



## **Medical Management Plan**



**The Drop Festival**  
**Keirle Park, Manly NSW**  
**Saturday 14th March 2020**

**Version 1**

## Contents

Contents .....	1
Introduction .....	3
Risk Medical Classification.....	4
Proposed Venue .....	4
Proposed Controls.....	5
Personnel and Equipment .....	6
Personnel.....	6
Deployment.....	6
Roster and Scheduling.....	7
Equipment .....	8
Triage.....	9
Time to Treatment .....	9
Triage Colours.....	9
Triage Methodology .....	10
Documentation Standards.....	10
Clinical Descriptors .....	11
Most Urgent Features Determine Category .....	11
Access.....	15
Operational Zones .....	15
Medical Zones 1-4 .....	15
Deployment of Personnel.....	17
Medical Services.....	17
Medical Centre .....	17
Medical Centre design.....	18
Provision of First Aid and Emergency Care.....	19
Protocols and Clinical Practice Guidelines.....	20
Resuscitation and Advance Life Support .....	21
Risk Minimization .....	22
Clinical Waste Management .....	23
Clinical Waste Overview .....	23
Disposal of Clinical Waste.....	23

Bags for Clinical Waste .....	23
Clinical Waste Bag Closure .....	24
Bins for Sharps.....	24
Stakeholder Liaison .....	25
External Assistance.....	25
NSW Ambulance Service control and transport.....	25
DanceWize NSW .....	25
Communication and Control .....	26
Healthcare facilities.....	26
Northern Beaches Hospital .....	26
Royal North Shore Hospital .....	27
Reports/De-Briefs.....	28
Proposal of Services .....	28
Paramedical Services Risk Matrix.....	29
Risk Matrix, Consequence and Likelihood Tables.....	53
Ranking Table .....	53
Likelihood Table .....	54
Consequence Table .....	55
Author's Note .....	56
Appendix 1 .....	57
Scope of Practice Matrix.....	57
Pharmacology Authority.....	58
Appendix 2 .....	59
Staff Deployment .....	59
Appendix 3 .....	61
Medical Centre Emergency Equipment list. ....	61
Medical Centre Emergency and Response Equipment.....	64
Appendix 4 .....	68
The Drop 2020 Roster .....	68

# Medical Management Plan

## Introduction

This document seeks to provide an overview of the plans, strategies and processes being applied to the management of celebratory and recreational activities which are undertaken by participants attending the **“The Drop 2020”** to be held on Saturday 14<sup>th</sup> March 2020. The **“The Drop 2020”** is a major National Festival event held in multiple States around Australia.

The Drop Festival is a national touring festival that follows the waves, celebrating the quintessential Australian road trip and encourages a lifestyle of good food, natural surroundings, art and culture all to be enjoyed by all ages. The promoters have stated that *“it is no secret that music and surfing go hand in hand, so it is a no-brainer that a music festival should (excuse the pun) jump on board to follow the Australian leg of the World Surf League Championship Tour and other associated major surfing events around our island nation”*.

The Drop is a music festival dedicated to community, culture, local food and beverages and above all, a shared love of the ocean. The Drop 2020 will attract approximately **8,000 - 9,000 patrons**. The event is a licensed, **all ages events**. Keirle Park, Manly has been divided as follows:

- 18+ years = Access to licensed and unlicensed zones
- 13 to 17 years = Unaccompanied OK (No Access to Licensed Zones)
- 0 to 12 Years = Accompanied by Guardian (No Access to Licensed Zones)

During the course of development of the “Medical Management Plan” for the event, Paramedical Services and other stakeholders considered that given the time of year, anticipated weather conditions and the ready access and proximity to mass crowds, diverse population and patronage, a high potential exists for some patrons to inadvertently be exposed to potential medical illnesses, drug and alcohol, accidents and trauma and other health hazards in and around the Keirle Park, Manly precinct.

In accordance with the principles of both Emergency and Risk Management, organizers and event managers have determined that (like Medical and Security disciplines) a professional, “specialized” resource is required to (amongst other things) manage risks/hazards associated with incidence, misadventures and accidents at the event.

In collaboration with the appointed management company, Jeremy Stones (the Drop Festival) and Paramedical Services, this overview document has been developed for the purposes of:

- a) identifying specific risks associated with the event
- b) providing an assessment of that risk (where identified) is undertaken and
- c) recommending appropriate treatments to be developed and applied (where practicable) to eliminate/reduce identified risk



The result is the development of this document titled “**Medical Management Plan**” which refers specifically to the arrangements established to mitigate the risk of injury, medical illnesses, and drug and alcohol incidents.

Established arrangements for controlling (where possible) patron activities around the Keirle Park, Manly and the planned response to (and management of) any incidents which might occur involving patrons inadvertent or purposeful use of the facilities and leisure activities are also detailed within the plan. Information relating to the management and response arrangements established for non-medical related incidents and emergencies including: Safety, Security and Public Order etc. are **NOT** covered in this document.

### **Risk Medical Classification**

Paramedical Services has determined the specific medical risks, the location and medical resources available to the public, and determines the level of medical planning required for an event, and the need for a medical intervention plan for an event. The event has been classified as **MEDIUM**.

### **Proposed Venue**

The proposed venue for The Drop 2020 is Keirle Park. Keirle Park is a Northern Beaches Council owned and operated multi-sport playing field in the suburb of Manly. The Latitude and Longitude for Keirle Park is 33.7848° S, 151.2809° E. The venue precinct is bounded by Pittwater Road and Balgowlah Road to the East, Kenneth Road to the South and Addiscombe Road to the West. The Manly creek is the boundary North of the venue. The venue is relatively flat area incorporating rugby league fields, cricket pitches, tennis courts and player and official’s buildings. The venue is surrounded by trees and a natural water way, with the Manly Golf course surrounding the Park.



**Figure 1: General satellite view of the proposed venue site.**

The site is a well maintained with a number of inherent risks related to the health and safety of all patrons, this is especially so for an outdoor event. There is a natural water way (Manly Creek) that bounds Keirle Park to the North. Albeit this will be fenced during the course of The Drop Festival, consideration of potential water related risks should be deliberated. There are no other associated fixed water attractions (ponds, lakes, fountains etc.) at the site.

The Paramedical Services ***“Medical Management Plan”*** has considered the following hazards, which may include:

- Slip, trips and falls
- Drugs and Alcohol
- Terrain – small holes, gutters, uneven ground etc. that can twist ankles
- Water related incidents
- Wildlife/fauna including insects, spiders and snakes
- High winds associated with activities (tents, food stalls, stage and electrical wiring etc.)
- Extremes of temperature
- Fit outs within buildings and structures and
- Chemicals stored on site and structures

## **Proposed Controls**

The ability for organizers to effectively prohibit and manage patrons from injuring themselves is considered impractical and unachievable, therefore the establishment of appropriate controls designed to mitigate risk and manage behaviour is preferred.

These controls include (but are not limited to) the following:

- 1) Appointment of a suitably qualified/experienced Nurses, Doctors, Registered Paramedics, First Aiders (Cert IV/FAC) and security personnel to:
  - Provide an effective/timely response capability to those persons requiring assistance
  - Provide an effective/timely recovery capability where required
  - Working in harmony with the jurisdictional based Ambulance Services, Police and Security Service and Fire and Rescue resources
  - Provide a high level of treatment and care as required
  - Provide Company representatives and management (including the Event Management Group) with on-going risk management/assessment of potential medical, and trauma

- 2) Designation of a specific “controlled” area
  - To be visually delineated and access controlled using appropriate signage, physical barriers and other security resources
- 3) Establishment of “controlled” access times (if required by the event management company)
- 4) Provision of appropriate resources (both human and equipment) to effectively aid in the delivery of effective management of major incidents or illnesses

**It should be noted that this plan must be read in conjunction with the Paramedical Services Event Medical Risk Management Document, Paramedical Services Intoxication Guidelines, the Drop Festival Management and Safety Plan and the Proposal of Services.**

## Personnel and Equipment

### Personnel

Paramedical Services (a NSW company providing specialized event medical services and resources) will provide a team of highly experienced/registered Intensive Care Paramedics and Registered Paramedics and First Aider (Cert IV/FAC) with equipment to monitor and assist those patrons who may require assistance due to injury or illness.

**Dr Peter Mangles (contact 042 904 952)** is the site supervisor for Paramedical Services and will manage all personnel, mobilisation and deployments throughout the event.

**Mr William Williams (contact 0412 019 322)** is a Senior Intensive Care Paramedic onsite and will act as second in charge to the event.

### Deployment

The overall deployment for **The Drop 2020** includes:

The Drop – 9,000 PAX	
Description	Number
Event Medical Manager	1
Registered Intensive Care Paramedics	1
Registered Paramedics	3
First Aiders (FA + Cert IV Healthcare)	3
Scribe	1
Nurses (Triage included)	1
<b>Total</b>	<b>10</b>

- a) **Doctor** will be a specialist critical care physician, who has achieved Fellowship of a relevant colleges (ACEM, CICM or ANZCA). The doctor will have experience in pre-hospital and/or retrieval medicine, and an understanding of the management of serious drug and alcohol related toxicity.
- b) **Registered Nurse**, with unconditional registration through AHPRA. The Paramedical Services Registered nurses will have at least two years full-time nursing experience in addition to the graduate year. Registered Nurses working for Paramedical Services will have experience working in the out of hospital and pre-hospital and/or emergency department environment. The nurse (specialist or general, not enrolled), will have at least two years full-time nursing experience in addition to the graduate year, and recent experience (within one year) working in a pre-hospital or critical care areas.
- a) **“Registered Intensive Care Paramedics”**: A registered paramedic, with unconditional registration through AHPRA. A registered paramedic’s scope of practice is determined by the clinical governance framework of the service by which they are credentialed or employed, aligned to their experience and qualifications.
- b) **“Registered Paramedics”**: A registered paramedic, with unconditional registration through AHPRA. A registered paramedic’s scope of practice is determined by the clinical governance framework of the service by which they are credentialed or employed, aligned to their experience and qualifications.
- c) **“First Aider”**: A person who holds a current certificate of first aid competency through a registered training organisation. They should also have experience in providing first aid at large events and receive additional training in recognising common drug-related presentations and the signs and symptoms of more serious illness.

Paramedical Services level of response will be greater than a first aider, as the majority of **personnel** in this category will have completed the Certificate IV Healthcare. The Certificate IV Healthcare qualification is accredited with the Australian Skills Quality Authority (ASQA) and covers work involving delivery of limited direct client care in an emergency response context. The qualification focuses on work in the ambulance industry undertaken by volunteers or workers who provide a basic emergency response and transport role in areas such as mines rescue, fire and rescue services, patient transport officers and industrial paramedics and First Aiders (Cert IV Healthcare)

Scope of Practice and attending out of hospital personnel have been identified in **Appendix 1** and **Appendix 2**.

Scheduling of personnel and scope and capabilities will be aligned to the “Guidelines for Music Festival Event Organisers: Music Festival Harm Reduction” August 2019.

### **Roster and Scheduling**

Scheduling of personnel to **The Drop 2020** Music Festivals will be published 21 calendar days prior to the event (see Appendix 2).

## Equipment

Equipment to be provided by Paramedical Services for use by First Aiders (Cert IV/FAC), Paramedics and Intensive Care Paramedics, Nurses and Doctors shall include but not limited to:

- Fully equipped Ambulance (2 x Sprinter Ambulance)
- Basic Life Support equipment
- Sabre ventilator
- Bag Valve Mask (BVM)
- Oxygen and advanced airway management (Supraglottic Airways, Laryngoscopy, ETT)
- Advance Life Support Equipment (medication, needle decompression, cannulation etc.)
- Trauma care (splint, cervical collars, spine boards, extrication equipment, stokes litter etc.)
- Defibrillators (AED / Manual - Biphasic defibrillators)
- Welch Allen Monitors (NIBP, SaO<sub>2</sub>, Temperature etc.)
- Tympanic thermometers
- Analgesia (Entonox, Methoxyflurane and Opioids)
- Splints
- Pelvic splints, SAM splints,
- Medications (OCT's, Schedule 2, Schedule 4 and Schedule 8)
- Basic First Aid
- Medical Response Cart

The medical centre/s will be fitted with emergency resuscitation equipment. **Appendix 3 - Medical Centre Emergency Response Equipment list.**

## Triage

Triage is the first point of public contact with the Event Medical Centre. The triage assessment should take no more than two to five minutes with an aim of speed and thoroughness being the essence. Paramedical Services has adopted the **Australasian Triage Scale (ATS)** as the preferred model for event medical services and modified this to the needs of Event Medical Management. The triage assessment involves a combination of the presenting problem and general appearance of the patient, and may be combined with pertinent physiological observations. Vital signs should only be measured at triage if required to estimate urgency, or if time permits.

Any patient identified as via the modified **ATS Category 1 or 2** will be taken immediately into an appropriate assessment and treatment area in the Event Medical Centre.

## Time to Treatment

The time to treatment described for each ATS Category refers to the maximum time a patient in that category should wait for assessment and treatment. This has been modified for the event sector. In the more urgent categories, assessment and treatment should occur simultaneously. Ideally, patients should be seen well within the recommended maximum times. Implicit in the descriptors of Categories 1 to 4 is the assumption that the clinical outcome may be affected by delays to assessment and treatment beyond the recommended times.

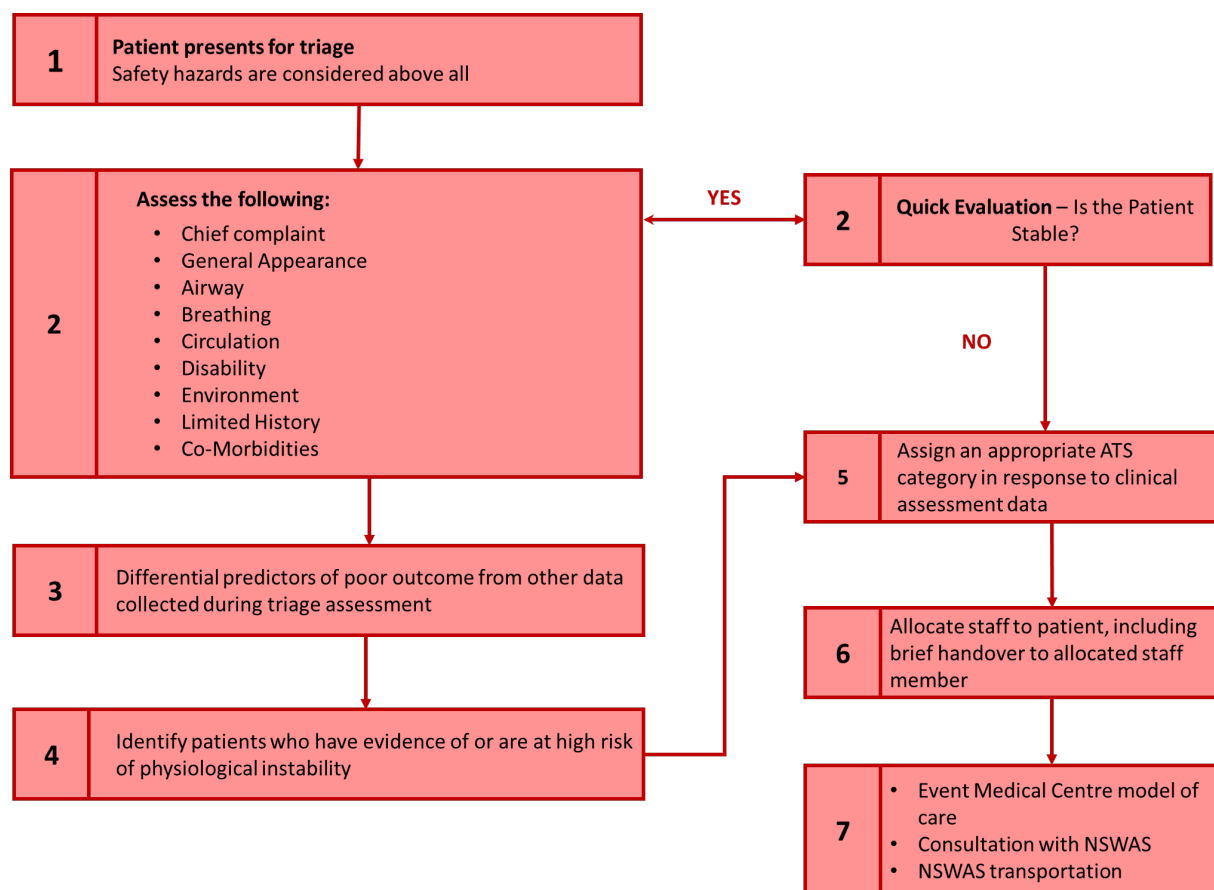
ATS Category	Treatment Acuity (Maximum Waiting Time - Hospital)	Treatment Acuity (Maximum Waiting Time – Modified Events)
Category 1	Immediate	Immediate
Category 2	10 minutes	5 minutes
Category 3	30 minutes	15 minutes
Category 4	60 minutes	20 minutes
Category 5	120 minutes	60 minutes

## Triage Colours

Paramedical Services utilises a colour code system to assist with the identification of triaged patients. This visual tool assists treating practitioners with the early identification of urgent and emergent cases. Using these systems, Paramedical Services can choose to identify each ATS Category using a specific colour; **Red (Category 1)**, **Orange (Category 2)**, **Green (Category 3)**, **Blue (Category 4)** and **White (Category 5)**. Paramedical Services has adopted the recommended standard colours used throughout Australia and New Zealand. Colour designations is only be used as an adjunct to the numerical designations identifying each triage category.

## Triage Methodology

Paramedical Services has adopted the following triage methodology where many patients may present simultaneously. It aims to ensure that patients are treated in the order of their clinical urgency which refers to the need for time-critical intervention. Clinical urgency is not synonymous with complexity or severity. Triage also allows for the allocation of the patient to the most appropriate assessment and treatment area, and contributes information that helps to describe the medical centres case-mix.



## Documentation Standards

The Paramedical Services documentation of the triage assessment will include at a minimum the following essential details:

- Date and time of assessment
- Name of triage officer
- Chief presenting problem(s)
- Limited, relevant history
- Relevant assessment findings
- Initial triage category allocated
- Re-triage category with time and reason
- Assessment and treatment area allocated
- Any diagnostic, first aid or treatment measures initiated



## Clinical Descriptors

The listed clinical descriptors for each category are based on available research data where possible, as well as expert consensus. Paramedical Services recognises that the list is not intended to be exhaustive nor absolute and must be regarded as indicative only. Absolute physiological measurements must be taken as the sole criterion for allocation to an ATS category. Senior clinicians will exercise their judgement, and where there is doubt, err on the side of caution.

## Most Urgent Features Determine Category

The most urgent clinical feature identified, determines the modified ATS category. Once a high-risk feature is identified, a response commensurate with the urgency of that feature will be initiated.

ATS Category	Response	Description of Category	Clinical Descriptors (Indicative Only)
<b>Category 1</b>	Immediate simultaneous assessment and treatment	<b>Immediately Life-Threatening</b>  Conditions that are threats to life (or imminent risk of deterioration) and require immediate aggressive intervention.	<ul style="list-style-type: none"> <li>• Cardiac arrest</li> <li>• Respiratory arrest</li> <li>• Immediate risk to airway – impending arrest</li> <li>• Respiratory rate &lt;10/min</li> <li>• Extreme respiratory distress</li> <li>• BP &lt; 80 (adult)</li> <li>• Unresponsive or responds to pain only (GCS &lt; 9)</li> <li>• Ongoing/prolonged seizure</li> <li>• Overdose and unresponsive or hypoventilation</li> <li>• Severe Serotonin Toxicity</li> <li>• Severe behavioural disorder with immediate threat of dangerous violence</li> </ul>



ATS Category	Response	Description of Category	Clinical Descriptors (Indicative Only)
<b>Category 2</b>	Assessment and treatment within 5 minutes assessment and treatment	<p><b>Imminently life-threatening</b></p> <p>The patient's condition is serious enough or deteriorating so rapidly that there is the potential of threat to life, or organ system failure, if not treated within five minutes of arrival</p> <p><b>or</b></p> <p><b>Important time-critical treatment</b></p> <p>The potential for time-critical treatment to make a significant effect on clinical outcome depends on treatment commencing within a few minutes of the patient's arrival in the medical centre</p> <p><b>or</b></p> <p><b>Very severe pain</b></p> <p>Humane practice mandates the relief of very severe pain or distress within 5 minutes</p>	<ul style="list-style-type: none"> <li>• Airway risk – severe stridor or drooling with distress</li> <li>• Severe respiratory distress &lt; 12; &gt; 22</li> <li>• Oxygen Saturation &lt; 94% on Room Air</li> <li>• Circulatory compromise <ul style="list-style-type: none"> <li>- Clammy or mottled skin, poor perfusion</li> <li>- HR &lt; 50; &gt; 100 (adult)</li> <li>- Systolic BP &lt; 100; &gt; 140</li> <li>- Hypotension with haemodynamic effects</li> <li>- Severe blood loss</li> </ul> </li> <li>• Chest pain of likely cardiac nature</li> <li>• Very severe pain - any cause</li> <li>• BSL &lt; 3 mmol/l</li> <li>• Drowsy, decreased responsiveness any cause (GCS &lt; 13)</li> <li>• Acute stroke</li> <li>• Temperature &lt; 35.5°C; &gt; 38°C</li> <li>• Acid or alkali splash to eye – requiring irrigation</li> <li>• Major multi trauma</li> <li>• Severe localised trauma – major fracture, amputation</li> <li>• High-risk history: <ul style="list-style-type: none"> <li>- Significant sedative or other toxic ingestion</li> <li>- Significant/dangerous envenomation</li> <li>- Severe pain or other feature suggesting PE, aortic dissection/AAA or ectopic pregnancy</li> </ul> </li> <li>• Any decrease in level of consciousness, new confusion or serious behavioural disturbance</li> <li>• Behavioural/Psychiatric: <ul style="list-style-type: none"> <li>- violent or aggressive</li> <li>- immediate threat to self or others</li> <li>- requires or has required restraint</li> <li>- severe agitation or aggression</li> </ul> </li> </ul>

ATS Category	Response	Description of Category	Clinical Descriptors (Indicative Only)
Category 3	Assessment and treatment start within 15 minutes	<p><b>Life-Threatening</b></p> <p>The patient's condition may progress to life or limb threatening, or may lead to significant morbidity, if assessment and treatment are not commenced within thirty minutes of arrival</p> <p><b>or</b></p> <p><b>Situational Urgency</b></p> <p>There is potential for adverse outcome if time-critical treatment is not commenced within thirty minutes</p> <p><b>or</b></p> <p>Humane practice mandates the relief of severe discomfort or distress within thirty minutes</p>	<ul style="list-style-type: none"> <li>• Severe hypertension</li> <li>• Moderately severe blood loss – any cause</li> <li>• Moderate shortness of breath</li> <li>• Seizure (now alert)</li> <li>• Persistent vomiting</li> <li>• Dehydration</li> <li>• Head injury with short LOC- now alert</li> <li>• Suspected sepsis (physiologically stable)</li> <li>• Moderately severe pain – any cause – requiring analgesia</li> <li>• Chest pain likely non-cardiac and mod severity</li> <li>• Abdominal pain without high risk features – mod severe or patient age &gt;65 years</li> <li>• Moderate limb injury – deformity, severe laceration, crush</li> <li>• Limb – altered sensation, acutely absent pulse</li> <li>• Trauma - high-risk history with no other high-risk features</li> <li>• Behavioural/Psychiatric: <ul style="list-style-type: none"> <li>- very distressed, risk of self-harm</li> <li>- acutely psychotic or thought disordered</li> <li>- situational crisis, deliberate self-harm</li> <li>- agitated / withdrawn</li> <li>- potentially aggressive</li> </ul> </li> </ul>

ATS Category	Response	Description of Category	Clinical Descriptors (Indicative Only)
Category 4	Assessment and treatment start within 30 minutes	<p><b>Potentially serious</b></p> <p>The patient's condition may deteriorate, or adverse outcome may result, if assessment and treatment is not commenced within one hour of arrival in ED. Symptoms moderate or prolonged</p> <p>or</p> <p><b>Situational Urgency</b></p> <p>There is potential for adverse outcome if time-critical treatment is not commenced within hour</p> <p>or</p> <p><b>Significant complexity or Severity</b></p> <p>Likely to require complex work-up and consultation and/or inpatient management</p> <p>or</p> <p>Humane practice mandates the relief of discomfort or distress within one hour</p>	<ul style="list-style-type: none"> <li>• Mild haemorrhage</li> <li>• Foreign body aspiration, no respiratory distress</li> <li>• Chest injury without rib pain or respiratory distress</li> <li>• Difficulty swallowing, no respiratory distress</li> <li>• Minor head injury, no loss of consciousness</li> <li>• Moderate pain, some risk features</li> <li>• Vomiting or diarrhoea without dehydration</li> <li>• Eye inflammation or foreign body – normal vision</li> <li>• Minor limb trauma – sprained ankle, possible fracture, uncomplicated laceration requiring investigation or intervention – Normal vital signs, low/moderate pain</li> <li>• Swollen “hot” joint</li> <li>• Non-specific abdominal pain</li> <li>• Behavioural/Psychiatric: <ul style="list-style-type: none"> <li>- Semi-urgent mental health problem</li> <li>- Under observation and/</li> </ul> </li> </ul>
Category 5	Assessment and treatment start within 60 minutes	<p><b>Less Urgent</b></p> <p>The patient's condition is chronic or minor enough that symptoms or clinical outcome will not be significantly affected if assessment and treatment are delayed from arrival.</p> <p>Or</p> <p>Managed by Harm Minimisation group (Dance Wize; Red Frog) for alcohol intoxication or minor toxidrome syndromes.</p>	<ul style="list-style-type: none"> <li>• Alcohol intoxication</li> <li>• Minimal pain with no high risk features</li> <li>• Low-risk history and now asymptomatic</li> <li>• Minor symptoms of existing stable illness</li> <li>• Minor symptoms of low-risk conditions</li> <li>• Minor wounds - small abrasions, minor lacerations (not requiring sutures)</li> <li>• Behavioural/Psychiatric: <ul style="list-style-type: none"> <li>- Known patient with chronic symptoms</li> <li>- Social crisis, clinically well patient</li> </ul> </li> </ul>

## Access

The event hours of operation for The Drop 2020 is from the 14<sup>th</sup> March 2020 (Bump In Time) **1100 hours** – (Bump Out Time) **2330 hours** or as necessary depending on patron movements. Paramedical Services personnel will be on site 1 hour prior to the event commencement and remain on site until dismissed by the event coordinator, usually **1 hour after the event is closed**.

## Operational Zones

### Medical Zones 1-4

The Keirle Park venue has been divided into zones of operations for the delivery of medical services. Paramedical Services personnel will be located (static) in the Medical Centre (Zone 1) and throughout the venue site (mobile). The site has been divided into four (4) Zones. These Zones will be covered by static and mobile personnel in an Intensive Care, Paramedic and First Aider (Cert IV/FAC) configuration.



Figure 2: Medical zones for deployment of mobile teams

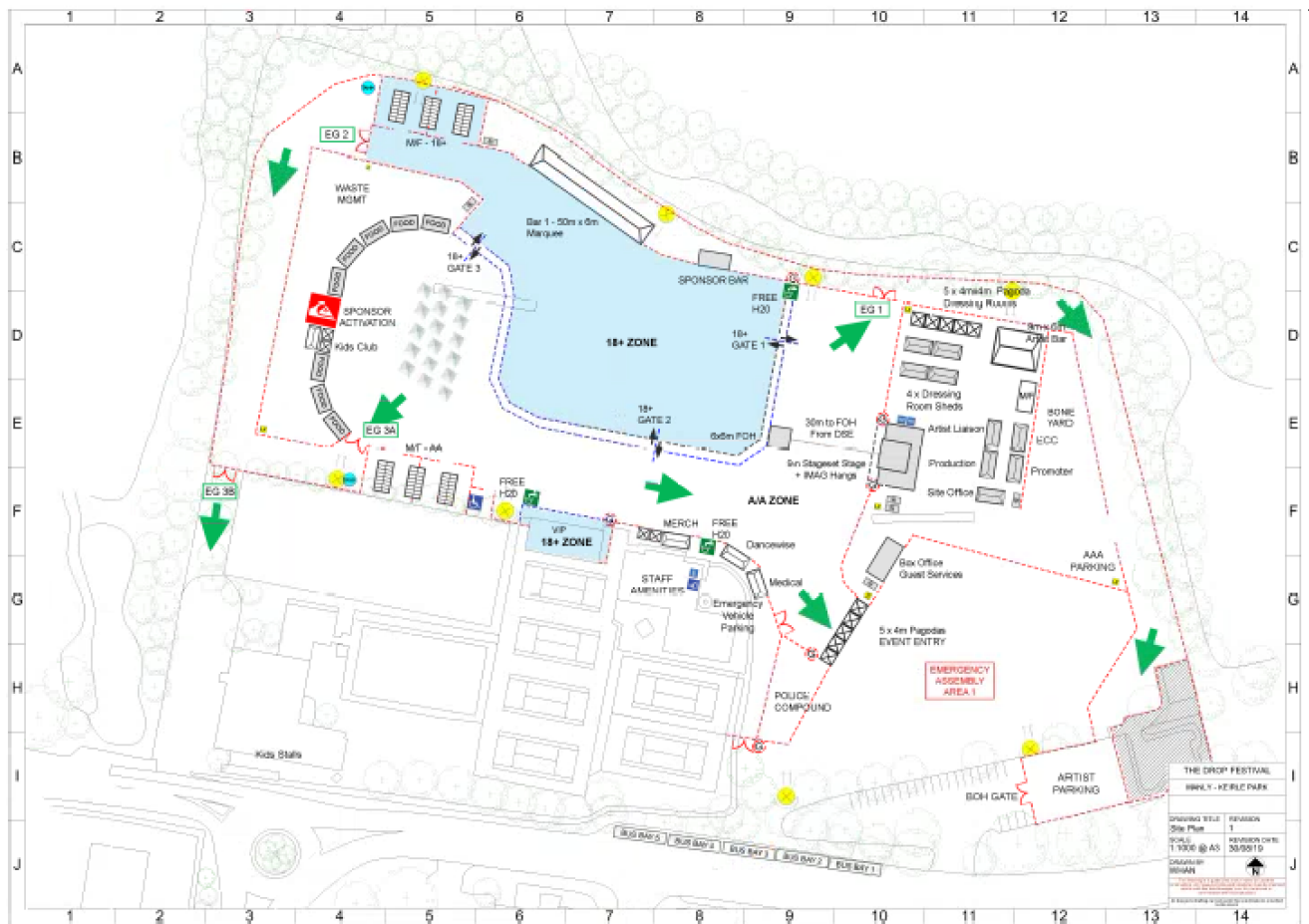


Figure 3: Site plan and designated licensed and unlicensed areas



## Deployment of Personnel

Paramedical Services personnel will be deployed across the site based on an agreed roster with NSW Ambulance and NSW Health and the Promotor (Jeremy Stones - the Drop Festival). Deployment of personnel will be rostered across the venue in accordance with attached roster **Appendix 4**.

The Paramedical Services Medical Event Manager will be located at the Medical Centre and onsite from 1100 hours until finish.

**Members of the Paramedical Services Emergency Medical Service will remain “on-site” for the duration of the event until dismissed by the event coordinator or the NSW Ambulance Forward Commander.**

## Medical Services

Paramedical Services is the appointed Event Medical Provider who will establish an onsite event Medical Centre that shall operate for the duration of the event. The siting of the event Medical Centre shall be in consultation with the event coordinator.

Staffing of the Medical Centre shall be as per the Promoters and NSW Health requirements and include a mix of Intensive Care Paramedics, Paramedics and First Aider (Cert IV/FAC) and shall be sufficient to address any circumstance presented as a result of an injury or accident, illness and/or an incident.

As an integral part of the Event Emergency Management Team, Paramedical Services has been briefed in relation to the potential for incidents and will incorporate provision of appropriate resources into the events medical service plan and arrangements to cater for any injury etc. that may be the result from accidents and incidents. Paramedical Services will work with the Ambulance NSW resources and representatives.

## Medical Centre

There will be **1 x Medical Centre / First Aid Centre** located approximately 30 metres from the main entrance closest to the Pittwater Road entrance carpark. The medical centre marquee will be (at a minimum) 10 m x 12 m temporary structure with hard flooring and air-conditioning and conform to the **“Guidelines for Music Festival Event Organisers: Music Festival Harm Reduction” August 2019**. The rear of the medical area must be fully enclosed and scrimmed. The Paramedical Services event medical centre will have the capacity to manage and treat:

- Two (2) high acuity patients (resuscitation bays)
- Five (5) low acuity patients
- Twelve (12) seated patients.

## Medical Centre design



**Figure 4: Primary Medical Centre Layout**

## **Provision of First Aid and Emergency Care**

Paramedical Services has provided pre-hospital care to community groups, event management, sporting events and major corporations in the Infrastructure, Mining and Energy sectors. The treatment of patients by First Aider (Cert IV/FAC), Paramedics and Intensive Care Paramedics is governed by a set of documented evidence-based protocols and guidelines. Protocols and Pharmacologies are the guiding principles that form the framework upon which the patient care role of Paramedical Services is centered.

These Protocols and Pharmacologies are systemically reviewed by the Paramedical Services Medical Advisory Committees. Input is also obtained from operational personnel, as well as medical and nursing specialists in relevant fields.

The review also ensures that treatment provided reflects current clinical practice in pre-hospital emergency care and where possible, is evidence based. Every Paramedical Services clinical practitioner is issued with a copy of these documents on an annual basis.

Paramedical Services is aligned to the Australian Resuscitation Council Guidelines and our internal protocols and pharmacology. In all emergencies, Paramedical Services adheres to a basic principle of:

### **1. Priorities in an Emergency**

Early recognition is a key step in initiating early management of an emergency situation. In all emergencies, Paramedical Services First Aiders (Cert IV/FAC), Paramedics and Intensive Care Paramedics, Nurses and Doctors should:

- Quickly assess the situation
- Ensure safety for the rescuer, person in need and bystanders (this may mean moving the person in need) and
- Send for additional help as required (e.g. **NSW Ambulance**, NSW Fire and Rescue and NSW Police)

If the person is unresponsive and not breathing normally, Paramedical Services personnel will initiate Basic Life and Advanced Life Support depending on their level of qualification. Where more than one person requires attention, the care of an unconscious person has priority.

### **2. General principles of Paramedical Services emergency management**

After ensuring the safety for the injured or ill patient, rescuers and bystanders and sending for help, the management of the collapsed or injured person involves:

- Prevention of further harm or injury
- Checking response to verbal and tactile stimuli (talk and touch)
- Care of airway, and breathing



- Control of bleeding
- Check temperature (hyperthermia)
- Checking for physical (e.g. alert jewellery) or electronic alert devices (e.g. smartphone application) that may be relevant to assessment or management
- Protection from the weather or environment (e.g. remove patient from heat/cold)
- Other first aid measures depending on the circumstances
- Gentle handling and reassurance and
- Continued observation

### **3. Moving a person in need**

The condition of a collapsed or injured person may be made worse by movement, increasing pain, injury, blood loss and shock. However, a person lying in a hazardous area, for example may need to be moved to ensure safety.

To achieve this Paramedical Services First Aider (Cert IV/FAC), Paramedics and Intensive Care Paramedics will move a person when needed to:

- Ensure the safety of both rescuer and the person in need
- Protect from extreme weather conditions or environmental factors
- Enable evacuation from difficult locations
- Enable the care of airway and breathing (e.g. turning the unconscious breathing person onto the side or turning a collapsed person onto their back to perform cardiopulmonary resuscitation)
- Enable the control of severe bleeding

### **Protocols and Clinical Practice Guidelines**

Paramedical Services personnel are supported in their clinical practice with access to clinical protocols and pharmacology guidelines (CPPG). The CPPG development and review methodology is undertaken by the Medical Advisory Committee who guide and evaluates the development and quality of the clinical protocols and pharmacology guidelines. **(Paramedical Services Protocols and Pharmacology attached as separate documents).**

The review and development process includes analysis of performance data, published evidence presented in international guidelines and systematic reviews, internal and external targeted consultation (including paramedic consultation), a consideration of context specific requirements and risks. Paramedics and intensive Care Paramedics are governed by their certificate of currency and their level of training experience in relation drug and medication approval.

The management of Patients presenting the medical centre will be in accordance with the Paramedical Services clinical guidelines and the senior medical practitioners review. Paramedical Services is aligned to the pre-hospital guidelines as published in the **Guidelines for Music Festival Event Organisers: Music Festival Harm Reduction (August 2019)**.

Paramedical Services recognises that toxicity due to ingestion of recreational drugs can progress rapidly and is difficult to manage in a pre-hospital setting. Persistence of vital signs outside of the recommended criteria, despite 15 minutes of inactivity and oral fluids in a temperature controlled environment should trigger urgent review by the most senior onsite clinician and further intervention as appropriate.

Clinical review will occur every 15 minutes at a minimum to assess for response to intervention and need for transfer to hospital. The senior clinician will focus on identification and management of the underlying cause.

However, they may still require transfer to hospital for treatment of toxicity related to recreational drugs or other medical conditions. Paramedical Services recognises that the recommended clinical criteria are not a substitute for overall clinical assessment and judgement and should be used in conjunction with appropriate clinical processes, including triage, monitoring, and treatment and transfer procedures, supported with adequate numbers of appropriately trained staff. **(Paramedical Services Intoxication Guidelines and Serotonin Syndrome Guidelines attached as separate documents).**

### **Resuscitation and Advance Life Support**

In accordance with the Paramedical Services training and protocols, First Aiders (Cert IV/FAC), Paramedics and Intensive Care Paramedics, Nurses and Doctors are all qualified to undertake patient resuscitation and Advanced Life Support (including defibrillation, oxygen therapy, and cannulation and cardiac drug therapies depending on their qualifications). Paramedical Services adheres to the Australian Resuscitation Guidelines and principles for resuscitation and ALS.

1. The importance of good CPR and early defibrillation in achieving successful outcomes. Ventricular Fibrillation (VF) is in many situations the primary rhythm in sudden cardiac arrest. The vast majority of survivors come from this group. The chance of successful defibrillation decreases with time. Therefore, the performance of good CPR and decreasing the time to defibrillation are the highest priorities in resuscitation from sudden cardiac arrest.
2. Automated External Defibrillators (AEDs) can accurately diagnose cardiac rhythms and separate them into two groups:
  - i. “Shockable” = those responsive to defibrillation
  - ii. “Non-shockable” = those unresponsive to defibrillation
3. There are interventions that are indicated in all causes of cardiac arrest.
4. There is a group of potentially reversible conditions that, if unrecognised or left untreated during cardiac arrest, may prevent successful resuscitation.

### **Good quality CPR**

The provision of good quality CPR is the cornerstone of advanced life support. This includes delivery of chest compressions over the lower half of the sternum at a depth of at least 5 cm, and at a rate of approximately 100-120 per minute, while minimising interruptions to compressions at all times.

### **Assess rhythm**

As soon as the defibrillator is available, the pads will be placed on the patient's chest, it should be charged and, the rhythm analysed. If a rhythm compatible with spontaneous circulation is observed, the defibrillator should be disarmed and the pulse checked.

### **Shockable Rhythm**

- Ventricular fibrillation is asynchronous chaotic ventricular activity that produces no cardiac output
- Pulseless ventricular tachycardia is a wide complex regular tachycardia associated with no clinically detectable cardiac output
- A defibrillator shock should be administered according to the algorithm
- Administer a single shock and immediately resume CPR for 2 minutes after delivery of shock
- Do not delay recommencing CPR to assess the rhythm

### **Risk Minimization**

As prevention is a key component to the Medical Management Plan, a number of preventative strategies are planned as an aide to minimizing the risk presented by individuals/groups. In assessing risk, a number of factors have been taken into consideration and these include but are not limited to:

- Familiarity of users with characteristics of location
- Availability, response and intervention capabilities of local services
- Slip, trips and falls
- Terrain – small holes that can twist ankles
- Water related incidents (drowning / near drowning)
- Wildlife/fauna including insects and spiders
- High winds associated with activities (tents, food stalls, stage and electrical wiring etc.)
- Extremes of temperature

## Clinical Waste Management

### Clinical Waste Overview

Paramedical Services recognises that in the course of the event clinical waste will be generated and produced on a daily basis. It is therefore essential that the appropriate segregation, transport and safe disposal of all these waste streams are properly managed. Comprehensive legislation covers all risks associated with waste for people and the environment. The Environment Agency, NSW Health and local authorities can enforce this legislation.

The aim of the clinical waste plan for The Drop Festival is to:

1. Protect public health and safety
2. Provide a safer working environment
3. Minimise waste generation and environmental impacts of waste treatment / disposal and
4. Ensure compliance with legislative requirements.

**Clinical waste** (for this event) means any waste resulting from medical, nursing, pharmaceutical, skin penetration or other related clinical activity, being waste that has the potential to cause injury, infection or offence, and includes waste containing any of the following:

- Human tissue (other than hair, teeth and nails)
- Bulk body fluids or blood
- Visibly blood-stained body fluids, materials or equipment

### Disposal of Clinical Waste

Bagged clinical waste and domestic waste will be disposed of via the local designated, controlled and secure waste storage area prior to removal. Clinical waste bags will be tagged. Bags will not be overloaded. High risk or infected waste, disposable suction jars, and sharps containers will be stored in the designated area prior to removal from the site by Paramedical Services.

### Bags for Clinical Waste

Yellow Clinical Waste bags will be provided by Paramedical Services and be, a minimum gauge of 800 (200 microns) i.e. heavy duty plastic and sealed using the supplied purpose-made plastic ties. These Bags must comply with the requirements of relevant legislation and conform to all other specifications listed below. Yellow bags for storage of clinical waste should:

- Be of maximum nominal capacity of 0.1m<sup>3</sup>.
- Be of minimum gauge of 225 (55 microns) if of low density or a minimum gauge 100 (25 microns) if of high density\
- Match the chosen container or fittings in use

### Clinical Waste Bag Closure

To ensure that a clear and auditable waste trail can be maintained it has become necessary that all clinical waste generated is readily identifiable with tags supplied.

### Bins for Sharps

Discarded syringes, needles and cartridges will be kept intact and together with any broken glass or sharp instruments be placed in containers designed and manufactured in accordance with Schedule 1 of the *Protection of the Environment Operations Act 1997*

All sharps bins will be tagged by using the identification tags prior to collection by the approved contractors Sharps boxes should only be filled two thirds full (to the indicated line) before sealing in order to prevent accidental sharps injuries.

These boxes will be stored separately and must not be mixed with clinical waste sacks or bins. Paramedical Services staff should be aware that there is a Sharps Policy for the control and use of sharps in the Paramedical Services. All sharps bins will be removed from the site post event.



Figure 5: Clinical Waste provisions

## Stakeholder Liaison

Paramedical Services will operate within its own Operations Protocols and Guidelines but will form part of the event Emergency Management Group under the co-ordination of the Event Manager

Liaison with other services including external statutory emergency services (**NSW Ambulance**, NSW Fire and Rescue and the NSW Police force) shall be in accordance with the protocols established in Event Management and Safety Plan and will be co-ordinated by the Event Co-ordinator.

## External Assistance

### NSW Ambulance Service control and transport

In the event of an incident occurring which requires resource assistance beyond the capability of the appointed medical team, such assistance will be requested via the **NSW Ambulance Service** in the first instance. All requests for jurisdictional ambulance support will be requested via the designated **NSW Ambulance Forward Commander** at the event.

The Event Medical Manager for Paramedical Services will constantly liaise with the NSW Ambulance Commander in relation to patient loads, high acuity patients and potential and actual patient transports to hospital. **All treatment and consideration for interventional procedures will be in liaison with the Ambulance Forward Commander.**

**The Ambulance Commander will be responsible for the notification and mobilisation of jurisdictional ambulance assets to and from the site.** Once the decision to transfer a patient has been made, onsite medical staff will work with deployed NSW Ambulance staff to support coordination of resources and prioritisation of patients awaiting transfer. The Ambulance Commander will have overall authority for patients requiring transportation from the event and to a public hospital facility.

### DanceWize NSW

Paramedical Services will work with and be located next to the DanceWize Association. DanceWize NSW is a program of NSW Users and Aids Association, the leader in peer-led harm reduction in NSW.

DanceWize NSW is funded by the NSW Ministry of Health to attend NSW music festivals to increase the safety of festival patrons through credible and evidence based information about safer partying and delivering a range of peer-delivered prevention and harm reduction services including crowd care services (e.g. water, sunscreen, information) through to hosting a dedicated care space to look after festival goers who are experiencing difficulty or simply need a time out.

Paramedical Services will work closely with DanceWize NSW, Event Promoters, NSW Ambulance, Police, and security service providers to support a coordinated, safety-focused approach aligned to best practice and effective health solutions, at events and festivals in the state of NSW.

Paramedical Services will assist DanceWize in their care interventions setting, where patients have a private chill out area to receive one-on-one care. This care might be a kind conversation, a safe place to rest, a cup of tea and a snack, or a warm, dry place to recover. The care space will be co-located with the Paramedical Services onsite medical facility

In addition Paramedical Service personnel will work with the DanceWize roving teams to walk through event grounds at peak periods, to keep an eye out for people who are feeling unwell or confused and provide support either via the Paramedical Services medical teams, the DanceWize NSW care space, or security, as necessary. All roving teams will have radio contact with all necessary service providers.

## **Communication and Control**

A dedicated radio Medical Channel has been arranged with the Event Manager (Mr. Jeremy Stones), utilising the Event Organisers equipment and radio specifications. There will be four (4) radios used by the Paramedical Services teams. In addition all Paramedics and First Aiders (Cert IV/FAC) will carry cell phones in the event of radio communication failures.

## **Healthcare facilities**

### **Northern Beaches Hospital**

The Northern Beaches Hospital, located in Frenchs Forest, is a brand-new, purpose-built facility dedicated to the healthcare needs of the Northern Beaches community. The Hospital has 488 beds (60% public and 40% private). All Medicare-eligible patients are treated for free.

The catchment area is the same as the Northern Beaches Council Local Government Area and is the primary hospital for the Northern Beaches, providing a wide range of services. These include most surgeries, emergency, intensive care, cardiac, birthing, paediatrics, mental health, renal and cancer care, and outpatients. There is also on-site imaging, pathology and pharmacy services to ensure a comprehensive and high standard of support.

The Emergency Department is located on the ground floor, providing 24/7 care to residents, visitors and tourists. Comprising 50 beds and treatment spaces, the large ground floor area is divided into resuscitation; assessment; adult acute; paediatrics; short stay and mental health assessment. The service is led by senior doctors and nurses providing skilled assessment and treatment in the right place at the right time.

Distance from site:	7.2 kilometres
Time from Site	12 minutes
Location:	105 Frenchs Forest Road (West), Frenchs Forest NSW 2086
Telephone:	(02) 9105 5000
Operating Times:	24 hours

### **Royal North Shore Hospital**

Established in 1885, Royal North Shore Hospital (RNSH) and its associated health services meet the health needs of four local government areas - Mosman, Willoughby, Lane Cove and North Sydney. RNSH is a principal tertiary referral centre as well as a NSW Trauma Centre. The state-wide services provided by RNSH are severe burns injury, spinal cord injury, neonatal intensive care and interventional neuroradiology.

The Royal North Shore Hospital (RNSH) is a major public teaching hospital in Sydney, Australia, located in St Leonards. It serves as a teaching hospital for Sydney Medical School at the University of Sydney and has approximately 600 beds. It is the referral hospital for Northern Sydney. Its primary referral area accommodates 5.7% of the Australian population or 17% of the NSW population

The emergency department sees approximately 90,000 presentations per year. The emergency department team is made up of a variety of professionals such as nurses, doctors, social workers, physiotherapists, and pharmacists as well as ancillary staff. The ED is made up of the following clinical areas:

- Triage
- Waiting room
- Emergency Department Ambulatory Care: Treatment areas including facilities for procedures such as; suturing, plastering, as well as a separate Eye and ENT examination room
- Acute beds with patient monitoring equipment available
- Resuscitation bays equipped for patient resuscitation
- Emergency Medical Units

The emergency department is equipped to see all emergencies for assessment and stabilisation.

Distance from site:	12.8 kilometres
Time from Site	24 minutes
Location:	Reserve Road, St Leonards NSW 2065
Telephone:	02 9767 5000
Operating Times:	24 hours



## **Reports/De-Briefs**

Any incidents arising from the event will be subject to a report in accordance with Paramedical Services established protocols/processes.

A formal de-brief will be conducted within two (2) hours of any incident (unless emergency operations determine otherwise) and will involve those stakeholders with responsibility" (i.e.: Event Coordinator, Paramedical Services Directors, and external agencies – NSW Ambulance, NSW Police, NSW Fire and Rescue etc.).

## **Proposal of Services**

The preparation and development of a specific proposal of services for the performance of Emergency Medical Services duties shall be the responsibility of Paramedical Services who shall ensure that a copy of the proposal of services has been provided to the event organizers prior to the commencement of the event.

## Paramedical Services Risk Matrix

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
<b>Event Build- Risk to Staff</b>								
EB1	Injury of any kind	Moderate	Almost Certain	Extreme	All contractors specifically trained and accredited for high risk work	Event Manager	Planning	Safety Manager
					Safety officer on site during build week	Event Manager	Planning	Event Manager
					All staff and contractors inducted to site prior to commencing work	Event Manager	Planning	Event Coordinator
					All staff and contractors must hold a valid white card before commencing work	Event Manager	Planning	Event Coordinator
					Qualified Medical / Paramedic or First Aider on site at all times	Event Manager	Planning	Safety Manager
					Medical kit on site	Event Manager	Planning	Event Coordinator
					Mobile phone available at event office	Event Manager	Planning	Event Coordinator
					Safe Work NSW invited to inspect build site	Event Manager	Planning	Safety Manager
EB 2	Personal Crush Impact from falling objects or structures	Major	Possible	Extreme	5m exclusion zone around unloading vehicles	Event Manager	Build	Safety Manager
					5m exclusion zone around raised forklifts	Event Manager	Build	Safety Manager
					5m exclusion zone around raised scissor and boom lifts	Event Manager	Build	Safety Manager
					5m exclusion zone around tilt tray and reach crane trucks	Event Manager	Build	Safety Manager

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
					All riggers must have up to date ticket	Event Manager	Planning	Safety Manager
					5m exclusion zone below any rigger working at height	Event Manager	Build	Safety Manager
					Hard hats to be worn at all times when working on or under structures	Event Manager	Build	Safety Manager
					Steel capped boots to be worn on site at all times during bump in/ bump out (including food vendors)	Event Manager	Build	Safety Manager
					High visibility vests to be worn by anyone inside event site	Event Manager	Build	Safety Manager
					Structures to be erected by experienced provider	Event Manager	Planning	Safety Manager
					Structures to be engineer certified	Event Manager	Planning	Safety Manager
					Safe Work NSW to be invited to inspect	Event Manager	Build	Safety Manager
					Large trees on site to be inspected by a qualified arborist prior to opening	Event Manager	Planning	Safety Manager
<b>EB 3</b>	Personal Crush stricken by forklift or vehicle	Major	Possible	<b>Extreme</b>	5m exclusion zone around unloading vehicles	Event Manager	Build	Safety Manager
					5m exclusion zone around forklifts/vehicle	Event Manager	Build	Safety Manager
					5m exclusion zone around raised scissor and boom lifts	Event Manager	Build	Safety Manager
					5m exclusion zone around tilt tray and reach crane trucks	Event Manager	Build	Safety Manager

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
					High visibility vests to be worn by anyone inside event site	Event Manager	Build	Safety Manager
					All vehicles to remain under 5km/hr. at all times on site	Event Manager	Build	Safety Manager
					All vehicles on site must utilise hazard lights at all times	Event Manager	Build	Safety Manager
					Reversing vehicles MUST have spotter on foot behind vehicle	Event Manager	Build	Safety Manager
					All vehicles to remaining on designated roads where possible	Event Manager	Build	Safety Manager
					Forklifts to have flashing alert lights, sounds and rear view mirrors	Event Manager	Planning	Safety Manager
					Forklift operators to have valid licence	Event Manager	Planning	Safety Manager
					Ensure forklifts have functional roll cages/seat belts	Event Manager	Build	Safety Manager
					Safe Work NSW to be invited to inspect all forklifts	Event Manager	Build	Safety Manager
<b>EB 4</b>	Hygiene	Minor	Unlikely	<b>Low</b>	Staff toilet/hand basin on site with running water system	Event Manager	Planning	Safety Manager
					Disinfectant hand wash available in site shed	Event Manager	Planning	Safety Manager
					Site shed to be cleaned daily including the sweeping of floors	Event Manager	Build	Event Coordinator
					Food scraps to be removed from site every day	Event Manager	Build	Event Coordinator
					NSW Health invited to inspect	Event Manager	Build	Catering Manager

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
					Disinfectant hand wash available in site shed	Event Manager	Planning	Safety Manager
					Site shed to be cleaned daily including the sweeping of floors	Event Manager	Build	Event Coordinator
<b>EB 5</b>	Sunburn	Minor	Possible	<b>Medium</b>	Free sunscreen available at site shed	Event Manager	Planning	Event Coordinator
					Staff to be advised to reapply sunscreen every two hours	Event Manager	Build	Safety Manager
					Hat, sun glasses and long sleeve clothing to be preferred dress on site	Event Manager	Build	Safety Manager
					Sun burn relief spray to be located in the site shed	Event Manager	Build	Safety Manager
<b>EB 6</b>	Dehydration / Heatstroke	Moderate	Rare	<b>Medium</b>	Free water available at site shed for event staff	Event Manager	Planning	Event Coordinator
					Event staff provided with reusable drink bottles	Event Manager	Planning	Event Coordinator
					Air conditioned staff room available for work breaks	Event Manager	Planning	Event Coordinator
					Works hours to be monitored to insure regular and sufficient breaks	Event Manager	Build	Event Coordinator
<b>EB 7</b>	Fatigue related injury	Minor	Rare	<b>Low</b>	Air conditioned staff room available for work breaks	Event Manager	Planning	Event Coordinator
					Works hours to be monitored to insure regular and sufficient breaks	Event Manager	Build	Event Coordinator
					Ensure staff are having regular meals and water throughout the day	Event Manager	Build	Event Coordinator

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
					If weather becomes dangerous work will cease	Event Manager	Build	Safety Manager
<b>EB 8</b>	Hypothermia	Minor	Rare	<b>Low</b>	Staff advised to bring clothing for all conditions	Event Manager	Planning	Safety Manager
					Ensure there is a supply of disposable ponchos in the site office for wet weather	Event Manager	Planning	Event Coordinator
					If weather becomes dangerous work will cease	Event Manager	Build	Safety Manager
					Ensure there is a supply of disposable ponchos in the site office for wet weather	Event Manager	Planning	Event Coordinator
<b>EB 9</b>	Muscle strain from weight loading	Moderate	Possible	<b>High</b>	Trolleys provided on site for moving loads around site	Event Manager	Planning	Safety Manager
					Staff trained in safe lifting procedures and to utilise at all times	Event Manager	Planning	Safety Manager
					Loads too heavy to one man lift will be addressed by two man lifting	Event Manager	Build	Safety Manager
					Loads too heavy to one man lift will be addressed by mechanical lifting	Event Manager	Build	Safety Manager
					Ensure there is always a licensed forklift operator on site	Event Manager	Build	Safety Manager
<b>EB 10</b>	Pinching, Shearing or amputation	Major	Unlikely	<b>High</b>	All contractors specifically trained and accredited for high risk work	Event Manager	Planning	Event Coordinator
					Safety signage installed across the event site to warn staff of moving vehicles	Event Manager	Build	Safety Manager
					Safe Work NSW invited to inspect build site	Event Manager	Planning	Safety Manager
					Correct stacking methods used when storing equipment	Event Manager	Build	Safety Manager

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
					Gloves available to event staff if required	Event Manager	Build	Event Coordinator
<b>EB 11</b>	Cuts, abrasions or lacerations	Moderate	Possible	<b>High</b>	All sharp objects on site identified and covered	Site Manager	Build	Safety Manager
					All contractors specifically trained and accredited for high risk work	Event Manager	Planning	Event Coordinator
					Safety signage installed across the event site to warn staff of moving vehicles	Event Manager	Build	Safety Manager
					Safe Work NSW invited to inspect build site	Event Manager	Planning	Safety Manager
					Gloves available to event staff if required	Event Manager	Build	Safety Manager
<b>EB 12</b>	Damage to Eyes	Major	Possible	<b>Extreme</b>	Staff to be encouraged to wear sunglasses	Event Manager	Build	Safety Manager
					Safety signage installed across the event site to warn staff of high risk work	Event Manager	Build	Safety Manager
					Protective glass-wear to be worn when operating rotating machinery such as angle grinders	Event Manager	Build	Safety Manager
					Protective glass-wear to be worn when operating rotating machinery such as angle grinders	Event Manager	Build	Safety Manager
<b>EB 13</b>	Emergency Gates not operational during emergency	Serious	Rare	<b>High</b>	Liaise with Fire and Rescue and National Parks to ensure gate size meets capacity of venue	Event Manager	Planning	Safety Manager
					Ensure fencing contractor has installed functional wheels on each emergency gates	Event Manager	Build	Safety Manager
					Ensure all gates are in working order prior and during site build	Event Manager	Build	Safety Manager

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
					Gates not be locked until event site is closed for day	Event Manager	Build	Safety Manager
					Gates and fencing to be installed by specialist contractor	Event Manager	Planning	Safety Manager
<b>EB 14</b>	Electric Shock	Major	Possible	<b>Moderate</b>	All electrical infrastructure to be installed by specialist contractor	Event Manager	Planning	Safety Manager
					Cable runs to be elevated / covered / buried and insulated as per Australian Standards	Event Manager	Build	Safety Manager
					All electrical equipment utilised on site to be tagged and tested	Event Manager	Build	Safety Manager
					Paramedical Services medical Team on standby	Event Manager	Planning	Safety Manager
<b>EB 15</b>	Trip Hazards	Moderate	Possible	<b>High</b>	All infrastructure installed that could become a trip hazard to be installed as per local regulations	Event Manager	Build	Safety Manager
					No low lying ropes on structures	Event Manager	Build	Safety Manager
					All power cables to be lain in cable trays	Event Manager	Build	Safety Manager
					All hazardous landscapes to be fenced off and signposted appropriately	Event Manager	Build	Safety Manager
					Cleaning crew to be on site during the bump in to collect any rubbish left on the ground by event contractors	Event Manager	Build	Event Manager
					Flat foot paths and makeshift ramps	Event Manager	Build	Event Manager



Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
<b>Event Operations</b>								
EO 1	Crowd Crush	Serious	Unlikely	Extreme	Tickets sold to a maximum of 2.5 persons per square meter of the internal patron event space	Event Manager	Planning	Safety Manager
					Event site designed to ensure breakout space from key entertainment areas	Event Manager	Planning	Safety Manager
					Crowd behaviour closely monitored at entry gate, bars, food vendors and beverage service point areas	Event Manager	Planning	Security Manager
					Headline talent booked on main stage to ensure steady flow of interest throughout the event run	Event Manager	Planning	Safety Manager
					Crowd management plan designed and activated at event after being reviewed by expert and qualified safety advisor	Event Manager	Planning	Crowd Safety Officer
					Specifically designed and rated front of stage crowd control barriers installed	Event Manager	Build	Safety Manager
					Crowd behaviour, dynamic and flow monitored by security	Event Manager	Event	Security Manager
					Music Switched off in advance of occurrence. See operational plan for PA communication with crowd	Event Manager	Event	Product on Manager
					Medical Intervention Plan in place managed by Paramedical Services Commander	Event Manager	Planning	Medical Commander

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
EO 2	Personal Crush/Impact from falling objects or structures	Major	Possible	High	Regular inspections of overhanging structures and marquees for any noticeable changes	Event Manager	Event	Safety Manager
					Ensure patron exclusion zones around staging, BOH areas are secure	Event Manager	Event	Security Manager
					Staff working at heights to be qualified and wearing the correct PPE	Event Manager	Event	Safety Manager
					All equipment to have a valid engineering certificate on site	Event Manager	Event	Safety Manager
					Copies of contractor SMWS to be on site	Event Manager	Event	Event Coordinator
					All equipment to meet WHS regulations	Event Manager	Event	Safety Manager
					Medical Intervention Plan in place managed by Medical Commander	Event Manager	Event	Medical Commander
EO 3	Terrorist Bomb Attack	Serious	Rare	High	Bag check at entrance to event	Security Contractor	Event	Security Manager
					Restriction on what size bags may enter event..	Security Contractor	Event	Security Manager
					Random metal detector check at event entry	Security Contractor	Event	Security Manager
					External gate guards briefed for specific threat	Security Contractor	Planning	Security Manager
					Police bomb detection canine to cover site ahead of event opening	Security Manager	Build	Event Manager
					Detailed evacuation plan	Event Manager	Planning	Safety Manager
					Close crowd monitoring	Security Contractor	Event	Security Manager

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
					Strong security and police presence on site	Event Manager	Planning	NSW Police Security Services
					Terrorism threat advised ahead of event by Police and ASNSW	Event Manager	Planning	NSW Police NSW Ambulance NSW Fire and Rescue
					Detailed bomb threat procedures	Event Manager	Planning	Safety Manager
					Emergency services command part of Medical Management Plan	Event Manager	Planning	Medical Commander
EO 4	Terrorist Other / Weapon Attack	Serious	Rare	High	Bag check at entrance to event	Event Manager	Event	Security Manager
					Restriction on what size bags may enter event.	Event Manager	Event	Security Manager
					Random metal detector check at event entry	Event Manager	Event	Security Manager
					Detailed evacuation plan	Event Manager	Planning	Security Manager
					Close crowd monitoring	Event Manager	Event	Security Manager
					Strong security presence on site	Event Manager	Event	Security Manager
					Terrorism threat advised ahead of event by Police	Event Manager	Event	NSW Police
					Detailed bomb threat procedures	Event Manager	Planning	Event Manager

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
EO 5	Crowd Barriers Collapse Front of Stage	Serious	Unlikely	High	Specifically designed mojo crowd control barriers to be installed	Event Manager	Build	Safety Manager
					Barriers to be installed by specialist contractor	Event Manager	Build	Safety Manager
					Inspection to occur post install	Event Manager	Build	Safety Manager
					SafeWork NSW Invited to Inspect	Event Manager	Build	Event Manager
EO 6	Terrorist - Bomb Attack	Serious	Unlikely	High	Bag check at entrance to event	Security Contractor	Event	Security Manager
					Restriction on what size bags may enter event.	Security Contractor	Event	Security Manager
					Random metal detector check at event entry	Security Contractor	Event	Security Manager
					External gate guards briefed for specific threat	Security Contractor	Planning	Security Manager
					Police bomb detection canine to cover site ahead of event opening	Security Manager	Build	Event Manager
					Detailed evacuation plan	Event Manager	Planning	Safety Manager
					Close crowd monitoring	Security Contractor	Event	Security Manager
					Strong security and police presence on site	Event Manager	Planning	NSW Police Security
					Terrorism threat advised ahead of event by Police and ASNSW	Event Manager	Planning	NSW Police Security
					Detailed bomb threat procedures	Event Manager	Planning	Safety Manager

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
EO 7	Crowd Barriers Collapse Front of Stage	Serious	Unlikely	High	Specifically designed mojo crowd control barriers to be installed	Event Manager	Build	Safety Manager
					Barriers to be installed by specialist contractor	Event Manager	Build	Safety Manager
					Inspection to occur post install	Event Manager	Build	Safety Manager
					SafeWork NSW Invited to Inspect	Event Manager	Build	Event Manager
EO 8	Emergency Gates fail to open in emergency	Major	Unlikely	High	Liaise with Fire and Rescue NSW on gate numbers and size	Event Manager	Build	Event Manager
					Ensure all gates are in working order prior and during the event	Event Manager	Build	Event Manager
					Gates and fencing to be installed by specialist contractor	Event Manager	Build	Event Manager
					Inspection of all gates to occur post install	Event Manager	Build	Event Manager
EO 9	Cuts, lacerations and abrasions from sharp objects or glass	Minor	Possible	Medium	Promoted as a glass free event	Event Manager	Ticketing	Marketing Manager
					Bag check at event entry for glass/sharp objects	Event Manager	Event	Security Manager
					Any glass brought by patrons will be immediately confiscated at the gate and disposed of accordingly	Event Manager	Event	Security Manager
					No glass vessels to leave service areas or designated security managed service areas	Bar Licensee	Event	Event Manager

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
					Event day cleaning team to dispose of any glass found on site and in BOH areas	Event Manager	Event	Event Manager
					Medical Intervention Plan in place managed by Medical Commander	Event Manager	Planning	Medical Commander
					Monitoring of crowd for possession of glass items	Event Manager	Event	Security Manager
EO 10	Hypodermic Needle Related Injuries and Accidents	Insignificant	Remote	Low	Bag check at event entry	Security Contractor	Event	Security Manager
					Needle disposal kits with Medical staff	Medical / Paramedic Contractor	Event	Event Manager
					Security on site to deter illegal activity	Event Manager	Event	Security Manager
EO 11	Trips, slips and falls	Moderate	Possible	High	Responsible service of alcohol practiced at all times	Bar Licensee	Event	Event Manager
					Close monitoring of patrons	Event Manager	Event	Security Manager
					All hazardous material stored in accordance with regulations	Event Manager	Build	Event Manager
					Additional lighting installed around site to increase lighting in poorly lit areas	Event Manager	Build	Event Manager
					Ensure all stairs are well lit throughout the event	Event Manager	Planning / Build	Event Manager
					All trip hazards/hazardous landscapes to be covered/signposted in accordance with regulations	Event Manager	Build	Event Manager

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
					Enforce no crowd surfing policy	Event Manager	Event	Security Manager
					Enforce no shoulder riding policy	Event Manager	Event	Security Manager
EO 12	Appropriate Venue Location	Insignificant	Remote	Low	Venue is deemed major event space by venue owner	Jeremy Stones (the Drop Festival)	Planning	Jeremy Stones (the Drop Festival)
					Venue designed to allow for disabled access	Event Manager	Planning	Event Manager
					Easy access provided in and out of the event by access roads	Event Manager	Planning	Event Manager
					Appropriate road closure measures	Event Manager	Planning	Traffic Management
					Liaison with Captain Cook Cruises to book egress services on event day	Event Manager	Planning	Captain Cook Cruises
EO 13	Crowd Misbehaviour including potential assault	Moderate	Possible	High	Security strategically posted throughout the event	Event Manager	Event	Security Manager
					Security to operate radio communication	Event Manager	Event	Security Manager
					ID checking at entry to event	Event Manager	Event	Security Manager
					Bag checking at entry to event	Event Manager	Event	Security Manager
					Random metal detector use at entry to event	Event Manager	Event	Security Manager
					Close monitoring of crowd by security	Event Manager	Event	Security Manager
					Strong security presence	Event Manager	Planning	Security Manager

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
					Dark areas lit with flood lighting	Event Manager	Event	Event Manager
					Medical Intervention Plan in place managed by Medical Commander	Event Manager	Planning	Medical Commander
EO 14	Crowd Misbehaviour including climbing trees/ structures / poles	Moderate	Possible	High	Security strategically posted throughout the event monitoring light poles, structures and trees that can be climbed by patrons	Event Manager	Event	Security Manager
					Security to monitor seating areas to ensure patrons are not standing on tables	Event Manager	Event	Security Manager
EO 15	Crowd Misbehaviour including Underage drinking	Major	Possible	High	Event restricted to under 18 ticket buyers only	Event Manager	Planning	Security Manager
					Patrons issued unique event wristband after verifying 18+ age of ticket holder	Event Manager	Event	Security Manager
					Any attendee without a wristband inside the licenced area will be ejected	Event Manager	Event	Security Manager
					Security strategically posted throughout the event monitoring bars and toilet areas	Event Manager	Event	Security Manager
					Bar licensee and security to monitor bar areas for attendees	Security Contractor, Bar licensee	Event	Security Manager, Bar licensee
EO 16	Disabled Persons Access to event and amenities	Minimum	Possible	Low	Venue entry designed to allow for disabled and priority access	Event manager	Planning	Security Manager
					Disabled person's toilet access on site	Event manager	Planning	Event Manager
					Security/Event staff will be on hand to assist disabled persons gain access or exit to event	Event manager	Event	Security Manager



Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
EO 17	Drug use and overdose The Drop 2020	Major	Likely	Extreme	Bag Inspections at entry to event	Event manager	Event	Security Manager
					Strong security presence at entry to event	Event Manager	Planning	Security Manager
					Specially designed entry system to identify potential problem patrons	Event Manager	Planning	Security Manager
					Toilet area closely monitored and well-lit to discourage drug dealers	Event Manager	Event	Security Manager
					Medical Intervention Plan in place managed by Medical Commander	Medical Commander	Planning	Medical Commander
EO 18	Electric Shock	Serious	Unlikely	High	All electrical equipment to be installed by specialist contractor	Event Manager	Build	Site Electrician
					All generators to be positioned out of site from patrons	Event Manager	Build	Site Electrician
					Cable runs to be elevated / covered / buried and insulated as per Australian Standards	Event Manager	Build	Site Electrician
					All electrical equipment utilised on site to be tagged and tested	Event Manager	Build	Site Electrician
					Safe Work NSW to be invited to inspect	Event Manager	Build	Event Manager
					Medical Intervention Plan in place managed by Medical Commander	Medical Commander	Planning	Medical Commander

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
EO 19	Landscapes Damage	Minor	Unlikely	Low	Appropriate areas fenced off to stop damage	Event Manager	Build	Event Manager
					Trees and light poles to be monitored by security to ensure patrons are not climbing or damaging them	Event Manager	Event	Security Manager
					Security closely monitoring patrons to stop vandalism	Event Manager	Event	Security Manager
					Any damage to landscapes to be immediately reported to the event manager	Event Manager	Remediation	Any staff on site
					Any damage to landscapes to be immediately recorded and photos taken of the damaged area	Event Manager	Remediation	Any staff on site
EO 20	Dehydration / Heatstroke / Hyperthermia	Moderate	Possible	High	Venue chosen due to abundance of trees	Event Owner	Planning	Event Manager
					Event date chosen due to the expected weather conditions	Event Owner	Planning	Event Manager
					Shade areas established prior to event	Event Owner	Planning	Event Manager
					Free water readily available at all bars and throughout the event	Event Manager	Event	Event Coordinator
					Event will be cancelled if conditions are deemed unsafe	Event Manager	Event	Event Manager
					Air conditioning in medical centre	Event Manager	Event	Paramedical Services

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
					Medical Intervention Plan in place managed by Medical Commander	Medical Commander	Planning	Medical Commander
					Cooling available for Intravenous fluids	Medical Commander	Event	Medical Commander
					Rapid cooling practices available (ice, fans, AC, cooled fluids)	Medical Commander	Event	Medical Commander
					Pre-event information communicated to patrons advising to bring hats and sunscreen	Event Manager	Planning	Event Manager
EO 21	Excessive Noise effecting hearing	Minor	Possible	Low	Warning signs located at entry patrons enter at own risk	Event Manager	Build	Event Coordinator
					Warning messages sent on PDF tickets	Event Manager	Ticketing	Marketing Manager
					Hearing protection supplied at Medical	Event Manager	Event	Event Coordinator
					Noise levels kept to EPA authorisation level	Production Manager	Event	Event Manager
					Multiple viewing areas for patrons wishing to watch talent from a distance	Event Manager	Build	Event Manager
EO 22	Structure collapse including stages	Serious	Unlikely	High	All structures to be set up by specialist contractors	Event Manager	Build	Safety Manager
					All structures to be inspected and signed off by an independent engineer	Event Manager	Build	Event Manager

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
					Safe Work NSW to be invited to inspect all structures	Event Manager	Build	Event Manager
					Event to be called off if weather conditions become unsafe	Event Manager	Event	Event Manager
EO 23	Hygiene	Minor	Unlikely	Low	Minimum 1 toilet be 100 patrons	Event Manager	Planning	Event Manager
					Urinal blocks on site to capture bulk of patrons	Event Manager	Planning	Event Manager
					Soap and fresh water supplied to wash hands post toilet use	Event Manager	Event	Toilet cleaning staff
					Dedicated cleaning staff to insure to ensuring toilets are kept clean at all times	Event Manager	Event	Toilet cleaning staff
					Alcohol hand wash available at key locations (medical centre, catering vans, wash areas etc.)	Stakeholders	Event	Stakeholders
EO 24	Emergency Procedures	Serious	Unlikely	High	Emergency procedures developed for event based on consultation and experience	Event Manager	Planning	Crowd Consultant
					Independent safety analyst to audit all planning	Event Manager	Build	Crowd Consultant
					All event staff to be fully trained in event and emergency operations	Event Manager	Planning	Event Manager
					Security team employed that provides adequate training for staff	Event Manager	Planning	Security Manager

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
					All security staff to hold current NSW security licenses	Event Manager	Planning	Security Manager
EO 25	Waste	Minor	Unlikely	Low	240L bins posted throughout the event	Event Manager	Build	Cleaning Contractor or
					660L or 1100L bins in operational BOH areas	Event Manager	Build	Cleaning Contractor
					Cleaners on site to continually clean through the event	Event Manager	Event	Cleaning Contractor
					Cleaners on site overnight to lift bulk of waste prior to event	Event Manager	Event	Cleaning Contractor
					Cleaners to monitor waste generation on the exterior of the event fence line and all ingress routes	Event Manager	Event	Medical Commander
					Biohazard and clinical waste disposal within NSW Health Guidelines	Medical Commander	Event	Medical Commander
EO 26	Patrons Crushed By Moving Vehicles	Serious	Unlikely	High	No vehicles permitted into the event site during the operating hours of the event	Event Manager	Event	Security Manager
					Forklifts to be used only in back of house work areas during the festival operations	Event Manager	Event	Event Manager
					Only licensed personal to operate forklifts in BOH areas during festival operations	Event Manager	Event	Event Manager

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
EO 27	Alcohol Poisoning	Major	Likely	Extreme	Highly experienced licensee to operate bar licence	Bar Licensee	Event	Event Manager
					All patrons entering the event receive the correct wristband based on their ID	Security Contractor	Event	Event Manager
					Customers can only purchase up to 4 drinks when purchasing for friends	Bar Licensee	Event	Security Manager
					Strict door policy ensure that does not allow alcohol to enter licensed premises	Security Manager	Event	Event Manager
					Strict door policy ensure that patrons showing signs of intoxication are rejected	Security Manager	Event	Event Manager
					Liquor Act 2010 upheld and enforced	Bar Licensee	Event	Security Manager
					Alcohol abuse and illness	Medical Commander	Event	Medical Commander
EO 28	Food Poisoning Consumption of dangerous materials	Major	Possible	Medium	Highly experience catering manager employed to oversee catering	Catering Manager	Event	Event Manager
					Rigorous selection criteria for all event caterers to ensure local legislation for health and safety are met	Catering Manager	Planning	Event Manager
					Caterers selected based on large scale event experience	Catering Manager	Planning	Event Manager

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
					All individual caterers to provide appropriate health and food service accreditation	Catering Manager	Planning	Event Manager
					Vendors closely monitored throughout the event to ensure compliance	Catering Manager	Event	Event Manager
					Food poisoning is caused by bacteria, or in some cases viruses, contaminating the food we eat.	Catering Manager	Event	Medical Commander
EO 29	Bites – snake, leech, tick, insect, ants, bees, flies, mosquitoes, spiders, wasps	Moderate	Possible	Moderate	Inform patrons and participants of the presence of bite hazards in advance. Event Management staff and Medical staff to maintain awareness of the presence of snakes, ant nests, bee/wasp nests at all times.	Paramedical Services	Event	Medical Commander
					Identify potential bites scenarios – snake, leech, tick, insect, ants, bees, flies, mosquitoes, spiders, wasps	Paramedical Services	Event	Medical Commander
					The most commonly encountered snakes are the larger species. Around Sydney the most likely encounter is a Common Brown Snake and to a lesser extent the Red-bellied Black Snake and Common Tiger snake.	Paramedical Services	Event	Medical Commander
					Avoid handling and/or antagonising snakes and spiders where observed.	Paramedical Services	Event	Medical Commander
					Look before putting hands under rocks, logs or into dense vegetation.	Paramedical Services	Event	Medical Commander
					Event Management staff to be first aid trained, medical personnel to carry first aid kits and at least a compression bandage for snake bites on guided walks.	Paramedical Services	Event	Medical Commander

Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
					Insect repellent available on site and apply only as required.	Paramedical Services	Event	Medical Commander
					Any patron allergies, including bee stings and/or other stings should made known to Paramedical Services prior to the event. Epi Pens should be brought with the patron if applicable or other medication.	Paramedical Services	Event	Medical Commander
					<p>There are many species of spiders in the Sydney region. Most are not venomous or aggressive, however the following species should be treated with extra caution.</p> <p>Web Weaving Spiders construct a sticky web to entangle and trap insects.</p> <ul style="list-style-type: none"> <li>• Red back spider</li> <li>• Black house spider</li> <li>• Orb-weaving spider</li> </ul> <p>Burrowing Spiders build burrows in the ground, at the base of trees, shrubs, rocks, fences etc.</p> <ul style="list-style-type: none"> <li>• Mouse spider</li> <li>• Brown trapdoor spider</li> <li>• Funnel web</li> </ul> <p>Regular sightings of Funnel Web Spiders have occurred in and around Sydney.</p>	Paramedical Services	Event	Medical Commander
EO 30	<b>Near Drowning / Drowning Lake Northam</b>	Major	Possible	<b>Extreme</b>	Potential Risk due to Lake Northam. Management of access to lake/pond area	Paramedical Services	Event	Security
					Briefings to highlight these hazards and how to approach/not approach them should be in place.	Paramedical Services	Event	Security Manager
					Undertake appropriate surveillance of those in, on or near the water	Security Manager	Event	Security Manager



Risk	Risk Type	Consequence	Likelihood	Risk Priority	Risk Treatment	Responsibility	Event Phase	Monitoring Agent
					Investigate a submerged object or casualty (to reasonable depths, where there is significant risk of individuals needing recovery from below the surface of the water)	Event Manager	Prior	Event manager
					Safely support a conscious casualty, safely support an unconscious casualty using appropriate equipment and rescue unconscious casualties to safety/shore	Paramedical Services	Event	Medical Commander
					Undertake resuscitation and resuscitation skills, transport a casualty for further attention	Paramedical Services	Event	Medical Commander

## Risk Matrix, Consequence and Likelihood Tables

### Ranking Table

The following risk matrix is used in this document, however there are several variations on this matrix that can be found in the literature. Paramedical Services has adopted this format in all risk planning.

Ranking Table					
Consequence	Likelihood				
	Rare	Unlikely	Possible	Likely	Almost certain
Minimum	1	1	1	2	3
Minor	1	1	2	3	3
Moderate	2	2	3	3	4
Major	3	3	4	4	4
Serious	3	4	4	4	4

## Likelihood Table

The following can be used as a guide for determining likelihood. However this tool has limitations as likelihood and frequency of events tend to vary between disciplines and functional areas.

Likelihood Table		
Level	Likelihood	Expected or actual frequency experienced
1	Rare	Risk to be monitored and action taken with 30 calendar days. Ongoing monitoring required to ensure grading does not increase in time. Considering the routine nature of the activity (number of times performed / day), the most likely consequence is considered to have an incident occurrence rate of at least once every 5 years.
2	Unlikely	Mitigation actions to reduce the likelihood and consequences to be identified and implemented within 14 calendar days and monitored for duration of risk. Considering the routine nature of the activity (number of times performed / day), the most likely consequence is considered to have an incident occurrence rate of at least once every 3 years.
3	Possible	Notify Senior management. Mitigation actions to reduce likelihood and reduce the likelihood and consequence to be identified and appropriate actions implementation with 5 calendar days. Considering the routine nature of the activity (number of times performed / day), the most likely consequence is considered to have an incident occurrence rate of at least once per year.
4	Likely	Notify Senior management. Mitigation actions to reduce likelihood and reduce the likelihood and consequence to be identified and appropriate actions implementation with 24 hours. Considering the routine nature of the activity (number of times performed / day), the most likely consequence is considered to have an incident occurrence rate of at least once per month
5	Almost Certain	Immediate action required. Mitigation actions to reduce the likelihood and consequence to be identified and implemented as a matter of urgency. Considering the routine nature of the activity (number of times performed / day), the most likely consequence is considered to have an incident occurrence rate of at least once per week.

## Consequence Table

The following is a guide to determining consequence.

Consequence Table					
Level & descriptor	Health Impacts	Critical services interruption	Organizational outcomes/ objectives	Reputation and image per issue	Non-compliance
<b>Minimum (1)</b>	First aid or equivalent only	No material disruption	Little impact	Non-headline exposure, not at fault; no impact	Innocent procedural breach; evidence of good faith; little impact
<b>Minor (2)</b>	Routine medical attention required (up to 2 weeks incapacity)	Short term temporary suspension backlog cleared < 1 day	Inconvenient delays	Non-headline exposure, clear fault settled quickly; negligible impact	Breach; objection / complaint lodged; minor harm with investigation
<b>Moderate (3)</b>	Increased level medical attention (2 weeks to 3 months incapacity)	Medium term temporary suspension backlog cleared by additional resources	Material delays; marginal under-achievement of target performance	Repeated non-headline exposure; slow resolution; Ministerial enquiry/briefing	Negligent breach; lack of good faith evident; performance review initiated
<b>Major (4)</b>	Severe health crisis (incapacity beyond 3 months)	Prolonged suspension of work additional resources required; performance affected	Significant delays; performance significantly under target	Headline profile; repeated exposure; at fault or unresolved complexities; ministerial involvement	Deliberate breach or gross negligence; formal investigation; disciplinary action; ministerial involvement
<b>Serious (5)</b>	Multiple severe health crises/injury or death	Indeterminate prolonged suspension of work; non performance	Non achievement of objective / outcome; performance failure	Maximum high level headline exposure; Ministerial censure; loss of credibility	Serious, wilful breach; criminal negligence or act; prosecution; dismissal; ministerial censure

## Author's Note

This Plan has been developed for The Drop 2020 and shall be read in conjunction with the other Management Plans which have been prepared by third parties and which collectively form The Drop 2020 Management Plan.

These shall include (but not be limited to) the following sub-plans:

- Jeremy Stones (the Drop Festival) Safe Work Method Statement
- Jeremy Stones (the Drop Festival) – Event Safety and Management Plan
- Paramedical Services Proposal of Services
- Paramedical Services Risk Categorisation and
- Third Party Security plan

Total reliance on the information contained in this plan (in isolation) is not recommended or supported.

## Signed



.....  
**Dr Peter Mangles**  
**Executive Director**  
**Paramedical Services Pty Ltd**

Date: 19<sup>th</sup> September 2019

## Appendix 1

### Scope of Practice Matrix

Skills / Competencies	FIRST AIDER (Cert IV/FAC)	Paramedic	IC Paramedic
Basic patient care	✓	✓	✓
Basic cardiac life support	✓	✓	✓
Oxygen Administration	✓	✓	✓
Bag Mask Valve	✓	✓	✓
Fracture splinting / immobilisation	✓	✓	✓
Spinal Immobilisation techniques	✓	✓	✓
Automatic Cardiac Defibrillation	✓	✓	✓
Inhalation Pain Relief	✓	✓	✓
Nasopharyngeal Airways	✓	✓	✓
Advanced Life Support Pharmacology		✓	✓
IV Cannulation		✓	✓
IV Therapy		✓	✓
Narcotic Analgesia		✓	✓
Chest Decompression		✓	✓
Supraglottic Airways		✓	✓
Tracheal Intubation			✓
Advanced Cardiac / Trauma Life Support			✓
Intensive Care Pharmacology (opioids)			✓
Manual Cardiac Defibrillation			✓
Intensive Care Monitoring			✓

## Pharmacology Authority

The following pharmacology matrix relates to the medications / drugs authorised for each clinical level.

Pharmacology	Drug / Medication	FIRST AIDER (Cert IV/FAC)	Paramedic	ICP
Pharmacology 1	Acetylsalicylic Acid (Aspirin)	✓	✓	✓
Pharmacology 2	Adenosine			✓
Pharmacology 3	Adrenaline (Epinephrine) ^^	✓	✓	✓
Pharmacology 4	Amiodarone			✓
Pharmacology 5	Atropine Sulphate			✓
Pharmacology 6	Calcium Gluconate			✓
Pharmacology 7	Dextrose 5%		✓	✓
Pharmacology 8	Dextrose 50%		✓	✓
Pharmacology 9	Droperidol		✓	✓
Pharmacology 10	Entonox	✓	✓	✓
Pharmacology 11	Fentanyl **		✓	✓
Pharmacology 12	Fexofenadine	✓	✓	✓
Pharmacology 13	Frusemide (Lasix)			✓
Pharmacology 14	Glucose Gel	✓	✓	✓
Pharmacology 15	Glyceryl Trinitrate		✓	✓
Pharmacology 16	Hartmanns (Ringers Lactate)		✓	✓
Pharmacology 17	Ibuprofen	✓	✓	✓
Pharmacology 18	Ipratropium Bromide		✓	✓
Pharmacology 19	Methoxyflurane	✓	✓	✓
Pharmacology 20	Metoclopramide (Maxalon)		✓	✓
Pharmacology 21	Midazolam		✓	✓
Pharmacology 22	Morphine Sulphate			✓
Pharmacology 23	Naloxone (Narcan)		✓	✓
Pharmacology 24	Ondansetron		✓	✓
Pharmacology 25	Oxygen	✓	✓	✓
Pharmacology 26	Paracetamol (Panadol)	✓	✓	✓
Pharmacology 27	Salbutamol (Ventolin)		✓	✓
Pharmacology 28	Sodium Bicarbonate			✓
Pharmacology 29	Saline 0.9%		✓	✓

^^ Intravenous and Intramuscular **Adrenaline** (other than autoinjectors) only to be administered by **Paramedics** and **Intensive Care Paramedics**

\*\* Intravenous and Intramuscular **Fentanyl** only to be administered by **Intensive Care Paramedics**

\*\* Intranasal **Fentanyl** can be administered by Paramedics and Intensive Care Paramedics via an approved Mucosal Atomiser Device (MAD300)

## Appendix 2

### Staff Deployment

Designation	Date	Staff Name	Clinical or Non-Clinical	Role	Qualification and AHPRA number	Experience	Time Ro
1	14 <sup>th</sup> March 2020	Dr Peter Mangles	Non-clinical	EMM Intensive Care Paramedic Registered Nurses	<ul style="list-style-type: none"> <li>PAR0002204647</li> <li>NMW0001274899</li> <li>B. HealthSci (Pre-Hospital)</li> </ul>	<ul style="list-style-type: none"> <li>NSW Ambulance SCAT ICP (12 years)</li> <li>Helicopter Rescue / Retrieval</li> <li>International Offshore Medic</li> <li>Registered Trauma/ ER Nurse</li> </ul>	12 ho
2	14 <sup>th</sup> March 2020	Mr William Williams	Clinical	Intensive Care Paramedic	<ul style="list-style-type: none"> <li>PAR0002208032</li> <li>B. HealthSci (Pre-Hospital)</li> </ul>	<ul style="list-style-type: none"> <li>NSW Ambulance ICP (26 year)</li> <li>Regional Manager NSWAS</li> <li>Rescue Training Officer NSWAS</li> <li>Operations Manager</li> </ul>	12ho
3	14 <sup>th</sup> March 2020	Orla Singleton	Clinical Triage	Registered Nurse	<ul style="list-style-type: none"> <li>NMW0002107694</li> <li>Diploma Paramedical Science</li> </ul>	<ul style="list-style-type: none"> <li>Paramedical Services</li> <li>Prince of Wales Hospital Emergency</li> </ul>	11 ho
4	14 <sup>th</sup> March 2020	Mr. Alex Nicholas	Clinical	Paramedic	<ul style="list-style-type: none"> <li>PAR0002243802</li> <li>B. Paramedical Science</li> </ul>	<ul style="list-style-type: none"> <li>Registered Paramedic UWS</li> <li>Paramedical Services</li> </ul>	11 ho
5	14 <sup>th</sup> March 2020	Mrs Belinda Crean	Clinical	Paramedic	<ul style="list-style-type: none"> <li>Application # 00077181</li> <li>Dip Paramedical Science</li> <li>B. Paramedicine UTAS (current)</li> </ul>	<ul style="list-style-type: none"> <li>Training and Education Manager</li> <li>Paramedic PMS</li> <li>International Life guard (USA)</li> </ul>	12 ho
6	14 <sup>th</sup> March 2020	Mr Michel Daly	Clinical	Paramedic	<ul style="list-style-type: none"> <li>PAR0002229865</li> <li>B. Paramedical Science</li> </ul>	<ul style="list-style-type: none"> <li>Registered Paramedic CSU</li> <li>Paramedical Services</li> </ul>	11 ho



Designation	Date	Staff Name	Clinical or Non-Clinical	Role	Qualification and AHPRA number	Experience	Time Ro
7	14 <sup>th</sup> March 2020	Ms Grace Hart	Clinical	First Aider (Cert IV/FAC)	<ul style="list-style-type: none"> <li>Cert IV Healthcare</li> </ul>	<ul style="list-style-type: none"> <li>Graduate First Aider (Cert IV/FAC) - PMS</li> <li>Paramedical Services</li> </ul>	11 ho
8	14 <sup>th</sup> March 2020	Ms Sam Reese Jones	Clinical	First Aider (Cert IV/FAC)	<ul style="list-style-type: none"> <li>Cert IV Healthcare</li> </ul>	<ul style="list-style-type: none"> <li>Graduate First Aider (Cert IV/FAC) - PMS</li> <li>Paramedical Services</li> </ul>	11 ho
9	14 <sup>th</sup> March 2020	Ms. Lynette Liebenberg	Clinical	First Aider (Cert IV/FAC)	<ul style="list-style-type: none"> <li>Cert IV Healthcare</li> </ul>	<ul style="list-style-type: none"> <li>Graduate First Aider (Cert IV/FAC) - PMS</li> <li>Paramedical Services</li> </ul>	11 ho
10	14 <sup>th</sup> March 2020	Alesunder Vengkong	Scribe Non Clinical	First Aider (Cert IV/FAC)	<ul style="list-style-type: none"> <li>Cert IV Healthcare</li> </ul>	<ul style="list-style-type: none"> <li>Graduate First Aider (Cert IV/FAC) - PMS</li> <li>Paramedical Services</li> </ul>	11 ho

## Appendix 3

### Medical Centre Emergency Equipment list.

#### Emergency Trolley/s Contents

To ensure that all minimum requirements for resuscitation equipment are met in line with the Australian Resuscitation Council, Paramedical Services resuscitation trolley/s are configured with 5 clearly labelled drawers with drawers configured as follows

Drawer	Description
A	Airway
B	Breathing
C	Circulation
D	Drugs
E	Extras

First and second line emergency drugs will be kept on the resuscitation trolley in the medical centre, compliance with the *Poisons and Therapeutic Goods Regulation 2008* requires that the medical centre be secure from general public access and there shall be signage to indicate restricted public access to the area and Paramedical Services staff will implement and monitor this restriction.

#### Draw A

Supraglottic Airway – Size 3 x1  
 Supraglottic Airway – Size 4 x1  
 Supraglottic Airway – Size 5 x 1  
 Nasopharyngeal airways - Size 6  
 Nasopharyngeal airways - Size 7  
 Nasopharyngeal airways - Size 8  
 Fibre-optic Laryngoscope (green handle) and two size 3 blades  
 ET tubes sizes 6, 7 and 8  
 10mL syringe for cuff inflation  
 KY lubricant x 4 packets  
 Oro-pharyngeal airways sizes 3 (Green) 4 (yellow) and 5 (Red) x 1 each  
 Half inch leukosilk tape and 1 transpore tape  
 Scissors (loose, no chain)

#### DRAWER B - BREATHING

ET suction catheters sizes 12 fg and 14 fg x 2 each  
 Disposable catheter mount in packet  
 Adult Hudson mask x 1  
 Adult nebuliser mask x 1  
 Adult non rebreather mask x 1  
 Nasal Prongs Adult x 1  
 O<sub>2</sub> tubing x 1

### **DRAWER C - CIRCULATION**

Alcowipes x 10  
 Tourniquet x 2  
 IV cannulas 14g x 4  
 IV cannulas 16g x 4  
 IV cannulas 18g x 4  
 IV cannulas 20g x 4  
 IV cannulas 22g x 4  
 Intraosseous Needle X 1 – Adult (manual)  
 Transparent adhesive IV dressing x 5  
 2.5cm Micropore x 1 roll  
 IV Giving sets x 2 (Rapid Infusion)  
 IV Burette x 1  
 IV Infusion Pump Set x 1  
 Injection sites x 5 (Bungs)  
 Needle – Size 18g x 5  
 Needle – Size 21g x 5  
 Needle – Size 23g x 5  
 Sterile water for injection 10mls ampoules  
 Intranasal Mucosal Atomisation Device (MAD) x 2

### **DRAWER D -DRUGS**

#### **First line drugs**

Adrenaline 1mg (1:1,000) x 5  
 Adrenaline 1mg (1:10,000) x 2  
 Atropine 1mg x 1  
 Amiodarone 150mg ampoules x2 and 5% Dextrose

#### **Other readily available drugs**

Acetylsalicylic Acid (Aspirin)  
 Adenosine  
 Calcium Gluconate  
 Dextrose 5%  
 Dextrose 50%  
 Droperidol  
 Fentanyl  
 Frusemide  
 Glucagon  
 Glyceryl Trinitrate  
 Ibuprofen  
 Ipratropium Bromide  
 Methoxyflurane  
 Metoclopramide (Maxalon)  
 Midazolam

Morphine  
Naloxone (Narcan)  
Ondansetron  
Salbutamol (Ventolin)  
Sodium Bicarbonate

**RSI Medications**

Ketamine  
Suxamethonium  
Fentanyl

**DRAWER E – EXTRAS**

Zoll lead ECG cable  
Disposable Defibrillation pads - size adult x 2  
ECG printer paper x 2 rolls (Zoll 12/15 paper)  
Therapy/pacing cable  
ECG electrodes x 1 packet  
Razor x 2  
Combine x 2  
Sterile gauze x 2 packets  
Spare torch batteries  
Space blanket  
Sodium Chloride 1000 ml  
Hartmanns 1000 ml

**SIDE TROLLEY**

Yankeur sucker and tubing x 1  
Oxygen tank holder  
Oxygen cylinder - size D with regulator  
Portable Suction Unit with suction tubing connected



**SIDE OF TROLLEY – ADDITIONAL POCKET**






Oxygen Saturation Probe (Adult)  
NIBP cuffs - size Small  
NIBP cuffs - size Medium  
NIBP cuffs - size Large




## Medical Centre Emergency and Response Equipment

The following equipment is available at the Paramedical Services medical centre for all events and festivals.

<p>Zoll Monitor Defibrillator (Medical Centre)</p> <ul style="list-style-type: none"> <li>• 12 Lead</li> <li>• Pacing</li> <li>• SaO<sub>2</sub></li> <li>• NIBP</li> </ul>	
<p>Zoll Monitor Defibrillator (Medical Centre)</p> <ul style="list-style-type: none"> <li>• Paramedic and FIRST AIDER (Cert IV/FAC)</li> <li>• 3 Lead</li> </ul>	
<p>The Sabre MARS PRO is an easy to operate, easy to use ventilator which allows combined tidal volume and frequency control</p>	
<p>Vital Signs Monitor 300 Series</p>	
<p>Welch Allyn Spot Vital Signs Monitor</p>	
<p>Omron Blood Pressure monitors</p>	

<p>Genesis 3 Tympanic Thermometers</p>	
<p>Volumat Agilia Infusion driver</p>	
<p>Agilia SP TIVA Syringe infusion pumps providing intuitive intravenous anaesthesia</p>	
<p>Bag Mask Valves for each resuscitation bed and mass casualty or surge requirements</p>	
<p>Twin – O – Vac Oxygen venturi suction units</p>	
<p>Core Gas Oxygen supplies (D size and C size cylinders)</p>	

<p>Entonox analgesic gas</p>	
<p>Advanced Airway Bag (Intensive Care Paramedic and Paramedic, FIRST AIDER (Cert IV/FAC) use)</p>	
<p>Medication and Trauma Kit (Intensive Care Paramedic and Paramedic use)</p>	
<p>First Aid Kits(Intensive Care Paramedic and Paramedic, FIRST AIDER (Cert IV/FAC) use)</p>	
<p>Semi Rigid Cervical Collars</p>	

<p>T – Pod Pelvic Splints</p>	
<p>Extrication equipment</p> <ul style="list-style-type: none"> <li>• Spine board</li> <li>• Head restraints</li> </ul>	
<p>Stokes Litter (Stretchers)</p>	



## Appendix 4

### The Drop 2020 Roster

### The Drop - Manly 2020

### Version 1



Time	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	0:00		
Date	4th October 2019			Bump In		Event Commencement										Event Completion		Bump Out	
				1100 hours ⬇		1300 hour ⬇										2230 hour ⬇		2330 hour ⬇	
The Drop - Manly 2020																			
14/03/2020				Bump In										Completion		Location			
				EMM	EMM	EMM	EMM	EMM	EMM	EMM	EMM	EMM	EMM	EMM	EMM		Medical Centre		
				RICP	RICP	RICP	RICP	RICP	RICP	RICP	RICP	RICP	RICP	RICP	RICP		Medical Centre		
						RN	RN	RN	RN	RN	RN	RN	RN	RN	RN		Medical Centre		
						RP/FA	RP/FA	RP/FA	RP/FA	RP/FA	RP/FA	RP/FA	RP/FA	RP/FA	RP/FA		Medical Centre		
						RP/FA	RP/FA	RP/FA	RP/FA	RP/FA	RP/FA	RP/FA	RP/FA	RP/FA	RP/FA		Roaming		
						RP/FA	RP/FA	RP/FA	RP/FA	RP/FA	RP/FA	RP/FA	RP/FA	RP/FA	RP/FA		Roaming		
						Scribe	Scribe	Scribe	Scribe	Scribe	Scribe	Scribe	Scribe	Scribe	Scribe		Medical Centre		