Part B: Medical Plan

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Medical Plan version control and approvals

Version	Date	Author	Comments/Key changes	Approved internally by private medical service provider
V1	**19th July 2024**	**Mark Hollis**	**Additions to Safety Management Plan 2024 Dragon Dreaming Festival**	
V1.1	**30th July 2024**	Chase Schultz-Swarthfigure	**Additions to Safety Management Plan 2024 Dragon Dreaming Festival**	

Medical Provider details

Name	Organisation	Phone	Email	Insurance details
Chase Schultz-Swarthfigure	Medical Motos	0416472315	info@medicalmotos.com	PPL 20240228-22444913

SECTION 1: EVENT SITUATION

1.1 Proximity to hospital and health facilities

Closest tertiary hospital(s)	Canberra Hospital Yamba Dr, Garran, ACT 2605 Phone: (02) 6244 2222 83.8km from Event Site 1hr 20mins by road / 45min by helicopter
Other nearby hospital & health facilities	Yass District Hospital Meehan Street, Yass, NSW 2582 Phone: (02) 6220 2000 57.4km from Event Site 54mins by road Goulburn Base Hospital 130 Goldsmith St, Goulburn NSW 2580 137km from Event Site 1hr 42mins by road

1.2 Health data from previous events

Data	2016	2017	2018	2019	2020	2021	2022	2023
Total patron attendance	1856	2823	3664	NA	NA	NA	4185	2800
Total presentations to onsite medical provider	203	223	223	NA	NA	NA	153	123
Number of clinical presentations				NA	NA	NA		
Number of presentations requiring first aid only				NA	NA	NA	92	95
Number of transports to hospital	1	1	3	NA	NA	NA	1	1
Number of suspected drug-related transports to hospital			2	NA	NA	NA	1	0
Number of urgent transports to hospital (based upon patient condition)			1	NA	NA	NA		0
Number of onsite or pre-hospital intubations			0	NA	NA	NA	0	1
Number of admissions to intensive care unit				NA	NA	NA		0
Deaths associated with event	0	0	0	NA	NA	NA	0	0

SECTION 2: EVENT MEDICAL SERVICES

2.1 Scope of services

Executive Summary

Medical Motos is the nominated provider of first aid and advanced emergency care for Dragon Dreaming Festival 2024. Medical Motos will provide a crew of first responders, paramedics, registered nurses, critical care nurses, junior doctors (senior registrar) and Consultants (FACEM) to support safe clinical care for the duration of the event 3rd – 7th October.

The Medical Assessment Tent (MAT) will include, triage and attend to high and medium acuity. There will be an allocated resuscitation area which will include 2 resuscitation beds and will be staffed by a Consultant. The MAT will also include 1 x manual restraint, 2 x high acuity and 4 x medium acuity.

The MAT will be staffed with doctors who hold necessary level of emergency training and have demonstrated experience with Emergency health care in a pre-hospital environment (within a festival). The medical crew will be supported by CCRN, RN and Triage RN.

Paramedics and first responders will be responsible for moving throughout the festival to respond to call-outs as well as rove the crowd and adopt a preventative approach to remain vigilant where care may be later required. All crews will be available for the full event duration.

Chris Edwards Chief Medical Officer (FACEM) will be on call for the full event duration as additional support for consultation and in event of surge. The CMO will be staying on the event site in a caravan.

Resources are based at the Event Medical Centre which is situated in a central location along one of the main event area thoroughfares. It will be well marked for ease of location by patrons. The Event Medical Centre is located next to the Emergency Services Compound where NSW Police and NSWA will base their resources and a permanent ECC office will be stationed.

DanceWize (who distribute harm minimisation information, provide a “chill-out” space and play a part in caring for low level drug affected patrons) are positioned next to the Medical Centre so that patients can be easily passed between the two areas if required, and assistance for each other is possible.

Lifeguards will be stationed at the lake with a watercraft for rescue during the following times that the lake is open for swimming. The beach will be closed for swimming at all other times. Signage will be erect and security will be monitoring.

Friday – 12pm – 6pm
Saturday – 10am – 6pm
DAYLIGHT SAVINGS STARTS
Sunday – 10am - 6pm
Monday – 10am – 6pm

Medical Personnel have mobile and retrieval capabilities. Roving patrols around the event site can be routinely performed; Personnel may also be in static locations throughout the duration of the event as requested by the Medical Health Commander.

Low acuity patients who are not in immediate life-threatening situations and whose condition is within the scope of practice of the respective medic may receive medical treatment on scene prior to transportation to the Event Medical Centre (if required) for further evaluation and an extended scope medical care approach applied.

High acuity patients in an immediate life-threatening situation will be co-managed on scene with State Ambulance Paramedics

2.2 Onsite medical centre, first aid/mobile teams, and NSW Ambulance resources

2.2 Onsite medical centre, first aid/mobile teams, and NSW Ambulance resources	
Onsite medical centre	
Hours of operation	24 hours a day from 1000hrs 3rd October 2024 to 12pm Tuesday 8th October
Site location	Tent will be positioned within Operations compound. Recommended to position tent within short distance to main stage and maintain access for NSWA to be parked at rear, with easy access out of event grounds, in case of requirement to transport. Clear pathway for buggies and vehicles must be available to front/rear of tent. Refer to diagram layout of MAT.
Size (dimensions)	Tented area size 15m x 12m. Triage area allocation 4m x 8m. Medical treatment area 11m x 12m including an allocated area for resuscitation.
Infrastructure	Tent to contain power, adequate lighting, heating and cooling to avoid hypo/hyperthermia in patients required to stay in for monitoring, flat flooring free of trip hazards, open/close flap on front and rear of tent to allow for air flow. Event will also require a tent to be set up for quarantine of contagious disease patients. The portable should be sufficiently removed from the tent to reduce risk of contamination but suitably close to allow for patients to be under medical monitoring. Recommended distance >10m. Portable to have ability to restrict air flow out of contained area but should be well cooled/heated.
Hours of operation	24 hours a day from 10am Thursday 3rd October to 10am – 1pm Tuesday 8th October (one hour after event close).
Staffing – type and number *[as defined in section 5.4 of the NSW Health Guidelines]*	
Senior doctors	*1 x Chief Medical Officer (co-located but off-site. For consultation and surge) (FACEM)* *2x Senior Registrars*
Resuscitation doctors	2 x(Snr Registrar overseen by Consultant leading MAT)
Other medical practitioners	*Critical Care Nurses (2 – night/day shift)*
Registered nurses	*Registered nurse including triage (3 – night/day shift)*
Registered paramedics	*Paramedics level 2 (4)*
First aiders	*6 including 4 x Bachelor of Paramedicine/Nursing 3rd year and 4 Student Paramedics*

Mobile/response team(s) – Please refer to attached document entitled – Dragon Dreaming Roster

	Thurs Teams (4th Oct)	Friday Teams (5th Oct)	Sat Teams (6th Oct)	Sun Teams (7th Oct)	Mon Teams (8th Oct)	Tues Teams (9th Oct)
Location	Responding from MAT tent	Responding from MAT tent	Respond from MAT tent	Respond from Mat Tent	Respond from Mat Tent	Respond from Mat Tent
Hours of operation	**3rd Oct** Shift 1: 1000-1900 Shift 2: 1900-0700	**4rd Oct** Shift 1: 0700-1900 Shift 2: 1900-0700	**5th Oct** Shift 1: 0700-1900 Shift 2: 1900-0700	**6th Oct** Shift 1: 0700-1900 Shift 2: 1900-0700	**7th Oct** Shift 1: 0700-1900 Shift 2: 1900-0700	**8th Oct** Shift 1: 0700-1900 Shift 2: 1900-0700
Staffing – type and number *[as defined in section 5.4 of the NSW Health Guidelines]*						
Registered paramedics	**Paramedic 1 x2**	**Paramedic 2 x2**	**Paramedic 2 x2**	**Paramedic 2 x2**	**Paramedic 2 x2**	**Paramedic 1 x2**
First aiders	**FR3 1 x2 Student 1x 2**	**FR3 2 x2 Student 2 x2**	**FR3 2 x2 Student 2 x2**	**FR3 2 x2 Student 2 x2**	**FR3 2 x2 Student 2 x2**	**FR3 1 x2 Student 2 x2**

Transport – type and number *[transport type should be appropriate for venue and patron numbers. Indicate for example number of available buggies, stretchers, etc.]*	**First Responder Buggy (1)**	**First Responder Buggy 2 x2**	**First Responder Buggy 2 x2**	**First Responder Buggy 2 x2**	**First Responder Buggy 2 x2**	**First Responder Buggy (1)**

NSW Ambulance resources	
Resources	*NSW Ambulance w Crew & NSW Ambulance Forward Commander*
Location(s)	Onsite
Hours of operation	Ambulance + Crew : Friday 04.10.24 – 18:30 – 0400 Saturday 05.10.24 – 06:00 – 04:00 Sunday 06.10.24 – 06:00 – 04:00 Monday 07.10.24 – 06:00 – 04:00

Patient transport *from* the event to hospital

Patient transport from the event to hospital will occur in 2 ways:

1. For low acuity patients: Private transport can be arranged if safe and practical to do so. This can be in the form of private vehicle and would be for non-critical interventions (I.E an infected wound requiring IV antibiotics).
2. For high acuity patients: These patients are unsafe to transfer via private transport and will require transfer either via ambulance or helicopter. Critically unwell patients will be identified early by the senior clinician and escalated to the medical commander. The medical commander will co-ordinate with the onsite NSW Ambulance Forward Commander and the onsite Ministry of Health, NSW Medical Commander to arrange appropriate transport. If helicopter extraction is required, discussion with retrieval teams will be required.

Patient transport *within* the event to the medical centre

Patient transport within the event will be facilitated through the roving teams which will be made up of a trained paramedic and a first responder. These teams will have access to medical buggies that will allow easy transport of patients that cannot ambulant. These roving teams will make regular patrols around the event including campsites.

The chain of communication will follow: ECC alerted to potential medical issues -> ECC alerts the Medical Lead -> Medical lead dispatches or re-routes one of the roving teams.

Patients can also self-ambulate to the medical tent if in a position to do so.

Managing unwell patrons *outside* the event

The Medical Commander is responsible for all field communications and assisting with medical request liaising with the NSW forward commander. Approval from Forward Commander (NSW Ambulance), if any incident outside of the event is deemed suitable to bring back to MAT tent to stabilize, or it will be a direct transfer via road/ air by NSW Ambulance to hospital.

Patron welfare at multi-day events with onsite camping (if applicable)

A gridded camping system is applied during this event. This will enable easy location identification where patrons in need require medical attention from the camping areas. Regular roving team, composed of paramedics and first responders, will patrol campsites and offer assistance where required including but not limited to providing basic care on site and transporting patrons to the medical tent.

2.3 Clinical Care

Triage Approach

Medical Motos have established a triage strategy which redirects people with non-pressing and first aid needs to established triage posts surrounding the perimeter of the medical care boundaries. People presenting with simple requests for supplies are best managed through the first aid posts, while people with medical needs will be managed through the medical, resuscitation and infection control tents. The triage system ensures all patients are categorised into groups using a standard urgency rating scale on presentation. It aims to ensure that patients are assessed and managed in a timely manner depending on their clinical urgency.

The Australian Triage Scale (ATS) has five (5) levels of acuity. Medical Motos adhere to the ATS and the parameters established for triage in emergency care.

The five levels of acuity are:

- Immediately life-threatening (category 1)
- Imminently life-threatening (category 2)
- Potentially life-threatening or important time-critical treatment or severe pain (category 3)
- Potentially life-serious or situational urgency or significant complexity (category 4)
- Less urgent (category 5).

The ATS has been endorsed by the Australasian College for Emergency Medicine (ACEM) and adopted in performance indicators by the Australian Council on Healthcare Standards.

The ATS triage system considers the patient's general appearance, clinical history, and vital signs (temperature, heart rate, respiratory rate, blood pressure, and oxygen saturation), as well as the dynamic nature of clinical illness. The patient will be encouraged to immediately notify of any heightening or change in symptoms while waiting for medical care.

The triage assessment generally should take no more than two to five minutes with a balanced aim of speed and thoroughness. 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.

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. 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 is the assumption that the clinical outcome may be affected by delays to assessment and treatment beyond the recommended times.

The maximum waiting time for Category 5 represents a standard for service provision. Where a patient has a waiting time less than or equal to the maximum waiting time defined by their ATS Category, the ED is deemed to have achieved the performance indicator for that presentation. Achievement of indicators are recorded and compared between large numbers of presentations

The Admission Nurse (Registered Nurse) will work in tandem with triage for the purpose of ensuring that the risk of patient deterioration, while waiting, is mitigated to as low as practically possible.

The Admission Nurse may also support the Critical Care nursing team, depending on number of patients in treatment at any one time, and conduct a more complete nursing assessment.

If a patient's condition changes while waiting for treatment, or if additional relevant information becomes available that impacts on the patient's urgency, both the initial triage and any subsequent categorisations are be recorded, and the reason for the re-triage documented.

Neither triage nor admission function will involve making a diagnosis.

Medical Motos have engaged triage nurses with suitable experience in triage and emergency care.

Medical Motos have applied the standard triage colour system used across hospital emergency departments throughout Australia.

- Red (Category 1); and
- Orange (Category 2); and
- Green (Category 3); and
- Blue (Category 4); and
- White (Category 5)

Colour designations are used as an adjunct to the numerical designations identifying each patient to their respective triage cetgory.

Function of triage, Medical Motos have profiled the effective operation and function of triage as a critical component of high- quality medical care at Dragon Dreaming 2024 Festival where multiple patients may present simultaneously. Triage aim is to ensure that patients are treated in the order of their clinical urgency which refers to the need for time-critical intervention.

The function of triage is to assess the need for time-critical intervention and whether the patient should be referred to a first aid post, medical tent, resuscitation tent or quarantined due to potential risk of infectious and/or contagious disease presenting risk to other festival attendee's. The role of triage is also to record data on presentations which will be completed at end of shift as part of the shift handover process.

Regular monitoring while in triage, the role of the admissions nurse is to monitor the triage area. The Admissions Nurse is a registered nurse and will conduct regular vital sign monitoring and clinical reassessment of patients who are not improving or who are deteriorating should be a core part of the medical management of patients in this setting, in accordance with good clinical care. If patients have vital signs outside the normal ranges, the registered nurse will request that the patient triage status be reviewed, and a senior medical officer alerted (based on severity).

All patients in the waiting room must be reassessed by the Triage Nurse once the triage time has expired.

Safety in triage, due to the potential risk of drug usage and alcohol and mental health concerns, Medical Motos have addressed the high risk of aggressive behaviour of patients or their friends at triage. The triage area is private and allows for the patient privacy to be protected but the risk to staff is present. Medical Motos will work with the festival holder and other providers to seek a security presence when required. In addition, Medical Motos staff have undergone training within last 14 days on managing aggressive behaviour and deciding when to involve police under the Mental Health Act.

Communication in triage, there are many factors which may inhibit effective communication at triage. Medical Motos triage staff are trained to recognise signs that a patient has not understood what has been communicated. The factors which may prevent clear communication may include,

- English language barriers
- Overly complex and medical terminology used by the triage nurse
- Cultural diversity
- Intoxication
- Substance abuse
- Poor cognitive state

Triage documentation, Triage Nurse is responsible for documentation and will commence the documentation process as soon as the person presents to the triage tent. The patient care information will be recorded on the Patient Care Record, while times are recorded separately on the triage register. The Triage Nurse and Admission Nurse have access to the triage register. The admission nurse can update the triage register but responsibility for handing over complete triage data at end of shift is with the Triage Nurse.

The arrival time is the first recorded time of contact between the patient and ED staff. Triage assessment occurs

at this point.

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The arrival time is the first recorded time of contact between the patient and ED staff. Triage assessment occurs at this point.

Although important assessment and treatment may occur during the triage process, this time represents the start of the care for which the patient is presented.

The time of first contact between the patient and the doctor initially responsible for their care. This is often recorded as 'Time seen by doctor'.
Where a patient in the ED has contact exclusively with nursing staff acting under the clinical supervision of a doctor, it is the time of first nursing contact. This is often recorded as 'Time seen by nurse'.
Where a patient is treated according to a Clinical Procedure Guideline (CPG) with an identified problem managed under a specific clinical pathway, it is the earliest time of contact between the patient and staff implementing this protocol. This is often recorded as the earlier of 'Time seen by nurse', "Time seen by Critical Care Nurse" or Time seen by doctor'.

Waiting times, is the difference between the time of arrival and the time of initial medical assessment and treatment. A recording accuracy to within the nearest minute is appropriate.

A second assessment of triage will occur for all patients referred the doctor for further treatment. The objective of second triage is to continuously assess the effectiveness of the triage process since this role is one of the most critical medical roles over the event. The doctor and/or critical care nurse will access the triage register and provide the second assessment based on findings at treatment vs triage assessment. Any reassessments by the Admissions Nurse will also be considered when evaluating data at end of shift.

The following second triage assessment codes will be used by the doctor and/or critical care nurse only:

'Under-triage' in which the patient receives a triage code that is lower than their true level of urgency (as determined by objective clinical and physiological indicators). This decision has the potential to result in a prolonged waiting time to medical intervention for the patient and risks an adverse outcome.

'Correct (or expected) triage decision' in which the patient receives a triage code that is commensurate with their true level of urgency (as determined by objective clinical and physiological indicators). This decision optimises time to medical intervention for the patient and limits the risk of an adverse outcome.

'Over-triage' in which the patient receives a triage code that is higher than their true level of urgency. This decision has the potential to result in a shortened waiting time to medical intervention for the patient, however, it risks an adverse outcome for other patients waiting to be seen in the ED because they have to wait longer.

The Triage Nurse makes urgency decisions using clinical and historical information to avoid systematic under- or over-triage.

'Secondary triage decisions' are concerned with expediting emergency care and disposition. This second assessment should always be documented in the patient's notes

Clinical parameters for immediate senior clinical review

Immediate senior clinical review will be trigger when patient parameters exceed those outlined below. Other circumstances where a senior clinical review is required include (but are not limited to): an acute deterioration in a patients clinical state, when other medical, nursing or paramedic staff are concerned or when those accompanying the patient have serious concern.

Table: Recommended clinical criteria to trigger immediate senior clinician review for use by onsite medical providers in the music festival setting.

Clinical observation	*Recommended clinical criteria to trigger immediate senior clinician review*
Temperature (°C)	*<35.5°C; >38°C*
Respiratory rate (breaths per minute)	*<12; >22*
Systolic blood pressure (mmHg)	*<100; >140*
Heart rate (beats per minute)	*<50; >100*
Oxygen saturation (SpO_2%)	*<95% on Room Air*
Disability (neurological assessment)	*Any decrease in level of consciousness (GCS<15 at any stage), new confusion or serious behavioural disturbance*

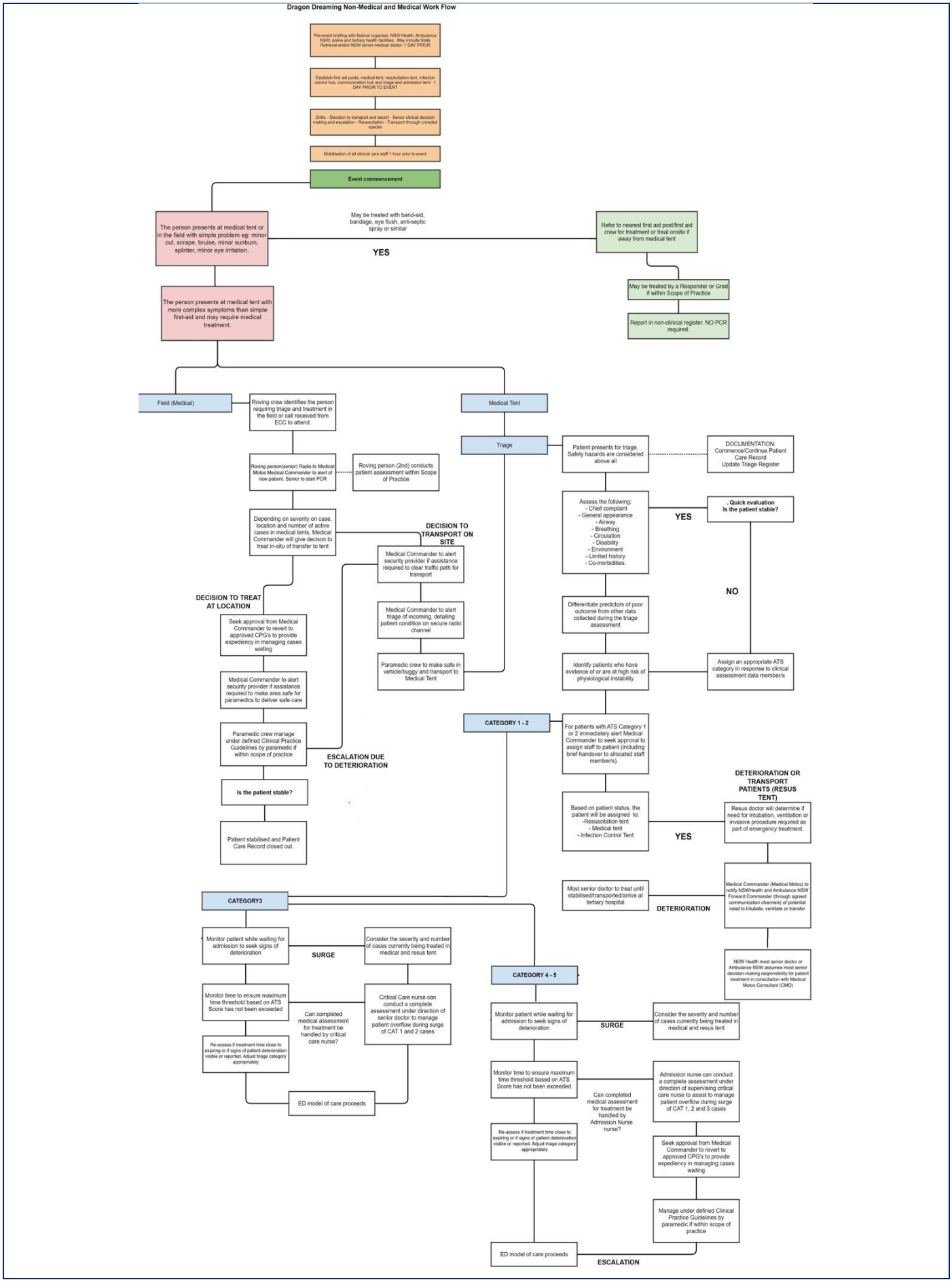
Medical deployment by clinical area			
Area	**Capacity type**	**Capacity**	**Staffing: type and number**
Triage	Number of assessment stations:	2	*Triage Nurse Registered Nurse*
Resuscitation	Number of beds:	2	FACEM Or Senior Registrar
Acute	Number of beds:	4	Registered Nurse Crit Care Nurse
Subacute / Ambulatory	Number of stations:	2	First Responders

Patient monitoring systems available (number)	
Monitoring system	**Number available onsite**
NIBP	10
Pulse oximetry	6
Temperature	4
Blood glucose	6
Continuous ECG	4
Waveform capnography	2
Blood gas analysis	1

Resuscitation equipment available (number)		
Equipment	**Resuscitation area**	**Additional equipment available onsite**
Oxygen	**4 D cylinders**	**Airway bags**
Suction	**4**	
Defibrillator	**5**	
Syringe drivers/ infusion pumps	**4**	
Mechanical ventilator	**2**	
Capacity to perform resuscitation and/or rapid sequence intubation		

Maximum capacity throughout the event	*2*
Maximum simultaneous capacity	4

Patient flow

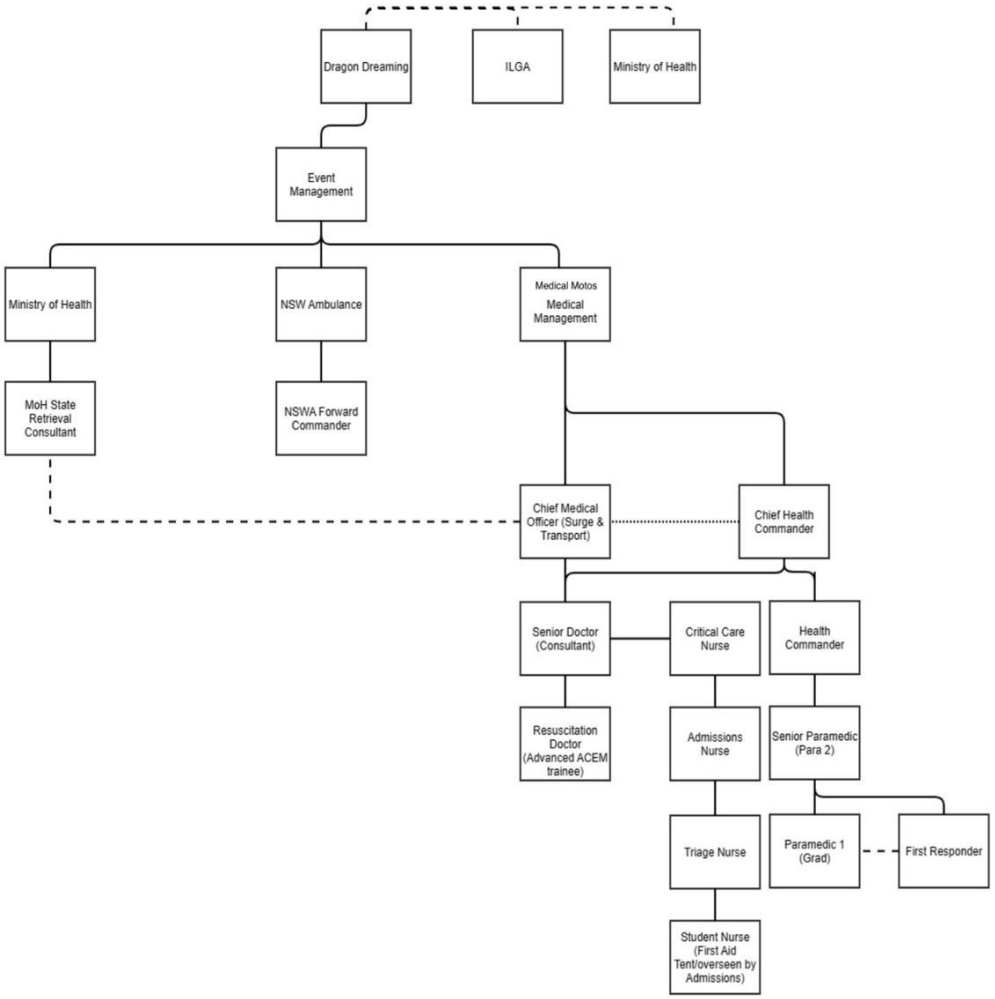

Dragon Dreaming Non-Medical and Medical Work Flow
Pre-event briefing with festival organiser, NSW Health, Ambulance NSW, police and tertiary health facilities. May include State Retrieval and/or NSW senior medical doctor.1 DAY PRIOR
Establish first aid posts, medical tent, resuscitation tent, infection control hub, communication hub and triage and admission tent. 1 DAY PRIOR TO EVENT
Drills: - Decision to transport and escort - Senior clinical decision making and escalation - Resuscitation - Transport through crowded spaces
Mobilisation of all clinical care staff 1 hour prior to event
Event commencement
The person presents at medical tent or in the field with simple problem eg: minor cut, scrape, bruise, minor sunburn, splinter, minor eye irritation.
May be treated with band-aid, bandage, eye flush, anti-septic spray or similar
YES
Refer to nearest first aid post/first aid crew for treatment or treat onsite if away from medical tent
May be treated by a Responder or Grad if within Scope of Practice
Report in non-clinical register. NO PCR required.
The person presents at medical tent with more complex symptoms than simple first-aid and may require medical treatment.
Field (Medical)
Roving crew identifies the person requiring triage and treatment in the field or call received from ECC to attend.
Roving person(senior) Radio to Medical Motos Medical Commander to alert of new patient. Senior to start PCR
Roving person (2nd) conducts patient assessment within Scope of Practice
Depending on severity on case, location and number of active cases in medical tents, Medical Commander will give decison to treat in-situ of transfer to tent
DECISION TO TRANSPORT ON SITE
Medical Commander to alert security provider if assistance required to clear traffic path for transport
Medical Commander to alert triage of incoming, detailing patient condition on secure radio channel
Paramedic crew to make safe in vehicle/buggy and transport to Medical Tent
DECISION TO TREAT AT LOCATION
Seek approval from Medical Commander to revert to approved CPG's to provide expediency in managing cases waiting
Medical Commander to alert security provider if assistance required to make area safe for paramedics to deliver safe care
Paramedic crew manage under defined Clinical Practice Guidelines by paramedic if within scope of practice
ESCALATION DUE TO DETERIORATION
Is the patient stable?
Patient stabilised and Patient Care Record closed out.
Medical Tent
Triage
Patient presents for triage. Safety hazards are considered above all
DOCUMENTATION: Commence/Continue Patient Care Record Update Triage Register
Assess the following: - Chief complaint - General appearance - Airway - Breathing - Circulation - Disability - Environment - Limited history - Co-morbidities.
. Quick evaluation Is the patient stable?
YES
NO
Differentiate predictors of poor outcome from other data collected during the triage assessment
Identify patients who have evidence of or are at high risk of physiological instability
Assign an appropriate ATS category in response to clinical assessment data member/s
CATEGORY 1 - 2
For patients with ATS Category 1 or 2 immediately alert Medical Commander to seek approval to assign staff to patient (including brief handover to allocated staff member/s).
DETERIORATION OR TRANSPORT PATIENTS (RESUS TENT)
Based on patient status, the patient will be assigned to: -Resuscitation tent - Medical tent - Infection Control Tent
YES
Resus doctor will determine if need for intubation, ventilation or invasive procedure required as part of emergency treatment.
Most senior doctor to treat until stabilised/transported/arrive at tertiary hospital
DETERIORATION
Medical Commander (Medical Motos) to notify NSWHealth and Ambulance NSW Forward Commander (through agreed communication channels) of potential need to intubate, ventilate or transfer
NSW Health most senior doctor or Ambulance NSW assumes most senior decision-making responsibility for patient treatment in consultation with Medical Motos Consultant (CMO)
CATEGORY3
Monitor patient while waiting for admission to seek signs of deterioration
SURGE
Consider the severity and number of cases currently being treated in medical and resus tent
Monitor time to ensure maximum time threshold based on ATS Score has not been exceeded
Can completed medical assessment for treatment be handled by critical care nurse?
Critical Care nurse can conduct a complete assessment under direction of senior doctor to manage patient overflow during surge of CAT 1 and 2 cases
Re-assess if treatment time close to expiring or if signs of patient deterioration visible or reported. Adjust triage category appropriately
ED model of care proceeds
CATEGORY 4 - 5
Monitor patient while waiting for admission to seek signs of deterioration
SURGE
Consider the severity and number of cases currently being treated in medical and resus tent
Monitor time to ensure maximum time threshold based on ATS Score has not been exceeded
Can completed medical assessment for treatment be handled by Admission Nurse nurse?
Admission nurse can conduct a complete assessment under direction of supervising critical care nurse to assist to manage patient overflow during surge of CAT 1, 2 and 3 cases
Re-assess if treatment time close to expiring or if signs of patient deterioration visible or reported. Adjust triage category appropriately
Seek approval from Medical Commander to revert to approved CPG's to provide expediency in managing cases waiting
Manage under defined Clinical Practice Guidelines by paramedic if within scope of practice
ED model of care proceeds
ESCALATION

Treatment capabilities for patrons under 18 years old (if applicable)

Dragon Dreaming 2024, paediatric presentation has been considered in the Medical Motos Clinical Practice Guidelines. Medical Motos staff have been trained to identify a potential paediatric medical presentation and treat in accordance with the Paediatric CPG set.

1) Abdominal Complaints MMO-CPG-NSW-SPECIFIC
2) Anaphylaxis MMO-CPG-NSW-SPECIFIC
3) Asthma MMO-CPG-NSW-SPECIFIC
4) Bites and Stings MMO-CPG-NSW-SPECIFIC
5) Burns MMO-CPG-NSW-SPECIFIC
6) Cardiac MMO-CPG-NSW-SPECIFIC
7) Concussion MMO-CPG-NSW-SPECIFIC
8) COVID-19 Management MMO-CPG-NSW-SPECIFIC
9) Diabetic Emergency's MMO-CPG-NSW-SPECIFIC
10) Drug and Alcohol Intoxication MMO-CPG-NSW-SPECIFIC
11) Fracture Dislocations MMO-CPG-NSW-SPECIFIC
12) Front of neck access MMO-CPG-NSW-SPECIFIC
13) GHB MMO-CPG-NSW-SPECIFIC
14) Haemorrhage MMO-CPG-NSW-SPECIFIC
15) Hyperthermia MMO-CPG-NSW-SPECIFIC
16) Hypoglycaemia MMO-CPG-NSW-SPECIFIC
17) Hypothermia MMO-CPG-NSW-SPECIFIC
18) Recognising and Responding deterioration MMO-CPG-NSW-SPECIFIC
19) Traumatic Cardiac Arrest MMO-CPG-NSW-SPECIFIC
20) Mental Health MMO-CPG-NSW-SPECIFIC
21) Oxygen Therapy MMO-CPG-NSW-SPECIFIC
22) Patient Assessment MMO-CPG-NSW-SPECIFIC
23) Seizures MMO-CPG-NSW-SPECIFIC
24) Severe Trauma MMO-CPG-NSW-SPECIFIC
25) Wound Management MMO-CPG-NSW-SPECIFIC
26) Safe Clinical Practice MMO-CPG-NSW-SPECIFIC
27) Labeling of Medications MMO-CPG-NSW-SPECIFIC

SECTION 3: EVENT COMMAND AND COMMUNICATION PATHWAYS

3.1 Event Command	
Location	Operations Compound
Hours of operation	24hrs Friday 4th October 8am – Tuesday 8th October 12pm
Staffing	Medical Motos – Emergency Commander Dragon Dreaming – ECC Communications Officers Medical Motos – Medical Commander Medical Motos – FACEM (1), Senior Registrar (1), CMO (1) NSW Ambulance: Ambulance + Crew : Friday 04.10.24 – 18:30 – 0400 Saturday 05.10.24 – 06:00 – 04:00 Sunday 06.10.24 – 06:00 – 04:00 Monday 07.10.24 – 06:00 – 04:00
Structure	

Position	Name	Contact
Emergency Commander	Mark Hollis	info@medicalmotos.com; 0428880199
Chief Medical Officer	Dr Chase Schultz-Swarthfigure	Chase@medicalmotos.com; c.schultz.swarth@gmail.com; 0416472315

3.2 Communication

Summary of communication arrangements for the event

Event Departments

All radio calls from other Event Departments relating to medical requirements should go through the Emergency Coordination Centre (ECC). The ECC will have a dedicated Fire & Medical channel radio being constantly monitored through the event. All calls will be logged by the ECC officer. The ECC radio channel will be monitored at all times from when patrons arrive to when all patrons leave, and will be monitored during the build and bump-out by the Operations office or Event Management.

Medical Team

All members of the Medical team, Medical Commander + Medical Lead (Consultant)) on-shift are issued with a festival UHF radio. Medical Commander will communicate with medical crew using dedicated medical response radios to reduce ECC airway traffic. All medical command/lead staff, response vehicles and the ECC will use the assigned channel for onsite medical communications. Prior to the *Event Phase* radio communication checks across the site will be conducted under the direction of the Medical Coordinator to ensure effective coverage during the event.

Activation of Health Services

The Medical Motos Medical Commander will liaise with the NSW Forward Commander (if onsite) if they believe an ambulance transport is required for any patients in care.

If the Ambulance Commander or Ambulance Officers are not contactable or not onsite, the Medical Motos Health Commander will report any health emergencies by dialling 000 to contact the NSWA communications centre.

These calls will generate an ambulance case dispatch to the closest available ambulance units (including resources from outside the event) or the local Fire & Rescue Community Responders. Where possible Ambulance NSW will direct the case to available crew located at the event. The closest Ambulance Station: West Belconnen, is 1 hour and 19 minutes via road.

Process for requesting NSW Ambulance Aeromedical Retrieval Team

The medical lead (or senior clinician) will immediately alert the medical commander of any critically unwell patient, including those requiring intubation, paralysis and cooling. This patient will be discussed with the onsite NSW Ambulance Forward Commander and the onsite Ministry of Health, NSW Medical Commander. The Medical Motos resuscitation doctor will work directly with NSW Ambulance to confirm details of transfer. If the decision requires the State based emergency to facilitate a transfer via ambulance or a medical retrieval team, the State Retrieval Consultant must be contacted to advise on medical management (1800 650 004 and select option 1). When the decision is made to transport a patient via the aeromedical retrieval team, medical motos will work with the retrieval team on optimising the patient's clinical condition to enable safe transfer. The helipad retrieval point has been identified in section Lat: -35.0540404 Long -3148.6535998 of this plan under coordinates. The helipad will require the patient to be transported to the gate to safely load.

Medical Motos will work with the NSW Ambulance Forward Commander to liaise with hospital emergency departments and determine the most appropriate hospital for transfer.

Health emergency escalation and management

The risk of serious medical presentation with serious drug related illness is one which has been considered by Medical Motos. Medical Motos has conducted a review of the CPG's defined below against the NSW Clinical Practice Guidelines as advertised on the Ministry of Health, NSW site.

- **Illicit substance-induced hyperthermia**; rapid transfer to hospital for severe hyperthermia, >39 °C
- **Illicit substance-induced decreased state of consciousness**; Does the patient have decreased SpO2 OR Is the patient unresponsive (U on AVPU Scale)? Rapid transfer to hospital
- **Illicit substance-induced dehydration**; Mild/Moderate symptoms plus Marked tachycardia HR>120, Shock altered LOC, poor peripheral perfusion. Minimise time onsite and rapid transfer to hospital
- **Illicit substance-induced aggression and behavioural disturbance**; Avoid prolonged physical restraint, particularly in people who are hyperthermic. Verbal de-escalation followed by chemical restraint should be used in preference. **There is a high risk for precipitation of cardiac arrest with application of physical restraint in patients with agitated delirium.**

Medical Motos acknowledge the Ministry of Health, NSW requirements to treat serious illicit induced medical events. As such, Medical Motos have amended Clinical Practice Guidelines to include below:

1. Immediately provide appropriate, intensive medical management before transport, such as sedation, rapid sequence intubation and aggressive cooling in cases of drug-related hyperthermia.
2. Arrange transport to a tertiary hospital as soon as possible. Senior Doctor to attend with retrieval team.

For serious toxicological cases awaiting transfer, the Senior Doctor is encouraged to call the Poison Information Hotline on 13 11 26 to provide rapid access to telephone support from a senior toxicologist. This advice may support the delivery of best practice interim management of toxicology cases while awaiting transfer, including those related to drugs, alcohol and snake and spider bite.

Coordination with peer-based harm reduction service provider(s)

A collaborative approach will be adopted when working with the peer-based harm reduction group, DanceWize. Those patients assessed in the clinical areas deemed not requiring medical treatment or interventions will be transported to DanceWize with a first responder. The close proximity of the DanceWize Tent makes this logistically easy. The criteria for patients that are deemed fit to be discharged to DanceWize are: Patients who have had a thorough assessment, including basic observations, by the medical team and are deemed not to require any current medical interventions and are not expected to clinically deteriorate. Patients must also be able to ambulate and must not be excessively intoxicated or agitated in a way that represents serious risk of harm to themselves our others. Regular updates, including those within the ECC meetings, will occur between representatives of medical motos and DanceWize. Frequent assessment of patients in the DanceWize tents will be undertaken by roving teams, other clinical demands allowing. Further, any concerns expressed by DanceWize for a patron will result in a review and transportation to the medical tent.

SECTION 4: EVENT MEDICAL BRIEFINGS AND REPORTING

4.1 Event medical briefings

Pre-event medical briefings

Medical Motos will participate in daily briefing at the commencement of each day. The daily briefing will include any staff from Ministry of Health NSW (including NSW Ambulance) and the peer-based harm reduction service coordinator. As Dragon Dreaming 2024 is a multi-day event, briefings will take place each day.

The objective of daily briefing is to revisit the pre-event briefing agenda and risks, consider any changes to risk profile of the event, consider any potential infections or disease, consider the event lessons learned from the previous day.

Ministry of Health, NSW will lead the briefing (if on site) supported by the NSW Ambulance Forward Commander. Medical Motos Health Commander and FACEM doctor/s will be present at all daily briefings.

Onsite medical briefings (at the event) – Multiple onsite briefings	
Times	0700am & 1900pm
Site location	MAT Tent
Lead	Senior Clinician
Participants	Medical Team
Content	Days and evenings events, trends and presentations.
Post-Event Medical Briefings (online)	
Times	**TBC**
Site	Online
Participants	Medical Motos NSW Ambulance Dancewize Team Leader Event Management Ministry of Health Security Management
Content	• *Was the planned control or response to one type of risk helpful in mitigating other risks?* • *Were there any near misses or incidents that almost happened?* • *What risks occurred that had not been considered in pre-planning? Have they been added to the list of risks to assist in future event planning?* • *For each risk that occurred, what factors contributed to the resilience of the event response?* • *What could be improved for future events at that location?* • *Were the command and communication arrangements effective?* • *Were the medical deployment arrangements effective?* *See section 5.6 of the NSW Health Guidelines]*

4.2 Documentation and reporting

Event reporting processes

Documentation and Reporting

Medical Motos have identified documentation, patient records and data collection as key requirements over the course of Dragon Dreaming 2024 Festival. Medical Motos will maintain the following information:

1) Non-medical presentations including number, type, date, time and average attendance time required by a clinical care or first responder to address
2) Number of medical presentations at triage tent and pertinent information including:
    a. Category
    b. Number exceeded allocated triage time
    c. Number category 1
    d. Number infectious disease presentations
    e. Patient Care Records (will be shared as data and as required by Ministry of Health, NSW)
    f. Triage register
    g. Communication register
    h. Medication inventory records
    i. Events briefing notes
    j. Critical incident decision making notes
    k. Handover notes

Documentation of treatments undertaken meet the requirements of privacy legislation and maintain the confidentiality of patient information. Medical Motos maintain a duplicate of all documentation as a record after handing over documents to the receiving hospital.

Documentation may be used for:

• post-event review of activities

• tracking of biological, chemical and infectious disease exposure

• police or coronial investigations.

Medical Motos have established systems to manage patient information in accordance with legislation and regulations and can advise on best practice methods. Legal considerations include:

• Who has access to records?

• Who keeps the data, and for how long?

All hard copies of clinical records are retained for 3 years and electronically for 7 years

Patient Care Record

The Patient Care Record is the most important document created during event life cycle. This record acts as a diary detailing the care provided by Medical Motos and the patient responsiveness during delivery of care. The Patient Care Record forms a legal document and is retained for 3 years as a hard copy. The patient has the right to request a copy of a Patient Care Report under the Freedom of Information Act at any time. Law enforcement may also request a copy of the record based on Court order. In the event of any such request, Medical Motos is obliged to respond and provide. The quality of information, detailing care, contained within the PCR may be subject to external scrutiny

Medical Motos require Patient Care Records to be developed for all patients seen during a festival, or at any event. It is the responsibility of the most senior crew member to prepare the PCR. All PCR's are signed by the most senior medical shift doctor at the completion of a shift. Patient Care Records should be used in shift handover.

Patient Care Records are created as soon as a patient presents at triage. The triage nurse will prepare the record based on information communicated by the field health personnel.

The field health crew will make an assessment in the field if the patient is to be transported to the medical tent. This decision will be made with the support of the Medical Commander.

Where the decision is made not to seek further treatment, the field crew will report as a Non-Medical Presentation and create a Field Care Report rather than a Patient Care Report. Issue of band-aids or water will be considered non-medical.

Where the decision is made to seek further treatment, whether in the field or in medical tent, there is a mandatory requirement for a Patient Care Record. For purpose of clarity, any issue of over-the- counter medication or treatment of minor scrapes where the health practitioner administers the treatment in the field will be require a Patient Care Record.

At the completion of each shift, the most senior medical officer will review and sign off all Patient Care Records. Where the Patient Care Record has been incorrectly completed by a health crew, it is the responsibility of the approving medical officer to raise an internal incident event and work with the crew to resolve the record error before shift change over.

Incident Register

In accordance with the Music Festivals Act 2019 No. 17 [NSW], an incident register must be kept from when the festival starts until one hour after the festival stops operating. Medical Motos must be able to provide to the Event Organiser or Ministry of Health, NSW, information captured as an output of the PCR reporting process which includes:

• an incident that results in the death of a patron of the festival; and

• an incident that results in a patron of the festival requiring medical assistance as a result of intoxication

The information regarding the patient personal information can not be passed to the event organiser and must be kept in accordance with the Privacy Act. Ministry of Health, NSW will use data in accordance with s14.1 of this plan; the data will not include personal information.

Personal information regarding the patient details can only be provided to any other party under Court instructions to address the death of a patient during a festival.

Medical record

All medical records are maintained in a locked cabinet onsite. The information is kept securely to protect patient privacy and confidentiality.

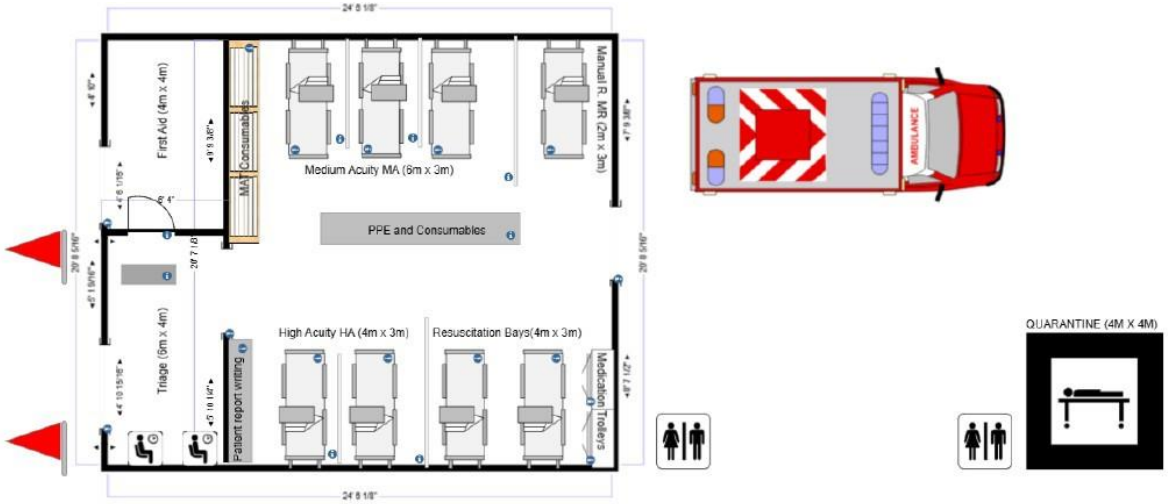
Accurate and clear documentation and reporting on the profile and severity of true medical presentations assists Medical Motos with future event medical planning.

Post-event report	
Expected date	Within 7 days of completion of event
Recipients	Ministry of Health, NSW Ambulance and Police, Events Management
Content	*[The suggested minimum content should include:* • *Number of presentations (clinical and non-clinical) per day, including hourly peak & trough diagrams for future* • *Age breakdown* • *Triage category breakdown* • *Main complaint breakdown including clinical and non-clinical* • *Number of alcohol or drug related presentations* • *Number of transfers to hospital including breakdown of transfers related to pre-existing medical conditions e.g cardiac*

	• *Number of serious medical presentations (equivalent of Australasian Triage Scale category 1 or category 2 presentations)* • *Number of patients intubated onsite* • *Number of deaths]*

APPENDICES

APPENDIX A: Onsite medical centre layout



APPENDIX B: Operational risk assessment

Hazard	Likelihood	Consequence	Risk	Prevention / response
1. Number of patient presentations greater than expected	Possible	Moderate		Medical Motos have planned for unexpected surge by making additional FACEM roles available onsite and off-duty with allowance to call if required to meet surge
2. Patient illness severity greater than expected	Possible	Moderate		Medical Motos have completed similar events based on size and risk and used data to evaluate the requirement to support Dragon Dreaming 2024. Medical Motos have staffed with senior doctor and critical care nurses to support if Category 1 or 2 presentations
3. Medical supplies run low	Possible	Major		Medical Motos have used historical data to determine medical supply inventory levels. Medical Motos consider the following ion the planning stage: logs of medication and supplies issued per festival/ risk and number, quantity per possible presentation/
4. Crowd crush	Possible	Catastrophic		Medical Motos is not managing security but have staffed the medical tent to manage 3 Category 1 cases at any time. The use of paramedics in the field increases the ability to mage Category 1 presentations up to 7 at any time. Medical Motos would need to engage the support of NSW Ambulance in the event of a crowd

				crush critically injuring more than 8 people at one time.
5. Crowd violence	Possible	Moderate		The use of paramedics in the field increases the ability to manage cases. Medical Motos would need to engage the support of NSW Ambulance in the event of a crowd violence where more than 10 people injured
6. Power failure	Possible	Major		Medical Motos maintain a generator as back up and stand-alone power supply in event of power failure. Equipment (some) can run on battery supply.
7. Communications failure	Possible	Major		Medical Motos have added StarLink service to support own communication.
8. Unexpected hot weather	Unlikely	Moderate		Medical Motos will require cooling in the tent though weather in September unlikely to be extremely high.
9. Unexpected wet weather	Possible	Minor		Medical Motos MAT tent is designed to be secured from wet weather and will include heating for cooler nights.
10. Hail or storm	Possible	Moderate		Medical Motos MAT tent heavy duty canvas to withstand hail. Fixing of tent verified by structural engineer to ensure sufficiently rated for extreme weather. Refer risk above for response to loss of power.
11. Add other relevant hazards not identified above				

Operational risk assessment key

Likelihood	Description
Almost certain	The incident is expected to occur at least once during the festival
Likely	The incident will probably occur during the festival
Possible	The incident might occur during the festival
Unlikely	The incident is unlikely to occur during the festival
Rare	The incident could occur during the festival in exceptional circumstances

Consequence	Description
Catastrophic	Core functions are unable to be delivered
Major	Delivery of core functions is severely reduced
Moderate	Delivery of core functions is reduced
Minor	Limited reduction in delivery of core functions
Insignificant	Delivery of core functions is unaffected or within normal parameters

Operational risk matrix by level of consequence					
Likelihood	**Insignificant**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Almost certain	Medium	Medium	High	Extreme	Extreme
Likely	Medium	Medium	High	Extreme	Extreme
Possible	Low	Medium	Medium	High	Extreme
Unlikely	Low	Low	Medium	High	High
Rare	Low	Low	Medium	Medium	High

Reference documents:

- *Australian Institute for Disaster Resilience (2020). National Emergency Risk Assessment Guidelines.*
- *NSW Health (2015). Enterprise-Wide Risk Management Framework.*

APPENDIX C: Patient presentation risk assessment

[Private onsite medical providers should, as part of their risk assessment and management, understand the expected type, number and severity of medical presentations and should ensure an appropriate onsite medical service is provided, particularly for the top two risk categories of the risk matrix below. In this section, please complete the risk assessment below]

Presentation	Likelihood	Consequence	Risk	Response
1. Substance use with altered consciousness	Likely	Major	Extreme	Medical motos has specific CPGs for management of substance affected patients. All medical motos staff have been trained in identifying risks to patients when affected by substances; management of airway and vomiting will be key as will enhanced, regular monitoring in a resus or high acuity area
2. Substance use with minor symptoms	Certain	Minor	Medium	Medical motos has specific CPGs for management of substance affected patients and will monitor and treat symptoms of ataxia, palpitations, impaired capacity, agitation and others
3. Intoxication	Certain	Insignificant	Medium	Medical Motos staff have experience managing intoxicated patients and identifying those that are at risk of harm to self or other; Medical motos will work in close conjunction with DanseWize on managing these patients
4. Cardiorespiratory arrest	Rare	Catastrophic	High	Medical Motos clinicians have accredited ALS and ALS2 credentials with senior clinicians

Presentation	Likelihood	Consequence	Risk	Response
				trained in advanced resuscitation and airway skills specifically targeted at managing cardiorespiratory arrest. Rapid escalation to NSW ambulance and retrieval services. Following of appropriate CPGs.
5. Seizures	Unlikely	Moderate	Medium	Medical motos has specific CPGs for management of seizures. Patients that don't respond to initial therapy will require rapid escalation, potential intubation and transfer to hospital
6. Major trauma including penetrating injury	Rare	Catastrophic	High	Medical motos has specific CPGs for major trauma and management of trauma. All patients will require resuscitation and transfer to hospital with assistance of retrieval services.
7. Fractures / dislocations	Unlikely	Moderate	Medium	Medical motos has specific CPGs for management of fractures. Some fractures may require transfer to hospital via ambulance.
8. Serious bleeding	Rare	Catastrophic	High	Medical motos has specific CPGs for management of haemorrhage. All patients will require resuscitation and transfer to hospital with assistance of retrieval services
9. Chest or abdominal injury	Unlikely	Major	High	Medical motos has specific CPGs for management of trauma. Patient will require assessment of severity of injuries based on force of injury, observations, clinical trajectory. Some patients will require transfer to hospital.
10. Head injury	Unlikely	Major	High	Medical motos has specific CPGs for management of trauma and concussion. Patient will require assessment of severity of injuries based on force of injury, observations, clinical trajectory. Some patients will require transfer to hospital if

Presentation	Likelihood	Consequence	Risk	Response
				concern for intra-cranial trauma or reducing GCS
11. Eye injury	Possible	Minor-Major	Medium-High	Medical motos has specific CPGs for management of trauma. Patient will require assessment of severity of injuries based on force of injury, observations, clinical trajectory. Eye injuries specifically can range from mild trauma, which requires minimal intervention, to major sight threatening injuries. Each patient will be assessed and escalated appropriately
12. Soft tissue injury	Likely	Minor	Medium	Medical motos has specific CPGs for management of trauma. Patient will require assessment of severity of injuries based on force of injury, observations, clinical trajectory. Rarely will patients require more then simple medical interventions.
13. Diabetic emergency	Rare	Major	Medium	Medical motos has specific CPGs for management of diabetic emergencies. If a patient has DKA they will require transfer to hospital after treatment in the medical tent
14. Dehydration	Possible	Minor	Medium	All patients will be assessed for degree of dehydration and treated for cause. Most will manage with simple anti-emesis and oral rehydration
15. Faints	Possible	Minor-Moderate	Medium	All patients will be assessed for cause of faint or loss of consciousness. Most will be related to dehydration, exhaustion or simple syncope. Consideration for cardiac and neurogenic causes will be made. Serious causes will require transfer to hospital
16. Shortness of breath	Possible	Minor-Major	Medium-High	All patients presenting with shortness of breath will be assessed for cause. Most will be related to asthma, anxiety or infection. Those that don't

Presentation	Likelihood	Consequence	Risk	Response
				respond to treatment or present in respiratory distress will require transfer to hospital and may require advanced airway support.
17. Nausea/vomiting	Certain	Minor	Medium	All patients will be assessed for cause, associated degree of dehydration and risk of aspiration. Most will manage with simple anti-emesis and oral rehydration. If there is suspicion of gastrointestinal infection, patients will be managed in the quarantine area.
18. Heat exhaustion	Unlikely	Moderate	Medium	All patients will be assessed for degree of dehydration related to excess heat or sun exposure. Anti-emesis, rehydration and passive cooling will be main stay of treatment
19. Heat stroke	Rare	Major-Catastrophic	High	Medical motos has specific CPGs for management of hyperthermia. All patients will be assessed for degree of dehydration. IV fluid therapy with active cooling will be undertaken. Patient will require transfer to hospital and may require intubation with paralysis.
20. Respiratory distress	Rare	Major-Catastrophic	High	Medical motos has specific CPGs for management of causes of respiratory distress (Asthma) and airway management. All patients will be assessed for cause. Patient will require transfer to hospital and may require intubation with paralysis.
21. Abdominal pain	Likely	Mild-Moderate	Medium-high	Medical motos has specific CPGs for management of Abdominal pain. All patients will be assessed and management will be initiated on site. Rarely, patients may need transfer to hospital
22. Burns	Possible	Minor-Mod	Medium	Medical motos has specific CPGs for management of Burns

Presentation	Likelihood	Consequence	Risk	Response
23. Sexual assault	Rare	Major	Medium	Medical motos has specific CPGs for management of sexual assault. Medical treatment will be initiated and coordination with hospital, police and other relevant support services.
24. Emotional distress	Possible	Insignificant-Minor	Low - Medium	All patients will be assessed for causes of anxiety and emotional distress. Rarely will medical intervention be required.
25. Mild asthma	Possible	Minor	Medium	Medical motos has specific CPGs for management of acute asthma.
26. Minor lacerations, abrasions, blisters	Certain	Insignificant	Medium	All lacerations and minor injuries will be assessed for severity and involvement of underlying tissue (Tendon, ligament, joint) involvement. Almost all will be managed on site.
27. Headache	Likely	Insignificant	Medium	Medical motos has specific CPGs for management of Headache including assessment for red flags.
28. Bites and stings	Likely	Insignificant-Catastrophic	Medium-Extreme	Medical motos has specific CPGs for management of bites, stings and envenomation. It should be noted that there is a risk of medically significant snake bites all of which will require pressure bandages and transfer to hospital
29. Nosebleed	Possible	Insignificant-Moderate	Low-Medium	Basic first aid for nose bleeds will be applied along with more advanced treatment (such as nasal packing). Those on anti-coagulation or anti-platelet will be monitored closely.
30. Diarrhoea	Likely	Insignificant-Minor	Medium	All patients will be assessed for cause, associated degree of dehydration and risk of intra-abdominal pathology. Most will manage with simple anti-emesis and oral rehydration. If there is suspicion of gastrointestinal infection, patients will be managed in the quarantine area.

Presentation	Likelihood	Consequence	Risk	Response
31. Sunburn	Likely	Insignificant	Medium	Assess patient for dehydration, provide sunscreen, give advice on sunsafe practises
32. *Add other relevant presentations not identified above*				

Patient presentation risk assessment key

Likelihood	Description
Almost certain	The incident is expected to occur at least once during the festival
Likely	The incident is likely to occur during the festival
Possible	The incident might occur during the festival
Unlikely	The incident is unlikely to occur during the festival
Rare	The incident could occur during the festival in exceptional circumstances

Consequence	Description
Catastrophic	Death or life-threatening injuries or illness
Major	Death or life-threatening injury or illness causing hospitalisation. MAJOR only used for presentations which can be managed onsite but need to be on alert for rapid deterioration.
Moderate	Serious harm, injury or illness requiring medical treatment
Minor	Minor harm, injury or illness where treatment or first aid is required
Insignificant	Harm, injury or illness not requiring immediate medical treatment

Patient presentation risk matrix by level of consequence

Likelihood	Insignificant	Minor	Moderate	Major	Catastrophic
Almost certain	Medium	Medium	High	Extreme	Extreme
Likely	Medium	Medium	High	Extreme	Extreme
Possible	Low	Medium	Medium	High	Extreme
Unlikely	Low	Low	Medium	High	High
Rare	Low	Low	Medium	Medium	High

Reference documents:

- *Australian Institute for Disaster Resilience (2020). National Emergency Risk Assessment Guidelines.*
- *NSW Health (2015). Enterprise-Wide Risk Management Framework.*

APPENDIX D: Staff profile and roster

[Please provide a staff roster and profile including staff names, registration status including AHPRA number, professional role during event, qualifications, experience and time rosters. The templates below are recommended. Please refer to Section 5.4.1 of the Guidelines for professional role descriptions, capabilities and qualifications. ***A final staff profile and roster must be provided to NSW Health and ILGA at least 14 days before the festival is to be held****]*

Staff profile	
Event	**Dragon Dreaming 2024**
Event date	**4th October 2024 – 7th October 2024**
Version number	**V1.1**
Date of this version	**19th July 2024**

- *This template provides* ***examples*** *of the level and detail of information required within the roster.*
- *It is understood that early versions of the medical roster may not include detail of the names and AHPRA registration in the first column, and that new versions of the roster will be produced as planning progresses.*
- *Please indicate a version number on each supplied roster.*
- *A final version with complete details must be provided as per 5.4.2 of the NSW Health Guidelines.*

Name	AHPRA number	Clinical or non-clinical	Role	Qualification	Experience	Rostered Start	Rostered End	Rostered Hours
		Clinical	*FACEM*	*MBBS; ACEM*	*ED/ICU Trained; On-call experience*	*0700*	*1900*	*12*
		Clinical	*Senior Reg*	*MBChB; MBBS*	*ED/ICU Trained; Airway experience*	*1900*	*0700*	*12*
		Clinical	*Senior Reg*	*MBChB; MBBS*	*ED/ICU Trained; Airway experience*	*1900*	*0700*	*12*
		Clinical	*Crit Care Nurse*	*Post Grad +*	*ED/ICU Trained; ALS2*	*0700*	*1900*	*12*
		Clinical	*Crit Care Nurse*	*Post Grad +*	*ED/ICU Trained; ALS2*	*1900*	*0700*	*12*
		Clinical	*Reg Nurse*	*Nursing*	*ED/ICU Trained*	*0700*	*1900*	*12*
		Clinical	*Reg Nurse*	*Nursing*	*ED/ICU Trained*	*0700*	*1900*	*12*
		Clinical	*Reg Nurse*	*Nursing*	*ED/ICU Trained*	*1900*	*0700*	*12*
		Clinical	*Reg Nurse*	*Nursing*	*ED/ICU Trained*	*1900*	*0700*	*12*
		Clinical	*Reg Nurse*	*Nursing*	*ED/ICU Trained*	*0700*	*1900*	*12*
		Clinical	*Reg Nurse*	*Nursing*	*ED/ICU Trained*	*1900*	*0700*	*12*
		Clinical	*Paramedic*	*Paramedic*	*Active Paramedic*	*0700*	*1900*	*12*

Name	AHPRA number	Clinical or non-clinical	Role	Qualification	Experience	Rostered Start	Rostered End	Rostered Hours
		Clinical	*Paramedic*	*Paramedic*	*Active Paramedic*	*0700*	*1900*	*12*
		Clinical	*Paramedic*	*Paramedic*	*Active Paramedic*	*1900*	*0700*	*12*
		Clinical	*Paramedic*	*Paramedic*	*Active Paramedic*	*1900*	*0700*	*12*
		Clinical	*First Responder*	*L3 First Aid*	*Nursing/Paramedic Grad*	*0700*	*1900*	*12*
		Clinical	*First Responder*	*L3 First Aid*	*Nursing/Paramedic Grad*	*0700*	*1900*	*12*
		Clinical	*First Responder*	*L3 First Aid*	*Nursing/Paramedic Grad*	*1900*	*0700*	*12*
		Clinical	*First Responder*	*L3 First Aid*	*Nursing/Paramedic Grad*	*1900*	*0700*	*12*
		Non-clinical	*Student*	*First aid*	*Nursing/Paramedic Student*	*0700*	*1900*	*12*
		Non-clinical	*Student*	*First aid*	*Nursing/Paramedic Student*	*0700*	*1900*	*12*
Staff roster – See Attached Document Entitled - Roster Dragon Dreaming								

APPENDIX E: Treatment protocols for common drug-related presentations

Presentation	Treatment protocol
Dehydration	Please see attached CPGs – Patient assessment
Hyperthermia	Please see attached CPGs – Hyperthermia
Decreased level of consciousness	Please see attached CPGs – Patient assessment
Acute behavioural disturbance (aggression/agitation)	Please see attached CPGs – Drug and Alcohol Intoxication, GHB

APPENDIX F: Medical equipment and medication

Please see attached documents entitled:

- Drug information sheets: All of which will be stocked to appropriate levels
- Equipment List (Spreadsheet)

APPENDIX G: Resuscitation protocol

[ ]

Resuscitation protocol
Resuscitation protocols will wary depending on patient presentation, however, all resus situations will have the following: • Team: Composing of, at minimum, a resus doctor and a resus CCRN. This team will have the capacity to expand to include a full resus team as described below with further escalation of surge including involvement of FACEM and CMO in complex cases • Environment: All resus patients will be seen in a resus bay with continuous ECG, SPO2 monitoring with intermittent non-invasive blood pressures and temperature checks • Protocols: All ALS protocols will be followed as per medical Motos CPGs which can be provided for the purpose of this document. This includes but is not limited to Major Trauma, Cardiac arrest, tachyarrythmias, bradyarrythmias, advanced airway management (Including RSI), severe haemorrhage and severe asthma.

Resuscitation team roles and responsibilities	
Role	**Responsibility**
Team Lead	**Running resus and overall responsibility of team**
Airway Doctor	**Managing the airway including advanced intubation**
Airway Nurse	**Assisting airway doctor, basic airway manoeuvrers**
Circulation/Primary Doctor	**Conducting primary survey, starting treatment**
Scout Nurse	**Observations, medications, equipment and other tasks**
Scribe	**Recording treatment, medication administration and events**

Resuscitation simulation
To be held at 1500pm on Thursday 03rd October 2024