



MEDICAL OPERATIONS PLAN



Woolstore Future Event 2026

Dates to be confirmed

QUALIFIED | EXPERIENCED | PROVEN

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PREFACE

Scope

The First Aid & Medical Operations Plan provides information, guidance and coordinated response for first aid and medical operations at Woolstore Future Events 2026. Planning is based on the SMEACS briefing model (Situation, Mission, Execution, Administration & Logistics, Command & Communications and Safety).

This plan has been designed specifically for the event and should be read in conjunction with the Medical Edge Australia Employee Handbook 2026, Medical Edge Australia policies and procedures.

Medical Edge Australia aims to minimise impact on local health and emergency medical services through clinically appropriate referral to such services. Given the nature of the event and its participants it is predicted that there will be some requirement for local health and emergency medical services throughout the event.

The Medical Edge Australia First Aid Commander is aware of the state mass casualty and other state emergency management arrangements. In the unlikely case of a Mass Casualty Incident (MCI) Medical Edge Australia will assist AV's Incident Health Commander as requested.

This plan has been provisionally approved by the Director of Medical Edge Australia and applies to all staff engage at this event.

Scope of events may include a paramedic team with advanced clinical assessment and patient management capacity. This includes:

- Basic & advanced airway management
- Basic fracture management
- Advanced clinical assessment
- Advanced emergency pharmacology
- Intravenous therapies
- Mental status assessment
- Advanced Life Support
- Temperature control
- Discharge and referral pathways

Note this does not extend to rapid sequence intubation.

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SITUATION

Overview

Woolstore Future Events 2026 are a series of concerts with various artists and crowd sizes throughout 2026

Medical Edge Australia has been selected to provide professional first aid and medical services to all patrons, officials, and support persons throughout the event. This includes a paramedic team and first aid staff to support expected incidents across the site.

Weather

Weather will be reviewed prior to each event. In cases of hot weather forecast (>25 degrees) additional human resources and greater clinical skillsets may be added to support increases in workload.

Risk Management

Specific risk identification, management and mitigation has been completed by the event organiser. Medical Edge staff are not primarily responsible for risk identification and mitigation however will provide feedback to the event organiser as required via the hazard identification process.

Expected Incidents

Previous event data at this event and similar suggests the following types of patient presentations may occur:

- Alcohol and drug intoxication
- Overdose
- General medical presentations
- Dehydration and environmental exposure
- Fractures/dislocations
- Soft tissue injuries
- Lacerations/abrasions

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First aid and medical staff will be equipped to manage arising incidents in accordance with relevant first aid and medical guidelines and clinical protocols. Various medical staff will be working across the event area, including Registered Paramedics and First Responders.

Medical Edge Australia aims to provide a timely and coordinated response to all incidents within the event area requiring first aid or medical assistance. Medical Edge Australia will provide first aid staff to the event as well as all relevant equipment (as per staff & equipment allocation below).

MISSION & EXECUTION

General Operations

Staff Allocations – Refer to Appendix 1 – Staffing Plan

Consulting with Medical Edge Doctor

Medical Edge Australia will have a Clinician who is an experienced healthcare professional available for clinical consultation and advice throughout event operating hours. This provides advice and direction for first aid and medical staff. The Registered Paramedic can also utilise their advanced pharmacology and clinical procedures.

Clinical Practice

Medical Edge Australia has defined Clinical Practice Guidelines for common presentations in the event environment. These guidelines form the basis of clinical practice and scope of practice for staff and are available via the Guidelines App.

Triage

A Registered Nurse will be available to provide triage services if required. All patient presentations are documented and entered Medical Edge Australia's real time reporting system. De-identified clinical data will be livestreamed to the Event Operations Centre (EOC) to ensure command staff are aware of patient numbers and trends in presentations.

Activating State Ambulance

Medical Edge staff should be primarily responsible for activation of emergency ambulance. In the event of absence or delay from Medical Edge staff, the event staff will activate as required. All requests for emergency ambulance should be made via the Event Control Centre Liaison or 000 in their absence. Medical Edge Australia staff are to extricate patients to the medical centre for preparation to transfer as required. All patients requiring transport must be assessed by the senior healthcare professional for review and management prior to transfer.

- Refer to Response Algorithm

Immediate Senior Clinician Review

The table below will be displayed in all clinical areas. Any patient with clinical observations listed in the table will be immediately referred to the senior clinician for review.

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Table 4: Recommended clinical criteria to trigger immediate senior clinician review for use by onsite medical providers in the music festival setting.

Clinical observation	Recommended clinical criteria to trigger immediate senior clinician review
Temperature	<35.5°C; >38°C
Respiratory rate (per minute)	<12; >22
Systolic blood pressure (mmHg)	<100; >140
Heart rate (per minute)	<50; >100
Oxygen saturation (SpO ₂ %)	<95% on Room Air
Disability (Neurological assessment)	Any decrease in level of consciousness, new confusion or serious behavioural disturbance

Potentially Serious Patient Presentations

In the case of a patient presentation that is considered by the attending team as potentially serious the following will occur:

- First Aid Commander notified via radio and immediate support responded as required
- On site Paramedics and AV alerted
- Patient immediately transferred to medical centre for evaluation and management
- Senior clinical staff to establish patient management as Medical Edge Australia Clinical Practice Guidelines.
- Sitrep to be provided to First Aid Commander and AV
- Transport offsite requested as required.

Moving Patients On-Site

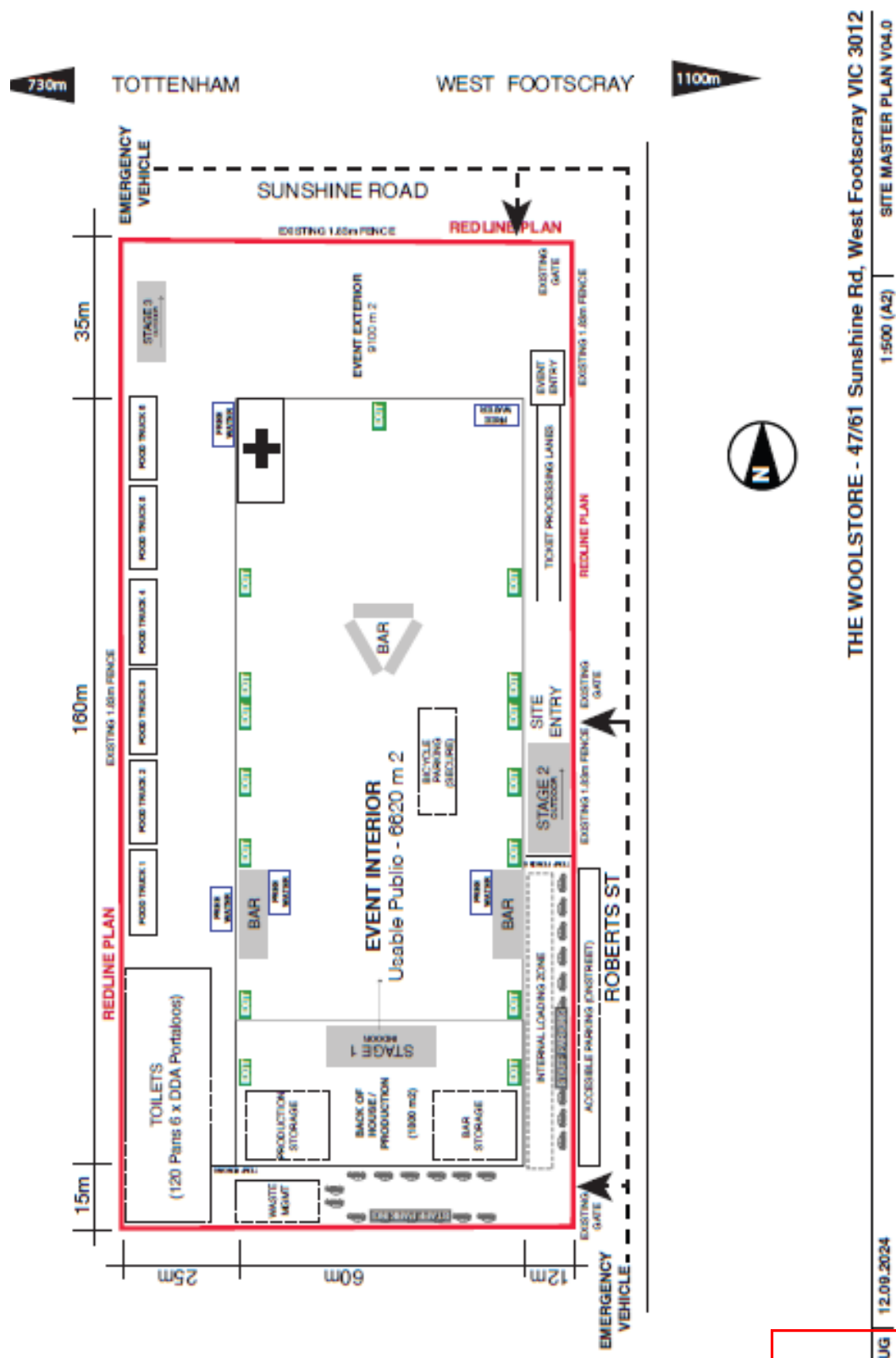
It is expected that patients will often require assistance in getting from their location of injury/presentation to the medical centre. A wheelchair, ambulance stretchers and spine-boards will be available to assist in the movement of patients across the site. Response crews will request the appropriate extrication device based on the patient need. This process includes the movement of patients from the event area to the medical centre. Transport across site will be at the request of the attending crew via radio.

Response Area

Medical Edge Australia is required to support all responses within the event area for the duration of the event. This includes the entire Woolstore event complex, including the queuing areas outside of the event but immediately relevant to the event. Any response that falls outside of the preapproved response area will require approval from the First Aid Commander or Supervisor in real-time.

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Site Overview



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Staff Allocations – Based on patron numbers & Weekend, Weekday or Public Holiday

Staffing Plan – 8500 PAX **Public Holiday**				
LOCATION	STAFF ROLE	START TIME	FINISH TIME	TOTAL HOURS
Event Control Centre – Roving	First Aid Commander	15:00	23:00	8
Event Control Centre	Liaison Officer	15:00	23:00	8
Primary Medical Centre	Registered Nurse	16:00	23:00	7.5
Primary Medical Centre	Registered Paramedic	15:00	23:00	8
Primary Medical Centre	Registered Paramedic	16:00	23:00	7
Primary Medical Centre	First Aid Officer	15:00	23:00	8
Primary Medical Centre	First Responder	15:00	23:00	8
Response Crew	First Responder	16:00	23:00	8
Response Crew	First Responder	16:00	23:00	8
Response Crew	First Aid Officer	17:00	23:00	6
Response Crew	First Responder	17:00	23:00	6
Response Crew	Registered Paramedic	17:00	23:00	6
Response Crew	Registered Paramedic	18:00	23:00	5
Response Crew	First Responder	18:00	23:00	5

Total Staff: 14 per day

Cost - \$11,663.11 +GST

Staffing Plan – 8500 PAX **Weekend**				
LOCATION	STAFF ROLE	START TIME	FINISH TIME	TOTAL HOURS
Event Control Centre – Roving	First Aid Commander	15:00	23:00	8
Event Control Centre	Liaison Officer	15:00	23:00	8
Primary Medical Centre	Registered Nurse	16:00	23:00	7.5
Primary Medical Centre	Registered Paramedic	15:00	23:00	8
Primary Medical Centre	Registered Paramedic	16:00	23:00	7
Primary Medical Centre	First Aid Officer	15:00	23:00	8
Primary Medical Centre	First Responder	15:00	23:00	8
Response Crew	First Responder	16:00	23:00	8
Response Crew	First Responder	16:00	23:00	8
Response Crew	First Aid Officer	17:00	23:00	6
Response Crew	First Responder	17:00	23:00	6
Response Crew	Registered Paramedic	17:00	23:00	6
Response Crew	Registered Paramedic	18:00	23:00	5
Response Crew	First Responder	18:00	23:00	5

Total Staff: 14 per day

Cost - \$10,190.78+GST

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Staffing Plan – 8500 PAX **Weekday**				
LOCATION	STAFF ROLE	START TIME	FINISH TIME	TOTAL HOURS
Event Control Centre – Roving	First Aid Commander	15:00	23:00	8
Event Control Centre	Liaison Officer	15:00	23:00	8
Primary Medical Centre	Registered Nurse	16:00	23:00	7.5
Primary Medical Centre	Registered Paramedic	15:00	23:00	8
Primary Medical Centre	Registered Paramedic	16:00	23:00	7
Primary Medical Centre	First Aid Officer	15:00	23:00	8
Primary Medical Centre	First Responder	15:00	23:00	8
Response Crew	First Responder	16:00	23:00	8
Response Crew	First Responder	16:00	23:00	8
Response Crew	First Aid Officer	17:00	23:00	6
Response Crew	First Responder	17:00	23:00	6
Response Crew	Registered Paramedic	17:00	23:00	6
Response Crew	Registered Paramedic	18:00	23:00	5
Response Crew	First Responder	18:00	23:00	5

Total Staff: 14 per day

Cost - \$11,506.73+GST

Staffing Plan – 1000 **Public Holiday**				
LOCATION	STAFF ROLE	START TIME	FINISH TIME	TOTAL HOURS
Primary Medical Centre	Registered Paramedic	18:00	23:00	5
Response Crew	First Responder	15:00	23:00	8
Response Crew	First Aid Officer	15:00	23:00	8

Total Staff: 3 per day

Cost - \$2,171.84+GST

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Staffing Plan – 1000 **Weekend**				
LOCATION	STAFF ROLE	START TIME	FINISH TIME	TOTAL HOURS
Primary Medical Centre	Registered Paramedic	18:00	23:00	5
Response Crew	First Responder	15:00	23:00	8
Response Crew	First Aid Officer	15:00	23:00	8

Total Staff: 3 per day

Cost - \$2,523.07+GST

Staffing Plan – 1000 **Weekday**				
LOCATION	STAFF ROLE	START TIME	FINISH TIME	TOTAL HOURS
Primary Medical Centre	Registered Paramedic	18:00	23:00	5
Response Crew	First Responder	15:00	23:00	8
Response Crew	First Aid Officer	15:00	23:00	8

Total Staff: 3 per day

Cost - \$2,317.51+GST

Ambulance Victoria Resourcing:

Ambulance Victoria will not have any resources on scene.

ADMINISTRATION

Event Details

Location:

The Woolstore – 47-61 Sunshine Road, West Footscray.

GPS Coordinates: Latitude: 37.800797 Longitude: 144.870984

Event Operations Centre (EOC)

We will be advised on when the EOC will be operational. When it is operational Medical Edge Australia will provide a Liaison Officer for the event.

First Aid Commander – Commanders details will be provided closer to the event

Non-Emergency Patient Transport Operations

Medical Edge will not be providing dedicated NEPT crews for this event.

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Emergency Ambulance Access

There are several gates across the venue perimeter. These gates can all be used to accommodate emergency ambulance access and egress. A gate number will be provided at the time of triple zero call.

Clinical Documentation

All clinical presentations must be entered into Pracflo in real time. Please ensure all areas of the reports are completed. Incident data will be transmitted to the EOC in real time.

Shift Duties

Clinic Requirements

Patients requiring clinical assessment, referral to alternate services, evidence of intoxication or significant past medical history will have a detailed patient care report completed. Progress notes are also available if required.

Please ensure all areas of the reports are completed. To ensure the accuracy of real time reporting, all incidents must be submitted to Pracflo in real time. This ensures event and medical staff are able to monitor presentations in real time.

First Aid staff are to patrol for any first aid or medical requirements as well as monitor for any hazards. Please ensure any hazards on site are reported to the site contact and First Aid Commander immediately for mitigation. Further information on hazard identification can be found in the Employee Handbook, Safety at Work.

Equipment and Consumables

Staff will be allocated equipment as per the equipment allocation attached to roster. Staff are required to complete equipment checks at the beginning of each shift and inventory prior to completing their shift. The Medical Edge Duty Officer can be contacted to arrange replacement kits and consumables. Ice and water will be provided at the FAP by the event organiser.

Uniform

Only authorised uniform is to worn, this includes the following:

- Medical Edge button up shirt
- Blue undershirt (if required)
- Navy blue cargo pants with silver reflective stripe at ankles
- Medical Edge Australia branded hat (outdoor events)
- Clean black work boots
- Black/ navy socks
- Branded jacket (if required)
- Hi Vis vest (to be worn around moving vehicles)

Please ensure uniform is worn in a professional manner

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Vehicles

There are no formal vehicle allocations for the event, however it is likely a stretcher based ambulance will be utilised.

Overtime

The First Aid Commander and Client must approve any hours worked beyond those already rostered. This approval must be gained prior to working additional hours. Please ensure these approvers are listed in the timesheet notes.

Meal Requirements

Not Applicable. However, the event organiser will provide bottled water for both staff and patrons via Medical Edge Australia.

Briefings

A briefing will be held onsite at the commencement of the event. All staff will be briefed on their arrival utilising the SMEACS format and will sign the primary copy of the Medical Operations Plan to formally acknowledge its contents.

All attending staff will be invited to a post event review to identify learning outcomes, review operations and review opportunities for improvement.

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Equipment & Consumables

The following medical equipment has been allocated to the Woolstore events:

- Cardiac Monitor with 12 lead ECG, pulse oximetry, capnography, NIBP x 3
- Advanced Airway Kits (includes adult ETT's, LMA's, NPA's, OPA's) x 1
- Resuscitation Kits x 2
- Automated External Defibrillator x 2
- Paramedic Kit (includes advanced airways, IV access, medications module, trauma equipment) x 2
- Cervical collars (Adult x 5)
- First Aid Officer Kits x 2
- First Responder Kits x 2
- Medical Centre Module (Includes consumables, stationary and clinical assessment equipment)
- Medication Module with IV fluids
- Spineboards with straps x 2
- Ambulance Stretchers x 1
- Camp Stretchers x 5
- Wheelchairs x 2
- First Aid Banners x 2
- Medical Flag x 1
- Linen (fitted sheets, blankets, pillow cases)
- Consumables Boxes x 1 (These include large amounts of medical and first aid consumables)
- Clinical Waste Bin x 1
- Sharps Disposal Containers x 3
- Active cooling supplies (including ice packs, fans, spray bottles)

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Key Contacts

KEY CONTACTS		
ROLE	NAME	CONTACT METHOD
First Aid Commander		
Clinical Consult		
Event Contact		

Closest Hospital Details

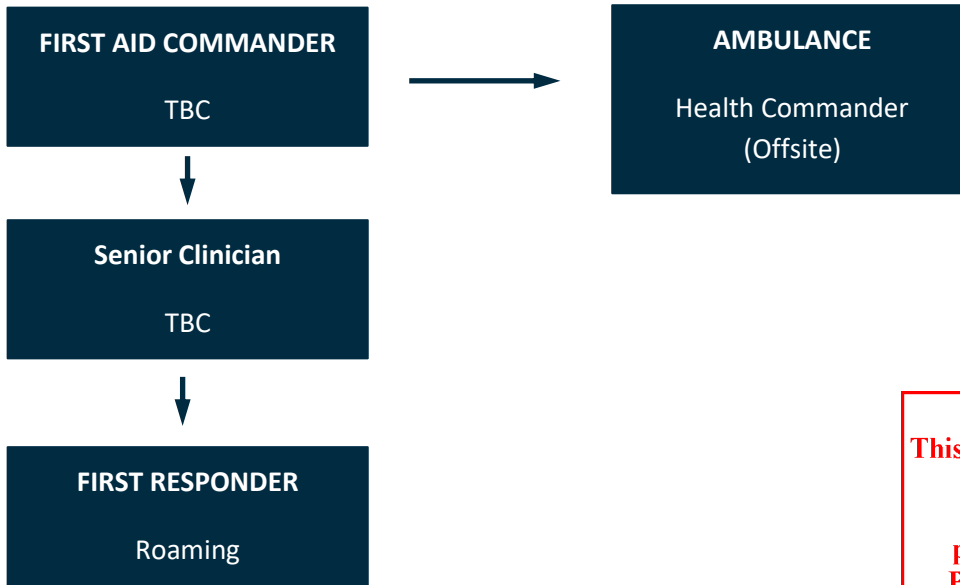
HOSPITAL DETAILS				
HOSPITAL NAME	ADDRESS	CONTACT NUMBER	ADDITIONAL DETAILS	ADDITIONAL DETAILS
Footscray Hospital	160 Gordon Street, Footscray, VIC 3011	03 8345 6666	24-hour Emergency Department. Acute Adult Mental Health, General Surgery , ICU	6 mins drive, 2.8km
Sunshine Hospital	176 Furlong Road, St Albans, VIC 3021	03 8345 1333	24-hour Emergency Department. Acute Adult Mental Health, General Surgery , ICU	16 mins drive, 9.1km
Royal Melbourne Hospital	300 Grattan St, Parkville VIC 3052	03 9342 7000	24-hour Emergency Department. General surgery. Major Trauma centre, ICU	18 mins drive, 8.2km

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Command & Communications

Structure

Medical Edge Australia's command structure is as follows.



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Communications

Portable radio will be the primary form of communication. All medical operations will be on channel 1 (Medical Edge radio). Secondary communication will be via mobile phone, please ensure all phones are fully charged. The event organiser will provide a minimum of 4 event radios for Medical Edge Australia staff.

Safety

Employee Safety

The safety of patrons, staff and contractors is the priority for both Medical Edge Australia and the event organiser. Please ensure you consult the first aid commander if any hazards have been identified. All findings and actions must be documented on the Hazard Identification Form in the document pack.

Please ensure all required PPE is utilised, this includes gloves, safety glasses, masks and aprons if required.

The Employee Handbook provides further guidance towards maintaining a safer workplace. Staff must remain familiar with its content.

Patron Safety

The safety and wellbeing of the event patrons is a primary focus for roaming First aid staff at this event. Staff have been instructed to scout and check in on any patron that may be alone or vulnerable. This can be a result of alcohol and drug intoxication. Staff will be required to stay with vulnerable patrons until they have known company or escort patrons to the first aid post in order for safe transport to be organised.

COVID-19

Medical Edge Australia's COVID-19 policies and procedures apply to the event environment. This includes:

- MEA COVID-19 Ambulance & First Aid Post Terminal Cleaning V7
- MEA COVID-19 Procedure – Patient Management V16
- MEA PPE Don-DoFF Procedures V4

Broadly, this includes the following requirements on site:

- All staff having access to full tier 3 PPE
- All surfaces are wipes clean using a hospital grade disinfectant between patients.
- Any aerosol generating procedures (AGP) will be avoided unless absolutely necessary. If a AGP is required, full tier 3 PPE will be donned.

All COVID Safety planning in relation to the event has been conducted by a third-party provider.

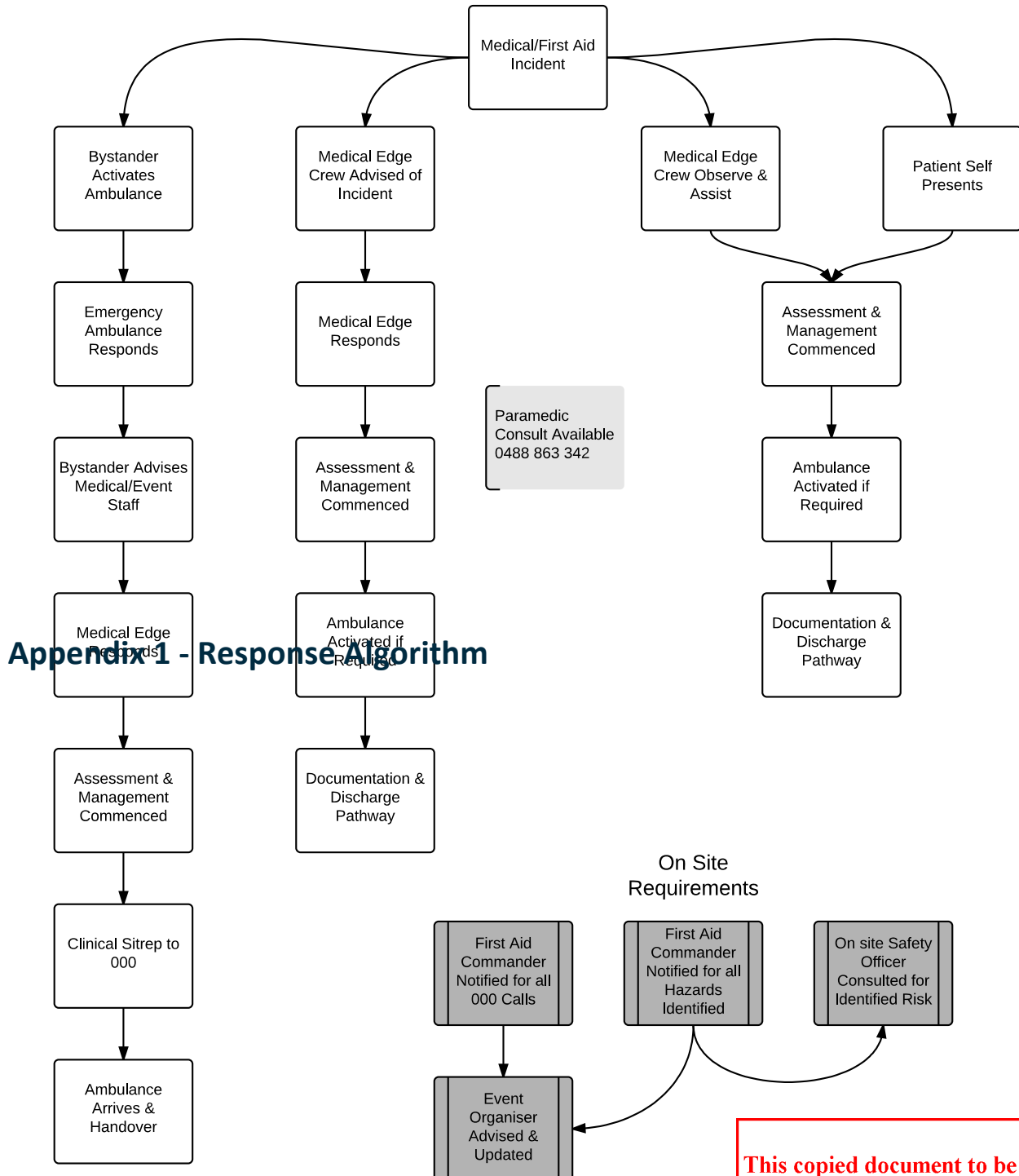
Recognising Vulnerable Persons

Vulnerable persons may be defined as an individual or group of persons at risk of actual or potential physical or emotional harm. This may include children, persons under the effect of drugs or alcohol, persons suffering emotional distress or any impairment to function which may place them at risk.

Medical Edge Australia staff will proactively patrol the event area and engage with patrons, staff and contractors across the site. If an actual or potential vulnerable person is identified then staff will offer and provide support, attempt to assess and manage any acute health issue and refer to appropriate emergency, support services, friends and or family as required.

Documentation of vulnerable persons will be completed as a minor incident in the Medical Edge Australia Real Time Reporting System.

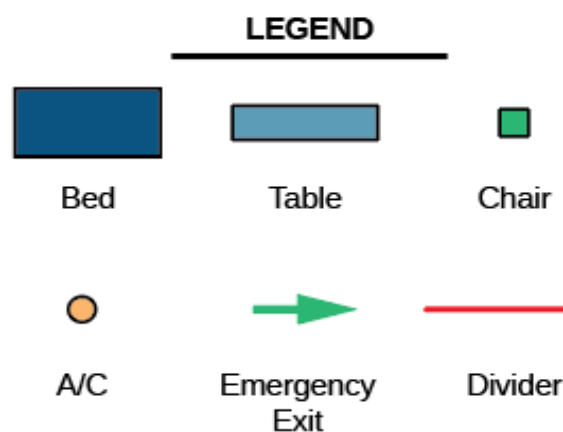
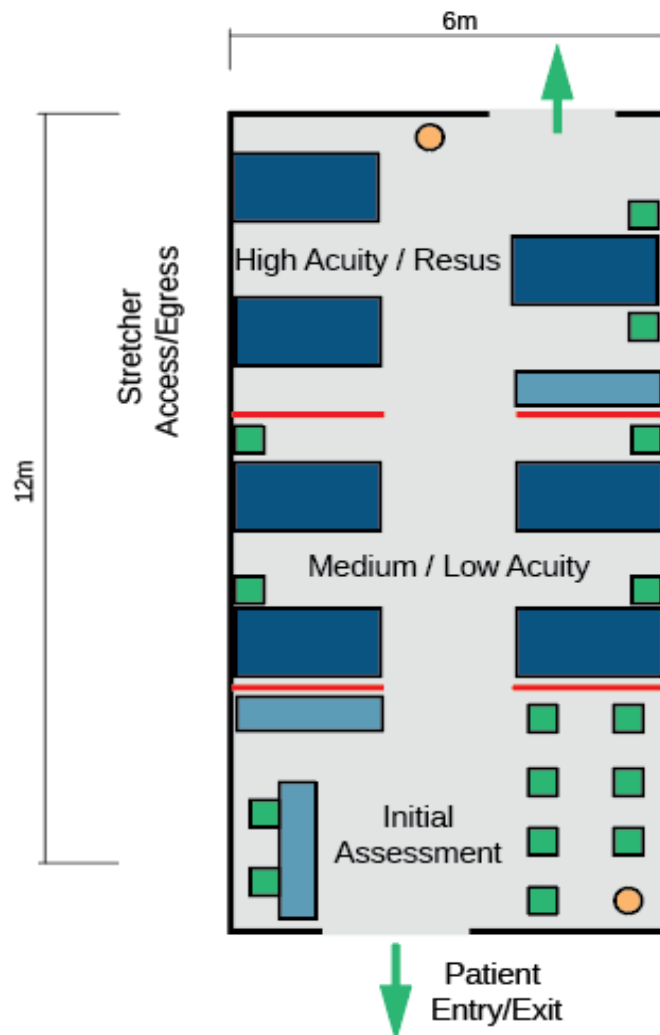
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Appendix 2 - Medical Centre Plan

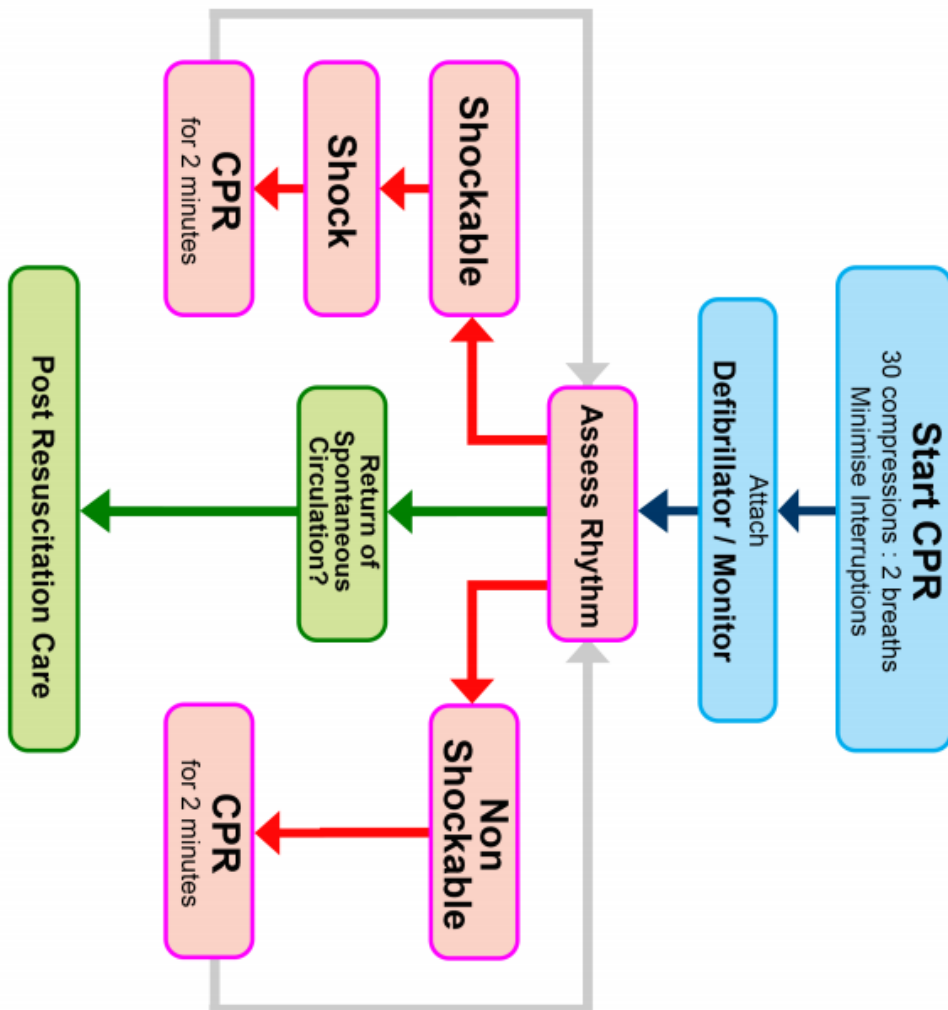
The primary medical centre will be a 3x6 cabin with a 6x6 marquee attached. Below map is for approximate reference of layout only.



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Appendix 3 - Cardiorespiratory Arrest Guideline

Advanced Life Support for Adults



January 2016

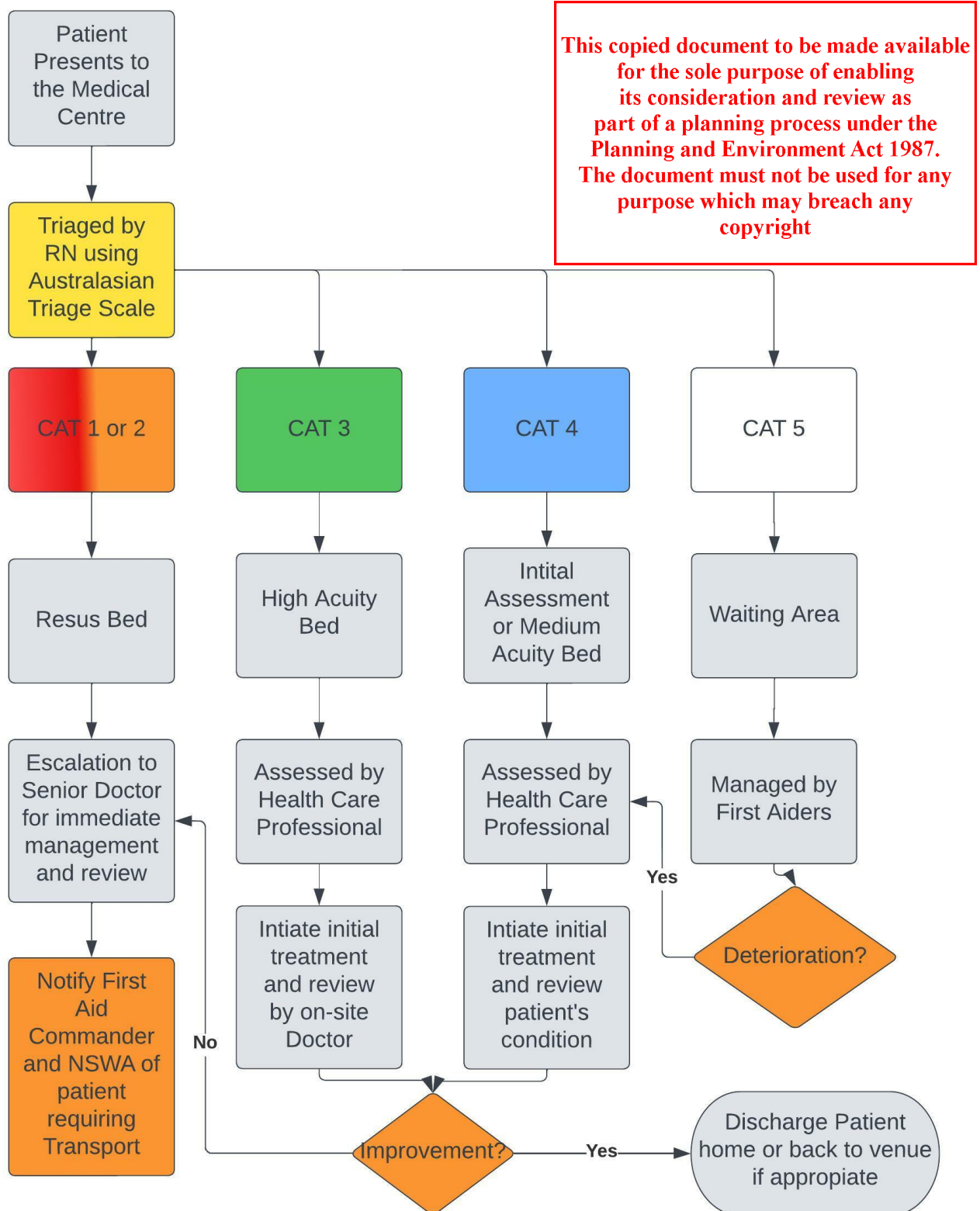
During CPR - Airway adjuncts (LMA / ETT) - Oxygen - Waveform capnography - IV / IO access - Plan actions before interrupting compressions (e.g. charge manual defibrillator) Drugs Shockable * Adrenaline 1 mg after 2nd shock (then every 2nd loop) * Amiodarone 300mg after 3 shocks Non Shockable * Adrenaline 1 mg immediately (then every 2nd loop) Consider and Correct - Hypoxia - Hypovolaemia - Hyper / hypokalaemia / metabolic disorders - Hypothermia / hyperthermia - Tension pneumothorax - Tamponade - Toxins - Thrombosis (pulmonary / coronary)	Post Resuscitation Care - Re-evaluate ABCDE 12 lead ECG - Treat precipitating causes - Aim for: SpO2 94-98%, normocapnia and normoglycaemia - Targeted temperature management
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Appendix 4 – Australasian Triage Scale

Australasian Triage Scale Category	Response Time	Category Description	Clinical Indicators
Category 1 (RED)	Seen Immediately	Life Threatening Conditions	Cardiac/Respiratory Arrest Immediate risk of airway, respiratory rate < 10/min, Extreme Respiratory Distress, BP less than 80 in adult. Severe shock in child/infant GCS scale less than 9 Prolonged seizure IV overdose Severe behavioral disorder
Category 2 (ORANGE)	Seen within 10 minutes	Imminently life threatening, time sensitive treatment needed, or Severe pain.	Airway risk (stridor) Circulatory compromise (HR less than 50 or greater than 150, Hypotension, severe blood loss, poor perfusion). Chest pain likely cardiac related Suspected sepsis, Febrile Neutropenia, Fever with lethargy Acute Stroke GCS less than 13 Suspected Testicular Torsion High Risk History (toxic ingestion, venomous bite, pain suggesting PE, AAA, ectopic pregnancy). Severe Hypertension, Moderate blood loss Moderate Shortness of breath Vomiting Dehydration Seizure (post ictal). Head Injury with LOC (now alert) Physiologically stable suspected sepsis Severe pain Limb injury consisting of limb deformity or severe laceration, altered sensation, absent pulse. Potential child abuse Behavioral/Psychiatric patient very distressed, risk of self-harm, potentially aggressive.
Category 3 (GREEN)	Seen within 30 minutes	Potentially life threatening, situational urgency, or severe pain	Mild Hemorrhage Foreign Body Aspiration without respiratory distress Chest injury without rib pain or respiratory distress Minor head injury without LOC Moderate pain Vomiting or diarrhea without dehydration Inflammation or foreign body in eye without vision changes Minor limb trauma (ankle sprain, fracture, uncomplicated laceration with normal vital signs) Swollen, erythematous joint Semi Urgent mental health problems with no immediate risk to personnel.
Category 4 (BLUE)	Seen within 60 minutes	Potentially serious condition, situational urgency or complex case	Minimal pain with no risk factors Low risk history Minor symptoms of illness Minor symptoms of low risk condition Abrasions or minor laceration Scheduled revisit Immunizations Patient with chronic psychiatric symptoms in social crisis.
Category 5 (white)	Seen within 120 minutes	Less urgent or Clinical-Administrative problems	

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Appendix 5 – Patient Presenting to the Medical Centre



Appendix 6 – Operational Risk Assessment

Operational risk assessment key

Likelihood	Description
Almost certain	The incident is expected to occur at least once during the festival
Likely	The incident will probably occur during the festival
Possible	The incident might occur during the festival
Unlikely	The incident is unlikely to occur during the festival
Rare	The incident could occur during the festival in exceptional circumstances

Consequence	Description
Catastrophic	Core functions are unable to be delivered
Major	Delivery of core functions is severely reduced
Moderate	Delivery of core functions is reduced
Minor	Limited reduction in delivery of core functions
Insignificant	Delivery of core functions is unaffected or within normal parameters

Operational risk matrix by level of consequence

Likelihood	Insignificant	Minor	Moderate	Major	Catastrophic
Almost certain	Medium	Medium	High	Extreme	Extreme
Likely	Medium	Medium	High	Extreme	Extreme
Possible	Low	Medium	Medium	High	Extreme
Unlikely	Low	Low	Medium	High	High
Rare	Low	Low	Medium	Medium	High

Hazard	Likelihood	Consequence	Risk	Prevention / response
1. Number of patient presentations greater than expected	Possible	Moderate	Medium	The risk assessment and staffing plans have been developed to be risk adverse, catering for increased patient numbers and expected trends in workload. In the unlikely event of a significant increase in patient numbers (Surge Event) the following will occur: - ECC Notified of a surge event. - Medical Edge First Aid Commander to notify the AV Health Commander of increase patient numbers and request for additional resources.

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				• Second Registered Nurse will assist at Triage • Senior Registered Paramedics will manage patients to their entire scope, including referral for transport offsite. • Roaming patrols will be reduced to essential locations only to assist with workload • Shifts may be extended, or additional staff recalled where available • Minor presentations and stable patients will be moved to waiting areas • Security will be called to assist with medical tent security and remove additional persons • Reporting may revert to paper PCRs at the discretion of the treating clinician The formal escalation to a surge event will be in consultation with the First Aid Commander and Ambulance Victoria Health Commander. In the case that the surge event may result in emergency ambulance transport, the Ambulance Victoria Health Commander will also take part in the escalation process.
2. Patient illness severity greater than expected	Possible	Minor	Medium	In the case of a patient presentation that is considered by the attending team as potentially serious the following will occur: • First Aid Commander notified via radio and immediate support responded as required • High acuity team and AV alerted • Patient immediately transferred to medical centre for evaluation and management • Senior clinical staff to establish patient management as per best practice

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				practice care/ Medical Edge Australia Clinical Guidelines. • Sitrep to be provided to First Aid Commander and AV Forward Commander • Transport offsite requested as required.
3. Medical supplies run low	Unlikely	Major	Medium	Medical equipment allocations are listed in Appendix F - Equipment Allocation. Adequate supplies are included for expected patron numbers and potential surge event. Medical Edge Australia has several large caches of additional medical equipment, including but not limited to: • Airway Kits • Bag Valve masks • Medication modules • Trauma and first aid equipment • Fluids, giving sets, IV access equipment • Cooling equipment • Sunscreen and PPE • COVID outbreak module • Major incident module In addition to the large cache of medical equipment on-site, a First Aid Officer will be allocated to a logistics role in case any additional supplies will be required from offsite locations.
4. Crowd crush	Unlikely	Moderate	Medium	Medical Edge Australia aims to provide a timely and coordinated response to all incidents within the event area requiring first aid or medical assistance. It is expected that patients will often require assistance in getting from their location of injury/presentation to the medical centre. 2 wheelchairs, multiple ambulance stretchers and spine boards will be available on-site to assist in the movement of patients off-site.

				Response crews will request the appropriate extrication device based on the patient need. This process includes the movement of patients from the secondary first aid post and chill out zones to the medical centre. Transport across site will be at the request of the attending crew via radio.
5. Crowd violence	Possible	Minor	Medium	It is expected that there may be patient presentations in relation to crowd violence and assault. Medical Edge Australia aims to provide a timely and coordinated response to all incidents, including crowd violence within the event area, and will provide medical assistance if required. Security detail and VICPOL will be utilised if required, to minimize risk towards event staff.
6. Power failure	Unlikely	Minor	Medium	In the event of a power failure, all Medical Edge equipment used for assessment, treatment/management of the patient will not see any detrimental effect – as all equipment is battery operated/intended to be used in a prehospital environment. Generators will be on site and used if required.
7. Communications failure	Unlikely	Moderate	Medium	Medical Edge Australia will have a limited supply of secondary radios, that may be utilised between keys resources. Mobile phones will be available for all staff, and the Medical Edge Australia 24/7 Communication Centre will provide support in the case of communications failure.
8. Unexpected hot weather	Possible	Minor	Medium	The event is held primarily indoors. Forecast for the date is not yet available, weather will be continually re-assessed prior to the event.

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				event and may result in an increase in on site staff requirements if heat or extreme weather is predicted.
9. Unexpected wet weather	Possible	Minor	Low	The event being held in West Footscray, VIC may be subject to unexpected wet weather. The venue is well established, predominantly indoors and has good drainage. Given the recent increase in wet weather events, Medical Edge Australia are prepared for such an event. Shifts may be extended, or additional staff recalled where available. Operational requirements will be reassessed closer to the date, forecasts will be taken into consideration when determining this.
10. Hail or storm	Possible	Minor	Low	The event may be subject to unexpected wet weather – including hail or storms. Operational requirements will be reassessed closer to the date. Weather forecast will be taken into consideration. Shifts may be extended, or additional staff recalled where available. Weather is monitored in the ECC throughout the event
11. Bomb, fire, or chemical incident	Rare	Catastrophic	High	In the event of a mass casualty scenario, Medical Edge Australia will be prepared to recall surge staff where available, and shifts may be extended to meet operational demand. A mass casualty triage point will be setup at the medical centre, “hot” and “cold” zones will be established. Medical Edge Australia will collaborate with other services such as AV, CFA/FRV, VICPOL, SES in order to ensure an appropriate response.

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12. Potential natural and environmental hazards associated with the event site	Rare	Moderate	Medium	First Aid staff are to patrol for any first aid or medical requirements as well as monitor for any hazards. Any hazards on site are reported to the site contact and First Aid Commander immediately for mitigation and response.
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Appendix 10 – Patient Presentation Risk Assessment

Patient presentation risk assessment key

Likelihood	Description
Almost certain	The incident is expected to occur at least once during the festival
Likely	The incident is likely to occur during the festival
Possible	The incident might occur during the festival
Unlikely	The incident is unlikely to occur during the festival
Rare	The incident could occur during the festival in exceptional circumstances

Consequence	Description
Catastrophic	Death or life-threatening injuries or illness
Major	Death or life-threatening injury or illness causing hospitalisation
Moderate	Serious harm, injury or illness requiring medical treatment
Minor	Minor harm, injury, or illness where treatment or first aid is required
Insignificant	Harm, injury, or illness not requiring immediate medical treatment

Patient presentation risk matrix by level of consequence

Likelihood	Insignificant	Minor	Moderate	Major	Catastrophic
Almost certain	Medium	Medium	High	Extreme	Extreme
Likely	Medium	Medium	High	Extreme	Extreme
Possible	Low	Medium	Medium	High	Extreme
Unlikely	Low	Low	Medium	High	High
Rare	Low	Low	Medium	Medium	High

Presentation	Likelihood	Consequence	Risk	Response
1. Substance use with altered consciousness	Almost certain	Moderate	High	Patient assessment will be completed on site, extrication to medical centre will be provided. Patient to be managed using the Medical Edge Australia Clinical Guidelines. - Registered Nurse will assist at Triage. - Senior Registered Paramedics will manage patients to their entire scope, including referral for transport offsite if

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Presentation	Likelihood	Consequence	Risk	Response
				required. Medical Edge Australia will collaborate with AV for ongoing management and transport, including aeromedical retrieval.
2. Substance use with minor symptoms	Almost certain	Minor	Medium	• Patient will be managed by Registered Paramedics and Nurses • Registered Nurse will assist at Triage
3. Intoxication	Almost certain	Minor	Medium	The safety and wellbeing of the event patrons is a primary focus for roaming First aid staff at this event. Staff have been instructed to scout and check in on any patron that may be alone or vulnerable. This can be a result of alcohol and drug intoxication. Staff will be required to stay with vulnerable patrons until they have known company or escort patrons to the first aid post for safe transport to be organised. Patients that require management will be triaged by the registered nurse at the medical centre, before receiving appropriate care and treatment from the medical centre staff. Security will be utilised for agitated patients.
4. Cardiorespiratory arrest	Unlikely	Major	Medium	Early identification of cardiac arrest, intervention by first responders or nearby medical staff. BLS will be provided, including cardiopulmonary resuscitation. SIRTREP over comms, backup request.

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Presentation	Likelihood	Consequence	Risk	Response
				Response team comprised of registered nurses, and paramedics to attend the scene. Advanced care to be provided including full airway management, cardiac arrest managed as per ACLS protocol. Remains on scene to continue management until either ROSC is achieved or patient is declared deceased. Extrication to be performed in the event of ROSC, collaboration with AV will provide transport (including aeromedical retrieval) and ongoing management.
5. Seizures	Possible	Moderate	Medium	Staff have been instructed to scout and check in on any patron that may be alone or vulnerable. BLS will be provided immediately on scene, SITREP over comms, backup request. Paramedic to assess and manage if nearby and available. Response team comprised of registered nurses and paramedics to attend the scene. Advanced care to be provided including full airway management. Patient is to be stabilised and extricated to the medical centre for further assessment and management, AV will provide transport including retrieval if required.

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Presentation	Likelihood	Consequence	Risk	Response
6. Major trauma including penetrating injury	Possible	Major	High	BLS to be provided on scene by first responders/paramedic. SITREP over comms, backup request. Response team comprised of registered nurses and paramedics to attend the scene. Advanced trauma care to be provided including full airway management, cardiac arrest managed as per ACLS protocol. Remains on scene until patient is stable for extrication to the medical centre for further assessment and management. AV to provide transport including retrieval.
7. Fractures / dislocations	Possible	Minor	Medium	To be managed on scene by first responders and paramedic if available and nearby, BLS will be provided, ALS care to be provided by paramedic. Decision to be made on extrication depending on the severity of and the site of injury. Patient to be extricated to medical centre for further assessment and management. Response team may be requested prior to extrication depending on injury severity.
8. Serious bleeding	Possible	Major	High	To be managed on scene by first responders and paramedic if nearby. FR's to provide BLS with emphasis on haemorrhage control. Paramedics to provide ALS and BLS. SITREP with backup request.

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Presentation	Likelihood	Consequence	Risk	Response
				Advanced care to be provided including full airway management, cardiac arrest managed as per ACLS protocol. Remains on scene until patient is stable for extrication to the medical centre for further assessment and management. AV to provide transport including retrieval
9. Chest or abdominal injury	Possible	Moderate	Medium	To be managed on scene by first responders and paramedic if available and nearby, BLS will be provided, ALS care to be provided by paramedic. Decision to be made on extrication depending on the severity of and the site of injury. Patient to be extricated to medical centre for further assessment and management. Response team may be requested prior to extrication depending on injury severity.
10. Head injury	Possible	Moderate	Medium	To be managed on scene by first responders and paramedic if available and nearby, BLS will be provided, ALS care to be provided by paramedic. Decision to be made on extrication depending on the severity of, and the site of injury. Patient to be extricated to medical centre for further assessment and management. Response team comprised of registered nurses, and paramedics may be requested to attend the scene via SITREP depending on injury severity.

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Presentation	Likelihood	Consequence	Risk	Response
				Advanced care to be provided including full airway management, cardiac arrest managed as per ACLS protocol. Remains on scene to continue management until patient is packaged for extrication to the medical centre. AV to provide transport and ongoing management.
11. Eye injury	Possible	Minor	Medium	To be managed on scene by first responders and paramedic if available and nearby, BLS will be provided, ALS care to be provided by paramedic. Decision to be made on extrication depending on the severity of and the site of injury. Patient to be extricated to medical centre for further assessment and management. Response team may be requested prior to extrication depending on injury severity. Transport to be provided by AV
12. Soft tissue injury	Almost certain	Minor	Medium	To be managed on scene by first responders and paramedic if available and nearby, BLS will be provided, ALS management to be provided by paramedic if required. Decision to be made on extrication depending on the severity of and the site of injury. Patient to be extricated to medical centre for further assessment and management. Response team may be

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Presentation	Likelihood	Consequence	Risk	Response
				requested prior to extrication depending on injury severity.
13. Diabetic emergency	Likely	Minor	Medium	To be managed on scene by first responders and paramedic if available and nearby, BLS will be provided, ALS care to be provided by paramedic. Standard AV diabetic emergency protocols to be provided. Patient to be extricated to medical centre for further assessment and management. Response team may be requested prior to extrication if patient is unresponsive to initial treatment or showing signs of deterioration.
14. Dehydration	Likely	Minor	Medium	Patient to be managed using the Medical Edge Australia Clinical Guidelines. To be managed on scene by first responders and paramedic if available and nearby, BLS will be provided, ALS care to be provided by paramedic including IV fluids if required. Patient is to be extricated to the medical centre for further assessment and management. AV to provide transport if required. Response team may be requested via SITREP prior to extrication if patient requires immediate advanced/complex care.
15. Faints	Almost certain	Minor	Medium	To be managed on scene by first responders and paramedic if available and nearby, BLS will be provided, ALS care to be provided

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Presentation	Likelihood	Consequence	Risk	Response
				by paramedic including IV fluids if required. Patient is to be extricated to the medical centre for further assessment and management. AV to provide transport if required. Response team may be requested via SITREP prior to extrication if patient requires immediate advanced/complex care.
16. Shortness of breath	Likely	Minor	Medium	To be managed on scene by first responders and paramedic if available and nearby, BLS will be provided, including oxygen therapy. ALS care to be provided by paramedic. Patient is to be extricated to the medical centre for further assessment and management once stable. AV to provide transport if required. Response team may be requested via SITREP prior to extrication if patient requires immediate advanced/complex care.
17. Nausea/vomiting	Almost certain	Minor	Medium	To be managed on scene by first responders and paramedic if available and nearby, BLS will be provided, including oxygen therapy. ALS care to be provided by paramedic, including administration of anti-emetics. Patient is to be extricated to the medical centre for further

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Presentation	Likelihood	Consequence	Risk	Response
				assessment and management once stable. AV to provide transport if required. Response team may be requested via SITREP prior to extrication if patient requires immediate advanced/complex care.
18. Heat exhaustion	Possible	Moderate	Medium	To be managed on scene by first responders and paramedic if available and nearby, BLS will be provided, including passive cooling. ALS care to be provided by paramedic, including active cooling and IV fluids. Patient is to be extricated to the medical centre for further assessment and management once stable. AV to provide transport if required. Response team may be requested via SITREP prior to extrication if patient requires immediate advanced/complex care. Patient to be managed using Medical Edge Australia Clinical Guidelines.
19. Heat stroke	Possible	Moderate	Medium	To be managed on scene by first responders and paramedic if available and nearby, BLS will be provided, including passive cooling.

Presentation	Likelihood	Consequence	Risk	Response
				ALS care to be provided by paramedic, including active cooling and IV fluids. Patient is to be extricated to the medical centre for further assessment and management once stable. AV to provide transport if required. Response team may be requested via SITREP prior to extrication if patient requires immediate advanced/complex care. Response team to attend scene and provide treatment including advanced airway management and cardiopulmonary resuscitation. Patient to be managed using Medical Edge Australia Clinical Guidelines.
20. Respiratory distress	Likely	Moderate	High	To be managed on scene by first responders and paramedic if available and nearby, BLS will be provided, including oxygen therapy. ALS care to be provided by paramedic, including nebulised or MDI therapies. Patient is to be extricated to the medical centre for further assessment and management once stable. AV to provide transport if required.

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Presentation	Likelihood	Consequence	Risk	Response
				extrication if patient requires immediate advanced/complex care.
21. Abdominal pain	Possible	Minor	Medium	To be managed on scene by first responders and paramedic if available and nearby, BLS to be provided. ALS care to be provided by paramedic, including administration of anti-emetics/analgesia. Patient is to be extricated to the medical centre for further assessment and management once stable.
22. Burns	Unlikely	Moderate	Medium	To be managed on scene by first responders and paramedic if available and nearby, BLS will be provided, including active cooling. ALS care to be provided by paramedic, including administration IV fluids and analgesia. Patient is to be extricated to the medical centre for further assessment and management once stable. Response team may be requested via SITREP prior to extrication if patient requires immediate advanced/complex care.
23. Sexual assault	Possible	Minor	Medium	First Responders to patrol the event space and identify vulnerable persons, including those that may have been subject to sexual assault. BLS care to be provided on scene.

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Presentation	Likelihood	Consequence	Risk	Response
				ALS care to be provided if nearby and available. Staff will be required to stay with vulnerable patrons and escort them to the medical centre for triage and assessment. Further management to be provided at the medical centre, AV to transport patient if required. VICPOL to be consulted for criminal investigation or scene preservation.
24. Emotional distress	Likely	Minor	Medium	To be managed on scene by first responders and paramedic if available and nearby, BLS to be provided. Security to be utilised for scene safety. ALS to assess mental status, care to be provided by paramedic, including administration of sedation. Patient is to be extricated to the medical centre for further assessment and management once stable. Response team may be requested via SITREP prior to extrication if patient requires immediate advanced/complex care. Refer to management under table 1. Patient to be managed using Medical Edge Australia Clinical Guidelines.
25. Mild asthma	Likely	Minor	Medium	To be managed on scene by first responders and paramedic if available and nearby, BLS will be

Presentation	Likelihood	Consequence	Risk	Response
				provided, including oxygen therapy. ALS care to be provided by paramedic, including MDI or nebulised therapies if required. Patient is to be extricated to the medical centre for further assessment and management once stable. AV to provide transport if required. Response team may be requested via SITREP prior to extrication if patient deteriorates or requires immediate advanced/complex care.
26. Minor lacerations, abrasions, blisters	Almost certain	Minor	Medium	To be managed on scene by first responders and paramedic if available and nearby, BLS will be provided, including administration of NSAID's. Patient will be treated on scene, wound management to be administered. Patient will be escorted to the medical centre if required for further assessment and management.
27. Headache	Almost certain	Minor	Medium	To be managed on scene by first responders and paramedic if available and nearby, BLS will be provided, water to be provided and administration of NSAID's. Patient may be escorted to the medical centre for further assessment and management or if deemed to be appropriate, escorted to the chill out zone.

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Presentation	Likelihood	Consequence	Risk	Response
				Neurological assessment to be performed by Paramedic, RN. First responders to perform standard AV stroke assessment.
28. Bites and stings	Possible	Minor	Medium	To be managed on scene by first responders and paramedic if available and nearby. Patient is to be continually assessed for emergence or progression of Anaphylaxis. BLS care to be provided, including removal of stinger, cleaning of site, administration of NSAID's. Patient is to be extricated to the medical centre for further assessment and management once stable. Response team may be requested via SITREP prior to extrication if patient requires immediate advanced/complex care in the setting of Anaphylaxis or deterioration from a venom bite.
29. Nosebleed	Likely	Minor	Medium	To be managed on scene by first responders and paramedic if available and nearby. BLS to be provided with emphasis on haemorrhage control. Stroke assessment to be performed by FR. Further neurological assessment to be performed by Paramedic. Patient is to be escorted to the medical centre for further assessment and management if required.

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Presentation	Likelihood	Consequence	Risk	Response
30. Diarrhoea	Possible	Minor	Medium	To be managed on scene by first responders and a paramedic if nearby and available. Patient is to be escorted to the medical centre for further management. Management provided on scene and/or at the medical centre may include administration of anti-emetics, analgesia and IV fluids.
31. Sunburn	Likely	Minor	Medium	To be managed on scene by first responders and a paramedic if nearby and available. Patient is to be escorted to the medical centre for further management. Management provided on scene and/or at the medical centre may include administration of analgesia.
32. Anaphylaxis	Possible	Minor	Medium	To be managed on scene by first responders and paramedic if available and nearby, BLS will be provided, including administration of Adrenaline via Auto-Injector and oxygen therapy if required. ALS care to be provided by paramedic, including administration of IM Adrenaline and inhaled therapies. Patient is to be extricated to the medical centre for further assessment and management once stable. Response team may be requested via SITREP prior to extrication if patient requires immediate advanced/complex care.

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