Guidelines for Music Festival Event Organisers:

Music Festival Harm Reduction

December 2019

NSW
GOVERNMENT

These *Guidelines* will be reviewed regularly to reflect updated information and feedback from music festival event organisers and other stakeholders.

For more information, including contact details for local health districts, or if you wish to provide feedback on these *Guidelines*, please email MOH-musicfestivals@health.nsw.gov.au

There has been a recent, substantial increase in the severity of drug-related harms associated with some music festivals in New South Wales (NSW).

The *Guidelines for Music Festival Event Organisers: Music Festival Harm Reduction* have been written to support music festival organisers to deliver safer music festivals. The *Guidelines* combine existing event planning guidance with harm reduction strategies. These harm reduction strategies are based on information obtained from events where a number of festival patrons have presented with serious drug-related illness that required immediate and intensive medical management prior to and during transfer to hospital.

The *Guidelines* describe harm reduction strategies with checklists to support implementation. All music festival organisers, regardless of whether they are determined to be a high-risk music festival under the *Music Festival Act 2019*, should use the *Guidelines* to plan their events in order to:

- consider the site environment to promote the health and amenity of patrons;

- include peer support and harm reduction messaging; and

- ensure appropriate onsite medical service capability.

Festivals that are determined to be high-risk under the *Music Festivals Act 2019* are required to prepare and submit a safety management plan. NSW Health will assess the content of the safety management plan, including the event medical plan, against these *Guidelines*. The key harm reduction elements are outlined in the harm reduction checklist for music festivals (Appendix A).

In addition to these *Guidelines*, NSW Health has developed other resources to support music festival organisers and private onsite medical providers including:

- a social media campaign – <u>Stay OK</u> – that has been developed in consultation with festival patrons to help them recognise the signs and symptoms of drug-related illness and encourage them to look after their friends and seek help quickly. Campaign assets are available for free from NSW Health.

- the *Pre-hospital Clinical Guidelines* in relation to management of acute drug-related illness, including the management of hyperthermia, reduced consciousness, dehydration and behavioural disturbance, have been developed and are available from the NSW Health website.

NSW Health will continue to actively support music festival event pre-briefs and de-briefs as needed, to bring together all of the relevant partners for important discussions about harm reduction, management of serious illness, and communication and escalation pathways.

Acknowledgements

These *Guidelines* have been developed and revised in consultation with music festival organisers, private onsite medical providers, venue managers, peer-based harm reduction services, medical colleges, NSW Ambulance, local health districts, the Poisons Information Centre, other government agencies, and many other experts who provided helpful advice and comment. The NSW Ministry of Health would like to acknowledge and thank all those who have contributed to this version and previous versions of this document.

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1 Background

1.1 Introduction

There has been a recent, substantial increase in the severity of drug-related harms associated with some music festivals in New South Wales (NSW).

The *Guidelines for Music Festival Event Organisers: Music Festival Harm Reduction* have been developed to support music festival organisers to deliver safer music festivals.

Where responsibility is attributed to a 'music festival organiser', it is understood that the organiser will usually make provisions for the activity or put in place procedures or other arrangements that will ensure the activity is performed, rather than undertaking the activity themselves.

These *Guidelines* were developed by the NSW Ministry of Health, in consultation with music festival organisers, venue managers, private onsite medical providers, peer-based harm reduction providers, NSW Ambulance, local health districts, the NSW Poisons Information Centre, medical colleges, other government agencies including NSW Police and Liquor & Gaming NSW, and many other experts to describe harm reduction strategies and a risk management approach that are tailored to the music festival setting.

The *Guidelines* also support NSW Health and other government agencies to assess and provide advice on the planning documents produced by music festival organisers when making preparations to hold the event.

There will be a range of laws and regulations which apply to planning and holding a music festival. Event organisers should ensure they are aware of and comply with all laws and regulations which apply to their events. There may be other approvals which must be obtained before running the event. It is the event organiser's responsibility to ensure it has received all the approvals necessary to stage the event.

Organisers of music festivals that are determined by the Independent Liquor and Gaming Authority (ILGA) to be high-risk under the *Music Festivals Act 2019* are required to submit their event's safety management plan to ILGA, who will distribute to the relevant agencies, including NSW Health. The *Music Festivals Act 2019* applies to festivals regardless of

whether the event is licensed to sell liquor under the Liquor Act 2007. NSW Health encourages all festival organisers, especially organisers of festivals where the likelihood of drug related harm is high, to share their safety management plan including the event medical plan with the NSW Ministry of Health. Please send plans to MOH-musicfestivals@health.nsw.gov.au ideally more than 90 days prior to the event, and provide the final medical service staff roster, including the names of rostered staff, at least 21 days before the start of the event. This is to ensure sufficient time to assess, discuss and manage any issues.

A harm reduction checklist for music festivals is provided at Appendix A. NSW Health will use this checklist to assess safety management plans for consistency with the *Guidelines*.

1.2 Drug and alcohol use at music festivals

Among people aged 20-29 years in NSW, recent illicit drug use (defined as use in the last 12 months) has decreased from 27% in 2013 to 24% in 2016 (National Drug Strategy Household Survey, 2016). A similar downward trend was also seen in the 14-19 year old group. Young people in NSW are first drinking alcohol at a later age and drinking at less hazardous levels than previously (NSW Ministry of Health, 2016).

However, music festival patrons report higher levels of illicit drug use compared with the general age matched population (Day et al., 2018). A survey conducted at a major music festival in 2016 found that 60% of respondents had consumed methylenedioxymethamphetamine (MDMA, also known as ecstasy) in the last 12 months (Day et al., 2018). Some types of events, for example electronic dance music (EDM) events have been associated with greater use of psychoactive substances including MDMA, ketamine, lysergic acid diethylamide (LSD), and cocaine, and may be associated with higher levels of drug-related illness (Westrol et al., 2017).

Recent studies of 'party drugs' (those drugs routinely used in the context of entertainment venues such as nightclubs, festivals or dance parties) show that MDMA and cannabis were the drugs of choice (Peacock et al., 2018). Use of MDMA tablets (pills) has declined while use of MDMA in capsules or crystal form has increased (Peacock et al., 2018). Drugs of choice may constantly evolve

due to the regular introduction of novel substances and changing patterns of substance use in the community.

Use of any illicit drug presents a range of risks wherever these drugs are consumed. There are factors that may increase or decrease those risks, such as individual behaviour, environmental conditions and infrastructure. People who have consumed psychostimulant drugs such as MDMA and methamphetamine can rapidly experience severe drug toxicity. Toxicity may be greater with higher doses or multiple doses consumed over short periods of time, high or low ambient temperatures, dehydration and sustained high intensity activity such as dancing (Liechti, 2014). The mitigation of these risks is discussed throughout this document.

Drug and alcohol presentations at music festivals can include a number of seriously ill patients, who may place significant demands on the resources of onsite medical services. Onsite medical service considerations are discussed in Section 5.

1.3 Festival characteristics associated with drug-related health harms

Music festivals in NSW that experienced serious drug-related harms in 2018-19 were associated with the following event characteristics:

- a predominant target demographic of people aged between 18-29 years

- larger event size (8,000 patrons or more); and

- offering high energy or electronic dance style music.

Other considerations that may increase risk include:

- the event duration (for example, eight hours or longer);

- anticipated weather conditions, such as high temperature; and

- the nearest tertiary health facility being more than an hour away by road.

However, it is important to recognise that serious drug-related harms can occur at events of any size or style where drugs are consumed.

1.4 Harm minimisation and harm reduction

The central principle of Australia's National Drug Strategy is a harm minimisation policy approach. This approach recognises that drug use carries substantial risks, and that drug-users require a range of supports to progressively reduce drug-related harms to themselves and the general community. The approach does not condone drug use but aims to reduce the harms associated with drug use through coordinated, multi-agency responses that address the three pillars of harm minimisation.

These pillars are demand reduction, supply reduction and harm reduction. Strategies must be balanced across the three pillars and supported by relevant agencies. For the purposes of this document 'harm reduction' encompasses:

Approaches that seek to minimise or eliminate the impact of illness and injury associated with drug and alcohol use upon individuals, families and communities. Harm reduction strategies seek to create safer settings and encourage safer behaviours.

These *Guidelines* provide strategies for **harm reduction** at music festivals including:

1. Promoting safer patron behaviour through education, support and messaging

2. Promoting safer festival environments

3. Reducing the impact of drug-related toxicity and harms through appropriate onsite medical and harm reduction services.

1.5 NSW Music festival legislation

The *Music Festivals Act 2019* [NSW], hereafter referred to as the Act, requires organisers of high-risk music festivals to prepare a safety management plan.

A music festival is defined in the Act as an event, 'other than a concert, that:

(a) is music-focused or dance-focused, and

(b) has performances by a series of persons or groups that are engaged to play or perform to live or pre-recorded music, or to provide another form of musical or live entertainment, and

(c) is held within a defined area, and

(d)   is attended by 2,000 or more people, and

(e)   is a ticketed event'.

The Act specifies the safety management plan for high-risk festivals must include the following:

- site plan for the premises on which the music festival is to be held, showing entry points, exit points, areas of the premises and the proposed uses of each area, including the areas for the festival that will be used for the following purposes (each a harm reduction area)

    (i)   an area for providing access to medical assistance and supplies,

    (ii)   an area for providing supervised relaxation spaces for patrons,

- information about the areas for the entry to and exit from the premises for a police vehicle or an emergency vehicle,

- information about evacuation points for the premises,

- information about the entry and exit points for patrons to access the premises, including information about any fencing, structures or other boundaries that will define the area of the premises to limit people from entering or exiting the premises,

- information about signage intended to indicate the location of health services and water stations on the premises,

- information about proposed health services and harm reduction initiatives that will be provided for the festival,

- information about how the health services and harm reduction initiatives to be provided at the festival are consistent with the *Guidelines*,

- information about the types of health services that will be provided at the festival and the number of persons who will be providing those health services,

- information about proposed strategies to deal with the preservation of a crime scene on the premises.

1.6   Risk assessment and risk management plans

The Work Health and Safety Act 2011 No 10 provides a nationally consistent framework to secure the health and safety of workers and workplaces. SafeWork NSW is the workplace health and safety regulator in NSW. Music festival organisers should ensure that they comply with any obligations imposed under this legislation.

The *Australian Disaster Resilience Safe and Healthy Crowded Places Handbook* and associated checklists provide an effective structure for music festival organisers to use as a framework for risk management, communication and emergency planning. Music festival organisers should use the *Handbook* to guide them in addressing the broader health and safety risks posed by their event. These *Guidelines* also refer to advice and frameworks to address other risks.

All music festivals and similar events should undertake a risk assessment and have appropriate risk management in place. The type and severity of exposure to risk will vary depending on the circumstances of the event and the degree of preparation and risk management undertaken by music festival organisers.

The International Organization for Standardization (ISO) Risk Management Guidelines (ISO 31000:2018) identifies the risks for music festival organisers associated with their events.

These music festival harm reduction *Guidelines* indicate where NSW Health and other NSW government agencies can provide support and identify strategies to mitigate the risks associated with the event.

Effective risk management involves the following steps (ISO31000:2018):

1. **Identify hazard and risk:** the aim is to identify all hazards and associated risks, regardless of whether they are within the control of the organisation.

2. **Analyse the risks:** determine the likelihood of the risk and its potential consequences. This involves determining the severity of each risk.

3. **Evaluate the risks:** using the resulting risk levels, rank those risks and develop a prioritised list of risks requiring attention. This supports allocation of resources to those risks of greatest priority.

4. **Manage, treat or control the risks:** risk can be controlled in a number of ways, and the first objective should be to avoid or eliminate the risk entirely. Where elimination is not possible, exposure to risk should be reduced as much as is reasonably practicable.

1.7 Local consultation and planning with Health organisations

Music festival organisers should involve the relevant local health district(s) and NSW Ambulance in the early stages of event planning (ideally 90 days ahead of the event). This ensures the consideration of and planning for potential impact of the event on local resources (for example, a surge in demand for NSW Ambulance or increased presentations to emergency departments).

- To obtain local ambulance contacts, or escalate an event-related ambulance query, contact: ambulance-eventPlanning@health.nsw.gov.au

- To obtain local health district contacts see the Ministry of Health webpage

- To obtain general advice on harm reduction at festivals or request a NSW Health pre-briefing, contact: moh-musicfestivals@health.nsw.gov.au

Festival organisers may request planned onsite deployment of NSW Ambulance resources through early consultation with NSW Ambulance.

Festival organisers should communicate the maximum daily capacity of the music festival event, as well as an estimate of anticipated ticket sales.

If the event is an all age event, the estimated number of children (under 18 years) should also be communicated.

Organisers of high-risk festivals under the Act may hold briefings at the following intervals:

(a) at least 48 hours before the start of the music festival,

(b) on the premises on which the festival is being held on the day the music festival is due to start,

(c) within 21 days after the end of the music festival.

NSW Health recommends these briefings include:

- NSW Ambulance,

- The relevant local health district,

- The NSW Ministry of Health,

- NSW Police Force,

- Fire and Rescue NSW,

- NSW Rural Fire Service,

- the council of the local government area in which the licensed premises are situated.

2 General harm reduction considerations for event planning

2.1 Site assessment and crowd management

All event organisers should ensure that a thorough assessment of the site has been undertaken to identify any hazards. The site assessment should inform the site plan and consideration of crowd management.

Crowd management for music festivals includes planning for public transport, parking, public announcements, access to toilets and amenities, post-event dispersal and catering, as well as planning for entry and exit of attendees and their movement around the site. Additional consideration may need to be given to management of high-risk crowd activities in the music festival context such as moshing and crowd surfing.

General information on crowd management can be found in the NSW Department of Premier and Cabinet (2018) Event Starter Guide. More detailed information on crowd management for music festivals can be found in the Western Australian Department of Health Guidelines for concerts, events and organised gatherings.

Emergency vehicle access

Emergency vehicle access relates to access to and from the event entry and exits, and access to and from specific locations within the event, such as the onsite medical centre.

Emergency vehicle access corridors should remain clear during the course of the event and in the immediate post-event period. These dedicated emergency vehicle access corridors are necessary to ensure that vehicles do not pose additional risk to event patrons and to facilitate urgent response and transfer where required.

All music festival organisers should develop a specific emergency vehicle access map that clearly highlights access corridors for emergency vehicles and provide signs onsite to indicate emergency vehicle access arrangements. Music festival organisers should include this information in their site maps and stakeholder briefing. High-risk festivals under the Act must highlight these entry and exit points in their safety management plans.

Sanitation

Inadequate, unclean or otherwise unappealing toilets at an event may contribute to patrons limiting their oral fluid intake, which increases their risk of dehydration.

The following tool from the Event Starter Guide, NSW Department of Premier and Cabinet (2018) can be used to estimate the minimum number of sanitation facilities required for events where alcohol is available.

Table 1: Minimum number of sanitation facilities for events where alcohol is available

Patrons	Total		
	WC	Urinals	Hand basins
<500	16	8	4
<1000	21	10	8
<2000	27	15	14
<3000	32	20	28
<5000	52	30	40
>5000 For each additional 1000 patrons	6	3	2

For events where there is insufficient existing sanitation infrastructure, temporary toilet facilities are required. In areas where patrons are expected to queue for long periods, temporary toilet facilities should be co-located in the vicinity of the queuing areas. Music festival organisers may need to seek approval from the landowner to install portable toilet facilities on their land.

All sanitation facilities must be:

- well lit, including the surrounding area;

- provided with waste receptacles for paper, and sanitary products (excluding urinals);

- provided with hand sanitiser or soap and hand drying equipment;

- maintained in a clean and workable condition, with cleaning and restocking performed at two hourly intervals at a minimum; and

- located away from food storage and food service areas.

Organisers of family oriented or all age festivals should consider providing toilet facilities to cater for parents, breastfeeding and expressing mothers.

Adequate wheelchair access and accessible toilets should be provided to meet the needs of the expected patron profile.

Syringe disposal units should be available within freestanding toilet blocks, and/or some of the portable toilet facilities. They should be easily accessible, with clear signposting. All wastewater products must be disposed of safely to sewer, septic tanks/leach drain, holding tanks or other local government approved methods.

2.1.1 Tobacco

In NSW there are smoke-free laws banning smoking and the use of e-cigarettes in all enclosed public areas and certain outdoor public areas under the *Smoke-free Environment Act 2000* and the *Smoke-free Environment Regulation 2016.* These bans protect people from second-hand tobacco smoke.

Section 11 of the *Public Health (Tobacco) Act 2008* prohibits the retail sale of tobacco products and electronic cigarettes from any mobile structure, vehicle or vessel.

Music festival organisers must ensure their site infrastructure complies with NSW smoke-free laws. Music festival organisers may consider making their events smoke-free.

2.2 Communication processes and technology

Mobile phone connections may be compromised in regional areas, or when many users are trying to access the network in close proximity to each other.

Music festival organisers should ensure that there is a communications plan in place that guarantees they are able to contact emergency services in the event that telecommunication systems are overwhelmed. This could include back up radio-based communication services, satellite telecommunications or through police onsite.

Organisers of large events should provide an **Event Control Centre.** This is a central communications hub with space for an interagency presence. The Control Centre's purpose is to respond to and manage incidents as they arise.

Music festival organisers should liaise with local health districts and NSW Ambulance staff to determine the most effective local approach for communication. It is important to ensure effective communication channels exist to support private onsite medical providers to arrange expedited transfer of patients via NSW Ambulance, and for consultation on the management of onsite presentations where required.

2.3 Water provision

Dehydration and heat exhaustion may contribute to medical presentations, and also worsen drug and alcohol-related harms.

Drinking water must be made available free of charge to patrons at or near the point of service at which, or by the same means of service by which, liquor is sold or supplied on the premises, at all times while liquor is sold or supplied for consumption on the premises.

The safety management plan must include provisions for sufficient water available to patrons for drinking, hygiene and cooling purposes.

The National Health and Medical Research Council Nutrient Reference Values recommend 3.4 litres per day for 19 to 30 year old males and 2.8 litres per day for 19 to 30 year old females. These requirements may be greater for individuals who are subject to hot environments, or who are engaged in physical activity.

For single day events, festival organisers should make provisions to supply at least 4 litres of free drinking water per person. For overnight or multi-day camping events, suggested amounts are 20 litres of water per person, per day, of which 4 litres should be specifically potable water for drinking.

Demand for water may vary depending on the weather and other environmental conditions. Organisers should use their experience and seek expert advice for guidance if needed. In locations where potable water supplies are limited, non-potable water may be used for toilet flushes. Non-potable water should be clearly identified using signs.

Festivals should provide a minimum of one water outlet per 500 people. A water outlet is an access point to a drinkable water source, which is provided independent of bars. Patrons should not be required to queue for access to water outlets. There may be multiple water outlets per water source, for example

a water fountain with multiple free flow taps and/or bubblers. A significant proportion of water outlets should be separate from and independent of bars and other alcohol service areas, particularly for all ages events.

Free drinking water should be kept cool in order to be appealing to patrons. Where chilling is not possible, place free water outlets under shade. All events should mark free water locations on maps available to patrons and display clear signage directing patrons to water stations.

The safety management plan should include a site map showing all free water outlets and information about their signage. High-risk festivals under the Act are required to provide signage indicating the location of water stations on the premises.

Festivals should provide free water at event entry and exits, and any situation where heat stress may occur (such as on crowded dance floors). Smaller bottles or cups of water may be more appealing to patrons and result in less plastic waste and fewer trip hazards when discarded.

For events where patrons are prohibited from bringing their own food and drink into the site, patrons should be permitted to bring their own clear or visibly empty plastic containers to support use of free water outlets. Exceptions should also be made for plastic bottles of water with unbroken manufacturer seals.

If free drinking water is not able to be sourced from a piped town supply, the music festival organiser must develop and adhere to a water quality assurance program that complies with the *Public Health Act 2010* and *Public Health Regulation 2012.*

The local health district's Public Health Unit should be approached for advice. A copy of the quality assurance program should be provided to the Public Health Unit. Water outlets must be checked and maintained in a clean and uncontaminated state, to avoid any public health risk. Hand washing basins are not acceptable drinking water outlets.

2.4 Alcohol management

The act applies to festivals regardless of whether the event is licensed to sell liquor under the *Liquor Act 2007*.

Alcohol licensees have legal and social obligations to ensure alcohol is served responsibly to help minimise alcohol-related harms.

Information on a licensee's obligations along with fact sheets and guidelines on preventing intoxication at licensed venues and events are available from the Liquor & Gaming NSW website.

2.5 Identification and management of intoxicated patrons

Music festival event, security, and bar staff should undertake training on recognising and responding to alcohol and other drug harms or related distress within a harm management framework.

The licensee and those serving liquor are required to hold a valid, approved Responsible Service of Alcohol competency card. This applies to those serving liquor in a voluntary capacity as well as any security officers with crowd control duties.

Music festival organisers should make arrangements to ensure that due care is taken when ejecting an intoxicated individual from an event. Depending on the condition of the patron it may be more appropriate to transfer them to the onsite medical centre or supervised care space rather than ejecting them from the festival.

All patrons who display signs of a serious drug-related illness, severe agitation or behavioural disturbance should be transferred as quickly and safely as possible to the onsite medical service. Security staff should be made aware that agitation and behavioural disturbance may be a sign of serious illness, and that physical restraint can make this illness worse. If necessary, urgent medical assistance should be requested to facilitate safe transfer of a patron with severe agitation or behavioural disturbance.

2.6 Heat, shade, cooling measures and sun safety

High ambient temperatures and humidity, and physical exertion, such as dancing for long periods, can increase the risk of drug-related harms. High temperature and humidity can also lead to dehydration and heat exhaustion. As detailed below, music festival organisers should provide adequate shade and cooling measures to mitigate these risks.

All events need to plan for extreme weather conditions, especially those held during summer and/or the hottest part of the day. For events planned for warmer months, music festival organisers should pay particular attention to plans for the management and mitigation of extreme heat.

Regardless of intake of alcohol or other drugs, exposure to heat is a hazard that can result in severe health problems whether indoors or outdoors. Music festival organisers should consider strategies such as starting the event later in the day (for example, after 5pm for summer events), reducing the duration of the event, and scheduling the event in cooler months.

In addition, music festival organisers should use strategies to reduce exposure to heat including the use of shade structures, misting stations, industrial fans and air conditioning.

Use of existing shade should be factored into the design and layout of the site. The position of stages, merchandise tents and stalls should take advantage of any shade created over the course of the event. For daytime events where existing natural shade is limited, music festival organisers should provide structures to create adequate shade. Music festival organisers should be aware of daily shade patterns to ensure adequate shade is provided throughout the event.

Large events may result in long queues to gain entrance. If queues near the event entrance are expected then shade, shade structures or cooling measures should be provided for this area, particularly for events that start around the hottest time of the day or take place in summer. Organisers should also consider shade structures for any other areas where patrons may queue for extended periods of time, such as bars and toilets.

Music festival organisers should make available SPF 30 or higher broad spectrum, water-resistant sunscreen to patrons. Further harm reduction approaches regarding sun safety at events can be found in Cancer Council Victoria's *Sun Smart Festival Checklist.*

2.7 Chill out spaces

Some patrons may enjoy the opportunity to take a break from the festival in a quieter, cooler area, and this may help to reduce heat or drug-related harms. Music festival organisers should consider providing readily accessible shaded, quieter or cooler areas such as "chill out" spaces within the festival. Making these spaces inviting can encourage festival patrons to use the areas, for example by providing outdoor furniture, artificial turf, plants or umbrellas.

Music festival organisers should consider locating chill out spaces away from stages and separate from bars and alcohol service areas, and provide free drinking water to patrons in these spaces. Chill out spaces should be monitored by security

Chill out spaces do not replace the supervised care space provided by the peer-based harm reduction service described in Section 4.2 below.

2.8 Food safety and provision

Proper sanitary measures must be applied to food storage, preparation and distribution, including the preparation of cocktails at festival bars. Failure to adequately enforce food standards can contribute to contamination and pose a danger to public health. Provision of food may reduce the potential for intoxication.

Food should be available for the duration of the event. Music festival organisers are encouraged to consider the pricing of food and non-alcoholic beverages to support accessibility by patrons.

Any business offering food for sale (regardless of setting) must comply with the *Australia New Zealand Food Standards Code (FSANZ) Food Act 2003 (NSW)*. For further information, refer to the NSW Food Authority's Guidelines for food businesses at temporary events and Guidelines for Mobile Food Vending Vehicles.

Music festival organisers must ensure that relevant food businesses at their event have appointed a certified Food Safety Supervisor (FSS), that safe food handling is practiced by all operators and that food handlers have appropriate food safety skills and knowledge.

2.9 Prevention of hearing loss

Exposure to loud sound can lead to temporary or permanent hearing loss, or tinnitus – ringing in the ears. The damage can occur gradually, from extended exposure to noise or immediately, from exposure to a sudden explosive sound. Limiting the duration of exposure to high volumes can minimise damage.

Festival organisers should consider strategies to reduce the risk of noise-related harms such as providing quiet areas for breaks, providing opportunities for breaks from noise and promoting the use of personal hearing protection such as ear plugs, where appropriate.

2.10 Designing accessible and inclusive music festivals

Catering for the needs of people with a disability is a requirement under the *Disability Discrimination Act 1992.* A range of access considerations are covered in the NSW Government *Toolkit for accessible and inclusive events.*

2.11 Prevention and management of sexual assault

Although sexual violence is not unique to music festivals, a growing body of evidence demonstrates that sexual assault does occur at such events and is probably under-reported (Fileborn et al. 2019).

Festivals should take reasonable steps to prevent sexual assault from occurring and should have a formal process in place for managing reports of sexual assault. Event organisers should consider consulting recognised organisations such as 1800 RESPECT or Rape and Domestic Violence Service Australia.

NSW Government health services will provide care for people reporting sexual assault in a manner consistent with the Sexual Assault Services Policy and Procedure Manual (Adult) 2005 PD2005_607.

2.12 Sexual health promotion

Music festival organisers could consider inviting sexual health organisations and other appropriately trained organisations to provide health promotion messaging and tools to patrons. This could include resources about the prevention of sexually transmitted infections and distribution of free condoms. There are organisations that can support music festival organisers to provide testing and treatment of sexually transmitted infections onsite.

3 Harm reduction messaging

Music festival organisers should ensure the incorporation of harm reduction messaging wherever possible before, during and after their events to provide information about harm reduction strategies, encourage safer behaviour and promote help seeking.

3.1 Opportunities for messaging

3.1.1 Pre-event

The lead-up to the event provides an important opportunity to deliver harm reduction messages to patrons while they are still planning and making arrangements to attend. This is also an important period as it is the time when patrons are most likely to be sober and open to absorbing event-related information.

Festival organisers should consider delivering pre-event harm reduction messaging using:

- The festival website
- Social media platforms
- Emails
- Presale ticket promotions (for example, promotional offers for patrons undertaking online harm reduction education)
- Messages printed on the ticket, wristbands or other promotional material
- Festival apps (where available).

3.1.2 During the event

There are many opportunities to deliver harm reduction messaging during the event. However, music festival organisers should consider that some patrons may already be affected by alcohol or drugs. Safety messages should be short, clear and repeated, and include information on site organisation, onsite services available and how to locate, identify or access them.

Important safety information should be highly visible. Signage can be very useful, but music festival organisers should be aware that certain venues may have strict signage restrictions and/or require approval for erection of signs.

Examples of delivering harm reduction messaging during the event include:

- Inviting the peer-based harm reduction service to be part of an opening segment to deliver harm reduction messages, familiarise patrons with the service (who to look out for), and encourage patrons to access the service
- Arranging for performing artists to deliver harm reduction messages during their sets
- Arranging for MCs to make harm reduction announcements between sets
- Offering a VIP upgrade to patrons participating in harm reduction training
- Printing harm reduction messages on wristbands and festival merchandising
- Sending push notifications through the festival app, where available
- Placing signage at the event on billboards, posters, and variable message boards. Signage locations could include entrances and exits, boundary fences, queuing points and in toilet cubicles, as well as around service provider sites.

3.1.3 Post-event

Music festival organisers should arrange for distribution of event-specific harm reduction messages at exits and follow-up with information through the same mechanisms as used pre-event.

Messages at event close could include a focus on safe travel arrangements and driving safety, including not driving while under the influence of drugs and/or alcohol.

3.2 Harm reduction messaging content

Music festival organisers should consider working in collaboration with peer-based harm reduction services to develop targeted harm reduction messages that are tailored to their event and resonate with their audience. Messages should be appropriate to the level and type of risks identified. Messaging should be co-designed with young people and targeted to the event's specific patron demographic.

Messaging should be developed and refreshed based on changing patterns of substance use. Over time messages and delivery should be updated based on evaluation of previous festival messages.

Key messages for patron safety include:

- You won't get into trouble for going to the medical tent or asking for help

- Health services are here to help you

- Know where to go to chill out or get help (presence and location of supervised care space and medical facilities)

- Stay cool and well hydrated

- Pace yourself

- Look after yourself and your mates

- Stay with your mates

- Know the signs and seek help early

- If you or a friend are experiencing any of the following symptoms, seek help immediately:

  o confusion

  o agitation

  o feeling abnormally hot/overheating

  o repeated vomiting

  o fast heart rate

  o feeling faint

  o breathlessness, rapid breathing or difficulty breathing

  o difficulty walking

  o seizures or fitting

  o repeated muscle twitching or jerking

  o severe muscle cramps, jaw clenching or 'gurning'

  o collapse or unconsciousness.

- Make a plan ahead of time to get you and your mates home safely

- Get home safely and come back next year!

- Don't drive when tired or with drugs or alcohol in your system

3.3 NSW Health social marketing and harm reduction assets

NSW Health has developed specific assets for the music festival setting, including:

- A toolkit of print and digital campaign assets that festival organisers and peer support organisations can use to reach festival goers with harm reduction messages

- Messages to help patrons stay safe at music festivals

- evidence based drug and alcohol information (Your Room website)

- information on how to access support or treatment for drug-related issues.

Additional assets will be available over time. Festival organisers are encouraged to access and tailor these assets as appropriate and use them wherever possible to deliver harm reduction messages to patrons.

NSW Health undertakes market testing in relation to the impact of this messaging and will negotiate with festival organisers to gain access to events for this purpose. Information about other NSW Health harm reduction programs, as well as information about your health in hot weather are available from the Ministry of Health website.

4 Peer-based drug and alcohol harm reduction programs

Peer-based harm reduction programs can make an important contribution to keeping people safe at music festivals through the delivery of harm reduction strategies onsite. Services that deliver peer-based harm reduction programs are perceived as credible, friendly and helpful by music festival patrons. This enables them to effectively engage with patrons, deliver information on drug and alcohol harms and harm reduction, identify patrons in need of assistance, and promote access to appropriate care and support. Peer-based services can also help to ensure that festival goers in need of medical care receive attention sooner.

4.1 Who is a 'peer'?

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

- Having a non-judgemental, non-authoritarian approach

- Being an age that is similar to, but ideally a few years older than the patron. The ideal peer is old enough to be experienced and feel credible, but young enough to still be seen as relatable

- Being approachable, trustworthy, knowledgeable and experienced.

Peers do not need to have a lived experience of drug use to deliver drug-related peer-based harm reduction programs. In this setting, peers with a lived experience of drug use may be perceived by patrons as more credible and informed, and therefore be more able to support and engage patrons and facilitate access to education, support or care.

Peer-based service team members may be paid or volunteer staff and must not be under the influence of drugs or alcohol at any time during their shift.

To ensure there is no conflict between the delivery of harm reduction programs and other responsibilities, peer-based service team members should have no other role at the festival while on-duty (such as being a part of a medical or first aid team, bar staff, or security).

4.2 Peer-based drug and alcohol harm reduction services

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

These elements may be delivered in a variety of ways. Music festival organisers should work with peer-based harm reduction services to deliver the mix of strategies most appropriate to the size and style of event, venue and level and type of health risks identified.

4.2.1 Drug and alcohol peer support

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

- Chatting to patrons and checking on patrons that appear to need help or support

- Providing basic supplies, such as bottled water, electrolyte drinks, lollies, sunscreen and earplugs

- Helping patrons problem solve, such as helping to find lost friends, or making a plan to get home safely.

4.2.2 Roving

A peer-based service team member may rove around the festival grounds to:

- Raise awareness of the presence of the service

- Identify patrons that may be in need of care and support, or referral to medical services

- Deliver drug and alcohol peer education where appropriate.

Rovers should work in pairs for their own safety and comfort.

4.2.3 Drug and alcohol peer education and brief intervention

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

Peer-based drug and alcohol education may include:

- Looking for opportunities to start a conversation or build on what festival patrons are already asking or talking about

- Listening to patrons thoughts and concerns and supporting them to make safer choices about their alcohol and drug use

- Providing information about drug-related side effects and interactions

- Providing drug harm reduction messages

- Providing information on support or treatment services

- Delivering drug and alcohol brief interventions.

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

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

- The risks of their own alcohol and other drug use

- Strategies to reduce the risk of harm by modifying behaviours

- Options for further support (including referrals to support services)

- What to consider when thinking about their own future use and reasons for changing their use.

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

4.2.4 Supervised peer support and care

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

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

- Creating a calm, reassuring and safe environment to help the person manage any distress or unpleasant effects they are experiencing

- Regular monitoring of the patron's condition

- Referral to medical services as required

- Provision of information and referral to drug and alcohol treatment programs if appropriate.

The peer-based harm reduction program may include a supervised care space to provide a safe and quiet area where patrons can go to seek relief or recovery under supervision. Care spaces may help meet the needs of patrons who are assessed as not needing medical attention, but who still may benefit from some level of support and monitoring. The space should be set up to allow distressed patrons to receive private intervention, as well as a more public space open to patrons to access to harm reduction information, peer connection and support. Care space infrastructure requirements are described below.

A team leader should always be present at each care space to provide supervision to peer educators. A system for data collection is required to collect information on numbers and timing of presentations, occasions of service and types of care provided to patrons. This information should be provided to the onsite medical team if a patron is transferred to the onsite medical service.

The level of risk of an event will inform the size and number of care spaces required. The central care space should be located in close proximity to the onsite medical service, to facilitate the transfer of patients between services if necessary. Music festival organisers should consider locating an additional peer-based care space outside or adjacent to the main venue entrance/exit. This care space would provide support for patrons as they arrive or depart the event, including those who may be refused entry, patrons ejected during the event, and during the immediate period following event close. A second care space located adjacent to the main venue entrance/exit may be particularly important for events catering to patrons aged under 18 years.

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

- have an entry that is clearly separate from the entry to medical services

- not as a matter of course be attended (either inside the service or close to the entrance) by police or security except on the request of the peer-based harm reduction service staff or where police are otherwise required.

Concerns in regard to police presence or police operations in or around the peer-based harm reduction service should be immediately raised through the Medical Commander and/or NSW Ambulance Forward Commander, as appropriate, for resolution with the Police Commander. All such concerns or incidents and the outcome of local escalation should be documented. Should these concerns not be resolved to the satisfaction of the peer-based service provider or music festival organiser, they should be raised at the post-event debrief, and the local Police Commander and Region Operations Manager should be invited to participate for discussion in regard to any such issue.

4.2.5 Assessment of patrons and transfer to and from the medical service

Patrons in the care of a peer-based service may deteriorate rapidly. Peer-based programs must have clear criteria to determine whether transfer to medical is required. The assessment and referral protocol must be reviewed by an appropriate clinician experienced in the management of serious illness in the pre-hospital setting. A clinician meeting the definition of a senior doctor (defined below) would be appropriate in this context.

Music festival organisers can facilitate prompt and appropriate transfer to medical intervention by supporting the development of relationships between the peer-based service, the private onsite medical provider, NSW Ambulance, the organiser and security staff. This can be achieved through engagement and briefings with all parties before and during events. A post-event debrief can be used to identify opportunities for improvement.

4.3 Engaging a drug and alcohol peer-based harm reduction service

Festivals with the potential for serious drug-related harm should provide a peer-based harm reduction program for patrons. High-risk music festivals under the Act must provide this service and describe the service in the safety management plan in accordance with the Act.

Organisers of events should consider the level of risk of drug and alcohol-related harms and patron demographics to determine what strategies may be appropriate. Organisers of events with a risk of serious drug or alcohol-related harm should engage a peer-based harm reduction service to mitigate this risk. Provision of a peer-based harm reduction program that is likely to resonate with the relevant festival's patrons is encouraged.

There are a variety of services in NSW that deliver peer-based harm reduction programs, including DanceWize NSW, save-a-mate (Australian Red Cross), Red Frogs and ACON Rovers. Any service that meets the peer-based harm reduction program criteria described in these *Guidelines* may be engaged.

Where the event has previously attracted patrons who engage in high levels of drug use or experienced high rates of drug-related illness, or the festival organiser considers this to be likely, festival organisers should engage a peer-based service that specifically caters to this event profile. Peer-based services attending these identified events should have specific training in drug harm reduction, including drug-related education and brief intervention. For these events, event organisers should strongly consider engaging a service that offers a roving service capacity as well as supervised peer support and care capacity.

Festival organisers should engage the peer-based service early in their pre-event planning. To enhance the effectiveness of this service, festival organisers should consider their patron characteristics in the selection of a suitable service and in communicating their event's requirements to the service. This will help the peer-based service to provide strategies that resonate with patrons and to tailor their messaging and approach to the likely risks.

Event organisers should consider and communicate the following patron and festival characteristics:

- Capacity of the event

- Music genre

- Age and gender profiles of patrons

- Expected ethnic, cultural, sexual or gender identity of patrons

- Any information that is available about the expected level and type or pattern of alcohol or drug consumption by patrons

- Any other event risks identified.

4.4 Peer-based drug and alcohol harm reduction service planning

The level of risk, duration of the event and number of patrons will inform the number of harm reduction staff required. Peer-based harm reduction services should operate throughout event entry, the duration of the event, and at event close. For events where on-site camping is available, consideration should to be given to service provision at the campsite, such as roving in the campsite area.

There should be a mix of roles, including a coordinator, team leaders, and peer educators. The coordinator is responsible for the delivery of the service during the event and is the appropriate contact for engagement or communication between the peer-based service, the private onsite medical provider, NSW Ambulance and the Police. The coordinator should be invited to all event briefings. The team leaders should report to the coordinator and oversee the delivery of the supervised care spaces and/or roving teams.

The coordinator and team leaders should receive additional training in first aid and the management of drug and alcohol-related harms. The coordinator and team leaders need to be identifiable and all members of the harm reduction team should wear uniforms, for example, high visibility vests or t-shirts. For visibility at night, it is recommended that rovers carry lit batons. These lights can be used if a person in need of care or support is found in a dark and/or crowded space. One rover can stay with the person and hold the light directly upwards to help the medical service locate the person faster. Peer-based harm reduction staff may be located at major transport hubs to support patrons at the end of an event.

Table 2 provides a tool for estimating the number of staff required for an event by a peer-based harm reduction program. For events where on-site camping is available several shifts are required to cover each day. Table 2 outlines the estimated staffing required for one shift.

Table 2: Tool for estimating numbers of required peer-based harm reduction program staff by event size

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

4.5 Peer-based drug and alcohol service training requirements

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

This training **must** include:

- A certified competent by a registered training organisation in the unit of competency HLTAID003- Provide First Aid or equivalent. While this training is compulsory, the provision of first aid is not the primary responsibility of the peer-based service. However, they may provide first aid in an emergency until arrival of medical staff, for example, placing a person in the recovery position

- Knowledge of drugs and their effects and interactions

- Identifying signs and symptoms of intoxication

- Drug and alcohol harm reduction strategies appropriate to the setting

- Understanding of and ability to identify the signs and symptoms of drug toxicity or serious illness that should be referred to a medical service for intervention or care

- Understanding the appropriate response pathway for reports of sexual assault.

This training **should** include:

- Mental health first aid

- Techniques for managing and counselling people who may be distressed or experiencing unpleasant drug effects, to ensure that they are not at harm to themselves or others

- De-escalation and dispute resolution techniques

- Practices for inclusive working with people who identify as LGBTIQA+, and culturally and linguistically diverse groups.

This training **could** include:

- Drug overdose prevention education, such as DOPE training (HR Vic)

- Education in the safe handling and disposal of needles and syringes.

4.6 Peer-based drug and alcohol harm reduction service infrastructure requirements

Peer-based services require suitable space and infrastructure to operate. The music festival organiser should understand and negotiate the specific requirements based on the event risk profile and the agreed level of service.

4.6.1 General requirements

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

- Radios
  - o A dedicated event control centre channel on radio for emergency response
  - o A dedicated radio channel for the peer-based service

- Food provisions for volunteers

- Staff wristbands/event passes including access via the staff entrance

- A car space for the duration of the event

- A space where volunteers can leave their personal effects

- Chilled water (for all peer-based service sites)

- Contracted security organisation name and contact

- Private onsite medical service provider name and contact.

4.6.2 Fixed site requirements

The peer-based service may need space for a fixed site (such as a stall or stand) from which to provide basic supplies and deliver education services, in addition to a supervised care space. This site can increase patrons' awareness of the service and should be placed in a high visibility area or thoroughfare to maximise exposure. This fixed site may be located in front of the supervised care space or in a separate location. The size and location should be negotiated between the organiser and service.

4.6.3 Supervised care space requirements

The supervised care space is a dedicated space that is quiet and free from visual disturbance and bright lighting. Sufficient space should be provided to support a small number of patrons to sit or lie down. A suitable space may be 4m x 6m, or similar, with plastic flooring for infection control, a roof, four walls and an entrance. The festival organiser should provide:

- Power and lighting

- Trestle tables

- Chairs and/or youth focused furniture such as beans bags and glow furniture

- Easy access to an accessible toilet or a portable toilet

- Access to a staff only toilet at back of house

- Bottled water to distribute to patrons within the care space, and buckets of ice to chill them.

Basic care supplies may be supplied by the service or the organiser by mutual agreement. Basic supplies may include:

- Sunscreen

- Band-Aids

- Condoms and sanitary products

- Vomit bags

- Snack foods

- Blankets

- Earplugs.

5 Onsite medical service provision

Music festival organisers and 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. This includes triage and treatment protocols, protocols for responding to serious illness anywhere on the festival grounds, urgent transfer procedures and emergency service escalation pathways to address the medical care needs of patrons. For all ages events, the likelihood of paediatric presentations should be considered a specific risk as children may require specialised age-appropriate equipment, treatment and management.

The music festival organiser must ensure their private onsite medical service provider delivers a pre-hospital emergency medical care capability that is aligned to the anticipated health risk profile of the event. NSW Health will assess the event medical plans of high-risk music festivals under the Act to ensure consistency with the *Guidelines*. Organisers of festivals that do not come under the Act may still request support or advice in this regard from NSW Health when planning their event. The safety management plan including the event medical plan should be sent to MOH-musicfestivals@health.nsw.gov.au ideally 90 days prior to the event, with the final names of rostered medical service staff provided at least 21 days before the start of the event. This is to ensure sufficient time to assess, discuss and manage any issues.

For high-risk music festivals under the Act or on request, NSW Health will make an assessment of the private onsite medical provider's capability against the *Guidelines*, based on the information provided in the event safety management plans which includes the event medical plans. This assessment will consider the profile and history of the event, the anticipated number of serious medical presentations at the event and the private onsite medical provider's service capability as described in the event medical plan.

If the private onsite medical provider capability is considered to not fully align with the anticipated health risk profile of the event, NSW Health will recommend an enhancement to this capability. This may include a recommendation for the planned deployment of a NSW Health medical retrieval team, to be available for the duration of the event and to work onsite in collaboration with the private onsite medical provider.

The purpose of a planned deployment is to supplement the onsite medical provider's capability to manage serious medical presentations that require expert, intensive onsite medical management. NSW Health will not replace or supplement the other onsite medical services normally provided by an onsite medical provider, including first aid or general medical services for medical presentations other than serious medical presentations.

Any planned deployment of NSW Health resources to events will be assessed by a Ministry of Health-led expert group on a case by case basis, taking into account the event profile and event history, the anticipated risk of multiple serious medical presentations at the event, the planned level of private onsite medical provider medical service capability and NSW Ambulance resourcing implications.

Any planned deployment of NSW Health resources, if available, will be charged to festival organisers on a cost-recovery basis. If planned deployment is agreed, a suitable area will need to be provided in the onsite medical centre for the team to be able to safely operate.

In the event that a medical retrieval team is unable to be deployed due to NSW Ambulance resourcing implications, NSW Health may provide further advice or recommendations to the festival organiser as to how best to mitigate or otherwise manage the music festival's risk of serious medical presentations.

5.1 Onsite medical service location, access, signage and security

Onsite medical centres must be highly visible and easily accessible to patrons. A single, central onsite medical centre should serve as the primary site for initial triage and management of medical presentations. This enables consolidation of medical staff resources at a single site for patient assessment and management, and provides a single location for emergency vehicle access where transfer to hospital is required. Large venues may require additional first aid posts and response teams to facilitate rapid transfer of patients to the medical centre. First aid posts at locations separate from the medical centre should cater for patrons who require minor treatment only. Potentially serious medical presentations should be immediately transferred to the medical centre for assessment and management.

The onsite medical centre should be readily accessible by ambulance vehicles to support expedited transfer of patients to hospital, and should have access to appropriate, dedicated toilets for the use of unwell patrons.

The process for transport of patients from all areas of the event to the onsite medical centre should be clearly described in the safety management plan. Staff members who are roving the festival may require buggies or stretchers to urgently transport patients from crowded locations.

Private onsite medical providers should work with music festival organisers to ensure there is adequate and appropriate signage to direct patrons requiring medical assistance to the medical centre and first aid posts, while directing patrons who are not unwell to other appropriate areas. The medical centre location should be clearly marked on the site map and the patron map. The safety management plan should include information about signage indicating the location of the medical centre.

Event patrons may become unwell while outside the boundaries of the event, including at transport hubs. The safety management plan should clearly describe how this situation will be managed. These arrangements should be agreed in consultation with Police and NSW Ambulance in advance, and the agreed process for management of unwell patrons outside the boundaries of the event should be communicated during event pre-briefings and onsite briefings. If in doubt, emergency services should be contacted by calling Triple Zero (000).

Onsite medical services should plan to remain fully operational for at least 30 minutes prior to the event start, and for up to one hour post-event close as serious illness is often identified at this time. The event organiser should ensure that a thorough sweep of the site and outside boundary areas is conducted following the close of the event. Onsite medical services should remain operational until this sweep is complete and it is confirmed by the event control centre that no further patrons require medical attention.

For multi-day events, onsite medical services should operate throughout the duration of the event. For events where on-site camping is available, consideration should be given to ensuring welfare of patrons at campsite areas, such as planning for roving teams to be available to attend campsite areas in conjunction with peer-based harm reduction service providers.

To support open disclosure by patients in relation to their substance use, police should not routinely be in the vicinity of the medical centre, unless requested by medical staff or where police are otherwise required. Ordinarily, security staff should be present in these areas to support medical staff, rather than police.

Any concerns in regard to police presence or police operations in or around the medical service, or concerns in relation to requests for medical staff assistance with police operations, should be immediately raised through the Medical Commander and/or NSW Ambulance Forward Commander, as appropriate, for resolution with the Police Commander. All such concerns or incidents and the outcome of local escalation should be documented. Should these concerns not be resolved to the satisfaction of the private onsite medical provider or music festival organiser, they should be raised at the post-event debrief, and the local Police Commander and Region Operations Manager should be invited to participate for discussion in regard to any such issue.

5.2 Expected presentations

For most events, the majority of medical presentations to onsite medical services are minor, for example presentations for mild dehydration, headache and injuries such as cuts and sprains. In addition, a large portion of presentations to private onsite medical providers may be simple requests for supplies (e.g. sunscreen, Band-Aids), rather than for medical care. These simple requests for supplies would be best managed well away from the medical triage area, using clear signage to direct patrons who are not seeking medical care to the appropriate area.

Reporting of the number of presentations to private onsite medical providers should clearly distinguish true medical presentations (whether minor or more serious) from non-medical presentations such as requests for basic supplies. Accurate and clear reporting on the profile and severity of true medical presentations will assist with debriefing and future event medical planning.

For the purpose of this document, **a serious medical presentation is defined as the equivalent of an Australasian Triage Scale category 1 or category 2 presentation**.

5.3 Event medical plans

Organisers of high-risk music festivals under the Act must prepare an event medical plan as part of the overall safety management plan. The safety management plan must be submitted to ILGA at least 90 days before the festival is to be held, or within a shorter time as decided by ILGA.

Music festival organisers should prepare an event medical plan, as part of the overall event plan. Music festival organisers may arrange for their event's medical plan to be prepared by a third party private onsite medical provider.

For those events with a history of a high number of patrons in possession of or consuming drugs, or where this patron behaviour may be anticipated, music festival organisers should ensure the private onsite medical provider plans for serious medical presentations with serious drug-related illness.

The event medical plan should articulate the private onsite medical provider's capability and preparedness to meet the anticipated number and profile of presentations for the event, including under 18 years presentations for events that include an under age patron group. This capability and preparedness will be determined by a number of factors, each of which should be specifically addressed, including the:

- Qualifications, skills, experience, number and rostering of medical, nursing, paramedic, first aid and support staff. The designated roles and responsibilities of each of these staff should be explicitly articulated. Staff should not be allocated to more than one role (e.g. team leader and resuscitation doctor), and should only be allocated to a role or responsibility that is within their scope of practice.

- The organisational structure and service hierarchy, including the nomination of a senior clinical decision-maker, and team leaders if required

- Function and physical layout of the onsite medical centre (including waiting area, triage area, assessment area and resuscitation area) and first aid posts

- Type and amount of equipment and medical supplies

- Description of core processes and protocols, including:

  o triage

  o reference to the monitoring and treatment protocols that will be used, specifically including rapid sequence intubation and management of hyperthermic patients

  o senior clinical review and decision-making process

  o clinical documentation and record keeping

  o transfer processes, including from within the event to the medical centre and from the medical centre or other locations within the event to hospital, and transfer of intubated/ventilated patients.

- Process for surging capacity or restocking essential supplies if required

- Process for escalating concerns or requests for assistance to the onsite emergency services, including the NSW Ambulance Forward Commander and/or Police Commander.

The event organiser and onsite medical service provider should consider the distance from and ease of transfer to tertiary hospital facilities for urgent or ongoing medical management of serious illness, and make accommodation for these circumstances when planning the capability and transfer processes of the onsite medical service. The capacity of local health facilities and local Ambulance resources should also be considered when planning for the capability and preparedness of the onsite medical service, particularly for events in regional and remote areas. The relevant local health district(s) and NSW Ambulance should be involved in the early stages of event planning, to plan for the potential impact of the event on local health resources.

For high-risk music festivals under the Act and other festivals with the potential for serious medical presentations, event organisers must ensure that the private onsite medical provider:

- provides emergency medical capability and plans for the early identification and immediate management and transfer of serious medical presentations, with specific attention to the provider's capability to manage serious drug-related presentations.

- has protocols in place for resuscitation procedures, including rapid sequence intubation, which describes team roles and responsibilities. These protocols should be clearly communicated to the onsite medical team, prior to the event.

Where members of an onsite medical team have not previously worked together as a team at a similar event, the medical team should undertake a simulation exercise for resuscitation and rapid sequence intubation prior to the event.

For events that include patrons who are under 18 years old, the event medical plan should provide a clear description of the capability for safe care and management of these patrons, including the plans for management, support and care of under age patrons who present with drug or alcohol intoxication.

5.4 Onsite medical staff

5.4.1 Definitions, roles and capabilities of private onsite medical staff

The capabilities of private onsite medical staff must be such that they are able to appropriately respond to the expected number and type of medical presentations for the specific festival event being serviced. For high-risk music festivals under the Act or events where it is considered that multiple, serious drug-related presentations are likely, this should include appropriate consideration of the need for independent resuscitation capability and senior medical supervision as described below. A thorough onsite assessment of the capabilities required for safer festival outcomes is considered essential.

All private onsite medical, nursing, paramedic, first aid and support staff should:

- have no other duties or responsibilities;
- have relevant experience or training in providing care at major events;
- have a current Working With Children Check, where working at an all ages event;
- wear identification of their role, protective clothing and appropriate personal protective equipment;
- be physically and psychologically equipped to carry out their assigned roles;
- be at least 18 years old, and
- not be under the influence of drugs or alcohol at any time during their shift.

The role and professional descriptions for private onsite medical provider staff should be limited to the terms defined below to clearly describe the capability and qualifications of private onsite medical provider staff.

Terms such as emergency medical technician (EMT), medic, or advanced responder **should not be used**. These terms do not adequately describe the registration status, professional qualifications or capability of health service staff.

Medical practitioner: a qualified medical practitioner with current unconditional general registration through the *Australian Health Practitioner Regulation Agency* (AHPRA).

Resuscitation doctor: a medical practitioner allocated to the role of resuscitation doctor must have independent resuscitation skills, including advanced airway and rapid sequence induction (intubation) skills. This must be demonstrated by the doctor being a current accredited advanced trainee or Fellow of the Australasian College for Emergency Medicine (ACEM), the College of Intensive Care Medicine of Australia and New Zealand (CICM), or the Australian and New Zealand College of Anaesthetists (ANZCA).

The terms: interns; resident medical officers; house officers; career medical officers, registrars or junior medical officers relate to roles in the hospital system where the expectation is to work under the supervision of specialist medical practitioners. In general, doctors who are not specialist medical practitioners (that is, they have not achieved Fellowship of a relevant specialist medical college) should be considered **junior doctors,** particularly when providing critical care in a pre-hospital setting. This should be considered in managing the skill mix of any onsite medical team as these junior doctors would not be expected to manage the evolving resuscitation needs of a large scale event in an independent manner. Junior doctors in the festival setting should be employed with appropriate onsite senior medical supervision.

Senior doctor: a specialist critical care physician, who has achieved Fellowship of a relevant college (ACEM, CICM or ANZCA). The senior doctor should also have substantial experience in pre-hospital retrieval medicine, and an understanding of the management of serious drug and alcohol-related toxicity. Trainees undertaking specialisation or other non-critical care specialist physicians should not be considered a senior doctor in the music festival setting.

The role of the senior doctor in this setting is primarily to provide specialist medical expertise and skills to support the operation of the onsite medical centre and should be distinct from the role of the resuscitation doctor(s). In the case of simultaneous serious medical presentations, the senior doctor's experience in identification of serious illness, clinical prioritisation, rapid decision making, and concurrent management of multiple patients is needed to best coordinate the onsite medical capacity and transfer arrangements. Their core role is to supervise and direct the medical management and clinical decision making for the medical team.

Nurse: a registered (specialist or general, not enrolled) nurse, with unconditional registration through AHPRA. They should have at least two years full-time nursing experience in addition to the graduate year, and recent experience (within one year) working in a pre-hospital or critical care (emergency department, anaesthetics or intensive care unit) environment. They should hold current Australian Resuscitation Council Advanced Life Support certification or other equivalent advanced life support certification and have successfully completed the NSW Health *Transition to Practice, Emergency Nursing Program* or equivalent transitional program. Where a nurse is undertaking the triage role, they must have significant triage experience, and more than two years full-time equivalent employment in an emergency department. Registered Nurses without the above experience/qualifications can still contribute to the event medical team but should not be considered for roles in the acute or resuscitation treatment areas of a medical centre or where they are likely to need to manage multiple acute patients concurrently.

Paramedic: a registered paramedic, with unconditional registration through AHPRA. A registered paramedic's scope of practice is determined by the clinical governance framework of the service by which they are credentialed or employed, aligned to their experience and qualifications.

First aider: A person who holds a current certificate of first aid competency through a registered training organisation. They should also have experience in providing first aid at large events and receive additional training in recognising common drug-related presentations and the signs and symptoms of more serious illness.

When medical, nursing and paramedic students contribute to private onsite medical provider staffing, they should only be assigned to a first aid (if first aid certified) or support roles, as they are not registered and/or qualified to provide care as a doctor, nurse or paramedic.

5.4.2 The private onsite medical team capability and skill mix

The number, capability and skill mix of onsite medical staff required will depend on the expected type and number of medical presentations for the specific event. Multidisciplinary approaches to staffing are needed.

When the risk of a serious medical presentation, including serious drug and alcohol toxicity, is considered at least likely, the private onsite medical team should include at least one resuscitation doctor for the duration of the onsite medical service.

When the risk of <u>multiple</u> serious medical presentations is considered at least likely, the onsite medical service should also include a senior doctor and a team of registered nurses and/or paramedics dedicated to resuscitation and critical care for the duration of the onsite medical service.

Event organisers and private medical providers should ensure that the event medical plan describes the process for surging clinical capacity if required, and the availability and supply of essential medicines and equipment to support clinical management for the anticipated level of serious medical presentations.

Event medical plans should explicitly outline the capability of the onsite medical team, by describing the roles, responsibilities, qualifications, skills, registration status, experience, number and event rostering of all medical, nursing, and paramedic staff, using appropriate terminology as described above and in **Appendix B**.

The medical service roster should ensure adequate coverage of appropriately skilled, qualified and experienced staff for the duration of the private onsite medical provider operation, including consideration of staff meal breaks. For events longer than 12 hours, safe rostering should be considered and described in the event medical plan and the medical service roster should demonstrate safe rostering practice.

Any music festival organiser can ask NSW Health to review the safety management plan, including the event medical plan, as required. To allow sufficient time for NSW Health to assess safety management plans and medical plans, festival organisers are asked to contact NSW Health with the names, roles, skills and experience of rostered medical service staff at least 21 days before the event commencement date to allow the registration status and qualifications of health professional staff to be checked, and compliance against the event medical plan to be assessed. Medical practitioners' critical care training and experience should be clearly described. Requests to review plans should be sent to moh-musicfestivals@health.nsw.gov.au.

5.5 Onsite medical operations

5.5.1 NSW Health pre-event briefing

Where there are plans for multiple health service providers to be present onsite and/or NSW Health resources are provided to support the event (for example, where a NSW Health medical retrieval team will be pre-deployed), NSW Health will usually coordinate a pre-event briefing with the event organisers and any health providers (including private onsite medical providers, peer-based harm reduction services, NSW Ambulance and local health district staff). The purpose of the pre-briefing is to clarify health service-related roles and responsibilities including chain of command and transfer of care arrangements, and to ensure optimal communication and coordination between providers.

This pre-event briefing would normally be scheduled around one week prior to the event, to provide opportunity to address any late developments or new information that may impact on health risks or service delivery, for example, increasing event size, changes in event plans or staffing, and evolving environmental risks.

A NSW Health pre-briefing may not be required where all health providers that will be onsite have well-established relationships and have successfully worked together at music festivals.

Where a NSW Health team or NSW Ambulance Forward Commander will be onsite and working alongside a private onsite medical provider, the following processes will be discussed at the NSW Health pre-event briefing and/or the onsite health services briefing prior to the event:

- Method for initiating transfer of a patient to hospital

- Considerations around the decision to intubate and ventilate a patient onsite, including transfer and medical escort of an intubated patient

- Pathway for escalation in the event of major incident or health emergency.

To obtain NSW Health advice or request a NSW Health pre-briefing in relation to music festivals, contact: moh-musicfestivals@health.nsw.gov.au.

Information from these briefings may also be provided to other government agencies to assist in planning for the event.

5.5.2 Onsite health services briefing

Effective patient management is dependent on multidisciplinary teams working together to ensure appropriate care is provided to all patients at the appropriate time.

Patterns of drug-related toxicity in the festival setting may change rapidly, as patterns of use change.

Music festival organisers should ensure that their private onsite medical provider coordinates or participates in a pre-event briefing.

Prior to the event commencing, at the start of each day, the private onsite medical provider should coordinate or participate in an onsite health services briefing with all onsite health service staff, including any staff from NSW Health (including NSW Ambulance) and the peer-based harm reduction service coordinator. Multi-day events will require daily briefings.

This supports team-based approaches to the management of complex patients and sharing of up-to-date information in relation to presentations likely to occur in this setting.

Where NSW Health resources are pre-deployed, the onsite health service briefing will be led by the NSW Ambulance Forward Commander, in consultation with and participation from the Medical Commander where present.

This briefing should review:

- health service provider roles and responsibilities

- service arrangements including the assigned service locations and space

- processes for management and transfer of any seriously ill patients from outside the central medical service, including outside the event's boundaries if appropriate

- the triage process

- processes for transfer of care between onsite health services, including to/from the peer-based service where present

- communication and escalation processes, including early notification of any patient who may require onsite intubation

- processes for requesting and/or facilitating transfer of a patient to hospital, including transfer of intubated and ventilated patients

- documentation processes

- recent drug use patterns, and anticipated patterns of serious medical presentations related to the event's target demographic and the style and location of the festival.

A multidisciplinary simulation session should occur as part of this onsite health service briefing for the members of the resuscitation team. This allows each team member to better understand their role in the event of a serious medical presentation. Roles should include a team leader and an airway and circulation clinician. A simulation allows familiarisation with the resuscitation area and the location of essential equipment and medications; and a review of communication processes for facilitating escalation in care and transfer to hospital.

5.5.3 Triage, assessment and monitoring

Triage is essential in any clinical setting where many patients may present at once. People presenting with simple requests for supplies would be best managed well away from the medical triage area as these patrons do not require triage or clinical review.

A 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 triage system must be described as part of the event medical plan.

The recommended triage scale is the Australasian Triage Scale (ATS).

An effective 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. A change in clinical status may change the triage category, if clinical assessment and management has not already commenced**.**

Clinicians undertaking the triage role must have experience in the assessment of a wide range of illness and injury, and the capacity to consistently and independently make sound clinical decisions in a time-pressured environment. Registered nurses or paramedics undertaking the triage role should have expertise in emergency care and specific training in the triage role.

The onsite medical provider must ensure that all patients are triaged appropriately. This should be undertaken at a dedicated triage area for patients who self-present to the onsite medical centre, or where necessary by an experienced member of the resuscitation team for patients who bypass the triage area due to a need for immediate medical attention.

Triage processes can be used to allocate the limited resources available in a pre-hospital setting. Triage categories and the identification of high-risk features should trigger a response that matches the urgency of that feature (**Appendix C**).

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 described in **Appendix C**, this should trigger a review by the most senior onsite clinician.

5.5.4 Management of serious medical presentations

Certain medical presentations may rapidly become life-threatening.

In a case of life-threatening illness:

For all events **without** an expert onsite medical specialist (such as a private onsite medical team without a senior doctor, or an event without a pre-deployed medical retrieval team):

1. Immediately provide life-saving medical intervention as required, while expediting urgent transfer by NSW Ambulance to hospital for definitive medical management.

2. NSW Ambulance will decide destination and method of transport in conjunction with the State Retrieval Consultant or State Health Services Functional Area Coordinator (State HSFAC).

For events **with** an expert onsite medical specialist (such as an onsite medical team with a senior doctor, and/or a pre-deployed medical retrieval team).

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, with medical retrieval team escort if available.

People who have consumed psychostimulant drugs such as MDMA and methamphetamine can experience severe drug toxicity, including altered regulation of body temperature which may lead to severe hyperthermia (or hypothermia); serotonin syndrome; and/or acute behavioural disturbance, depending on the dose and combination of substances consumed (Buckley, N., 2012; Docherty et al., 2010).

Pre-hospital clinical guidelines and a Pre-Hospital Assessment Tool are available to support private onsite event medical providers in developing treatment protocols for the management of serious drug-related conditions.

Medical event plans should describe the management of common drug-related presentations including dehydration, hyperthermia, reduced level of consciousness, and acute behavioural disturbance, or indicate that the NSW Health pre-hospital clinical guidelines for management of these drug-related conditions will be used.

Serious medical presentations may occur simultaneously, which may rapidly consume or even overwhelm the onsite medical response capacity. In this case, activate surge or emergency escalation protocols immediately (Section 6), while continuing to reassess and re-prioritise the delivery of onsite clinical care according to the acuity of the medical condition of all seriously ill patients.

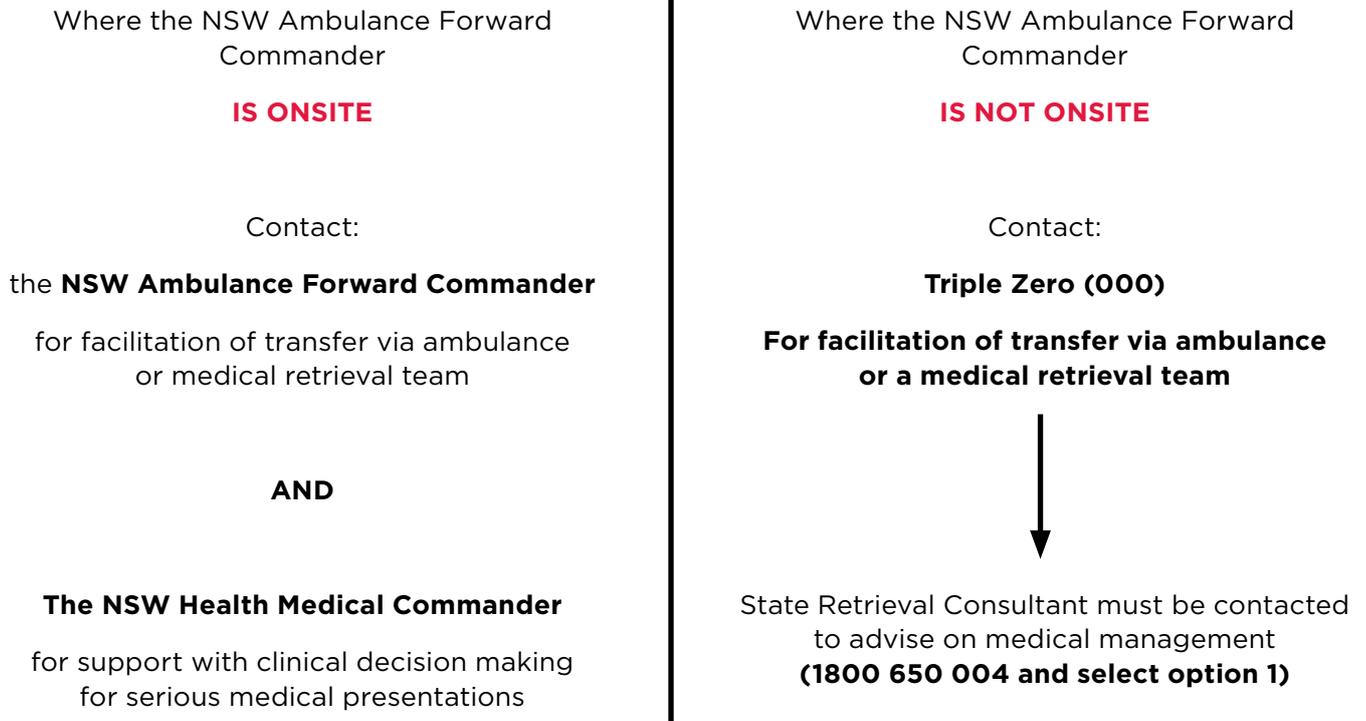For serious toxicological cases awaiting transfer, senior onsite clinicians are encouraged to call the Poison Information Hotline on **13 11 26** to provide rapid access to telephone support from a senior toxicologist. This advice may support the delivery of best practice interim management of toxicology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

5.5.5 Transfer to hospital

Early communication supports the effective and urgent management and transfer of critically ill patients.

Onsite medical providers should communicate with the NSW Ambulance Forward Commander as soon as intubation or other invasive procedure, or a request for transfer to hospital is being considered.

In order to discuss a serious medical presentation or arrange urgent medical transfer, a senior clinician from the private onsite medical provider should make immediate contact as follows:

Where the NSW Ambulance Forward Commander **IS ONSITE**	Where the NSW Ambulance Forward Commander **IS NOT ONSITE**
Contact:	Contact:
the **NSW Ambulance Forward Commander**	**Triple Zero (000)**
for facilitation of transfer via ambulance or medical retrieval team	**For facilitation of transfer via ambulance or a medical retrieval team**
AND	↓
The NSW Health Medical Commander	State Retrieval Consultant must be contacted to advise on medical management **(1800 650 004 and select option 1)**
for support with clinical decision making for serious medical presentations	

Where a patient requires transfer to a health facility, a request for transport should be made immediately via the onsite NSW Ambulance Forward Commander (where onsite), or through a call to NSW Ambulance via Triple Zero (000) (where not onsite).

Any intubated or critically ill patient must be discussed with the onsite NSW Ambulance Forward Commander and the onsite NSW Health Medical Commander. If there is no Ambulance Forward Commander onsite, all referrals need to go through Triple Zero (000). The State Retrieval Consultant must then be contacted to advise on medical management, if required.

If a NSW Health retrieval consultant or other NSW Health senior doctor is on duty onsite, they are the Medical Commander and are therefore in charge of clinical decision making for critically ill patients. They must be notified of all critically ill or intubated patients prior to transfer to hospital and a discussion must occur with the NSW Ambulance Forward Commander who is the designated Health Commander to facilitate that transfer to occur.

Once the decision to transfer a patient has been made, private onsite medical staff should work with NSW Ambulance staff onsite (where present) to support coordination of resources and prioritisation of patients awaiting transfer. NSW Ambulance has existing processes to liaise with hospital emergency departments. NSW Ambulance service will determine the most appropriate hospital for transfer.

When planning an event, festival organisers and private onsite medical providers should consider the local capabilities of NSW Ambulance, the onsite ambulance crew (if present) and their clinical level, as this has implications for initial management of patients. For example, NSW ambulance intensive care paramedics may only intubate unconscious patients who do not require sedation and paralysis to achieve intubation.

Intensive care paramedics can manually ventilate and transfer unconscious patients who did not require sedation and paralysis to achieve intubation. NSW Ambulance paramedics do not carry muscle relaxant medications and are not certified to manage mechanical ventilators.

These factors may impact on the capacity of NSW Ambulance to transfer ventilated patients. It may be necessary for a medical retrieval team or a doctor from the on site medical team to escort an intubated patient who required sedation and paralysis prior to intubation, in order to continue ventilation and sedation during transfer.

In the event that a doctor from the onsite medical team is required to escort a patient requiring ongoing sedation or ventilation during transport to hospital by NSW Ambulance, the private medical provider must ensure that the patient and necessary equipment are transported safely. This includes ensuring that any equipment is appropriately secured in the vehicle so that it meets all necessary safety standards. Equipment that is not correctly secured cannot be transported in a NSW Ambulance.

If there is clinical disagreement between the NSW Ambulance Forward Commander and the private onsite event medical provider's most senior clinician in relation to the medical management or urgency of transfer of a patient, this may be resolved by using the following process:

- The NSW Ambulance Forward Commander should contact the on-call State Retrieval Consultant **(1800 650 004 and select option 1)**

- The State Retrieval Consultant can provide clinical advice to both parties to support the effective triage and transfer of patients to a health facility

- Where the situation is a major incident or health emergency, the NSW Ambulance Forward Commander will take full control of the medical response.

5.5.6 Documentation and reporting

The following should be documented for patients of private onsite medical services:

- Basic demographic information

- Clinical information including:

  o presentation and triage note

  o relevant medical history, including currently prescribed medicines and allergies

  o examination findings

  o management provided

  o outcome (e.g. discharge destination or transfer).

A template developed by Mardi Gras Medical to support pre-hospital medical assessment and documentation has been modified and is available from the NSW Ministry of Health website.

As with any medical record, this information should be kept securely to protect patient privacy and confidentiality.

Telecommunications systems may be overwhelmed by increased demand during an event. Where electronic medical record systems are used for record keeping, a back-up paper-based system should be in place.

Accurate and clear documentation and reporting on the profile and severity of true medical presentations will assist with future event medical planning.

Music festival organisers should ensure that private onsite medical providers report and share aggregated information in relation to medical presentations with NSW Health through LHD Disaster Managers and NSW Ambulance. This will support planning for future events and build an evidence base so these *Guidelines* and other documents can continue to be evaluated and revised.

Reporting should include:

- the number of people with medical presentations, grouped by acuity of presentation (e.g. classified by ATS category)

- the number of patients requiring transfer to hospital, their acuity and general outcome

- identification of factors that delayed or expedited this process

- a review of processes (e.g. pre-event briefing; communication systems) and their use and responsiveness as circumstances evolved

- separate identification of the number of non-medical presentations.

For high-risk music festivals under the Act an incident register must be kept from when the festival starts until one hour after the festival stops operating. Incidents that must be recorded include:

1. an incident that results in the death of a patron of the festival (please refer to Section 5.6)

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

5.5.7 Safe drug and needle disposal

There should be secure medical waste bins in the onsite medical centre to enable people to safely throw out unwanted drugs or drugs they may have inadvertently found, rather than consume them or have them be found by other festival patrons. The bins should be in a discreet area to provide privacy. They should be clearly labelled as clinical waste bins and disposed of by appropriately licenced contractors.

Safe disposal of needles and other drug paraphernalia should be supported through the provision of dedicated sharps bins. These should be clearly marked, accessible and discreet. Key locations include inside toilet facilities and the onsite medical centre.

In the event of a needle stick injury the patient should present to the onsite medical provider for first aid and referral to appropriate medical facilities for further testing. The needle should be disposed of safely.

5.5.8 Management of prescribed medication

Some patient presentations to onsite medical services relate to complications of underlying medical conditions. Festival organisers should allow patrons to take their prescribed regular medications, without fear of confiscation.

Medications may be stored onsite at the owners' risk, if the onsite medical provider is able to appropriately and safely provide this service.

For example, some patrons may require safe storage and refrigeration of insulin.

Medical services should offer safe disposal of medical supplies.

5.6 Post-event debriefing

Music festival organisers and private onsite medical providers should coordinate or participate in post-event debriefing and evaluation processes routinely.

The debrief process should not only address whether or not an incident occurred; it requires consideration of the following questions:

- 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?

Additional de-brief meetings between private onsite medical provider staff, peer-based harm reduction staff and NSW Health staff, including NSW Ambulance and local hospital staff will be organised by NSW Health if required.

Information from these briefings may also be provided to other government agencies to assist with planning for future events.

In the event of a death of a patient treated by an onsite medical provider, the onsite medical provider should ensure that a review is conducted by an appropriate independent person. The purpose of the review is to identify system issues that contributed to or resulted in the incident occurring.

The review should make recommendations on actions to be taken to prevent or minimise a recurrence of a similar incident. The review should be completed within 3 months of the date of the incident.

If the review recommends that these *Guidelines* should be amended, the findings of the review should be shared with NSW Health.

5.7 NSW Health information sharing

NSW Health will collate information on patients transferred to hospital by NSW Ambulance from high-risk music festivals under the Act or from festivals considered to have a higher risk of serious medical presentations.

In response to a media inquiry, NSW Health will provide information in a standard format and will not provide identifying details or a destination hospital. Where a media statement has been provided to a media outlet, the same details in the same format will be provided to the festival organiser and private onsite medical provider by email.

Example media statement:

"[X] patients were transferred to hospital via ambulance from [Name] festival. [X] of these patients were critically unwell [if any]. Drugs were likely to be a factor in [X] of the [X] cases.

[X] patients remain in hospital".

Where available, NSW Health will provide an aggregated de-identified summary of the medical event history to the event organiser and private medical provider within 2 weeks of the event close, to inform clinical quality improvement, de-briefing processes and future event risk assessment and planning.

NSW Health can only provide health information under the conditions described in the *Health Records and Information Privacy Act 2002* (HRIPA). Private onsite medical providers are also bound by this *Act*.

5.8 Emergency management

Music festival organisers, private onsite medical providers, security and peer-based harm reduction staff need a basic understanding of NSW emergency management protocols as outlined below.

In Australia, all emergency management organisations use a 'Command and Control' structure that enables agencies to mobilise resources, integrate activities, allocate responsibilities and provide clear communication and decision making pathways.

Where NSW Health are present at a music festival, command and control roles may include (but are not limited to) NSW Ambulance Forward Commander and Medical Commander. These terms should not be applied to non-NSW Health staff as they have specific responsibilities under the *State*

Emergency and Rescue Management Act (1989). Definitions are available in the glossary.

NSW Ambulance may allocate a senior onsite paramedic to the role of Forward Commander. Processes for arranging medical transfers through NSW Ambulance may include communication to the Forward Commander or other representative at the Event Control Centre via radio in the first instance.

5.9 Health emergency escalation and management

In the event of unanticipated demand for onsite medical services, private onsite medical providers should first invoke the service provider's internal surge capacity arrangements. In the event that the private onsite medical provider is unable to deliver medical service capacity in a timely way or recognises a need to escalate beyond the resources available onsite, the music festival organiser or private onsite medical provider should request assistance from the NSW Ambulance Forward Commander, or other NSW emergency services.

The decision to escalate may also be made independently by the NSW Ambulance Forward Commander or other NSW emergency services. This is important as private onsite medical personnel may be overwhelmed by the demand for medical services.

In the case of a major incident or health emergency, the NSW Ambulance Forward Commander will assume onsite command of the medical response. This is to support coordination of resources and effective management of the emergency.

5.10 Movement or evacuation of patients

Music festival organisers should ensure that the processes and arrangements for the following situations are described in the relevant event plans:

- Transfer from within the event venue for health incidents, for example, movement of injured or sick patients to the onsite medical centre or via NSW Ambulance to appropriate hospital services.

- Large scale evacuation due to major incidents or health emergencies, including mass casualty, natural disaster or fire.

To appropriately address evacuation planning, event plans should include information about resources, training, allocation of specific responsibilities to event staff and communication processes between music festival organisers and

NSW emergency services.

6 Reference documents

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7 Glossary

Ambulance Forward Commander: refers to the NSW Ambulance commander at an incident or emergency site or event who is responsible for the command of all NSW Ambulance personnel at that site or event. The NSW Ambulance Forward Commander operates as Health Commander (see below) unless the State Health Services Functional Area Coordinator (State HSFAC) determines otherwise.

Australasian Triage Scale (ATS): The ATS is used by Australasian emergency departments during triage, to ensure that patients presenting to emergency departments are treated in the order of their clinical urgency and allocated to the most appropriate assessment and treatment area. The ATS is only used to describe clinical urgency. The ATS utilises five categories from Category 1 – an immediately life-threatening condition that requires immediate simultaneous assessment and treatment – to Category 5 – a chronic or minor condition which can be assessed and treated within two hours.

Concert: a music-focused event that uses a single stage, is proposed to be held over a period of less than 5 hours and has not more than two headlining performers and not more than four performers in total, including supporting performers.

Definitive management: where the patient receives the best possible treatment for decisively resolving the cause of their acute illness. For serious or critical medical illness, definitive management typically requires further investigations and other ongoing treatment available in hospital settings and may include admission to an intensive care unit.

Event Control Centre: This is a central communications hub with space for an interagency presence. The Control Centre's purpose is to respond to and manage incidents as they arise.

Health Commander: A NSW Health employee appointed to the role of Health Commander by the State HSFAC to coordinate and control all health responses (medical, ambulance, public health and mental health) at an incident site. The NSW Ambulance Forward Commander operates as Health Commander unless the State HSFAC determines otherwise.

Local health district: Established under the *Health Services Act 1997* to provide health services to the residents within their geographical boundaries. A local health district (LHD) is responsible for the administration of NSW Health's policies and responsibilities within those geographical boundaries. There are 15 LHDs in NSW, eight of which cover the greater Sydney metropolitan area, and seven which cover regional NSW.

LHD disaster manager: an appointed role at the LHD level that supports the LHD HSFAC, including in maintaining collaboration with external agencies about the management of emergencies; coordinating the health response phase of an emergency and developing and maintaining prevention and preparation strategies.

LHD Health Services Functional Area Coordinator (LHD HSFAC): an appointed position at LHD level that has the delegated authority of the LHD Chief Executive to coordinate and commit LHD resources for the response to, and recovery from, an emergency. The LHD HSFAC is the initial Health point of contact for a local emergency or incident. The LHD HSFAC notifies the State HSFAC of any emergency that may require State-level coordination or support under the NSW Health Plan.

Medical Commander: is a role appointed when a senior NSW Health clinician is onsite. This role takes responsibility for clinical decisions including triage, treatment, transport priority and transport destination decisions. In the event that the Medical Commander leaves the site with a patient, they will nominate a replacement until they return to the site.

Medical retrieval team (MRT): a team of the NSW Aeromedical Retrieval Service that are specialised in – and regularly provide - complex and critical care in the pre-hospital setting, including the transport of patients undergoing such care. These teams may be pre-deployed or deployed in response to incidents or emergencies. The team would generally comprise a medical retrieval consultant doctor and a critical care paramedic.

Methylenedioxymethamphetamine (MDMA): MDMA is an illicit stimulant drug that can be sold in capsule, tablet (pill), powder or crystal form. MDMA is commonly referred to as ecstasy.

NSW Poisons Information Centre: a service that provides advice to both the public and clinicians seeking poisons information and specialist expertise in the medical management of poisoning and envenoming (snake or spider bite)**. The poison information hotline (13 11 26) is staffed 24 hours a day.**

Patron map: a map of the festival site that is designed for patron use. Patron maps do not need to be physical; they may be available online or provided via other technology.

Peer: A 'peer' is someone who a patron perceives to be like-minded and similar to them.

Peer-based team member: a team member of a peer-based harm reduction service who meets the definition of 'peer' (above) and is trained to deliver drug and alcohol education, support, care, and to make appropriate referrals to the event medical service.

Pre-deployed: refers to resources that are strategically put in place in advance of being needed. For example, a pre-deployed Ambulance crew may be in attendance onsite for the duration of the event, in anticipation of a medical presentation that requires transfer to hospital.

Pre-hospital setting: treatment contexts where patients are encountered outside the hospital and formal health care system.

Safety management plan: Festivals that are determined to be high-risk under the *Music Festivals Act 2019* are required to prepare and submit a safety management plan. NSW Health will assess the content of the safety management plan, including the event medical plan, against these *Guideline*s. The required contents of the safety management plan are described in the *Music Festivals Act 2019* and the Independent Liquor and Gaming Authority website. A checklist to assist in preparing a safety management plan is provided at Appendix A.

State Health Services Functional Area Coordinator (HSFAC): A senior officer appointed by the State Emergency Management Committee in accordance with the Minister's direction, who has responsibility for the control and coordination of the Health Services Functional Area response, as detailed in the NSW Health Plan. The State HSFAC is contactable through the NSW Ambulance.

Serious medical presentation: The equivalent of an Australasian Triage Scale (ATS) category 1 (immediately life-threatening condition that requires immediate simultaneous assessment and treatment) or category 2 (imminently life threatening) presentation.

Tertiary hospital: The following NSW hospitals are capable of providing long-term mechanical ventilation and more complex interventions such as renal replacement therapy (Intensive Care Service Model definition of an adult intensive care unit of level 5 or 6), and are therefore considered tertiary hospitals for the purpose of these *Guidelines*: Albury, Bankstown, Blacktown, Calvary Mater Newcastle, Campbelltown, Coffs Harbour, Concord, Gosford, Hornsby, John Hunter, Lismore, Liverpool, Nepean, Northern Beaches, Orange, Port Macquarie, Prince of Wales, Royal North Shore, Royal Prince Alfred, St George, St Vincent's, Sutherland, Tamworth, Tweed, Wagga Wagga, Westmead and Wollongong.

8 Appendices

Appendix A: NSW Health harm reduction checklist for music festivals

This checklist is provided for voluntary use by festival organisers to:

- support development of safety management plans and event medical plans that are consistent with these *Guidelines*

- ensure all the harm reduction elements required have been included in the safety management plan

For support or advice please e-mail: moh-musicfestivals@health.nsw.gov.au

NSW Health will use this checklist to assess and provide advice in relation to safety management plans submitted to ILGA under the *Music Festivals Act 2019*.

NSW Health - Harm reduction checklist for music festivals	
Festival name	
Organiser contact details	
Event date/s and times	
Location	

Guideline reference section	Harm reduction measure	Planned action *Examples provided*
1.3 Festival characteristics associated with drug-related health harms.	Festival characteristics.	*Provide the following information:* • *Event capacity* • *Expected number of patrons* • *Expected patron ages, including if any under 18 age group* • *Main music type e.g. electronic dance music, hip-hop, rock* • *Event duration* • *Anticipated weather conditions, such as high temperature or humidity* • *Distance from nearest tertiary health facility by road*

1.7 Local consultation and planning with Health organisations.	Engagement with Health organisations.	*Advise if contact has been made with:*
		
		• *NSW Ambulance*
		  Name:
		• *Local Health District*
		  Name:

2.1 Site assessment and crowd management.	Emergency vehicle access. Locations of harm reduction elements and services.	*Provide site map clearly highlighting access corridors.* *Provide site map that indicates location of:* • *Emergency vehicle entry and exit points and access corridors* • *Licenced area(s)* • *Stage(s)* • *Bars or alcohol service areas* • *Drinking water outlets* • *Toilets* • *Shaded areas* • *Chill out areas* • *Medical service and any satellite medical areas* • *Peer-based harm reduction service fixed site and supervised care space.*

Guideline reference section	Harm reduction measure	Planned action *Examples provided*
2.3 Water provision.	Free drinking water available at all bars.	*Outline number of bars and location of free drinking water at or near point of service of alcohol.*
	Free drinking water outlets available separate from bars.	*Outline number of water outlets.* *Describe water supply e.g. town supply (unlimited) .* *Describe if water is chilled water or outlets located in shaded areas.* *Describe signage to direct patrons to free water.*
2.6 Heat, shade, cooling measures and sun safety.	Plan for extreme weather conditions.	*Describe contingency plan in the event of extreme heat e.g.* • *Start event later in the day* • *Reduce duration of event* • *Enhance provision of cooling measures*
	Shade.	*Describe natural shade e.g. trees and shade structures e.g. marquees.*
	Cooling measures.	*Outline number and location of any:* • *Misting stations, cooling tunnels* • *Industrial fans, air conditioned areas*
2.7 Chill out spaces.	Access to shaded, quieter and/or cooler areas.	*Outline the number and location of chill out areas.*
3.1 Harm reduction messaging to patrons.	Opportunities for messaging.	*Provide outline of pre-event, during the event and post-event messaging plan and modes of delivery .*
3.2 Harm reduction messaging content.	Harm reduction messaging.	*Provide examples of message content used.*
4.2 Peer-based drug and alcohol harm reduction services.	Peer-based services provided.	*Outline services provided, including:* • *Drug and alcohol peer support* • *Roving* • *Drug and alcohol peer education and/or brief intervention* • *Provision of basic supplies* • *Supervised care*
	Supervised care.	*Where provided:* *Number of supervised care spaces.* *Location:* • *Internal/external to event* • *Proximity to medical tent* *Describe protocol for transferring unwell patrons from to care space, assessing patron condition and protocol for transfer to medical service.*
4.3 Engaging a peer-based drug and alcohol harm reduction service.	Harm reduction service engaged.	*Provide name of service.* *Outline involvement of service in event planning.*
4.4 Peer-based drug and alcohol harm reduction service planning.	Staffing level meets planner requirements.	*Outline number of:* • *Coordinators* • *Team leaders* • *Peer educators*

Guideline reference section	Harm reduction measure	Planned action
		Examples provided
<u>4.5 Peer-based drug and alcohol service training requirements.</u>	Training.	*Outline the training provided to peers.*
<u>5.1 Onsite medical service location, access, signage and security.</u>	Onsite medical service location.	*Provide site map showing location of medical service and any additional first aid posts, and emergency vehicle access and egress.* *Describe process for transport of patients from all areas of the event to the onsite medical centre.* *Describe process for management of unwell patrons outside the boundaries of the event.*
<u>5.2 Expected presentations.</u>	Risk assessment.	*Describe expected type, and likelihood of medical presentations, including likelihood of serious drug-related presentations.* *Describe number and severity of medical presentations for previous events.*
<u>5.3 Event medical plans.</u>	Medical area layout.	*Provide diagram showing size and layout of medical area, including waiting room, triage area, assessment area and resuscitation area.*
	Nearest hospitals.	*Outline distance by road (time) from event site to closest hospital and tertiary hospital.*
	Hours of operation of onsite medical service.	*Describe the hours of operation of the onsite medical service* *The hours of operation of the onsite medical service should be for up to one hour post-event close, as serious illness is often identified at this time.*
	NSW Ambulance.	*Identify whether pre-deployed NSW Ambulance crews will be available onsite.* • *Number of crews, hours of operation*
	Medications and equipment.	*Describe equipment and medications for critical care.* *Described supplies and related equipment for active cooling measures for serious presentations.* *Provide details of surge capacity including staffing and essential supplies.*
	Resuscitation procedures.	*Provide a resuscitation protocol, describing the team roles and procedure in the event of a need for resuscitation or rapid sequence intubation, and confirm that relevant supplies, medications and equipment will be available.* *A multidisciplinary simulation session should occur as part of the onsite health service briefing for the members of the resuscitation team.*
<u>5.4 Onsite medical staff.</u>	Capability of the onsite medical team.	*Provide staff roster including:* *Professional roles, responsibilities, qualifications, skills, registration status, experience of all medical, nursing, and paramedic staff (see template Appendix B).* *A full clinical team including the senior doctor should plan to be onsite until up to one hour post-event close, as serious illness is often identified during this time.*

Guideline reference section	Harm reduction measure	Planned action *Examples provided*
5.5 Onsite medical operations.	Briefings.	*Describe the process for medical pre-event, onsite and post-event briefing sessions.*
	Triage process.	*Describe or attach the triage process.*
	Standard protocols to manage common presentations in the festival setting.	*NSW Health has published pre-hospital guidelines for onsite medical providers, which are available on the NSW Health website.* *Describe, refer to or attach management protocols for:* • *Dehydration* • *Hyperthermia* • *Decreased level of consciousness* • *Acute behavioural disturbance (aggression/agitation)*
	Transfer.	*Describe process for transfer of unwell patrons to the medical tent, and process for transfer to hospital.* *Describe process for requesting NSW Ambulance Aeromedical Retrieval Team for serious medical presentations, including transport for patients who require sedation and muscle relaxation to facilitate intubation and cooling.*

Appendix B: Template for private onsite medical service provider staff profile and roster

Table 3: Template for private onsite medical provider description of the staffing profile for inclusion in the event medical plan

<table>
<tr><td colspan="8">Event:
Event date:
Version Number:
Date of this version:</td></tr>
<tr><td colspan="8">• 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</td></tr>
<tr><td rowspan="2">Name and AHPRA number</td><td rowspan="2">Clinical or non clinical</td><td rowspan="2">Role</td><td rowspan="2">Qualification</td><td rowspan="2">Experience</td><td colspan="3">Time Rostered</td></tr>
<tr><td>Start</td><td>End</td><td>Hours</td></tr>
<tr><td><i>Joe Bloggs</i>

AHPRA Number XXX</td><td>Clinical</td><td>Senior doctor</td><td>Fellow of the Australasian College of Emergency Medicine (FACEM)</td><td>Staff Specialist in Emergency Department for 4 years; currently working as retrieval specialist</td><td>1300</td><td>2300</td><td>10</td></tr>
<tr><td>Name AHPRA Number XXX</td><td>Clinical</td><td>Resuscitation doctor</td><td>Advanced Trainee in Intensive Care (CICM)</td><td>PGY 6; 6 months anaesthetics and 6 months of retrieval experience</td><td>1300</td><td>2300</td><td>10</td></tr>
<tr><td>Name AHPRA Number XXX</td><td>Clinical</td><td>Intensive care paramedic</td><td>Registered Paramedic</td><td>7 years of experience working with Ambulance NSW</td><td>1230</td><td>2300</td><td>10.5</td></tr>
<tr><td>Name AHPRA Number XXX</td><td>Clinical</td><td>Triage nurse</td><td>Registered Nurse ALS 2 Certificate valid until May 2021</td><td>4 years of experience in emergency department nursing; 2.5 years of experience in triage</td><td>1230</td><td>2300</td><td>10.5</td></tr>
<tr><td>Name AHPRA Number XXX</td><td>Clinical</td><td>Nurse</td><td>Registered Nurse ALS 2 Certificate valid until May 2020</td><td>3 years of experience in nursing; 2 years (recent) nursing in pre-hospital environments</td><td>1230</td><td>2300</td><td>10.5</td></tr>
<tr><td>Name N/A</td><td>Clinical</td><td>First aid</td><td>HLTAID003 Currently a nursing student</td><td>3 years of experience delivering first aid at festival events</td><td>1230</td><td>2300</td><td>10.5</td></tr>
</table>

| Name N/A | Non-clinical | Operations support | N/A | Undertaking studies in paramedicine | 1230 | 2200 | 9.5 |
| Name N/A | Non-clinical | First aid logistics support | HLTAID003 and HLTAID002 | 2 years of experience delivering first aid at events; 1 year experience with music festival events | 1230 | 2200 | 9.5 |

A tool for estimating the staffing requirements for a peer-based harm reduction service is provided in Section 4.5.

Appendix C: Clinical parameters for immediate senior clinical review

Vital signs

It is recommended that clear thresholds (clinical criteria) are used for responding to abnormalities in patient vital signs in the pre-hospital festival setting, to:

- support identification and prioritisation of patients who may be at risk of acute deterioration or who are critically ill

- support urgent review by senior onsite clinicians

- support early identification of patients who require transfer to hospital.

The clinical parameters described below are recommended for use by onsite medical providers in the music festival setting (Table 4). The conservative ranges account for factors specific to the music festival context, including:

- a generally young and well population

- a higher probability of substance exposure

- uncertainties in ingested dose, substance consumed and individual response to substance ingestion

- extremes in ambient temperature

- time for transfer to a tertiary health facility.

Vital signs outside of the recommended clinical criteria described in Table 4 should trigger immediate review by a senior onsite clinician.

Table 4: **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	<35.5°C; >38°C
Respiratory rate (per minute)	<12; >22
Systolic blood pressure (mmHg)	<100; >140
Heart rate (per minute)	<50; >100
Oxygen saturation (SpO$_2$%)	<95% on Room Air
Disability (Neurological assessment)	Any decrease in level of consciousness, new confusion or serious behavioural disturbance

Toxicity due to ingestion of recreational drugs can progress rapidly and is difficult to manage in a pre-hospital setting. Clinical review should occur every 15 minutes at a minimum to assess for response to intervention and need for transfer to hospital.

Persistence of vital signs outside of the recommended criteria described above, despite appropriate interventions (such as passive cooling and provision of oral fluids), should trigger urgent review by the most senior onsite clinician and further intervention as appropriate. Senior clinician review should focus on identification and management of the underlying cause.

There may be patients presenting for medical assessment who do not meet the triggers for senior clinician review presented in Table 4 who may still require transfer to hospital for treatment of toxicity related to recreational drugs or other medical conditions. The recommended clinical criteria in Table 4 are not a substitute for overall clinical assessment and judgement and should be used in conjunction with appropriate clinical processes, including triage, monitoring, treatment and transfer procedures, supported with adequate numbers of appropriately trained staff.

To further guide management and decision-making in relation to transfer to hospital, NSW Health has developed Pre-hospital Guidelines for the management of:

- Illicit substance induced hyperthermia

- Illicit substance induced decreased level of consciousness

- Illicit substance induced dehydration

- Illicit substance induced aggression and behavioural disturbance.