

# Technical Paper

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## Medical Support Assessment





## **North Byron Parklands - Medical Emergency Impact Assessment**

**North Byron Parklands - A project of Billinudgel Property Pty Ltd  
(Billinudgel Property Trust).**

**Prepared By:  
Stephen Barnes  
Emergency First Aid Service Pty Ltd**

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## Executive Summary

Any large event has the potential to create unplanned loads on the Local Health Services. The North Byron Parklands are not exempt from this fact. History tells us that there have been shortcomings in other parts of Australia and the World with regards to the Health Services provided at Festivals but through careful and thorough planning and consultation these shortcomings can be avoided.

The comprehensive planning and consultation processes that have both been undertaken and have been formulated in systems and processes will ensure a strategy to provide adequate and suitable health services for events held at parklands while not creating excessive demands on local health services.

The potential impacted local services are:

- Local Hospitals;
- Ambulance service of NSW; and
- Regional General Practice Clinics.

The Strategy which has been provided contains the following key features:

- Wide consultation is undertaken prior to any large event;
- An assessment, outlining key health impacts, is developed;
- On site private health services are provided to cater for the needs of patrons; and
- Ambulance services are **contracted** to provide dedicated services for events.

The resulting outcomes through the implementation of this system are:

- All Health and Emergency Services are fully aware of the event and its emergency response plans;
- No excess demands are placed on Byron Bay or Mullumbimby Hospitals due to most of the patients being able to be treated by Doctors on site and any Ambulance Transfers from the event site being sent to Tweed Hospital; and
- Local Ambulance services are not burdened by excessive calls for assistance as a dedicated ambulance will be located on site for these transfers.

The consultation already undertaken with the Hospital Administrators and the Ambulance District Managers has identified that the Health Impact of a major festival at Parklands would be negligible due to the provision of services by the festival organisers. The commitment to providing a complete health solution for major festivals has been demonstrated by the owners of the North Byron Parklands at previous festivals. These

systems have evidenced the reduction in presentation rates to hospitals and Ambulance services.

### **Event Medical Planning**

Sound event medical planning allows event planners at Parklands to select and then provide a premium medical service for events at the site. This will have the flow on effect of reducing the drain on the community health services. We aim to contain all of the patients on site for treatment and only refer cases to external medical services who sustain a level of injury or illness that can't be managed by the onsite health services. This intern will reduce the drain on the local health services to an equivalent level as for an "Accommodation Full" weekend in Byron Bay as in School Holiday periods.

Patrons at the Proposed Festivals may suffer from a range of medical conditions whilst in attendance at the event. These may be the result of either Pre-Existing Medical Conditions or External Factors such as Injury or Substance Abuse. Due to Festival Excitement, Concentration of Patrons or Activities undertaken; the rate of injury may be greater than what would be expected naturally in a similar sized population. I.e. The Caseload presenting to the onsite medical services for a festival of 30,000 patrons would be greater than in a similar sized town.

There will be fluctuations of numbers of patients seeking medical attention at events but it has been identified by Emergency Management Australia that 0.5% to 1 .5% of concert goers will require some type of Medical treatment. In our experience we have found the following statistics:

- At a 1 day, 10,000 patron festival; the presentation rate was: 0.5%
- At a 1 day, 60,000 patron festival; the presentation rate was: 2.3%
- At a 2 day, 17,500 patron/day festival; the presentation rate was: 2.5%
- At a 9 day, 20,000 patron/day festival; the presentation rate was: 0.7%

Therefore to ensure adequate medical care provision for festivals the appointed service must have the resources to provide care for up to 3% of the patrons over the period of the festival. This appears to be a large number of patients during a festival but when the statistics are analysed, approx 80% or all festival goers would avoid treatment at the Medical centre by following these basic guidelines: Wearing adequate Footwear, Drinking Sufficient Water and Ensuring that they Slip – Slop – Slap. Therefore advertising of these facts and encouraging the festival goers to take steps to look after their own health is an important factor to reduce the number of presentations to the medical centre.

## Medical Care Provision

By contracting an experienced health care provider to establish and run the Medical Facilities on site the drain on the community health resources which includes the emergency departments at local hospitals will be significantly reduced.

In 2008 Emergency First Aid Service was contracted to provide the Medical Coverage at a Major Festival. This decision, which added considerable cost to the promoters, resulted in an 80% reduction in the Ambulance Transport Rate to the Local Hospital Services. They were also able to manage an additional 50 patients on site which would have been transported to hospital if the previous provider was still appointed. Careful selection of a provider is the key to ensuring "Self Sufficiency" with regards to the important role of reducing the impact on local health services. At this particular festival the local health service presentations were as per a busy weekend in town. The Socioeconomic impact on the local hospital was no greater than the impact from other busy times in the town.

Since the provision of Medical Services at events is rarely provided solely by the local Ambulance Services it is essential that the health provider maintains a close relationship with all community health stakeholders throughout the planning and implementation stages of an event.

The planning issues for Event Managers include:

- Determine health organisations to be involved & who will be the lead agency?
- Consultation must include Local Hospitals, Ambulance Service, Health Department & the contracted Health Provider.
- A Medical Plan needs to be established which will detail roles and responsibilities of the stakeholders should an incident occur. This plan must also include strategies to manage potential Major Incidents.
- The Plan should detail the Levels of Care that would be required to effectively manage situations which may arise for the different phases of the event. I.e. Bump in, Festival, Camping and Bump out.
- Close Liaison with other services should also be established early in the consultation process. For Example: Police, Security, Safety Officers, and Communication Centre's.
- Plans must also be drawn to ensure adequate equipment and stock is available. This needs to include strategies to access additional equipment should there be an extreme call on services.

- Due to the inclusion of Drugs and other valuable equipment at Medical Centre's the inclusion of Security Services to each site should be considered. Relevant legislation needs to be address regarding the safe storage of drugs.

### **Potential Issues Affecting Medical Services**

The purpose of this section is to highlight the challenges facing Event Managers at North Byron Parklands, dissect the issues and then propose solutions to these problems. This will therefore result in the development of a comprehensive management plan to account for all variations and factors in the types and sizes of events.

It is also important to note that this section will include recommendations to ensure that the venue can operate in all weather and at different times of the year. This surety can only be guaranteed through proper planning and consultation prior to the event. The author commenced working in the event health industry in 1986 and has been operating fulltime in this role since then. He has provided service for a diverse range of events including but not limited to:

- Expo 88;
- Southbank Parklands;
- Sanctuary Cove;
- Woodford Folk Federation;
- Splendour in the Grass;
- Big Day Out – Gold Coast;
- Soundwave Festival; and
- Broadbeach Blues Festival.

He has also been pivotal in the establishment of effective health services at many major venues and one off festival throughout South East Queensland.

The following pages discuss a number of potential issues and solutions relating to medical services provision.

### **Issue: Access to Local General Practice Services**

1. Patients may forget their regular medication.

At Multiple day events there are many patrons who have not previously camped or been away from home and responsible for their own health and welfare. This can lead to patrons not being prepared for this situation. They tend to present to the medical centre seeking assistance once they start suffering illness from their condition which holds a twofold problem:

- Firstly – the treatment of their condition



- Secondly – the prescription of replacement medication.
2. Minor Medical cases are not able to access their local Doctor.
    - There are many cases that occur at events that do not require Ambulance Transport to Hospital as they are not serious enough but due to the Ambulance being on site they are more likely to be transported to hospital as many of the public feel that it is their right to get free ambulance. This in turn chokes the Hospital System; and
    - On many occasions in small towns the Local Doctor Surgery's are booked out well in advance. This means that the patients who would normally present to their own doctor cannot do so due to the delay in appointments. This also leads to additional pressure on the hospital services as patients wait to see a doctor for sometimes nothing more than a "runny nose".
  3. There may be no one available to drive an injured person to the local GP Clinic.

This situation is faced in the following examples:

- The patient may not have anyone to take them to the Doctor by private car due to their party being under the influence of Alcohol and unable to drive; and
- They may have caught a bus to the site and do not know anyone to take them to the Doctor by Private Car or their car may be "parked in".

### **Solution:**

For events over 15,000 patrons the services of a Registered Doctor is contracted to provide a GP Style Clinic. This will dramatically reduce the incidences of presentation at the local hospital. For events under 15,000 a shuttle bus is available and an arrangement is made with a local GP provider. The drain on local health services will also be reduced in this scenario.

### **Issue: Drain on Community Health Services**

- It is always of major concern to the Local Hospitals and Health Services of the potential case load when these style of events come to town.
- Many hospital workers have had bad experiences in the past regarding festivals run in towns which have initially overwhelmed the onsite First Aid Staff, who are often Volunteers, and then the overload has resulted in the transportation to hospital of many cases which in turn results in the extreme overload of the local hospital Emergency Department.

- When this situation occurs the Local Ambulance services also suffer under this “Lack of Planning” at events. Many small towns only have “on-call” Ambulance services at night. This on-call service has been operating very successfully in regional towns for many years but they have designed their services to cater for the standard case load in the town – not an influx of 30,000 additional residents who are often very excited and more likely to suffer illness or injury than a person who is at home doing normal day-to-day activities.
- As mentioned in the previous section, the patrons at festivals are more likely to ask for an ambulance simply because they view the service as a free taxi to hospital and not that they actually require the advanced care of an ambulance paramedic.

### **Solution:**

The Solution to the problem of draining the local health resources is twofold. Firstly, the provision of experienced Doctors, Nurses and Festival Medics on site allows the establishment of a Medical Centre which can provide a high level of care which reduces the referral to hospital of cases. And Secondly the provision of an onsite Ambulance, contracted from the Ambulance Service of NSW allows the venue to be self contained with regards to the treatment, stabilisation and transportation of patients to tertiary hospitals. Using the example of Splendour in the Grass there was an 80% reduction of transports to hospital when Emergency First Aid Service provided the Medical Services when compared to the year prior with a volunteer organisation. The provision of these services enabled the Self Contained Medical Centre to have minimal impact on the local community and emergency services.

### **Issue: Ensuring Adequate Resources are onsite**

- Emergency Management Australia states that .5-1.5% of concert goers will present to the medical centre. This figure should be used as a guide only. From our experience we have found an average of 3% of patrons will present for some type of treatment. This figure does not include the “Can I have a Bandaid?” and “Do you have sunscreen?” cases. Which all take time and resources.

### **Solution:**

The solution for this situation is quite easy. That has been to analyse the previous years’ patient statistics and then double the number of treatments over last year statistics. This will then cater for the unforeseen and ensure that stock will not run out or become short.

### **Issue: Ensuring Adequate staff are available**

- Staff costs are the largest item in the health services budget. There is a fine line between supplying enough staff and the budget constraints at the festival.
- Until recently, the First Aid services at events has been managed by volunteer organisations but over the past 10 years there has been a shift to the engagement of Private Companies to fulfill this role. This has again placed strains on the numbers of staff available at the events.
- Where volunteers have wanted to go to an event such as Splendor in the Grass, leading to an oversupply of volunteers, the private companies need to strategize the provision of their staff to ensure optimal patient care whilst mindful of budget. Unlike the security industry where there is legislation to ensure staffing numbers are adequate. There is no formal guideline in the medical area. Many operators in the marketplace will under staff the event just to “get the job” and then blame other factors on their inability to cope on the day.

### **Solution:**

The system used by Emergency First Aid successfully over many years is as follows. The previous year’s caseload experienced by the event is analysed, approximate patient contact time is established. From this calculation we can deduce the number of patient care hours are required and turn this into a number of staff required figure.

### **Consultation**

#### **Ambulance**

A meeting was held with Greg Powell, District Manager – Brunswick Zone and Wayne McKenna, District Manager – Tweed Zone regarding the impact on Ambulance Services to the Local area, the Ambulance Service’s direct involvement in both the festival and should a Major incident occur on the festival site. During this consultation process the follow key areas were identified. Regarding the Festival Site:

- Grid Referenced Mapping would be important to ensure accuracy regarding the location of the patient which in turn would result in the rapid response to patients. Well made roadways with all weather access to the key areas of the site were also discussed;
- Campsites have at time been difficult to locate in the past at other festivals. A system of Numbering which could include colour coding would be of benefit;
- Reference was made to the walkway to the car parking area and the potential crush point in the tunnel. Whilst being a factor it is understood that the bus area would cater for 80 buses and the majority of the patrons would be either camping

on site or utilizing the shuttle bus options to their offsite accommodation. To address this issue careful monitoring of the walkway from the carpark during peak times and the ability to limit pedestrian traffic through this point would be considered important;

- Discussions were undertaken regarding the Ambulance Crewing which would be required on site. It was agreed that for an event catering for 30,000 patrons that a permanent Ambulance Presence would be essential. It was also suggested that one of the Officers on site would be of a Team Leader/ Supervisor Level who would be able to take command should a mass casualty incident occur;
- Effective staging points for mass casualty situations were also discussed. It was concluded that these staging points would be best located at the bus turn around area with a secondary staging point at the nearby Yelgun Rest Area;
- The issue of the Northern emergency access road surface was addressed. It has been concluded that the Local Emergency Committee has already inspected the roadway and made recommendations regarding the surface and size of the road; and
- It was advised by the Ambulance that the main destination for Ambulances transporting Patients from this site would be Tweed. Mullumbimby and Byron would be utilized in an overflow capacity only.

## Hospital

Keryn York who is the Director of Nursing for the Byron and Mullumbimby hospitals was consulted regarding the proposed site. I detailed the situation and asked for any feedback regarding previous events and ways to improve future coordination. As this meeting was after I met with the Ambulance I was also able to inform her of the Ambulances intent to transport to Tweed rather than her facilities.

She was very keen to hear that the organisers were applying to use the new site and looked forward to another festival site in the area and the excitement to the town that such a festival brings.

Regarding potential impacts:

- There were no major concerns regarding any impact on her facilities. She told me that from the historical data from previous Splendour in the Grass Festivals that their work load was no greater than a busy weekend in Byron and thanked the organizers for providing a medical service on site that was able to manage most of the cases on site and not refer to hospital. This was the key in ensuring minimal impact for their facility.

Interaction with the Hospital:

- Keryn was keen to ensure that management of the lead up to the events was managed in the same way as we had done so in the past. She also offered assistance by the way of medical supplies should the workload be extreme and additional supplies were required on site; and
- Since we had worked together with Keryn on two previous festivals the meeting concluded quickly with our track record standing testament to the reduction in impact on the local hospital. I spoke with her also regarding the possibility of meeting with the District Manager at Tweed Hospital and was informed that they would not be able to meet due to the time constraints at this time of the year. She would discuss the proposal with them and inform me if they had any input. There has been no communication with them regarding this issue.

The two main sources of impact from a health perspective are the local Ambulance Services and nearby hospitals. Through my discussions with both of these key parties we have been able to work together to review the historical data and plan towards a close nit team for future events.

A detailed medical operations plan for Splendour in the Grass covering 35,000 patrons is provided in Attachment One as an example of a plan that provides the necessary onsite medical resources so as not to adversely impact on ambulance and hospital services located within surrounding communities.

## ATTACHMENT 1

North Byron Parklands

35,000 Patron Event

Operational Plan



# **North Byron Parklands 35,000 Patron Event**

## **OPERATIONAL PLAN**



**Splendour in the Grass  
July/ August**

## **1. INTRODUCTION**

### **1.1 Purpose of the Operational Plan**

This Operational Plan describes the requirements to conduct primary health services for the Splendour in the Grass Event being held at the North Byron Parklands in July/ August.

All events have an element of public risk and potential of injuries of varying nature. This Operational Plan has been compiled with due consideration to reduce and meet these risks as required and to prescribe the tasks required to conduct a safe and enjoyable event for staff, participants and spectators.

### **1.2 Background**

Splendour in the Grass has been operating for 10 years in the Byron Bay Area. After the purchase of the North Byron Parklands the event will be transferring there for first time this year.

As its popularity has risen, this premier music event will be fully sold out within 5 hours of tickets going on sale to the public. Some 35,000 music fans will be attending the event this year with approx 20,000 patrons camping on site.

## **2. OBJECTIVE**

To ensure that Emergency Medics conducts Splendour in the Grass with regards to the provision of primary health services in a professional manner with a focus on the safety of staff, participants and spectators and with regard to the organisers of the event. By providing comprehensive health services at the event our ultimate goal is to provide the highest level of care to patrons which in turn will reduce to negligible the impact on external health services in the community. With the selection of the correct staffing we will be able to retain most patients on site and reduce this impact.

## **3. MANAGEMENT PRINCIPLES**

### **3.1 Event Layout**

- The event layout is defined as shown by the map that is will be provided to us by the event organisers with plenty of time to digest and orientate our service to the potential hazards and challenges.
- This includes all entertainment areas, Camping area, spectator areas, and behind scenes areas and access routes around the site.
- Whilst all areas and access routes will be defined by mapping, it is fair to say that accessing some of these areas will be difficult due to the high volume of people. A system of service roads has been constructed to enable free flowing traffic around the site. We will be utilising these roads to access the area of the issue and then responding to within the public area by foot or golf buggy to attend to the patient.



### 3.2 Identification and Control of Staff, Participants & Spectators

All staff, spectators and participants will be issued with wristband/neckbands identifying them as such. Spectators have been given information in regards to their responsibilities and the restrictions placed on them concerning access to the various areas. Medical Staff will be in highly identifiable uniforms to make it easy for patrons to identify



### 3.3 Times of Operation (Timelines)

#### Bump-in Phase:

For the week preceding the festival we will be providing a First Intervention Style Medical Service on site. This service will be operational from 0800-1800hrs daily and will consist of One Level 3 EMT. This medic will have a vehicle and be highly mobile around the site.

#### Camping Phase:

For the period of time that patrons are camping on site but the festival is not yet open the medical service will be upgraded. This service will be available 24hours per day for patrons. It will consist of 4 medics, one of who will be a Level 3 EMT. They will be based at the medical centre which allows easy access to the camping areas and the festival site. There is also direct access for Ambulance Vehicles should they be required. This service will also operate post festival whilst the campers are packing up and leaving.

#### Festival Phase:

Due to the fact that there will be over 35000 patrons and staff on site the medical centre will operate at the highest level of preparedness for this period. We will have similar services available to a small town. There will be 6 posts operating for this period. The rationale behind the number of posts is so that patrons can access medical help from anywhere in the site in less than 5 minutes. During this phase the medical centres will be staffed and equipped to manage up to 1500 patients. This estimate is in line with EMA's guidelines and the historical data from previous events. 80% of these cases will require minor treatment from exposure to elements or inadequate footwear.

The Staffing for this phase would include: Doctor, Registered Nurse, Ambulance Paramedics, Festival Medics and Crowd Care Officers.

### 3.4 Rubbish Removal

Provision will be made for the collection, storage, removal and disposal of all general waste material in white bags. All materials will be disposed in a manner that meets requirements of legislation.

Please ensure that all contaminated waste is placed in yellow bags for transportation back to Emergency Medics location.

### 3.5 Review

Emergency Medics, organisers and other stakeholders will jointly review the operation after the event. A report and recommendations will be provided which addresses the key provisions of this operational plan. Any improvements to the way the event is organised and run will be considered and this plan updated when necessary.

Detailed Patient reporting will be maintained by the Medical Staff. These reporting forms will be kept for a minimum of 10 years. A statistical report will be provided to the event managers soon after the event.

### 3.6 Staff Camping Facilities

We will have a system of staff camping available for our Medics. Doctors will be accommodated in Temporary structures. Meals and Drinks will also be provided to their workstation. Adequate rest breaks will be a component of our planning along with redundancy planning should staff become ill or injured.



### 3.7 Maps and Access

Site maps, clearly marked with a grid system will be distributed to staff, posted in Medical Centres and Placed in Response Vehicles and kits for use throughout the event

Throughout the camping area, large numbers found on the toilet blocks will be the meeting areas for call outs. This information will be obtained from our comms officer prior to dispatch.

All weather roadways will be provided throughout the site.

### 3.8 Patient Report Forms

Report Forms are to be completed for **EVERY** case seen – including blisters, headaches and advice given. This not only protects us but also gives the Organisers an accurate account of the number of casualties we have treated and allows us to have sufficient supplies and staffing for future events. We need to capture detailed records on all drains on our resources both supplies and advice. We will be using a new multi case report form for certain minor injuries but for all other cases the standard A5 report form will need to be completed.

Report forms from all First Aid posts will be collected for collation and reporting to the event organisers by the supervisor at regular intervals during the event. Please ensure that every report is completed legibly and concisely. **Team Leaders** at each post are responsible to ensure that these are kept together and available for collection.

Report Forms are to remain confidential and are not to be given to anyone outside Emergency First Aid employees unless directed to by the Supervisor. All patient enquires are to be directed to the Supervisor. (see: note on Event Reporting)

### 3.9 Event Reporting

All reporting for the festival is managed by the Supervisor on shift. Under no circumstances is any information to be distributed to anyone outside of these channels. This includes numbers of patients, conditions and any other details. We are required to provide regular reports to the organizers on type and volume of Incidents. This is to be done by the Shift Supervisor only. In the case of serious incident – immediate reporting is required. Please do not mention anything about patients treated to anyone outside of our organisation.

### 3.10 Ambulance

A contingent of Paramedics has been tasked to provide coverage at this event. They will be stationed at the Medical Centre for the Event. Please liaise with them and work together to ensure rapid and efficient treatment of patients.

### 3.11 Doctor

A Medical Service will be operating for the event. Please refer all serious conditions to this post to be seen and treated by the Doctor. He is set and capable to provide a wide range of services and interventions to patients in his care. This medical service is the key to our minimising the impact on the local health services.

### 3.12 Kits and Supplies

**Base Kits** will be at each of the posts and there will also be adequate Level 2 and Level 1 Kits.

**Desktop Quick Treatment Bays** will be used at this event. These comprise of: Sunscreen, Panadol, Alcohol Spray, Cotton Buds, Band-aids and Island Dressings. This bay should be the only supplies needed for 80% of cases seen at the festival.

The Stock List is to be filled out when stock is taken from the black base kit. This stock list will be collected every hour for restocking. Only the items listed on the stock list will be replaced into the kits, so please ensure that this list is filled out each time to prevent stock being low.

**Please ensure that this procedure is followed to prevent items running out!**

When advanced life support equipment is used, the supervisor must be contacted to replace these items. ALS items are bag & mask, oxygen masks, defib pads and oxygen. We need to document every item used on our stock lists to account for all stock.



### 3.13 PPE

Whilst on shift all medics are required to wear medic shirt, navy trousers and enclosed black shoes or shorts as per new policy.

In the event of rainy weather all medics will be issued with ponchos.

Sunscreen (which is available at each post) and Hats must be worn on all areas of exposed skin during the day.

Earplugs are available at each post. Please ensure these plugs are worn at all times when exposed to noise.

Gloves and other forms of treatment PPE is available at the posts. Please wear disposable gloves when treating any patient.

### 3.14 Post Staffing

Main Medical Centre: 1 x Doctor, 1 x Registered Nurse, 2 x Ambulance Paramedics, 4 x Medics, 2 x Crowd Care Officers.

All other Posts: 4 x Festival Medics.

## 4. COMMUNICATIONS

### 4.1 Radios

Selected medics/teams will be issued with a two way radio. These are on our own channel which operates through a repeater system. Please do not transmit sensitive information over the network – Others are listening. Your radio will be collected and returned to the Supervisor's post and issued for your shift only

### 4.2 Headsets

All radios will be provided with either:

- ❖ High noise reduction headsets
- ❖ Earpieces

### 4.3 Procedure

We will be providing a “**CLOSED NET**” system on the day.

There will be **NO** radio transmissions between callsigns unless authorised by Comms. Eg A team going to the assistance of another team in the field

This means that you can only talk to the Comms Officer on the radio. He must also be advised of any call outs that come to the post direct, doctor requests, resupply requests and will dispatch the closest unit and/or make the necessary arrangements as required.

#### 4.4 Mobile Telephones

Only two (2) mobile telephone numbers are listed.

- ❖ Supervisor
- ❖ Comms Officer

Both the Supervisor and Comms Officer have access to every staff member's mobile number for Safety and Security reasons but with respect to privacy these numbers are not listed in this document for public viewing.

#### 4.5 Comms Plan

Please see attached Appendix for the Comms Plan.

- ❖ This document shows the following:
- ❖ Name of staff member
- ❖ Location for staff member
- ❖ Duty
- ❖ Callsign (if required)

#### 4.6 Maps

Please see attached Appendix for map of event. TBC

#### 4.7 Callouts

These can from different areas:

- ❖ Emergency Operations Centre
- ❖ QAS
- ❖ Security
- ❖ Walk in to posts (members of the public etc)
- ❖ Walk up to staff

Other than walk ins/ups any job coming via Comms and being sent to a Team or Post will, to the, best of ability of information supplied will contain the following:

- ❖ Location
- ❖ Who or what it the job is
- ❖ Urgency level
- ❖ If escort being provided (if required)

#### 4.8 Event show timetable

Please see attached Appendix 3 for complete schedule.

Especially for mainstage staff it contains when the headline acts are on and to expect higher and denser crowd situations not only in front of the stages on the oval but also on the surrounding areas.

#### 4.9 Operations Team

To ensure the efficient running of SITG, the following officers will be appointed for each day during the event and will form the **Operations Team**:

- **Supervisor** – has overall responsibility for the operation of the event, liaises with the other members of the Ops team and the organisers.
- **Comms Officer** – reports to the Supervisor and is responsible for all radio comms, including taskings, requests for assistance and any other matters as deemed by the Supervisor.
- **Support Officer** – reports to the Supervisor and is responsible to provide assistance by way of resource re-supply, assist with counselling if required and any other duties as deemed by the Supervisor
- **Team Leader** – responsible for managing their allocated post including personnel, treatment, documentation and any requests for assistance.

**The following positions report to their respective posts:**

- **Roving Teams** – responsible for the treatment and assistance to person/s in the field.
- **Response Teams** – responsible for the treatment and assistance to person/s in the field when both Roving Teams are unable to attend. These teams are based at their respective post and fulfil the duty of Medic first and if and when necessary respond into the field.
- **Medics** – reports to the Team Leader at their allocated post and provide treatment to person/s requiring medical attention.

#### 4.10 Briefing

There will be a briefing prior to every shift. You will be met by one of the Ops Team and brought into the event. At the briefing you will receive and/or be given information the following:

- ❖ Shirt
- ❖ Map
- ❖ Radio
- ❖ Headset
- ❖ Site Procedures
- ❖ Callsigns
- ❖ Locations
- ❖ Overview of event

#### **4.11 Site Evacuation Plan**

Please see attached Appendix 3

#### **Appendix 1: Comms Plan**

#### **Appendix 2: Site Map**

#### **Appendix 3: Site Evacuation Map**

#### **Appendix 4: Event show schedule & Timelines**

