BEYOND THE PALE MEDICAL PLAN

PRODUCED BY EFAST EMS



21st June – 23rd June 2024 Glendalough Estate Wicklow



Introduction				
1.	Event Details 4			
2.	Event Management Structures7			
3.	Onsite Medical Resources 8			
4.	Duties & Responsabilities9			
5.	Operational Procedures 12			
6.	Communications 17			
7.	Infectional Control 20			
8.	Major Incident/Serious Incident Plan21			
9.	Crowd Issues24			
MAPS				

INTRODUCTION

This Event Medical Plan establishes the details for Beyond the Pale 2024 which is a three-day camping festival event featuring International & Irish DJs. The event will host a variety of food traders and bars. The venue will have an open-air stage for the Main stage in the Arena, A smaller open-air stage, a marquee stage and a Big Top stage.

The objective of this Event Medical Plan is to provide a coordinated approach to manage the healthcare requirements for all staff, patrons, crews, and performers attending the event. The plan will ensure that all stakeholders including the site medical staff have an awareness of the medical resources available and the locations of key personnel throughout the event. The plan will help to ensure that the appropriate medical attention will reach the patient promptly and to ensure that the event will not impact upon the local HSE resources.

Three aims should underpin an event medical plan for an event:

- 1. Cater for immediate healthcare needs of participants, performers, and patrons
- 2. Reduce the impact of the event on normal HSE services
- 3. Have some basic arrangements in place for a major incident, should one arise

REFERENCES

Safety at Outdoor Pop Concerts and Other Outdoor Musical Events, Dept. Of Education January 1996

Health and Safety Executive, 1999.

Pre-Hospital Emergency Care Council (PHECC). http://www.phecc.ie

1. EVENT DETAILS

This Event Medical Plan was prepared by EFAST EMS Ltd Event Medical Coordinator – Glen Ellis, on behalf of Cupola Events Ltd.

Event Promoter Cupola Events 6-9 Trinity St, Dublin 2 Declan@selectivememory.ie Telephone: 083 860 0041

Event Medical Coordinator

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PHECC Approved Medical Providers

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BEYOND THE PALE FESTIVAL 2024

Event Medical Plan

Type of Event

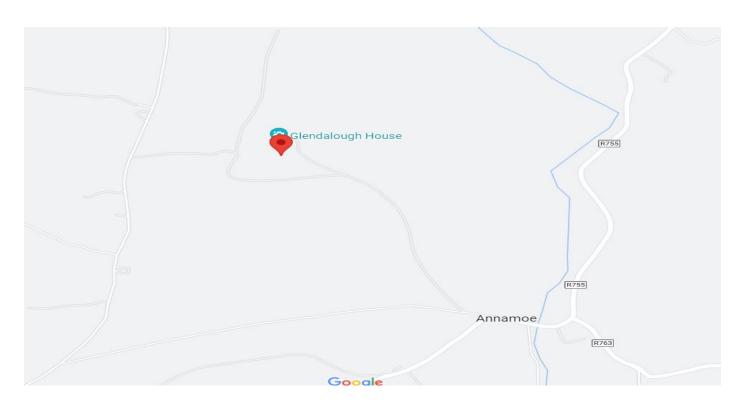
Beyond the Pale is a music and arts festival with camping aimed at 25 to 50 years olds.

- Acts include Grace Jones, Leftfield, Thundercat, Candy Statin see <u>https://www.itsbeyondthepale.ie/</u>
- There will be a variety of food traders and bars an occasional dance licence will be applied for.
- There will be an open-air stage for the Main stage in the Arena, A smaller open-air stage, a marquee stage, and a Big Top stage.
- There will be specially curated arts & literary events & food and drink areas
- There will be a variety of camping facilities glamping, camper vans, caravans and standard camping.
- There will be a shuttle bus service provided from Dublin. This is a fully ticketed event with limited capacity set at, **12,500 persons**.

Location of Event

Glendalough Estate,

Wicklow



BEYOND THE PALE FESTIVAL 2024

Event Medical Plan

Event Timings

This event timings are as follows:

Thursday June 20th

• Campervan early entry

Friday June 21st

- 12 Noon Carparks & campsite open on site
- 4pm Arena opens
- 2am Main stages close
- 6am Late night area closes

Saturday June 22nd

- 12 noon Arena opens
- 2am Main stage & arena closes
- 6am Late night area closes

Sunday June 23rd

- 12 noon Arena opens.
- 12 midnight Main stage & arena closes
- 4am Late night area closes

Monday June 24th

- 12 noon Campsites close
- 3pm Site clear

Attendee Profile

- This audience will be primarily 25 50 years old. The event will be strictly 21s and over with a limited amount of family tickets for children up to 12 years of age.
- Male: female ratio is estimated to be 50:50.

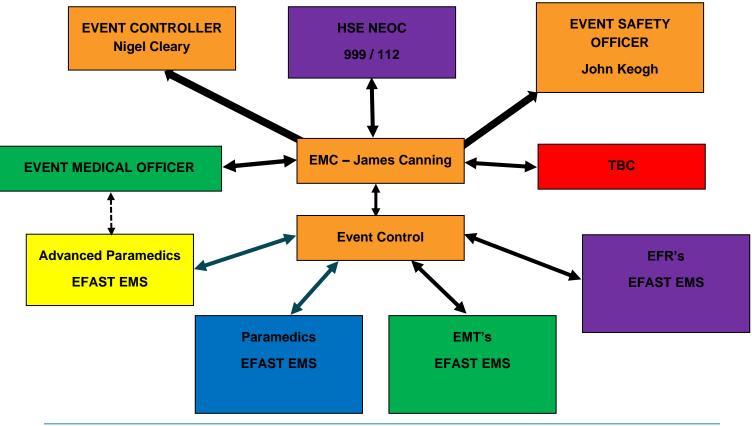
Expected Weather

• The expected weather forecast has been sourced from the Met Eireann Website <u>https://www.met.ie/</u> on Tuesday June 18th.

2. EVENT MANAGEMENT STRUCTURES

The Event medical resources will be coordinated by Mr. James Canning, EFAST EMS. The responsibilities of the EMC will be as follows:

- To provide a professional and coordinated approach to all aspects of medical care on site
- To ensure that adequate medical personal and logistics are available
- To act as a liaison between all other organisations and the medical provider
- To act as a point of contact to the Event Management Team
- To have a full understanding and overview of the whole event so that adequate planning and procedures can be implemented
- To act as a point of contact pre and post event for any medical queries
- To liaise between local receiving hospitals and statutory ambulance services
- To brief and debrief staff
- To ensure that all staff work within their designated scope of practice



THE EVENT MEDICAL REPORTING STRUCTURE

3. ONSITE MEDICAL RESOURCES

The onsite medical team and resources will consist of the following:

Ambulance and Medical crew – Thursday June 20th – 18:00

Site Medical Coordinator – Friday 21st June 11am – Mon 24th 14:00

Main Arena

• Main Arena First Aid Post -

- Advanced Paramedic Papa 1
- •FAP Team EMT x 1, EFR x 1
- Paramedic Emergency Ambulance Alpha 3

Crowd Response Team

- •EFAST EMS Paramedic Medic 2
- •EMT x 1 & EFR x 1 Tango 2, Tango 3

Main Medical Centre

- Emergency Medicine Doctor Friday 16th 11am Mon 19th 14:00
- •EMT x 1 & EFR x 1
- •Major Resus Bays
- •Minors Treatment Bays
- •Adminstration staff member
- •4x4 Response Jeep
- Paramedic led Emergency Ambulance Alpha 1
- •Emergency Ambulance Alpha 2

Campsite Medical Resources

Main Camp Site

- •EFAST EMS Paramedic Medic 3
- •EFAST Response Team EMT x1 & EFR x 1 Tango 4
- •Mobile Amb Buggy EMT lead Bravo 2

Staffing Times:

- Main Medical Center Friday 21st 11am Mon 24th 14:00
- > Main Arena:
 - Friday 21st: 15:00 02:00
 - Saturday 22nd : 11:00 03:00
 - Sunday 23rd: 11:00 01:00

4. DUTIES & RESPONSABILITIES

The *Event Medical Coordinator* will be predominantly located at the Event Control and has the following primary duties:

- To participate in relevant medical planning meetings and sign off on the Event Medical Plan.
- To provide overall co-ordination of the various medical services providing cover to the event.
- To act as the point of contact for the HSE Emergency Management Team and National Ambulance Service.
- To liaise with the event promoters / organisers, the Event Safety Officer, the National Ambulance Service Control, the Voluntary Emergency Services, An Garda Síochána, the HSE Environmental Health Service and any other services and agencies relevant to the event.
- To allocate medical resources efficiently and effectively prior to and during the event and to keep the register of those who have roles in the event medical plan.
- To ensure that all the relevant processes and contact details are in place for effective and efficient communications.
- To ensure that the appropriate PPE is being used.
- To establish and maintain links throughout the event, as appropriate, with the receiving hospitals and the HSE emergency services.
- To ensure that standard Patient Care Report Forms are completed for all medical assists and to provide a summary report to the organizers of event medical assists, in an agreed format, for the purpose of isolating trends etc.
- To attend and contribute to the end-of-day debrief.

The *Event Medical Officer* – This position will be filled by the senior doctor on shift – shift. They will be predominantly located at the Main Medical Centre and has the following primary duties:

- Be responsible for management of medical treatment on site.
- Participate in relevant medical planning meetings.
- Be present on site at least an hour before the gates open to public and remain on site until such a time as medical operations are stood down.
- Know the location and staffing arrangements of the First Aid Posts and the medical center, and details of ambulance cover.
- Be available by radio at all times & ensure any movements are made known to medical control.
- Liaise closely with the NAS ambulance officer, Event Medical Coordinator, HSE EPO, and the voluntary agencies.
- Act as the medical incident officer in the occurrence of a major Emergency if requested to do so.
- Report to the event controller and safety officer if required.

The Emergency Ambulance (ALPHA 1) – EFAST EMS 18:00 hrs. 20/06 to 14:00 24/06

- The Emergency Transport Ambulance (ALPHA 1) will primarily be located adjacent to the Medical Centre. Alpha 1 will relocate to the Main Arena First Post during show times and have the following primary duties:
- Assist in the transfer of non-ambulatory patients to the Medical Centre if required.
- Respond to critical patients with AED and ALS equipment.
- Transport patients to the nearest appropriate hospital, when referred by the event doctor.

The Emergency Ambulance (ALPHA 2) -EFAST 11:00 hrs. 21/06 to 10:00 23/06

The Emergency Transport Ambulance (ALPHA 2) will primarily be located adjacent to the Medical Centre. Alpha 1 will relocate to the Main Arena First Post during show times and have the following primary duties:

- Assist in the transfer of non-ambulatory patients to the Medical Centre if required.
- Respond to critical patients with AED and ALS equipment.
- Transport patients to the nearest appropriate hospital, when referred by the event doctor.

The Emergency Ambulance (ALPHA 3) – EFAST EMS 20:00 hrs. 21/06 to 08:00 23/06

- The Emergency Transport Ambulance (ALPHA 3) will be located adjacent to the Medical Centre and have the following primary duties:
- Assist in the transfer of non-ambulatory patients to the Medical Centre if required.
- Respond to critical patients with AED and BLS equipment.
- Transport patients to the nearest appropriate hospital, when referred by the event doctor.

The Emergency 4x4 Ambulance (Bravo 1) EFAST EMS 11:00 hrs. 21/06 to 14:00 23/06

- The 4x4 Emergency Transport Ambulance (Bravo 1) will be located adjacent to the Medical Centre and have the following primary duties:
- Assist in the transfer of non-ambulatory patients to the Medical Centre if required.
- Respond to critical patients with AED and BLS equipment.

The Mobile Campsite Medical Teams (Tango 4 & Medic 3)

The Mobile Medical Teams will be mobile in the camping areas and have the following primary duties:

- Provide immediate on-site medical assistance to event staff, security, performers, and patrons.
- Request transport for patients requiring further treatment to the medical centre.
- Respond to critical patients with an AED if required.

The Mobile Medical Teams (Tango 2, Tango 3 & Medic 2)

The Mobile Medical Teams will be located at the Main Arena and have the following primary duties:

- Provide immediate on-site medical assistance to event staff, security, performers, and patrons.
- Request transport for patients requiring further treatment to the medical centre.
- Respond to critical patients with an AED if required.

5. OPERATIONAL PROCEDURES

Medical Treatment Procedures

All medical personnel will operate within their scope of practice, as defined by the Irish Medical Council (doctors), the Nursing and Midwifery Board Ireland (nurses) and the Pre-Hospital Emergency Care Council (practitioners and responders). A PHECC Ambulatory Care Report will be completed for each patient ill or injured at the event. The report form will be fully completed, and all the available details required will be recorded.

A fully completed PHECC Patient Care Report form (PCR) will accompany any patient transferred off-site to a receiving hospital or transferred into the care of the statutory ambulance services practitioners should the need arise. This form will be countersigned by the receiving hospital staff member or the statutory service practitioner.

The Event Medical Officer retains overall clinical responsibility for patients who seek medical/first-aid assistance at the event. As such, all patient treatment/transfer requests will be notified to the Event Medical Officer for approval.

The number and level of event medical team personnel, as agreed in the medical plan, will be verified by a sign-in sheet, listing the name, level, and PIN/registration number of each team member.

Doctors will have full registration with the Irish Medical Council and prior experience of event medical provision within the previous 2 years

Nurses will have full Nursing and Midwifery Board registration.

Advanced Paramedics, Paramedics, and EMTs will have full PHECC registration.

Hospital Transport

No patient will be transported off-site by the event medical team without approval from the Event Medical Officer. In exceptional circumstances (where access is impossible and/or the injury is time-critical), this approval may be sought over the radio network by the attending responder. In these exceptional circumstances a pre-determined advanced medical team of doctors, nurses and practitioners will respond to the incident if required. In all other cases, the patient will attend the Medical Centre prior to transfer to the hospital.

Adult patients who require transfer to hospital for further treatment, monitoring and/or investigation will be referred to in the first instance to the nearest appropriate Adult Emergency Department.

Pediatric patients who require transfer to hospital for further treatment, monitoring and/or investigation will be referred to in the first instance to the nearest appropriate Pediatric Emergency Department.

Obstetric patients who require transfer to hospital for further treatment, monitoring and/or investigation will be referred to in the first instance to the nearest appropriate Obstetric Emergency Department.

Patients who require emergent care or acute, non-emergent care will be transferred by a suitably equipped emergency transport ambulance, staffed by a minimum crew with 1 x EMT & 1 x Paramedic.

Patients who require non-acute care or only investigation may travel to the hospital by the site transfer ambulance, staffed by a minimum crew with (1 x EFR & 1 EMT) or by their own private car/taxi.

All patients who are referred to hospital / GP by the event medical team will be accompanied by a referral letter detailing their presentation and treatment on-site.

Refusal of Treatment or Transport

If an attendee who, in the opinion of the event medical team responder, requires treatment to prevent harm refuses such treatment, the responder will contact their supervisor. Every effort will be made by the event medical staff to change the patient's mind. If this cannot be done, the patient should sign a Refusal-of-Treatment form, witnessed by a third party. In the case of psychiatric illness, the patient may require involuntary admission to hospital. In this case, the decision will be made by the Event Medical Officer.

Controlled Drugs

Event controlled medication drug book.

The operations manager is the responsible person for arranging the supply of controlled medications for events which last longer than one day. The ops manager will agree in advance with the medical director quantities of each drug required.

This stock will be signed out of the Controlled Drugs Register and transferred to the eventcontrolled drug medication log and the event safe. This log will be used for the duration of the event and maintained by the Nurses working at the event. The log will be used for signing in and out and recording patients name when controlled medication is used. At the end of the event these medications would be checked and returned into the care of the operations manager who will return them to the safe in the HQ. Information documenting the utilisation of controlled drugs will be transferred from the event-controlled drug medication log to the main Controlled Drugs Register.

All movement of the controlled medications will be recorded in the Events Controlled Medication book which is held in the locked drawer beside the safe.

For the purpose of this document-controlled drugs will be:

- > Morphine
- Fentanyl
- > Ketamine
- Midazolam although10mg will be placed in paramedic drug bags for dealing with seizures.

When the above have been ordered and collected from the Pharmacy they will be secured in the EFAST EMS safe which is in the lower drawer of the main drug trolley. The medications will be recorded in the events-controlled medication drug book. This register will be used when signing in and out of controlled drugs and must be witnessed.

If medication is used, the patient's name must be also recorded in this book and stock levels adjusted.

The events-controlled drugs register will be checked daily by the Event Medical Coordinator and the Event Medical Centre Nurse to ensure stock levels are correct.

Administration of Controlled Medication by Phecc Practitioners

The Advanced Paramedic and his/her crew mate must both initial the PCR relating to a patient to whom Any Controlled Medication was administered, detailing the amounts of the drug administered, the dosage, time, and route.

- Unused portions of Controlled Medication must be disposed of, and the disposal witnessed by the Advanced Paramedics crew partner. Both crew members will sign the PCR indicating where and when the disposal occurred.
- When a Controlled Medication is administered it should be logged in the controlled medication book and the PCR number recorded.

*Further information can be obtained by contacting the EFAST EMS Operations Manager and request EFAST EMS Medications Management Policy.

Average Hospital Turnaround Times

The Primary Hospital Emergency Department for Beyond the Pale Festival 2023 will be *St. Vincent's University Hospital, Elm Park, Dublin 4, D04 T6F4*. This ED is withing 60 minutes' drive when using Blue Lights. Due to the current pandemic, it is difficult to ascertain a turnaround time should the site Ambulance leave the site. The Event Site Controller will make the decision on alternative transport, should an urgent transfer be required when the Event Emergency Ambulance is waiting for release at the nearest designated Emergency Department. The National Emergency Operations Centre (NEOC) will be advised of transfers to ensure the best treatment centre for the patient, i.e., Hospital bypass protocols

Secondary Minor Treatment Unit

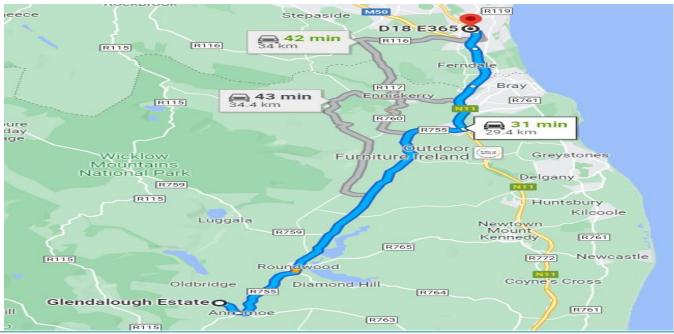
After engagement with the HSE National Emergency Management Office, access to the Minor Injuries Treatment unit based at St Columcille's Hospital, Loughlinstown, Dublin was agreed. This hospital will only be used in the following cases if required:

What injury units can treat

Injury units can treat:

- broken bones to legs, from knees to toes
- broken bones to arms, from collarbone (clavicle) to fingertips
- all sprains and strains
- minor facial injuries (including oral, dental and nasal injuries)
- minor scalds and burns
- wounds, bites, cuts, grazes and scalp lacerations (cuts)
- small abscesses and boils
- splinters and fish hooks
- things stuck in eyes, ears or nose
- minor head injuries (fully-conscious patients, who did not have loss of consciousness or vomit after the head injury)

All other injuries outside of the above that can not be treated by the on-site medical team will be transferred to the Primary Hospital St Vincent's.



BEYOND THE PALE FESTIVAL 2024

Event Medical Plan

Sterile Route

Keeping the emergency sterile route clear is of utmost importance - the following measures will be implemented to assist with this:

- Provision of a specific security supervisor for the Emergency route and car parks
- All cars and taxis dropping off must enter Carpark and drop off in designated 'drop off' zone
- Security patrols to call into security control when driving up or down emergency route and report situation
- Safety officer will drive route regularly and report to event control
- Implementation of a 'road clear' system

When a 'ROAD CLEARANCE' is called on the security radios by the security radio controller, head of security, safety officer or event controller:

- The Main gate will stop entrancing
- Security will stop exiting out of the carparks onto the emergency route
- The security on the shute will stop pedestrians crossing to the entrance side.
- Security in the bus park will stop buses departing and park them. Gardai may be requested to the Main Gate.
- Obviously, this may change depending on the nature of the urgent situation and details will be given on the security radio channel

As soon as is possible a stand down will be called or a partial stand down which will detailed over the radios

All emergency routes & exits are to be kept free of obstructions & trip hazards and to be readily usable for the duration of the event in order to comply with the Fire Safety in Places of Assembly (Ease of Escape Regulations) 1985. The Emergency Access Routes will be agreed with the Emergency Services.

Crowd control barriers at the entrances shall be removed as soon as is practicable. In the event of an evacuation, all barriers are to be cleared to the side of an exit immediately. Before the gates are opened to the public the Safety Officer shall check all exit gates are open and unlocked & that chains, locks etc. are removed so that the gates can be opened quickly in the case of an evacuation.

6. COMMUNICATIONS

Event Communications

The primary method of communication among the event medical team and between other event staff and the event medical team will be via the Event Radio Network. The event medical operation channel will be on channel 3 and will be always monitored by the Event Medical Control.

Requests for medical assistance from stewards, security, promoters, or other event staff should be made by contacting their own control who will pass on to medical control. The Event Medical Controller will then contact and dispatch the appropriate medical/first-aid personnel to assist.

HSE Communications

The EVENT MEDICAL CONTROLLER will contact the HSE National Emergency Operations Centre (NEOC) on 01-4633410 and carry out the following:

Confirm the event is going ahead, and event medical services are now operational

Exchange contact details between both parties

Confirm that the designated hospital(s) for each catchment area is available and should this status change over the duration of the event that the Event Medical Controller will be notified.

Notify the HSE National Emergency Operations Centre that the event is over and that all medical services have been suspended

Facilitate a site visit by an HSE National Ambulance Service Officer during the duration of the event

Contact Names and Phone Numbers

The following key personnel can also be contacted by telephone before and after the event. Telephone communication during the event is not recommended because of noise interference and the difficulty of accurately logging the information exchanged. Requests for immediate medical assistance should go via radio through the Event Medical Controller.

Event team role	Name of person	Mobile number	Landline Number
Event Medical Coordinator	James Canning	+353 86 845 5410	
Event Controller	Nigel Cleary	+353 86 968 1873	
Event Safety Officer	John Keogh	+353 87 681 1718	
Head of Security	TBC	TBC	
NAS Control Centre	Officer in Charge		01 4633410

Emergency Calls from the public to 999/112

If the HSE National Emergency Operations Centre (NEOC), receive a 112 / 999 call from an attendee at the event, The HSE National Ambulance Service (NAS) will consider contacting the EVENT MEDICAL COORDINATOR on the dedicated number to inform them of the request for assistance. They will decide whether an emergency ambulance or the event medical team are the appropriate medical responders. If the EVENT MEDICAL CONTROLLER and the EVENT MEDICAL CO-ORDINATOR are unreachable by NEOC Ambulance Service Controller, then a NAS emergency ambulance will be dispatched to the scene as per normal NAS protocols.

Signage

All medical/first-aid locations will be clearly signposted and marked on the event map. Signage will be as per the Event Plan. All stewards are to be familiar with the location of First Aid Posts. All medical / first-aid personnel will wear high visibility outer clothing with their role/ID clearly displayed. Medical / first-aid vehicles such as ambulances, buses and 4x4 jeeps will be clearly labeled and outlined with the appropriate high-visibility Battenberg markings. Blue lights and sirens will be used as per legislation.

The Use of Lights & Sirens by Emergency Vehicles

Ambulances will not enter the audience area of the event, unless in exceptional circumstances. Sirens will not be used inside or outside the event site unless deemed by the crew to be necessary to transfer a critically ill patient to hospital.

Distribution of the Event Medical Plan

The Event Medical Plan will be distributed electronically to the lead representative of each organisation involved in the planning and operation of the event. That person will further distribute the plan to their personnel as necessary.

Production Team	Nigel Cleary
Safety Officer	John Keogh
Head of Security	TBC
Glendalough Estate Manager	Gordon MacMillan

7. INFECTION CONTROL & ENVIROMENTAL HEALTH

Infection Control

All event medical personnel will follow standard universal precautions to reduce the risk of acquiring infectious diseases. Alcohol hand-gel and gloves will be available to all personnel. Further PPE will be available to specific staff, as required.

Clinical Waste

All at-risk waste will be disposed of by EFAST EMS personnel in clearly marked yellow bags or yellow sharps bins. Arrangements for the disposal of Clinical Waste will be as per the existing protocols and arrangements of organisations providing medical cover.

Environmental Health Considerations

EFAST EMS has liaised with The Event Organisers to ensure the availability of safe drinking water and sanitary facilities for attendees and staff on site. Full details are in the Event Management Plan.

8. MAJOR INCIDENT, SERIOUS INCIDENT PLAN

Serious Incident Plan

A serious incident occurs when the resources available on-site via the event medical team are unable to deal with the severity or number of attendees requiring medical assistance. This may require assistance from the National Ambulance Service Service in terms of personnel, ambulances, or other equipment. The decision to call upon these resources will be made by the SITE MEDICAL CO-ORDINATOR, via the NAS Ambulance Controller and/or NAS Manager on duty in the National Ambulance Emergency Operations Centre.

If a Serious Incident occurs, the EVENT MEDICAL CO-ORDINATOR will contact the National Emergency Operations Centre (NEOC) and inform them that, in his or her view, a SERIOUS INCIDENT exists at the venue, giving details in the "ETHANE" format. When the first responding HSE personnel arrive, among the issues they may consider is recommending escalation of the incident to a major emergency.

E	EXACT LOCATION	What is the exact location or geographical area of the incident?	Be as precise as possible, using a system that will be understood by all responders.
т	TYPE OF INCIDENT	What kind of incident is it?	For example, flooding, fire, utility failure or disease outbreak.
н	HAZARDS	What hazards or potential hazards can be identified?	Consider the likelihood of a hazard and the potential severity of any impact.
А	ACCESS	What are the best routes for access and egress?	Include information on inaccessible routes and rendezvous points (RVPs). Remember that services need to be able to leave the scene as well as access it.
N	NUMBER OF CASUALTIES	How many casualties are there, and what condition are they in?	Use an agreed classification system such as 'P1', 'P2', 'P3' and 'dead'.
E	E MERGENCY SERVICES	Which, and how many, emergency responder assets and personnel are required or are already on scene?	Consider whether the assets of wider emergency responders, such as local authorities or the voluntary sector, may be required.

Event Medical Plan

Major Emergency Plan

A Major Emergency is any event which, usually with little or no warning, causes or threatens death or injury, serious disruption of essential services or damage to property, the environment or infrastructure beyond the normal capabilities of the principal response agencies in the area in which the event occurs, and requires the activation of specific additional procedures and the mobilisation of additional resources to ensure an effective, coordinated response.

The **SITE MEDICAL CO-ORDINATOR** will inform the HSE Ambulance Controller of the possibility of a Major Medical Incident at the event, using the ETHANE messaging protocol.

The **SITE MEDICAL CO-ORDINATOR** will assume the role of **MEDICAL CONTROLLER-OF-OPERATIONS** until relieved by suitably qualified NAS personnel. If "MEDICAL" is deemed to be the lead agency, the **MEDICAL CONTROLLER-OF-OPERATIONS** will assume the role of **ON-SITE CO-ORDINATOR**. In this case, he will appoint a suitably qualified deputy to assume the role of **MEDICAL CONTROLLER-OF-OPERATIONS**.

The **MEDICAL CENTRE** will become the **CASUALTY CLEARING STATION** (unless compromised by the incident itself).

The **MAJOR EMERGENCY MEETING** will be the primary coordination point and will be located next to **EVENT / MEDICAL CONTROL** (unless compromised by the incident itself). The HSE Ambulance Controller, HSE Manager on-duty or the first HSE to arrive on-scene will proceed to the Major Emergency Meeting Point and then declare (or not) a Major Emergency using the same messaging protocol.

The PARKING AREA will become the **AMBULANCE PARKING AREA** and primary **RENDEZVOUS POINT** for NAS personnel attending the scene.

All medical personnel will remain at their assigned posts until dispatched by the **EVENT MEDICAL CONTROLLER**. Medical / First-aid activities in the event of a Major Medical Incident will follow the guidelines set out by the Framework for Major Emergency Management / PHECC and the Major Incident Medical Management and Support training programme.

Evacuation Plan

If an evacuation is necessary due to a serious fire, bomb threat or other emergency the following procedures would be initiated:

Beyond the Pale 2023 EMP v1 as of April 8th, 2023

- 1. If an evacuation is necessary due to a serious fire, bomb threat or other emergency the following procedures would be initiated:
- 2. The Event Controller would make the following radio announcement to all channels: 'This is a special announcement, Due to an emergency situation in ... it has become necessary to evacuate the site/area. Please move to evacuation positions. Assembly points are as follows Everyone is to turn to channel 1.' Everyone is to understand to maintain radio silence except for urgent communications.
- If there was a performance(s) in the specified area, show stop procedures would be initiated
- 4. Gate/exit stewards would open their gates and secure them open to facilitate orderly evacuation of patrons.
- 5. In the event of a stage fire or no available PA, each steward will repeat the announcement to those patrons in his/her general area, using a loud hailer if she/he has one. It is important that all announcements be made in a calm clear voice.
- 6. The Event Controllers and the Senior Garda Officer on site & the Fire Service (if present) will monitor the progress of the evacuation by radio contact with security supervisors and will issue additional instructions as necessary
- 7. In the unlikely event of a total evacuation of the site being necessary, this is to be initiated in close consultation with the Senior Garda on site & off site to ensure the necessary Garda preparation off site.
- 8. In this incident and any emergency declared a major incident the Event Controller will hand over control to the Senior Garda present who will become the Emergency Controller. This handover will be written & signed.
- 9. In this and any situation where the emergency services are involved festival personnel will fully assist these services as required. In this incident and any emergency declared a major incident the Event Controller will hand over control to the Senior Garda present who will become the Emergency Controller. This handover will be written & signed.

In this and any situation where the emergency services are involved festival personnel will fully assist these services as required.

In the event of an evacuation of the Medical Centre, event medical personnel will avail of all patient transport devices (ambulances, jeeps, buggies, stretchers, chairs, carrying sheets) to relocate patients and essential emergency equipment from the Medical Centre. They will be transferred in as safe a manner as possible to a secondary location to be decided by the EVENT MEDICAL COORDINATOR and An Garda Siochána (if the rest of the event site is compromised).

9. CROWD ISSUES UNACCOMPANIED/MISSING PERSONS

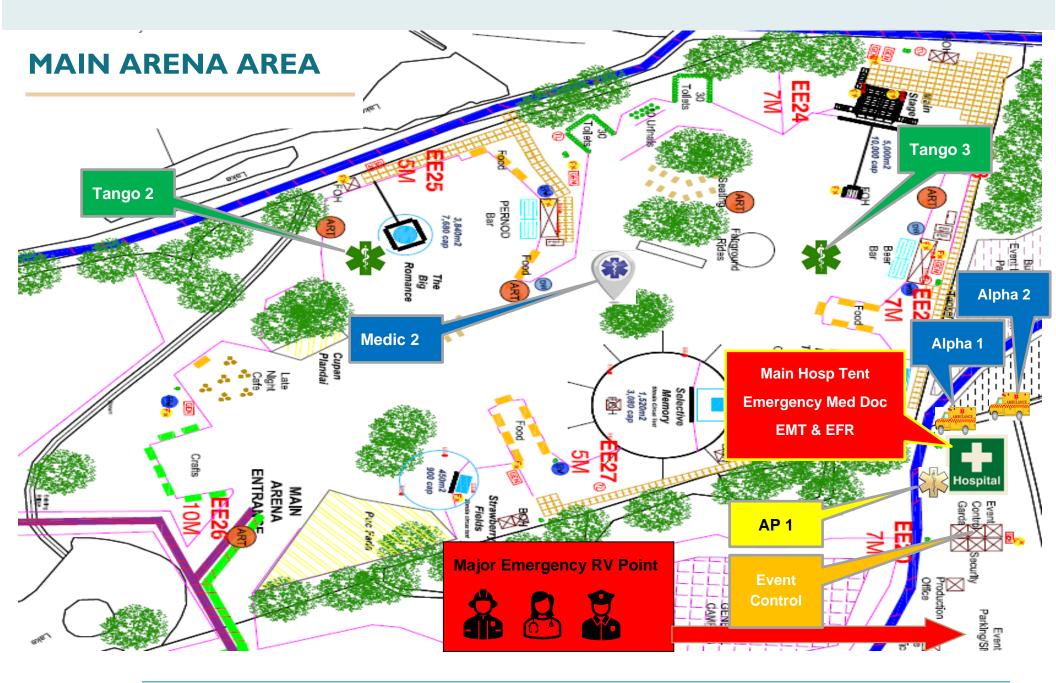
CROWD DENSITIES

The nature of the event allows for the crowd to be dispersed throughout the venue and all adjoining areas. Please refer to the Event Plan for further details.

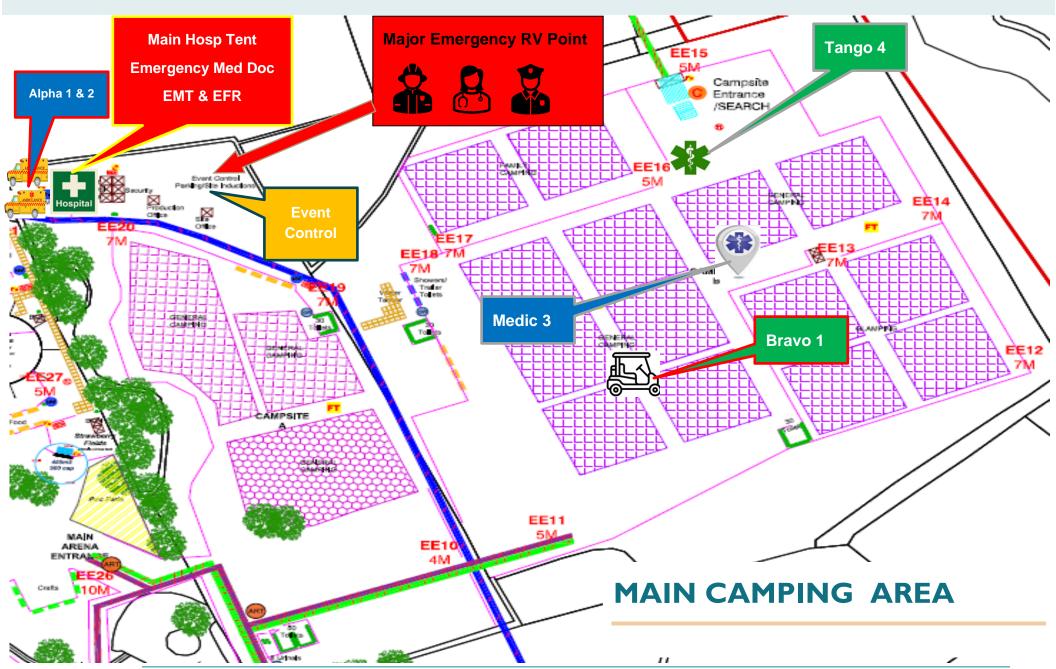
UNACCOMPANIED PERSONS

Assessment and treatment of unaccompanied unconscious patients will follow normal guidelines as set out by the Irish Medical Council, Nursing and Midwifery Board of Ireland and the Pre-Hospital Emergency Care Council until a next-of-kin can be contacted, only within their defined scope of practice.

Event Medical Plan



Event Medical Plan



Event Medical Plan

Intentionally blank for notes: