

Supporting tools



Supporting tool 1: creating accessible events

Creating accessible events

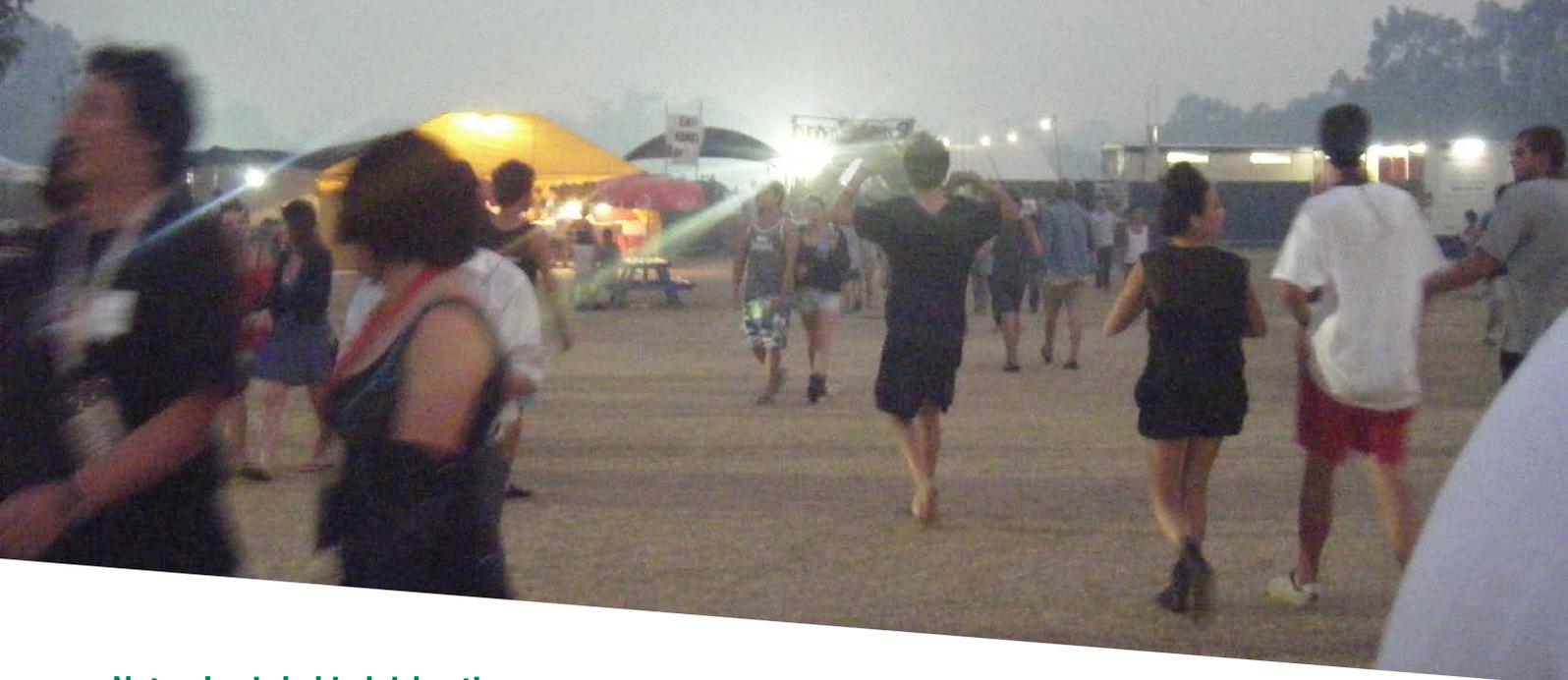
Note: The most current version is [online](#).

Supporting tool 2: risk classification for events

Event Risk Classification

		Risk rating	Risk score
1. Weather	Spring, Winter or Autumn, or <30C forecast	0	
	Summer or >30C forecast	2	
2. Attendance (max. at one time)	≤ 1,000	0	
	1,001 – 5,000	1	
	5,001 – 10,000	2	
	10,001 – 20,000	4	
	20,001+	6	
3. Alcohol/ drugs	None	0	
	Limited/small amounts/supplemental to event	1	
	Significant	3	
4. Medical response	Metro	0	
	Outer metro (e.g. Mandurah, Pinjarra, Yanchep, Muchea, Bindoon, etc.)	1	
	Regional	3	
	Remote	5	
5. Crowd intention	Calm	0	
	Intermediate (e.g. dancing, singing, cheering, running, exercising, etc)	1	
	Animated (e.g. moshing, headbanging, displaying aggression, rioting)	3	
Risk score			
Risk rating			

Category	Risk level
≤ 3	Minor
4 to 7	Medium
8+	Major



Notes: Logic behind risk ratings

- Number of people = number of patrons (does not include staff, volunteers, performers)
- The number of patrons is a critical issue, the more people that attend, the greater the risk that something may go wrong, i.e. Less than 1,000 people is a smaller risk than 5,000+ people.
- For any event expecting over 1,000 people there is an elevated risk and all such assemblies should be subject to an approval process.

Regardless of the above score there may be overriding factors that dictate the level of risk;

- Entry restrictions – free events and those open to the public represent a significant risk as there is no prior knowledge to determine how many may attend
- Cultural significance, national/international guests, political embarrassment if things go wrong.
- Experience of event managers or managers.
- Previous negative experiences from similar events or operators.
- Lighting – places with dimmed or extinguished lighting are a higher risk.
- Drugs and alcohol – are known to substantially decrease people's ability to think rationally and act in a cohesive manner. Therefore, at places where alcohol or drug affected persons can be reasonably anticipated to attend, the standard points score is doubled to reflect the serious effects of intoxicants.
- Duration – the longer the event the greater opportunity a risk may develop.
- Weather forecast – temperature and humidity are critical elements that have a high impact on health and comfort at events.
 - Whilst higher temperatures are usually recognised as issues the lower end of the scale also needs consideration as exposure symptoms begin to become apparent once the temperature is lower than 18°C and wind introduces a chill factor.
 - Additional information is available on the Bureau of Meteorology web site: [BOM Thermal Comfort](#)

Further information

Sports Medicine Australia – [Beat the Heat Factsheet](#) (PDF document)

Further information – [Thermal Comfort Observations](#) including Wet Bulb Globe Temperature (WBGT) and Apparent Temperature (AT).

Medical response planning for events

Once the event classification and risk assessment are complete the medical plan can be finalised.

Patient presentations can be divided into 3 categories:

1. Pre-existing medical conditions

Some of these may be serious, and in large crowds over an extended period, exacerbations of, or fatalities from, these conditions may occur. Appropriately trained and experienced personnel are required to recognise and adequately treat or transport these patients.

2. Minor event specific patient presentations

These usually make up the bulk of medical presentations and most can be dealt with by first aiders. However, some may deteriorate and represent with worsening problems, or may not respond to simple first aid measures. Registered Health Practitioners, such as nursing or paramedical personnel may be required to assess and treat these patients, some may be referred to an Emergency Department, or to their GP. Some may require transport to hospital.

3. Major presentations

These patients will need a high level of care and pain relief and may require urgent medical attention. Some of these conditions may be immediately life-threatening and require urgent care at the event. If it is deemed that they require emergency transport for urgent medical attention, the first aid provider is required to call 000. The process for this is highlighted in SECTION Medical Emergency Response.

Examples of common presentations in each category are summarised below.

Pre-existing medical conditions	Minor event specific patient presentations	Major event specific patient presentations
<ul style="list-style-type: none">heart diseaseepilepsymental health crisisdiabetesasthma	<ul style="list-style-type: none">sunburn, headacheblisters, minor cuts and abrasionsinsect stingsminor soft tissue injuriesminor foreign body (e.g. in eye, nose, ear)closed fracturesminor drug and alcohol presentations	<ul style="list-style-type: none">drug and alcohol overdoseanaphylaxismajor envenomationjoint dislocationsmajor burnscrush injuriesvehicle related trauma (motorsport)

Examples of common presentations in each category are summarised below.

	Low	Medium	High
Description	Lesser numbers of first aid presentations expected, only event specific minor presentations expected	Greater numbers of first aid presentations are expected, most will be minor presentations, with some major event presentations or pre-existing medical conditions	Greater numbers of first aid presentations expected with greater proportion of serious conditions
Notify DPMU	No	Yes	Yes
Minimum notification period	Not required	10 weeks (or as soon as information is available)	20 weeks (or as soon as information is available)
First aid personnel required (not inclusive of ambulance staffing, if required)	First aiders	First aiders Medics	First aiders Medics Tertiary qualified health professionals (nurses, physicians, tertiary qualified paramedics)
Medical plan	No	Yes	Yes
PPR for first aid planning (per 1,000) – only if historical data not available*	5/1,000 participants	Single day events: 10-20/1,000 participants Multi-day events: 10-100/1,000 person-days	Single day events: 10-100/1,000 participants Multi-day events: 10-1,000/1,000 person-days
Ambulance transports – if ambulances are required	Single day events: 0.5-1/1,000 participants Multi-day events: 1/1,000 person-days	Single day events: 0.5-1/1,000 participants Multi-day events: 1/1,000 person-days	Single day events: 0.5-1/1,000 participants Multi-day events: 1/1,000 person-days

Metropolitan and outer metropolitan area

The area contained by the Shire of Wanneroo to the North, City of Swan to the east and City of Mandurah to the south – any location within this area has potential to host events larger than 50,000 at any one time. This is considered large as events rarely exceed 25,000 and events with more than 100,000 people are rare, in recent times only the City of Perth Christmas Pageant, and the Australia Day Sky Works have exceeded this number.

The Disaster Preparedness and Management Unit (DPMU) should be advised whenever crowds in excess of 10,000 people are anticipated for events held in both metropolitan and regional centres. Local health facilities should be notified prior to any medium or high-risk event or any event where more than 2,000 people are expected.

Major regional centres

Bunbury, Busselton, Albany, Geraldton, Kalgoorlie – events exceeding 20,000 are rare. Currently the only events approaching 20,000 are the occasional regional south west music festival and the Bunbury and Kalgoorlie race days.

Local health facilities should be advised prior to any high-risk event where more than 2,000 people attend. Notification is not required for permanent facilities where capacities are defined, and similar events occur regularly e.g. Optus Stadium, RAC Arena, WACA Ground etc.

Large towns

Port Hedland	Bridgetown	Manjimup
Katanning	Carnarvon	Merredin
Northam	Esperance	Collie
Karratha	Broome	Margaret River

These areas are unlikely to host events exceeding 10,000.

At other locations it is rare to have events with more than 1,000 people. Generally, the largest events are the agricultural shows, thoroughbred race days and their associated celebrations. Generally, the largest health threats are to the rider or accidents from competitions involving vehicles or livestock.

Medical presentations from an ageing population who are more likely to attend these events must also be considered.

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 Disaster Preparedness and Management Unit staff via email at Duty.onCall@health.wa.gov.au.

The Environmental Health Directorate (EHD) can assist with health messages in relation to personal health and food issues relevant for extreme weather conditions. The EHD can be contacted at: ehinfo@health.wa.gov.au

Disasters

If there is a disaster or multiple serious casualties above the pre-event estimates, the first aid or ambulance provider should immediately advise the Department of Health Duty Officer on (08) 9328 0553.

For a declared disaster requiring an SJA WA response, the SJA Team leader will assume command of the scene in accordance with the SJA Ambplan (SJA Ambulance Emergency Management Plan).

Overview of reporting

A basic medical report should be provided to the event manager and Department of Health at Public.Events@health.wa.gov.au detailing the items listed below within 7 days of the event.

Interim verbal reports should be available during the event on request to the event manager or environmental health officer. Patient confidentiality must always be respected, and personal details should not be included in these reports.

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Supporting tool 3: welfare – crowd care/peer support

Large events and those where juveniles may be unaccompanied should have an organisation that effectively sits between the security and medical requirements.

Their role is to offer aid to patrons who may require assistance but feel that they don't require security or first aid. This group often consists of volunteers who assist and care for others.

These volunteers generally roam the event to identify patrons who require assistance, such as:

- inexperience with the type of event
- displaced from friends
- upset or emotional
- affected by alcohol or drugs
- unwell.

It is important that crowd carers can be easily identified and provide appropriate assistance. It is recommended that crowd carers are closely aligned with first aid and security.

This information is based on the [NSW Health, Event guidelines](#) published in August 2019.

Peer-based drug and alcohol harm reduction services

Peer-based harm reduction programs can make an important contribution to keeping people safe at music festivals through the delivery of harm reduction strategies onsite.

Services that deliver peer-based harm reduction programs are perceived as credible, friendly and helpful by music festival patrons. This enables them to effectively engage with patrons, deliver information on drug and alcohol harms and harm reduction, identify patrons in need of assistance, and promote access to appropriate care and support.

Peer-based services can also help to reduce the impact on medical services both at the event and the local hospital.

Who is a 'peer'?

A 'peer' is someone who a patron perceives to be like-minded and similar to them. Market testing with young people in NSW found that desirable qualities of a peer include:

- having a non-judgemental, non-authoritarian approach (organisations should screen out those with strong anti-drug views)
- being an age that is similar, but ideally a few years older than the majority of patrons
- the ideal peer is old enough to be experienced and feel credible, but young enough to still be relatable
- being approachable, trustworthy, knowledgeable and experienced.

Peers do not need to have a lived experience of drug use to deliver drug-related peer-based harm reduction programs.

In this setting, peers with a lived experience of drug use may be perceived by patrons as more credible and informed, and therefore be more able to support and engage patrons and facilitate access to education, support or care.

Peers may be paid or volunteers but must not be under the influence of drugs or alcohol at any time during their shift. To ensure there is no conflict between the delivery of harm reduction programs and other responsibilities, peer-based service team members should have no other role at the festival while on-duty (such as being a part of a medical or first aid team, bar staff, or security).

Peer-based drug and alcohol harm reduction services

The mix and level of services included in the peer-based harm reduction program may vary between festivals and may include peer support, roving, drug and alcohol peer education, provision and management of supervised care spaces for individual support and referral.

Drug and alcohol peer support

Peer-based service team members should be able to provide peer support, which includes general activities that may help patrons to feel safe and supported. Examples include:

- chatting to patrons and checking on patrons that appear to need help or support
- providing basic supplies, such as bottled water, electrolyte drinks, lollies, sunscreen and earplugs
- helping patron's problem solve, such as helping to find lost friends, or planning to get home safely.

Roving

Peer teams should rove around the festival grounds to:

- raise awareness of the presence of the service
- identify patrons that may need care and support, or referral to medical services
- deliver drug and alcohol peer education where appropriate.

Drug and alcohol peer education and brief intervention

Other festival staff may deliver harm reduction strategies, however the 'peer educator' title is reserved for peers that are specifically trained and charged with this task alone.

Peer-based drug and alcohol education may include:

- looking for opportunities to start a conversation or build on what festival patrons are already asking or talking about
- listening to patron's thoughts and concerns and supporting them to make safer choices about their alcohol and drug use
- providing information about drug-related side effects and interactions
- providing drug harm reduction messages
- providing information on support or treatment services
- delivering brief drug and alcohol interventions.

Brief interventions are an established method of working with people to reduce alcohol and other drug harms where problematic use is identified, and the person indicates that they are seeking to change their behaviour.

Brief interventions may take various forms, but are delivered in a supportive, personalised and non-judgemental manner using opportunities as they arise to engage in a dialogue aimed at increasing the person's understanding of:

- the risks of alcohol and drug use
- strategies to reduce the risk of harm by modifying behaviours
- options for further support (including referrals to support services)
- what to consider when thinking about their future use and reasons for changing their use.

Brief intervention may not always be appropriate or useful, for example, where a patron is already intoxicated, however peer educators should be prepared to deliver brief interventions when the opportunity arises.

Supervised peer support and care

Where a patron is experiencing distress or symptoms of intoxication, peer-based services may provide an enhanced level of support and care. This may take place within a supervised care space but can occur wherever it is feasible and acceptable to the patron.

Enhanced support and care is individualised and proportionate to the risk of harm and should involve:

- creating a calm, reassuring and safe environment to help the person manage any distress or unpleasant effects they are experiencing
- regular monitoring of the patron's condition
- referral to medical services as required
- provision of information and referral to drug and alcohol treatment programs if appropriate.

The peer-based harm reduction program may include a supervised care space to provide a safe and quiet area where patrons can seek relief or recovery under supervision.

Care spaces may help patrons who are not needing medical attention, but who still may benefit from some level of support and monitoring. The space should be set up to allow distressed patrons to receive private intervention, as well as a more public space open to patrons to access harm reduction information, peer connection and support.

The level of risk of an event will determine the size and number of care spaces required.

Consideration should be given to locating a peer-based care space outside or adjacent to the main entrance/exit to provide support for patrons as they arrive or depart the event, those who may be refused entry, patrons ejected during the event, and during the immediate period following event close. Care spaces should also be located close to onsite medical services so that patients may be easily transferred, and medical assistance can be obtained quickly.

Care spaces should be relaxed and approachable to encourage their use. For this reason, supervised care spaces should:

- have an entry that is clearly separate from the entry to medical services
- not be attended (either inside the service or close to the entrance) by police or security except on the request of the peer service staff or where police are otherwise required
- have a team leader to provide supervision to peer educators
- have a system to collect information on numbers and timing of presentations, occasions of service and types of care provided to patrons. This information should be provided to the onsite medical team if a patron is transferred to the onsite medical service.

Additional information on supervised care space infrastructure is provided later in this document.

Assessment of patrons and transfer to and from the medical service

- Patrons in care may deteriorate rapidly.
- Peer programs must have clear criteria to determine when medical treatment is required. The assessment and referral protocol must be agreed with the on-site medical provider.
- Event managers can facilitate prompt and appropriate transfer to medical intervention by supporting the development of relationships between the peer-based service, the private onsite medical provider, the event manager and security staff.

Engaging a drug and alcohol peer-based harm reduction service

Event managers of events with a significant risk of serious drug or alcohol related harm should provide a peer-based harm reduction program to mitigate the risks to patrons. Other types of events should consider the level of risk of drug and alcohol-related harms and patron demographics to determine appropriate strategies.

Events with a significant risk of serious drug or alcohol related harm should engage a peer-based harm reduction service to mitigate this risk. Provision of a peer-based harm reduction program that is likely to resonate with the relevant festival's patrons is encouraged.

Any service that meets the peer-based harm reduction program criteria described in these guidelines may be engaged. When previous year's events have attracted patrons who engage in high levels of drug use or experienced high rates of drug-related illness, or the festival organiser considers this to be likely, festival organisers should engage a peer-based service that specifically caters to this event profile.

Peer services attending events should have specific training in drug harm reduction, including drug-related education and brief intervention. For these events, event managers should consider engaging a service that offers a roving service as well as supervised care.

Peer-based service should be engaged early in pre-event planning to enhance the effectiveness of this service.

Peer-based drug and alcohol harm reduction planning

The level of risk, event duration and number of patrons will determine the number of staff required. Peer services should operate throughout ingress, the duration of the event, and egress.

There should be a mix of roles, including a coordinator, team leaders, and peer educators.

The coordinator is responsible for the delivery of the service during the event and is the appropriate contact for engagement or communication between the peer-based service and the private onsite medical provider.

The coordinator should be invited to event briefings.

The team leaders should report to the coordinator and oversee the delivery of the supervised care spaces and/or roving teams.

The coordinator and team leaders should receive additional training in first aid and the management of drug and alcohol related harms. The coordinator and team leaders need to be identifiable and wear distinctive uniforms, for example, high visibility vests or t-shirts.

Peers may be located at major transport hubs to support patrons at the end of an event.

Tool for estimating numbers of required peer-based harm reduction program staff by event size

Event Size	Coordinator	Team leader	Peer educators	Total
Up to 10,000	1	1	12	14
10,000 to 20,000	1	2	18	21
20,000 to 30,000	1	3	24	28
30,000 to 40,000	1	5	36	42
40,000 to 50,000	1	6	42	49

Peer-based drug and alcohol service training requirements

It is essential that peer-based service staff are provided with appropriate training to manage the potentially stressful experience of responding to someone who may be intoxicated or seriously unwell. Training should include:

- certified competent by a registered training organisation in the unit of competency [HLTAID011 – Provide First Aid](#) or equivalent.
- while this training is compulsory, the provision of first aid is not the primary responsibility of the peer-based service. However, they may provide first aid in an emergency until arrival of medical staff, for example, placing a person in the recovery position.
- knowledge of recreational drugs and their effects and interaction. Identifying signs and symptoms of intoxication. Drug and alcohol harm reduction strategies appropriate to the setting.
- understanding of, and ability to identify, the signs and symptoms of drug toxicity or serious illness that should be referred to a medical service for intervention or care.
- understanding the appropriate response pathway for reports of sexual assault. This training should include:
 - Mental health first aid
 - techniques for managing and counselling people who may be distressed or experiencing unpleasant drug effects, to ensure that they are not at harm to themselves or others
 - de-escalation and dispute resolution techniques
- practices for inclusive working with people who identify as LGBTQIA+, and culturally and linguistically diverse groups. This training could include:
 - drug overdose prevention education, such as DOPE training ([HRVic](#))
 - education in the safe handling and disposal of needles and syringes.

Peer-based drug and alcohol harm reduction service infrastructure requirements

Peer-based services require suitable space and infrastructure to operate.

General requirements

Typical requirements for a service to deliver a peer-based harm reduction program include:

- provision of radios including a dedicated event control centre radio channel for emergency response.
- a dedicated radio channel for the peer-based service.
- food provisions for volunteers.
- staff wristbands/event passes including access via the staff entrance.
- a space where volunteers can leave their personal effects.
- chilled water (for all peer-based service sites).
- contracted security organisation name and contact.
- private onsite medical service provider name and contact.

Fixed site requirements

The peer service should have a location such as a stall or stand from which to provide basic supplies and education services in addition to supervised care spaces. This site should increase patrons' awareness of the service and be placed in a high visibility area or thoroughfare to maximise exposure.

Supervised care space requirements

The supervised care space is a dedicated space that is quiet and free from visual disturbance and bright lighting.

Sufficient space should be provided to support a small number of patrons to sit or lie down. A suitable space may be 4m x 6m, or similar, with plastic flooring, a roof, 4 walls and an entrance with:

- power and lighting
- trestle tables
- chairs and/or youth focused furniture such as beans bags and glow furniture
- easy access to an accessible toilet or a portable toilet
- access to a staff only toilet at back of house
- bottled water to distribute to patrons.

Basic supplies may include:

- sunscreen
- band-Aids
- condoms and sanitary products
- vomit bags
- snack foods
- blankets
- earplugs.

Supporting tool 4: hazard keywords

This glossary of hazard keywords that may be used in risk identification was extracted from HSE Books – Assessing Crowd Safety.

Crowding/Congestion:	The density of the stationary or moving crowd is such that it has the potential to cause harm, such as crushing and trampling.
Obstruction to crowd movement:	The movement of the crowd is completely or partially blocked by an object or by other people.
Cross flows:	People heading in different directions through the same area.
Rapid crowd movement or rushing:	The speed of the crowd movement is such that it has the potential to cause harm, such as crushing, pile-up and trampling.
Pushing/surging:	People push their way through a stationary crowd, a crowd flow or a strong rush within a stationary crowd.
Vigorous movement in a stationary crowd:	A strong and massive movement within a stationary crowd such as swaying or lateral movement, jumping up and down, etc.
Trip, slip or stumble:	People catch their feet, lose balance or make a false step on an uneven or slippery surface, a protruding object, a step, etc.
Fall:	People fall from a height, off a bank or edge, down a slope or stairs, etc.
Walk into/pushed against an object:	People strike themselves against a sharp object, a pillar or post, a bollard, a doorway, street furniture, etc. such as a protruding object.
Hit/struck by an object:	People receive a blow due to impact with a moving object (e.g. a vehicle, missile, falling debris).
People get trapped or stuck:	People get caught and are unable to free themselves. For example, children trapped in between railings, wheelchair users are stuck on an uneven surface or in a packed row, and people get trapped by machinery.
Topple:	A structure such as wall or fence, pillar or post, barriers etc. collapses and falls onto people during maintenance or construction work.
Non-compliance:	Disregarding the 'house-rules' or not following instructions or directions (e.g. entering a restricted or a closed-off area, smoking in a non-smoking area, illegal parking, moving in the wrong direction up a one-way system, refusing to move away from the gangway when asked, etc.)
Dangerous behaviour:	Actions which in themselves could cause harm to oneself and others (e.g. climb up/down/over, jump over, slide or run down a steep slope, etc.)
Aggressive behaviour or disorder:	Including antagonistic behaviour, fighting, missile throwing, etc.
Hazardous substance:	Any substances or items that are hazardous in nature and could cause harm to people's health and safety.

Supporting tool 5: developing a risk management plan

The following steps may assist you to develop a risk management plan for your event.

Step one: Establishing the context

- Identify event details.
- Identify stakeholders.

Step 2: Identify risks

- Hold a brainstorming session with stakeholders.
- Identify all potential risks.
- Log these risks on a risk register.

Table 2. Likelihood of risk criteria

Level	Description	Examples	Frequency
A	Almost certain	Expected to occur in most circumstances	More than once per year
B	Likely	Will probably occur in most circumstances	At least once per year
C	Possible	Should occur at some time	At least once in 3 years
D	Unlikely	Could occur at some time	At least once in 10 years
E	Rare	May occur, only in exceptional circumstances	Less than once in 15 years

Step 3: Analyse risks

- A risk is the combination of the likelihood (table 2) and consequence (table 3) of an incident occurring.

The levels and descriptors in these tables may change and the descriptions will vary greatly depending upon the events under consideration.

At the risk analysis stage, risks should be evaluated with existing or known controls in place, unlike the identification phase where known treatments are ignored.

Table 3. Consequence of risk criteria

Level	Description	Financial impact	Health	Reputation	Operations
1	Insignificant	Less than \$1,000	No injuries	Unsubstantiated, low impact, low profile or no news item	Little Impact
2	Minor	\$1,000 – \$10,000	First aid treatment on site	Substantiated, low impact, low news profile	Inconvenient delays
3	Moderate	\$10,000 – \$50,000	Medical treatment – on or off site	Substantiated, public embarrassment, moderate impact, moderate news profile	Significant delays to deliverables
4	Major	\$50,000 – \$150,000	Accidental death, extensive injuries or permanent disability	Substantiated, public embarrassment, high impact news profile, third party actions	Significant delays to major deliverables
5	Catastrophic	More than \$150,000	Multiple deaths or severe permanent disablements	Substantiated, public embarrassment, very high multiple impacts, high widespread multiple news profile, third party actions.	Non achievement of key objectives

Step 4: Evaluate risks

- For risk evaluation it is recommended table 4 is used.
- By comparing the likelihood (table 2) and consequence (table 3) values, table 4 identifies a risk rating of either:
 - low
 - moderate
 - high
 - extreme

Table 4. Level of risk

Consequence	Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood	1	2	3	4	5
A – Almost certain	High	High	Extreme	Extreme	Extreme
B – Likely	Moderate	High	High	Extreme	Extreme
C – Possible	Low	Moderate	High	Extreme	Extreme
D – Unlikely	Low	Low	Moderate	High	Extreme
E – Rare	Low	Low	Moderate	High	High

Step 5: Treat risks

- Table 5 shows the level of treatment required to respond to the risk.
- Not all risks will be able to be treated; some will require mitigation to share the risk with other relevant stakeholders.

Generally, once risk treatments are applied the likelihood rating will decrease but the consequence rating usually remains the same or similar.

Table 5. Treatment of the risk rating

Low risk	Manage by routine procedures
Moderate risk	Management responsibility must be specified
High risk	Senior management attention needed
Extreme risk	Immediate action required

Supporting tool 6: event briefing and debriefing

A briefing with all key stakeholders, particularly police, well in advance of the event is a critical part of the planning process. These briefings should be organised by the event manager. The purpose of the briefing is to inform stakeholders of the event details and emergency management plans. Concerns and issues relating to the event can be raised, discussed, and where necessary, changes made to the event plan.

A briefing agenda ensures that everyone is aware of what will be discussed and who is participating in the briefing. The meeting agenda should allow time for discussion and, if necessary, be reconvened prior to the event if major changes to the event are required. The meeting is an opportune time for the distribution of relevant documentation including risk, operational and, emergency management plans, event personnel list and contact numbers.

Key stakeholders

Key stakeholders who should attend briefings and debriefings include:

- event manager and key event stakeholders
- licensee
- security/crowd control
- medical/first aid provider
- acoustic consultant
- traffic management consultant
- police
- liquor licensing officer
- local council representatives:
 - environmental health officer and/or safety officer
 - rangers
- traffic management
- DFES
- Department of Health – Environmental Health Directorate
- food suppliers,
- local hospital representative
- land owner (if owned privately)
- other representatives who have a key role in the event. The actual makeup will vary according to the type of event and its location.

Key issues

The briefing should address the following key issues:

- overall event details and logistics
- event venue plan
- key staffing arrangements
- security plan
- traffic management
- patron arrival and dispersal
- emergency management plans for larger than expected crowds, adverse weather and other emergencies

- access routes and facilities for emergency service personnel, vehicles and equipment
- command and first aid post details including operational times
- time, date and location of the post-event debriefing meeting.

A written record of the meeting, noting decisions, discussions and detail changes should be circulated to attendees and then should be kept for review at the debriefing meeting or to resolve points of contention.

Debriefing

A comprehensive debriefing of the event with key stakeholders should be held within 2 to 4 weeks of the event to review and record the key issues that impacted on the event. A list of recommendations should be developed for future planning and serve as a reference for future events.

Stakeholders checklist – contacts to inform

These services must be provided with event details, emergency contact details and venue access requirements at least 14 days prior to the event.

Emergency management people to notify	
Local government – local government contacts can be found here: https://walga.asn.au/About-Local-Government/Online-Local-Government-Directory.aspx	
Emergency services	
DFES Communication Centre or local branch	Phone: (08) 9395 9209 or Fax: (08) 9323 9384 Metro Fire stations Country Fire Stations Volunteer Fire Stations
WA Police The local police officer must be notified at least 14 days before each event. They will require the following details:	Events held in regional areas The local police officer can be contacted via the officer in charge of the venue’s nearest police station. Events held in the metropolitan area Police Communications should also be notified as noise complaints may be received by them. They can be contacted by email at Major.Events.Coordination.Unit@police.wa.gov.au
St John Ambulance	Manager State Ambulance Operations (08) 9334 1226
Department of Health, Disaster Preparedness and Management Unit	(08) 9328 0553 (24/7) Duty.Oncall@health.wa.gov.au

Supporting tool 7: temporary structures – typical checklist

The following check list identifies the elements that require checking prior to the facility being used:

<input type="checkbox"/>	Anchorage are adequate and holding fast.
<input type="checkbox"/>	Describe the soil type and identify ground-holding parameters.
<input type="checkbox"/>	Wall and roof bracing is installed and adequately tensioned.
<input type="checkbox"/>	All ropes or tensioned straps are in good order and correctly fastened.
<input type="checkbox"/>	Fabric is tensioned and not prone to ponding.
<input type="checkbox"/>	Exits are correctly identified and not obstructed.
<input type="checkbox"/>	Exposed ropes and stakes are identified and will not be a hazard to the public.
<input type="checkbox"/>	All locking pins and bolts are in place and correctly tensioned.
<input type="checkbox"/>	All structural supports are sound.
<input type="checkbox"/>	All locking pins and bolts are in place and correctly tensioned.
<input type="checkbox"/>	Any fabric tears have been repaired.
<input type="checkbox"/>	Flooring is even and there are no tripping hazards.
<input type="checkbox"/>	Walls are adequately secured.
<input type="checkbox"/>	Rope and pole tent has its full complement of side uprights, anchor stakes, pulley blocks and guy ropes.
<input type="checkbox"/>	Rope and pole tent hoists are secure and can only be released by an authorised person.
<input type="checkbox"/>	The structure is adequate for the predicted weather.

Supporting tool 8: speed conversion table

M/sec	Kms/hr	Miles/Hr	Knots	M/sec	Kms/hr	Miles/Hr	Knots
2	7.2	4.5	3.8	22	79.2	49	42.7
4	14.4	9	7.8	24	86.4	53.5	46.6
6	21.6	13.5	11.5	26	93.6	58	50.5
8	28.8	18	15.5	28	100.8	62.5	54.4
10	36	22	19.5	30	108	67	58.2
12	43.2	27	23.5	32	115.2	71.5	62.1
14	50.4	31	27	34	122.4	76	66
16	57.6	35.5	31	36	129.6	80.5	69.9
18	64.8	40	35	38	136.8	85	73.8
20	72	44.5	38.8	40	144	89	77.7

Supporting tool 9: gorce conversion table

Kilograms	Newtons	Pounds	Kilograms	Newtons	Pounds
10	98	22	100	980	220
12	117.6	26.4	200	1960	440
14	137.2	30.8	300	2940	660
16	156.8	35.2	400	3920	880
18	176.4	39.6	500	4900	1100
20	196	44	600	5880	1320
22	215.6	48.4	700	6860	1540
24	235.2	52.8	800	7840	1760
26	254.8	57.2	900	8820	1980
28	274.4	61.6	1000	9800	2200
30	294	66	1100	10780	2420
32	313.6	70.4	1200	11760	2640
34	333.2	74.8	1300	12740	2860
36	352.8	79.2	1400	13720	3080
30	294	66	1500	14700	3300
32	313.6	70.4	1600	15680	3520
34	333.2	74.8	1700	16660	3740
36	352.8	79.2	1800	17640	3960
38	372.4	83.6	1900	18620	4180
40	392	88	2000	19600	4400

Conversion factors

Metres/second to Km/hour multiply by 3.6

Km/hr to knots multiply by 0.5396

Kilograms to pounds multiply by 2.2

Km/hr to miles/hour multiply by 0.62

Kilograms to newtons multiply by 9.8

1 kilo-newton KN = 1000 newtons

Supporting tool 10: construction induction training

Who needs to undertake construction induction (White Card) training?

The requirements for construction induction training apply to construction work at the workplace. Construction work is defined in the Work Health and Safety (General) Regulations 2022 [Reg 289] as meaning 'any work carried out in connection with the construction, alteration, conversion, fitting-out, commissioning, renovation, repair, maintenance, refurbishment, demolition, decommissioning or dismantling of a structure', and includes:

- any installation or testing carried out in connection with an activity referred to above
- the removal of any product or waste resulting from demolition
- the assembly of prefabricated elements to form a structure, or the disassembly of prefabricated elements forming part of a structure
- the installation, testing or maintenance of an essential service in relation to a structure
- any work connected with an excavation
- any work connected with any preparatory work or site preparation (including landscaping as part of site preparation) carried out in connection with construction work.

Training exemptions

Are there any circumstances where people doing work that may be defined as 'construction' don't need training?

Some situations will require the employer, contractor or person in control of the workplace to exercise judgment in deciding who needs to undertake training.

Where judgment is needed to decide if training should be undertaken it is appropriate to consider the risk factors in making a judgment including:

- the degree to which the construction work is incidental or peripheral to the main business activity, e.g. installing blinds, painting, landscaping, cleaning, or minor maintenance jobs in established buildings
- the scope of duties required, e.g. consider the complexity of tasks and hazards associated with those tasks
- the parts of the workplace the person is required or permitted to access and the stage(s) of construction occurring during the timeframe of such access e.g. consider such factors as scope and timeframe for a construction project and the direct and active involvement of the person in that construction project
- the degree to which the person is escorted and/or directly supervised while on site.

Where do I get the training?

[Training providers](#) are registered with the National Training Information Service, and can be accessed through the following site - Course number [CPCWHS1001 - Prepare to work safely in the construction industry](#).

How long does it take, and much does it cost?

Such information can be obtained by contacting the training provider, but most courses take around 4 to 6 hours and cost \$60 to 150, depending if it is face to face or online.

The course may be subsidised by the [Construction Training Fund](#).

When safety awareness training may not be required

Visitors, couriers, food van employees under escort or supervision

Government inspectors (e.g. WorkSafe or Local Government Building Inspector) or people authorised to enter a construction site under other legislation/emergency personnel

Consultants/contractors not carrying out construction work e.g. trainers, administrators

Professionals observing work

Professional consultants not carrying out construction work e.g. interior designers

Owner on-site to inspect progress

Component/prefabricated manufacture off-site e.g. kitchen cabinets in factory, pre-cast yard

Delivery work involving drop off or pick-up at a designated area only e.g. plumbing supplies

In some cases, installation of fire extinguishers – depending on type of workplace so judgment may be needed

Work experience/practical visits by students not undertaking construction work (and under escort)

Supporting tool 11: crowd management checklist

<input type="checkbox"/>	Monitor the crowd for signs of distress or overcrowding and act in accordance with standing instructions.
<input type="checkbox"/>	Security should attend potential high-risk crush points such as stage barriers to assess crowd behaviour and remove distressed patrons.
<input type="checkbox"/>	Prevent overcrowding by ensuring compliance with the crowd limits in various parts of the ground.
<input type="checkbox"/>	Prevent/deter patrons from climbing fences and other structures e.g. light towers, advertising hoardings, speaker columns, mixing towers etc., and from standing on seats. Where this is not possible, they should report the matter to their supervisor.
<input type="checkbox"/>	Gangways and exits must be kept clear.
<input type="checkbox"/>	Control exits and openings in the event perimeter.
<input type="checkbox"/>	Assist to divert patrons to other parts of the venue when the capacity for any area is about to be reached.
<input type="checkbox"/>	Identify and investigate incidents and escalate these matters to the supervisor.
<input type="checkbox"/>	Know the location of first aid posts.
<input type="checkbox"/>	Direct distressed or unwell patrons to first aid posts.
<input type="checkbox"/>	Know procedures and signals used to alert staff in the event of an emergency.
<input type="checkbox"/>	Recognise potential fire hazards and suspect packages and escalate to the supervisor.
<input type="checkbox"/>	Report any damage or hazard which may pose a threat to patron safety, e.g. damaged crush barriers.
<input type="checkbox"/>	Assist in the evacuation of the venue, if required.
<input type="checkbox"/>	Assist to identify spectators who have been banned from the venue, or who do not possess correct accreditation or tickets.
<input type="checkbox"/>	Assist in the prevention of breaches of venue regulations.
<input type="checkbox"/>	Be able to identify symptoms of drug/alcohol overdose and need for medical help.

Supporting tool 12: stage barrier design considerations

Design considerations for the front of stage barrier

- Must be able to withstand a load of 7 kilo Newtons per metre (right angle load).
- Barriers need to be at an appropriate height on the audience side to prevent thoracic compression.
- The preferred height of the stage barrier above the surface on which the audience stands is 1.2 metres but should be no less than 1.1 metres.
- In areas subjected to extreme pressure, consideration should be given to restricting patrons who are of shorter height or at least advising them of the inherent danger of the location so that they may make an informed decision.
- Must have a dead front with no sharp protrusions.
- No finger or hand entrapments.
- Must provide an elevated platform for crowd controllers.
- Must have a curved or padded top.

- Allow vision through the barrier to ground level.
- For smaller, low risk events a straight barrier is suitable.
- However, for high risk events, particularly those outdoors, a convex barrier extending into the audience is preferred.

Note: convex barriers provide the following advantages:

- dissipates crowd pressure and surges away from the centre of the stage
- assists means of escape
- provides a wider front row
- improves security by increasing the distance between the stage and the barrier making it more difficult for fans to reach the stage
- provides a wider area for crowd controllers and first aiders to operate within the "pit".

Supporting tool 13: dealing with patrons in distress

Not against the barrier

When a patron is positioned away from the barrier and security personnel must lean forward to conduct the lift, it should be performed by at least 2 people. Pull the patron towards the barrier first, to reduce the need to lift while in a bent position.

Against the barrier

Utilising all the procedures of safe lifting, personnel should:

- Step onto the barrier step and position yourself in as stable a position as possible in front of the patron.
- Move the weight (patron) as close as possible to your body then lift using your legs not your back.
- Gain assistance from other personnel or other patrons as needed.
- Step backward off the step supported by your colleagues and place the patron on the ground without twisting your body.

In addition, when front row security personnel stand up on the barrier step to extract a patron, security personnel alongside or behind are to assist by supporting the officer as he steps off the barrier. Communication with patrons at this stage is vital. If the lift is performed correctly your head should be next to the patron's ear so they can hear you. Reassure them and tell them what you are doing and how they can assist.

Supporting tool 14: concert safety policy

It is strongly recommended that the following procedures are implemented at all concerts. Failure to do so may result in serious financial consequences in the event of a subsequent injury and claim from an injured patron.

- Patrons should be advised that crowd surfing is dangerous and will not be tolerated. Appropriate signs and announcements prior to the start of each event/act are recommended.
- Patrons at the stage barrier must be monitored and water administered to those in need.
- Hosing/drenching of mosh pit patrons is not recommended as this creates a humid effect in the already hot humid environment but light misting with potable water may be appropriate.
- First aid officers should be located adjacent the stage crowd barrier.
- Patrons should be advised that mosh pits can be hazardous and to consider the needs of those around you. If you notice someone in trouble, lend assistance and seek help from a crowd controller or first aid officer.
- Crowd controllers must be familiar with mosh pit environments.
- Performers and crowd managers must monitor the situation and be prepared to stop the event in the interests of safety. Safety must always be the first consideration.
- Identify the person with the ultimate responsibility for safety prior to the event including who is responsible for stopping the event in case of emergency.
- Establish clear decision-making tools for stopping an event if safety is compromised.
- Ensure that there is an adequate distance (no less than 1.5 metres) between the stage barrier and stage to allow crowd controllers to operate effectively.
- There must be no protrusions from the stage that may injure people who are dancing/moshing in the pit.
- The crowd barrier must be an approved type erected in accordance with the manufacturers recommendations and must be checked for finger entrapment and sharp protrusions.

Supporting tool 15: entries and exits

Calculating flow rates

Flow rates can be calculated as rate of flow per metre of exit width, per minute.

Basic flow rates:

- flat without stairs: 82 persons/metre/minute
- with stairs: 66 persons/metre/minute.

Calculating the number of turnstiles

Turnstiles service approximately:

- 660 people per hour
- 11 people per minute.

Note – turnstile rates may vary; they may need to be adjusted if there is more accurate information available.

Turnstiles are not appropriate options for wheelchair users, or for parents with prams, those who are blind and/or accompanied by assistance dogs. For such patrons, a staffed gate or door will be needed.

Calculating security screening flow rates

Rates of security screening may depend on the level of screening applied – more rigorous scrutiny will result in lower flow rates, e.g.:

Manual 'pat down'	300 – 600 persons per hour
Metal detectors and bag checking	240 – 500 persons per hour
X-ray	250 – 350 persons per hour

Exit locations and size checklist

- Crowds must not be confined in densities closer than 4 persons per sqm for longer than 6 mins.
- Queues should flow at a rate no slower than 0.5m per second.
- Each area must have a minimum of 2 exits located as far apart as practicable.
- Exits must be open spaces or gates hung to swing in the direction of egress.
- NB: Manual sliding doors, fencing panels or fences that require dismantling are unacceptable.
- Exits should be attended at all times to prevent unauthorised access.
- Exits are provided at either side of 'mosh' pits.
- Each exit should be clearly numbered to allow easy identification for staff, patrons and emergency services.

Supporting tool 16: crowd management planning tool

For events, crowd management remains one of the most critical elements. How many security officers are required? This is a difficult question, many suggest a ratio of 1/100 patrons but there are many events where this is excessive and there are other events where this may be insufficient.

Set out below is a tool to assist event planners and crowd management agents to determine how many crowd controllers may be required for a typical event. The following is only a guide; each event must be assessed on its individual merits. Note that specific requirements for performer or cash security are NOT included and should be assessed separately.

Location	Crowd controllers	Key duties	N°
Entrances	One supervisor Two per entry lane	Search bags for prohibited items, weapons, alcohol. Check tickets etc.	
Entrances – street approach	One to oversee queuing, inappropriate behaviour	Crowd surveillance, fence or queue jumping. Keep queues orderly	
Entry points (e.g. to bar, stage, etc.)	One per entry inside venue	Crowd observation; detect items missed by other searchers	
Route to entertainment	One per 200m	As above prevent running to prime location	
Site Exits	One per exit	Maintain site integrity, ensure they remain operational and unblocked	
Alcohol service	One supervisor One per area entry lane One per service lane One per area exit lane	Check ID Maintain orderly queues Check for intoxication	
Stages	One per stage (minimum)	General security/crowd control	
Mixing desk	One (minimum)	Security, monitor crowd	
FOH barriers	One supervisor One per 2m of barrier	Security of stage, monitor crowds, check for patrons in distress	
Site perimeter	One per 200m	Perimeter security	
Reserved areas (VIP etc)	One per entry and exit lane(s)	Area security	
Stage prohibited areas	One each side of stage	Secure sensitive areas	
General crowd surveillance	One per 500 patrons	General observation, behaviour	
Command	2 supervisors		
Relief roster	+25 per cent of above		

Supporting tool 17: crowd management procedure

The following procedure may be applied to personnel involved in crowd management and safety at any event.

A. Identification	<ul style="list-style-type: none">• Early identification of an incident or crowd collapse is vital in providing care to the injured.• Crowd spotters should be positioned at 'Front of House' in an elevated position.• Requires communication between spotters and relevant supervisors to ensure that any incident or collapse is immediately identified.
B. Hold back crowd	<ul style="list-style-type: none">• Generally, for a crowd collapse in a mosh pit, an immediate medical response is critical.• Once a collapse has been identified, security personnel closest to the collapse should enter the mosh pit if possible and hold the rest of the crowd away from the collapsed patrons.
C. Stop performer	<ul style="list-style-type: none">• To enable communications between emergency crews and patrons, the performer should be stopped, in consultation with the area security manager and stage manager.• Show stop procedures and responsibilities must be established prior to the event commencing.• Show stop procedures should identify the best way to obtain the cooperation of the crowd, e.g. using the artists and or other available communication such as public address or electronic signage.
D. Treat and evacuate fallen patrons	<ul style="list-style-type: none">• It is important to remember that the pit is an emergency exit route for patrons and emergency crews.• Injured patrons should not be treated in the pit unless life threatening conditions apply.• It is envisaged that one medic will stay in the security pit whilst one works in the mosh pit – this allows further medical assessment and treatment of patients as they are evacuated via the pit.• Expired air resuscitation can be administered if a patron is trapped but the priority is to move the patient out of danger usually to the pit behind the barrier.

Supporting tool 18: alcohol-related problems

The following table provides examples of actions that can prevent common alcohol-related problems at events. This table can be used to inform your responsible service plan and risk management plan.

Preventing common alcohol-related problems at events

Common issues:	
Injuries, intoxicated patrons, violence, sexual assault, property damage, antisocial behaviour	
Preventative actions	Rationale
<p>Trading hours</p> <ul style="list-style-type: none"> • Limit late night trading. • Close bars at least 30 minutes before the event's end. Ensure this is clearly advertised to patrons through signage at the bars. • Reduce alcohol purchasing limits • Consider the impact of the duration of event on levels of alcohol consumption and potential for problems. 	<p>Long trading hours lead to greater risk of consumption-related problems.</p> <ul style="list-style-type: none"> • Closing bars prior to the end of the event prepares patrons for the end and supports orderly behaviour at closing. • If the event runs for more than 3 hours the licensee should consider ensuring that a range of food and non-alcoholic drinks are made available.
<p>Type of alcohol</p> <ul style="list-style-type: none"> • Offer low or mid-strength products. • Promote the availability of low / mid-strength alcohol (2.8 per cent to 3.5 per cent ethanol by volume). • Sell water and non-alcoholic drinks at a cheaper price than alcohol. • No alcoholic shots. 	<ul style="list-style-type: none"> • Full strength alcoholic drinks have been linked with increased risk of individual and social harm at events.
<p>Drinks containers</p> <ul style="list-style-type: none"> • Supply all drinks in non-glass vessels that comply with the Environmental Protection (Prohibited Plastics and Balloons) Regulations 2018 	<ul style="list-style-type: none"> • Glass may be used as weapons and broken glass can lead to serious injury.
<p>Staff and training</p> <ul style="list-style-type: none"> • Ensure crowd controllers and bar staff are trained in the responsible service and management of alcohol (RSA). • Brief staff to watch out for risky situations where injury or violence may occur. Train staff in de-escalating or preventing potential problems. Ensure that they are given management support to do so. 	<ul style="list-style-type: none"> • RSA training educates staff of their responsibilities and roles. • Research shows that environmental factors (physical, social and staffing) in drinking settings can influence alcohol-related harm.
<p>Design the venue to minimise patron aggression and frustration</p> <ul style="list-style-type: none"> • Ensure appropriate lighting. • Non-aggressive crowd control and barriers that facilitate effective patron management. • Consider factors that affect crowd dynamics and patron comfort to avoid frustration and aggression i.e. venue plans, ingress and egress, number of toilets, etc. 	<ul style="list-style-type: none"> • The design and layout of a venue can set a standard of positive behaviour which in turn can reduce the number of alcohol-related incidents that occur. • Because alcohol affects judgement, the likelihood of violence increases in frustrating or uncomfortable circumstances.

Supporting tool 19: liquor license application requirements

Checklist: Application requirements for an occasional licence or variation of an existing licence

<input type="checkbox"/>	Official Application form (e.g.: Occasional Licence, Variation, or Extended Trading Permit) available at https://www.dlgsc.wa.gov.au/racing-gaming-and-liquor/liquor
<input type="checkbox"/>	Written consent from the occupier, or person having control, of the premises where liquor will be sold.
<input type="checkbox"/>	A map/floor plan of the proposed licensed area.
<input type="checkbox"/>	Written local government consent for the use of public land (e.g. parks, ovals, footpaths, etc.).
<input type="checkbox"/>	Where the proposed event is to be held at a private residence, the Private Residence Authority Form (obtained from RGL) must be completed and a submission lodged outlining the requirements of section 59(2) of the Liquor Control Act.
<input type="checkbox"/>	Identify public transport options that will be available and promoted to patrons.
<input type="checkbox"/>	For events over 500 persons RGL require a security and risk management plan which has been approved by local police, the local government authority and where relevant, the local health authority.
<input type="checkbox"/>	If the application is lodged as a Variation of Licence Conditions, a written submission is required detailing the proposed function.
<input type="checkbox"/>	Assist to identify spectators who have been banned from the venue, or who do not possess correct accreditation or tickets.
<input type="checkbox"/>	Assist in the prevention of breaches of venue regulations.
<input type="checkbox"/>	Be able to identify symptoms of drug/alcohol overdosing and need for medical help.

Supporting tool 20: liquor licence assessment checklist

The following checklist is designed to assist event managers and licensees in their application for a liquor licence for an event. The checklist also alerts event managers to several legislative requirements and to consider the potential impact for alcohol-related harm.

Application details	Guideline and tool
The liquor licence application (considerations when applying for a licensed event)	Refer to:
<p>Variation of an existing licence</p> <p>If it is intended that alcohol is to be sold and supplied at an event, then a liquor licence, or a variation to an existing licence, approved by the Director of Liquor Licensing, must be obtained from Racing Gaming and Liquor.</p> <ul style="list-style-type: none"> • Will the event be applying for a variation of an existing licence? Yes <input type="checkbox"/> / No <input type="checkbox"/> • Will the event be applying for an Extended Trading Permit (ETP)? Yes <input type="checkbox"/> _____ (hours) / No <input type="checkbox"/> • Is the ETP a one-off application or an ongoing request? Yes <input type="checkbox"/> / No <input type="checkbox"/> 	<p>Guideline:</p> <ul style="list-style-type: none"> • Guideline 23 Liquor Licence Application • Tool: • Preventing Common Alcohol Related Problems • Liquor licence application checklist
<p>Crowd controllers and emergency procedures</p> <p>Crowd controllers play a crucial role in providing safe venues for patrons and work in conjunction with venue/event staff to minimise anti-social behaviour in and around the licensed premise/event.</p> <ul style="list-style-type: none"> • Will the services of crowd controllers or security officers be employed? Yes <input type="checkbox"/> / No <input type="checkbox"/> • Will crowd controllers also monitor the vicinity of the premises (e.g. carparks) Yes <input type="checkbox"/> / No <input type="checkbox"/> • Will crowd controllers be employed past the premises closing time to ensure safe dispersal of patrons? Yes <input type="checkbox"/> / No <input type="checkbox"/> • Will the premises be equipped with close-circuit television? Yes <input type="checkbox"/> / No <input type="checkbox"/> • Is the premises easily accessed by emergency vehicles? Yes <input type="checkbox"/> / No <input type="checkbox"/> • Are there an adequate number of exits? Yes <input type="checkbox"/> / No <input type="checkbox"/> 	<p>Guideline:</p> <ul style="list-style-type: none"> • Guideline 18 Crowd Dynamics and Management • Guideline 22 Prevention of Alcohol Related Issues <p>Tool:</p> <ul style="list-style-type: none"> • Preventing Common Alcohol Related Problems • Crowd Control Planner • Crowd Control Procedure • How to Deal with Patrons in Distress

Application details	Guideline and tool
The liquor licence application (considerations when applying for a licensed event)	Refer to:
<p>Patrons</p> <p>Younger patrons are an at-risk group for harm. Licensed events that attract adults as well as children can face problems relating to the supply of alcohol to minors, cultural impact and child safety risks.</p> <ul style="list-style-type: none"> Does the purpose of the event, mean that it is likely to attract young patrons (18 – 25 year old’s?) Yes <input type="checkbox"/> / No <input type="checkbox"/> Does the event have any facilities for children within the complex such as a playground, sporting facilities? Yes <input type="checkbox"/> / No <input type="checkbox"/> 	<p>Guideline:</p> <ul style="list-style-type: none"> Guideline 22 Prevention of Alcohol Related Issues Guideline 18 Crowd Dynamics & Management Guideline 4 Risk Management <p>Tool:</p> <ul style="list-style-type: none"> Medical Resources and Event Rating – Factor X Developing a Risk Management Plan for Your Event.
<p>Entertainment</p> <p>Alcohol combined with some types of entertainment may influence moods and may encourage violence.</p> <ul style="list-style-type: none"> Does the premises have any of the following facilities: <ul style="list-style-type: none"> Stage for live music? Yes <input type="checkbox"/> / No <input type="checkbox"/> Dance floor? Yes <input type="checkbox"/> / No <input type="checkbox"/> Balcony? Yes <input type="checkbox"/> / No <input type="checkbox"/> Does the applicant seek to provide immodest entertainment? Yes <input type="checkbox"/> / No <input type="checkbox"/> Will the premises have any sound-proofing or other noise minimisation features? Yes <input type="checkbox"/> / No <input type="checkbox"/> 	<p>Guideline:</p> <ul style="list-style-type: none"> Guideline 29 Noise Guideline 22 Prevention of Alcohol Related Issues <p>Tool:</p> <ul style="list-style-type: none"> Preventing Common Alcohol Related Problems

Application details	Guideline and tool
The liquor licence application (considerations when applying for a licensed event)	Refer to:
<p data-bbox="114 293 1626 365">Provision of food and water</p> <p data-bbox="114 365 1626 469">The provision of food and water assists to engage patrons in activities other than drinking, reduces the potential for intoxication and drinking water can help to cool patrons where environmental temperatures can be high.</p> <ul data-bbox="114 469 1626 820" style="list-style-type: none"> <li data-bbox="114 485 1626 541">• Will there be food available at the event? Yes <input type="checkbox"/> / No <input type="checkbox"/> <li data-bbox="114 541 1626 820">• What options are proposed for patrons to easily access free drinking water? 	<p data-bbox="1626 293 2123 365">Guideline:</p> <ul data-bbox="1626 365 2123 501" style="list-style-type: none"> <li data-bbox="1626 365 2123 413">• Guideline 34 Water. <li data-bbox="1626 413 2123 501">• Guideline 35 Temporary food stalls at events. <p data-bbox="1626 501 2123 557">Tool:</p> <ul data-bbox="1626 557 2123 820" style="list-style-type: none"> <li data-bbox="1626 557 2123 644">• Objectives of the Food and Hygiene Regulations <li data-bbox="1626 644 2123 700">• Food Vendor Information Sheet <li data-bbox="1626 700 2123 820">• Catering – A Checklist for Food Vendors
<p data-bbox="114 820 1626 892">Responsible service of alcohol</p> <p data-bbox="114 892 1626 979">The responsible service of alcohol means that liquor will be sold and consumed in a responsible manner. Responsible service of alcohol can prevent the supply of liquor to juveniles and intoxicated patrons.</p> <ul data-bbox="114 979 1626 1195" style="list-style-type: none"> <li data-bbox="114 995 1626 1051">• Will bar staff be provided with a briefing prior to the event on responsible service requirements? Yes <input type="checkbox"/> / No <input type="checkbox"/> <li data-bbox="114 1051 1626 1123">• Will the licensed area have more than one bar? Yes <input type="checkbox"/> / No <input type="checkbox"/> If yes, how many? <li data-bbox="114 1123 1626 1195">• What strategies are in place to ensure non-aggressive patron management and responsible service of alcohol? 	<p data-bbox="1626 820 2123 876">Guideline:</p> <ul data-bbox="1626 876 2123 963" style="list-style-type: none"> <li data-bbox="1626 876 2123 963">• Guideline 22 Prevention of Alcohol Related Issues <p data-bbox="1626 963 2123 1019">Tool:</p> <ul data-bbox="1626 1019 2123 1195" style="list-style-type: none"> <li data-bbox="1626 1019 2123 1123">• Preventing Common Alcohol Related Problems
<p data-bbox="114 1195 1626 1267">Ventilation and temperature regulation</p> <p data-bbox="114 1267 1626 1339">Excessive heat can lead to frustration and can lead to harm</p> <ul data-bbox="114 1339 1626 1469" style="list-style-type: none"> <li data-bbox="114 1355 1626 1410">• Will there be food available at the event? Yes <input type="checkbox"/> / No <input type="checkbox"/> <li data-bbox="114 1410 1626 1469">• What options are proposed for patrons to easily access free drinking water? 	<p data-bbox="1626 1195 2123 1251">Guideline:</p> <ul data-bbox="1626 1251 2123 1469" style="list-style-type: none"> <li data-bbox="1626 1251 2123 1307">• Guideline 24 Drug Related Harm

Application details	Guideline and tool
The liquor licence application (considerations when applying for a licensed event)	Refer to:
Capacity of the premises The capacity and layout of the event may influence the drinking patterns and aggression in patrons.	Guideline:
<ul style="list-style-type: none"> • What is the maximum capacity of the premises/event site according to the Health (Public Buildings) Regulations 1992? 	<ul style="list-style-type: none"> • Guideline 9 Public Building Approvals
<ul style="list-style-type: none"> • Are there adequate parking facilities at the venue? Yes <input type="checkbox"/> / No <input type="checkbox"/> 	
<ul style="list-style-type: none"> • If inside, does the venue have air conditioning? Yes <input type="checkbox"/> / No <input type="checkbox"/> 	
<ul style="list-style-type: none"> • If inside, does the premises have fans? Yes <input type="checkbox"/> _____ (number and type) / No <input type="checkbox"/> 	
<ul style="list-style-type: none"> • If the event is outside, is shade provided? Yes <input type="checkbox"/> / No <input type="checkbox"/> 	

Application details	Guideline and tool
The liquor licence application (considerations when applying for a licensed event)	Refer to:
Location of the premises/event	Guideline:
<p>Is the venue located near?</p> <ul style="list-style-type: none"> • Major roads (this has implications for patron safety re dispersal from venue) Yes <input type="checkbox"/> / No <input type="checkbox"/> • A body of water (this presents implications for safety) Yes <input type="checkbox"/> / No <input type="checkbox"/> • A health, treatment or social service facility with residential patients (this presents potential noise and amenity implications) Yes <input type="checkbox"/> / No <input type="checkbox"/> 	<ul style="list-style-type: none"> • Guideline 9 Public Buildings Approval
Availability of transport	Guideline:
<p>The availability of transport assists to minimise the occurrence of drink driving by patrons and assists to remove patrons from the area, after they leave the venue. Prevents loitering and associated problems.</p>	<ul style="list-style-type: none"> • Guideline 31 Vehicles and Transport
<ul style="list-style-type: none"> • Is the venue located near a taxi rank? Yes <input type="checkbox"/> / No <input type="checkbox"/> 	
<ul style="list-style-type: none"> • Is public transport available to and from the event? Yes <input type="checkbox"/> / No <input type="checkbox"/> 	
General issues	
<ul style="list-style-type: none"> • Are there any applicable local laws relating to the area that the event is in? Yes <input type="checkbox"/> / No <input type="checkbox"/> 	
Consultation	Guideline:
<p>Describe any consultation conducted with the community regarding the event and any comments or complaints received according to the different types of groups below.</p>	<ul style="list-style-type: none"> • Guideline 17 Coordinated Approach by Stakeholders
Community groups:	Tool:
Businesses:	<ul style="list-style-type: none"> • Checklist of Key stakeholders to inform
Local Police:	
Local Health services:	
Feedback from Local Government e.g. planning, environmental health or community/recreation services:	

Supporting tool 21: guide to recycling at events

The [Waste Wise Event Guide](#) and [Checklist](#) provides some options for waste reduction at community events and festivals. The [Western Australia Return Recycle Renew Limited](#) also provides some resources to events.

Supporting tool 22: toilets for temporary events

Toilet use, and demand varies greatly and depends on several factors including:

- number of people
- alcohol availability
- weather
- the type of facilities.

At times, especially in regional areas it is often difficult to procure enough toilets, so it is important to identify the correct amount.

Determine the level of service the event requires, levels of service vary between about 1 WC per 100 people as a basic level. This could be extended to 1/150 as the female NCC requirement for churches or 1/85 for high profile events where the level of service becomes linked to the events success. Remember many events are judged on the adequacy of the toilets.

Step 1 – determine the level of service ratio – for all patrons.

Step 2 – apply the ratio to determine the number of facilities

Step 3 – determine female and males - allocate 50 per cent for each

Step 4 – determine female requirements:

WCs = 50 per cent of the number of facilities and

Hand wash basins = 20 per cent of the number of facilities

Step 5 – determine male requirements;

WCs = 25 per cent of the male allocation; urinals = 75 per cent of the male allocation – urinals can be transformed from units to a trough length by allowing 600 mm per urinal space.

Consider the recommended levels of service:

- events without alcohol – 1/150
- standard events with low levels of alcohol – 1/100
- high profile events with alcohol – 1/85.

These levels may be adapted to suit local conditions and local government requirements. Proposed requirements and levels of service should be discussed with the environmental health officer approving the event.

The following tables show how these ratios are applied.

Ratio for events without alcohol = 1/150

Capacity	Females	Males			Hand wash basins	
	WCs	WCs	Urinal (m)	Urinals	Male	Female
< 1,000	3	1	1.8	3	2	2
1,001–2,000	7	2	3	5	3	3
2,001–3,000	10	3	4.5	8	4	4
3,001–4,000	13	3	6	10	5	5
4,001–5,000	17	4	7.5	13	7	7
5,001–6,000	20	5	9	15	8	8
6,001–7,000	23	6	10.5	18	9	9
7,001–8,000	27	7	12	20	11	11
8,001–9,000	30	7	13.8	23	12	12
9,001–10,000	33	8	15	25	13	13

Basic Ratio: = 1/100

Capacity	Females	Males			Hand wash basins	
	WCs	WCs	Urinal (m)	Urinals	Male	Female
< 1,000	5	1	1.5	3	2	2
1,001–2,000	10	3	3	5	4	4
2,001–3,000	15	4	4.5	8	6	6
3,001–4,000	20	5	6	10	8	8
4,001–5,000	25	6	7.5	13	10	10
5,001–6,000	30	8	9	15	12	12
6,001–7,000	35	9	10.5	18	14	14
7,001–8,000	40	10	12	20	16	16
8,001–9,000	45	11	13.5	23	18	18
9,001–10,000	50	13	15	25	20	20

Ratio for events with alcohol = 1/85

Capacity	Females	Males			Hand wash basins	
	WCs	WCs	Urinal (m)	Urinals	Male	Female
< 1,000	6	1	2.6	4	4	4
1,001–2,000	12	3	5.3	9	5	5
2,001–3,000	18	4	7.9	13	7	7
3,001–4,000	24	6	10.6	18	9	9
4,001–5,000	29	7	13.2	22	12	12
5,001–6,000	35	9	15.9	26	14	14
6,001–7,000	41	10	18.5	31	16	16
7,001–8,000	47	12	21.2	35	19	19
8,001–9,000	53	13	23.8	40	21	21
9,001–10,000	59	15	26.5	44	24	24

Toilet types

There are several different types and styles of temporary facilities available. Permanently built facilities constructed and plumbed to be compliant with the NCC are preferred. Throughout regional WA events suffer from inadequate toilets. Often there are insufficient or no permanent facilities available for patrons to use and the only options are to obtain chemical closets or use transportable-type facilities and these options are sometimes not available.

Transportable facilities are typically used for temporary site accommodation. The building and lighting within transportable toilet facilities should be NCC compliant. Plumbing and waste water disposal are generally required to be connected to underslung holding tanks which requires the facilities to be raised to allow effluent to gravity feed into the holding tanks under the units. These units are generally single-gender facilities.

Transportable units can be more comfortable and efficient but are substantially more difficult to set up and introduce steps for access. Stairs usually must be custom made to suit individual installations and add to the work. Generally, the largest transportable will only have 8 WC's and are not suitable for mixed use, males and females.

Purpose-built mobile multi units traditionally come in banks of 16 individual compartments. They are easily transported (skid mounted), well lit, well ventilated and have a holding tank but may also be connected to sewer.

Another option is a 16-pan unit complete with wash basins and a holding tank with sewer connection as have been used extensively at large metropolitan events.

Chemical closets are one of the most utilised type of facility, however there are advantages and disadvantages associated with their use. Chemical closets are easily transported; however, can be poorly lit, poorly ventilated, odorous, are considered uncomfortable for users, doors are noisy, and capacity varies between manufacturers. The units have been proven to be most reliable and able to withstand the rigors of these hostile environments. They are easily cleaned, have good ventilation and lighting and each cubicle is individually locked and suitable as a unisex facility or designated as male or female as necessary.

The units are easily transported on a 10-ton tilt tray truck and are accessible via 2 steps that are self-contained. A 16-pan unit is the most common configuration. They require a water supply and power for lighting.

Chemical closets are relatively easy to transport to site and set up but require additional lighting for nighttime use. Chemical closets must also comply with [Health \(Temporary Sanitary Conveniences\) Regulations 1997](#).

Generally disabled and accessible facilities are available as chemical closets in most areas.

Accessible or Ambulant Toilets and changing facilities should comply with AS 1428. A recent Department of Health audit of temporary facilities identified that there are some transportable facilities partially compliant but there are not many fully compliant temporary facilities available. The number of facilities is not well defined for temporary events but depending on the site there should be ambulant and accessible facilities at each group of standard facilities or adjacent to first aid and chill out areas so that assistance is available if required.