

# Special Events and DEM Medical Plan Coordination in San Francisco

PROCESS ANALYSIS & OPPORTUNITIES FOR  
IMPROVEMENT



**May 2, 2017**

**Office of the Controller**  
City Performance

## About City Performance

The City Services Auditor (CSA) was created in the Office of the Controller through an amendment to the San Francisco City Charter that was approved by voters in November 2003. Within CSA, City Performance ensures the City's financial integrity and promotes efficient, effective, and accountable government.

City Performance Goals:

- City departments make transparent, data-driven decisions in policy development and operational management.
- City departments align programming with resources for greater efficiency and impact.
- City departments have the tools they need to innovate, test, and learn.

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# Executive Summary

## Background and Purpose of the Report

San Francisco hosts a variety of special events throughout the year, from iconic street fairs to annual concerts to large athletic events to neighborhood block parties. Special events with expected attendance or participation of 2,500<sup>1</sup> people or more must have a medical plan that describes the emergency medical services (EMS) that will be available at the event. Medical plans are important because they provide a detailed description of the resources required to provide timely and adequate EMS to event attendees. This also minimizes or prevents impact on the 911 system, as first responders and ambulances can respond to other emergency medical incidents throughout the City.

Recognizing the criticality of and current process challenges with special events permitting and medical plan coordination, the Department of Emergency Management (DEM) requested that the City Performance Unit of the Controller's Office (City Performance) analyze the current process of special event permitting and medical plan coordination therein as well as identify improvements in medical plan development, tracking, and communication between permitting departments and DEM.

## Key Findings

Key findings on special events permitting and medical plan coordination include:

- Special event permitting is a decentralized process, which can involve multiple permitting departments and committees, each of which may have their own ability to issue a separate permit without an approved medical plan for the event.
- The lack of standardized procedures regarding the medical plan requirement results in inconsistent and informal processes for medical plan submission, receipt, and review. As a result, DEM may learn of special events requiring a medical plan through ad hoc sources, may receive an inadequate medical plan just prior to the event, and/or may not receive a medical plan at all for an event.
- Permitting departments and event organizers may be unclear regarding the purpose of and requirements within a medical plan; thus, event organizers may not submit an adequate medical plan or fail to submit a medical plan at all. Furthermore, DEM and other permitting departments' websites provide unclear, inconsistent, and, in some cases, no information regarding medical plan requirements.

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<sup>1</sup> This report references special events with 2,500 or more expected attendees as the threshold for the medical plan requirement because in practice this is the current threshold used by DEM's Prehospital Coordinator and other permitting agencies, as well as the threshold implied in Policy 7010's EMS resource matrix. However, it should be noted that Section 802 of the Administrative and Traffic Code states that a "major event" is one that has "expected attendance or participation of more than 1,000 people at any one time." Standardizing the terminology for a major/special event and clarifying the expected attendance threshold is discussed throughout the report, and stated as a recommendation.

- The above challenges cause DEM’s Prehospital Coordinator to spend significant time and energy coordinating with permitting departments and event organizers to learn about upcoming special events, determine if these special events require a medical plan, and to ensure that medical plans are developed with adequate EMS resources. Without DEM Prehospital Coordinator’s notable efforts in recent years to establish these relationships and informal processes with permitting departments, event organizers, and emergency medical resource providers, many special events likely would have occurred in San Francisco without an adequate medical plan, which could potentially impact the 911 system.

## Priority Recommendations

In addition to highlighting best practices by peer jurisdictions, the last section of this report identifies nine priority recommendations that fall within two issue categories: i) standardizing special event permitting and medical plan requirement processes; and ii) clarifying medical plan requirements. The former category’s recommendations require significant buy-in from and coordination between various special event permitting departments, may have political implications, and are therefore more difficult to implement in the short-term. The latter category’s recommendations are wholly within DEM’s control to implement in the near term and should be prioritized accordingly.

City Performance analyzed these nine recommendations by the level of impact and effort required. The below subset of recommendations includes those that have been prioritized as “quick wins” and “medium projects” (i.e., high-medium impact, low-medium effort) and could be implemented by DEM in the near-term:

Issue Area(s)	Recommendation for DEM
Decentralized & Inconsistent Permitting Process	Create a standard work agreement or memorandum of understanding (MOU) between DEM and Presidio Trust and NPS to route permit applications with expected attendance greater than 2,500 to DEM for review.
	Work with REC to develop an automatic email notification that is sent to DEM whenever an event organizer submits a REC permit application for an event with expected attendance over 2,500. A similar notification is currently implemented with the Department of Environment (ENV).
Medical Plan Inefficiencies and Confusion	Develop clear medical plan definition and statement of purpose and importance; use this standard language when introducing or discussing medical plans with event organizers, City departments, and other agencies.
	Update DEM’s Special Events & Mass Gatherings website to include medical plan definition, purpose and importance, and submission timeline, and overview instructions. Update DEM’s Event Medical Plan website to include these features.
	Display Policy 7010 matrix that shows the EMS resources required based on event size and event type prominently on DEM’s Special Events & Mass Gatherings website and on DEM’s Event Medical Plan website.

## In Closing

The Controller's Office would like to express our sincere appreciation to DEM, City staff, and other key stakeholders for their significant contribution of time and energy to this project. Their expertise shared during our interviews and follow-up meetings was indispensable, and their graciousness deeply appreciated. We were continuously impressed by their preparation, candor, and keen desire to improve special events permitting and medical plan coordination in San Francisco. This commitment will serve as a strong foundation as DEM and the City move towards implementing improvements that will keep the City's special events process customer-focused, sustainable, and safe.

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# Introduction

## Overview of Special Events and Medical Plans

San Francisco hosts a variety of events throughout the year, from iconic street fairs to annual concerts to large athletic events to neighborhood block parties. Mass gatherings designated specifically as “special events” are typically those that use more than five street blocks or re-route more than three transit lines, have expected attendance or participation of more than 1,000 people at any one time, have amplified sound, require set-up of stages, tents or barricades, and/or plan to sell food, alcohol or merchandise.<sup>2</sup>

Special events with expected attendance or participation of 2,500 people or more at any one time must have a medical plan that describes the emergency medical services (EMS) that will be available at the event. Medical plans are required per San Francisco’s Emergency Medical Services Agency (EMSA) Policy 7010, but this requirement is not codified in the City’s Administrative Code or in any City ordinance (see Appendix A, EMSA Policy 7010). Moreover, the special events permitting process is not coordinated and is confusing for the end user. Hence, it is challenging for the Department of Emergency Management (DEM), who is responsible for reviewing and approving submitted medical plans as well as for ensuring that minimum EMS standards are met per EMSA policy, to enforce the medical plan requirement. Figure 1 below is an example of the key sections of a medical plan that detail EMS resources that will be provided at a special event. A complete, sample medical plan is provided in Appendix B.

Figure 1. Example Medical Plan Content: Kaiser Half Marathon, 2015

EMS Plan						
<b>1. Incident Name</b>						
Kaiser Permanente San Francisco Half Marathon & 5K						
<b>2. Date Prepared</b>			<b>3. Operational Period</b>			
December 8, 2014			Sun. Feb. 1, 2015 – 6AM to 1PM			
<b>4. Incident Medical Aid Stations</b>						
Triage point	Station location	# of MD's	# of RN's	# of EMT's	# Defibrillators	
Start Line	GG Park, JFK btwn Stow Lake Dr and 10 <sup>th</sup> Ave.			1 Paramedic 1 EMT	1	
Finish Line ½ Mar.	GG Park, MLK btwn Bernice Rodgers & Lincoln Blvd.	1		1 Paramedic 1 EMT	1	
Finish Line 5K	GG Park, MLK just west of Chain Of Lakes Drive			1 Paramedic 1 EMT	1	
Postrace Expo	MLK btwn Bernice Rogers and Lincoln Way			1 Paramedic 1 EMT	1	
<b>5. Number of Foot Teams</b>		<b>Location of Foot Teams</b>				
5 Bike Medics		BIKE 1: GG Park - Panhandle (JFK/Kezar Dr./Stanyan) BIKE 2: GG Park Water Station 2 (on Bowling Green Dr.) BIKE 3: GG Park – Water Station 3 (JFK east of Chain of Lakes Dr.) BIKE 4: Great Hwy – Water Station 4 (Great Hwy at Noriega) BIKE 5: Great Hwy – Water Station 5 (Great Hwy at Sloat)				
<b>SAG Vehicle</b>		Peter Tapia /Special Medical Aid – 415-722-8876				
<b>6. Dispatch</b>						
Company name	Address	Phone				
King American	2570 Bush St., SF 94115	Brian Smith 415-627-7913				
<b>7. Transportation</b>						
Ambulance Provider Name	Address	Phone	# of BLS ambulances		# of ALS ambulances	
			Dedicated <sup>1</sup>	Courtesy <sup>2</sup>	Dedicated	Courtesy
King American	2570 Bush St., SF 94115	415-931-1400			4	

<sup>2</sup> This definition represents a subset of the criteria noted on the Department of Emergency Management’s Mass Gatherings & Special Events webpage (<http://sfdem.org/mass-gatherings-special-events>).



Medical plans are important for two critical reasons. First, medical plans provide a detailed description of the resources required to provide timely and adequate medical response for special events attendees and participants in the case of an emergency. Second, special events should have no or minimal impact on the 911 system – that is, first responders and ambulances in the 911 system should be available to respond to emergency medical incidents throughout the City. Having adequate medical resources on-site at a special event ensures that the 911 system can prioritize serving the full citizenry of San Francisco.

## Project Background

Special event permitting in San Francisco can involve multiple departments and committees, each of which may have the ability to issue a separate permit and/or approve a requirement for the event. In the example of a street fair, the Interdepartmental Staff Committee on Traffic and Transportation (ISCOTT) permits the event space (the temporary closure of a City street); the Entertainment Commission (ENT) permits amplified sound; the Department of Public Health (DPH) permits food sales; and the Fire Department (FIR) permits the use of outdoor flame. If this street fair had 2,500 or more expected attendees, the event organizer should submit a medical plan to DEM, but there is currently no formalized mechanism in the special events permitting process to ensure that medical plans are submitted and approved prior to the issuing of the above permits (or the event itself), if at all.

There is currently no formalized mechanism in the special events permitting process to ensure that medical plans are submitted and approved.

The lack of standardized procedures for medical plan coordination within the special events permitting process across City departments results in inconsistent and informal processes for medical plan submission, receipt, and review. Further, it leads to these key process issues for DEM:

- Due to the decentralized special event permitting process, short notice about special events often precludes DEM from having sufficient time for medical plan review, which can make it difficult to ensure that an event has adequate medical resources.
- An inconsistent process increases the likelihood that a special event occurs without an approved medical plan; if a major medical emergency occurs, adequate EMS resources may not be immediately available to respond, which could have fatal consequences.
- DEM's Prehospital Coordinator spends significant time and energy coordinating with permitting departments and agencies to learn about upcoming special events and to determine if these special events require a medical plan per EMSA Policy 7010's 2,500 expected attendance threshold.
- DEM's Prehospital Coordinator spends significant time and energy following up with event organizers to first ensure that medical plans are submitted and subsequently ensure that medical plan content includes adequate EMS resources.

## Project Objectives and Scope

Recognizing the criticality of and process challenges with medical plan coordination in special event permitting, DEM requested that the City Performance Unit of the Controller's Office (City Performance) analyze the current or "as-is" process around medical plan coordination and special event permitting. Specifically, this project aims to:

- Understand and identify the key issues impeding efficiency and effectiveness in the current special events permitting process
- Standardize workflows and protocols for medical plan receipt and review to ensure the health and safety of all special event and mass gathering participants while minimizing the impact on the 911 system to the extent possible
- Prioritize improvements in medical plan triggering and tracking as it relates to special event permit issuance, coordination, and communication between permitting departments and DEM

City Performance conducted research on special events permitting more broadly in order to understand and analyze the context of medical plan coordination; however, in-depth process analysis on special events permitting is beyond the scope of this project.

## Project Methodology

City Performance's analytical methodologies include:

- **Benchmarking analysis** of special event and medical plan coordination best practices of peer jurisdictions
- **Review** of special event permitting procedural information on the websites of permitting departments and agencies
- **Process mapping analysis** of current state medical plan coordination
- **Quantitative analysis** of medical plans approved by DEM in 2015 (analyzed by primary permitting agency, event type, and event attendance)
- **Stakeholder interviews** with 24 permitting departments and agencies, event organizers, and ambulance providers
- **Attendance** at one ISCOTT meeting
- **Review** of San Francisco's Administrative Code, EMSA Policy 7010, Transportation Code, and other official documents for medical plan requirement documentation
- **Impact/Effort analysis** to prioritize key recommendations

# Findings and Opportunities for Improvement

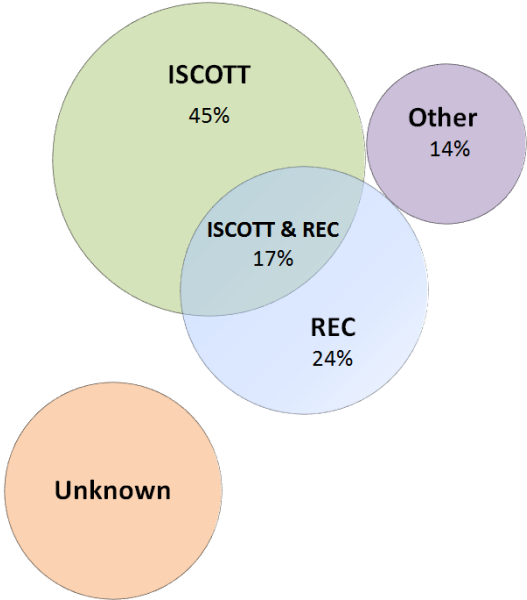
## Current State: Process

**Background.** City Performance conducted an analysis of medical plans approved by DEM in calendar year 2015 to determine how DEM learns of special events that require a medical plan. City Performance mapped each event with an approved medical plan back to its primary permitting agency via the master calendars of the permitting agencies. City Performance selected 2015 as the sample year because San Francisco hosted Super Bowl 50 and associated events in 2016, making 2016 an anomaly year.

In 2015, there were 133 special events with an approved medical plan. Eighty-six percent of these special events were mapped back to the master calendars of ISCOTT, which permits street closures, and the Recreation and Parks Department (REC), which permits special events in City parks. City Performance refers to REC and ISCOTT as the “primary” permitting agencies because both organizations permit the most critical aspect of a special event – its geographic location. A portion of special events are “legacy” events, meaning that they occur annually. These events are easier for DEM to monitor, as they can be roughly mapped to an annual schedule, and the event organizers are aware of the medical plan requirement and process.

**Figure 2. Approved Medical Plans by Primary Permitting Agency, 2015**

Figure 2 shows the breakdown of primary permitting agency for all special events with a medical plan approved by DEM in 2015. Forty-five percent of approved medical plans were mapped to events on the ISCOTT master calendar, 24% were mapped to events on the REC master calendar, 17% were mapped to both the ISCOTT and the REC master calendars, and 14% were mapped to events permitted by other agencies (e.g., the Police Department, Presidio/National Park Service, Port, Mayor’s Office, etc.). For the 17% of events that are noted on both the ISCOTT and REC master calendars, DEM finds out about the event via ISCOTT; hence, the ISCOTT calendar accounts for 62% (45% plus 17%) of special events with an approved medical plan.



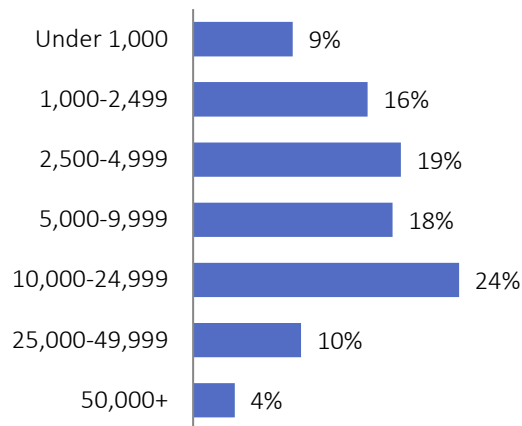
The “Unknown” category represents special events that are not included in this analysis – events that may meet the expected attendance threshold for the medical plan requirement, but because of inconsistent and decentralized medical plan coordination with agencies such as the Police Department and the Port, DEM may not have known about the event, and no medical plan was submitted.

Seventy-four percent of the special events with approved medical plans in 2015 had expected attendance over 2,500; the majority of events with expected attendance less than 2,500 were athletic participation events, which due to their nature, may warrant EMS resources and a medical plan. Figure 3 below shows the percentage of events by attendance range and by event type, as well as a breakdown of attendance range by event size.<sup>3</sup>

**Figure 3. Events by Attendance Range and Event Type, 2015**

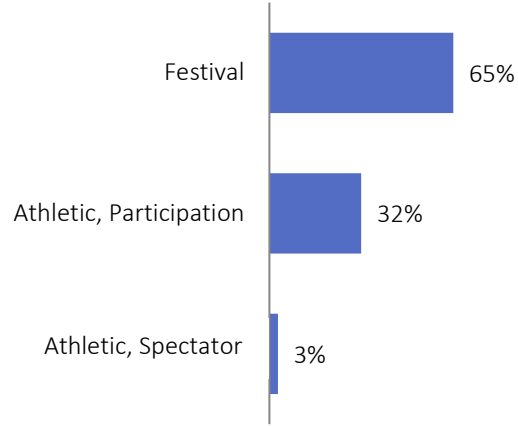
**Events by Attendance Range**

Roughly 61% of events had expected attendance between 2,500 and 24,999.



**Events by Event Type**

65% of events were classified as “festivals,” which includes concerts and street fairs.



**Event Type by Attendance Range**

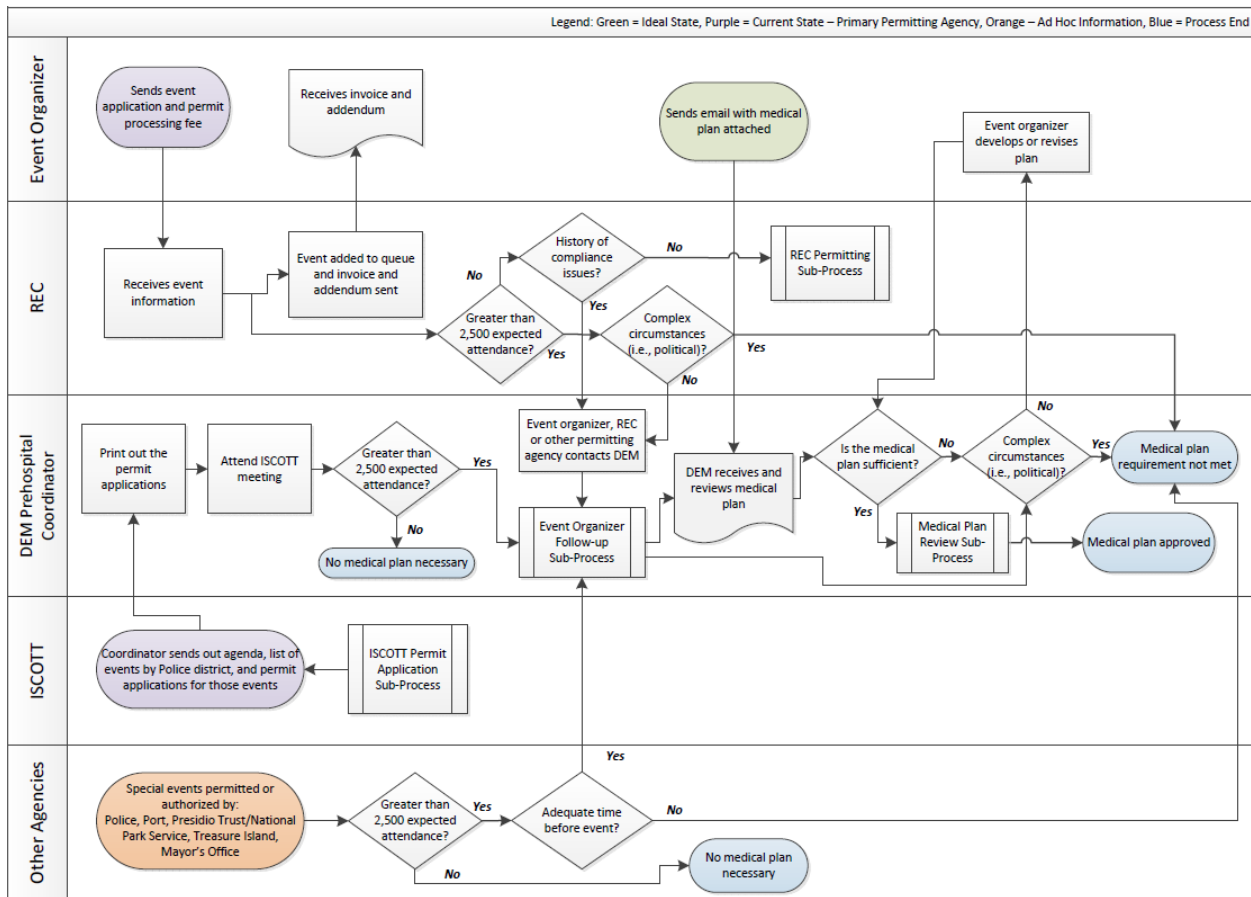
Festivals with 5,000 to 25,000 expected attendees are the most frequently occurring special event. Events that have a medical plan yet expected attendance is below 2,500 are generally athletic participation events, which by nature may warrant a medical plan.

Event Type	Attendance Range						
	Under 1,000	1,000-2,499	2,500-4,999	5,000-9,999	10,000-24,999	25,000-49,999	50,000+
Festival	2%	7%	11%	16%	18%	8%	3%
Athletic, Participation	8%	8%	5%	2%	6%	2%	1%
Athletic, Observation		1%	2%				

<sup>3</sup> Methodology notes: 1) City Performance used the upper bound number if there was an expected attendee range (e.g., 10,000 to 12,000); 2) City Performance used the maximum expected attendance for one day for events that span multiple days (e.g., 50,000 would be used if the medical plan or calendar noted 10,000 on Friday and 50,000 on Saturday); and 3) The ISCOTT calendar does not have a field for expected attendance. If the event with an approved medical plan was noted in the ISCOTT calendar, the number of expected attendees comes from DEM's medical plan; if the event was noted on the REC calendar, City Performance used the number in REC's calendar, cross-referenced with DEM's medical plan, for the expected attendance at that event.

**Process.** Understanding the channels through which DEM learns of special events that require medical plans provides the background for analyzing the current medical plan process in San Francisco. Learning the end-to-end medical plan process entails determining how the requirement is publicized as well as how the medical plan itself is developed, submitted, reviewed, and approved. Working with DEM’s Prehospital Coordinator, City Performance iteratively developed the below high-level “as-is” process map to represent how medical plans are currently developed, received, reviewed, and approved in San Francisco. This process map is also included as Appendix C, San Francisco Special Events Permitting and DEM Medical Plan Coordination Process Map.

**Figure 4. San Francisco Special Events Permitting and DEM Medical Plan Coordination Process Map**



**Ideal State (happens rarely):** The event organizer submits the medical plan directly to DEM 60 to 90 days before the event, in the initial stages of the permit application process with the primary permitting agency (e.g., REC, ISCOTT). This allows time for DEM to evaluate the medical plan and provide recommendations on EMS resources, the promoter to make plan revisions and hire the appropriate EMS resources, DEM to evaluate the plan again, as necessary, and then approve it. This is represented by the green initial step above.

**Current State – Primary Permitting Agency** (*happens often*): REC and ISCOTT both coordinate with DEM around medical plans, but these coordination processes are built primarily on pre-existing relationships and implicit steps rather than standardized mechanisms. These processes are represented by the purple initial steps above.

**REC and DEM.** REC permits roughly 50,000 events annually, and approximately 1,200 of these events are “special events” based on REC’s definition.<sup>4</sup> To obtain a special events permit, an event organizer completes the online permit application on REC’s Special Events website. The application contains a field that indicates the number of expected attendees. REC staff review the permit application and, based on the event characteristics noted in the application, send the event organizer a customized Permit Clause Addendum that states the additional permits and requirements that must be in place before the permit is issued. Based on the “expected attendee” field, REC emails or calls DEM to inform DEM of events that may require a medical plan, and DEM is tasked with following up with the event organizer; alternatively, REC instructs the event organizer to email or call DEM directly. The Addendum does state that an “Approved copy of Emergency Medical Services Plan” must be received prior to permit issuance, but in practice, permits are sometimes issued before this requirement has been fulfilled.

**ISCOTT and DEM.** ISCOTT is a committee that approves and coordinates street closures and is composed of members from Municipal Transportation Agency, Public Works, Police, Fire, Entertainment Commission, Public Health and the Port. ISCOTT convenes twice a month and the meetings are formatted such that event organizers present proposed special events to the committee to receive approval. DEM attends ISCOTT to learn about events that may require a medical plan and have not yet submitted one as well as to distribute contact information for medical plan follow-up as necessary. ISCOTT typically permits special events before other secondary permits and plans are in place.

After correspondence with REC or attendance at an ISCOTT meeting, DEM’s follow-up process often includes contacting the event organizer about medical plan submission, working with the event organizer to develop a medical plan, and reviewing and assisting with revisions as necessary.

Due to the informal coordination processes between DEM and the primary permitting agencies, DEM often finds out about special events that require a medical plan less than the ideal 60-day window

**Current State – Ad Hoc Information** (*happens occasionally*): DEM learns of some events informally through various channels, as denoted by the orange initial step in the process map above. There is no standard process through which DEM finds out about events that are permitted, supervised, or authorized by the agencies listed below, and DEM often finds out about these events when they are occurring imminently.

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<sup>4</sup> REC and DEM have different criteria for the special event classification, which is an issue amongst all departments in the special events permitting process. REC defines a special event as having over 1,000 expected attendees, whereas DEM’s medical plan threshold is 2,500 expected attendees.

***Police Department.*** DEM may find out about events through station contacts at the Police Department (POL), or about events that are occurring imminently through POL operational orders, which are issued the day before an event. POL supervises rallies, political demonstrations and parades, freedom of speech events that do not officially require a permit; however, event organizers of these events will sometimes submit a medical plan if they have done so prior or have a relationship with DEM.

***Federal or Other Land.*** Other agencies that permit event locations – albeit for fewer events than ISCOTT and REC – include the Port of San Francisco, Treasure Island, and Presidio Trust and the National Park Service (NPS), which share governance of the Presidio of San Francisco. DEM finds out about events at these locations on ad hoc basis. For example, some of these events may go through ISCOTT, DEM may happen to hear of an event through contacts at these agencies, or DEM may learn of an event through Presidio Trust’s weekly event email, meaning that the event is occurring imminently.

***Mayor’s Office.*** The Mayor’s Office oversees large-scale citywide events as well as high-profile events such as America’s Cup and the PGA Tour. The Mayor’s Office handles the citywide coordination for these events, which means that permits and other requirements like medical plans may be waived or tailored to the specific dynamics of the event.

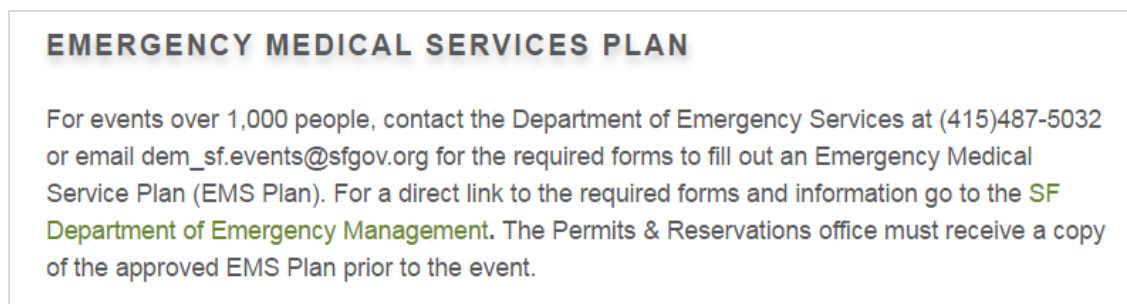
## Current State: Information Sharing by Permitting Agencies' Websites

City Performance analyzed City permitting agencies' websites to understand what it is like to navigate special events permitting procedures and obtain information on the medical plan requirement and process. Obtaining comprehensive information on special events permitting procedures and requirements is difficult because there is no central department—or website—that consolidates event permitting information. Therefore, an event organizer must review multiple departments' websites to understand the full process and various requirements.

The websites of the following agencies are included in this review: REC, ISCOTT (primary permitting agencies); and POL, Fire Department (FIR), Department of Public Health (DPH) and Entertainment Commission (secondary permitting agencies). City Performance found that the information presented on City permitting agencies' websites regarding medical plans is often unclear, inconsistent, and/or inaccessible. Examples are listed below. See Appendix D for the complete summary of this website research.

- Only the REC and ISCOTT websites mention medical plans or link to DEM's Mass Gatherings & Special Events webpage, and the sites provide inconsistent information (e.g., incorrect expected attendee threshold of 1,000 people, no submission timeline). See Figure 5 below.

Figure 5. Recreation and Parks Department Special Events, "Other Required Provisions" Website



- The websites that list other agencies that may require a secondary permit or have other requirements are not comprehensive. For example, the "Apply for Permits" section on ISCOTT's "Apply for a Temporary Street Closure – Special Events" webpage links only to FIR, DPH, and Entertainment Commission because these departments permit for other requirements, such as food trucks, music, and open flames for cooking, that are typical at street fairs and neighborhood block parties for which ISCOTT issues permits. The webpage does link to DEM's "Mass Gatherings & Special Events" website, but this reference is not until the "Links and Resources for Street Closures" section at the bottom of the "Apply for a Temporary Street Closure" webpage.



DEM's Mass Gatherings webpage should also be revised to increase clarity, usability, and accuracy. The below numerical bullets correspond to the number call outs in Figure 6.

1. The page does not define and reference "special events." Instead, these events are called "major events" and are not referenced until partway down the page.
2. Major events are not defined until the bottom of the page. If the major event is defined as such based on expected attendance, the webpage inaccurately notes that the threshold is expected attendance of more than 1,000 people.
3. No timeline for medical plan submission is noted. Furthermore, the webpage instructs that an applicant should submit the plan to ISCOTT, whereas DEM's Prehospital Coordinator noted that direct submission to DEM is the preferred method.
4. The webpage is text-heavy, but lacks clear definitions and instructions. There is no definition of a special event, a medical plan, or a medical plan's purpose. There is no upfront resource matrix to help event organizers determine the EMS resources necessary to complete a medical plan for his or her particular event.
5. The first link on the page is to Mass Gathering and Special Events Policy [7010]. Policy 7010 is written in EMS medical terminology that may be difficult for event organizers to understand, and it does not define a special event or explicitly state the 2,500 expected attendee threshold. Policy 7010 does include a resource matrix which, as stated in 4 above, should be accessible directly on the webpage.
6. The Mass Gatherings & Special Events webpage is somewhat buried in the DEM website. If an event organizer did not link from another page or have the specific URL, s/he would have to navigate from *About > EMS Agency > Mass Gatherings & Special Events* to find the webpage.

Figure 6. DEM’s Mass Gatherings & Special Events Webpage

The screenshot shows a webpage titled "Mass Gatherings & Special Events" with a breadcrumb trail: Home > About > EMS Agency > Mass Gatherings & Special Events. The main heading is "Mass Gatherings & Special Events" in blue. Below it is a sub-heading "Mass Gathering EMS Plan for Mass Gatherings" in orange. A list of five PDF links is provided, with callout 5 pointing to the list. A horizontal line separates the list from the main text. The main text includes a paragraph about the San Francisco Traffic Code, a paragraph about major events requiring an EMS Plan (with callout 1,3), a paragraph about the EMS Agency Policy and Procedure, a paragraph about the minimum EMS Plan standard, and a paragraph about providing a brief summary of injury and other health-related activities. A callout 4 points to the right side of the page. A callout 2 points to a footnote defining major events. Callout 6 points to the breadcrumb trail.

6 Home > About > EMS Agency > Mass Gatherings & Special Events

## Mass Gatherings & Special Events

### Mass Gathering EMS Plan for Mass Gatherings

- Mass Gathering and Special Events Policy (PDF)
- EMS Plan Template (PDF)
- EMS Plan Exemplar for Smaller "Major Event" (PDF)
- EMS Plan Exemplar Larger "Major Event" (PDF)
- Mass Gathering: Report of Treatment by Event Medical Resources (PDF)

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The [San Francisco Traffic Code](#) requires the Interdepartmental Staff Committee on Traffic and Transportation (ISCOTT) to review and approve applications for the temporary use or occupancy of a public street, a street fair, or an athletic event that includes the dispensing of beverages or other use that generates large volumes of recyclables materials.

In the case of major events\* , applicants shall also submit an Emergency Medical Services (EMS) Plan to ISCOTT, which shall be forwarded to the Director of the Emergency Medical Services Agency (EMS Agency). ISCOTT shall consider the recommendations of the EMS Agency regarding the EMS Plan.

This section of the website contains the EMS Agency Policy and Procedure that implements Traffic Code Section 800 et. seq. This policy identifies specific mitigation efforts, such as EMT or Paramedic Ambulance staffing, which is required for various size mass gathering events. This section of the website also contains an EMS Plan exemplar, and plan formats for small and large mass gatherings.

A minimum EMS Plan standard for any major event is the ability to provide on-site CPR and being able to rapidly access the 911 System. Information on CPR classes may be found at numerous health-related sites including the American Heart Association, the Red Cross, and the San Francisco Paramedic Association. Information on the San Francisco 911 System may be found at the San Francisco Emergency Communications Department website.

In order to facilitate evaluation of Mass Gathering policies and plans, Event Planners are being asked to provide a brief summary of injury and other health-related activities for each Event by completing the report form listed below. The form should be submitted to EMSA within one month of the Event.

\* Major events are those events including athletic events and street fairs that involve any of the following: 1) the use of more than five blocks; 2) the expected attendance or participation of more than 1000 people at any one time; 3) rerouting of more than three Municipal Railway transit lines; 4) any sports events at Candlestick Park with expected attendance of more than 50,000 people; or 5) any parade governed by the provisions of Police Code Section 366.

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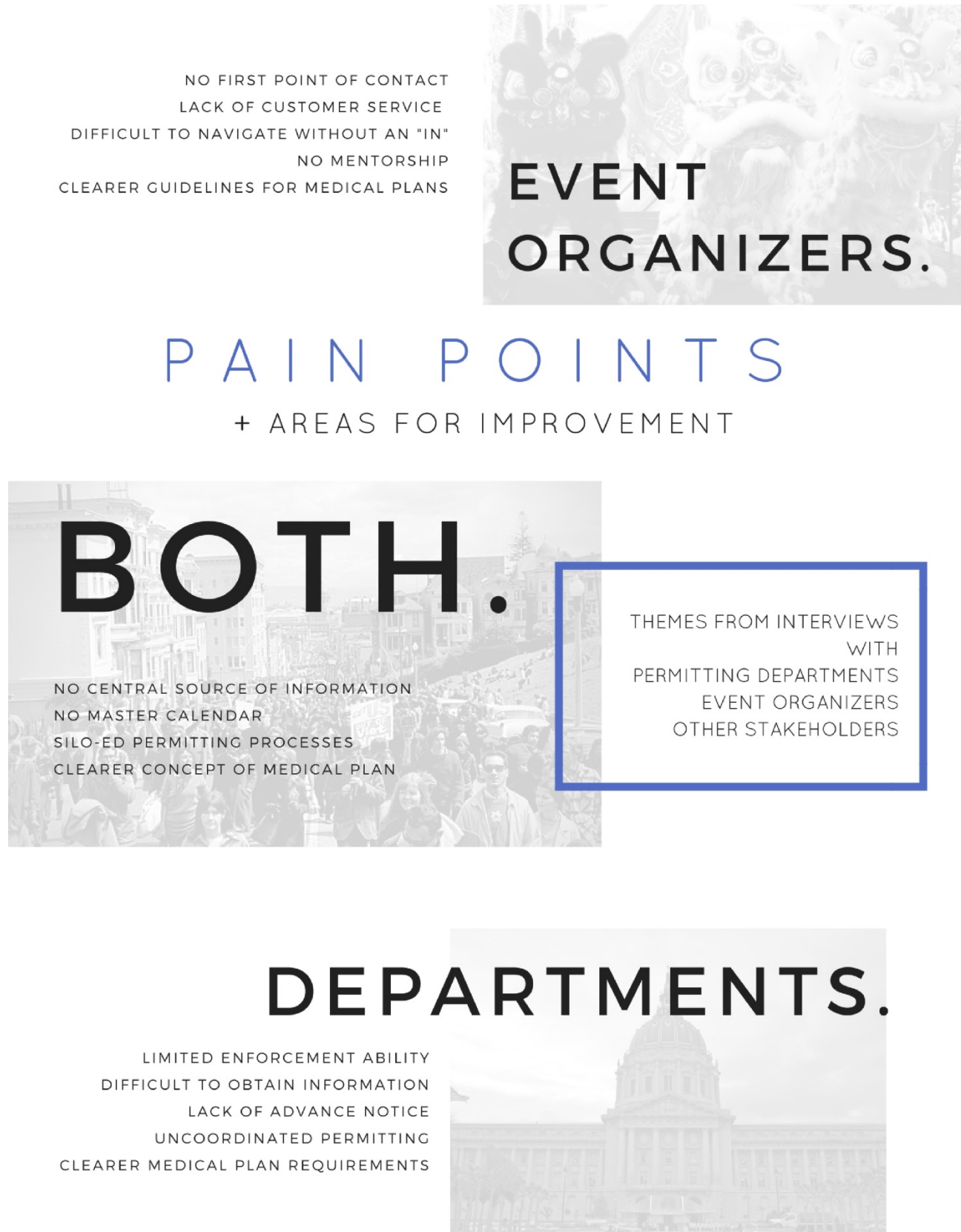
## Other Stakeholders’ Perspective

City Performance conducted stakeholder interviews with City department staff, regional agency staff (i.e., National Park Service, Presidio Trust), event organizers, and ambulance providers. Figure 7 below shows some consistent themes and specific examples around special event permitting and medical plan coordination issues that emerged when City Performance asked, “What are the major pain points in the special events permitting and medical plan coordination process?” See Appendix E for full list of stakeholder interviews.

Figure 7. Consistent Process Issue Themes and Specific Examples from Stakeholder Interviews

#	Stakeholder	Issues
1	Event Organizers	<p><b>Permitting.</b> Difficulty navigating the permitting system without a specific contact or pre-established relationship; lack of customer/client service; no central department, person, or website to provide comprehensive information; no department designated to convene City agency meetings for large scale events</p> <p><b>Medical Plans.</b> No information on the definition, value, and purpose of a medical plan; Policy 7010 does not have clear EMS requirements and thresholds and lacks instructions and step-by-step directions; lack of clarity on the purpose of medical plans as it could be seen as another City fee</p> <p><b>Example.</b> One event organizer offers permitting as a service to other event organizers because the system is so difficult to navigate, especially for a new event organizer who has no City contacts</p>
2	City Departments	<p><b>Permitting.</b> No internal master calendar that all permitting departments can reference to know what events are going on when and where; ISCOTT is not comprehensive; no Special Events Task Force to address permitting and planning and convene citywide meetings, particularly for large-scale events that warrant central direction; difficult to obtain information, and information is inconsistent</p> <p><b>Medical Plans.</b> Permitting departments are not clear on the medical plan purpose and definition and hence are unable to share standardized information with event organizers; primary permitting agencies lack the resources to ensure that a medical plan is submitted prior to permit issuance</p> <p><b>Example.</b> The ISCOTT Program Manager often serves as an event organizer’s first point of contact and permitting resource within the City, yet lacks the jurisdiction and resources to be a comprehensive, central City special events permitting “concierge” service</p>
3	Ambulance Providers	<p><b>Medical Plans.</b> Event organizers tend to rely solely on DEM’s Prehospital Coordinator to navigate medical plan requirements; ambulance providers expend significant resources explaining the medical plan purpose and advising on EMS resources needed to organizers; smaller events (that are typically not re-occurring) are most at risk for non-compliance with the City’s confusing special events process and medical plan requirement</p> <p><b>Example.</b> Event organizers may often refer their colleagues to a large ambulance provider in the City for more information special event requirements; often this is how event organizers come to realize that a medical plan requirement event exists</p>

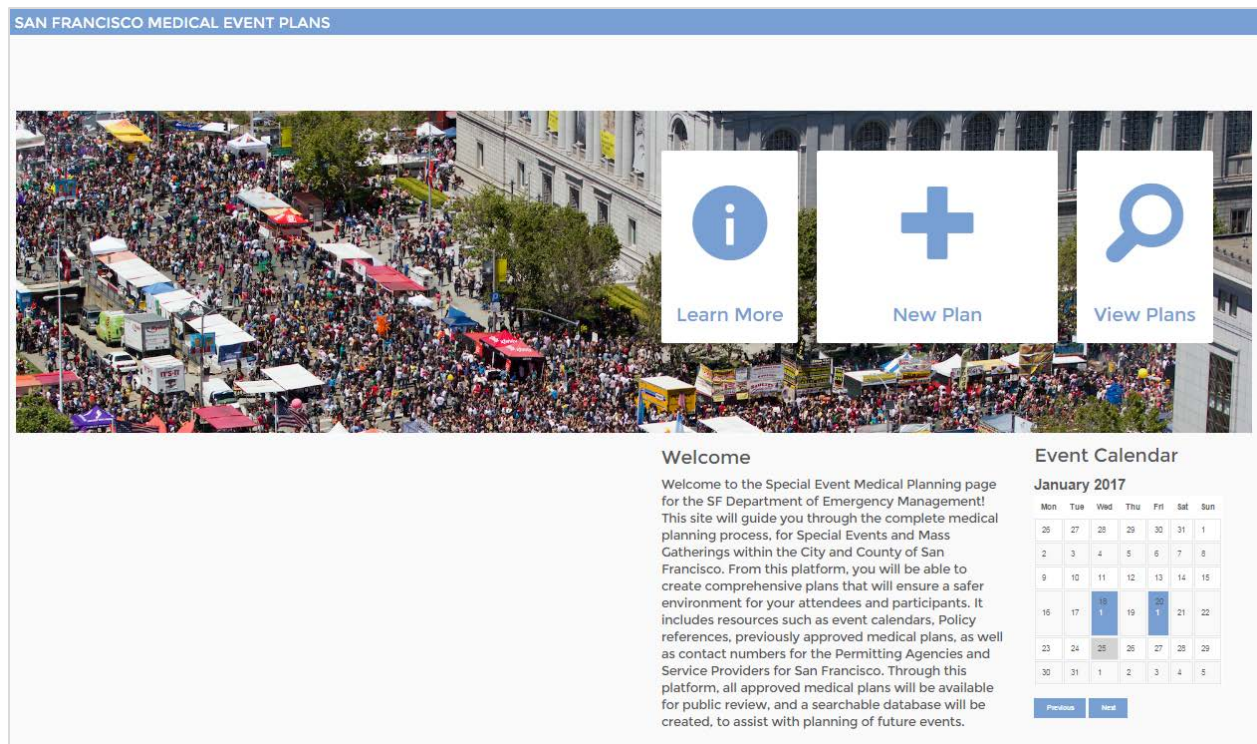
Figure 8. Infographic on Process Pains Points and Areas for Improvement



## DEM Event Medical Plan Website Overview

To streamline medical plan creation, submission, and review, DEM recently developed a semi-automated online EMS medical planning platform for special events and mass gatherings. The anticipated go-live date for this website is July 2017; after go-live, paper medical plans will no longer be accepted. DEM’s event medical plans application allows medical plan creators – event organizers or EMS providers – to easily and quickly add new plans, explore and copy existing plans, and track the status of plans in-process. The application also functions as a database: anyone can browse previously approved plans and specify search criteria as desired. It also includes a “Learn More” page that directs users to resources like EMSA Policy 7010, Sobering Center Protocols, and Mass Casualty Incident (MCI) Capabilities Reference. Figure 9 below includes a screen shot of DEM’s Event Medical Plan website’s home page.

Figure 9. DEM Event Medical Plan Home Page



**Medical Plan Development and Submission:** Medical plans can be submitted by event organizers or EMS providers; medical plans can be created by multiple collaborators. Users can easily create new plans using step-by-step prompts, and most fields have dropdown lists for intuitive entry. Based on the expected attendance at the event, the system will recommend EMS resources or “assets” that should be present for proper compliance. Comment threads in each section capture all interaction between collaborators and DEM’s Prehospital Coordinator. Users can create a complete medical plan within the site, upload supplementary documents, and assign the after-action report to a designee. Figure 10 below shows the website’s medical plan development interface.

Figure 10. DEM Event Medical Plan Website: Medical Plan Development Interface, Asset Section

**Mobile Teams (1)**

Name	Level	Provider	
		American Medical Response Requested	<a href="#">More Info</a> <input type="checkbox"/> Remove

[+ ADD MOBILE TEAM](#)

**+ COMMENT**

"We have 2 mobile teams on site. Need Rock Med and AMR to fill out the details. "

- Eliote Durham, 09/08/16 7:57 pm

[REPLY](#) [RESOLVE](#)

**Transports (2)**

Name	Provider	
American Medical Response Requested		<a href="#">More Info</a> <input type="checkbox"/> Remove
American Medical Response Requested		<a href="#">More Info</a> <input type="checkbox"/> Remove

[+ ADD TRANSPORT](#)

**+ COMMENT**

**Dispatch (0)**

Name	Provider	
------	----------	--

[+ ADD DISPATCH](#)

**+ COMMENT**

[SAVE](#)

DEM's Event Medical Plan website is intended to be a comprehensive medical planning platform and City Performance anticipates that it will mitigate many of the issues in DEM's current information sharing practices. However, there are some outstanding issues that this application will not address. A summary of this website's impact on the medical plan development process is summarized in Figure 11.

**Figure 11. What DEM’s Event Medical Plan Website Addresses and Issues Still Outstanding**

What DEM’s Medical Event Plan Website Addresses	Issues Still Outstanding
<ul style="list-style-type: none"> <li>• The submission process is streamlined and all online</li> <li>• Event organizers can now search, view, and duplicate previously approved plans; legacy and new event organizers alike can leverage previous content and structure</li> <li>• Parties involved with medical plan development, including event organizers, EMS providers, and DEM’s prehospital coordinator can collaborate on a plan</li> <li>• Customized recommended medical resources appear based on the “expected attendance” field</li> <li>• Many entry fields are drop down entry to promote intuitive entry and to collect consistent data</li> <li>• Prompts and notifications serve to assist and remind users throughout the process</li> </ul>	<ul style="list-style-type: none"> <li>• There is no definition of a medical plan or an explanation of its purpose and importance</li> <li>• Even though customized medical resources appear based on entry in the “expected attendance” field, there is no reference to the Policy 7010 matrix, which lays out how the number and type of resources is determined</li> <li>• The resources page lacks introductions and descriptions of the linked policies and references, which contain EMS medical terminology that warrants some explanation</li> <li>• Even though it is beneficial that multiple partners (e.g., event organizer and EMS provider) can collaborate on plan development, there are no protocols at this time that describe what the role of each partner should be</li> <li>• The homepage lacks a submission timeline or overall flow chart describing the steps in the process</li> </ul>

## Summary of Special Events Permitting and Medical Plan Process Issues

The matrix below summarizes key issues identified through City Performance’s qualitative analysis. Issues are grouped into three major areas: decentralized permitting process, inconsistent permitting process, and medical plan inefficiencies and confusion. The matrix highlights issues in special events permitting as a whole, yet focuses primarily on issues in medical plan coordination.

Figure 12. Issue Matrix: Special Events Permitting and Medical Plan Process

Issue Area	Issue Examples	Current State Result
<b>1</b> <b>Decentralized Permitting Process</b>  <i>Lack of coordination between permitting agencies</i>	No central source of information (e.g., master calendar or Special Events Office) or first point of contact	Difficult for permitting agencies and event organizers to get consistent information
	No single, comprehensive “master” special event permit; once individual permits have been issued, they cannot be rescinded	Primary permitting agencies issue permits before secondary permits or medical plans have been issued or approved
	Event organizers have little incentive to submit medical plans after permits have been issued	DEM relies on established relationships with legacy event organizers so they follow through with the medical plan requirement
<b>2</b> <b>Inconsistent Permitting Process</b>  <i>Medical plans are inconsistently required</i>	Permitting agencies may (1) not require a medical plan for an event whose expected attendance exceeds 2,500, or (2) may require a medical plan for an event whose expected attendance is less than 2,500	DEM (1) may not receive a medical plan or (2) follows-up with the event organizer even though a medical plan is not required
	Large citywide events are managed by the Mayor’s Office and abide by separate permitting standards	DEM may not receive medical plans for these events
	Freedom of speech events that POL supervises such as parades, rallies and demonstrations cannot require permits or medical plans	DEM may learn of these events ad hoc from POL contacts or through POL operational orders the week of the event; DEM may not receive medical plans for these events
	The Presidio/NPS and Treasure Island do not formally coordinate with City agencies beyond weekly event emails	DEM learns of these events ad hoc from various contacts or through the weekly emails when the events are occurring imminently
<b>3</b> <b>Medical Plan Inefficiencies and Confusion</b>  <i>Specific challenges for various stakeholders</i>	Event organizers may not submit an adequate medical plan or a medical plan at all with a permit application	DEM often must call and email event organizers repeatedly to get a medical plan, especially for new events
	DEM often does not have sufficient time to review a medical plan and ensure an adequate plan is in place	DEM, ambulance providers, and event organizers must scramble to find medical resources, or an event occurs without an adequate medical plan
	Medical plans require specific concept of operations language and event organizers do not know how to create a comprehensive plan	DEM must often assist new event organizers in developing an event medical plan
	There is no City ordinance or code that codifies the medical plan requirement	DEM has no mechanism to enforce the medical plan requirement



Issue Area	Issue Examples	Current State Result
<p style="text-align: center;"><b>3</b></p> <p style="text-align: center;"><b>Medical Plan Inefficiencies and Confusion</b></p> <p style="text-align: center;"><i>Specific challenges for various stakeholders</i></p>	<p>Event organizers do not know what a medical plan is or why it is important</p>	<p>Event organizers are wary of the requirement because they feel it is additional City paperwork and fees</p>
	<p>Department websites, including DEM’s webpage, provide unclear, inconsistent or no information on the medical plan requirement</p>	<p>Event organizers do not have access to clear, accurate guidelines on the medical plan requirement; lack of customer service</p>
	<p>Similarly, Policy 7010, the EMSA policy on medical plans, contains guidelines written in EMS medical terminology but no logistical instructions</p>	<p>Event organizers may be unable to understand EMS medical terminology and lack simplified instructions</p>
	<p>Other permitting departments are also unsure of the medical plan requirements</p>	<p>Departments may route event organizers to DEM incorrectly or fail to route event organizers to DEM when they should</p>

## Opportunities for Improvement

This section discusses the key opportunities for improvement that were reported by stakeholders as well as gleaned by City Performance’s process analysis and best practices research from online survey and phone interviews with the following peer jurisdictions:

- Austin, TX
- Boston, MA
- San Diego, CA
- Seattle, WA

### *Increase Central Agency Involvement in Special Event Permitting and Coordination.*

In San Francisco, there is no established executive presence or central City department (e.g., Mayor’s Office/City Administrator) that centralizes special events permitting information and the coordination amongst relevant departments. As shown in Figure 13 below, all the jurisdictions included in our best practices research have a central entity that facilitates interaction between event organizers and the city, as well as coordinates with permitting departments. This model is referred to as a “hub and spoke” model in which the central agency acts as the hub amongst the permitting department “spokes.”

**Figure 13. Best Practices Benchmarking<sup>5</sup>**

City	Office	Located in Central Agency	Hub and Spoke Model	Single Special Events Website	Medical Plan Required	Medical Plan Legislation
Austin, TX	Austin Center for Events (ACE)	X	X	X	X	
Boston, MA	Tourism, Sports and Entertainment	X	X	X	X	
San Diego, CA	Special Events and Filming		X	X	X	X
Seattle, WA	Special Events Office		X	X	X	X

<sup>5</sup> Peer jurisdictions were selected on criteria like population and event-hosting profile; however, most importantly, these jurisdictions were selected because they are exemplars for an effective permitting and medical plan system.

These entities sit within a central executive or administrative agency – or did at one point – and all peer jurisdictions cited executive backing as an important component of a cohesive and coordinated special events permitting process. See Appendix G for the full benchmarking analysis of special event and medical plan coordination best practices, including more detailed notes on each jurisdiction.

***Update Legislation to Enforce Medical Plan Requirements.*** It is challenging for DEM to enforce medical plan submission because this requirement is not codified by ordinance or in the Administrative Code. Legislation that clarifies the City’s medical plan requirements for special events would legitimize the process changes needed to effectuate improved coordination with special events permitting and medical plan requirements across City departments and stakeholders.



**Seattle, WA.** Seattle’s City ordinance pertaining to special events includes specific provisions on when special events permits are required, the powers of the Special Events Committee, and most significantly, conditions authorized under which an applicant must prepare and implement various plans for approval by the Committee. In the early 1990s, Seattle rewrote its special events ordinance language and fees to carefully articulate the rationale for its central Special Events Office and its authority to coordinate with various permitting departments as a committee with the goal of increasing transparency for the public and reducing the process inefficiencies with siloed permitting departments.

***Provide Better Medical Plan Information.*** DEM should clarify medical plan purpose and requirements for both event organizers and other permitting departments. This information should be correctly linked from all permitting agencies’ websites. DEM’s Medical Events Plan website will assist event organizers and other permitting departments in obtaining information, but the online portal still lacks key information such as a medical plan’s definition, purpose, and importance, a submission timeline, a chart describing the steps in the process, and a medical resources matrix.



**San Diego, CA.** Like Austin and Seattle, San Diego has a comprehensive special events handbook available online for event organizers. San Diego’s handbook includes a two-page standalone section on medical plans that concisely explains the requirement and includes an EMS resource matrix, based on event type and event size, which describes the medical resources required (the EMS resource matrix in Policy 7010 is based on San Diego’s matrix). See Appendix F for San Diego’s medical plan guide.

*Best Practice: Create a short infographic or standalone handout on medical plan purpose and requirements*

***Improve Medical Plan Coordination.*** DEM learns about special events through multiple sources in San Francisco’s decentralized special events permitting process. Below are examples of how other jurisdictions’ EMS agencies that fulfill the same role as DEM are informed and consulted about special events that may need a medical plan. However, it is important to note that these jurisdictions both have central permitting agencies that coordinate with their respective EMS agency.



**Boston, MA.** The [Mayor’s] Office of Tourism, Sports and Entertainment requires that ***all*** events submit an EMS Permit to Boston EMS. For events that do not require medical resources, the Boston EMS Special Events Coordinator writes “No Detail Required” on the permit; however, the permit still serves as a notification tool for Boston EMS, and documentation that the event organizer has notified Boston EMS.



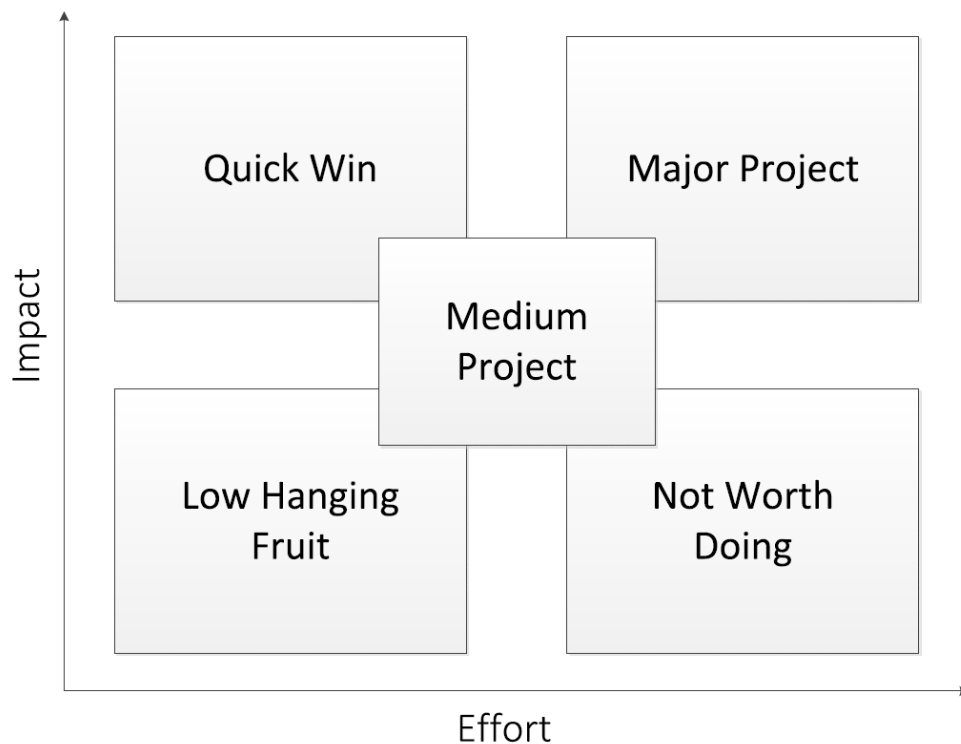
**Austin, TX.** Austin-Travis County EMS (ATCEMS) is notified about an event when an event organizer fills out the “Event Medical” section of the ***master permit application***. The “Event Medical” section functions as a partial medical plan, requiring that the event organizer fill out limited information with the expectation that ATCEMS will review, supplement, and work with the event organizer as necessary.

## Prioritized Recommendations

Synthesizing information from the as-is process analysis, stakeholder interviews, and benchmarking best practice research, City Performance developed recommendations for improving San Francisco’s special event permitting process and medical plan coordination therein. City Performance used the below Action Priority Matrix (see Figure 14), a simple diagramming technique that prioritizes recommendations based on impact and effort, to classify each recommendation as a “Quick Win” (High Impact, Low Effort), a “Major Project” (High Impact, High Effort), a “Medium Project” (Medium Impact, Medium Effort), “Low Hanging Fruit” (Low Impact, Low Effort), or “Not Worth Doing” (Low Impact, High Effort).

Recommendations that provide high or medium impact (i.e., Quick Wins and Medium Projects) and are relatively low effort should be prioritized by DEM<sup>6</sup> and the City.

Figure 14. Action Priority Matrix



<sup>6</sup> The San Francisco Emergency Medical Services Agency (EMSA) oversees event medical plans and is currently in DEM’s Division of Emergency Services. In fiscal year 2017-18, it is anticipated that EMSA will move to the Department of Public Health (DPH); the DEM recommendations noted throughout this report may remain in EMSA’s purview.

In addition to prioritizing recommendations based on the Action Priority Matrix, Figure 15 below groups recommendations based on the major issue areas identified in Figure 12, Issue Matrix: Special Events Permitting and Medical Plan Process. The last two columns in the summary table below indicate whose involvement is critical to implementation: there are some recommendations that DEM can directly implement, and there are some that require all special events agencies (“All SE”). The summary table below aims to assist DEM in prioritizing recommendations to implement by issue area, highlighting recommendations that are DEM-owned, and to state recommendations that are key to improving the citywide special events permitting process.

Implementing some of these recommendations requires coordination and buy-in amongst all the agencies involved in special events permitting, including REC, ISCOTT, ENT, FIR, POL, DPH, Presidio Trust, and NPS. Undoubtedly, citywide coordination presents significant challenges and that is why these recommendations are classified as “Major Projects.” Through the Mayor’s Office of Civic Innovation’s Civic Bridge program, the San Francisco Entertainment Commission and volunteer consultants produced an evaluation report titled “Fostering, Promoting, and Sustaining Outdoor Events in San Francisco.” This report similarly emphasizes the need for increased centralization, greater transparency, and improved coordination in San Francisco’s special events permitting process. City Performance has consulted with the Entertainment Commission, and we agree that developing the strategy for implementing the citywide recommendations noted below should utilize the findings of both reports, and explore synergies and opportunities between ideas and stakeholders.

Figure 15. Prioritized Recommendations by Issue Area

Issue Area(s)	Recommendation	Prioritization	Implementing Departments	
			DEM	All SE
<b>1</b> Decentralized & Inconsistent Permitting Process  <i>Lack of            coordination            between            permitting            agencies</i>	<b>Create a central permitting office or agency</b> to serve as the “hub” coordinating with the permitting agency “spokes,” and as the main point of contact for City departments and event organizers alike.	<b>Major Project</b> (High Impact, High Effort)	X	X
	<b>Create a comprehensive website</b> that includes clear and transparent instructions on special events permitting, links to relevant departments, contact information, and other online resources.	<b>Major Project</b> (High Impact, High Effort)	X	X
	<b>Create a master calendar</b> to be used by all City departments as the singular source of special event information.	<b>Major Project</b> (High Impact, High Effort)	X	X
	<b>Create a Special Events Task Force</b> to lead planning and coordination. The Task Force could function as a pilot for and, after scoping, the initial development of, the central office described above.	<b>Major Project</b> (High Impact, High Effort)	X	X
	<b>Create a standard work agreement or memorandum of understanding (MOU)</b> between DEM and Presidio Trust and NPS to route permit applications with expected attendance greater than 2,500 to DEM for review. <sup>7</sup>	<b>Medium Project</b> (Medium Impact, Medium Effort)	X	
	<b>Work with REC to develop an automatic email notification</b> that is sent to DEM whenever an event organizer submits a REC permit application for an event with expected attendance over 2,500. A similar notification is currently implemented with the Department of Environment (ENV). <sup>8</sup>	<b>Medium Project</b> (Medium Impact, Medium Effort)	X	

<sup>7</sup> Prior to implementing this recommendation, DEM would have to work with Presidio/NPS to align the currently required Presidio/NPS “safety plan” with the medical plan, and Presidio/NPS would have to formally enforce submission of the safety/medical plan with the permit application for events with expected attendance greater than 2,500.

<sup>8</sup> ENV currently receives an email whenever an event organizer submits a REC permit application for an event with expected attendance greater than 1,000.

Issue Area(s)	Recommendation	Prioritization	Implementing Departments	
			DEM	All SE
<p><b>2</b>                      Medical Plan Inefficiencies and Confusion</p> <p><i>Specific challenges for various stakeholders</i></p>	<p><b>Develop clear medical plan definition and statement of purpose</b> and importance; use this standard language when introducing or discussing medical plans with event organizers, City departments, and other agencies.</p>	<p><b>Quick Win</b>                      (High Impact, Low Effort)</p>	X	
	<p><b>Update DEM’s Special Events &amp; Mass Gatherings website</b> to include medical plan definition, purpose and importance, and submission timeline, and overview instructions. Update DEM’s Medical Event Plan website to address outstanding issues as noted in Figure 11.</p>	<p><b>Quick Win</b>                      (High Impact, Low Effort)</p>	X	
	<p><b>Display Policy 7010 matrix that shows the EMS resources required</b> based on event size and event type prominently on DEM’s Special Events &amp; Mass Gatherings website and on DEM’s Medical Event Plan website.</p>	<p><b>Quick Win</b>                      (High Impact, Low Effort)</p>	X	



## SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Policy Reference No.: 7010  
Effective Date: January 30, 2017  
Supersedes: May 23, 2013

### EMERGENCY MEDICAL SERVICES AT SPECIAL EVENTS

#### I. PURPOSE

Establish minimum standards for emergency medical services at mass gatherings and special events.

#### II. POLICY

**For brevity, the term “Special Event” is used to refer to either a Mass Gathering or Special Events in this policy.**

A. Special Event Medical Plans requiring review by the EMS Agency Medical Director or designee, as mandated by applicable Traffic Code(s), shall meet the minimum standards for the size and type of event, as defined in this policy. These standards are summarized in the Appendices.

B. The EMS Agency Medical Director has the final authority in determining the applicability of any standard and what shall be considered an adequate Event Medical Plan.

#### III. SPECIAL EVENT MEDICAL PLANS

A. Special Event Medical Plans shall include, but not be limited to, the following considerations:

1. Event description, including event name, location and expected attendance.
2. Participant safety (the safety plan for event participants and spectators)
3. Non-participant safety (the safety plan for individuals not participating in, but affected by the event such as neighboring local residents and on-lookers)
4. Descriptions of the following medical resources:
  - a) Personnel certified in cardio-pulmonary resuscitation, rapid access to automatic external defibrillator(s), and 911 access;
  - b) First aid station(s) (if indicated; see Appendix A);
  - c) Ambulance(s) (if indicated; see Appendix A);
  - d) Mobile medical resource(s) (if indicated; see Appendix A); and
  - e) In addition to first aid supplies, a Multi Casualty Incident Medical Kit with medical equipment for 50 victims (see MCI kit listed in appendix C).

B. Special Event Communications Plans, including name(s) and contact information for the event leader and a point of contact on the day of the event, a description of direct routine communications, and a description of disaster communications if cell phones are not available (e.g. two-way radios). A description of communications between the following shall be included:

1. Venue staff and/or security personnel, event coordinator, and medical personnel;

2. Medical personnel located at a first aid station and mobile resources and/or satellite stations;
  3. Medical personnel and the City and County 911 Dispatch Center;
  4. Medical personnel and ambulances as applicable, and
  5. Medical staff at Receiving Hospitals as applicable.
- C. Disaster Plan describing the ability to care for a minimum of 50 event attendees and staff as casualties. The plan must include training of all event medical personnel in the disaster plan, the START disaster triage system, and all appropriate necessary equipment. This may be done at any time prior to the start of the event.

#### **IV. EMT SERVICES AT SPECIAL EVENTS**

- A. On-site medical personnel shall be minimally certified as an EMT-1 in California and equipped to provide the complete EMT-1 Scope of Practice as defined in California Code of Regulations, Title 22, Section 100163. They shall follow San Francisco EMS Agency Policies and Protocols.
- B. Paramedics equipped and used to provide Basic Life Support need only be licensed by the State of California

#### **V. PARAMEDIC SERVICES AT SPECIAL EVENTS**

- A. Paramedics deployed as part of a Special Events Medical Plan shall be:
  1. Licensed in the state of California;
  2. Accredited in the City and County of San Francisco;
  3. On-duty with an approved Paramedic Service Provider for the duration of the event for which they are deployed; and
  4. Equipped to provide Advanced Life Support care.
- B. Paramedics shall follow San Francisco EMS Agency Policies and Protocols. An on-scene physician may provide medical direction only as allowed in EMS Agency Policy #4041 *Physician on Scene*.

#### **VI. AMBULANCE SERVICES AT SPECIAL EVENTS**

Ambulances deployed as part of the approved Event Medical Plan shall be permitted for operation in San Francisco by the EMS Agency.

#### **VII. AUTOMATIC EXTERNAL DEFIBRILLATORS**

Automatic External Defibrillators (AEDs) should be made accessible to medical personnel and non-medical personnel trained in its use and located throughout the venue in location(s) that will enable the first shock to a person in cardiac arrest within 5 minutes of notification of qualified personnel. The current San Francisco EMS Response Interval Standard for time to defibrillation must be met by the responding agencies.

**VIII. PROCEDURES FOR SUBMITTING SPECIAL EVENT MEDICAL PLANS**

- A. Special Event Medical Plans shall be submitted following guidelines posted on the San Francisco EMS Agency website.
- B. The EMS Agency Medical Director or designee shall review the Special Event Medical Plan within 15 days and respond to both the event sponsor and the City permitting agency as follows:
  - 1. Approved without modification.
  - 2. Approval pending submission of additional information specified by the reviewer.
  - 3. Not Approved.
- C. Plans not approved will be returned to the event sponsor with an explanation of the decision.

The event sponsor may appeal the decision by resubmitting the plan to the EMS Agency Medical Director. A review will occur within 5 days of receipt. The EMS Agency Medical Director's decision shall be delivered to the event sponsor within 5 business days of the review.

**IX. PROCEDURES FOR SUBMITTING POST – EVENT MEDICAL TREATMENT REPORTS**

The event sponsor will submit an Event Medical Treatment Report, within two weeks of the conclusion of the event, to the EMS Agency Medical Director or designee. The report will provide a summary of the medical incidents during the event that involved the EMS plan medical resources. This summary will include at a minimum the number of patients seen at the first aid station(s) or other facilities, their age, gender, chief complaint, and disposition.

**X. EMS AGENCY STAFF CONTACT**

The EMS Agency staff point of contact for questions on this policy or Special Event Medical Plans may be reached via contact information published at the EMS agency website.

**XI. AUTHORITY**

California Health and Safety Code, Sections 1797.202, 1797.204, 1797.220, 1798  
California Code of Regulation, Title 22, Sections 100063, 100144, 100167(a),  
100169 City & County of San Francisco Traffic Code sections 800, 801, 802, 804,  
San Francisco  
Transportation Code, Division I, section 9.2 and 9.3, San Francisco Police Code section 366,  
and Administrative Code section 90.4

## SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Policy Reference No.: 7010  
 Effective Date: Jan. 30, 2017  
 Supersedes: May 23, 2013

EMERGENCY MEDICAL SERVICES  
 AT SPECIAL EVENTS

## APPENDIX A

## GUIDELINES FOR MINIMUM MEDICAL RESOURCE IN SPECIAL EVENTS

EVENT TYPE	Estimated Crowd Size (maximum attendees at peak time)	CPR & 911 Access	1 <sup>st</sup> Aid Station w/ EMT <sup>1</sup>	1 <sup>st</sup> Aid Station w/ Physician, Nurse, or Paramedic <sup>4</sup>	Water-based ALS	ALS Ambulance <sup>3</sup>	Mobile Resources
Concert / Music Festival	< 2,500	Required	Recommended				
	2,500-15,500	Required	Required	Recommended		ALS Required (May need multiple units)	Recommended
	15,500-50,000	Required		Required		ALS Required (May need multiple units)	Required
	>50,000	Required				ALS Required (May need multiple Units)	Required
Athletic / Sporting Event <sup>2</sup>	< 2,500	Required	Recommended	Recommended			
	2,500-15,500	Required		Required		ALS Required	Required
	15,500-50,000	Required				ALS Required (May need multiple Units)	Required
	>50,000	Required				ALS Required (May need multiple Units)	Required
Parade / Block Party / Street Fair / Outside Venue	< 2,500	Required	Recommended				Recommended
	2,500-15,500	Required	Required	Required		ALS Required (May need multiple units)	Required
	15,500-50,000	Required		Required		ALS Required (May need multiple Units)	Required
	>50,000	Required				ALS Required (May need multiple Units)	Required
Conference or Convention	< 2,500	Required	Recommended	Recommended			
	2,500-15,500	Required	Required	Recommended		ALS Required (May need multiple units)	Recommended
	15,500-50,000	Required		Required		ALS Required (May need multiple Units)	Required
	>50,000	Required				ALS Required (May need multiple Units)	Required
Water-based	50 – 100	Required	Required	Recommended	Required	Required	Required

Appendix A. EMSA Policy 7010

**Policy Reference No.: 7010**  
**Effective Date: January 2, 2017**

<b>Events (Swim, Triathlon, etc.)</b>	100 – 300	Required		Required	Required (May need multiple Units)	Required (May need multiple Units)	Required (May need multiple Units)
	300 – 1,000	Required			Required (May need multiple Units)	Required (May need multiple Units)	Required (May need multiple Units)
	> 1,000	Required			Required (May need multiple Units)	Required (May need multiple Units)	Required (May need multiple Units)

- <sup>1</sup> Automatic External Defibrillator required for all events larger than 2,500 attendees.
- <sup>2</sup> More than 1 first aid station is recommended for parades/ sporting events taking place over 1 mile or more.
- <sup>3</sup> Multiple ambulances may be required depending on event history and size. Recommend 1 unit per 10,000 participants or spectators (Additional Resources may be necessary for isolated or hard-to-access areas, such as Treasure Island.).
- <sup>4</sup> If sobering services are required as part of your EMS plan, they must be staffed by a Nurse or Physician per DPH sobering protocols.

## SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

Policy Reference No.: 7010  
Effective Date: January 30, 2017  
Supersedes: May 23, 2013

### EMERGENCY MEDICAL SERVICES AT SPECIAL EVENTS

#### APPENDIX B

##### DEFINITIONS SPECIAL EVENT MEDICAL RESOURCES

**CPR & 911 Access:** Event staff and/or safety personnel have the capability to notify 911 of any medical emergency and to provide CPR/AED access per San Francisco EMS Agency System Standards [within five (5) minutes in 90% of occurrences].

**First Aid Station with Emergency Medical Technician (EMT):** A fixed or mobile facility with the ability to provide first aid level care staffed by at least one EMT or higher skill level personnel.

First Aid level care is defined as treatment of minor medical conditions and injuries by care providers that have received training in First Aid, at the EMT level. Examples of First Aid care are cleaning, bandaging and treating simple wounds such as scrapes and shallow cuts, providing cold packs for musculo-skeletal strains and bruises, and giving drinking water and a place to rest for patients who are mildly dehydrated. Each Fixed First Aid Station shall have an AED and MCI Kit present at all times. Examples of a First Aid Station are a tent, a clinic, an ambulance or vehicle of some type. The first aid station must have 911 communications capability. EMTs who are employees of locally permitted ambulance provider agencies are recommended due to their familiarity with local policy, procedure and protocol. It is also recommended that any event employing multiple First Aid Stations also have a designated Event Physician Medical Director and establish a liaison with the Emergency Communications Department and the Fire Department to improve coordination with 911.

**First Aid Station with Paramedic, Nurse, or Physician:** A similar facility to a First Aid Station with an EMT, but staffed by at least one Accredited Paramedic, Registered Nurse or Physician, holding a current California license. It is preferred that the Nurse and Physician be experienced in emergency medical care and triage of seriously ill or injured patients to higher levels of care. Examples would be RN's with Emergency Medicine, Critical Care, or Urgent Care backgrounds, or Nurse Practitioners or other mid-level provider licensees. Examples of appropriate Physicians would be those with Emergency Medicine, Family Practice, Sports Medicine, Internal Medicine or Trauma Care specialization. Physicians and/or Nurses are recommended for larger crowd sizes or events needing sobering services; Paramedics may be substituted for smaller size crowds as outlined in the *Guidelines for Medical Resource in Special Events Matrix* in Appendix A.

**BLS (Basic Life Support) Ambulance:** An ambulance staffed by two EMTs or Paramedics working at a BLS level. BLS units may be utilized for first response (as a Mobile Team) or to substitute for a fixed First Aid Station with an EMT, but may NOT transport unless the following criteria are met. BLS units, in accordance with the City of San Francisco Ambulance Ordinance, may not

transport the ill or injured from a venue to a receiving hospital unless directed to do so by a designated Event Physician in accordance with EMS Agency Policy 4042. In cases where a patient has a life-threatening condition, a dedicated BLS Ambulance may transport only if the ETA to the closest receiving hospital is less than the ETA of responding ALS resources.

**ALS (Advanced Life Support) Ambulance:** An ambulance staffed by at least one Paramedic and one EMT (ALS) or two Paramedics. An ALS Ambulance is a dedicated transport unit, and must be available for any patient within the event footprint. ALS Ambulances may NOT be utilized as both transport unit and fixed First Aid Station.

**Mobile Resource(s):** Mobile or “Roving Medical Resource(s)” are non-ambulance based EMTs and/or paramedics, or higher-level interventionists, that are deployed throughout the footprint of a special event and may be on foot, bicycles, or motorized transport cart/vehicle (Gator, Moped, Motorcycle, etc.). Mobile Resource(s) must be able to provide, AT MINIMUM, First Aid Care at a BLS level, and must have communication capability, by radio, cell phone, or other medium (See Appendix D). Each Mobile Resource must carry at least one AED at all times. EMTs, that are dedicated resources within an approved medical plan, may respond, evaluate, and create Patient Declines Transport (PDT) documentation (NOT AMA), for patients that do not qualify under the guidelines in EMSA Policy 4040, Section E.3.a)(1-11).

**Water-Based Resource(s):** A medical response resource (BLS or ALS), that is based on a boat, Personal Water Craft (PWC), or other water-based vessel (Kayak, Surf-Ski, etc.), that is capable of providing medical interventions and rendezvous with another vessel of higher-level care, or a ground-based transport unit. Any ALS Resource must be located on a vessel that has an accessible deck, and room/equipment to perform ALS/ACLS interventions (See Appendix D). Each Water-Based Resource(s) must have communication capability, by radio, cell phone, or other medium.

**APPENDIX C****Multi Casualty Incident Medical Kit**

<b>ITEM</b>	<b>Quantity</b>
Bag or Case to hold MCI Equipment	1
Bullhorn or Battery Powered Megaphone	1
Combat Application Tourniquets or approved equivalent*	4
Compression Bandage with ties (e.g. Bloodstopper Dressings)	7
Sterile gauze pads 4" x 4," 12 per box	1
Nonsterile 4" x 4" gauze pads, 200 per box	1
Abdominal Dressing, 8" x 10" or 5"x9" or similar size	2
Stretch-style Sterile Gauze Rolls 4" or 5"	4
Petroleum Gauze Pads, 4" x 6" or 3" x 9" (or similar size)	4
Triangular Bandages	2
Cloth Tape 1," 2" and 3"	2 each size
Cone masks	50
Felt tip markers	2
Glasses or Goggles	2
Heavy Duty Gloves	2
Oral Airways, sizes 0, 1, 2, & 3	4
Oral Airways, sizes 4, 5, & 6	8
Pens	3
Ruled paper tablet	1
Trauma Shears	2
Triage Tags	50
Vests - Kelly Green or Blue: "EMT-1" or "EMT-P"	2
Worksheet: Patient Tracking (who was treated, for what, where did they go?)	1
*Acceptable equivalent includes Combat Application Tourniquet, Emergency and Military Tourniquet, or Special Operations Forces Tactical Tourniquet	



**APPENDIX D**

<b>Qty:</b>	<b>Description:</b>	<b>Qty:</b>	<b>Description:</b>
<b>BLS Mobile Resource Inventory:</b>			
Various Equipment:			
Appropriate PPE (for reasonably expected hazards)			
	Stethoscope		Blood Pressure Cuff (Adult)
	Paper PCR (or equivalent handoff report)		P100 Mask
2	Biohazard Bags	1	Sharp Shuttle
1	Automatic External Defibrillator (AED)	1	Oxygen ("A" Cylinder or larger)
Airway:			
	Assorted OPA's		Assorted NPA's
1	Nasal Cannula (NC)	1	Non-Rebreather Mask (NRB)
1	Pediatric NRB	1	Bag-Valve Mask (BVM)
5	Water-Based Lubricant		
Trauma Supplies:			
2	Blood Stoppers	1	Petroleum Gauze
1	Triangular Bandage	2	Roller Gauze
5	4X4 Gauze Dressing (Sterile)	2	Abdominal Pad 5X9 (or larger)
10	Band Aids	1	Tourniquet (Combat Style)
1	Quick Clot Bandage (or equivalent)	1	1" or 2" Cloth Tape
1	Trauma Shears	3	Antibiotic Ointment
3	Instant Ice Pack	1	Backboard and/or KED (for Carts Only)
<b>ALS Mobile Resource Inventory:</b>			
All of the above items, PLUS:			
Glucometer (Lancets, Test Strips, ETOH Swabs, BandAids, etc.)			
Airway:			
1 ea	King Tube, Sizes 3,4,5	1	Tube Tamer (or equivalent holding device)
1	Mac 1 Laryngoscope Blade	1	Mac 4 Laryngoscope Blade
1	Laryngoscope Handle (incl. extra batteries)	1	Magill Forceps
1	Nebulizer Mask, Adult	1	Nebulizer Mask, Pediatric
IV Start Kit and Supplies:			
1	16 gauge IV Catheter	2	18 gauge IV Catheter
2	20 gauge IV Catheter	2	22 gauge IV Catheter
2	Tegaderm (or equivalent)	6	Alcohol Swabs
1	1" Transpore Tape	2	Tourniquet (elastic)
1	Chux	2	Saline Flush
2	Saline Lock	1	1000cc Normal Saline
1	Macro Administration Drip Set	1	100cc 5% Dextrose
1	3-Way Stopcock	2	1cc Syringe (with Needle)
2	1cc Syringe (without Needle)	2	3cc Syringe
2	5 cc Syringe	2	10 cc Syringe
Medications:			
1	Adenosine, 6mg Vial	2	Adenosine, 12mg Vial
4	Albuterol, 2.5mg Bullets	3	Amiodarone, 150mg Vial
1	Aspirin (ASA), Bottle of 81mg Tablets	1	Atropine, 1mg Preload
1	Diphenhydramine (Benadryl), 50mg Vial	1	Calcium Chloride, 1g/10ml Preload
1	Charcoal, 25g Tube/Bottle	1	50% Dextrose, 25g Preload
3	Epinephrine, 1:1000 Ampoule	3	Epinephrine, 1:10,000 Preload
1	Glucagon, 1mg Vial	1	Magnesium Sulphate, 5mg/10ml Vial
2	Naloxone (Narcan), 2mg Preload	1	Nitroglycerin (NTG), Bottle, 0.4mg Tablets Or Spray
3	Oral Glucose, 15g Tube/Bottle	2	Ondansetron (Zofran), 4mg Preload/Vial

Appendix B. Kaiser Half Marathon, 2015 - Approved Medical Plan

EMS Plan						
<b>1. Incident Name</b>						
Kaiser Permanente San Francisco Half Marathon & 5K						
<b>2. Date Prepared</b>				<b>3. Operational Period</b>		
December 8, 2014				Sun. Feb. 1, 2015 – 6AM to 1PM		
<b>4. Incident Medical Aid Stations</b>						
Triage point	Station location	# of MD's	# of RN's	# of EMT's	# Defibrillators	
Start Line	GG Park, JFK btwn Stow Lake Dr and 10 <sup>th</sup> Ave.			1 Paramedic 1 EMT	1	
Finish Line ½ Mar.	GG Park, MLK btwn Bernice Rodgers & Lincoln Blvd.	1		1 Paramedic 1 EMT	1	
Finish Line 5K	GG Park, MLK just west of Chain Of Lakes Drive			1 Paramedic 1 EMT	1	
Postrace Expo	MLK btwn Bernice Rogers and Lincoln Way			1 Paramedic 1 EMT	1	
<b>5. Number of Foot Teams</b>		<b>Location of Foot Teams</b>				
5 Bike Medics		BIKE 1: GG Park - Panhandle (JFK/Kezar Dr./Stanyan)				
		BIKE 2: GG Park Water Station 2 (on Bowling Green Dr.)				
		BIKE 3: GG Park – Water Station 3 (JFK east of Chain of Lakes Dr.)				
		BIKE 4: Great Hwy – Water Station 4 (Great Hwy at Noriega)				
		BIKE 5: Great Hwy – Water Station 5 (Great Hwy at Sloat)				
SAG Vehicle		Peter Tapia /Special Medical Aid – 415-722-8876				
<b>6. Dispatch</b>						
Company name	Address	Phone				
King American	2570 Bush St., SF 94115	Brian Smith 415-627-7913				
<b>7. Transportation</b>						
Ambulance Provider Name	Address	Phone	# of BLS ambulances		# of ALS ambulances	
			Dedicated <sup>1</sup>	Courtesy <sup>2</sup>	Dedicated	Courtesy
King American	2570 Bush St., SF 94115	415-931-1400			4	
<b>8. Hospitals</b>						
Name	Address	Phone	Travel Time	Specialty Care <sup>3</sup>		
St. Mary's	450 Stanyan St.	ED 415-750-5700	2-7 minutes	Cardiac		
UCSF Medical Ctr	505 Parnassus	ED 415-353-1037	2-7 minutes	Cardiac		
St Francis Hospital	900 Hyde St.	ED 415-353-6300	8-12 minutes	Burn		
<b>9. Medical Emergency Procedures<sup>4</sup></b>						
See attached "15 SFH Medical Emergency Procedures.pdf"						
(CONTINUE ON REVERSE SIDE)						
<b>10. Prepared by:</b> <u>Nancy Nobriga</u>						
<b>Contact information:</b> <u>415-759-2690</u> Signature: _____						

<sup>1</sup> Dedicated - ambulance is at the event for event participants/observers only

<sup>2</sup> Courtesy - Ambulance is station at the event. But responds to nearby 9-1-1 system or other calls

<sup>3</sup> Specialty Care - trauma center, pediatric critical care, burn - please list

<sup>4</sup> Describe the roles of the First Aid/medical chief, security chief, foot teams, medical station personnel as appropriate for emergency medical incident

**Medical Plan**

**SAN FRANCISCO HALF MARATHON  
2015 EMERGENCY PROCEDURES**

**Event Name:**

- Kaiser Permanente San Francisco Half Marathon & 5K

**Event Description:**

- *Category:* Athletic/Sporting Event
- *Anticipated Attendance:* 9,000 to 11,000
- *Location:* Golden Gate Park - staged from JFK at Stow Lake, the course traversing park roads with a loop around the Panhandle, back through the Park, out and back on the Great Highway and finishing back in Golden Gate Park at MLK and Bernice Rogers with the post-race expo on MLK between Lincoln Blvd. and Bernice Rogers.

**Date/Time:**

- Sunday, February 1, 2015
- Course set-up beginning at 4:30 AM
- Street closures /final course set-up at 7:30 AM
- Race Start at 8:00 AM
- Last Finisher at approx. Noon
- Post race activities till approx. 1PM
- Breakdown finished approx. 3PM

**Participant Safety:** The street closures/fire lane/traffic control/any towing and start/finish line set-up will be in accordance with ISCOTT permit policy. Event Staff will be onsite from 4AM till breakdown - identifiable by RhodyCo logo'ed shirts, jackets and/or hats. All Event Staff will have event radios and/or cell phones with direct contact with the Event Coordinator(s) and the Event Medical Director (KING AMERICAN dedicated onsite event medical Supervisor and dispatchers - on duty from 6:30 AM till end of event). The Event Medical Director will report to, and be in contact with the Event Coordinator(s) on duty. In case of an MCI (mass casualty incident), event Staff shall notify the Event Medical

Director, the Event Coordinator(s) and the 911 dispatch center and follow the direction of public safety personnel (dispatchers, SFPD and SFFD). There will be a Medical Tent equipped with an AED at the start, at both finish lines and at the expo. There will be four ALS dedicated KING AMERICAN Ambulances contracted for this event, one at the start, one at the finish lines, one at the expo and one on the course. There will be a minimum of 5 ALS Bike Medics on the course during the race. SFPD Officers and Park Rangers will be stationed at key intersections along the route to provide traffic control and implement road closures. Course monitors will be identified with orange vests and will be at every intersection or turning point along the route to direct runners. Medical Personnel shall be in uniform and clearly identified as medical staff.

**Non-Participant Safety:** Traffic Control Officers and Course Monitors will be stationed at each intersection along the **route** to provide traffic control and implement road closures from 7:30 AM until roads re-open after last runners pass. Fire lane clearance will be provided at the start/finish lines. Trained course monitors and SFPD Officers will be located at every intersection along the closures of the panhandle and through Golden Gate Park and along the Great Highway. There will be a minimum of 4 mobile Event Staff supervisors and 5 ALS Bike Medics plus one ALS ambulance on the course with full communications capabilities to address emergencies and safety concerns of bystanders. Neighborhoods will be notified via neighborhood association notifications 3-4 weeks out from the event, TV and Radio PSA's promoting the event for 3 weeks leading up to the event.

**Communications:** All event staff will have event radios and/or cell phones.

1. Requests for first aid services should go through the KING AMERICAN Event Dispatcher(s) who will be designated as Medical on the air. The dispatcher(s) will be monitoring the event radio and dispatching KING AMERICAN resources on the 800 MgHz radio channel B2. The KING AMERICAN personnel will be utilizing an 800 MgHz radio on a channel designated to the event (B2.) Calls for service may come in via radio or cell phone.
2. The KING AMERICAN Event Dispatcher(s) will then dispatch one of the bike teams to the site for a rapid assessment. One of the four (4) ALS ambulances will respond as needed.

3. KING AMERICAN Event Communications has identified the finish line as a critical post and will therefore immediately backfill this post should the finish line unit need to transport a patient. One of the other 3 ALS units at the event will move to the finish line if available.
4. Event staff will be notified to help with emergency vehicle access and escort to the patient's location. If a SFFD resource needs to respond to the event there are only 2 ways to cross the park. 1) From Lincoln Way enter 41<sup>st</sup> Ave. through Chain of Lakes coming out to 43<sup>rd</sup> Ave at Fulton. 2) From Lincoln Way, enter on 9<sup>th</sup> Ave. over transverse coming out at 25<sup>th</sup> Ave. at Fulton.
5. The Event Coordinator(s) will have direct communication with SFPD Lead Officer, Event Supervisor and Medical Dispatch.

#### **MEDICAL RESOURCES & EMERGENCY MEDICAL PLAN**

KING AMERICAN will handle all medical for the event. The Event Medical Supervisor (Medical Director) from KING AMERICAN is Brian Smith (415-627-7913) and will be on site overseeing all event medical operations. A KING AMERICAN Dispatcher will be posted with the Event Medical Supervisor – they will be dispatching from an onsite ambulance or supervisor vehicle at the finish line. The finish line MD will be Dr. Matt Lewin (cell 415-425-7892).

**ALS AMBULANCES:** Four (4) dedicated ALS units will be contracted for this event.

1. ALS ambulance #1 posted at the start medical tent, on JFK between Stow Lake Dr & 10th Ave. The start line is also approx the 4.5 mile mark on the half marathon. The ALS will post here starting at 6:30 am until race passes back through approx 10:30 am. Once the race passes through this ALS will reposition as directed by Medical Dispatch to respond to course issues and operate as a back up to the finish line/expo ALS units until race finishes approx 1:00 pm.
2. ALS ambulance #2 posted at the finish lines at MLK and Bernice Rogers from 7:00 am until the race finishes approx. 1:00 pm. (If the finish line ambulance transports a patient, one of the other 3 ambulances will backfill the finish line)

3. ALS ambulance #3 posted at the expo (MLK/Lincoln Blvd) to respond to expo, course and operate as a back up for the Finish Line Ambulance from 7:00 am until the race finishes approx 1:00 pm.
4. ALS ambulance #4 on Sloat at the Great Hwy (near the turn around point by the Great Hwy Zoo entrance) to respond to course issues on the West end of the course and operate as a backup to the expo and finish line ambulances from 8:00 am until race finishes approx 1:00 pm

**FIRST AID MEDICAL TENTS:** There will be four (4) First Aid Medical tents. Medical Tent #1 will be at the start which is also approx the 4.5 mile mark on the half marathon Medical Tent #2 will be located at the 5K finish line on MLK just west of Chain of Lakes Dr., Medical Tent #3 will be located at the ½ Marathon finish line on Bernice Rogers just west of MLK and Medical Tent #4 will be located in the Expo on MLK near Lincoln way. An AED will be available at each of the first aid stations and an ALS Ambulance will be located nearby each tent. Dr. Matt Lewin will be posted at the ½ Marathon finish line medical and can be reached event day at 415-425-7892.

1. Medical Tent #1: Located at the start medical tent start which is also approx the 4.5 mile mark on the half marathon on JFK between Stow Lake Drive and 10<sup>th</sup> Ave, operational from 6:30 am – approx 10:30 am. Medical Tent #1 will be staffed with a minimum one Paramedic, and one EMT (with a full set of ALS gear, including cardiac monitor, O2, C-Spine equipment) and one AED for runners that come in with cardiac emergencies and will stay operational until the last participants pass back by on the route approx 10:00 am. Two ALS Bike Medics will post at the start medical tent as well. The Bike Medics will depart a little before the start of the race approx. 7:50 AM to move to their course posts. ALS ambulance #1 will also be stationed near this tent
2. Medical Tent #2: Located at the 5K Finish line (MLK at Chain of Lakes Dr.) will be staffed between 7:00 a.m. till last 5K finisher approximately 10:00 AM There will be a minimum of one Paramedic, and one EMT (with a full set of ALS gear, including cardiac monitor,

O2, C-Spine equipment) and one AED for runners that come in with cardiac emergencies. ALS ambulance #2 will be posted near Finish Lines.

3. Medical Tent #3: Located at the ½ Marathon Finish line (MLK at Bernice Rogers) will be staffed between 7:00 a.m. to end of event which ends approximately 1:00 PM There will be a minimum of one MD, one Paramedic, and one EMT (with a full set of ALS gear, including cardiac monitor, O2, C-Spine equipment) and one AED for runners that come in with cardiac emergencies. ALS ambulance #2 will be posted near Finish Lines.
4. Medical Tent #4: Located in the Expo (MLK near Lincoln Way) will be staffed between 7:30 a.m. to end of event which ends approximately 1:00 PM There will be a minimum of one Paramedic, and one EMT (with a full set of ALS gear, including cardiac monitor, O2, C-Spine equipment) and one AED for runners that come in with cardiac emergencies. ALS ambulance #3 will be posted near this tent.

**ALS BIKE Medics:** Five (5) KING AMERICAN ALS First responder Bike Medics will be roving the course from 8:00 am until the last runner is in.

1. Bike #1: Medical Tent #1 at Start then a few minutes prior to the start move to JFK & Stanyan at the Panhandle until race passes, approx. 9:30 am then ride the course to monitor for medical issues and then post to the Great Hwy & JFK intersection to monitor for medical issues until end of race approx 1:00 pm.
2. Bike #2: Medical Tent #1 at the Start Area then move to Water Aid Station #3 in Golden Gate Park at the Children's Playground Parking lot on Bowling Green between MLK & Middle Dr. to monitor for medical issues until the race passes approx 9:45 am and then move to post at Lincoln Way and the Great Hwy intersection to monitor for medical issues until end of race approx 1:00 pm.
3. Bike #3: Will depart from the Expo Medical Tent #3 at 7:45 am and post at Water Aid Station #4 in Golden Gate Park at the Buffalo Paddock on JFK near Chain of Lakes until race passes approx 10:30 am then move to intersection of JFK & Bernice Rogers to monitor for medical issues until end of race approx 1:00 pm.

4. Bike #4: Will depart from the Expo Medical Tent #3 at 8:00 am and post at Water Aid Station #5 on the Great Hwy at Noriega to monitor for medical issues until end of race approx 1:00 pm.
  
5. Bike #5: Will depart from the Expo Medical Tent #3 at 8:00 am and post at Water Aid Station # 6 at the turn-around point on the Great Hwy near the Zoo entrance to monitor for medical issues and follow the last participants to the finish line approx 1:00 pm.

**Event Medical Personnel**

- King American -- 4 ALS Ambulances, 5 Bike Medics, 3 First Aid Medics, 4 EMTs, 1 Dispatcher, (1) Supervisor (Event Medical Director)
- Dr. Matt Lewin (Finish line Tent Medical Doctor)
- Peter Tapia/Special Medical Aid (SAG vehicle)

**EVENT DAY CELL PHONE:**

Onsite KING AMERICAN Supervisor: Brian Smith – 415-627-7913

Onsite KING AMERICAN Dispatcher: with Brian Smith – 415-627-7913

Onsite M.D.: Dr. Matt Lewin. – 415-425-7892

Event Sag: Special Medical Aid / Peter Tapia – 415-722-8876

Event Coordinator: RhodyCo Productions / Nancy Nobriga – 415-728-4493

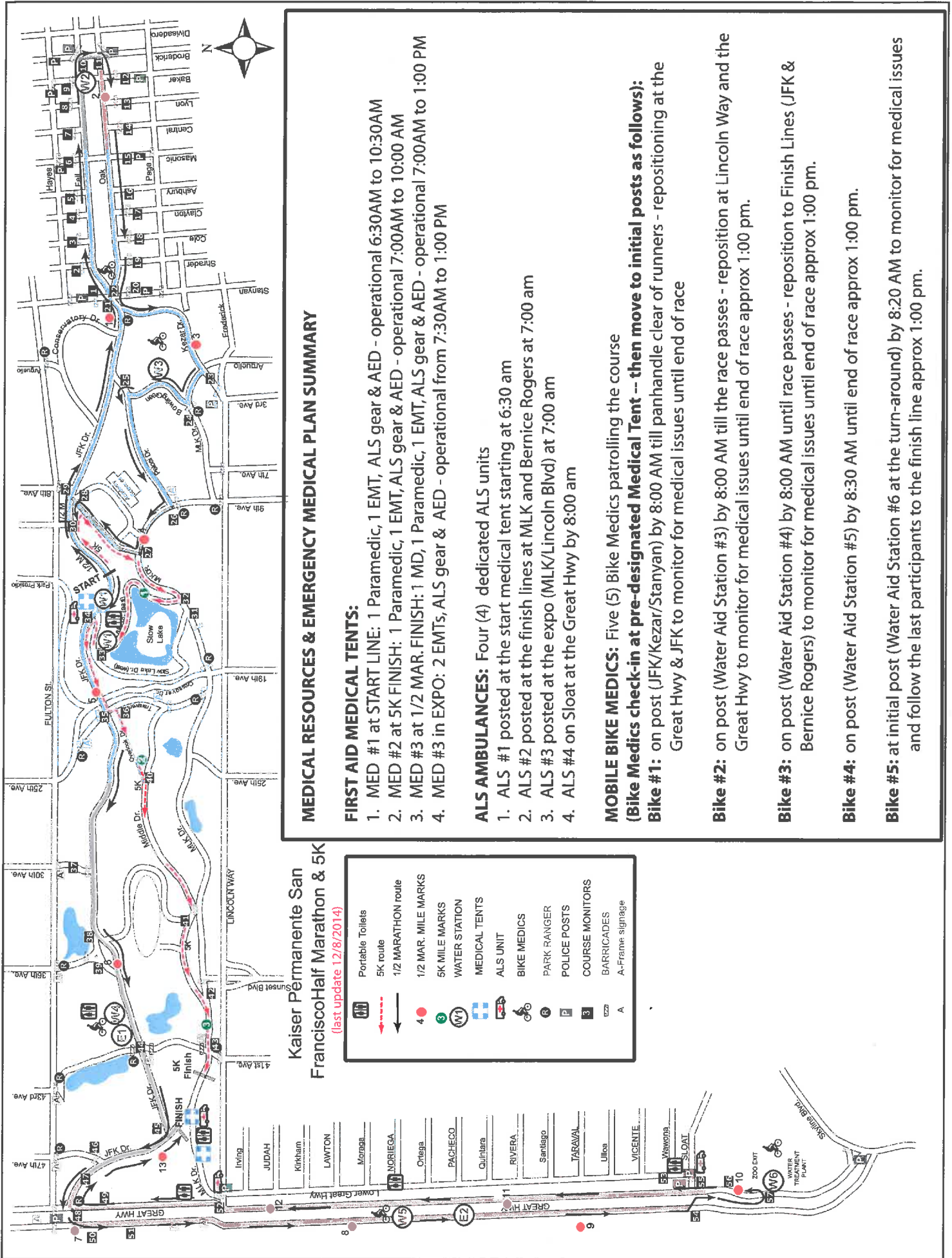
**Nearby Hospitals for Transport**

- St. Mary's Medical Center 450 Stanyan St SF, 2-7 minute travel time
- UCSF Medical Center, 505 Parnassus Center, SF, 2-7 minute travel time
- St Francis Hospital, 900 Hyde St, SF, 8-12 minute travel time

**OTHER RESOURCES:**

- **WATER AID STATIONS:** There will be a Water Station at a minimum of every 2-3 miles along the course; each water station supervisor will be equipped with cellphone active Nextel radios with direct communication to Medical Dispatch and Event Coordinators.
  
- **COURSE MONITORING:** The course is split up into 5 districts with a Course Monitor Supervisor equipped with cellphone active Nextel radios with direct communication to Medical Dispatch and the Event Coordinators throughout the race. This is in addition to the SFPD personnel monitoring the course





**Kaiser Permanente San Francisco Half Marathon & 5K**  
(last update 12/8/2014)

	5K route
	1/2 MARATHON route
	4 1/2 MAR. MILE MARKS
	5K MILE MARKS
	MEDICAL TENTS
	ALS UNIT
	BIKE MEDICS
	PARK RANGER
	POLICE POSTS
	COURSE MONITORS
	BARRICADES
	A-Frame signage
	Portable Toilets

**MEDICAL RESOURCES & EMERGENCY MEDICAL PLAN SUMMARY**

**FIRST AID MEDICAL TENTS:**

1. MED #1 at START LINE: 1 Paramedic, 1 EMT, ALS gear & AED - operational 6:30AM to 10:30AM
2. MED #2 at 5K FINISH: 1 Paramedic, 1 EMT, ALS gear & AED - operational 7:00AM to 10:00 AM
3. MED #3 at 1/2 MAR. FINISH: 1 MD, 1 Paramedic, 1 EMT, ALS gear & AED - operational 7:00AM to 1:00 PM
4. MED #3 in EXPO: 2 EMTs, ALS gear & AED - operational from 7:30AM to 1:00 PM

**ALS AMBULANCES:** Four (4) dedicated ALS units

1. ALS #1 posted at the start medical tent starting at 6:30 am
2. ALS #2 posted at the finish lines at MLK and Bernice Rogers at 7:00 am
3. ALS #3 posted at the expo (MLK/Lincoln Blvd) at 7:00 am
4. ALS #4 on Sloat at the Great Hwy by 8:00 am

**MOBILE BIKE MEDICS:** Five (5) Bike Medics patrolling the course

**(Bike Medics check-in at pre-designated Medical Tent -- then move to initial posts as follows):**

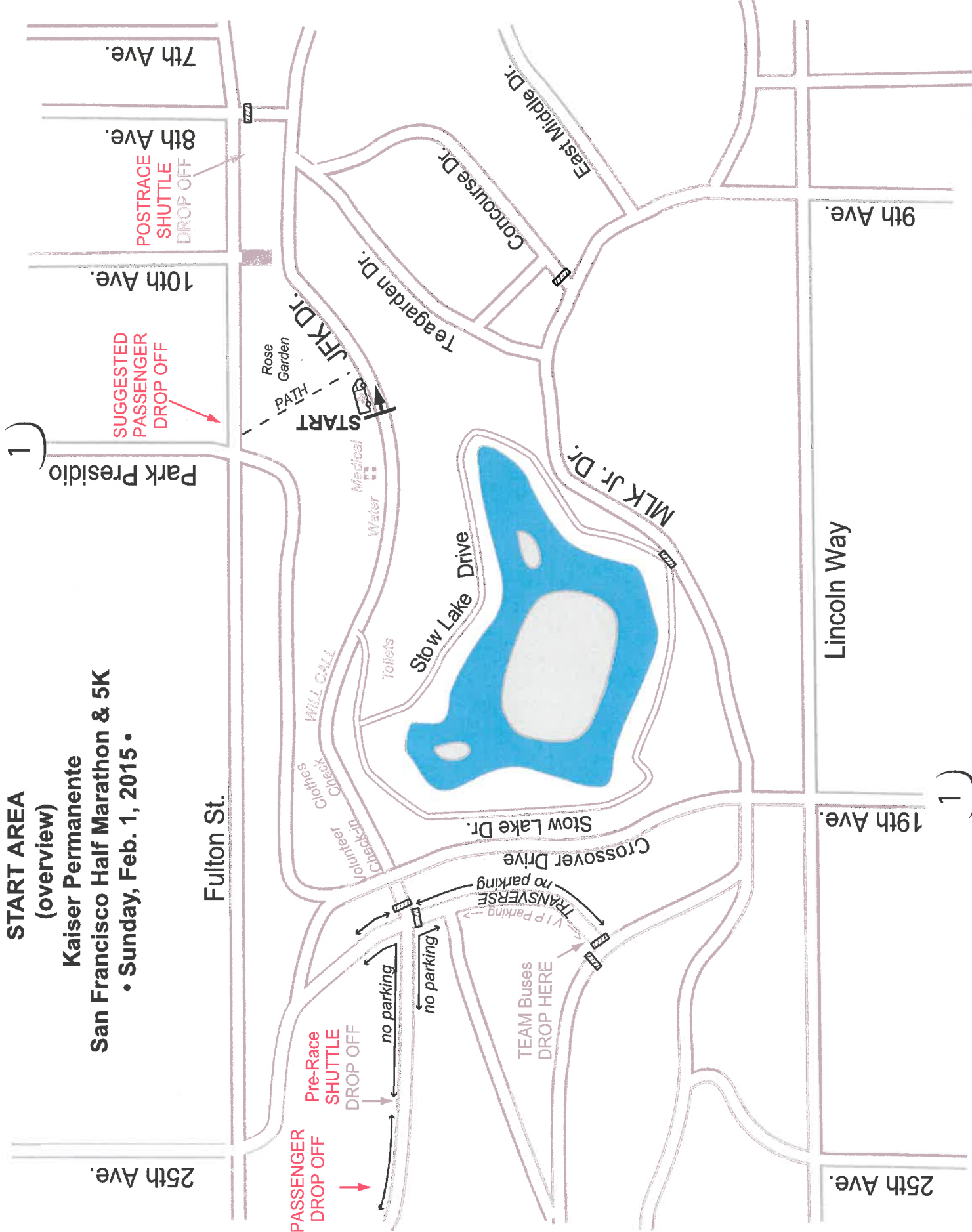
**Bike #1:** on post (JFK/Kezar/Stanyan) by 8:00 AM till panhandle clear of runners - repositioning at the Great Hwy & JFK to monitor for medical issues until end of race

**Bike #2:** on post (Water Aid Station #3) by 8:00 AM till the race passes - reposition at Lincoln Way and the Great Hwy to monitor for medical issues until end of race approx 1:00 pm.

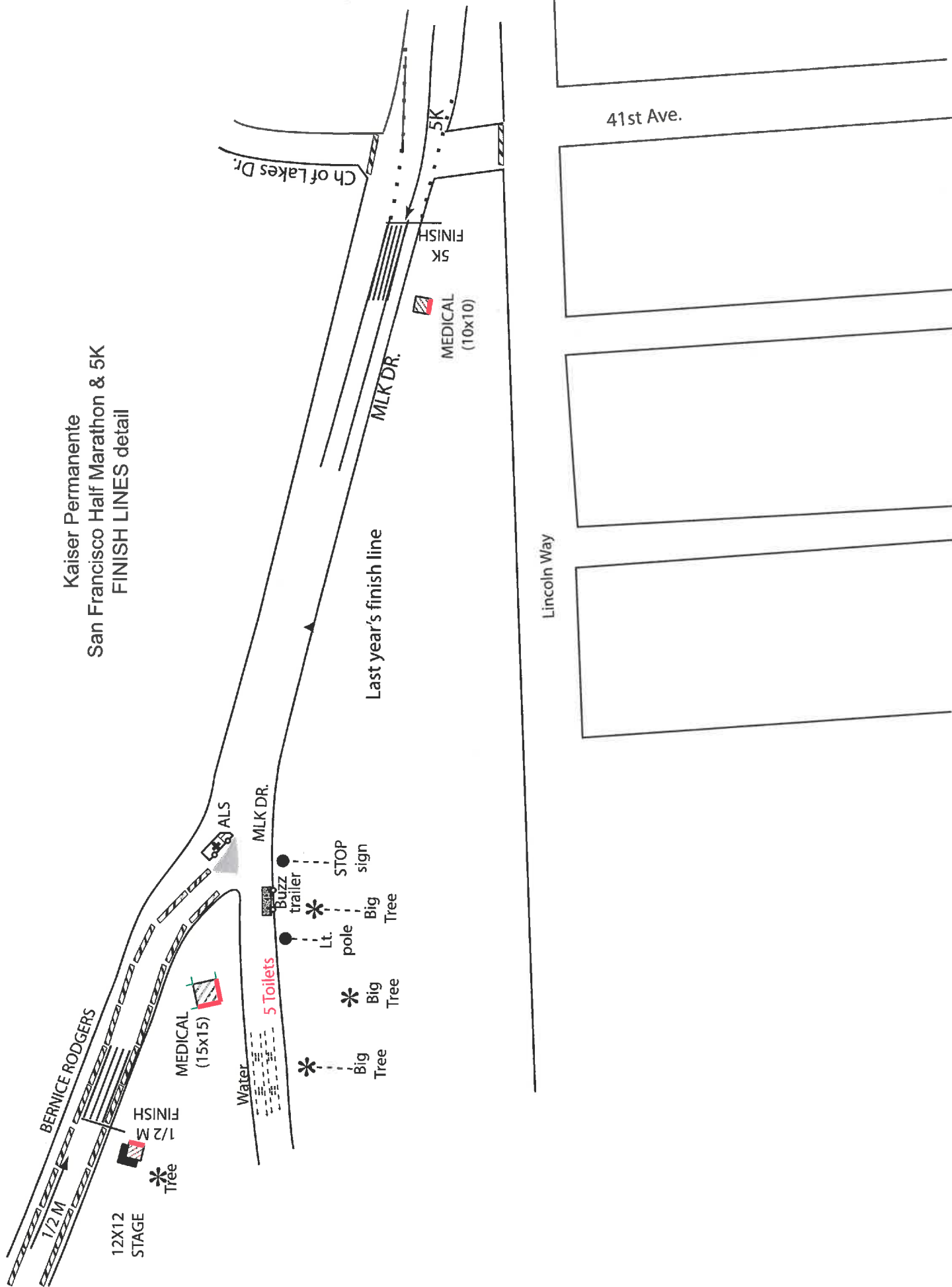
**Bike #3:** on post (Water Aid Station #4) by 8:00 AM until race passes - reposition to Finish Lines (JFK & Bernice Rogers) to monitor for medical issues until end of race approx 1:00 pm.

**Bike #4:** on post (Water Aid Station #5) by 8:30 AM until end of race approx 1:00 pm.

**Bike #5:** at initial post (Water Aid Station #6 at the turn-around) by 8:20 AM to monitor for medical issues and follow the last participants to the finish line approx 1:00 pm.



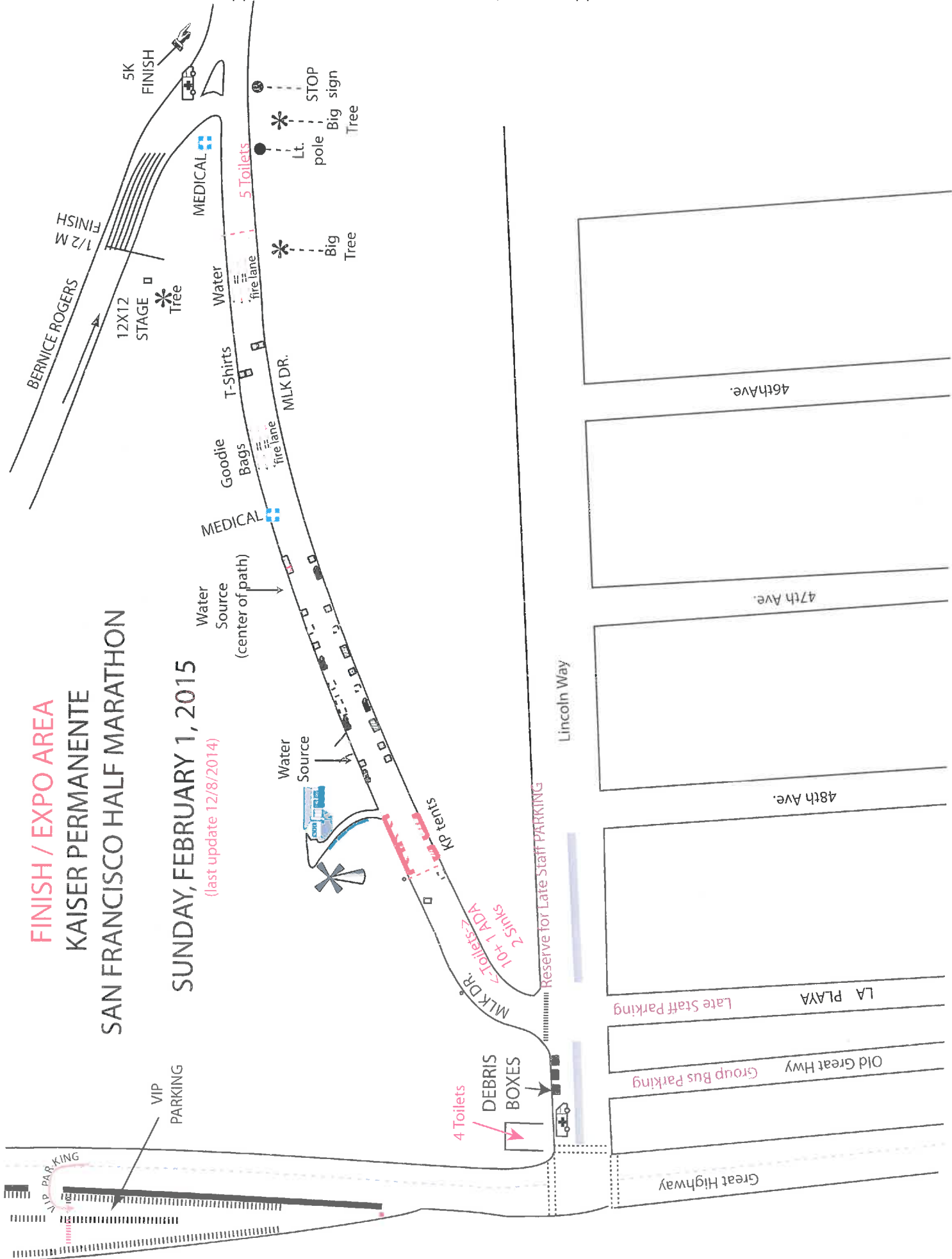
Kaiser Permanente  
San Francisco Half Marathon & 5K  
FINISH LINES detail



# FINISH / EXPO AREA KAISER PERMANENTE SAN FRANCISCO HALF MARATHON

## SUNDAY, FEBRUARY 1, 2015

(last update 12/8/2014)





**Kaiser Permanente San Francisco Half Marathon & 5K**  
(last update 12/8/2014)

	Portable Toilets
	5K route
	1/2 MARATHON route
	1/2 MAR. MILE MARKS
	5K MILE MARKS
	WATER STATION
	MEDICAL TENTS
	ALS UNIT
	BIKE MEDICS
	POLICE POSTS
	PARK RANGER
	COURSE MONITORS
	BARRICADES
	A-Frame signage

**MEDICAL RESOURCES & EMERGENCY MEDICAL PLAN SUMMARY**

**FIRST AID MEDICAL TENTS:**

1. MED #1 at START LINE: 1 Paramedic, 1 EMT, ALS gear & AED - operational 6:30AM to 10:30AM
2. MED #2 at 5K FINISH: 1 Paramedic, 1 EMT, ALS gear & AED - operational 7:00AM to 10:00 AM
3. MED #3 at 1/2 MAR. FINISH: 1 MD, 1 Paramedic, 1 EMT, ALS gear & AED - operational 7:00AM to 1:00 PM
4. MED #3 in EXPO: 2 EMTs, ALS gear & AED - operational from 7:30AM to 1:00 PM

**ALS AMBULANCES:** Four (4) dedicated ALS units

1. ALS #1 posted at the start medical tent starting at 6:30 am
2. ALS #2 posted at the finish lines at MLK and Bernice Rogers at 7:00 am
3. ALS #3 posted at the expo (MLK/Lincoln Blvd) at 7:00 am
4. ALS #4 on Sloat at the Great Hwy by 8:00 am

**MOBILE BIKE MEDICS:** Five (5) Bike Medics patrolling the course

**(Bike Medics check-in at pre-designated Medical Tent -- then move to initial posts as follows):**

**Bike #1:** on post (JFK/Kezar/Stanyan) by 8:00 AM till panhandle clear of runners - repositioning at the Great Hwy & JFK to monitor for medical issues until end of race

**Bike #2:** on post (Water Aid Station #3) by 8:00 AM till the race passes - reposition at Lincoln Way and the Great Hwy to monitor for medical issues until end of race approx 1:00 pm.

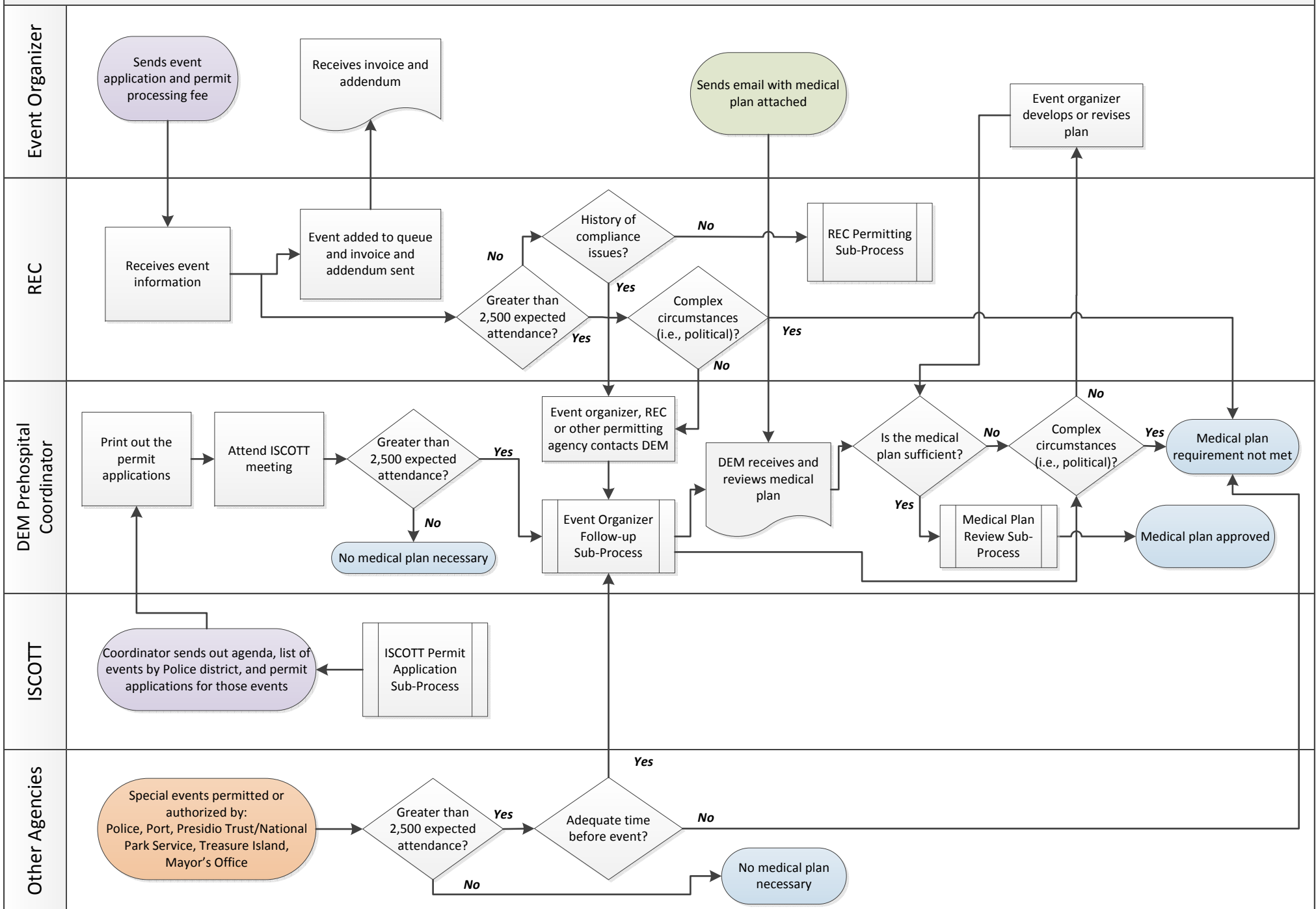
**Bike #3:** on post (Water Aid Station #4) by 8:00 AM until race passes - reposition to Finish Lines (JFK & Bernice Rogers) to monitor for medical issues until end of race approx 1:00 pm.

**Bike #4:** on post (Water Aid Station #5) by 8:30 AM until end of race approx 1:00 pm.

**Bike #5:** at initial post (Water Aid Station #6 at the turn-around) by 8:20 AM to monitor for medical issues and follow the last participants to the finish line approx 1:00 pm.

# Appendix C. San Francisco Special Events Permitting and DEM Medical Plan Coordination Process Map

Legend: Green = Ideal State, Purple = Current State – Primary Permitting Agency, Orange – Ad Hoc Information, Blue = Process End



## Appendix D: Website Research on Special Event Permitting Procedures in San Francisco

**Primary Permits:** (defined as those that are absolutely necessary for the event, such as the space)

Departments: REC (event space), ISCOTT (street closures, event space)

Department/Agency	REC
Website with information	Yes, <a href="http://sfrecpark.org/permits-and-reservations/special-events/">http://sfrecpark.org/permits-and-reservations/special-events/</a> (1)
Link to other City permitors?	Yes, <a href="http://sfrecpark.org/permits-and-reservations/special-events/other-required-provisions/">http://sfrecpark.org/permits-and-reservations/special-events/other-required-provisions/</a> (2) - does not include Entertainment Commission
Information on medical plan?	Yes (3) + direct link to EMSA Mass Gatherings site

(1)

### SPECIAL EVENTS



We offer many unique venues for concerts, races, or parties. Venues include iconic locations like Union Square, Coit Tower, Sigmund Stern Grove, Palace of Fine Arts, Civic Center Plaza, and Japantown Peace Plaza. Other venues have high levels of foot traffic, such as Justin Herman Plaza (a transportation hub which also draws many to the Ferry Building for the Farmers' Market), the Music Concourse in Golden Gate Park, (located between the de Young Museum and the California Academy of Sciences), and Marina Green (a central location for boating, running, and viewing the Golden Gate Bridge). We also offer locations for events in beautiful park settings like the Meadows in Golden Gate Park and Jerry Garcia Amphitheatre in McLaren Park.

For more details on our primary Special Event Facilities, please see our [Reservable Facility List](#).

### WHAT IS A SPECIAL EVENT?

Any event doing any of the following is considered a special event:

- Amplified sound (i.e. generator operated speakers)
- Selling food, alcohol or merchandise
- Selling Tickets
- Advertising that it is open to the public
- Requiring special set ups of stages, tents, barricades, fences or other items
- Needing to confirm date/time/location more than 6 months in advance

(3)

### EMERGENCY MEDICAL SERVICES PLAN

For events over 1,000 people, contact the Department of Emergency Services at (415)487-5032 or email [dem\\_sf.events@sfgov.org](mailto:dem_sf.events@sfgov.org) for the required forms to fill out an Emergency Medical Service Plan (EMS Plan). For a direct link to the required forms and information go to the [SF Department of Emergency Management](#). The Permits & Reservations office must receive a copy of the approved EMS Plan prior to the event.

### USEFUL LINKS

- [Special Events Home Page](#)
- [Special Event Application Information](#)
- [Reservable Facilities](#)
- [Special Event Fees](#)

[Other Required Provisions](#) (2)

[Golden Gate Park Road Closures](#)

### SPECIAL EVENT CALENDARS

[Tentative Calendars of Special Events](#)

### CONTACT INFO

We want to help you to reserve the space that you need. We have completed an upgrade to our phone systems to make that easier for you.

#### Hours:

Monday-Friday 9am to 5pm (EXCEPT for Thursday from 12:30pm – 2:30pm when we are CLOSED)

Saturday 9:00am to 12:00noon

#### Phone Number:

415-831-5500

#### Mailing Address:

Permits and Reservations 501 Stanyan Street  
San Francisco, CA 94117

#### Walk In:

Pioneer Log Cabin 2 Stow Lake Drive East  
Golden Gate Park

#### Park Code Fees

## Appendix D: Website Research on Special Event Permitting Procedures in San Francisco

Department/Agency	MTA/ISCOTT ( <i>note – link from REC site not working</i> )
Website with information	Yes, <a href="https://www.sfmta.com/services/streets-sidewalks/apply-street-closure">https://www.sfmta.com/services/streets-sidewalks/apply-street-closure</a> (1)
Link to other City permitors?	Yes, (2)
Information on medical plan?	Yes, but doesn't say that medical plan is necessary – just has the link! (3)

(1)

### Apply for a Temporary Street Closure - Special Events

If you or your organization would like to close one or multiple San Francisco city streets for a neighborhood block party, street fair, athletic event, etc., you must formally apply to the **Interdepartmental Staff Committee on Traffic and Transportation (ISCOTT)**.

Applications are due at least 90 days in advance of the event for street fairs and 30 days in advance for major events, athletic activities and block parties.

**If you are seeking a street closure in order to perform construction, please see Construction Regulations and visit SF Public Works for the applicable permits.**

#### APPLY FOR A NEIGHBORHOOD BLOCK PARTY PERMIT

A **neighborhood block party** is a one block closure in a residential neighborhood. The closure should not block or affect intersections, impact Muni service, and should be sponsored by a neighborhood organization or individual who lives on the block to be closed. For all other closures please see the Street Closure procedures section below.

To apply for a neighborhood block party, please use the documents below:

- Neighborhood Block Party Procedures
-  Neighborhood Block Party Application
- Application Fee Schedule


(2) Please note that the permit for a block party is just to close the street and does not change other City regulations, the following additional permits may be required depending on activities at your event:

- SF Fire Department: permits for generators, open-flame cooking, and food trucks;
- SF Department of Public Health: permits for any food or beverage that is available to the public;
- Entertainment Commission: permits for any amplified sound

If you are planning any activities, please make sure to note it on your application - your permit is only valid for the activities and plan as approved at ISCOTT. Inflatable structures (e.g. bouncy houses) no longer require a temporary occupancy permit as long as there is no staking, drilling or excavation required - please make sure to confirm this with the vendor.

#### LINKS AND RESOURCES FOR STREET CLOSURES

**For further information about temporary street closures, please call or email Meryl Klein at 415.701.5426.**

- Temporary No Parking Signs for ISCOTT permitted closures can be requested once the Temporary Street Closure permit has been issued. The  Sign Posting Fee Schedule shows the rates based on distance required to be posted.

(3)

- Department of Emergency Management requirements for **emergency medical service plans** can be found online at: <http://www.sfdem.org/index.aspx?page=173>



## Appendix D: Website Research on Special Event Permitting Procedures in San Francisco

**Secondary Permits:** (defined as those that a promoter would not obtain as a standalone permit for an event)

Departments: FIR (outdoor cooking), DPH (food safety), Entertainment Commission (amplified sound), POL (traffic, etc.)

Department/Agency	FIR
Website with information	Yes, <a href="http://sf-fire.org/permits-0#condit">http://sf-fire.org/permits-0#condit</a> (1)
Link to other City permitors?	No, but it seems that the FIR Special Events permit is not a primary permit (like a REC facility permit)
Information on medical plan?	No

(1)

Home > About Us > Fire Department Divisions > Division of Fire Prevention and Investigation > Permits

## Permits

A Fire Department permit constitutes permission to maintain, store, use or handle materials, or to conduct processes which produce conditions hazardous to life or property, or to install equipment used in connection with such activities. Such permission shall not be construed as authority to violate, cancel or set aside any of the provision of the Fire Code. Such permit shall not take the place of any license required by law.

- [Application for Permits](#)
- [Conditions of Permits](#)
- [Permit Type/Description](#)
- [Additional Guidelines](#)
- [Permit Fees](#)

### Application for Permits

Applications for permits shall be submitted to the Bureau of Fire Prevention, Permit Section located at 698 2nd Street, Room 109, San Francisco, CA 94107. Permit application packets sent via email will not be accepted. The Permit Section office hours are from 8:00 AM to 4:30 PM, Monday through Friday. For more information, please contact: [Fire.Permits@sfgov.org](mailto:Fire.Permits@sfgov.org) or call: **BFP Permit Section**.

Applications for Fire Department permit shall be accompanied by plans when required by the Bureau. Depending on the type of Fire Department permit, certain regulated activities require a supplemental application, additional information, site plans, floor layout plans, and proof of insurance. The following are various documents and forms used by the Permit Section:

- Permit Application Form (PDF)
- Permit Application Form Instructions with Guide (PDF)
- Supplemental Application for Special Events Form (PDF)**
- Event Sponsor Acknowledgement Receipt Form (PDF)
- Vendor Acknowledgement Receipt Form (PDF)
- Supplemental Application for Fireworks Display Form (PDF)
- Flame Act Safety Sheet Form (PDF)
- Required Statement of Understanding for Hot Work-Roofers Permit Holders (PDF)
- Service and Overtime Request Agreement - Form (PDF)

#### ABOUT US

- Fire Station Locations
- Fire Department Divisions
  - Chief of Department
  - Deputy Chief of Operations
  - Deputy Chief of Administration
  - Division of Fire Prevention and Investigation
  - About Division
  - Fire Marshal & Assistant Deputy Chief - Daniel De Cossio
  - Fee Information for Fire Prevention Services
  - Online Payment for Fire Department Services & Fees
  - 2010 Administrative Bulletins
  - SFFD Lockbox Program
- Permits**
  - Guidelines for Candles in Public Assembly
  - Use of LP-Gas Mushroom-Type Heaters
  - Notice to Building Owners & Managers Regarding Requirements for Roofing Contractors
  - Plan Check
  - Inspections
  - Property Inspection Records, Violation & Permit History

## Appendix D: Website Research on Special Event Permitting Procedures in San Francisco

Department/Agency	DPH
Website with information	Yes, <a href="https://www.sfdph.org/dph/EH/Food/default.asp">https://www.sfdph.org/dph/EH/Food/default.asp</a> (1)
Link to other City permitors?	Yes, <a href="https://www.sfdph.org/dph/EH/Food/Permits/permitSpecEvents.asp">https://www.sfdph.org/dph/EH/Food/Permits/permitSpecEvents.asp</a> (2)
Information on medical plan?	No

(1)

**About DPH** | **Our Services** | **Our Programs** | **Healthy Living** | **Records, Permits & Licensing** | **Knowledge Sharing & Collaboration** | **Diseases & Conditions** | **Training**

**Environmental Health** | **Air Quality** | **Water Quality** | **Noise** | **Food and Agriculture** | **Neighborhoods and Housing** | **Environmental Hazards** | **Business Regulation**

## Environmental Health

### Retail Food Safety Program

The Retail Food Safety Program monitors compliance of local and state food safety regulations in restaurants, markets, and all other retail food operations.

#### Principal Activities and Services

- Permit restaurants, markets, and all other retail food operations
- Review construction plans to ensure that permitted food facilities comply with health codes
- Inspect and monitor all retail food operations for compliance with health and safety regulations
- Take enforcement actions, including suspension of permits, when needed, to protect health and safety
- Permit and inspect temporary food events (e.g. street fairs, concerts, etc.) and farmers' markets
- Investigate foodborne-illness complaints
- Educate food facility operators on safe food handling practices
- Provide food safety manager training and certification courses

#### How to Obtain a Permit

##### Food Facility Permit to Operate

All retail food operations- restaurants, bars, markets, farmers' markets, concession stands, mobile food units, licensed health care facilities, and temporary food events - must obtain a Permit to Operate from the Department of Public Health. Click on the appropriate link below for permitting information in regards to different types of food facilities.

To ensure that you include all relevant permit fees during the application process, please refer to this **Permit Fees** document.

- **Restaurants, Bars, Licensed Health Care Facilities**
- **Caterers**
- **Cottage Food Operations** (California Homemade Food Act - AB1616)
- **Farmers Markets**
- **Mobile Food Facilities**
- **"Pop ups" and other Non-traditional Food Facilities**
- **Temporary Food Facilities (TFFs) at Special Events**

#### Plan Check

For any new construction or remodeling of a food facility, the Department of Public Health must perform a review of the construction plans to ensure that the physical requirements set by the California Health and Safety Code are met. For more information on the plan check procedure and requirements, click **here**.

#### HELPFUL LINKS

- SFDPH Fees
- Restaurant Safety Scores
- Retail Food Inspections
- Food Safety Training
- Foodborne Illness Investigations
- State Guidances
- Coffee Roasters
- Charbroilers
- CDPH Alerts & Recalls
- Relevant Food Safety Laws
- San Francisco Health Code, Article 8 (Food and Food Products)
- California Retail Food Code
- Animals in Food Facilities (pdf)
- Related Programs
- Laundromats/Pet Facilities
- Trans Fat Ban Program
- Culinary Garden Program
- Agriculture Program
- Program Contact

(2)

### Related Agencies

Other permits or approvals may be required by the following agencies for temporary food facilities:

- San Francisco Fire Department (open flame, Mobile Food Facilities, or a generator used) - (415) 558-3311 or (415) 558-3300
- San Francisco Department of Public Works (sidewalk used) - (415) 554-5810
- State ABC (alcohol sales) - (415) 356-6500
- San Francisco Police Department (public property used) - (415) 553-1115
- San Francisco Recreation and Parks (park property used) - (415) 831-5500
- SF Department of Public Health's Tattoo, Body Piercing and Permanent Cosmetic program (body modification permits (i.e. tattoos) required) - (415) 252-3971
- Recology (recycling, composting and landfill) - (888) 404-4008

## Appendix D: Website Research on Special Event Permitting Procedures in San Francisco

Department/Agency	Entertainment Commission
Website with information	Yes, <a href="http://sfgov.org/entertainment/permit-applications">http://sfgov.org/entertainment/permit-applications</a> (1)
Link to other City permitors?	No
Information on medical plan?	No

(1)

### Fees, Forms, Permits and More

As of July 2003, the City of San Francisco requires most temporary and fixed-place entertainment-related places and events to be approved by the San Francisco Entertainment Commission.

It is important that you submit ALL of the information required on your application to better assist the Entertainment Commission to process your application. We recommend you contact our office at 415-554-7793 to set up an appointment for detailed assistance with the Place of Entertainment and Limited Live Performance applications.

The Entertainment Commission believes that ensuring cooperation and harmony among entertainment venues, local authorities and neighbors is essential to the city's well being, and we appreciate your time and commitment to fostering a vibrant, healthy and safe nightlife!

For information and tools to help you successfully operate an entertainment business in San Francisco, see the [San Francisco Nightlife Business Handbook](#) and other resources at [NightlifeSF.org](http://NightlifeSF.org).

[Make a payment by credit card - PAY ONLINE](#)

[Permit Fee Matrix \(PDF\)](#)

[Department Inspection Fee Matrix \(PDF\)](#)

[Permit FAQs](#)

### PERMITS BY NAME

PERMIT NAME	TYPE OF PDF
<a href="#">Letter of Intent (PDF)</a>	Standard PDF
<a href="#">Limited Live Performance (LLP) Permit (SmartPDF)</a>	Fillable SmartPDF that may be submitted online
<a href="#">One Night Dance Permit - Adult (SmartPDF)</a>	Fillable SmartPDF that may be submitted online
<a href="#">One Night Event Permit (SmartPDF)</a>	Fillable SmartPDF that may be submitted online
<a href="#">Outdoor Amplified Sound/Loudspeaker Permit (SmartPDF)</a>	Fillable SmartPDF that may be submitted online
<a href="#">Permit Application (PDF)</a>	Standard PDF
<a href="#">Loudspeaker Permit Application (PDF)</a>	Standard PDF
<a href="#">One Night Event Permit Information (PDF)</a>	Standard PDF
<a href="#">One Night Permit (PDF)</a>	Standard PDF

### COMPLETE PACKAGES BY PERMIT NAME

PERMIT NAME	ITEMS IN PACKAGE
<b>Place of Entertainment Permit or Extended Hours Premises Permit</b>	<a href="#">Place of Entertainment Permit (PDF)</a> <a href="#">Letter of Intent (PDF)</a> <a href="#">Questionnaire (PDF)</a>
<b>Itinerant Show Permit</b>	<a href="#">Itinerant Show Permit (PDF)</a> <a href="#">Itinerant Show Information Form (PDF)</a>

Appendix D: Website Research on Special Event Permitting Procedures in San Francisco

Department/Agency	San Francisco Police Department
Website with information	Yes, <a href="http://sanfranciscopolice.org/sfpd-permits">http://sanfranciscopolice.org/sfpd-permits</a> (1)
Link to other City permitors?	No
Information on medical plan?	No

(1)

Home > Information > More > SFPD Permits

## SFPD Permits

**Address:** 850 Bryant Street, Room 458, San Francisco, CA 94103

**Business Hours:** 9:00am to 4:00pm Monday through Friday

**Window Hours:** 9:00am to 12:00pm and 1:00pm to 4:00pm Monday through Friday (Window service closed between 12:00pm to 1:00pm)

**Business Phone:** (415) 553-1115

**Fax Number:** (415) 553-7969

[\\* View the SFPD Permit Hearing Rules \(PDF\)](#)

### SFPD Permit Forms

- [Commercial Parking Lots and Garages Application \(PDF\)](#)
- [Commercial Parking Permit Checklist \(PDF\)](#)
- [Permits Application Forms](#)
- [Security-Plan \(Word DOCX\)](#)

### For More Information Visit:

- [Hearing Calendar](#)
- [Hearing Results](#)
- [List of Permit Approvals](#)
- [Instructions For Applying for Permits](#)
- [Hearing Procedures](#)
- [Vehicle Towing Rights](#)
- [Planning Department Permit Referral Fee Increase \(Effective August 29, 2014\)](#)
- As of July 1, 2015, the fee totals for all permit applications that include the Board of Appeals Surcharge will be reduced by \$0.50. Until further notice, the Surcharge will be \$26.50.

311 - Service 24x7

# Appendix D: Website Research on Special Event Permitting Procedures in San Francisco

## DEM's Mass Gatherings Website

Located at DEM Homepage > Programs > EMS Agency > Mass Gatherings & Special Events

Link: <http://sfdem.org/mass-gatherings-special-events>

[Home](#) > [About](#) > [EMS Agency](#) > [Mass Gatherings & Special Events](#)

## Mass Gatherings & Special Events

### Mass Gathering EMS Plan for Mass Gatherings

- [Mass Gathering and Special Events Policy \(PDF\)](#)
- [EMS Plan Template \(PDF\)](#)
- [EMS Plan Exemplar for Smaller "Major Event" \(PDF\)](#)
- [EMS Plan Exemplar Larger "Major Event" \(PDF\)](#)
- [Mass Gathering: Report of Treatment by Event Medical Resources \(PDF\)](#)

The [San Francisco Traffic Code](#) requires the Interdepartmental Staff Committee on Traffic and Transportation (ISCOTT) to review and approve applications for the temporary use or occupancy of a public street, a street fair, or an athletic event that includes the dispensing of beverages or other use that generates large volumes of recyclables materials.

In the case of major events\*, applicants shall also submit an Emergency Medical Services (EMS) Plan to ISCOTT, which shall be forwarded to the Director of the Emergency Medical Services Agency (EMS Agency). ISCOTT shall consider the recommendations of the EMS Agency regarding the EMS Plan.

This section of the website contains the EMS Agency Policy and Procedure that implements Traffic Code Section 800 et. seq. This policy identifies specific mitigation efforts, such as EMT or Paramedic Ambulance staffing, which is required for various size mass gathering events. This section of the website also contains an EMS Plan exemplar, and plan formats for small and large mass gatherings.

A minimum EMS Plan standard for any major event is the ability to provide on-site CPR and being able to rapidly access the 911 System. Information on CPR classes may be found at numerous health-related sites including the American Heart Association, the Red Cross, and the San Francisco Paramedic Association. Information on the San Francisco 911 System may be found at the San Francisco Emergency Communications Department website.

In order to facilitate evaluation of Mass Gathering policies and plans, Event Planners are being asked to provide a brief summary of injury and other health-related activities for each Event by completing the report form listed below. The form should be submitted to EMSA within one month of the Event.

\* Major events are those events including athletic events and street fairs that involve any of the following: 1) the use of more than five blocks; 2) the expected attendance or participation of more than 1000 people at any one time; 3) rerouting of more than three Municipal Railway transit lines; 4) any sports events at Candlestick Park with expected attendance of more than 50,000 people; or 5) any parade governed by the provisions of Police Code Section 366.

### ABOUT

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**[Mass Gatherings & Special Events](#)**

[Annual EMS Awards](#)

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[EMT Fees](#)

[EMT-P Fees](#)

[Bay Area UASI](#)

[Annual Report](#)

### Observations:

- The page does not reference and define special events. Instead, these events are called "major events" and are first referenced in the second paragraph (the definition and what is required of event organizers for these events should be the first sentence on the website).
- Major events are defined at the bottom, and if classifying a special event based on expected attendance, *the website notes that the threshold is expected attendance of more than 1,000 people, which is different than the 2,500 expected attendance that DEM's Prehospital Coordinator noted.*
- No timeline for how soon before an event a medical plan should be submitted is noted on the website. *Furthermore, the website notes that an applicant should submit the plan to ISCOTT, who will forward to DEM Director. DEM's Prehospital Coordinator noted that the preferred method is to get the plan from the event organizer directly.*

## Appendix D: Website Research on Special Event Permitting Procedures in San Francisco

### Preliminary Findings

<b>Primary Permitors</b>	<b>REC, ISCOTT</b>
<b>Secondary Permitors</b>	<b>FIR, DPH, Entertainment Commission, POL</b>

- Only two sites (REC and ISCOTT, the primary permitors) mention medical plans, and the sites have inconsistent information.
  - REC: No timeline is given for submitting a medical plan. Description of when a medical plan is required is 1,000 (rather than 2,500) expected attendees.
  - ISCOTT: Link to DEM site is only available under the “Links and Resources for Street Closures” section, which is a ways down the page. No information on attendee threshold or timeline is given.
- The sites that do list other agencies that might require a permit do not have a consistent list; the list of other agencies includes only those agencies that permit for similar events (for example, ISCOTT links only to FIR, DPH, and Entertainment because street fairs/block parties generally have food trucks, music, and open flames for cooking).
- If sites do have timeline information, it is inconsistent. No site lists that a medical plan should be received 60-90 days before the operational period of the event, as specified by DEM’s Prehospital Coordinator, or that an approved medical plan should be in place prior to the permit application submission.

### Policy 7010 Review

- Policy 7010 does not explicitly list the 2,500 attendee threshold, or define a special event. The Appendix below is the closest thing to denoting an attendee threshold.

#### Appendix A Minimum Resource Guidelines

Event Type	Crowd Size (anticipated)	CPR & 911 Access	1 <sup>st</sup> Aid Station w/ EMT@	1 <sup>st</sup> Aid Station w/ Nurse or Paramedic	1 <sup>st</sup> Aid Station w/ Physician	BLS or ALS Ambulance	Mobile Teams
Concert/ Music Festival	< 2,500	X	X	*			
	2500-15,500	X		X		ALS *	*
	15,500-50,000	X		X	*	ALS (X)#	X
	>50,000	X			X	ALS (X)#	X
Athletic/Sporting Event^	< 2,500	X	X	*			
	2500-15,500	X		X	*	ALS (X)	X
	15,500-50,000	X			X	ALS (X)#	X
	>50,000	X			X	ALS (X)#	X
Parade~/ Block party/Street fair/ Outside Venue	< 2,500	X	*				*
	2500-15,500	X	X	*		ALS*	X
	15,500-50,000	X		X	*	ALS (X)#	X
	>50,000	X			X	ALS (X)#	X
Conference or Convention	< 2,500	X	*				
	2500-15,500	X	X	*		ALS*	*
	155000-50,000	X		X	*	ALS (X)#	X
	>50,000	X			X	ALS (X)#	X

X =REQUIRED

\* = RECOMMENDED

#=MULTIPLE UNITS MAY BE REQUIRED depending on history and size of event. A reasonable planning guide is 1 unit per 10,000 participants or spectators.

^=If a parade or sporting event takes place over 1 mile or more, more than 1 first aid station is recommended. Crowd size equals both the participants and spectators

@=AED access recommended

Notes on Procedure section below:

- No timeline (e.g., medical plan should be received within 60-90 days of event operational period) is listed anywhere in Policy.
- Submission method is different than the ideal method specified by DEM's Prehospital Coordinator (yet the same/similar as that specified on the DEM Mass Gatherings website – the promoter shall submit to ISCOTT or the relevant permitting agency, and the agency will forward along to EMS Agency).

#### **IV. PROCEDURE**

A. Event Medical plans shall be submitted to the appropriate city permitting agency (ISCOTT/Entertainment Commission/Parks and Recreation Department/Police Department) with the permit request and that permitting agency shall forward the Event Medical Plan to the EMS Agency within 2 days of submission of the permit request using the approved template and meeting all minimum standards

Page 2

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**Policy Reference No.: 7010**  
**Effective Date: May 23, 2012**

- B. The EMS Agency Medical Director shall review the medical plan within 15 days and respond to both the event sponsor and the permitting agency as follows:
1. Recommended without modification
  2. Recommended, contingent upon acceptance of modifications specified by the reviewer
  3. Not recommended
- C. Those plans not recommended shall be returned and will include an explanation of the decision.
- D. The applicant may appeal the decision by resubmitting the plan to the Director of Health and requesting review within 5 days of the EMS Agency Medical Director's decision.
- E. The applicant will provide a summary of the medical incidents during the event that involved the EMS plan medical facilities. This summary will include at a minimum the number of patients seen at the first aid station(s) or other facilities, their age, gender, chief complaint and disposition.
- F. The staff point of contact for questions on this policy or event EMS plans may be reached via email at **dem.sf\_events@sfgov.org** or (415) 487-5032.

## Appendix E. Stakeholder Interview List

ID	Name	Title	Department or Organization	Date
1	Aram Bronston	Prehospital Coordinator	DEM	2-May-16
2	Aram Bronston	Prehospital Coordinator	DEM	23-May-16
3	Jocelyn Kane; Maggie Weiland	Executive Director; Deputy Director	ENT	20-Jun-16
4	Rachel Cukierman; Claire Phillips	Project Manager; Performance Analyst	CON	22-Jun-16
5	Shane Francisco	Assistant Deputy Chief , Homeland Security Division	FIR	23-Jun-16
6	Dana Ketcham	Director of Property Management, Permits and Reservations	REC	29-Jun-16
7	Aram Bronston	Prehospital Coordinator	DEM	20-Jul-16
8	Dylan Rice	Senior Analyst, Community and Cultural Events	ENT	28-Jul-16
9	Meryl Klein	Program Manager, ISCOTT	MTA	1-Aug-16
10	Aram Bronston	Prehospital Coordinator	DEM	3-Aug-16
11	David Kennedy*	Director of Special Events, Office of Cultural Affairs and Special Events	City of Chicago	18-Aug-16
12	Lt. Michelle Craig, Sgt. Bernard Corry, Sgt. William McCarthy, Theresa Conway, Carolyn Welch	Lt., Sgt. (2), Officer, and Budget Manager, respectively	POL	5-Oct-16
13	Javier Sanchez	Event Organizer	Pier 70 Partners	12-Oct-16
14	Eliote Durham	Event Organizer, Company Owner	E. Cee Productions	19-Oct-16
15	Shannon Nelson; Judy Stark	Paramedic Supervisor; Business Services	AMR	2-Nov-16
16	Christie Schantz	Special Events Specialist	Presidio Trust	7-Nov-16
17	Joyce Judge, Amy Yandle	Manager and Sr. Manager of Special Events Permitting; Mayor's Office of Tourism, Sports and Entertainment	City of Boston	14-Nov-16
18	Dylan Rice	Senior Analyst, Community and Cultural Events	ENT	14-Nov-16
19	Sintia Kawasaki-Yee	Events Specialist, Office of Special Park Uses	National Park Service	1-Dec-16
20	Carolyn Wormser*	Director of Special Events, Office of Special Events and Filming	City of San Diego	6-Dec-16
21	Kevin Parker*	Commander of Special Events	Austin-Travis County EMS	12-Dec-16
22	Christopher Swenson*	Manager, Special Events Office	City of Seattle	4-Jan-17
23	<i>Dylan Rice</i>	<i>Senior Analyst, Community and Cultural Events</i>	<i>ENT</i>	<i>Ongoing</i>

\*= Benchmarking research





## Special Event Guidelines Medical Plan

**A**ll special events must have a medical plan. The most basic plan for small events with a low medical risk assessment is the designation of an event representative to call 9-1-1 and a representative on-site with CPR training certification.

Events with a higher potential for risk are required to implement an appropriate medical plan to address the specific needs of the attendees and/or participants. Should Advanced Life Support (ALS) transport be needed at your event, your medical service provider is required to use San Diego Medical Services Enterprise or the City of San Diego 9-1-1 system. Your medical service provider should be familiar with this requirement.

It is your responsibility to ensure that all medical support personnel whether paid or volunteer has the appropriate licensing, certifications, and insurance to provide services at your event. The City of San Diego has final authority over your event medical services requirements and will evaluate these requirements based on a number of factors related to your event.

To assist you in determining the appropriate type of medical services for your event, the City of San Diego has developed the following matrix of emergency medical services resources which can be used as a guideline in developing your medical plan:


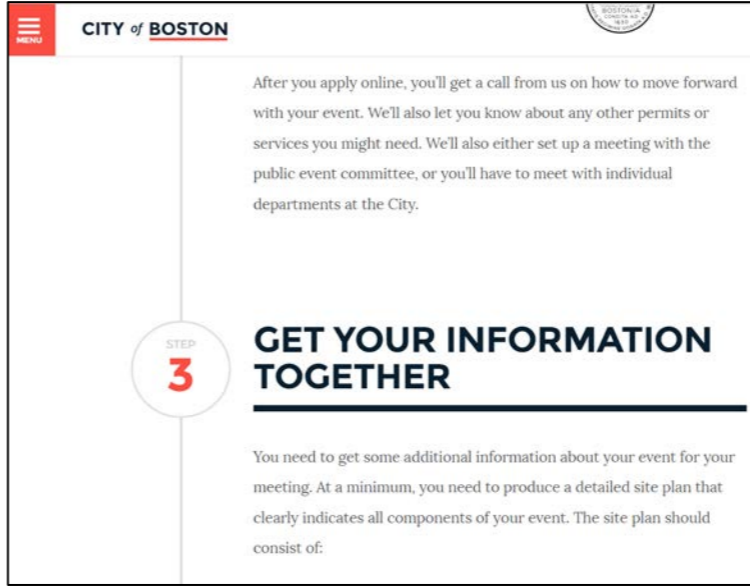
Emergency Medical Services Resource Matrix								
Event Type	Anticipated Crowd Size	Knowledge of 9-1-1 Access and CPR	Basic First Aid Station(s)	First Aid Station(s) Including Nurse	First Aid Station(s) Including Physician	Basic Life Support (BLS) Ambulance(s)	Advance Life Support (ALS) Ambulance(s)	Mobile Team(s)
Concert/Music Festival; Block Party/Street Fair;	< 2,500	•	•	✓		✓		
	2,500— 15,000	•		•		•	✓	
	15,000—	•		•	✓	•	•	•
	> 50,000	•		•	•	•	•	•
Athletic/Sporting Event	< 2,500	•	•	✓				
	2,500— 15,000	•		•	✓	•	✓	
	15,000— 50,000	•			•	•	•	•




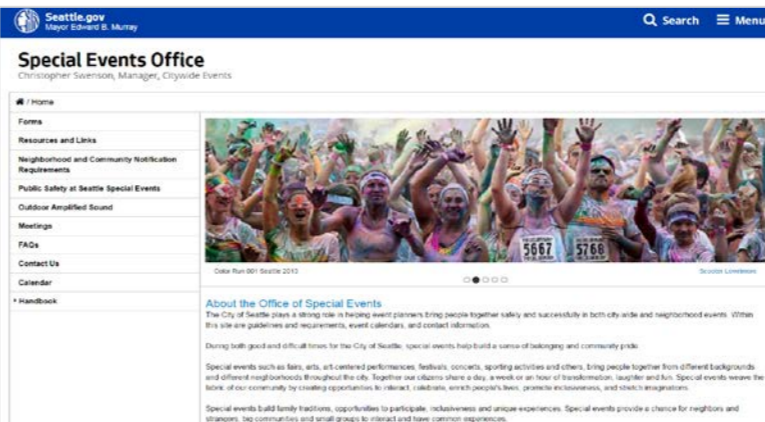
## Special Event Guidelines Medical Plan

Event Type	Anticipated Crowd Size	Knowledge of 9-1-1 Access and CPR	Basic First Aid Station(s)	First Aid Station(s) Including Nurse	First Aid Station(s) Including Physician	Basic Life Support (BLS) Ambulance(s)	Advance Life Support (ALS) Ambulance(s)	Mobile Team(s)
	> 50,000	•			•	•	•	•
Parade	< 2,500	•	•					
	2,500— 15,000	•	•	✓		•	✓	
	15,000— 50,000	•		•	✓	•	•	•
	> 50,000	•		•	✓	•	•	•
Conference/Convention	< 2,500	•	•					
	2,500— 15,000	•	•	✓		✓		
	15,000— 50,000	•		•		•	✓	•
	> 50,000	•		•	✓	•	•	•

- Required resource. Multiple resources should be considered depending on boundaries of event, event elements, and/or size of crowd.
- ✓ Recommended resource intended to ensure safety of participants.

City	Special Events Office	In Central Agency	Special Event Coordination	Medical Plans	Website	Pros	Cons
Austin, TX	Austin Center for Events (ACE)	N	<ul style="list-style-type: none"> <li>Austin uses the "hub and spoke" model: Austin Center for Events (ACE) is the central entity that serves as the initial point of contact for event organizers and coordinates amongst all permitting departments and agencies.</li> <li>City Stage is the applicant intake page for ACE. Permit applicants use City Stage to a) submit applications online; b) learn about other permits s/he may need and locate other websites as necessary; c) contact someone in the office in ACE with questions.</li> <li>Comprehensive handbook for applicants: <a href="http://www.austintexas.gov/sites/default/files/files/CityStage/CityofAustin_AustinCenterforEventsGuidebook.pdf">http://www.austintexas.gov/sites/default/files/files/CityStage/CityofAustin_AustinCenterforEventsGuidebook.pdf</a></li> </ul>	<ul style="list-style-type: none"> <li>All events with a street closure must contact Austin-Travis County EMS (ATCEMS). ATCEMS has its own special events page.</li> <li>The master permit application has a section on EMS resources and EMS contact information.</li> <li>Appendix J of the special events handbook includes a matrix that summarizes the EMS resources required at an event (pg. 42).</li> <li>ATCEMS works with both the event organizer and government agencies to ensure that adequate medical resources are available at each event.</li> </ul>	 <p><a href="https://austintexas.gov/citystage">https://austintexas.gov/citystage</a></p>	<ul style="list-style-type: none"> <li>Austin uses the hub and spoke model.</li> <li>Comprehensive special events handbook that includes a medical plan section with an accessible EMS resources matrix.</li> <li>Applicants can submit applications online, and the City Stage website is the clear first point of contact, listing out: a) other necessary permits and b) a number to contact with questions.</li> <li>ACE was established at the direction of the Austin City Council, so there is high-level support.</li> </ul>	<ul style="list-style-type: none"> <li>There is no ordinance that codifies the medical plan requirement.</li> </ul>
Boston, MA	Tourism, Sports, and Entertainment	Y	<ul style="list-style-type: none"> <li>Boston uses the hub and spoke model: the [Mayor's] Office of Tourism, Sports and Entertainment is the central entity that serves as the initial point of contact for event organizers and coordinates amongst all permitting departments and agencies.</li> <li>The website clearly describes when permits are required and important deadlines, and serves as an online portal where event organizers can create an account and submit applications online</li> <li>Once an event organizer fills out the master permit application, someone from the office a) contacts him or her to provide information on next steps, b) informs about other permits or services necessary, c) sets up a meeting with public event committee, if necessary.</li> <li>There are regular event committee meetings that include FIR, POL, EMS, MTA, DPW, REC. Event organizers meet with individual departments or this full committee, depending on the event.</li> </ul>	<ul style="list-style-type: none"> <li>No explicit mention of medical plans on the initial website, but this is a component of the event specific follow-up after an event organizer submits the permit application.</li> <li>All permit applications are routed to EMS and the master permit is not issued without EMS sign-off, and EMS issues its own permit for the events that require a medical plan.</li> <li>Boston EMS has a page within the same website and a specific link to apply for medical resources for special events.</li> </ul>	 <p><a href="https://www.boston.gov/departments/tourism-sports-and-entertainment">https://www.boston.gov/departments/tourism-sports-and-entertainment</a></p>	<ul style="list-style-type: none"> <li>Boston uses the hub and spoke model.</li> <li>Applicants can submit applications online, and the website is the clear first point of contact, listing out: a) other necessary permits and b) a number to contact with questions, c) the special events permitting process overall.</li> <li>Regular established committee meetings amongst various departments in the special events permitting process.</li> <li>Customer-service focused.</li> </ul>	<ul style="list-style-type: none"> <li>Even though the system is effective in providing information and a first point of contact, there are minimal established processes such that permitting is conducted on a case-by-case basis. This is similar to Chicago.</li> </ul>

Appendix G. Benchmarking Analysis

City	Special Events Office	In Central Agency	Special Event Coordination	Medical Plans	Website	Pros	Cons
San Diego, CA	Special Events and Filming Department	N	<ul style="list-style-type: none"> <li>San Diego uses the hub and spoke model: the Special Events Department is the central entity that serves as the initial point of contact for event organizers and coordinates amongst all permitting departments and agencies.</li> <li>Strong customer service focus. The office has a Program Manager that serves as the liaison between event organizers and the city.</li> <li>The website clearly states the intention and importance of both the office and the website and includes PDF resources for all additional permits that may be necessary. The permit application process is partially online.</li> <li>Comprehensive handbook for applicants: <a href="https://www.sandiego.gov/sites/default/files/legacy/specialevents/pdf/planningguide.pdf">https://www.sandiego.gov/sites/default/files/legacy/specialevents/pdf/planningguide.pdf</a></li> <li>Citywide "Production Meetings" occur bi-weekly and on an event-by-event basis, event organizers meet with the citywide group to discuss pre-event coordination, post-event evaluation, or any unique needs of the event.</li> </ul>	<ul style="list-style-type: none"> <li>Medical plan PDF resource here: <a href="https://www.sandiego.gov/sites/default/files/legacy/specialevents/pdf/MedicalPlan.pdf">https://www.sandiego.gov/sites/default/files/legacy/specialevents/pdf/MedicalPlan.pdf</a></li> <li>The Program Manager coordinates all contact between the event organizer and the various permitting agencies and departments.</li> <li>The permit applicant submits a master special events permit and the Program Manager gives it a cursory scan to ensure that all necessary materials are included before routing the various components to the respective departments.</li> </ul>	 <p><a href="https://www.sandiego.gov/specialevents-filming/events">https://www.sandiego.gov/specialevents-filming/events</a></p>	<ul style="list-style-type: none"> <li>San Diego uses the hub and spoke model, and the Program Manager of the Special Events Office plays a strong coordination role between event organizers and permitting departments and agencies.</li> <li>Permit application is partially online, and the website is the clear first point of contact, listing out: a) other necessary permits and b) a number to contact with questions, c) the special events permitting process overall.</li> <li>Customer-service focused.</li> <li>Comprehensive special events handbook that includes a medical plan section with an accessible EMS resources matrix.</li> </ul>	<ul style="list-style-type: none"> <li>The medical plan guidelines state that all events must have a medical plan (at the very least a designee to call 911) but does not clearly define "higher risk" events that must have additional EMS resources.</li> </ul>
Seattle, WA	Special Events Office	Y	<ul style="list-style-type: none"> <li>Seattle uses the hub and spoke model: the Special Events Office is the central entity that serves as the initial point of contact for event organizers and coordinates amongst all permitting departments and agencies.</li> <li>Event organizers submit an application for a "master permit" that is reviewed by the Special Events Office.</li> <li>A committee of permitting agencies and departments review each application via monthly full committee meetings or subcommittee meetings.</li> <li>Comprehensive handbook for applicants: <a href="https://www.seattle.gov/special-events-office/handbook">https://www.seattle.gov/special-events-office/handbook</a></li> <li>Special Events Office issues a "master" permit, when a patchwork of underlying permits are completed and requirements met across applicable departments.</li> </ul>	<ul style="list-style-type: none"> <li>Medical plan resource here: <a href="https://www.seattle.gov/special-events-office/handbook/medical-staffing">https://www.seattle.gov/special-events-office/handbook/medical-staffing</a></li> <li>Bullet points denote how medical resources are determined (event size, event type, etc.)</li> <li>Event organizers develop medical plan in consultation with Seattle's Medic One EMS program.</li> </ul>	 <p><a href="https://www.seattle.gov/special-events-office">https://www.seattle.gov/special-events-office</a></p>	<ul style="list-style-type: none"> <li>Seattle uses the hub and spoke model.</li> <li>Comprehensive special events handbook that includes a medical plan section with an accessible description of necessary EMS resources.</li> <li>Customer-service focused.</li> <li>There is legal authority for special events permitting and processes in Seattle's municipal code: <a href="https://www.municode.com/library/wa/seattle/codes/municipal_code?nodeId=TIT15STIUS_SUBTITLE_ISTUSOR_CH15.52CRCOEV">https://www.municode.com/library/wa/seattle/codes/municipal_code?nodeId=TIT15STIUS_SUBTITLE_ISTUSOR_CH15.52CRCOEV</a></li> </ul>	<ul style="list-style-type: none"> <li>Master permit application is paper-based.</li> <li>Development of medical plan is a decentralized step in the process, requiring outreach to Medic One.</li> </ul>