

EVENT MEDICAL

PLAN

FINAL VER. VI.1

PRODUCED BY
EFAST EMS



Friday August 1st – Sunday August 3rd, 2025

CURRAGHMORE ESTATE

PORTLAW Co. WATERFORD



TABLE OF CONTENTS

Introduction.....	3
1. Event Details.....	4
2. Event Management Structures.....	8
3. Onsite Medical Resources	9
4. Duties & Responsibilities	10
5. Operational Procedures	13
6. Communications	19
7. Infectious Control.....	22
8. Major Incident/Serious Incident Plan.....	23
9. Crowd Issues.....	26
Appendix	
MAPS	
COVID 19 Protocols	
Measles Information	
Sexual Assault Protocol	

INTRODUCTION

This Event Medical Plan establishes the details for the All Together Now Festival 2025 which is a camping festival that will be set across multiple stages, featuring natural amphitheaters, secret woodland stages, the Belonging Bandstand and more. The flow of the festival will mean that the grounds will be easily navigable, intimate but with quirky gems, rolling lawns, gentle hills, and hidden forests to enjoy the nature of this 3000-acre site, with something of wonder for everyone in the family.

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 Music for POD Festivals Ltd.

Event Promoter

POD Festivals Limited,
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Event Medical Coordinator

Mr. Glen Ellis
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PHECC Approved Medical Providers

EFAST EMS Ltd

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Irish Red Cross

16 Merrion Square
Dublin 2,
D02 XF85

ALL TOGETHER NOW FESTIVAL 2025

Event Medical Plan

Type of Event

The All Together Now festival with camping facilities, will be held on Friday 1st – Sunday 3rd August 2025, with a campsite facility available from 16:00hrs on Thursday 31st July to 14:00hrs on Monday 4th August 2025 and carpark open from 14:00hrs on Thursday 31st July to 14:00hrs on Monday 4th August 2025. The Main Arena will consist of:

- Main Stage
- Something Kind of Wonderful Stage (Stage 2)
- Lovely Days Stage (Stage 3)

All Together Now will be set across multiple stages, featuring natural amphitheatres, secret woodland stages, the Belonging Bandstand and more. The flow of the festival will mean that the grounds will be easily navigable, intimate but with quirky gems, rolling lawns, gentle hills and hidden forests to enjoy the nature of this 3000-acre site, with something of wonder for everyone in the family in the following areas:

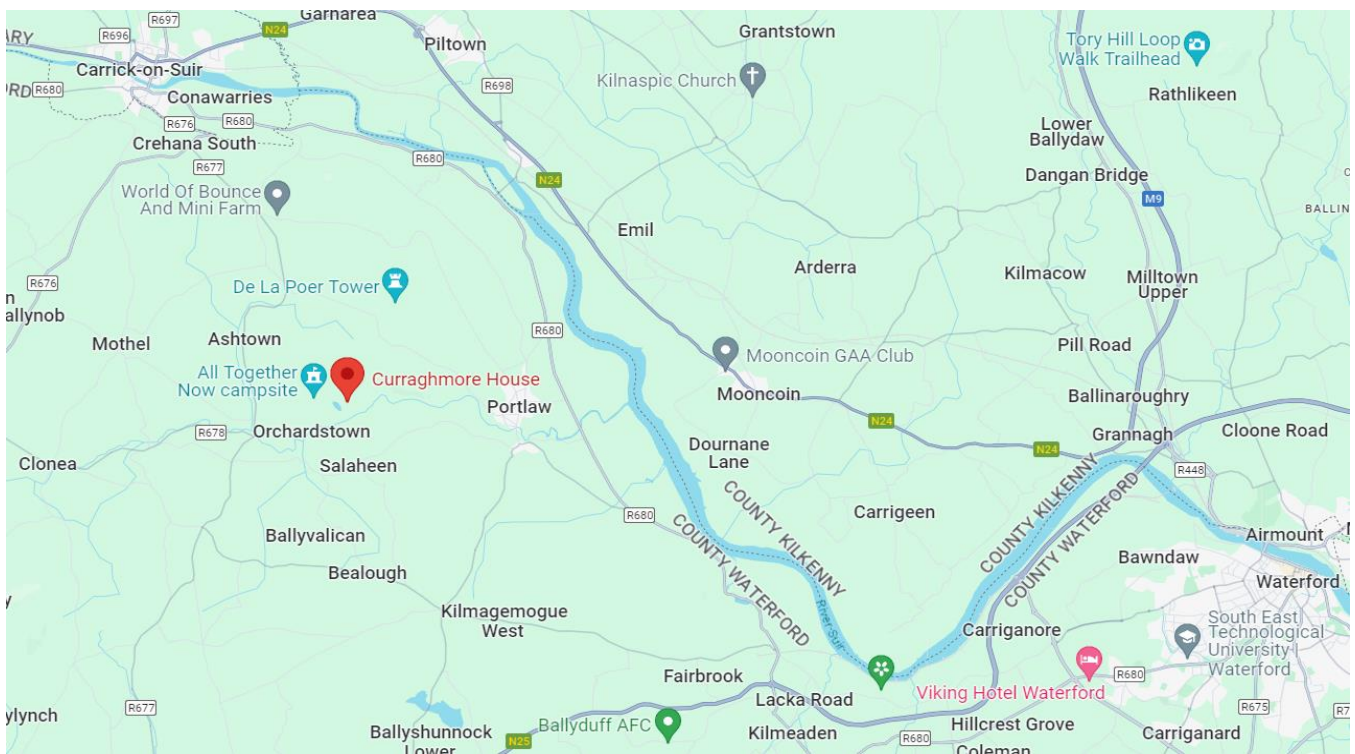
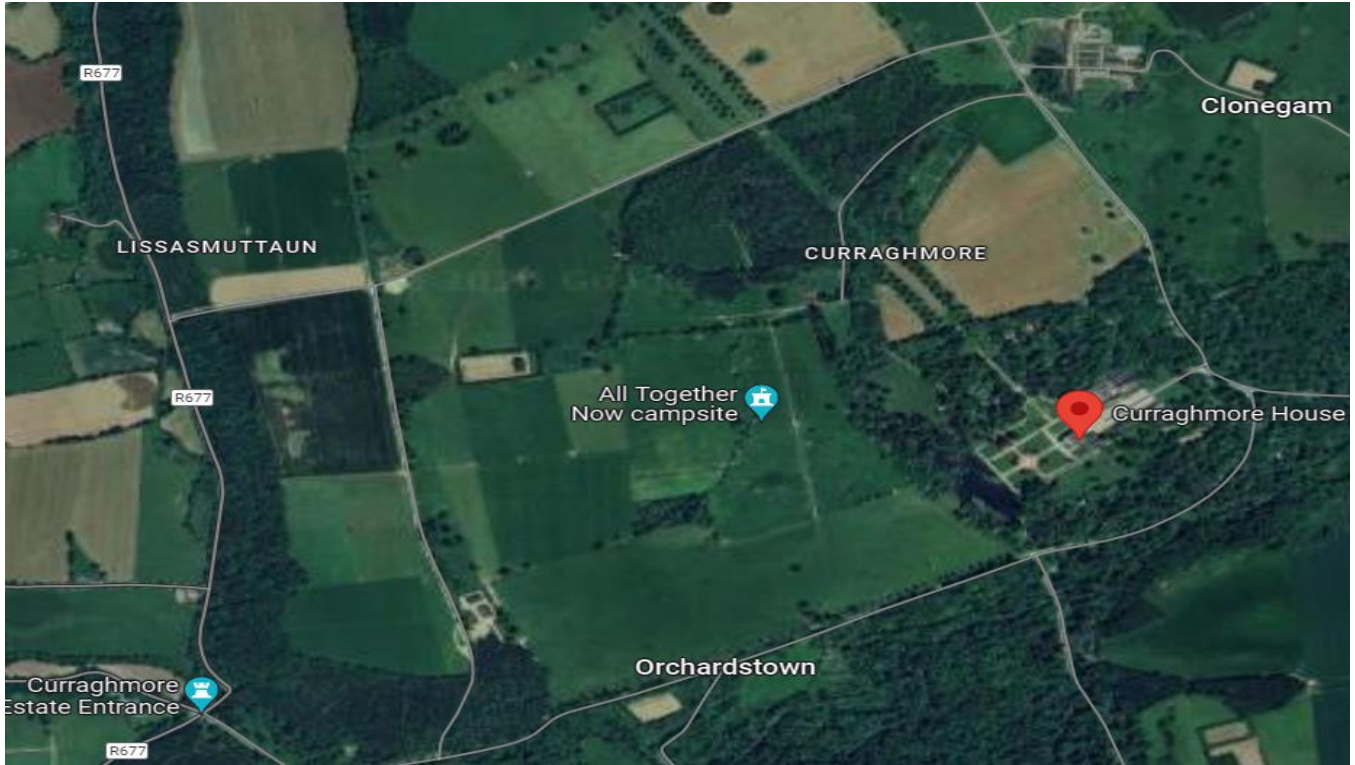
Arcadia	Green Crafts	Immerse Spa
Global Roots	AVA in the woods	All Kinds of Everything
Lost City	Ping Pong Disco	Ealú Le Grá
Rise Nordic Spa	Belonging Bandstand	Comedy
All Curious Minds	Breath	Theatre of Food
Schweppes Stage	Kids Together	Lawns of Tranquillity

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Event Medical Plan

Location of Event

Curraghmore Estate, Portlaw, Co. Waterford, Ireland X91 X958



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Event Medical Plan

Event Timings

This event timings are as follows:

Thursday 31st July 2025

- 15:00 Medical Team on site
- 16:00 Campervans & campsite open.

Friday 1st August

- 09:00 – Main arena opens.
- 14:00 – Belonging Band Stand Stage Opens
- 14:00 – Main Stage Opens
- 02:00 - Main Stage Closes
- 04:00 – Late night stages close

Saturday 2nd August

- 09:00 – Main arena opens for food etc.
- 12:00 – Belonging Band Stand Stage Opens
- 14:00 – Main Stage Opens
- 02:00 - Main Stage Closes
- 04:00 – Late night stages close

Sunday 3rd August

- 09:00 – Main arena opens for food etc.
- 12:00 – Belonging Band Stand Stage Opens
- 14:00 – Main Stage Opens
- 02:00 - Main Stage Closes
- 04:00 – Late night stages close

Monday 4th August

- 14:00 Campervan and Campsites close

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Event Medical Plan

Attendee Profile

It is expected that the event will attract a mature and predominantly adult and family audience ranging from 21 – 50 years approx. along with children aged up to 12 years. Children under 12 can enter with their parents on a family ticket. Persons aged between over 12 years and under 21 years of age will not be permitted onto the festival site.

Expected Attendance:

This is a fully ticketed event with a limited capacity set at **30,000 people plus 2,000 artists and staff.**

Expected Weather

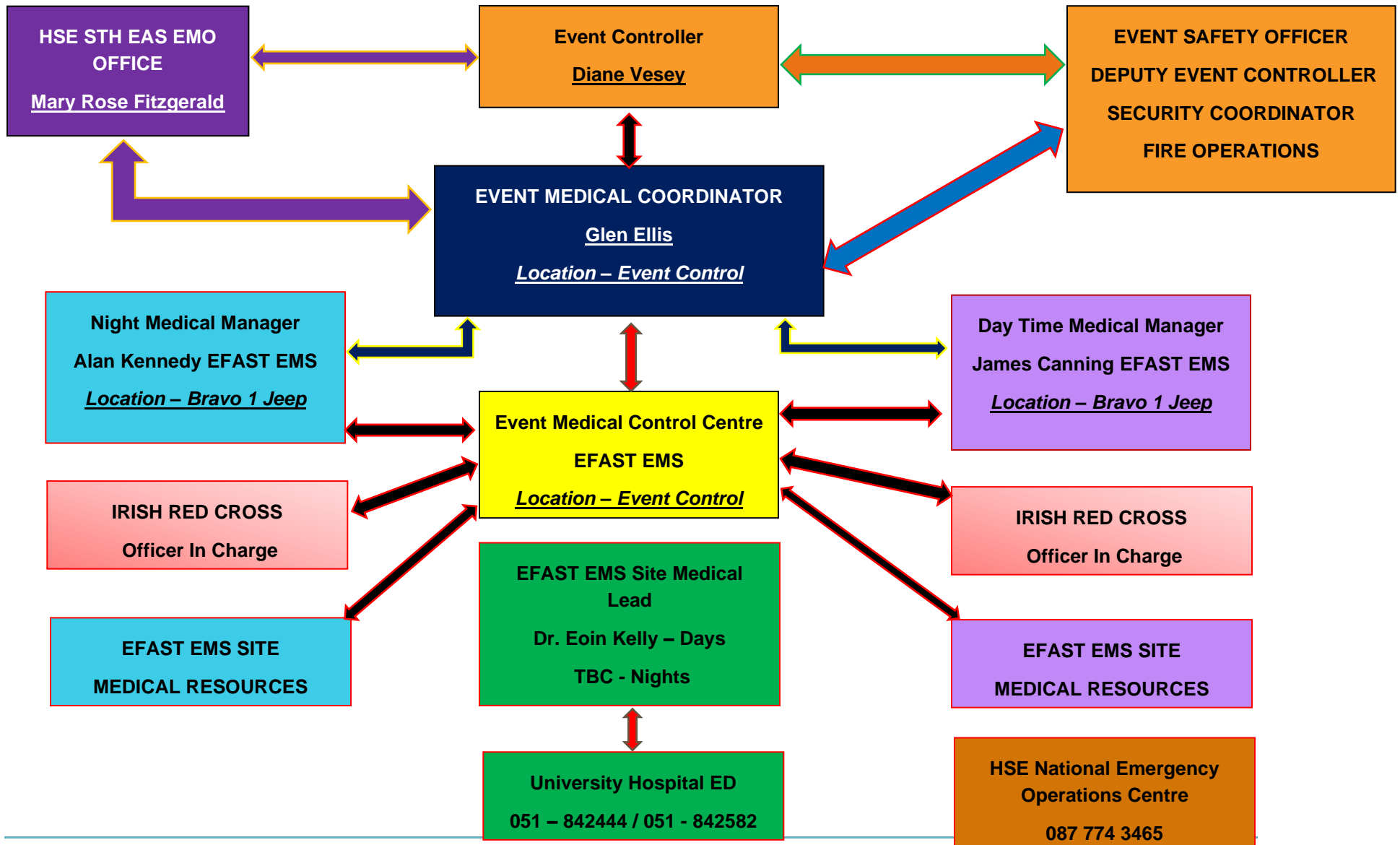
The forecasted weather will be included in this medical plan closer to the event.

2. EVENT MANAGEMENT STRUCTURES

The Event medical resources will be coordinated by Mr. Glen Ellis, EFAST EMS. The responsibilities of the Event Medical Coordinator (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 personnel 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:

Event Medical Coordinator: Callsign Medic 1 - Thursday 31st 14:00 – Mon 4th 16:00

Day Medical Duty Manager: Callsign Medic 2 - Friday 1st Sat 2nd Sun 3rd Mon 4th: 07:30 – 19:30

Night Medical Duty Manager: Callsign Medic 2 - Thursday 31st Friday 1st Sat 2nd Sun 3rd: 19:30 - 07:30

Event Medical Radio Dispatcher – Friday 1st 08:00 – Mon 4th 12:00

<i>Thursday 31st August – Arrival of Campervans & Campsite Patrons</i>					
Medical Resource	Organisation	Qualifications	Site Location	Call Sign	Times
Clinical Lead	EFAST EMS	Advanced Paramedic	Main Medical Centre	Medic 2	15:00 – 10:00
Emergency Ambulance	EFAST EMS	EMT & Paramedic	Main Medical Centre	Alpha 1	15:00 – 08:00
4x4 Jeep Ambulance	EFAST EMS	EMT	Campsite Village/Family Camping area	Bravo 1	15:00 – 08:00

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Event Medical Plan

Event Medical Treatment Centres Friday 1st – Monday 4th August					
Medical Resource	Organisation	Qualifications	Site Location	Call Sign	Times
Event Lead Doctor	EFAST EMS	Emergency Medicine Doctor	Main Medical Centre	Delta 1	Friday 1 st 10:00 Monday 4 th 12:00
Medical Centre Nurse	EFAST EMS	RGN Nurse	Main Medical Centre	Hotel 1	Friday 1 st 10:00 Monday 4 th 12:00
Emergency Ambulance	EFAST EMS	EMT & Paramedic	Main Medical Centre	Alpha 1	Friday 1 st 08:00 Monday 4 th 16:00
Medical Centre Assistants	EFAST EMS	EMT EFR	Treatment Areas	N/A	Friday 1 st 08:00 Monday 4 th 16:00
Medical Administration	EFAST EMS	Administrator	Main Medical Centre	N/A	Fri Sat Sun 10:00 – 22:00

Main Medical Centre Equipment:

Resuscitation Bays x 2 equipped with: ACLS Drug and Airway Trolleys, O2, 12 Lead ECG and Defibrillators, Hospital Trolley Beds

2 Minor treatment areas with Treatment Couches.

Waiting, Triage and Registration area.

Equipment Storage Units with Sutures, Ancillary equipment, and welfare items

Siemens EPOC Point of Care blood analysis unit,

A suite of medications including controlled pain relief medications, cardiac, respiratory and gastro medications. A full list can be supplied on request.

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Event Medical Plan

Event Medical Treatment Centres Friday 1st August – Monday 4th August					
Medical Resource	Organisation	Qualifications	Site Location	Call Sign	Times
Treatment Post Medic	EFAST EMS	Paramedic	Stage Right First Aid Post	Foxtrot 1	Fri: 12pm – 04:00 Sat: 12pm – 04:00 Sun: 12pm – 04:00
Treatment Post Medic	Irish Red Cross	EMT	Stage Right First Aid Post	Foxtrot 1	Fri: 12pm – 04:00 Sat: 12pm – 04:00 Sun: 12pm – 04:00
Treatment Post Medic	Irish Red Cross	EFR	Stage Right First Aid Post	Foxtrot 1	Fri: 12pm – 04:00 Sat: 12pm – 04:00 Sun: 12pm – 04:00
Site Transfer Ambulance	Red Cross	EMT crew	Stage Right First Aid Post	Alpha 2	Friday 10:00 Monday 12:00pm
Treatment Post Medic	Irish Red Cross	EMT	Family Camping First Aid Post	Foxtrot 2	Fri: 10am to Mon 12pm
Treatment Post Medic	Irish Red Cross	EFR	Family Camping First Aid Post	Foxtrot 2	Fri: 10am to Mon 12pm
Emergency Ambulance	EFAST EMS	Paramedic and EMT	Family Camping First Aid Post	Alpha 3	Fri: 15:00 to Mon 12pm

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Event Medical Plan

Main Arena Medical Crews Friday 1st August – Monday 4th August					
Medical Resource	Organisation	Qualifications	Site Location	Call Sign	Times
Main Arena Response	EFAST EMS	Paramedic	Main Stage Area	Medic 3	Fri: 12pm – 01:00 Sat: 12pm – 02:00 Sun: 12pm – 00:00
Main Arena Response	Irish Red Cross	EMT EFR	Main Stage Area Front of Stage Left	Tango 1	Fri: 12pm – 01:00 Sat: 12pm – 02:00 Sun: 12pm – 00:00
Main Arena Response	Irish Red Cross	EMT EFR	Stage 2 Area Something Kinda of Wonderful	Tango 2	Fri: 12pm – 04:00 Sat: 12pm – 04:00 Sun: 12pm – 04:00
Main Arena Response	Irish Red Cross	EMT EFR	Stage 3 - Area Lovely Days by Guinness	Tango 3	Fri: 12pm – 04:00 Sat: 12pm – 04:00 Sun: 12pm – 04:00
Main Arena Response	EFAST EMS	Paramedic	Belonging Stage Area Late Night Medic	Medic 4	Fri: 12pm – 04:00 Sat: 12pm – 04:00 Sun: 12pm – 04:00
Main Arena Response	EFAST EMS	Paramedic	Arcadia Stage Late Night Medic	Medic 5	Fri: 12pm – 04:00 Sat: 12pm – 04:00 Sun: 12pm – 04:00
Main Arena Response	Irish Red Cross	EMT EFR	Belonging Stage Area	Tango 4	Fri: 12pm – 04:00 Sat: 12pm – 04:00 Sun: 12pm – 04:00
Crowd Response	EFAST EMS	Paramedic	Live on the Lawn Area	Medic 6	Fri: 12pm – 01:00 Sat: 12pm – 02:00 Sun: 12pm – 00:00

ALL TOGETHER NOW FESTIVAL 2025

Event Medical Plan

Campsite mobile medical crews					
Medical Resource	Organisation	Qualifications	Site Location	Call Sign	Times
<i>Crowd Response Campsite</i>	<i>EFAST EMS</i>	<i>Paramedic</i>	<i>Main Camping Area Both Sides Now</i>	<i>Medic 7</i>	<i>Friday 1st 08:00 Monday 4th 16:00</i>
<i>Crowd Response Campsite</i>	<i>Irish Red Cross</i>	<i>EMT EFR</i>	<i>Hard Days Night</i>	<i>Tango 5</i>	<i>Friday 1st 08:00 Monday 4th 16:00</i>
<i>Crowd Response Campsite</i>	<i>Irish Red Cross</i>	<i>EMT EFR</i>	<i>This Must be the Place</i>	<i>Tango 6</i>	<i>Friday 1st 08:00 Monday 4th 16:00</i>
<i>Crowd Response Campsite</i>	<i>EFAST EMS</i>	<i>Paramedic</i>	<i>One for the Road & Campervans</i>	<i>Medic 8</i>	<i>Friday 1st 08:00 Monday 4th 16:00</i>
<i>Crowd Response Campsite</i>	<i>Irish Red Cross</i>	<i>EMT EFR</i>	<i>This Must be the Place</i>	<i>Tango 7</i>	<i>Friday 1st 08:00 Monday 4th 16:00</i>
Site Transporting Vehicles					
<i>Site Response 4x4</i>	<i>EFAST EMS</i>	<i>Adv Paramedic</i>	<i>Campsite Area</i>	<i>Bravo 1</i>	<i>Friday 1st 08:00 Monday 4th 16:00</i>
<i>Site Response 4x4</i>	<i>EFAST EMS</i>	<i>EMT</i>	<i>Campsite Area</i>	<i>Bravo 2</i>	<i>Friday 1st 15:00 Monday 4th 08:00</i>
<i>Site Response Amb Buggy</i>	<i>EFAST EMS</i>	<i>EMT</i>	<i>Campsite Area</i>	<i>Bravo 3</i>	<i>Friday 1st 08:00 Monday 4th 16:00</i>

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.
- 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 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.
- Detailing of doctors and nurses as per medical plan.
- Participate in relevant medical planning meetings.
- Be present on site at least an hour before the gates open to the public and remain on site until such a time as medical operations are stood down.

ALL TOGETHER NOW FESTIVAL 2025

Event Medical Plan

- 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 **EVENT MEDICAL RADIO DISPATCHER** will be in Event Control and has the following primary duties:

- Provide a communications link between Event Promoters, Event Medical Coordinator, National Ambulance Service, and the event medical team.
- Keep a clear, concise log of all requests for assistance and personnel/patient movements on and off the event site.
- Dispatch medical team personnel as appropriate.

The Emergency Ambulance (ALPHA 1) – Thursday 31st – Mon 4th 16:00 EFAST EMS

The Emergency Transport Ambulance (ALPHA 1) will primarily 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 ALS equipment.
- Transport patients to the nearest appropriate hospital, when referred by the event doctor.

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Event Medical Plan

The Emergency Ambulance (ALPHA 2) Red Cross – Friday 1st 10:00 – Mon 4th 12:00pm

The Emergency Transport Ambulance (ALPHA 2) will be located in the:

- 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 Ambulance (ALPHA 3) – EFAST EMS Fri 1st 15:00 – Mon 4th 12:00pm

The Emergency Transport Ambulance (ALPHA 3) will be located adjacent to the First Aid Post Main Arena 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, if required by the event medical officer.

The Mobile Medical Teams (Tango 1 – 4 & Medic 3 - 6)

The Mobile Medical Teams will be located at the Main Arena area 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 5 - 7, Medic 7 & Medic 8)

The Mobile Medical Teams will be located in the Campsite 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.

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.

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Event Medical Plan

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

This stock will be signed out of the Controlled Drugs Register and transferred to the event-controlled 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 names 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 - although 10mg 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.

ALL TOGETHER NOW FESTIVAL 2025

Event Medical Plan

- 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 Events Manager and requesting EFAST EMS Medications Management Policy.**

Average Hospital Turnaround Times

The Primary Hospital Emergency Department for All Together Now 2025 will be **University Hospital Waterford, Dunmore Rd, Ballynakill, Waterford, X91 ER8E, Ireland**. This ED is withing 30-35 minutes' drive when using Blue Lights. The Event Medical Officer 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 required to confirm the hospital destination prior to departure.



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.
- Implementation of a 'road clear' system

All emergency routes & exits are to be kept free of obstructions & trip hazards and to be readily usable for the duration of the event 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 between 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 2 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 them on to medical control. The Event Medical Controller will then contact and dispatch the appropriate medical/first-aid personnel to assist. The Site Radio Channels will be as follows:

Ch	Service	Ch	Service	Ch	Service	Ch	Service
1	EVENT CONTROL	5	SECURITY 3	9	ACCREDITATION / MEDIA	13	SPARE
2	MEDICAL	6	STAGES	10	BARS & TRADERS	14	FIRE BRIGADE / GARDAI/ Rescue
3	SECURITY 1	7	INFRASTRUCTURE / SITE	11	VOLUNTEERS	15	TRANSPORT & PARKING
4	SECURITY 2	8	ARTIST LIAISON	12	KIDS AREA / FAMILY CAMP / DAC	16	ARCADIA

HSE Communications

The EVENT MEDICAL CONTROLLER will contact the HSE National Emergency Operations Centre (NEOC) on **01 – 463 3410** 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. The Event Dispatcher will be required to confirm the hospital destination prior to departure with NEOC.
- Notify the HSE National Emergency Operations Centre that the event is over and that all medical services have been suspended.

ALL TOGETHER NOW FESTIVAL 2025

Event Medical Plan

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	Glen Ellis	+353879173158	044 -934 3543
Day Medical Duty Manager	James Canning	+353 85 266 1333	
Night Medical Duty Manager	Lena Thomas	+353 85 266 1371	
Event Medical Officer	Dr Eoin Kelly	+353 87 658 4491	
Event Controller	Diane Vesey	+44 7585 272227	086 8518686
Deputy Event Controller	Nigel Cleary	+353 86 9681873	
Event Safety Officer	John Keogh	+353 87 6811718	
Head of Security	Jess O'Sullivan	TBC	
NAS Control Centre	Officer in Charge		01 - 463 3410

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 CONTROLLER on the dedicated number to inform them of the request for assistance. They will decide whether an emergency ambulance or the event medical team (most likely) 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.

ALL TOGETHER NOW FESTIVAL 2025

Event Medical Plan

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.

POD Productions Ltd.

Robbie Butler

Dianne Vessy

Nigel Cleary

Safety

John Keogh

Gerry Copeland

HSE Emergency Management Office

Mary Rose Fitzgerald

Irish Red Cross Regional Officer

TBC

Security

Pat Byrne – Integrity Security

Jess O’Sullivan - AOS Security

7. INFECTION CONTROL & ENVIRONMENTAL 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 and Waterford County Council staff 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 in terms of personnel, ambulances, or other equipment. The decision to call upon these resources will be made by the EVENT MEDICAL CO-ORDINATOR and/or the EVENT MEDICAL OFFICER, 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 Ambulance Service 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.
T	TYPE OF INCIDENT	What kind of incident is it?	For example, flooding, fire, utility failure or disease outbreak.
H	HAZARDS	What hazards or potential hazards can be identified?	Consider the likelihood of a hazard and the potential severity of any impact.
A	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	EMERGENCY 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.

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

The **EVENT 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 **EVENT MEDICAL OFFICER** will assume the role of **MEDICAL INCIDENT OFFICER** until relieved by suitably qualified personnel.

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 Ambulance 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 in 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.

Information Management System (IMS) – Aide Memoir

The Information Management System (IMS) for use during a Major Medical Incident at an event involves creating a structured framework that allows the Event Medical Coordinator to efficiently gather, record, and act upon critical information. The IMS can be easily displayed on the walls of the Event Control and requires constant updating. The 4 Main headings should be:

- Recognised Current Situation
- Key Issues
- Strategic Aims/Objectives
- Actions

1. Recognised Current Situation

This section captures real-time information about the incident.

Subheadings:

- Incident Description: Brief overview of what has happened (e.g., type of incident, number of people affected).
- Location: Specific location(s) of the incident within the event area.
- Time of Incident: When the incident occurred.
- Environmental Conditions: Weather, crowd density, and any other relevant conditions.
- Resources on Scene: Initial medical resources and personnel present at the incident site.

Example Entries:

- Incident Description: Multiple injuries due to a stage collapse.
- Location: Main stage area, Zone B.
- Time of Incident: 14:30.
- Environmental Conditions: Hot weather, high crowd density.
- Resources on Scene: 2 paramedic teams, 1 first aid unit.

2. Key Issues

This section identifies the main challenges and issues that need to be addressed.

Subheadings:

- Medical Needs: Types and severities of injuries.
- Resource Limitations: Any shortages in medical supplies, personnel, or equipment.
- Logistical Issues: Problems with access, transport, or communication.
- External Factors: Influence of external agencies (e.g., police, fire services) or other situational factors.

Example Entries:

- Medical Needs: Severe crush injuries, multiple fractures.
- Resource Limitations: Shortage of stretchers and IV fluids.
- Logistical Issues: Restricted access to the main stage area due to debris.
- External Factors: Coordination with fire services for safe access.

3. Strategic Aims/Objectives

This section outlines the primary goals for managing the incident.

Subheadings:

- Immediate Goals: Immediate actions to stabilize the situation.
- Short-term Goals: Actions to be taken within the next few hours.
- Long-term Goals: Actions to ensure continued safety and return to normal operations.

Example Entries:

- Immediate Goals: Triage and stabilize all patients, clear access routes.
- Short-term Goals: Evacuate the critically injured to hospitals, set up a temporary medical station.
- Long-term Goals: Ensure all areas are safe, provide ongoing care for less critical injuries, and support psychological needs.

4. Actions

This section details the specific actions taken or to be taken, including who is responsible and the status of each action.

Subheadings:

- Action Description: What needs to be done.
- Responsible Person/Team: Who is in charge of the action.
- Timeframe: When the action should be completed.
- Status: Current status of the action (e.g., pending, in progress, completed).

Example Entries:

- Action Description: Set up a triage area.
 - Responsible Person/Team: Lead Paramedic.
 - Timeframe: Immediate.
 - Status: Completed.
-
- Action Description: Request additional medical supplies from nearby hospitals.
 - Responsible Person/Team: Logistics Coordinator.
 - Timeframe: Within 30 minutes.
 - Status: In progress.

Evacuation Plan

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

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

Event Controller

- On the advice of the Senior Garda Officer the event controller will then initiate the appropriate evacuation procedures for the area(s) at risk, or will hand over control to the Emergency Controller
- Instruct the designated MC to immediately take up their position at the Public Address System.

Emergency Controller

- The Emergency Controller (Senior Garda Officer present) will make a RED ALERT radio announcement to security supervisors **'Attention all units. 'Attention all units. This is a special announcement. Due to an emergency in It is necessary to evacuate immediately. Emergency Plan is now in operation. I repeat, Due to an emergency in It is necessary to evacuate. immediately. Emergency Plan is now in operation.**
- The Emergency Controller in consultation with the Safety Officer (and Senior Garda or Fire Officer as appropriate) will monitor progress of the evacuation by radio contact, and issue additional instructions as necessary.

Safety Officer

The Safety Officer will:

- Immediately go to the scene, assess the situation, and advise the Event Controller of whatever action needs to be taken.
- Check with each gate steward/security that the required location / zone is evacuated, and gates are open.
- Report to Event Control by radio or other means that the gates are open.
- Prepare to assist the orderly evacuation.
- Keep Event Control informed of changing situation.

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.

Missing Person

If a child is identified as being without their parents or guardian e.g., if they present themselves to staff or are discovered alone at the events, the staff member should:

Ask for a colleague to join them.

Reassure the child & ask for their name & details of their parent or guardian.

- Who are you here with?
- When & where did you last see them?
- What do they look like?

Contact Event Control using the word Disney (E.g., 'Event Control Disney from Tented area – please advise')

Do not use child's name on the radio.

If requested by control and with a minimum of two people always accompanying the child, the child may be escorted to the First Aid Post which is the designated lost/found children point. After 10-15 mins, the Child should then be accompanied by a TUSLA DLP to an appropriate location away from the Medical/First Aid point and Event Control should be notified of this location.

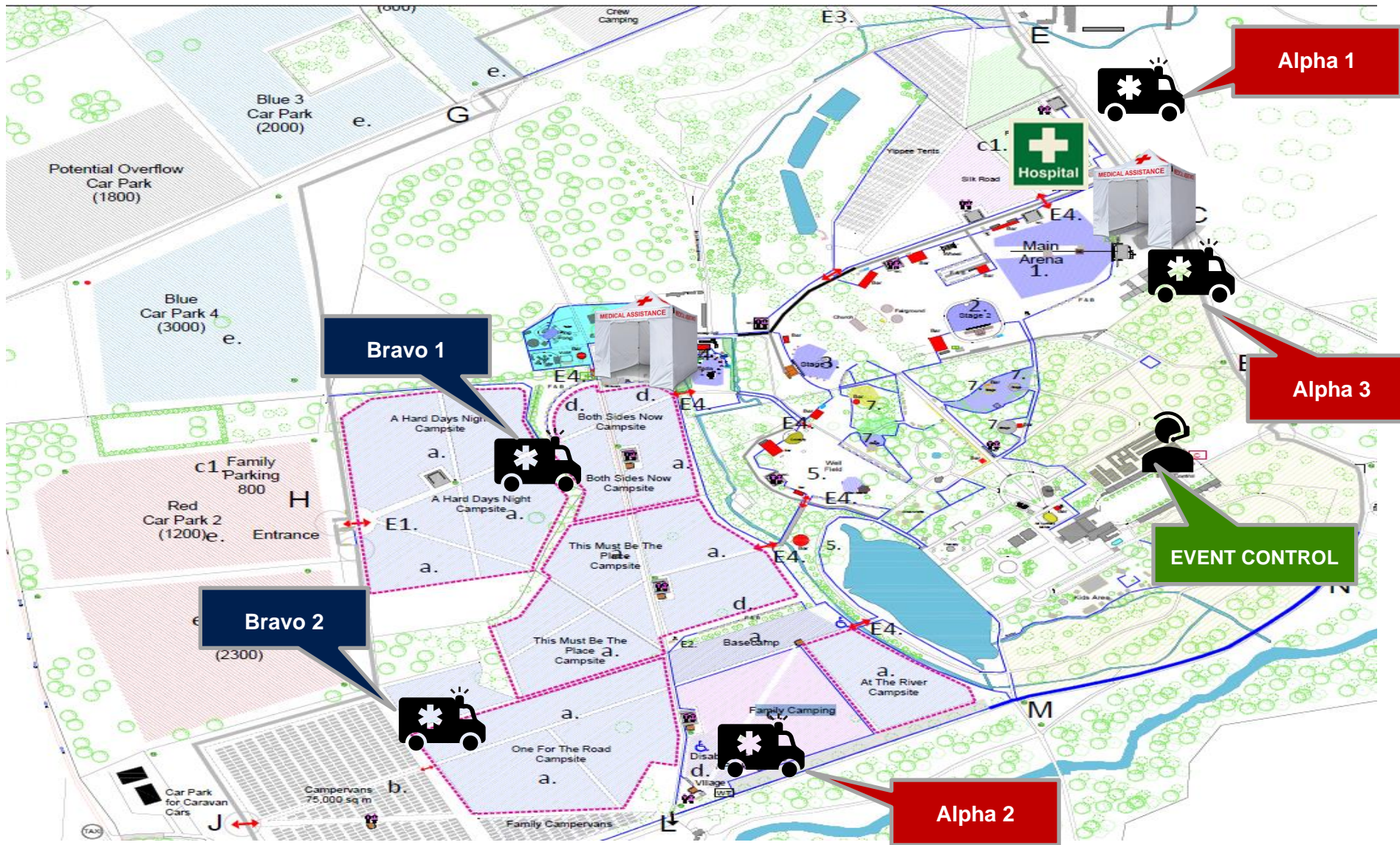
Staff should not:

- Touch the child
- give them anything to eat or drink
- pass them onto the care of another adult

ALL TOGETHER NOW FESTIVAL 2025

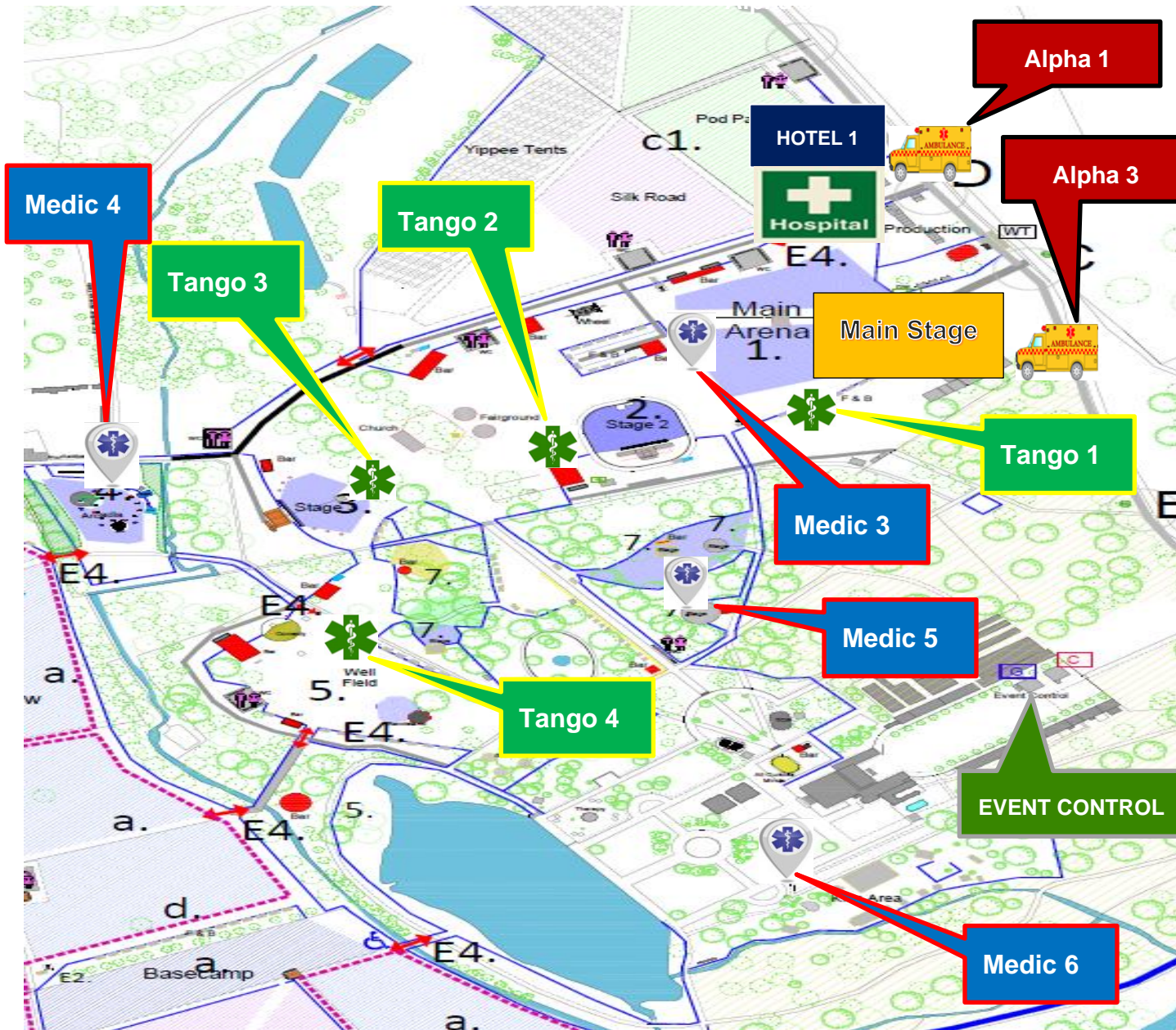
Event Medical Plan

Site Ariel Drawing



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Event Medical Plan



- 1. Main Stage
- 2. Stage 2
- 3. Stage 3
- 4. Arcadia
- 5. Wellfield
- 6. Lovers Rock
- 7. Small Stages

Campsite

- a. General Camping
- b. Campervan
- c. Family camping
- c1. Boutique Camping
- c2. Family Parking
- d. Campsite village location
- e. Car Parking Areas

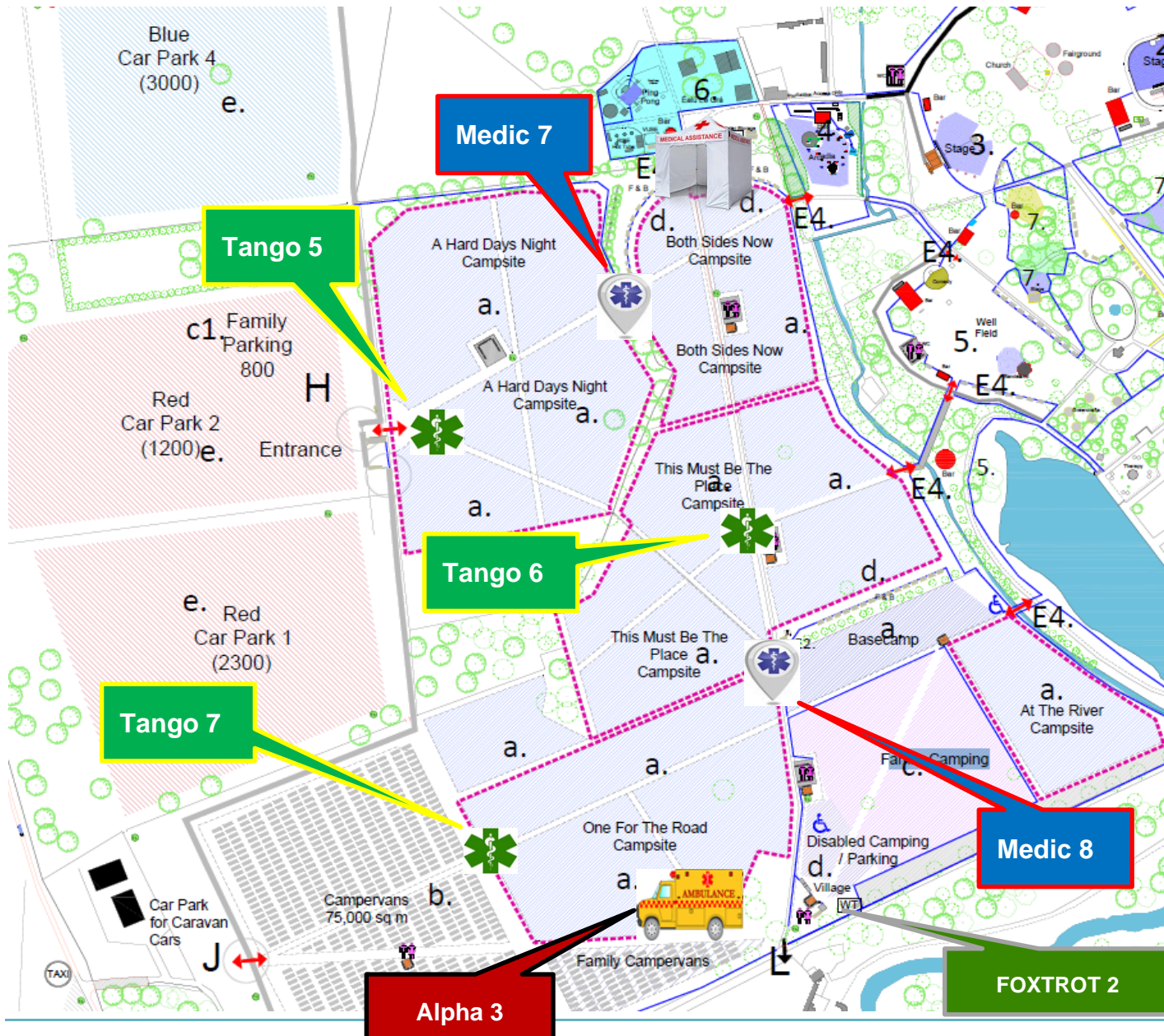
Entrances

- E1. Main Entrance (Weekend Camping)
- E2. Campervans Ticket Collection
- E3. Boutique Camping Entrance
- E4. Arena Entrances

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Event Medical Plan

Campsite Map



- 1. Main Stage
- 2. Stage 2
- 3. Stage 3
- 4. Arcadia
- 5. Wellfield
- 6. Lovers Rock
- 7. Small Stages

Campsite

- a. General Camping
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COVID 19 PROTOCOL

COVID-19 Risk Assessment for Use by Ambulance Services when PRIMARY POINT of Contact



Version 8.7
Publication date: 07/02/2022

Please note background colour coding indicates infection control precautions as per right-hand panel

CLINICAL CRITERIA

1. A patient with acute respiratory infection (sudden onset of at least one of the following: cough, fever, shortness of breath) **AND** with no other aetiology that fully explains the clinical presentation;
OR
2. A patient with any acute respiratory illness **AND** having been in close contact¹ with a confirmed or probable² COVID-19 case in the last 14 days prior to onset of symptoms;
OR
3. Sudden onset of anosmia³, ageusia⁴ or dysgeusia⁵

Please note other symptoms that are less common may include fatigue, sore throat, nasal congestion, headaches, muscle/joint pain, nausea or vomiting, diarrhoea, chills/dizziness, different types of skin rash, conjunctivitis.

Symptoms of severe COVID-19 disease may include shortness of breath, loss of appetite, confusion, persistent pain or pressure in the chest, high temperature (above 38 °C). Clinical judgement should be applied in application of these criteria to determine who requires testing.

Paramedics and Advanced Paramedics should be alert to the possibility of atypical (including non-respiratory) presentations in older patients, younger patients and in those who are immunocompromised

¹ Close contact: <2 metres face-to-face contact for greater than 15 minutes over a 24-h period (even if not consecutive)
² Probable case: A suspected case for whom testing for virus causing COVID-19 is inconclusive (according to the test results reported by the laboratory)
³ Loss of sense of smell; ⁴ Loss of sense of taste; ⁵ Distortion of sense of taste

NO

COVID-19 UNLIKELY

Transport to nearest **EMERGENCY DEPARTMENT**

STANDARD PRECAUTIONS (SP)
Surgical face masks should be worn:
1. When providing care to all patients (within 2 metres)
2. For all encounters, ≥15 minutes, with other HCWs in the workplace where a distance of 2 metres cannot be maintained

YES

INITIAL ACTIONS

1. **ISOLATE PATIENT**
2. Implement **STANDARD CONTACT & DROPLET PRECAUTIONS** and explain the **NOW and NEXT** to the patient
3. **A well fitted medical (surgical) or FFP2 mask** for patients with respiratory symptoms (if tolerated)

If patient is **NOT** deemed well enough to remain at home, following risk assessment

TRANSPORT patient to nearest **RECEIVING HOSPITAL** AND **INFORM** the **RECEIVING TEAM** in **ADVANCE** of arrival

If patient is **deemed well enough** to remain at home, following risk assessment

Refer to **NAS/DFB** relevant procedure on **COVID-19 non-conveyance**

CONTACT & DROPLET PRECAUTIONS:

For face to face contact and within 2m of a case:

Gloves, Apron/long sleeved gown, eye protection

Surgical face mask or FFP2 respirator mask

FFP2/FFP3 for all aerosol generating procedures

See <https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/guidance/>

CONTACT DETAILS

NIU:
01-830 1122 (Ask for ID Consultant on call)

PUBLIC HEALTH MOH: (OOH 0818 501999)

HSE E: 01 635 2145
HSE M: 057 935 9891
HSE MW: 061 483 337
HSE NE: 046 907 6412
HSE NW: 071 985 2900
HSE SE: 056 778 4142
HSE S: 021 492 7601
HSE W: 091 775 200

HPSC:
01-8765 300
OOH: 086 7810393

ADDITIONAL ACTIONS IF ATTENDING PATIENT ON AIRCRAFT

AMBULANCE PERSONNEL should:

- A. In addition to Standard Precautions initiate **CONTACT & DROPLET PRECAUTIONS** before entering.
- B. **DISTRIBUTE and COLLECT PUBLIC HEALTH CONTACT TRACING CARDS** for (i) Passengers in close contact with a possible case (ii) crew serving the person or that section.
- C. **FORWARD** these **PUBLIC HEALTH CONTACT TRACING CARDS** directly to local **PUBLIC HEALTH** Medical Officer of Health (MOH)
- D. **REQUEST CABIN CREW** to: (i) Broadcast the Travel Health Alert Announcement (ii) Distribute and collect **PUBLIC HEALTH CONTACT TRACING CARDS** from ALL OTHER passengers and crew (iii) Distribute a copy of the Travel Health Alert Announcement leaflet to all passenger and crew (iv) Send completed **PUBLIC HEALTH CONTACT TRACING CARDS** to the local Public Health MOH
- E. **ALL WELL PASSENGERS** should then be allowed to **DISEMBARK**, using the nearest exit.

MEASLES PROTOCOL

There is increasing likelihood of introduction of measles to Ireland, given ongoing outbreaks internationally and particularly in the UK with whom we share many travel and population links.

The national immunisation uptake for both first and second dose of MMR is suboptimal, and the young adult population also has a significant proportion of non-immune individuals.

There are settings such as direct provision centres and asylum seeker accommodations where uptake is uncertain and transmission likelihood is very high. Therefore Practitioners should maintain a high index of suspicion for Measles in clinically compatible cases especially among unvaccinated persons.

Measles is a highly transmissible disease and is likely to cause outbreaks in nonimmune populations. Should measles be introduced, and transmission occur there is likely to be a burden of disease, with morbidity and mortality. It will likely impact healthcare services.

The First Signs and Symptoms are:

- cold-like symptoms such as aches and pains, a runny nose, sneezing and a cough
- sore, red eyes that may be sensitive to light
- temperature of 38 degrees Celsius or above (fever), may reach around 40 degrees Celsius
- small greyish-white spots in your mouth
- loss of appetite
- tiredness, irritability and a general lack of energy
- the rash appears around 2 to 4 days after the first symptoms. It fades after about a week.

The rash:

- is made up of small red-brown, flat or slightly raised spots - these may join together into larger blotchy patches
- usually first appears on the head or neck and then spreads outwards to the rest of your body
- is slightly itchy for some people
- The rash can look like other childhood conditions, such as slapped cheek syndrome, roseola or rubella.
- Is unlikely to be caused by measles if you have been fully vaccinated or had measles before. You need 2 doses of the MMR vaccine to be fully vaccinated

Transmission and PPE.

The transmission route of measles is mostly **airborne** by droplet spread or direct contact with nasal or throat secretions of infected persons; much less commonly, measles may be transmitted by articles freshly soiled with nose and throat secretions, or through airborne transmission with no known face-to-face contact.

Place surgical mask on patient if possible, and wear FFP2 Respirator Mask and level of PPE as indicated in Point of Care Risk Assessment.

Measles virus can remain infectious in the air for up to two hours after an infected person leaves an area. Following a suspect or confirmed case **thorough surface and environmental cleaning and disinfection must be undertaken (Clinell Green Wipes)** in accordance with DFB Infection Control document. PPE including FFP2 mask must be worn and the vehicle should be well ventilated either by opening the doors or utilizing the air extraction system.

Point Of Care Risk Assessment (PCRA)

Infection prevention & control (IPC)



To be carried out before each patient/client interaction

IMPORTANT

Check patient's /client's symptoms /MDRO status

Does the patient have unexplained rash, cough, sneezing / unexplained diarrhoea / fever or known MDRO. Suspected or confirmed droplet (eg influenza, meningitis) or airborne illness (e.g. chicken pox, measles, MDRX TB)

If yes:

PPE (as per below) determined by level of anticipated contact and type of activities. For suspected/confirmed droplet/airborne illness - medical (droplet) or respirator (airborne) mask as minimum



HANDS

Perform hand hygiene as per WHO 5 moments

Can my hands be exposed to blood, body fluids, non intact skin, mucous membranes or contaminated items

If yes:

Don gloves



MUCOUS MEMBRANES

Will I be exposed to a splash, spray, cough, sneeze while I am within 2 metres of a patient/client

If yes:

ADD
Facial protection (includes mask & goggles or visor)



SKIN/CLOTHING

Will my skin/clothing come in direct contact with blood, body fluids, non intact skin or items contaminated with body fluids

If yes:

Low contact activity = apron
High contact activity = gown



IF CONDUCTING AN AEROSOL GENERATING PROCEDURE

Aerosol generating procedure (AGP)
Does the patient have a suspected droplet/airborne illness or an emerging respiratory pathogen

If yes:

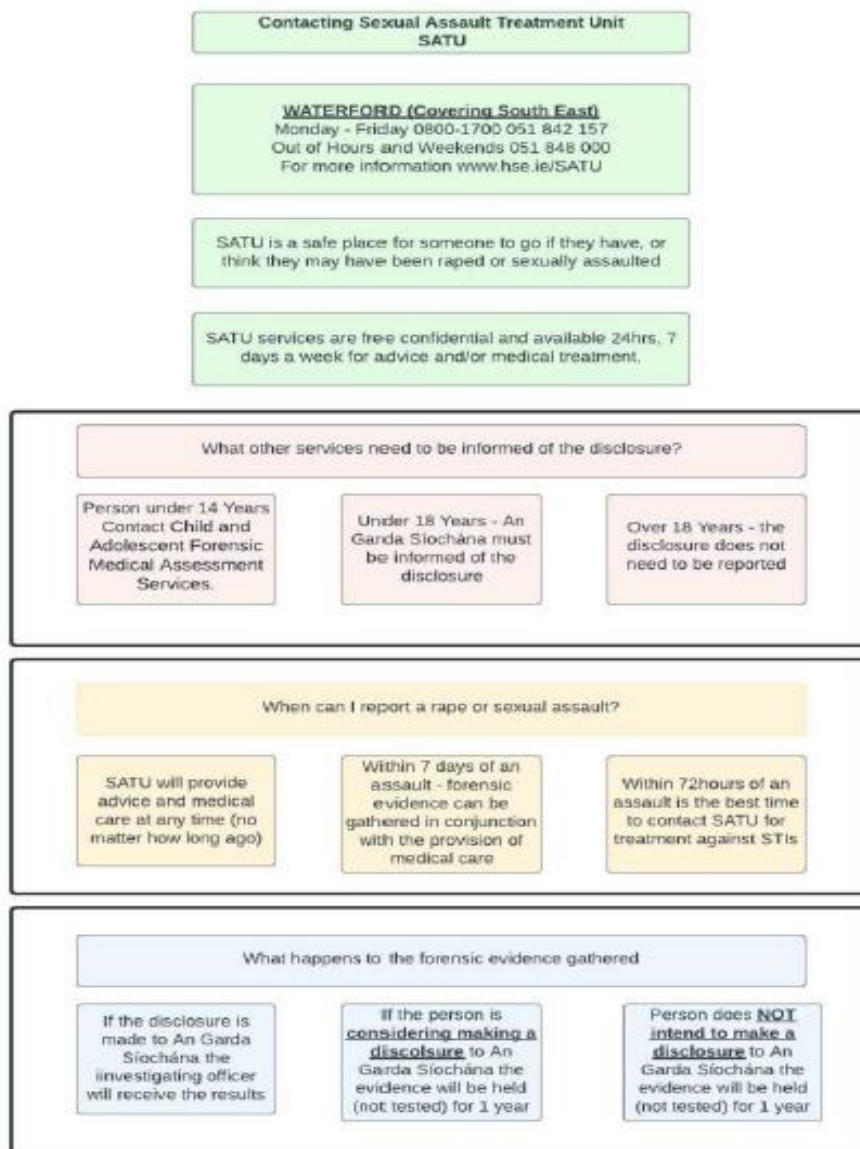
ADD
FFP2/3 respirator



REMEMBER: Hand Hygiene (WHO 5 moments) first and last in all cases to protect patients and yourself



SEXUAL ASSAULT PROTOCOL



The site procedure should a sexual report be made will be as follows

- The Medic who has received the report will request the EFAST Manager to contact them by phone. No reports will be made over the phone.
- The EFAST Manager will identify a location for the patient to be taken to.
- The EFAST Manager will contact the Gardai and have a discussion about the best next steps by utilizing the above protocol for identifying whats best for the patient.
- The EFAST Manager will then inform the Event Controller of the situation and keep them updated.

Intentionally blank for notes: