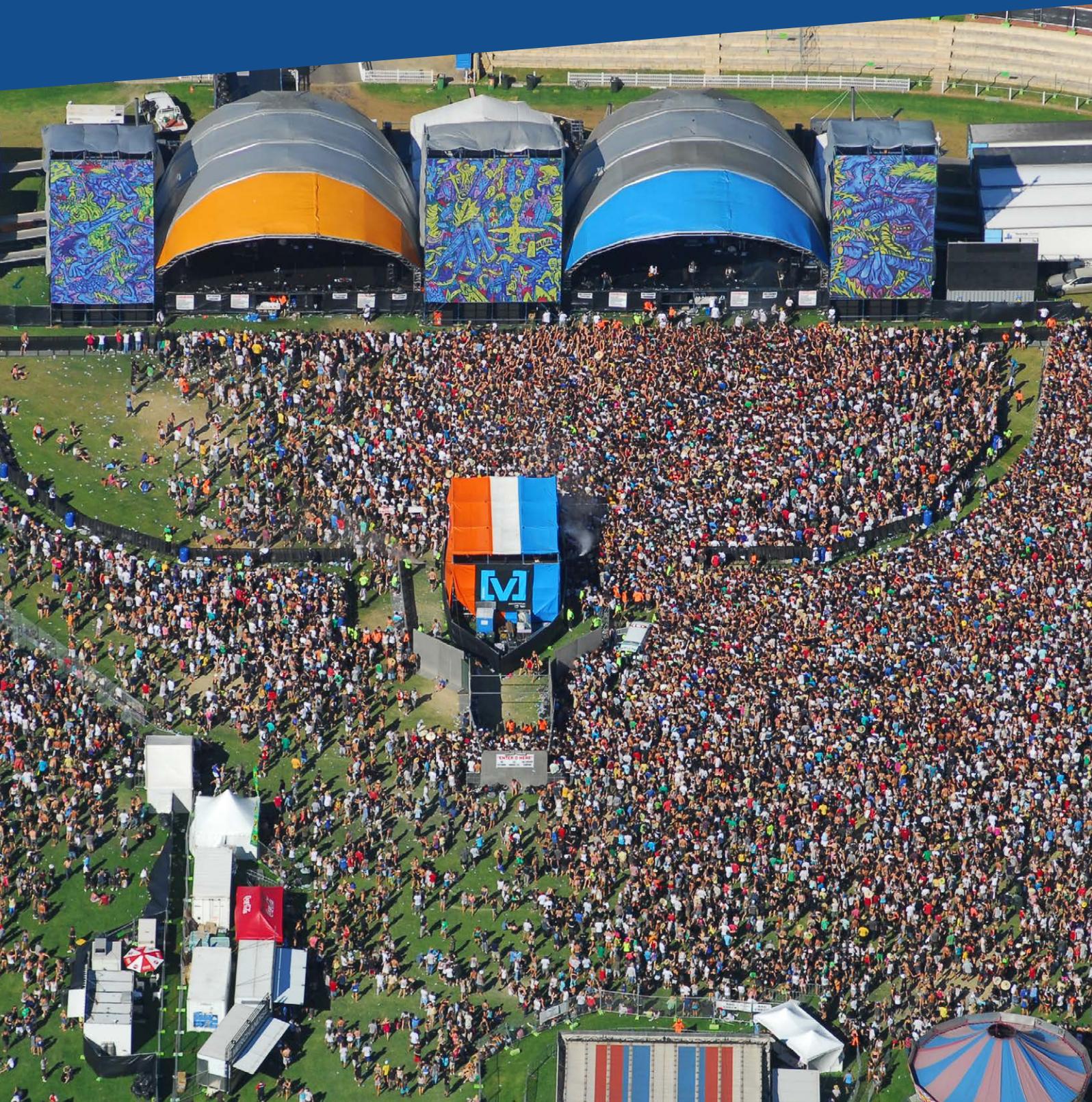




# Part B

## Guidelines



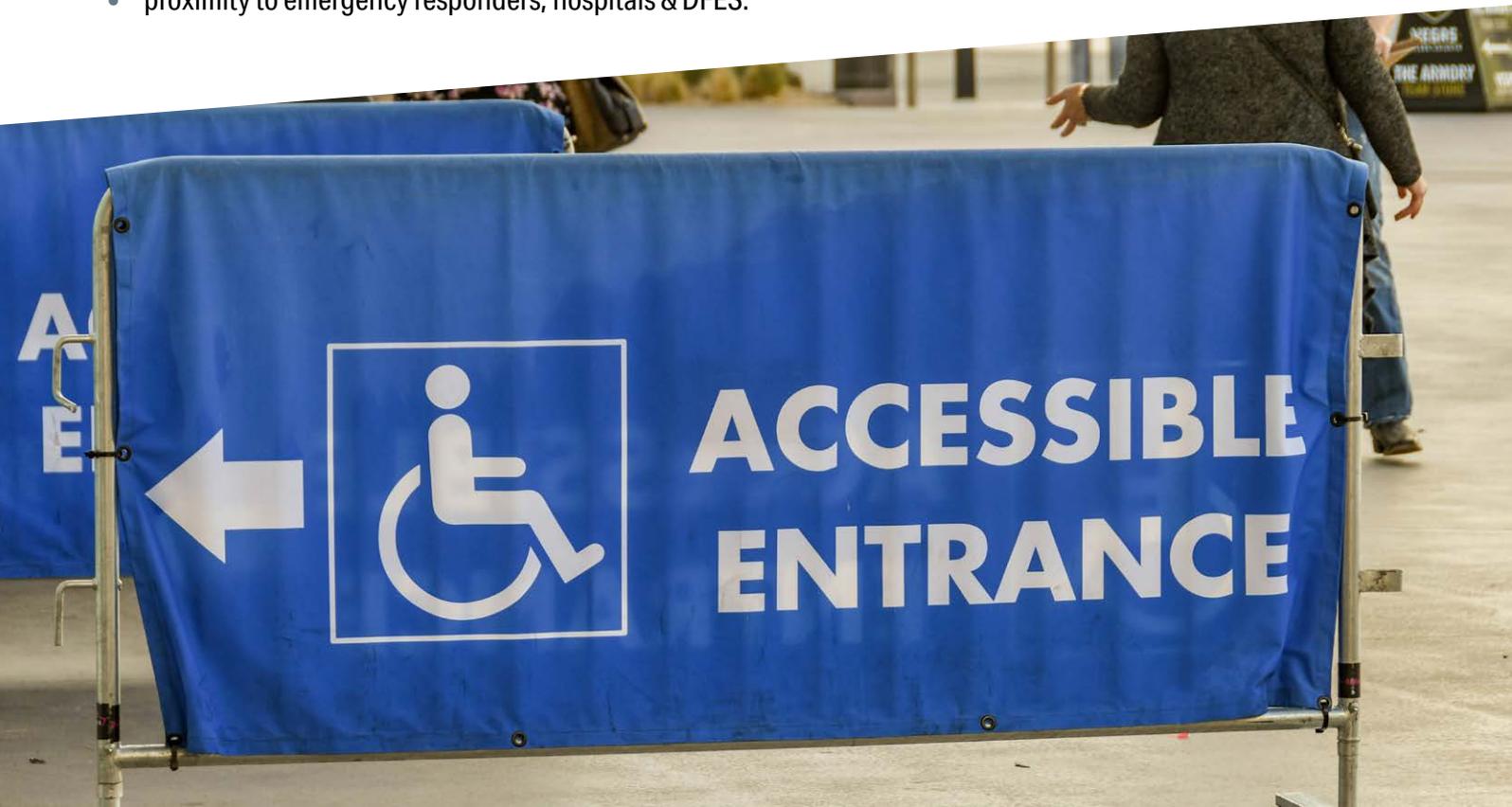
## Section 4

# Accessible events and risk management

## Guideline 1: Venue suitability

The following issues need to be considered when selecting a venue:

- how the proposed event will impact neighbouring properties and tenants
- proximity to public transport
- parking for patrons
- set down and pick up locations for taxis, Ubers, charter buses etc.
- parking for set up and take down personnel
- provision for policing, first aid and command facilities
- the site suitability for the proposed capacity
- buffer zones between noise sources and noise sensitive neighbouring properties
- absence of toxic industries near the event
- pleasant environment for patrons, chill out areas, shade or rain protection
- storm protection for patrons
- adequate toilet facilities
- on site emergency muster points
- multiple emergency service routes
- proximity to emergency responders, hospitals & DFES.



## Guideline 2: Creating an accessible event

### Background

- People with disabilities comprise around 20 per cent of the WA population which means approximately 1 in 5 people have a disability.
- Whether your event is specifically targeted at a section of the population or is designed for the whole community, the likelihood of people with disabilities attending is high.
- Events that accommodate the needs of everyone will be the most successful in terms of attendance, participation, public relations and safety. Facilities should be designed to comply with AS 1428.1 Design for Access and mobility.
- The [Department of Communities Disability Services](#) have published a checklist, '[Creating Accessible Events](#)'. The guidelines are designed to assist with planning events and functions that are accessible to people of all ages and abilities. Refer to Support Tool 1 – Creating accessible events on [page 106](#).

This checklist should be considered when planning your event. Some of the main points have been summarised below.

Promotional material should include the following advice:

- wheelchair access
- accessible facilities parking and / or set down areas
- details of ramp access.

For outdoor events establish viewing areas for mobility impaired people. Usually this is near the mixer desk as it is the only structure front of house that provides reasonable access via the restricted viewing at the rear of the mixer.

Ramps for disabled must be:

- minimum 1 metre wide
- gradient no steeper than 1:14
- landings at no more than 9 metre intervals (greater distances are permitted where gradients are flatter)
- handrails on both sides extending 300mm on both ends of landings
- be non-slip.

### Emergency evacuation

It is imperative for as many people to evacuate within the shortest possible time. Emergency management plans should provide for safe refuges for individuals who are mobility impaired so that they can be evacuated after the majority of patrons have left.

### Support tools

[WA Department of Disability Services: Creating Accessible Events](#)

Just as it is accepted that some show rides are unsuitable for those of a small stature or limited mobility, despite the most careful planning there are some areas of events such as mosh pits that pose an extreme hazard. Therefore, alternative arrangements need to be made for a safer viewing environment for people with a disability.



## Guideline 3: Preliminary event rating

### Background

To assist approving authorities and emergency responders to allocate appropriate resources, events may be rated according to risk – high risk events require more thorough planning and surveillance whilst low risk events will need far less scrutiny and resources.

The risk matrix found in the tools section is intended to provide a quick rating to assist organisers and approving authorities to quickly identify the type of event that is proposed. It does not remove the requirement for risk management planning in accordance with AS/NZS 31000.

### Guidelines

See the risk classification for public buildings matrix in the Support Tool 1 – Creating accessible events on [page 106](#).

### Support tools

- Supporting tool 2 – Risk classification for events on [page 106](#).
- Support tool 3 – Medical response planning for events on [page 108](#).
- Supporting tool 4 – Glossary of hazard keywords that may be used in risk identification on [page 119](#).

# Guideline 4: Risk management

## Background

Risk management is a logical and systematic method to identify, analyse, treat, monitor and communicate risks associated with any activity, function or process. Effective risk management is essential for the success of any public event, and enables effective preventive and corrective actions to be implemented. Refer to Support Tool 5 – Developing a risk Management Plan on [page 120](#) for further information.

The *Health (Public Buildings) Regulations 1992* require risk management plans to be developed in accordance with AS/NZS 31000 – Risk Management, for events of more than 1,000 people or as otherwise required by the approving local government.

Liquor licensing and local government may also require plans for other events.

The event manager is responsible for preparing the plans which must be submitted to the local government or other statutory organisation.

Risk management plans are owned by the event manager and must be treated as confidential by stakeholders.

## Risk Management AS/NZS 31000:2018

AS/NZS 31000:2018 is a generic guide to establish and implement a risk management plan. It outlines steps which, when taken in sequence, will enable continual improvement in decision making.

### Definition: Risk Management

AS/NZS 31000:2018 defines Risk Assessment 'as the overall process of risk analysis and risk evaluation'. For the purposes of this guideline, the term risk assessment will refer to all the steps inside the dotted line on the risk management process model diagram.

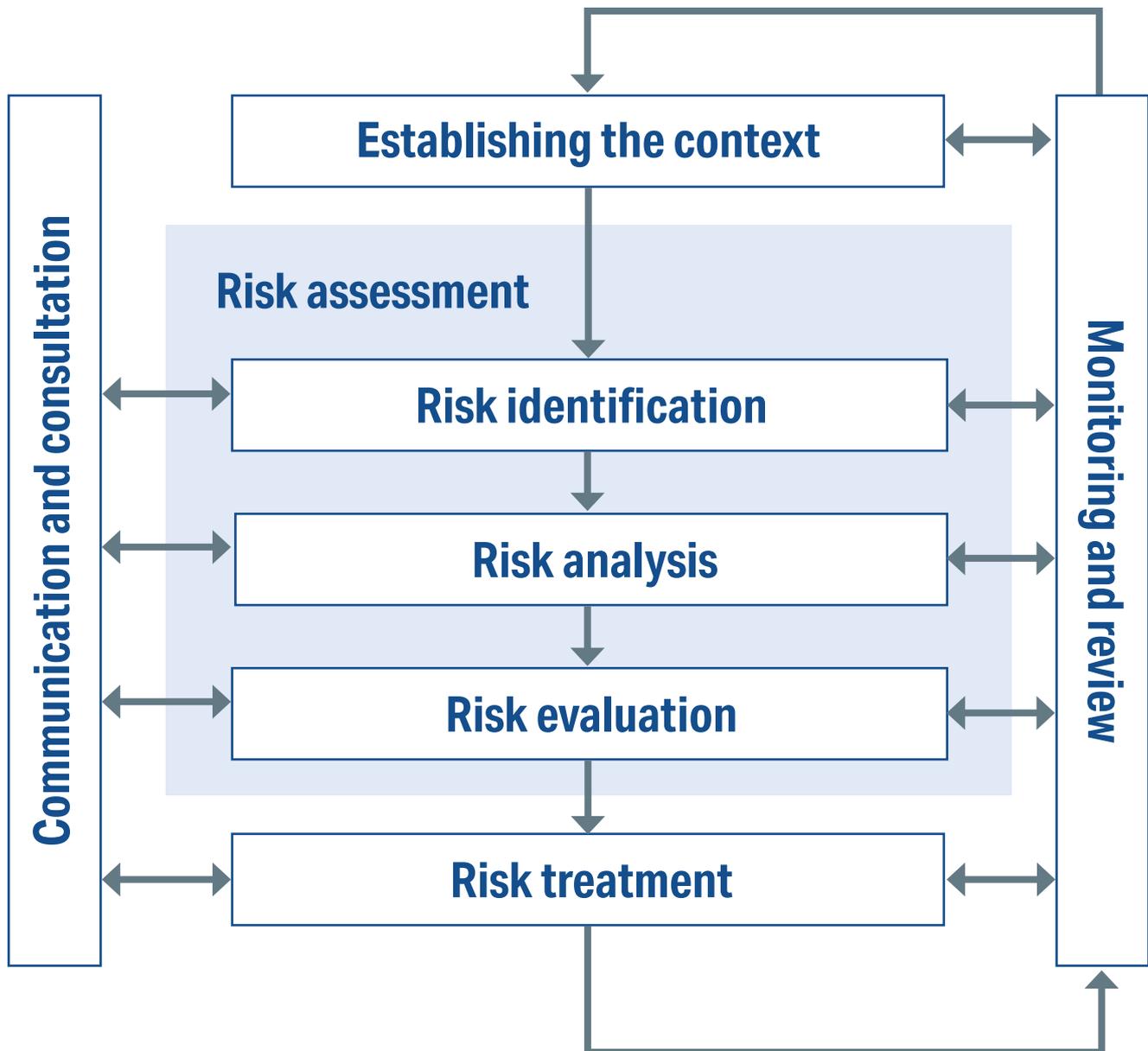
## Risk Management

Is about	Is not about
Ensuring safety	Creating a totally risk-free society
Balancing benefits and risks, with a focus on reducing real risks	Generating useless piles of paperwork
Enabling innovation and learning	Scaring people by exaggerating or publicising trivial risks
Ensuring that those who create risks manage them responsibly	Stopping important recreational and learning activities where the risks are managed
Enabling individuals to understand that as well as the right to protection, they also must exercise responsibility	Reducing protection of people from risks that cause real harm and suffering

## Developing a risk management plan

Under the Health (Public Buildings) Regulations 1992 it is mandatory for events of more than 1,000 people to develop a risk management plan in accordance with ISO 31000:2018. The risk management process model is outlined below. Other agencies may require risk management plans for smaller events. It is recommended that a risk management process is implemented for all events.

### The risk management process model



The risk management plan should include:

- event details
- stakeholders
- consequence and likelihood descriptors
- the risk matrix analysis
- risk register
- action response plans, which should include the treated risk descriptors.

## Submitting the risk management plan to local government

Risk management plans (RMPs) should be submitted early in the approval process (check with your local government to find out when) and remain a working document until the final briefing. This will assist in identifying where amendments may be necessary due to infrastructure and other changes that cannot be identified until the planning is complete.

All risk management plans must be treated and stored as confidential documents.

It is unacceptable to only submit the documentation immediately prior to an event. A well-prepared plan submitted early in the approval process is an indication of the organiser's knowledge of the process and potential issues associated with the event.

## Implementing the risk management plan

Monitor event risks throughout the event and log any inappropriate treatments (which will show as injuries or disruption to plans).

In response to logged incidents, changes should be made to the RMP and its implementation as the event progresses, with emergency evacuation being the worst-case scenario.

## Post event

After the event an evaluation of the RMP should be carried out. At the debriefing, improvements and successful elements should be identified. The review process should be completed prior to planning the next event. Refer to event debrief in the tools section.

## Local government risk management plan assessment

- Local government must assess risk management plans in compliance with *Regulation 4.2. of the Health (Public Buildings) Regulations 1992*.
- To ensure the risk management plan is as effective as possible, local government should consider the following assessment tool.

### Assessment of risk management plans

- Does the plan identify the objectives?
- Does the plan establish the context?
- Has the plan included relevant stakeholders in its development?
- Are the risks clearly defined?
- Are the likelihoods and consequences used to determine the risks defined and relevant?
- Does the plan address all public areas or areas likely to impact upon the health, safety or amenity of the public?
- Are the risk treatments appropriate and known to be effective?
- Have large events been dissected into manageable areas and key risk words used to identify specific risks and processes?

## Scenario: developing a risk management plan

See developing a risk management plan for your event in the tools section to help with the scenario.

### Step 1: establishing the context

Event manager Jack Smith would like to hold an event in the Peel region. It is a rock concert, and it is projected that 10,000 people will attend. Alcohol will be sold, gates open at 15:00 hours closes at 23:00 hrs.

### Step 2: identify risks

Jack meets with the local government, stakeholders and the farmer who owns the site on which the event is to be held. Together they do a brainstorming session for potential risks associated with a rock concert in that location. Given that there is a dam on the property near the proposed stage location, one potential risk that was identified was drowning.

### Step 3: analyse risks

Jack Smith and the stakeholders analysed the risks using the criteria in the Tool: Developing a risk management plan for your event. They determined that the likelihood of drowning occurring could be classified as 'unlikely' and the consequence of a person drowning would be 'major'.

### Step 4: evaluate risks

Using the likelihood and consequences ratings from the tables the identified level of risk associated with a drowning was determined using the level of risk table.

**The level of risk was rated as high.**

### Step 5: treat risks

Given the risk rating for a drowning occurring at Jack Smith's concert was high, the treatment of risk rating table was used to determine that senior management attention was needed. Jack therefore worked with the local government and the farmer to construct a barrier around the dam. The location of the stage was also revised as this was considered high risk.

### Hint

For large sites break up the site into segments like security operational zones and assess each segment separately.

## Support tools

- Supporting tool 5 – Developing a risk management plan for your event on [page 120](#).
- Supporting tool 2 – Risk Classification for events on [page 106](#).
- Supporting tool 6 – Event briefing and debriefing on [page 123](#).
- Supporting tool 4 – Glossary of hazard keywords that may be used in risk identification on page on [page 119](#).

# Guideline 5: Emergency management

## Some examples of emergencies to be considered:

1. Crowd crush	6. Civil disturbance
2. Fire	7. Loss of key supplier or customer
3. Flood or flash flood	8. Explosion
4. Severe weather	9. Biological agent release (bioterrorism)
5. Earthquake	10. Communications failure

## Background

- An emergency is any unplanned event that can cause deaths or significant injuries, disrupt operations; cause physical or environmental damage, threaten the reputation of the event, or decrease revenue from the event.
- Emergency management is defined as a process to reduce loss of life and property and to protect assets from all types of hazards through a comprehensive, risk-based, emergency management program of mitigation, preparedness, response and recovery. An emergency management plan outlines this process in relation to your event.

The Department of Health maintains a [WA events calendar](#), the purpose of the calendar is to:

1. identify events and activities where a coordinated response to an incident may be required
2. ensure events have appropriate planning
3. ensure that emergency response agencies are aware of potentially high-risk events or if there are multiple events happening at the same time located near each other.

## Guidelines

An emergency management plan must be prepared by the event manager and approved by local government for all high-risk events and those expecting more than 1,000 patrons.

- It is recommended that all medium and high-risk events have emergency management plans. Local government has discretion to require plans for other events.
- Plans should comply with the intent of the Australian Standard AS 3745:2010, Planning for Emergencies in Facilities. This standard outlines procedures for safety during emergencies, guidelines for the appointment of the Emergency Planning Committee and setting up of the Emergency Control Organisation.
- Emergency services should be provided with event details, emergency contact details and venue access requirements. See the 'Checklist of Key Stakeholders to inform' in the support tools section for stakeholders to notify.
- An emergency management plan should encompass:
  1. emergency and disaster planning and preparedness
  2. hazard identification and mitigation
  3. emergency response
  4. evacuation.
- Security and key personnel must be familiar with the emergency procedures within the emergency management plan.
- Security and key personnel should be briefed immediately before each event.



Copies of the emergency management plan should also be presented to police at least 7 days prior to the event.

### Did you know?

The Department of Health's Disaster Preparedness & Management Unit (DPMU) is always ready to respond to an emergency that requires state level assistance, e.g. cyclones affecting a populated area, a pandemic, road traffic accident, or other major event involving casualties that cannot be resourced at a local level.

DPMU's role includes:

- coordinating the provision of an acute medical response to an emergency
- coordinating the secondary triage and treatment of severely injured persons at an emergency site
- providing advice on and arrangements for specialty medical care that may be required for casualties
- coordinating the medical evacuation of severely injured persons to appropriately resourced medical centres
- remaining contactable on a 24-hour basis.

### Contact details:

Email – [DPMUEvents@health.wa.gov.au](mailto:DPMUEvents@health.wa.gov.au)

Phone – 9222 2437 (office hours)

24-hour Emergency Line – (08) 9328 0553

## Western Australia disaster preparedness

The State Emergency Management Committee (SEMC) is the peak emergency management body in Western Australia with a key aim to develop the best emergency management arrangements in Australia.

The SEMC manages the *Emergency Management Act (EMA) 2005* and the Emergency Management Regulations 2006. As indicated in the EMA 2005, the committee's functions include:

- advise the Minister or Emergency Services on emergency management and the preparedness of the State to combat emergencies
- provide a forum for whole of community coordination to ensure the minimisation of the effects of emergencies
- provide a forum for the development of community-wide information systems to improve communications during emergencies
- develop and coordinate risk management strategies to assess community vulnerability to emergencies
- arrange for the preparation of State emergency management policies and plans
- prepare an annual report on its activities
- monitor and review the EMA 2005 and its regulations
- SEMC Membership includes representatives appointed by the Minister for Emergency Services from those organisations that are essential to the State's emergency management arrangements.

During the 2007 Australia Day celebrations, multiple firework exhibitions displays were held within the metropolitan area. Afterwards, representatives from WA's emergency services expressed concern over the lack of communication and planning, the apparent lack of understanding by some local authorities as to which agencies need to be involved in planning for a major event, and the requirement to incorporate risk management.

The key to a timely response is for emergency response organisations to be able to identify events and risk profiles where larger than normal numbers of people may congregate. Issues are not confined to large individual events but multiple events within geographical locations must also be considered.

## Environmental Health

The Department of Health's Environmental Health Directorate prepares an [event calendar](#) with a focus on medical outcomes. The information is provided to the SEMC and Local Emergency Management Committees (LEMC) for consideration. Event managers are encouraged to provide basic information on all events.

The information and calendar are at: [WA Health Events Registration and Calendar](#).

## Information required

Event name	Max. attendance at any one time	Alcohol/drug consumption
Location/LG	Maximum attendance overall	Event manager contact details
Type of event	Start and finish times / length of event – single / multi days	Date/s

## WA Police Force – overview:

The Western Australia Police Force (WAPOL) provide services to contribute to a safe and secure community environment that enhances the wellbeing of all Western Australians. To contribute to this, police provide resources across a wide spectrum of situations and activities.

Events planned in both the metropolitan and regional areas of the state are monitored and where required, police may be deployed to an event to do any of the following:

- a) keep order
- b) crowd care
- c) provide immediate emergency management capability
- d) provide traffic management in the immediate vicinity of the event.

Australia's [Strategy for Protecting Crowded Places from Terrorism](#) is based on forming strong partnerships that provide a consistent and resilient approach to public safety. To achieve this strategy, police conduct a series of crowded places forums and will engage event managers during the planning stage, to provide support and feedback.

It is essential for event managers to initiate contact with the local police station at their earliest opportunity. Initial advice may be enough, but where police are to be deployed to an event, they will maintain a liaison and communications with the event manager and/or nominated representative.

A major event is where more than 5,000 patrons are reasonably expected to attend, or where the Commissioner of Police reasonably considers it necessary or desirable to assign at least 10 police officers to provide policing services.

The WA Police Force has a [Major Events Coordination Unit](#) (MECU). This unit provides a coordinated approach to planning and policing responses at major sporting and entertainment events. Where an event falls into the major event category, contact should be made with [MECU](#).

Whilst police are resourced to provide services to the community, there are circumstances that go beyond this general responsibility. In these circumstances, WA Police have been provided the legislative authority to recover costs for providing policing services at major sporting and entertainment events; Part IVB, sections 39D – 39N of the Police Act.

The attendance of police at an event does not limit or diminish the requirement for the event manager to provide licensed security guards or licensed crowd controllers in accordance with any permits or licenses issued.

Further information on Policing Major Events Legislation, crowded places forums, events on roads, road closures and contact details for police business units, are available on the Western Australian Police Force website at [www.police.wa.gov.au](http://www.police.wa.gov.au)

# Guideline 6: Protecting crowded places from terrorism

## Terrorist acts and hostile vehicle mitigation

The Office of State Security and Emergency Coordination is the WA Government agency responsible for the oversight for protecting crowded places. The most current information is available on the [Office of State Security and Emergency Coordination webpage](#).

Event managers are responsible for protecting their events and have a duty of care to protect people that work, use, or visit their site from a range of foreseeable threats, including terrorism.

The Australian Government has published a [Strategy for Protecting Crowded Places from Terrorism](#). The objective of this strategy is to protect people working in, using, and visiting crowded places by making these places more resilient to terrorism.

The success of this strategy rests on strong and sustainable partnerships across Australia between governments and the private sector to better protect crowded places. These partnerships give event managers, owners and operators access to better threat and protective security information.

By accessing this information, event managers, owners and operators will be in a better position to protect their event from terrorism.

This strategy includes a suite of supplementary materials that will assist owners and operators to understand and implement protective security measures. These materials also contain modules on specific weapons and tactics used by terrorists. It is important owners and operators of crowded places read the strategy before they consult any of the additional tools and guidance materials.

Event managers need to consider the potential and appropriate precautions for terrorist attacks. Several guidelines have been produced to assist this process.

The initial consideration should be by the event manager in liaison with police and local government. The following documents have been produced to assist this process:

- [National Counter-Terrorism Plan](#)
- [Australia's Strategy for Protecting Crowded Places from Terrorism](#)
- [Crowded Places Security Audit \[DOCX 1MB\]](#)
- [Crowded Places Self-Assessment Tool \[DOCX 102KB\]](#)
- [Active Armed Offender Guidelines for Crowded Places](#)
- [Improvised Explosive Device Guidelines for Crowded Places](#)
- [Chemical Weapon Guidelines for Crowded Places](#)
- [Hostile Vehicle Guidelines for Crowded Places](#).

The self-assessment tool provides some basic information. This version was downloaded on 19 April 2022. The most current version will be available on the [Australian National Security website](#).

# Guideline 7: Medical and first aid

## Aims of this section

The aims are to:

1. ensure that event managers understand the appropriate level of medical and first aid care required for their event so to minimise the impact on emergency ambulance service and health care facilities
2. reinforce the requirement for event organisations to have a culture of risk assessment and management using the process outlined in the Standard AS/NZS ISO 31000:2018.

## Background

Major events have the potential to result in injuries and illness in participants.

Experience shows that at least 1-2 per cent of a crowd will require some type of first aid or medical care. Of those requiring medical attention, around 10 per cent will need ongoing care on site and 1 per cent will require transport to hospital by ambulance.

Historical data show some of the factors which play a role in injuries and illness include:

- weather
- numbers of patrons expect to attend
- duration
- crowd demographics
- nature of entertainment
- alcohol and drug use
- for annual events, presentation data from previous years may be used to determine patient numbers.

An analysis of illness and injury data from 26 outdoor music festivals in Australia in 2010 found that of the environmental-related patient presentations, 77 per cent were recorded as alcohol, drug or alcohol and drug-related (Hutton et al., 2015). These findings are also consistent with international experiences (e.g. Lund and Turriss, 2015).

Experience shows well-planned events with the appropriate level of first aid and medical care in place can achieve the aim of minimising the impact on the health system.

First aid services are generally not required for low risk events smaller than 500 patrons held near central ambulance/hospital services.

For small events without a recognised first aid provider event managers should, through their duty of care, ensure that at least one person on the team running the event holds nationally recognised qualification for the provision of first aid.

The following table defines the key terms used in this section of the guideline.

First aider	A person who holds, at a minimum, the nationally recognised qualification for the provision of First Aid and is engaged by the First aid provider to provide support at the event. As of July 2022, recognised qualification is HLTAID011 – Provide First Aid. This unit of competency regularly gets updated and superseded by new units. To find the current unit of competency visit <a href="http://www.training.gov.au">www.training.gov.au</a>
Registered medical practitioner	A person registered with the appropriate medical board under the Health Practitioner Regulation National Law (the National Law). Usually a nurse, paramedic or Physician.
Emergency ambulance	A vehicle, which may include an aircraft, that is specially equipped to provide emergency ambulance services and complies with relevant Australian standards and legislation.  The WA Government is responsible for providing emergency ambulance services in Western Australia. The provision of this vehicle service is currently contracted to St John Ambulance and the aircraft service is contracted to the Royal Flying Doctors. For the purpose of this guideline the term emergency ambulance refers to the ambulances which are dispatched through the emergency call service 000.
Non-emergency ambulance	A non-emergency ambulance or patient transport vehicle can transport non-emergency patients. These vehicles are not classified as an emergency vehicle under the <i>Road Traffic (Administration) Act 2008</i> and must comply with all WA road laws. There are number of private providers on non-emergency ambulance services which can be contracted by events/venues.

## Key roles in the development and delivery of event first aid and medical services

Whilst responsibility for the health and safety of patrons ultimately rests with the event manager it is recognised that the event manager will usually contract the provision of event first aid and medical services. The following outlines the role of the key stakeholders.

### Role of event managers

Event managers are responsible for ensuring that:

- risk assessment and management is in accordance with AS/NZS ISO 31,000 Risk Management Standard and is applied to identify and quantify risks including medical and first aid considerations
- first aid providers are engaged as early in the event planning process as possible, to ensure optimal planning of medical resources for the event. Planning should include traffic management, specifically around access to casualties and egress for ambulances and other emergency services both within and external to the site. First aid providers should be involved in pre and post event briefings and planning processes
- providing resources to ensure first aid providers can meet the requirements as outlined in this guideline
- the level of service needs to reflect the risks identified in the planning processes. Services should be adequate to manage event-related patients with minimal extra demand on local emergency ambulance services and health care facilities
- make the appropriate notifications pre-event including notifications to the local hospital or nursing post.

## Role of first aid providers

First aid provider responsibilities are to:

- be fully conversant with the event. Don't assume that the site and event will be the same as on previous occasions
- develop medical plans for all medium and high-risk events using the risk assessment and management process outlined in AS/NZS ISO 31000:2009. The health risks identified in this process should also be incorporated into the event risk management plan
- provide a mix of appropriately trained personnel with skills and knowledge in accordance with identified risks; the number of first aid personnel will vary with the type of event
- ensure appropriate structures are in place to facilitate the safe practice of first aid personnel
- ensure appropriate documentation of patient encounters
- provide the Event Manager a basic medical report following the event
- have the appropriate professional indemnity insurance
- first aid posts must be conspicuous, well-lit at night and located at appropriate locations that are accessible to ambulances. The number of first aid posts will vary with the type of event. Pre and during-event messaging should notify patrons of the locations of first aid posts.

## First aid and medical personnel

First aid personnel that may be required to provide care at events. They can be broken into the following categories:

- first aider
- unregistered health practitioner – may hold the occupational title of Emergency Service Officer, Emergency Medical Responder/Technician, Event Health Officer, Patient Transport Officer or Medic; these positions hold first aid qualifications and have usually undertaken further training through a nationally-recognised training provider (Australian Qualifications Framework). Unregistered health practitioners usually have higher levels of first aid and emergency response training than first aiders, but have not reached the qualification required to be a registered health professional. Examples include:
  - Certificate II in Medical Service First Response
  - Certificate III in Non-Emergency Patient Transport
  - Certificate IV in Health Care
  - Diploma in Emergency Health Care
- registered health professional, e.g. nurse, paramedic, Medical Practitioner (or Medical Doctor).

The first aider is not an expert and their primary role is to ensure timely response to emergencies and provide first aid response until further medical assistance is available.

Registered Health Professionals, usually nurses, paramedics or Medical Practitioners are engaged to provide pre-hospital clinical care to patients.

The type and mix of personnel should be determined in the medical planning process and be guided by the event risk classification.

## Ensuring the right number of first aid personnel

The number of first aid personnel and first aid posts will vary with the type of event but as a guide for a low to medium risk event the figures below can be used as a guide.

Patrons	First aiders	First aid posts
500	2	1
1000	4	1
2000	6	1
5000	8	2
10000	12	2
20000	22+	4

### Events smaller than 500 patrons

First aid services are generally not required for low risk events smaller than 500 patrons held near central ambulance/hospital services.

For small events without recognised first aiders, event managers should, through their duty of care, ensure that at least one person on the team running the event holds a recognised first aid certificate from an accredited provider.



## Use of medications

The *Medicines and Poisons Act 2014* and Medicines and Poisons Regulations 2016 regulate the use and dispensing of medicines in WA. First aid organisations require a Poisons Permit from the Department of Health ([Medicines and Poisons Regulation Branch](#)) to dispense scheduled medications.

The permits for first aid authorise a less comprehensive set of medications than medical treatment permits.

Poisons permits are held in the name of a physician who takes responsibility for the dispensing of medications by other first aid personnel, as defined by the first aid provider's Clinical Practice Guidelines (CPGs).

Without the permit, first aid providers should not issue any medications.

## Role of the emergency ambulance service

In 2021 the Department of Health published 'Ambulance services Western Australia – A framework for statewide ambulance service operations'. This framework allows service consumers and the wider community to understand what is expected of the ambulance system. The framework can be downloaded on the [Ambulance service operations framework webpage on the Department of Health Website](#)'

The framework excludes event first aid and medical services from the role of the emergency ambulance service. Emergency ambulances cannot be contracted to events rather if they are required for an emergency, as in the broader community, they can be contacted on 000.

## Role of the non-emergency ambulance

The purpose of event medical planning is to minimise the impact on emergency ambulance services and health care facilities. Non-emergency ambulances can play an important role in responding and providing an immediate level of care to the patient and can provide transport to hospital for lower acuity injured/unwell patients rather than waiting for extended periods and putting pressure on emergency resources.

Event Managers together with the first aid provider should consider engaging non-emergency ambulances if the risk assessment and/or event classification warrants it.

## Medical Emergency Response

The process for management of emergency calls at events is outlined in the section 'Stakeholders checklist' ([page 124](#)).

## Role of the Royal Flying Doctors Service (RFDS)

The RFDS is a not for profit organisation contracted by the Department of Health to provide primary aeromedical retrieval services (i.e. air transportation of injured or unwell people from regional areas to a regional or tertiary hospital) or inter-hospital transfers (i.e. air transportation of individuals from regional to tertiary hospitals) in WA.

RFDS also provides other non-acute services such as fly-in clinics to regional areas. There are 5 RFDS bases in WA located in Jandakot (Perth), Broome, Port Hedland, Meekatharra and Kalgoorlie.

In the context of these guidelines, the role of the RFDS is to transport casualties of regional events who require emergency hospital care to Perth.

Importantly, RFDS planes can only land in suitably designated airstrips, and therefore, casualties are likely to require transport to a regional hospital by road ambulance prior to aeromedical retrieval.

In the event of a disaster with multiple casualties, RFDS surge capacity is limited.

Although RFDS is the contracted aeromedical transport service for regional WA, other organisations can provide these services on a privately contracted basis.

## Additional considerations for regional events

For regional events, event managers must be aware of the specific challenges facing their event. These challenges include:

- There are no tertiary hospitals and Intensive Care Units (ICU) outside Perth.
- Distances to Perth (i.e. tertiary hospitals and ICUs) from regional areas can be significant. For example, Kununurra is over 3,000 km from Perth, and patients in these regions may be flown to Darwin hospital instead
- The RFDS operates at close to full capacity on any given day, and any additional demands on its services from events come at the expense of the usual workload of the RFDS (including emergency aeromedical retrievals of WA residents).
- Additionally, there are limitations to the timeliness of retrievals due to:
  1. distance from the location to the closest suitable designated airstrip
  2. distances from available aircraft to the airstrip. For example, a flight from Kununurra to Perth by turboprop typically takes 5 to 6 hours
  3. each aircraft can transport a maximum of 2 to 3 patients at once
  4. suitability of weather conditions.

The presence of adequately skilled and experienced event staff is particularly important at music festivals and other events that are located outside the metropolitan area.

RFDS does not have the capacity to transfer large numbers of casualties at one time.

The SJA also operates other services such as non-urgent booked ambulance transfers. In many areas of regional WA, there may be only one ambulance in the region. Utilisation of this ambulance by casualties from events impacts the availability of services to both members of the public, and other casualties also in need of emergency transport.

In some regional areas, mobile phone coverage may not be available and in many regional areas, the population of the nearest town may be less than that of the event.

In sparsely populated regions, medical care is usually limited, and may consist of:

- a nursing post with no doctor in the region
- a small hospital with a doctor on call only (i.e. no onsite doctor)
- no nurses or doctors in the region.

This highlights the importance of communicating with the local health services before the event, to ensure plans are in place detailing where patients will be taken in advance and of their availability during the event.

The expectations of the public in terms of health care available in WA may exceed the resources available, and therefore consideration should be given to including this advice in event information.

## Event notifications

The event manager is responsible for ensuring that the following notifications are made, or delegated to the first aid providers:

- St John Ambulance State Operations
- the local hospital or nursing post. It is the responsibility of the hospital or nursing post to then escalate this to the Regional Disaster Management Coordinator, if appropriate
- the RFDS in regional areas
- The Department of Health should be notified of all events expecting more than 500 persons to attend: [via the Events registration page on the Department of Health website](#)



## Support tools

### Factors that need to be considered

- Supporting tool 2 – medical resources on [page 108](#).

If at any time you require assistance with the completion of the risk assessment tool or the health and medical planning requirements please contact the Department of health staff via email at [Public.Events@health.wa.gov.au](mailto:Public.Events@health.wa.gov.au)

## References

Australian Bureau of Statistics 2004, 2003 Disability Ageing and Carers, Australia: Summary of Findings – State Tables for Western Australia. 2003. Cat. No. 4430.0. Canberra: ABS.

[WA Department of Disability Services: Creating Accessible Events](#)

[Health \(Public Buildings\) Regulations 1992](#), Government of Western Australia

Australian Standard AS 3745:2010, Planning for Emergencies in Facilities

## Guideline 8: Infection control

The Global Coronavirus Pandemic has reinforced the reality that mass gatherings carry a high risk of transmissible infections occurring such as SARS-CoV-2 (COVID-19), as well as other types of respiratory diseases, mumps, Hepatitis A, meningococcal disease, and food and water-borne illnesses.

Outbreaks are not frequently reported during or after mass gatherings, apart from the Hajj and other pilgrimages, but occasionally occur at religious events, sporting events and large-scale open-air festivals. The most common outbreaks have been vaccine-preventable diseases, such as measles and influenza.

Increased illness in a population can quickly overwhelm local health resources. To prevent outbreaks in mass gatherings at high risk locations, the following points could be considered by event managers:

### Physical distancing

- Reduce capacities and stagger attendance times or offer multiple event days or sessions at reduced capacities, rather than hosting a single large event.
- Minimise and/or manage activities that promote close interaction between patrons, such as dancefloors, mosh pits, as these increase the risk of transmission. Seated audiences will reduce opportunities for transmission.
- Establish pedestrian traffic flow plans to reduce bottlenecks and overcrowding.
- Offer virtual attendance options.
- If queuing cannot be avoided (e.g. at gates, food vendors, bars etc.), all efforts should be made to ensure physical distancing is maintained using extra space, increased numbers of gates, queue markers etc.

### Infection control

- Provide hand sanitiser at key locations around the venue(s) and ensure stocks are regularly maintained during the event.
- Ensure toilets are clean, and well-stocked with soap and paper handtowels.
- Maintain regular cleaning and disinfection of communal places (e.g. food vendor surfaces, condiment stations, chill-out areas) and frequently touched surfaces (e.g. handrails, handles, communal equipment, ATM's). Reduce shared equipment or disinfect items between use (e.g. children's' activities, side show alley games, silent disco headsets, staff radios, etc).
- Patrons may wish to wear face masks for added protection when in crowded places.
- Offer contactless payment options.

### Contact tracing

- Maintain an accurate record of patron, staff and volunteer attendance to support contact tracing, should it be required following the event.
- Register attendees contact details online during ticket purchasing.
- Ensure contact register or ticketing information can be made available at short notice to the Department of Health, if required.

## Communication

- Consider pre-event communications (e.g., via phone, text, email or social media) to attendees to share information on the expected behaviours (e.g. staying home if ill, physical distancing, hand hygiene, etc).
- Patrons, staff and volunteers who are unwell should be encouraged to not attend.
- Consider refunding patrons who choose to stay home due to sickness.
- Signs and messaging in highly visible locations (e.g. at entrances, restrooms, side of stage) that promote protective measures and good hygiene practices.
- Promote and facilitate personal preventive practices. Everyone plays a part in making gatherings/events safer.

## Event management

- Contract only reputable food vendors.
- Ensure drinking water is provided by a reliable company. Local governments can arrange for biological and chemical testing prior to the event to ensure the water is safe to drink.
- You may wish for attendees be fully vaccinated for certain illnesses before attending, especially those from areas with higher rates of disease circulating, or lower vaccination rates. They may also experience exposure during travel to the event.
- Consider reducing the length of the event. Full-scale multi-day and overnight events pose a higher risk than events lasting only a few hours as there is increased time for transmission to occur.
- Prioritise outdoor activities and events; avoid overcrowding indoor spaces.
- Consider the nature of the event and the demographic likely to attend. Singing, shouting, drinking alcohol, drug taking and sharing food are some of the activities that can increase the risk of infectious disease transmission.

## Emergency response

- Develop protocols in advance that specifically address how to safely care for attendees who display symptoms of illness or who need care (e.g. injury) while at the event.
- Develop contingency plans in case the event needs to be rescheduled or cancelled.
- Ensure a first aid facility is established and appropriately positioned to be easily recognisable within the event site.
- Ensure PPE is available for staff who are most likely to encounter unwell patrons (i.e. security, first aid).

Employing a combination of the public health measures listed above will significantly improve infection prevention and control at an event. If event managers have concerns regarding their ability to reduce risks appropriately, they should consult with the Department of Health or the [relevant local government](#).

Examples of outbreaks occurring at mass gatherings:

- [The dreaded norovirus has hit the 2018 South Korean Winter Olympics. At least 199 people sick](#)
- [Eight recovering from E. coli caught at Glastonbury in 1997](#)
- [Meningococcal outbreak at 2000 and 2001 Hajj pilgrimages](#)
- [Outbreak of Campylobacteriosis Associated with a Long-Distance Obstacle Adventure Race — Nevada, October 2012](#)
- [An Outbreak of Shigellosis at an Outdoor Music Festival in Michigan, 1988 – 3,175 ill](#)
- [Summer music and arts festivals as hot spots for 52 cases of measles transmission: experience from England and Wales, June to October 2016](#)