

Guidelines for Safe Zones at Large Events

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These guidelines supplement, and should be used in conjunction with, the Health Promotion Agency's Guidelines for Managing Alcohol at Large Events which recommends that it is sensible for organisers of large events to provide a safe place for intoxicated patrons.

Acknowledgments

Beyond the Black Festival Ltd
Wellington Free Ambulance
St John
Regional Public Health (Wellington)
Albee Photography

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RECOMMENDED READING:

We strongly advise **Safe Zone Providers** and **Licensing Authorities** to read through all sections of this booklet.

For **Event Organisers**, the recommended readings have been identified with the 'EO' icon on the contents page.

KEY:

 EVENT ORGANISERS

 PRINT/PHOTOCOPY

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EO EVENT ORGANISERS

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Introduction

These guidelines have been developed to assist event organisers and Safe Zone providers plan for and provide a Safe Zone for intoxicated patrons at large events, as part of their Alcohol Management Plan.

The provision of a safe and enjoyable environment is a key component of responsible management of alcohol at a large event. Providing a Safe Zone and First Aid services for intoxicated patrons is a proactive measure to ensure a safe environment. While the guidelines have no statutory force, their implementation may be stipulated as a specific condition in the granting of a special licence for a large event. Alcohol licensing agencies should be aware of these guidelines and bring them to the attention of the event organisers.

The aim of the guidelines is to provide a framework that supports alcohol safety. Providing a Safe Zone and First Aid services at large events will enhance the care of patrons and reduce minor and serious incidents. The guidelines incorporate the basic treatment of patrons who present with alcohol-related harm, but the specifics of event First Aid and medical services fall outside the scope of this document, although event First Aid treatment could be covered by the same provider.

This document gives Safe Zone providers and operators and event organisers specific guidance in providing a Safe Zone area and maximising care of their patrons. These guidelines

supplement, and should be used in conjunction with, the Health Promotion Agency's Guidelines for Managing Alcohol at Large Events which recommends that it is sensible for organisers of large events to provide a safe place for intoxicated patrons. When the safety of intoxicated patrons is not considered, they can become a risk to themselves and/or others. The poor management of intoxicated patrons can lead to the event being unsuccessful and/or unsafe for patrons, staff and event organisers (Department of Tourism, Sport and Racing, 1999). The guidelines apply to the safety of patrons at all large events where the responsible management of alcohol is required and will assist event organisers to provide safe and responsible drinking venues.

The information presented in this document is intended to provide guidance; it is not a definitive statement that applies to all circumstances. Professional advice should be obtained about the unique requirements for a Safe Zone at each specific event.

Background

A proactive approach to reducing alcohol-related harm, when used in conjunction with screening and brief intervention, has been shown to decrease the overall medical resources required to support large events (Yates, Hazell & Schweder, 2001; Feldman et al., 2004; D'Onofrio et al., 2008; Woolard, Cherpitel & Thompson, 2011). When planning a large event, organisers should have a definitive plan that will reduce the risk of alcohol-related harm, to relieve the pressure on medical and police resources (Feldman et al., 2004). Safe Zones are provided at large events to address issues of intoxication and alcohol-related harm. They create a controlled environment for the assessment, treatment and potential discharge of patrons who are affected by alcohol-related consequences. Safe Zones help reduce the number of Emergency Department (ED) transfers and admissions, and result in significant cost savings for the health sector (Yates et al., 2001).

Alcohol-related harm is difficult to diagnose and while intoxication can in itself be a dangerous health risk, it can also mask, and result in misdiagnosis of, many serious health issues such as a stroke (Blow et al., 2009). A Safe Zone provides a place where qualified staff can assess and treat patrons on site, and where they can differentiate between patrons who require medical attention at a hospital or a medical centre and those who can be treated at the event. A designated Safe Zone also allows for the continued treatment of patrons affected by alcohol without disruption to the overall event environment.

Data collected from Safe Zones established at large events both in New Zealand and internationally shows the on-site presence of qualified staff is instrumental in effective management of at-risk patrons. Direct medical oversight allows for the assessment, treatment and discharge of the majority of patients who present to the Safe Zone, without the need for additional emergency medical care.

Data from the 2011 Rugby World Cup and 2012 Rugby Sevens shows a cost savings for the ambulance service and ED of an estimated NZ\$70,000. If there was no Safe Zone, approximately 60% of patients seen would have had to be transferred to the ED (Swain, Weaver, Gray, Bailey & Palmer, 2013).



Example of alcohol-related harm at an event

Research on the level of staffing required for a Safe Zone suggests the rate of medical presentations and patient load varies significantly between different types of events. As attendance figures are not always accurately gauged by event organisers, the nature of the event gives a better idea of Safe Zone resource requirements than estimated number of patrons (Feldman, Lukins, Verbeek, Burgess & Schwartz, 2005).

Most patrons attending special events will consume more alcohol and over a shorter time, than on a usual drinking occasion. A factor that should also be considered when assessing risk at large events is that it is the moderate drinkers who are most susceptible to experiencing alcohol-related consequences (Lee, Lewis & Neighbors, 2009).

Operation

Providers

The ambulance providers in New Zealand, St John and Wellington Free Ambulance, have effective clinical practice guidelines and standard operating procedures to support the provision of medical services at events. These service providers are required to maintain accreditation of Ambulance and Paramedical Services Standards NZS 8156:2008 and Quality Management Systems ISO 9001:2008.

It is the Safe Zone provider's responsibility to adhere to their own protocols to ensure the safe assessment and treatment of patients.

Safe Zone providers will use their own resource models to calculate staffing and equipment levels. However, the Safe Zone provider and the event organiser may, on some occasions, work together to provide appropriate staffing numbers and equipment levels.



Treatment of intoxication in progress

Clinical Accountability

Clinical accountability is the key to ensuring the Safe Zone is run safely and professionally. To ensure adequate standards of practice are met, a Safe Zone must provide:

- Clear lines of accountability.
- Appropriately certified and qualified staff for the event.
- Patient documentation that is recorded, transported, stored, accessed and disclosed as required by law.
- Adherence to required standards of practice.
- Staff training and induction.

The providers are familiar with these guidelines and can help with planning and co-ordinating a Safe Zone at a large event and medical services for events in general. They will supply the qualified staff, equipment and consumables required for the smooth running of the Safe Zone medical services to ensure patient and patron safety. Safe Zone providers will invoice the event for all associated costs.

Clear lines of accountability

The event organiser is responsible for engaging a Safe Zone provider that can fulfil the requirements of their particular event. The Safe Zone provider is accountable for the running of the Safe Zone including ensuring adequate staffing, adherence to standards of practice and the provision of required medical equipment.

Staff certification and qualifications

Staff working in the Safe Zone must be adequately trained, qualified and experienced to perform all tasks required. All roles within the Safe Zone require a level of certification. The levels of certification and applicable job descriptions are listed in the Staffing Requirements section of this document. Certifications include:

- First Aid:
 - First Aid certificate.
 - Basic Life Support First Responder.
- Alcohol Monitoring:
 - First Aid certified management of intoxicated patients.
 - Emergency Medical Technician.
- Higher Qualified (IVC certified):
 - Intermediate Life Support Paramedic.
 - Intensive Care Paramedic.
 - Registered nurse (under a standing order).

Nurses and doctors are registered medical professionals who can work under their own authority to practise, whereas paramedics are not registered; they are instead authorised by their employer or umbrella organisation to practise specific procedures.

All staff qualifications and certifications must be recorded and kept by the Safe Zone provider. It is also suggested that all Safe Zone staff are police vetted (which can take up to 20 days to process once the application is received, and currently has no cost attached).

Record keeping

To ensure clinical accountability, the Safe Zone provider is required to keep documented records of all patient interactions. Records should show that the provider's protocols have been adhered to, and should also include the decision-making processes of staff, the details of patient assessment, the treatment provided and the outcomes of the treatment. The use of a patient report/record form template is the best way to capture this data. The documentation may be used if there is a formal inquiry where truthful disclosure is required. The Safe Zone provider can also use the information to evaluate and provide a summary debrief to the event organiser.

Records must be kept in accordance with the Privacy Act 1993 (the Act) and Health Information Privacy Code 1994 (the Code), which specify the principles with which agencies dealing with personal information must comply. All treatment and patient details must be collected, recorded, transported, stored, accessed and disclosed in accordance with the Act and/or the Code. Documentation on all patients must be accurate, include personal information and history, disclose any treatment provided, and be protected from loss, misuse and/or unauthorised access or modification. The principles specified in the Act cover the collection, storage, use and disclosure of information, and also set out individuals' right of access to information about themselves. In the Code, these principles have been modified to apply specifically to health information. For the health sector, including ambulance services, the Code has the same status as the Act.

Standards of practice

The Safe Zone provider is responsible for adhering to their own protocols to ensure patients are assessed and treated safely. Those protocols must be issued under the authority of a registered medical professional who has the ability to issue that authority (see above).

The standards of practice specified in this document are the suggested minimum requirements for the level of care within the Safe Zone. This guideline also outlines the suggested minimum staffing requirements and equipment levels in a Safe Zone.

Staff induction

All staff working in the Safe Zone must be adequately qualified and trained to perform the tasks in their job description. The Safe Zone provider is responsible for the staff induction programme and ensuring Safe Zone staff have adequate qualification levels. The induction programme should include the protocols and procedures of the provider, event site orientation, flow of communications, use of equipment, nature of the event and patrons, expected types of incidents, documentation requirements, risk and hazards assessment, and post-care alcohol intervention procedures.

The Quick Guide in the Resources section is intended to be displayed at points of sale and in security HQ so it is visible for staff.



Example of Safe Zone staff responding to deployment to a patient at event



Example of patient being discharged from Safe Zone for transport to Hospital

Patient Flow

The *Patient Flowchart* shows the progression of patients through the Safe Zone. Each step requires documentation including times, assessment, treatment and patient discharge information. The flowchart is an example only, as each provider will have their own standard operating procedures already in place. The ambulance providers in New Zealand also have well-established standard operating procedures that override these procedures where they are contracted to provide a Safe Zone.

Ambulance services have established Clinical Practice Guidelines which should take precedence over these treatment guidelines.

1

**Quick Guide for Bar and Security Staff
– in case of intoxication...**

Go to page 22 in the Resource chapter

2

Safe Zone Patient Flowchart

Go to page 23 in the Resource chapter

Patient Discharge

A *Discharge/Non-treatment/Non-transport supporting documentation* can be used. Patients may be asked to sign a copy, to be attached to their documentation, before they leave the Safe Zone. If patients refuse treatment or request early discharge, this should be documented even if the patient refuses to sign the non-treatment supporting documentation.

When discharging patients who have displayed adverse effects of alcohol, it is an option to offer them a brief intervention pack or referral to alcohol counselling.

An Alcohol Harm Intervention Pack, as a brief intervention, could be given to patients who answer “yes” to any of the questions in the CAGE assessment (outlined below).

3

**Safe Zone Discharge/Non-treatment/
Non-transport supporting documentation**

Go to page 24 in the Resource chapter

CAGE assessment

If the patient answers yes to any of the following questions, it may indicate they have a drinking problem and an Intervention Pack can be offered:

- C** ▶ Have you ever felt you should **Cut down** on your drinking?
- A** ▶ Have people **Annoyed** you by criticising your drinking?
- G** ▶ Have you ever felt bad or **Guilty** about your drinking?
- E** ▶ Have you ever had a drink first thing in the morning as an **Eye opener** to steady your nerves or get rid of a hangover?



First Aid station at a low risk event being used as a Safe Zone to treat for intoxication



Treatment of intoxication in progress

Procedures for Low/Medium Risk Events

The *First Aid Certified Management of Intoxicated Patients during Public Events* (on page 25) has been designed to be used at low and medium risk events for monitoring and treating intoxicated patrons. The Safe Zone provider must ensure their staff are qualified and are able to understand and implement the flowchart safely. Patients must be safely discharged from the Safe Zone according to the *First Aid Certified Discharge Flowchart*.

Procedures for High Risk Events

For high risk events, the *Higher Qualified Certified Management of Intoxicated Patients during Public Events* procedures must be used, including the *Higher Qualified Certified Discharge Flowchart*. The Safe Zone provider must provide qualified staff who can treat intoxicated patients according to the criteria in the flowchart below. This procedure can only be implemented by staff with the appropriate qualifications and in ambulance this is an Intermediate Life Support paramedic or above.

4

First Aid Certified Management of Intoxicated Patients during Public Events

Go to page 25 in the Resource chapter

6

Higher Qualified Certified Management of Intoxicated Patients during Public Events

Go to page 27 in the Resource chapter

5

First Aid Certified Discharge Flowchart

Go to page 26 in the Resource chapter

7

Higher Qualified Certified Discharge Flowchart

Go to page 28 in the Resource chapter

Risk Assessment

Events can fall into three categories of alcohol-related risk; the following charts identify different types of events and their potential risk factors. The Safe Zone provider will help the event organiser determine the risk associated with that particular event. If the event organiser can provide data from previous similar events, this will assist in assessing the risk of the event. It is important to note that risk levels will change over the course of the event due to multiple factors; staffing numbers should reflect any foreseeable changes. The following guideline is based on current experience – it is not a definitive list.

Both St John and Wellington Free Ambulance have regularly updated systems in place to determine resource levels at events. If using one of these providers, their matrixes and approach would take precedence over the system outlined on the next page.



Regular risk assessments during the event are important

Examples of Event Risk

Low Risk

< Half day events and <5,000 patrons e.g. minor sporting events

Medium Risk

< Half day events and >5,000 patrons e.g. rugby and rugby league matches

All day events and <5,000 patrons e.g. small music and performance concerts

High Risk

All day events and >5,000 patrons e.g. cricket matches and major horse racing events

> 1 day events and > 10,000 patrons e.g. music festivals

Alcohol focused events e.g. beer and food and wine festivals

		Duration of Event		
		HALF DAY	ALL DAY	> DAY
Numbers attending Event	15,000	Medium Risk	High Risk	High Risk
	10,000	Medium Risk	High Risk	High Risk
	5,000	Low Risk	Medium Risk	Medium Risk

Note: >15,000 alcohol focused events are all high risk.

Summary of Requirements by Risk

Low Risk

- Pre-existing First Aid station.
-

Medium Risk

- Pre-existing First Aid station.
 - Staff briefed on *First Aid Certified Management of Intoxicated Patients during Public Events*.
-

High Risk

- Pre-existing First Aid station.
 - Separate Safe Zone site (can be adjacent to First Aid).
 - Staff briefed on *First Aid Certified Management of Intoxicated Patients during Public Events*.
 - Staff qualified in intravenous cannulation (IVC) and fluid administration, such as ILS and above qualified paramedics.
-

Hazard Assessment

Alcohol consumption contributes to an increased number of medical-related incidents (Swearingen et al., 2010). The event organiser must be prepared to assess and reduce the risk of alcohol-related harm that pertains to their particular site and the nature of their event (Lee, et al., 2009; Luke et al., 2002). Types of hazards that are common to large events include:

Environmental

- Weather – heat and high humidity ► dehydration and/or hyperthermia.
 - cold ► hypothermia.
- Wet conditions ► falls.
- Darkened areas ► falls; illicit drug taking; sexual assault.

Site

- Uneven surfaces/trip hazards ► falls.
- Glass ► lacerations; lodged glass.
- Slippery surfaces (bathroom floors) ► falls.



Weather can be a hazard that must be reassessed throughout event

Alcohol-related

- Intoxication.
- Assaults/violence.
- Soft tissue injury; laceration; haematoma; sprain, epistaxis; nail injury; burn; eye/ear injury.
- Facial injury.
- Nausea and vomiting.
- Self-harm injury; suicide.
- Falls; fractures.
- Aggressive behaviour.
- Reduced ability to self-care.
- Risky sexual behaviour.

Other

- Collapse.
- Seizure.
- Breathing difficulty; asthma; hyperventilation; apnoea.

While the Safe Zone is specifically resourced to provide medical assessment and treatment for alcohol-related harm, Safe Zone staff can address any medical-related issues.

Logistics

Location of the Safe Zone Area

There are several factors to consider in planning the location of the Safe Zone.

Location considerations

The Safe Zone sites must be near entry/exit points accessible to emergency vehicles (an ambulance may not be able to drive on certain surfaces).

Stretcher or carry chair access from the ambulance must not require the use of stairs, escalators or lifts to gain access to the Safe Zone.

An accessible route must be available between the Safe Zone and the First Aid site if they are located separately.

Low background noise

- For staff and patient safety the Safe Zone should be in a low noise area. This is to aid communication between patients and staff and between staff and event communications.
- This will also decrease potential hearing damage to staff who cover events.

Access to facilities

- The Safe Zone must have access to safe water for drinking and cleaning. Where this is not possible, the Safe Zone provider must be advised before the event so other arrangements can be agreed.
- Toilet facilities need to be accessible to Safe Zone staff; ideally these would be separate from public facilities.
- If mains power and heating/cooling facilities are not available on site, the Safe Zone provider must be notified before to the event so other arrangements can be agreed.

Signage

- The Safe Zone must be clearly visible on the event site map.
- The event organiser should provide signs with directional arrows at the venue to help patrons find the Safe Zone quickly.
- The entrance to the Safe Zone must be well sign-posted.



Example of stretcher and medical equipment for treatment of patients



Example of internal Safe Zone layout

Facility Requirements

The size, venue and nature of the event will dictate facilities required for the Safe Zone. Various types of facilities are available for the Safe Zone and each will have different considerations.

The most appropriate treatment for intoxicated patients is to give them a stretcher/bed where they can be treated and

frequently monitored. For a high risk event, the Safe Zone site must be large enough to accommodate enough stretchers/beds based on the number of patrons expected to attend. It is recommended that events with up to 5,000 patrons have two monitored beds. For every 5,000 patrons after that, one more monitored bed is required.

NUMBER OF PATRONS	5,000	10,000	20,000	40,000	60,000
STRETCHERS/BEDS	2	3	5	9	13

The Safe Zone must be in a closed-off area that will accommodate the total number of stretchers and associated working space. A minimum of 100cm clear space must be available on each side of each stretcher, and the area must have a facility for hanging fluid bags above each of the stretchers/beds if required.

A cupboard or table is needed for medical supplies and for storing clean and used linen. The entry and exit points must accommodate ambulance stretchers, wheelchairs and patients who are being assisted by members of the public, security or police.

Facility Characteristics and Considerations

LOGISTICS

Fixed building

- Sufficient room for required medical facilities and stretchers.
- Mains power, heating/cooling facilities.
- Hot and cold running water.

Tent or marquee

- Sufficient room for required medical facilities and stretchers.
- Flooring that is dry and able to be covered or cleaned.
- Lighting if the event is at night.
- Weather proofing (i.e. able to withstand wind/rain).

Mobile bus/caravan

- Sufficient room for required medical facilities and stretchers.
- Flooring that can be covered or cleaned.
- Lighting if the event is at night.
- Heating/cooling facilities.

Ambulance

- For smaller events an ambulance type vehicle may be used as a First Aid station and Safe Zone.

Staffing Requirements

The size and nature of the event will dictate the number of staff required and the qualification levels the staff must hold.

The Safe Zone provider will assess accurate staffing numbers and levels according to their own large event risk assessment matrix. All events must have an Officer in Charge (OIC), who will remain in contact with the event organiser, security and police. For smaller events the Officer in Charge may double as a qualified medical staff member. The minimum recommended staff requirements are:

Low Risk Events

- First Aid qualified staff – approximately one per 2,500 patrons.

Medium Risk Events

- First Aid qualified staff – one per 2,500 patrons.
- Staff trained in *First Aid Certified Management of Intoxicated Patients during Public Events* – one per 5,000 patrons.

High Risk Events

- A dedicated Officer in Charge is required for events with over 5,000 patrons.
- First Aid qualified staff – one per 5,000 patrons.
- Alcohol monitoring – staff trained in *First Aid Certified Management of Intoxicated Patients during Public Events* – one per 5,000 patrons.
- For events with over 40,000 attending it is highly recommended that a doctor is provided and for every 20,000 attending; thereafter an additional doctor should be provided.

For high risk events, consider having higher qualified staff, such as doctors, nurses and qualified Ambulance Officers at the appropriate level of authority to practise, as IV interventions may be necessary.

The following chart may be used to estimate the number of staff needed at high risk events. The chart includes total medical staffing requirements for both First Aid and Safe Zone sites. Note that this is a guide only and the event medical provider will assess specific event requirements. It is recommended that the Safe Zone and First Aid sites are staffed by the same provider.

	5,000	10,000	20,000	40,000	60,000
OFFICER IN CHARGE	1	1	1	1	1
FIRST AID	1	2	4	8	12
ALCOHOL MONITORING	1	2	4	8	12
HIGHER QUALIFIED STAFF (E.G. DOCTORS, NURSES, ILS, ALS)	1	1	2	3	3
SAFE ZONE MANAGER	n/a	n/a	1	1	1
TOTAL STAFF	4	6	12	21	29

Staff requirements stated above may be supplemented with non-qualified staff if it is considered appropriate.

Note: This could be in addition or complementary to the medical services provided at the event in addition to the Safe Zone.

Job Descriptions

Officer in Charge

Communication responsibilities

- Ensure communication between event manager and medical staff.
- Communicate with and deploy medical staff.
- Directly communicate with outside emergency services (111).
- Communicate with police and security on site.
- Request ambulance transport to ED.
- Liaise with security/police to ensure staff safety.

Staff responsibilities

- Supervise staff induction to ensure all staff have been adequately trained to implement the required protocols and the tasks in their job description.
- Know the qualifications of all staff and the most appropriate deployment at any given time between the Safe Zone and First Aid sites.
- Provide a Safe Zone staff roster, including the prediction of peak times and the staggering of shift start and finish times.
- Co-ordinate staff rosters and deployment during busy periods and monitor staff health and safety including ensuring regular break periods.

Higher qualified clinical staff responsibilities

- Supervise the assessment, treatment and discharge of patients as indicated by the *Higher Qualified Management of Intoxicated Patients during Public Events* chart and the *Higher Qualified Certified Discharge Flowchart*.
- Ensure all patient documentation is completed and accurate.
- Where appropriate provide screening (CAGE assessment) and brief intervention.
- Respond to call-outs as required by the Officer in Charge.
- Notify the Officer in Charge of any incidents requiring medical attendance that have been brought to their attention.
- Provide specialised medical advice and treatment including suturing/gluing where qualified.
- Administer drugs where qualified.
- Follow up and make referrals where qualified.

Alcohol monitoring/First Aid staff responsibilities

- Must hold a current First Aid certificate and have been briefed in the *First Aid Certified Management of Intoxicated Patients during Public Events* chart and the *First Aid Certified Discharge Flowchart*.
- Be prepared to be deployed in response to requirements of the Officer in Charge.
- Monitor and assess patients according to their qualification.
- Where appropriate liaise with the Higher (IVC) Qualified staff and notify them of any concerns or patients who fall outside the monitoring guidelines.
- Support the treatment of intoxicated patients and those requiring medical attention.
- Ensure all patient documentation is completed and accurate.
- Where appropriate provide screening (CAGE assessment) and brief intervention care pack.

Rapid response team (RRT) responsibilities

- Respond to call-outs as requested by the Officer in Charge.
- Notify the Officer in Charge of any incidents requiring medical staff attendance that have been brought to their attention.
- RRTs must not respond to any requests for assistance until they have been cleared to do so by the Officer in Charge.
- Provide regular updates to the Officer in Charge of their position or route.
- Extricate patients and escort them to the appropriate medical site.
- Ensure all patient documentation is completed and accurate.

Safe Zone manager

When High Risk events have more than 20,000 patrons, there must be a separate Safe Zone manager, who has the following responsibilities:

- Liaise with the Safe Zone staff regarding the staffing and management of the Safe Zone.
- Liaise with the Higher Qualified Safe Zone staff to ensure a high level of patient care and accurate documentation is completed.
- Manage the flow of patients into and out of the Safe Zone.
- Instruct the alcohol monitoring staff and First Aid staff about patient care.

Communication

On-Site Communication

Effective communication between all staff members and outside agencies is one of the most important elements of a well-run operation; efficiency and productivity are maximised when communication between all parties is clear, concise and able to be understood. Clear and reliable communication protocols are integral to any safety management operation.

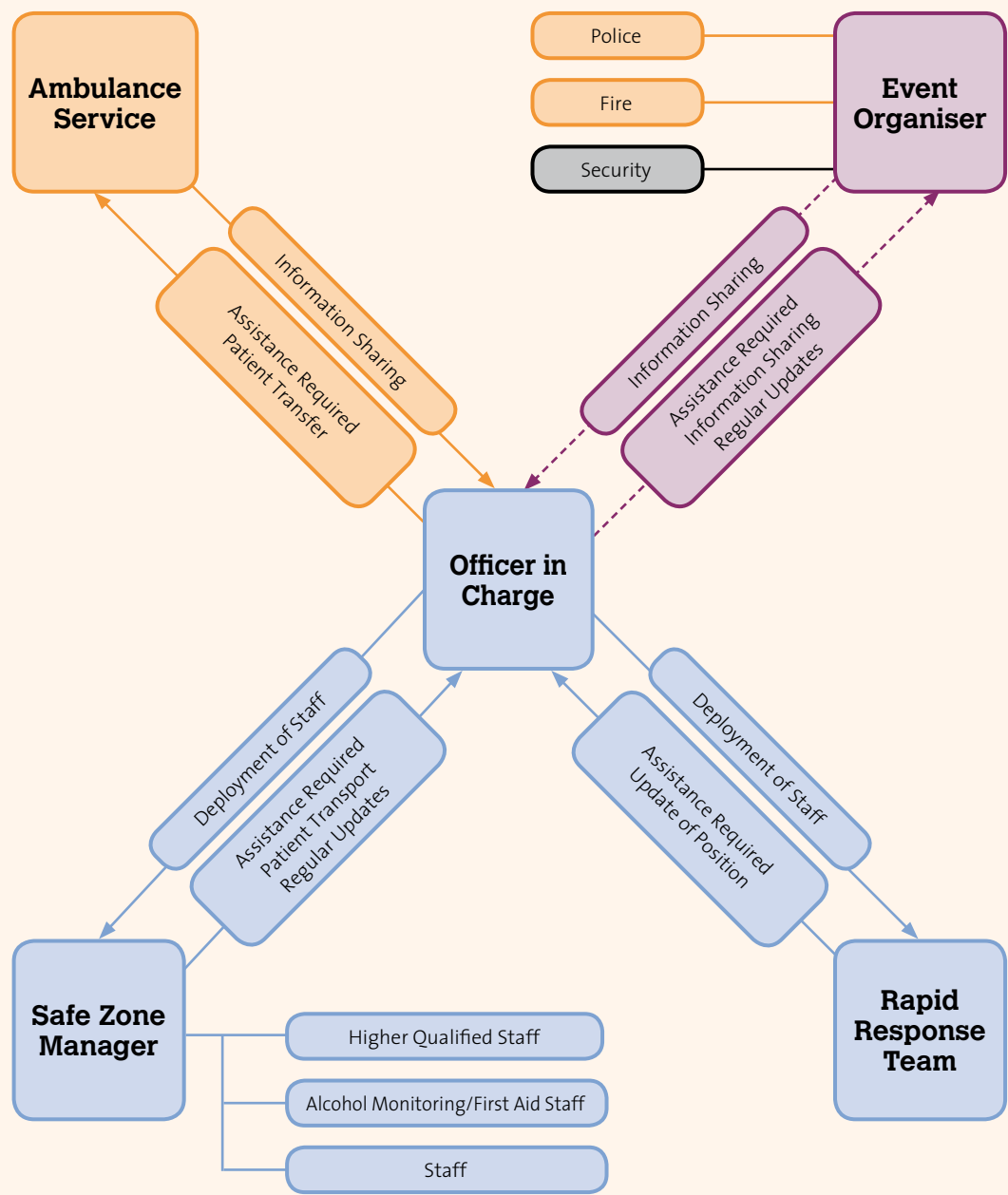
Communication systems should be decided after consultation with emergency services and the Safe Zone provider. Each Safe Zone provider will have standardised communication protocols, but the diagram on the next page outlines a suggested format for communication flow between the Safe Zone provider, their staff and outside agencies.

All Safe Zone staff are to be briefed on their responsibilities and the appropriate lines of communication if a Mass Casualty Incident occurs during an event.



Roving Safe Zone staff must be in constant communication with their Officer in Charge

Suggested format for communication flow



Key

- Event Medical Team
- External Services
- Event Management
- On-Site Teams

Radio Protocol

Two-way radio

Two-way radios provide an optimum means of clear and robust/fail-safe communication.

When using the two-way radio system, all staff should follow the communication procedures. It is important that only the Officer in Charge or event manager contacts outside agencies, unless staff are directly asked to do so by the Officer in Charge or event manager.

If staff are leaving their station or intended route, they must ask for and receive permission from the Officer in Charge.

Radio communication must adhere to the following etiquette:

- Always keep messages short and to the point.
- Listen to ensure other traffic is not in progress and/or has been cleared.
- Initiate your transmission by stating first your name/code and then the name/code of the intended contact.
- Your intended contact will confirm receipt by stating their name/code and add “go ahead” and then your name/code.
- Transmit your message and wait for a reply.
- To acknowledge a radio request use the term “copy”.
- If “emergency communication” is stated by any member of staff, all radio communication must cease apart from the involved parties.

Pager

The pager system provides one-way communication and is useful for messages that contain information that does not need to be acknowledged. At a large event, information can be given to all staff via a pager system. However, urgent messages will require a second form of communication.

Cell phone/ Text messaging

The use of cell phones may not be appropriate at some events because of excessive noise, unless they are fitted with appropriate earpieces. However, cell phones can be a useful means of communication where more detailed discussions are required.

Text messaging may be an appropriate use of two-way communications; however, at some large events the communication overload can mean that text messaging is delayed and therefore is unreliable.

Event Organiser Relationship with the Safe Zone Provider

The event organiser is responsible for ensuring the Safe Zone provider supplies the appropriate medical staff and provisions for the nature of the event and the number of patrons attending. Event organisers must commission a Safe Zone resource assessment from a competent person or medical provider. The event organisers will resource the Safe Zone provider with the following risk assessment information.

Written Safe Zone risk assessment

This should include:

- the nature of the event
- numbers and demographics of patrons including anticipated composition and crowd behaviour
- type of facility that will be provided for the Safe Zone (e.g. building, tent, ambulance or a combination)
- proposed location of the Safe Zone
- physical risk factors of the site including the design of the site and any high risk areas
- facilities to be made available for the Safe Zone including availability of power and water, and site access and egress
- safety management structure and lines of communication
- contingency plans and emergency procedures including an event safety plan, evacuation procedure, and security response
- a clear understanding of the division of responsibilities between medical staff, event personnel and other emergency services
- points of contact before/during/after the event
- public liability insurance details.



The Safe Zone Officer in Charge must be given regular updates from team members

Prior to the event

Prior to the event, the event organisers will:

- provide a site map that includes the physical layout of the site and its surroundings, location of the control point and other key locations
- provide passes for staff members and vehicle parking for setup and pack-down
- supply details of contact person/s during the event
- advise the local Accident and Emergency Department, ambulance provider and other outside agencies of the event and expected impact
- advise all event staff, including bar and security staff, of the purpose and location of the Safe Zone
- ensure adequate signage is in place to direct patrons and staff to the Safe Zone and to identify the location of the Safe Zone.

During the event

During the event, the event organisers will:

- provide, operate and maintain the necessary means of communication between the Safe Zone Officer in Charge and event manager
- keep open and maintain all necessary means of communication, in both normal and emergency conditions
- provide, where stipulated, a space for any Safe Zone communication equipment in the control room
- ensure general maintenance and cleanliness of the Safe Zone.

Post event

After the event, the event organisers will:

- provide a debriefing of the event.



The Event Organiser must be given regular updates from the Safe Zone Officer in Charge

Safe Zone Provider Relationship with the Event Organiser

The Safe Zone provider is responsible for ensuring the appropriate medical staff and provisions are available for the nature of the event and the number of patrons attending. The Safe Zone provider should resource the event organiser with the following information.

Written medical plan prior to the event

This should include:

- medical team command structure and lines of responsibility
- interaction and communication links with event management
- role, number and capabilities of staff
- flow of patients and standard operating procedure for the Safe Zone
- procedure for the management of critical incidents including a mass casualty incident
- procedures for inspecting facilities and equipment available at the event site
- contingency plans for particular weather conditions
- travel time and distance to local accident and emergency departments
- the necessary welfare requirements for all medical services personnel.

Provision of services at the event

- Proper briefing of all medical staff.
- Safe Zone personnel to be on site before patrons are admitted and to remain in position until stood down by the event organiser.
- Provision of competent medical services.
- Procurement and replacement of medical and First Aid equipment and materials to maintain the required levels of care.

- Documentation of diagnosis, treatment and management of all patients.
- The responsibility of requesting transport to local emergency department or medical centre.
- Security and storage of patient information and documentation to protect patient confidentiality.
- Required clothing and equipment including high-visibility clothing for all.
- Communication equipment for Safe Zone staff.
- Safe disposal of all bio-hazard waste and sharp items.

Post event

- Written report/debrief of the event that includes processes for improvement.
- Written summary of the numbers of patients treated and the types of incidents that were addressed.
- Evaluation of requirements for the provision of a Safe Zone at future similar events.

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A black and white photograph of a large crowd of people at an outdoor event. In the background, there are mountains and several sponsor banners, including "RILEY", "FORREST", "VINTAGE", "marlborough", "vintnersch", "Hagfield", and "State Line". The word "Resources" is overlaid in large white text on the left side of the image.

Resources

The following resources can aid you and your staff on the best measures in running Safe Zones at Large Events.

QUICK GUIDE FOR BAR AND SECURITY STAFF – IN CASE OF INTOXICATION...

- 1

Bar or Security staff member is alerted to an intoxicated patron either by another patron or by seeing the issue for themselves.
- 2

Signs of intoxication – patrons who exhibit a combination of these signs must be admitted to the Safe Zone for assessment. See *Intoxication Assessment Tool* below:
- 3

Any staff member who is alerted to an intoxicated patron is responsible for advising their head of staff (Bar Manager or Head of Security), who will alert the Safe Zone of the situation and location.
- 4

The bar or security staff member is to stay with the patron until further orders are given. They may be asked to wait for a staff member from the Safe Zone to come and collect the patron or they may be asked to bring the patron into the Safe Zone depending on the circumstances.

Intoxication Assessment Tool

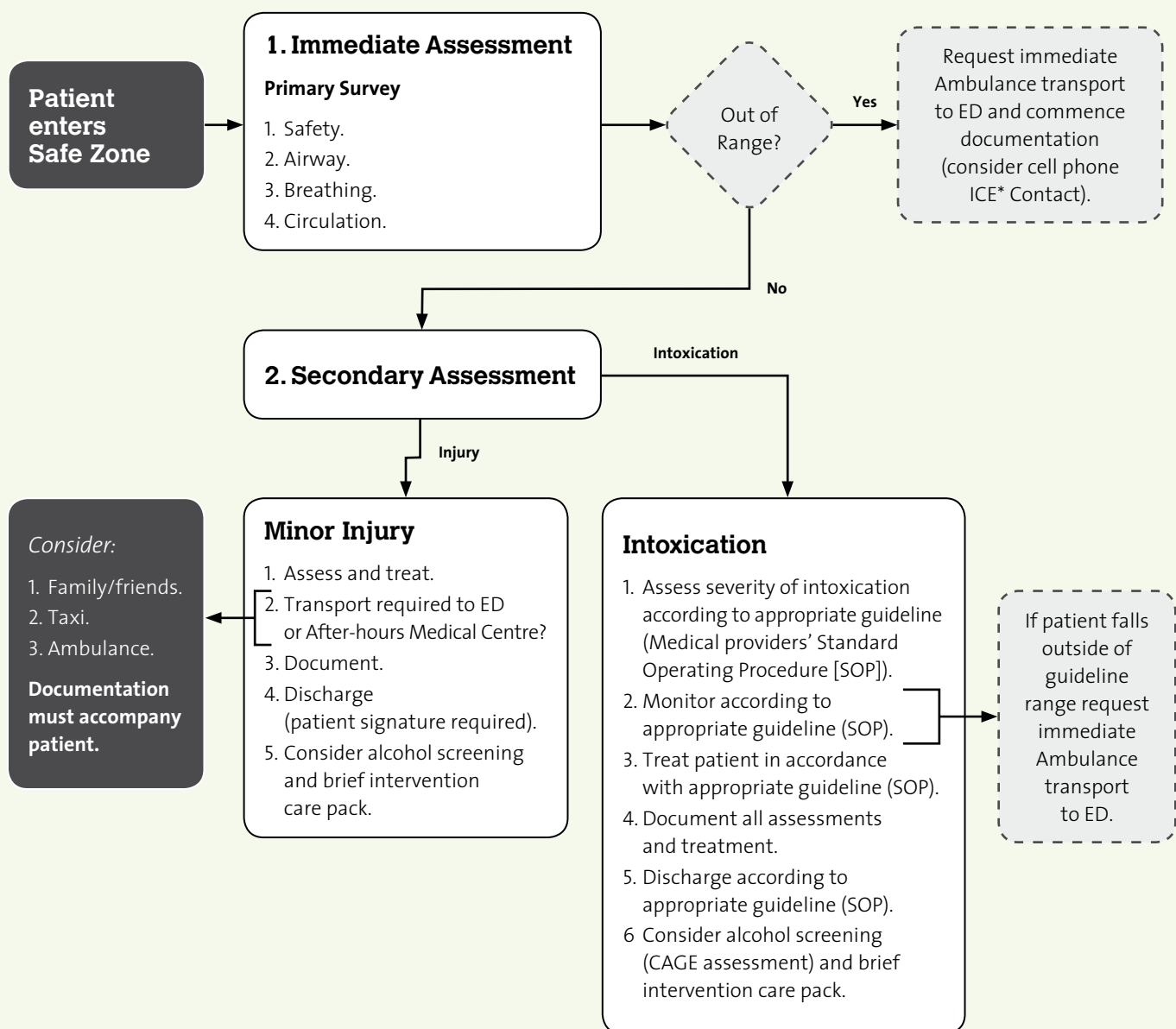
Indicators may include but are not limited to:

	SOBER	INFLUENCED	INTOXICATED
S peech	Coherent, clear speech, normal tone/volume, may be talkative.	May be overly talkative, opinionated and interrupts, may stumble over words, becoming loud, inappropriate language, jokes, comments.	Slurring, difficulty forming words, loud, repetitive, loses train of thought, nonsensical, unintelligible.
C oordination	Coordinated, balanced, standing without help or support.	Slowed or delayed reactions, swagger or occasional staggers or sways.	Spills drinks, stumbles, trips, weaves, walks into objects, unable to stand unaided or sit straight.
A ppearance	Tidy, clear eyes, alert.	Vacant or blank expression, smell of alcohol on breath, may look untidy.	Bloodshot eyes, eyes glazed, inability to focus, tired, asleep, dishevelled.
B ehaviour	Behaving sensibly but may be more relaxed.	Over friendly or withdrawn, inappropriate or risky actions, argumentative, annoying, fading attention, increased consumption rate.	Seriously inappropriate actions or language, aggressive, rude, belligerent, obnoxious behavior affecting other customers.
	Monitor & serve responsibly	Intervene	Deny & remove



SAFE ZONE PATIENT FLOWCHART

**IF AT ANY TIME THE PATIENT BECOMES AGGRESSIVE OR VIOLENT
ALERT THE OFFICER IN CHARGE FOR POLICE OR SECURITY ASSISTANCE**



* ICE = In Case of Emergency



SAFE ZONE DISCHARGE/NON-TREATMENT/ NON-TRANSPORT SUPPORTING DOCUMENTATION

(Cross out the sentences that don't apply)

I have been assessed by a Safe Zone medic and advised that I do not require further treatment or monitoring at the Safe Zone. I have been discharged from the Safe Zone.

OR

I have been assessed by a Safe Zone medic and advised that I should be monitored and treated on site but have declined to follow this advice and accept responsibility for this decision.

I agree with and fully understand the advice and treatment plans that have been explained to me. I am aware of the potential implications of this decision on my health.

OR

I have been assessed by a Safe Zone medic and advised that I should be transferred directly to hospital for assessment but have declined to follow this advice and accept responsibility for this decision.

I agree with and fully understand the advice and treatment plans that have been explained to me. I am aware of the potential implications of this decision on my health.

Signed patient

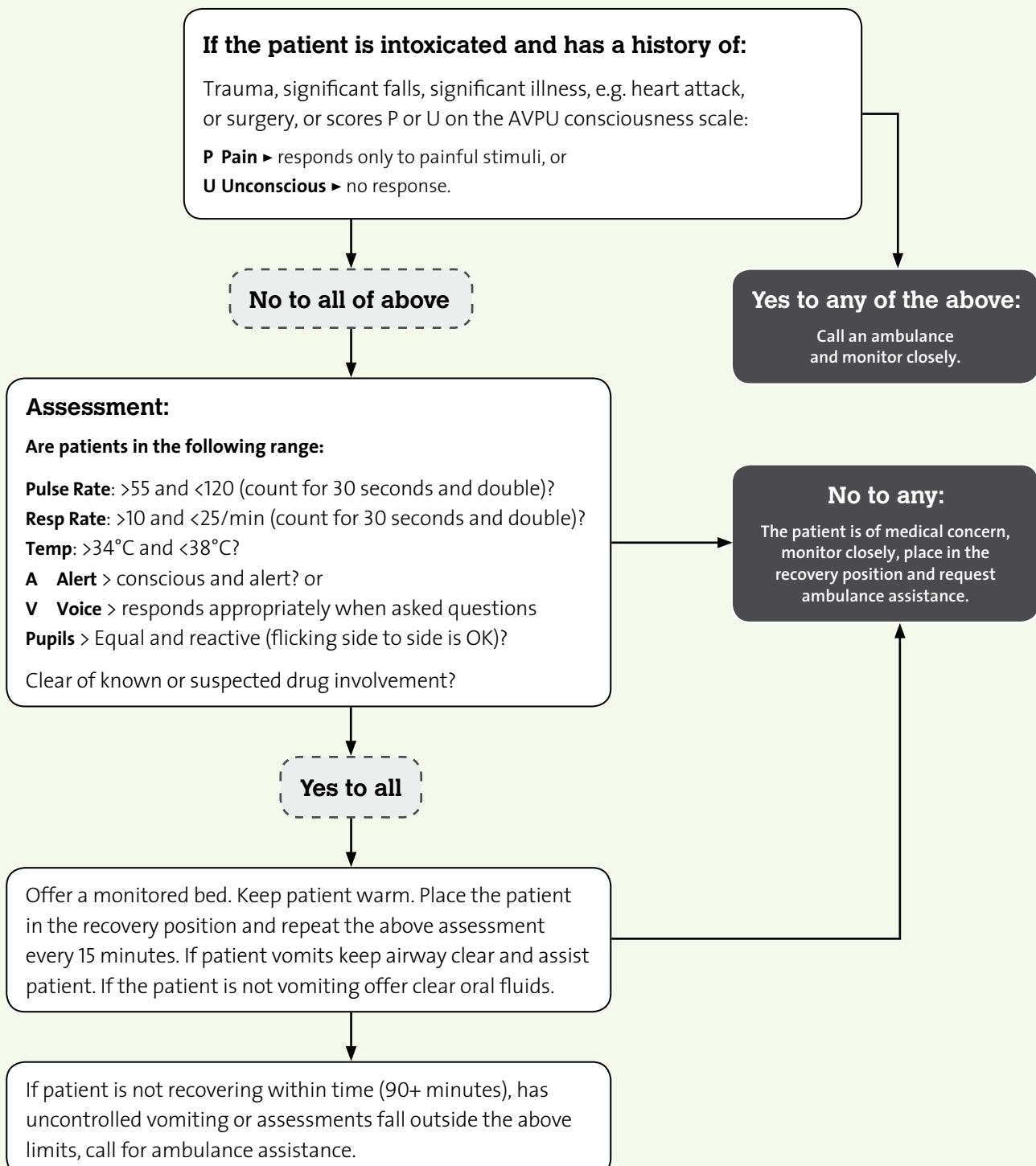
Signed Safe Zone medic

Signed witness

FIRST AID CERTIFIED MANAGEMENT OF INTOXICATED PATIENTS DURING PUBLIC EVENTS

INTOXICATED PATIENTS WHO COMPLAIN OF OR APPEAR TO BE SUFFERING FROM INTOXICATION REQUIRE CAREFUL AND THOROUGH ASSESSMENT.

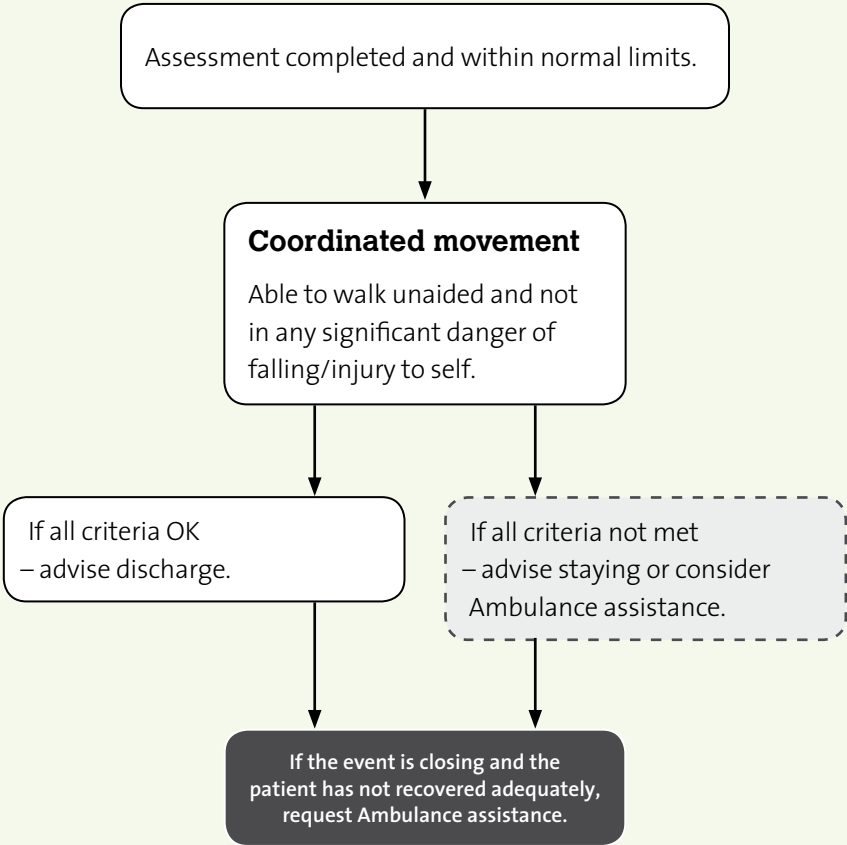
A First Aid certification is required to conduct this assessment.





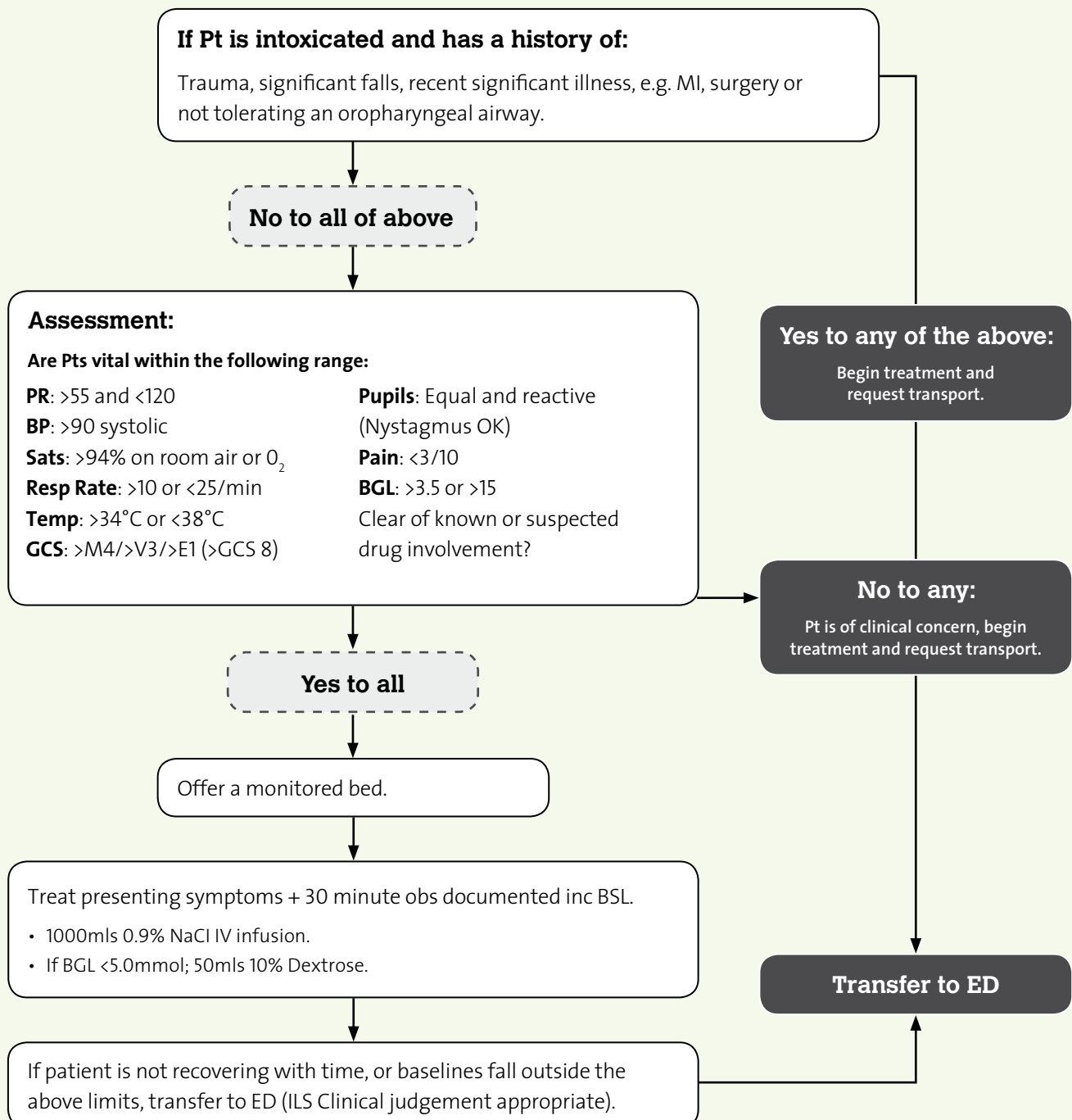
FIRST AID CERTIFIED DISCHARGE FLOWCHART

CONSCIOUS AND ALERT



HIGHER QUALIFIED MANAGEMENT OF INTOXICATED PATIENTS DURING PUBLIC EVENTS

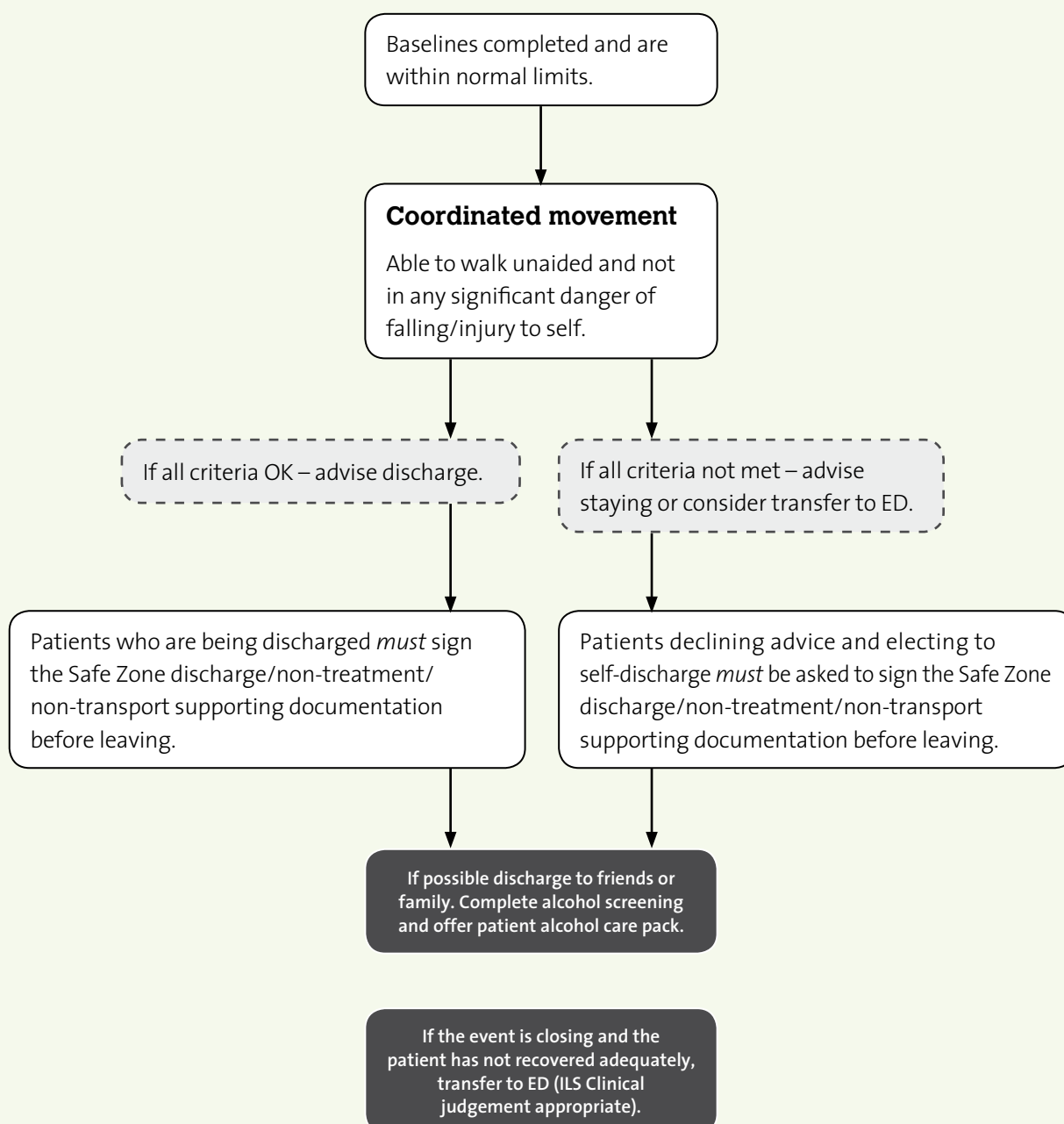
This assessment must be supervised by an ILS paramedic or above.





HIGHER QUALIFIED CERTIFIED DISCHARGE FLOWCHART

CONSCIOUS GCS 15/15



Wellington Office

Health Promotion Agency

Level 4, ASB House

101 The Terrace

PO Box 2142

Wellington 6140

Phone: (04) 917 0060

Fax: (04) 473 0890

Email: enquiries@hpa.org.nz

Northern Regional Office

Health Promotion Agency

Level 2, Ascot Central

7 Ellerslie Racecourse Drive, Greenlane East

PO Box 11791

Ellerslie

Auckland 1542

Phone: (09) 916 0330

Fax: (09) 916 0339

Email: enquiries@hpa.org.nz

Southern Regional Office

Please contact the Wellington office.

For further information

Visit:

www.hpa.org.nz

www.alcohol.org.nz



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