1.0 OVERVIEW

1.1 Event Management

It is proposed to hold The RedBull Flugtag on Sun 20th May 2018.

The Event is to commence at 12:00 hours and finish not later than 17:00 hours. All times are subject to change.

An experienced management team is in place to manage all elements of the event. A detailed management flowchart is provided within the Event Management Plan.

For simplicity the principal persons responsible for the management of the site in relation to infrastructure; maintenance and safety are:

Role	Name
Event Controller	Willie Wade
Safety Officer	Paul Scott
Deputy Event Controller	TBC
Site Manager	Nigel Cleary
Medical Coordinator	Des Wade

1.2 Medical Responsibilities

Role	Name
Medical Coordinator	Des Wade
HSE Emergency Management Officer	Mick O'Toole
Site Medical Officer	Dr. Kerr Livingston
Emergency Ambulance Provision	Medicall Private Ambulance
Advanced Paramedic Provider	Medicall Private Ambulance & Event Medical Services
Paramedic Provider	Event Medical Services
Nursing Staff Provider	Event Medical Services
First Aid Staff Provider	Order of Malta

1.3 Medical Planning

During the course of planning the events medical planning has taken place between all relevant agencies and providers. A medical planning meeting agreed a common working policy to ensure the co-operation of all parties in the delivery of high quality medical care.

1.4 Operational Timings

11.00	All medical Facilities to be Operational
12.30	Entertainment Commences
17.30	Curfew

1.5 Audience Profile

Male: Female Ratio; 50:50
Age range will be a family event

1.6 Audience Capacity

This will be a free Event
Expected attendance will not exceed 30,000

1.7 Venue Description

The Event is being held at Dun Laoghaire Harbor.

1.8 Queuing & Event Duration

We will not have queuing for the event. The event duration will be no longer than 3 hours.

1.9 Past History

Past events of this nature indicate a low casualty rate.

1.10 Proximity to Definitive Care

Definitive care is St. Vincent's Hospital, which is 10 minutes' drive approximately; St James Hospital is approximately 15 minutes approximately with blue lights if required.

1.11 Bars & Catering Facilities

There will be no Bars at this event, a small number of catering units

1.12 Event Communications

A pre-event medical planning meeting agreed a common working policy to ensure the co-operation of all parties in the delivery of high quality medical care.

All medical services will come under one central control provided by Event Medical Services. Close joint provider liaison will be maintained with regular meetings between them and the promoters through the Medical Coordinator and Redbull.

2.0 Resources

2.1 Staffing Levels

Medical Type	Provider	No.	Location*
First Aiders	OMAC	20	4 x FAP A1 16 x on Patrol
Paramedics	Events Medical Services	2	2 x on Patrol
Doctor	Events Medical Services	2	1 x FAP A1
Nurses	Events Medical Services	2	1 x FAP A1
First aid posts	LHP	2	
Voluntary Ambulances & Crew	First Aiders	2	2 x FAP A1
Emergency Ambulance & Crews	Medicall (Paramedic Staff x 2)	1	1 x FAP A1

**See plan for locations*

All cover levels have been agreed between the respective medical providers and EMS based on previous assessment and history of the events.

All paramedics will be registered with the Pre-Hospital Emergency Care Council (PHECC). All doctors will be registered as medical practitioners in their own particular area of skill.

All medical providers will hold appropriate levels of qualifications, with proof of medical qualification and competencies collated by their respective medical companies.

All medical provision on-site will be dedicated to the event and not form part of any core emergency cover for the surrounding area.

2.2 Medical Coordinator Duties & Responsibilities

- To ensure that all medical staff carry out their roles and responsibilities as detailed in this plan.
- Liaise on behalf of the Promoter, with the HSE Ambulance staff, Voluntary Services Senior Officers, Site Medical Officer and the Emergency Planning Office for HSE
- Liaise with the Safety Officer re concerns for public safety
- Liaise with RedBull Press Officer re press and PR issues
- Liaise with Garda Liaison Officer if necessary
- Liaise with the Site Manager re infrastructure and practical site matters
- Report to the Event Controller, Deputy Event Controller and Safety officers

2.3 PHECC Paramedics Duties & Responsibilities

- Work in designated areas as detailed in this plan
- Not to work outside the level of training as outlined by PHECC
- Be easily identifiable in a high visibility tabard or jacket with the appropriate identification.
- To record patient treatment on the EMS patient treatment forms
- To respect patient confidentiality at all times
- To report any concerns re audience safety to the Medical Coordinator via their supervisor
- Be present on site at least one hour before the gates open to public and remain on site until such a time as medical operations are stood down.

2.4 Voluntary Aid Services Duties & Responsibilities

- Provide First Aid staff & Ambulances as agreed
- Be identifiable in high visibility uniforms
- Be 18 years and over
- To work within the protocols of their training
- To record patient treatment on the EMS patient treatment forms
- To respect patient confidentiality at all times
- Only to report any concerns re audience safety to the Safety Officer via their Senior Officer

- Be present on site at least an hour before the gates open to public and remain on site until such a time as medical operations are stood down.
- To transport patients both on and off site as requested by Medical Control.

2.5 Event Medical Structure

The medical care of patients will be under the direction of the Site Medical Officer. The transportation of patients & the movement of personnel will be under the control of the Medical Coordinator along who will in turn liaise with Event Control.

2.6 Advanced Treatment Area

This will be Post A1 for this Event and is indicated on the map. There will be two Doctors on Duty for this Event who will be Dr. Kerr Livingston as lead. There will also be parking for Ambulance's as and when required located in the vicinity and will be marked on the Site map.

2.7 First Aid Post Locations

There will be one First Aid Post as outlined on the map. The facilities will include first aid services and Advanced treatment if required and will be staffed by first aiders, Doctors and nurses. In addition, a Paramedic will be available to each area with a First Response bag and AED

2.8 Equipment

First Aid Providers will have equipment for their areas with equipment specific to medical treatment. Events Medical Services will also provide all ALS equipment and drugs required by the medical practitioners.

2.9 Medical Control

Event Medical Radio controller will be based at the same location. All requests for medical services will be directed from this facility. Both controllers will be able to contact the medical coordinator as necessary.

2.10 Ambulance Locations

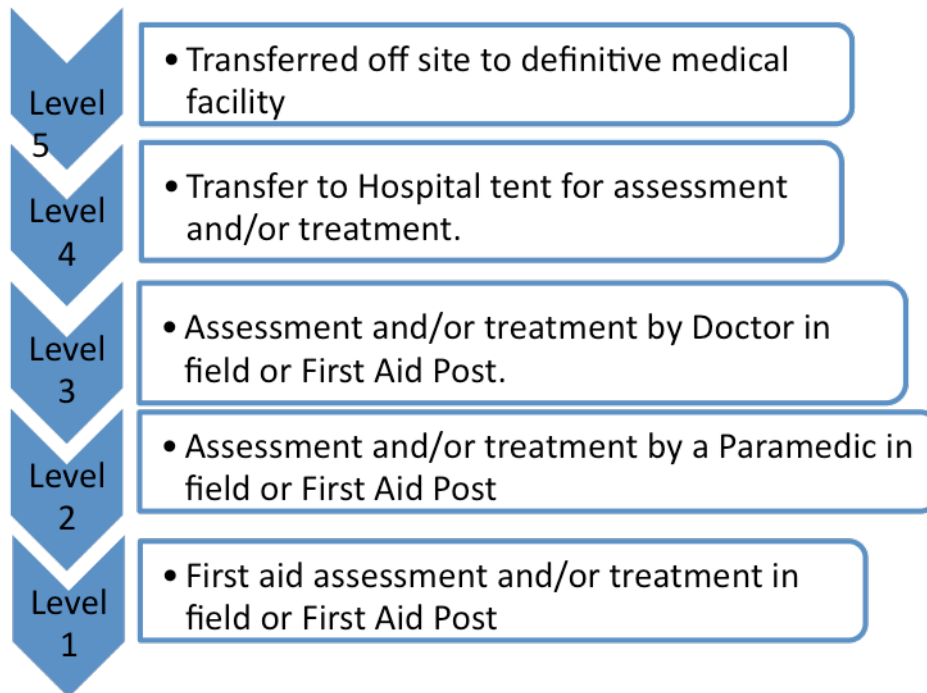
Medicall Private Ambulance Service will provide one Emergency Ambulance with 2 Paramedics, 1 will be at the Event site at all times. while the Red Cross will have two crewed Ambulance. Ambulances will be parked in the allocated parking spaces and in close proximity to the onsite medical facilities.

2.11 Emergency Route

The emergency route is indicated on the site plan. Within the site the route will be maintained by the event security and outside the site by the Gardaí and event security.

2.12 Patient Management Procedures

The following diagram shows the desired patient management procedure to be adhered to on the day of the event.



- Level 1

The first aid staff at this facility will initially assess patients who present to the onsite First Aid Posts. Following this quick assessment and noting of the suspected condition the patient will either be administered a first aid treatment and discharged from the facility or referred to the next available level of care available. At this stage the patient's details must be recorded on the appropriate EMS patient report form. If patient is encountered in the field away from a First Aid Post and further treatment is required the patient must be transported to the nearest First Aid Post or Medical Centre. If the patient is unable to undertake this journey due to the nature of their condition then further assistance must be requested via medical control.

- Level 2

Patients at First Aid Posts who require further assistance outside the scope of first aid should be referred to the Paramedic at the post who will assess the patient further and administer treatment as required prior to discharge. Paramedics may also encounter patients in the field and will adhere to the procedures laid down in level one for the management of patients.

- Level 3

Should the patient require further medical intervention at the First Aid Post then arrangements should be made for a doctor to see the patient; this can be done by requesting a doctor to attend the patient in the tent. In exceptional circumstances, following consultation with the Site Medical Officer, the patient may be transferred to the medical centre. Any patient assessed in a First Aid Post or on the field by a doctor who feels that the patient should be monitored for a period of time must be immediately transferred to the medical centre. This practice will insure that the First Aid Posts do not get clogged quickly due to the limited space available in them.

- Level 4

Patients for whom further investigation or treatment is required, arrangement must be made via medical control to have them transferred to the Hospital tent. If necessary a Doctor or Paramedic who treated the patient either in the field or at a First Aid Post may accompany the patient to the Hospital tent to ensure continuity of care.

- Level 5

The medical centre staff will refer patients requiring further assessment and/or treatment off site to an outside medical facility. Contact must be made via HSE Ambulance control prior to patients being dispatched to hospital to identify appropriate destination. No patient should be sent to a medical facility off site without first going to the medical centre (only in exceptional circumstances and following consultation with the Site Medical Officer, or his nominee should this happen)

2.13 Documentation

An ACR patient report form will be provided for each patient. The form should be filled in with all available details recorded. It is important to record if the patient is a member of staff or a member of the public and the exact location and description of any incident. The patient form then stays with the patient. After assessment by medical/nursing staff the form is completed. All patients must have a brief record of clinical complaint and action taken recorded. A medical physician on the form must formally prescribe all drugs and a member of medical staff must sign all forms. **It is vital that the forms are completed for medico-legal and audit purposes. The forms must not be given to the patient. If the patient is to go to off site definitive care facility, then a PHECC Transport PCR must be used.** Completed patient forms will be collected on a regular basis. Patient confidentiality dictates that no one must see these forms.

All forms should be documented with appropriate terminology and language. This includes stating re history the terminology “alleges or alleged” as the clinician was not present when the accident or illness occurs.

2.14 Patient Discharge

Patients may be discharged back to the site if their complaint is minor (e.g. Simple wound, uncomplicated headache, sore throat). GP information letters are available if required.

Patients for whom X-ray or other further assessment is necessary (e.g. ECG) should be referred to hospital in addition to those clearly requiring admission.

Self-discharge forms will be available for patients who decline medical advice.

2.15 Hospital Referrals Procedure

All patients who require further treatment at hospital should be sent to the relevant A&E department with a form detailing the reason for the referral and any treatment carried out on site. If possible, the receiving hospital should also be notified by phone. The Medical Coordinator will decide receiving hospitals and type of ambulance for each patient.

NO PATIENT MUST BE REFFERED TO HOSPITAL WITHOUT THE KNOWLEDGE OR CONSENT OF THE MEDICAL COORDINATOR EXCEPT IN EXTREME EMERGENCY WHEN THE SITE MEDICAL OFFICER WILL DECIDE.

RedBull will provide tented structures; power; lighting; water; tables and chairs.

2.16 First Aid Post Procedure

- Crews manning a First Aid Post must report to Radio Control once the post is operational.
- The post should be staffed to the agreed levels at all times.
- Procedure for treatment of patients in the First Aid Post should follow the Patient Management Procedures detailed in this document
- Where there is doubt about a patient's condition a member the Post crew must contact one of the site doctors for their advice and direction on the situation.
- With all suspected medical conditions a doctor must be consulted.
- No medication of any type is to be administered to a patient at a First Aid Post without the direction of one of the doctors.
- All relevant patient and treatment details must be recorded on the relevant form and returned to Medical Control at the end of the event. On completion of the day's duty the person in charge of the post must ensure that:
 - a) The post is secure.
 - b) All relevant forms are handed in to Medical coordinator.
 - c) All communications equipment is handed back to Medical Control.

All First Aid Posts should only be closed down on the direction of Radio Controller

2.17 General Procedures

- Patient confidentiality will be maintained at all times.
- All personnel will use the EMS patient report forms
- No medical personnel will speak to the media without permission from the Press Officer via the Medical Coordinator
- No medical staff will be in the backstage area unless requested to do so by the medical controller

- No alcohol is to be consumed by medical staff whilst on site, whether on or off duty
- All medical staff are to be 18 years old or over
- No sirens are to be used on site unless with permission of the Radio controller or in an emergency
- All radio communications will be directed through the Radio controller and all personnel will use their designated call signs as listed in appendix
- On signal from Radio controller all personnel will move to designated end of show positions as outlined in the appendix
- Ambulances may only move from their position under the direction of the Radio Controller
- At no time, will medical staff take photographs or video footage with mobile telephones; cameras or other recording devices both of the show or patients.

2.18 Communications Plan

Calls will be handled in a number of ways depending on the type and what is required. This document defines the process.

All communications will be handled for movement of ambulances and personnel, handling of incidents, and all medical issues.

The Event Channel will be used to advise the event coordinators of any problems during the event.

Calls for assistance will be received in a number of ways:

- By telephone (landline)
- By radio from the medical channel
- Running call by medical personnel already close to the incident.
- From ambulance control Dublin.
- From Garda control

Call information is extremely important, as all information will be logged

The following is essential:

- L Location Where exactly are you?
- I Incident What has happened?
- R Requirement What exactly do you need?
- A Acknowledge Were you heard?

Please ensure that all callers clearly identify themselves.

All incoming incident calls will be prioritised should there be a large number of calls received at once medical control will prioritise according to the severity of injury, the appropriate level of response will then be sent to each incident, calls will be dispatched via the medical control radio network.

All calls will be requested to stay on the medical channel or for a contact number in case there is a problem with the location.

3.0 Major Emergency Plan for Medical Staff

A **major** Emergency shall be defined as any incident that cannot be dealt with by the emergency services on site within the scope of their duties. A major incident can be declared by any member of the statutory emergency services but it is likely that it would be declared following consultation between the Senior Officers of the statutory services present.

A **medical major Emergency** shall be defined as any incident that cannot be dealt with by the on site medical services. A medical major Emergency can be declared by any member of the HSE but it is likely that it would be declared by the Senior Ambulance Officer if present.

3.1 Medical Major Emergency

In the event of a possible medical major Emergency the Site Medical Coordinator will proceed immediately to the advanced treatment area. This area will become the forward control point for the Health Service Resources on arrival and until a decision is made as to the location of a Joint Emergency Services Control Point.

At this point:

- Decide whether a Medical Major Emergency needs to be declared.
- Liaise with the Event Controller and Senior Garda Officer before declaring it
- Declare Major Emergency

Proceed as below

3.2 Medical Major Emergency Roles

Once a major Emergency is declared all medical personnel would report immediately to the advanced treatment area or to a location specified by event radio control.

3.3 Medical Major Emergency Key Roles

In the event of a major incident being declared, the following personnel will assume the following roles *initially*:

1. Medical incident officer:	Site Medical Officer
2. Casualty clearing officer:	Senior A&E doctor
3. Nursing incident officer:	Senior nurse coordinator
4. Ambulance officer:	Medical Coordinator

These will remain in these roles during the incident until relieved by the appropriate replacements appointed by the Health Authority

As availability allows appoint:

- Triage Officer
- Casualty Clearing Station Officer
- Treatment Officers

3.4 Major Emergency Call Out Procedure

The Emergency will be declared by any of the emergency services and notified to the Medical Incident Officer (MIO.) IN the absence of Emergency Services a call will be made to the HSE Ambulance Service by the Event Medical Coordinator declaring a Major Emergency. The Medical Incident officer will the proceed to the appropriate location as advised to them by the medical coordinator to establish liaison. The Medical Incident Officer & Medical coordinator will initiate major incident triage protocols until the arrival of the HSE Ambulance Service at which point they will assume control of the major incident. The casualty clearing officer and senior nurse at the Medical Centre will coordinate medical and nursing staff to prepare the Medical Centre for the arrival of casualties.

3.5 Ambulance Incident Officer Duties & Procedures

- Log all events
- Ensure appropriate communications are established with
 - a) Other Emergency Services
 - b) On Site Personnel
 - c) Off Site – Receiving Hospital and Ambulance Control
- Ensure Command structure is established.
- Identify safety aspects of incident.
- Arrange Triage, Treatment and Transport.
- Confirm which Receiving Hospital(s) have been nominated
- Notify Receiving Hospital(s).
- Obtain as much of the following information as possible and pass to HSE Control.
- Exact location
- Type of Incident
- Hazards
- Access routes
- Number of expected casualties
- Emergency services already present
- Contact outside mobile units and ask to remain at safe locations until incident officers make decisions as to the management of the incident

3.6 Designated Hospitals

On declaration of an Emergency, the hospitals will be notified under procedures laid down in the HSE major Emergency plan. Specifically, the AIO, will direct multiple injuries, severe head injuries and burns to specialist hospital units. Also, once stabilized on site, transport casualties with specific types of injury directly to other hospitals as determined

3.7 Casualty Clearing Station Procedures

All casualties would be triaged on arrival by the casualty-clearing officer (most senior A&E doctor present in tent). Those classed as walking wounded (category green/3) would then be escorted to the minor injuries holding area where they would be cared for by first aid teams until transported by non-emergency ambulance means to hospital for treatment, or other designated area.

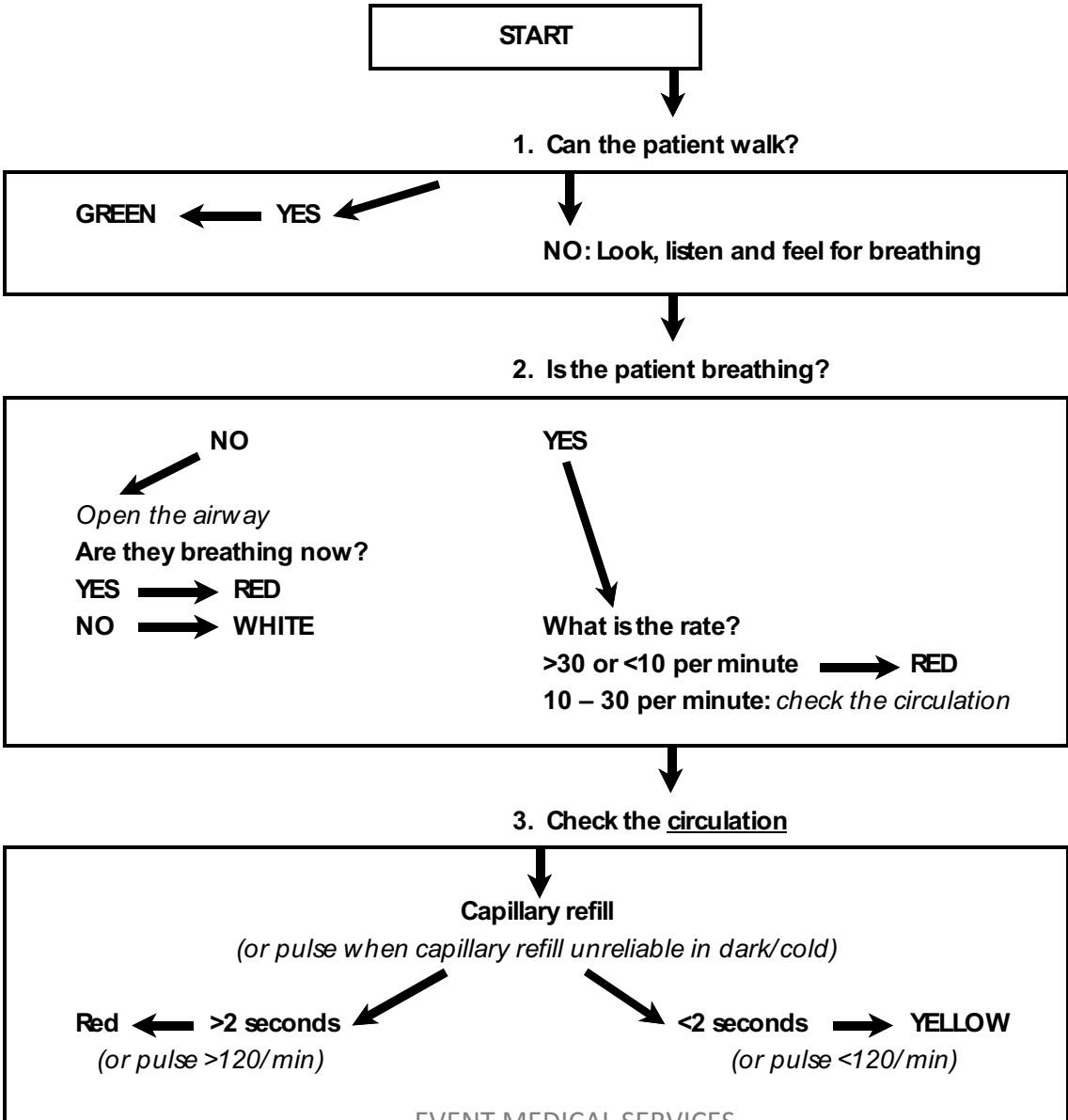
Resuscitation cases (category red/1) would have life-saving treatment instituted, if resources allow and given evacuation priority. Urgent cases (category yellow/2) will have treatment instituted and will be given second priority for evacuation. Both red and yellow patients should be held in casualty clearing until transport to hospital is available. Medical or nursing staff should not escort patients to hospital, or respond to requests to leave the casualty clearing area without the knowledge of the MIO

Appendix 1 Major Incident Triage Sieve & Sort

TRIAGE SIEVE

The **triage sieve** is for **RAPID INITIAL TRIAGE** in the presence of **MASS CASUALTIES**. It is refined when resources allow a more detailed examination - see the **triage sort**. Go through the sequence until you come to the first colour decision. Put this colour triage label on the patient, and then move on to the next patient.

RED	Immediate
YELLOW	Urgent
GREEN	Delayed
WHITE	Dead



TRIAGE SORT

For rapid initial triage where the casualties are first found use the **triage sieve**.
The **triage sort** is for **DETAILED TRIAGE**, and is done at the Casualty Clearing Station.

1. Calculate the Glasgow Coma Score:

EYE OPENING		
Spontaneous		4
To voice		3
To pain		2
None		1
VERBAL RESPONSE		
Orientated		5
Confused		4
Inappropriate words		3
Incomprehensible		2
None		1
MOTOR RESPONSE		
Obeys commands		6
Localises to pain		5
Withdraws to pain		4
Flexes to pain		3
Extends to pain		2
None		1

2. Count the respiratory rate.
3. Measure the systolic blood pressure.
4. Assign a coded value to the total GCS, the respiratory rate, and the systolic blood pressure.

GLASGOW COMA SCORE	Coded Value
13 – 15	4
9 – 12	3
6 – 8	2
4 – 5	1
3	0
RESPIRATORY RATE	
10 – 29	4
>29	3
6 – 9	2
1 – 5	1
0	0
SYSTOLIC BLOOD PRESSURE	
>90	4
76 – 89	3
50 – 75	2
1 – 49	1
0	0

5. Add up coded values (range 0 – 12) and use the triage priority.

PRIORITY	CODED VALUE TOTAL
Immediate	1 – 10
Urgent	11
Delayed	12

Appendix 2 Medical Call Signs & Contact Numbers

- Channel List to be issued on the day
- Call signs to be allocated on the day
- Both to be provided to the Radio Controller and Medical Coordinator

Role		Contact Number:
Event Controller	Willie Wade	086 2537764
Safety Officer	Paul Scott	0044 28 9187 3676
Medical Coordinator	Des Wade	087 9889067