# Safety Management Plan

The [*Music Festivals Act 2019*](https://legislation.nsw.gov.au/view/html/inforce/current/act-2019-017#statusinformation) (the Act) promotes a safer environment at music festivals by requiring organisers of certain festivals to develop and comply with an approved safety management plan (SMP).

The SMP for a subject festival must include the contents outlined in Part 2, Section 6 of the Act.

The purpose of this SMP template is to support music festival organisers and other relevant stakeholders to understand and provide the information required under the Act. It is not compulsory to use this template when submitting an SMP, but it is highly recommended and may expedite review and approval. Applications for approval of SMPs must be submitted by the music festival organisers.

**Instructions**

The information within this SMP must be provided by the event organisers in consultation with NSW Health, NSW Ambulance, NSW Police, Liquor & Gaming NSW and any other relevant stakeholder. There are four parts that must be completed to form the finalised SMP.

**The four parts are:**

* **PART A:** Event Overview
* **PART B:** Medical Plan
* **PART C:** Harm Reduction Plan
* **PART D:** Crime Scene Preservation and additional information.

If more than one provider is completing different parts of this document, we strongly recommend use of a document sharing platform such as Google Docs, Microsoft SharePoint/OneDrive or similar, to allow different parties to work on the document at once. This will maintain version control.

We ask that you submit the SMP as **one document** with all parts completed.

#### Version control and approvals

| **Version Number** | **Date** | **Author** | **Comments and Key Changes** | **Approved by Stakeholders** |
| --- | --- | --- | --- | --- |
|  |  |  |  | *[add name of approver]* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

#### Organiser contact details

|  |  |
| --- | --- |
| **Organisation** |  |
| **ABN** |  |
| **ACN** |  |
| **Contact name** |  |
| **Role** |  |
| **Phone** |  |
| **Email** |  |

## Part A: Event Overview

The information below must be provided by the event organisers. There is one section and one appendix that must be completed for this part of the SMP.

* SECTION 1: Event Situation
* APPENDIX A: Event site map

#### 1.1 Event contacts and consultations

| **Key Contacts** | **Name** | **Organisation** | **Phone** | **Email** | **Date Consulted** |
| --- | --- | --- | --- | --- | --- |
| [Event organiser](https://legislation.nsw.gov.au/view/html/inforce/current/act-2019-017%22%20%5Cl%20%22sec.3%22%20%5Co%20%22music%20festival%20organiser%2C%20for%20a%20music%20festival%2C%20means%20the%20person%20or%20other%20entity%20noted%20on%20the%20public%20liability%20insurance%20policy%20provided%20to%E2%80%94) – key liaison |  |  |  |  |  |
| Private onsite medical provider |  |  |  |  |  |
| NSW Ambulance |  |  |  |  |  |
| Local Health District |  |  |  |  |  |
| Peer-based harm reduction service |  |  |  |  |  |

#### 1.2 Key information about the event

|  |  |
| --- | --- |
| Name of event |  |
| Website |  |
| Location/Venue |  |
| Date(s) |  |
| Start and finish time(s) |  |
| Venue maximum capacity |  |
| Maximum number of patrons  |  |
| Maximum number of staff and contractors |  |
| Expected demographic (age) | *[Provide a range e.g. 18-24]* |
| Outline any age restrictions | *[e.g. over 18’s only]* |
| Music genre |  |
| Expected weather <http://www.bom.gov.au/climate/data/>  |  |
| Overnight camping  | *[Briefly outline camping site amenities e.g. number of campers, location of campsite in relation to the event site]* |
| Additional activities available  | *[e.g. swimming]* |
| Indoor or outdoor event  |  |
| Primary access route(s) into the site  | *[e.g. two lane bitumen/gravel road/single lane dirt road]* |
| Access for emergency services  | *[Briefly outline access arrangements including entry and parking for emergency services e.g. entry via Gate 2, X Street; parking behind onsite medical centre]* |
| Utilities available onsite  | *[Briefly outline the utilities available onsite e.g. power/water/communications]* |
| Event history | *[Briefly outline the events history including years of operation, awards or achievements]* |

### APPENDICES

#### APPENDIX A: Event site map

*Please provide a map that includes:*

[ ]  *Clearly marked event boundaries*

[ ]  *Stage area(s)*

[ ]  *Alcohol service area(s)*

[ ]  *Licenced area(s)*

[ ]  *Medical centre location and any first aid posts*

[ ]  *Evacuation zones and routes and emergency assembly areas*

[ ]  *Location of pre-deployed ambulance(s) (if applicable)*

[ ]  *Emergency vehicle entry and exit points and access corridors*

[ ]  *Designated transport corridors to medical tent for movement of private onsite medical provider vehicles (not NSW Ambulance) (if applicable)*

[ ]  *Helicopter landing site (if applicable)*

[ ]  *Peer based harm reduction service supervised care space and any other posts*

[ ]  *Event control centre*

[ ]  *Drinking water outlets*

[ ]  *Toilets*

[ ]  *Shaded and sheltered areas*

[ ]  *Chill out areas*

[ ]  *Camping area (if applicable)*

[ ]  *Patron entry and exit points and patron flow*

[ ]  *Scale, key, compass etc. as appropriate*

## Part B: Medical Plan

The information below must be provided by the event’s private onsite medical provider in line with the NSW Health [*Guidelines for Music Festival Event Organisers: Music Festival Harm Reduction*](https://www.health.nsw.gov.au/aod/Publications/music-festival-guidelines.PDF)(the Guidelines)**.** There are four sections and seven appendices that must be completed for this part of the SMP.

**The four sections are:**

* SECTION 1: Event Situation
* SECTION 2: Event Medical Services
* SECTION 3: Event Command and Communication Pathways
* SECTION 4: Event Medical Briefings and Reporting

**The seven required appendices are:**

* APPENDIX A: Onsite medical centre layout
* APPENDIX B: Operational risk assessment
* APPENDIX C: Patient presentation risk assessment
* APPENDIX D: Staff profile and roster
* APPENDIX E: Treatment protocols for common drug-related presentations
* APPENDIX F: Medical equipment and medication
* APPENDIX G: Resuscitation protocol

#### Medical Plan version control and approvals

| **Version** | **Date** | **Author** | **Comments/Key changes** | **Approved internally by private medical service provider**  |
| --- | --- | --- | --- | --- |
|  |  |  |  | *[add name of approver]* |
|  |  |  |  |  |
|  |  |  |  |  |

#### Medical Provider details

| **Name** | **Organisation** | **Phone** | **Email** | **Insurance details** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

### SECTION 1: EVENT SITUATION

#### 1.1 Proximity to hospital and health facilities

|  |  |
| --- | --- |
| Closest tertiary hospital(s)  | *[See section 7 of the NSW Health Guidelines. Insert hospital name, distance and time from event]* |
| Other nearby hospital & health facilities  | *[Insert facility names, distance and time from event]* |

#### 1.2 Health data from previous events

| **Data** | **2016-17** | **2017-18** | **2018-19** | **2019-20** | **2020-21** |
| --- | --- | --- | --- | --- | --- |
| Total patron attendance |  |  |  |  |  |
| Total presentations to onsite medical provider |  |  |  |  |  |
| Number of clinical presentations |  |  |  |  |  |
| Number of presentations requiring first aid only |  |  |  |  |  |
| Number of transports to hospital  |  |  |  |  |  |
| Number of suspected drug-related transports to hospital |  |  |  |  |  |
| Number of urgent transports to hospital (based upon patient condition) |  |  |  |  |  |
| Number of onsite or pre-hospital intubations |  |  |  |  |  |
| Number of admissions to intensive care unit |  |  |  |  |  |
| Deaths associated with event |  |  |  |  |  |

### SECTION 2: EVENT MEDICAL SERVICES

#### 2.1 Scope of services

| **Executive Summary**  |
| --- |
| *[Please provide a brief overview of the medical service deployment throughout the event until the event is declared clear by the organisers following the final sweep of the event site and surrounds. Outline the capability of the medical centre, first aid posts and mobile response teams where applicable. Please note that the role and professional descriptions for private onsite medical provider staff should be limited to the terms defined in section 5.4 of the NSW Health Guidelines. This should be no more than two paragraphs]* |

#### 2.2 Onsite medical centre, first aid/mobile teams, and NSW Ambulance resources

**Onsite medical centre**

|  |  |
| --- | --- |
| Site location |  |
| Size (dimensions) |  |
| Infrastructure | *[Please describe the infrastructure for the medical centre e.g. physical building or raised tent and air conditioning equipment]* |
| Hours of operation | *[A full clinical team including the senior doctor should plan to be onsite until up to one-hour post-event close, as serious illness is often identified during this time. For multi-day events, onsite medical services should operate throughout the duration of the event. For multi-day events with onsite accommodation, indicate distance between medical staff lodging and medical centre]* |

Staffing – type and number *[as defined in section 5.4 of the NSW Health Guidelines]*

|  |  |
| --- | --- |
| Senior doctors |  |
| Resuscitation doctors |  |
| Other medical practitioners |  |
| Registered nurses |  |
| Registered paramedics |  |
| First aiders |  |

**Satellite first aid post(s)**

|  | **Satellite first aid post 1** | **Satellite first aid post 2** |
| --- | --- | --- |
| Site location | *[Provide details if applicable]*  | *[Provide details if applicable]* |
| Size (dimensions) |  |  |
| Infrastructure |  |  |
| Hours of operation |  |  |

Staffing – type and number *[as defined in section 5.4 of the NSW Health Guidelines]*

|  |  |  |
| --- | --- | --- |
| Senior doctors |  |  |
| Resuscitation doctors |  |  |
| Other medical practitioners |  |  |
| Registered nurses |  |  |
| Registered paramedics |  |  |
| First aiders |  |  |

**Mobile/response team(s)**

|  | **M/R team 1** | **M/R team 2** | **M/R team 3** | **M/R team 4** |
| --- | --- | --- | --- | --- |
| Location | *[Provide details if applicable]*  | *[Provide details if applicable]*  | *[Provide details if applicable]*  | *[Provide details if applicable]*  |
| Hours of operation |  |  |  |  |

Staffing – type and number *[as defined in section 5.4 of the NSW Health Guidelines]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Senior doctors |  |  |  |  |
| Resuscitation doctors |  |  |  |  |
| Other medical practitioners |  |  |  |  |
| Registered nurses |  |  |  |  |
| Registered paramedics |  |  |  |  |
| First aiders |  |  |  |  |
| Transport – type and number *[transport type should be appropriate for venue and patron numbers. Indicate for example number of available buggies, stretchers, etc.]* |  |  |  |  |

**NSW Ambulance resources**

|  |  |
| --- | --- |
| Resources  | *[Insert type and number of resources, e.g. ambulance crew/s, forward commander, medical commander, medical retrieval team]* |
| Location(s) |  |
| Hours of operation |  |

| **Patient transport *from* the event to hospital** |
| --- |
| *[Please describe the process for transport of patients from the event to hospital. See section 5.1 of the NSW Health Guidelines]* |

| **Patient transport *within* the event to the medical centre** |
| --- |
| *[Please describe the process for transport of patients from all areas of the event to the onsite medical centre including details of any specific transport corridors that may be identified. See section 5.1 of the NSW Health Guidelines]* |

| **Managing unwell patrons *outside* the event** |
| --- |
| *[Please describe the arrangements and process for managing unwell patrons outside the boundaries of the event. These arrangements should be agreed in consultation with Police and NSW Ambulance in advance, and the agreed process for management of unwell patrons outside the boundaries of the event should be communicated during event pre-briefings and onsite briefings. See section 5.1 of the NSW Health Guidelines]* |

| **Patron welfare at multi-day events with onsite camping (if applicable)** |
| --- |
| *[For events where on-site camping is available, please describe arrangements for ensuring welfare of patrons at campsite areas, such as planning for roving teams to be available to attend campsite areas in conjunction with peer-based harm reduction service providers]* |

#### 2.3 Clinical Care

| **Triage approach** |
| --- |
| *[Please outline or attach the triage approach to be used including patient allocation based on triage category. NSW Health recommends the Australasian Triage Scale applied by a qualified and experienced health professional. See section 5.5.3 of the NSW Health Guidelines]* |

| **Clinical parameters for immediate senior clinical review** |
| --- |
| *[Please include the clinical criteria that will be used to identify a deteriorating patient or a patient who is not responding to treatment for immediate review by a senior doctor and/or transfer to hospital. NSW Health recommends the following clinical criteria to trigger immediate senior clinician review for use by onsite medical providers in the music festival setting. Further information is available in Appendix C of the NSW Health Guidelines. Please indicate whether these criteria will be used.]**Vital signs outside of the recommended clinical criteria described in the table below should trigger immediate review by a senior onsite clinician.* |

***Table: 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 (°C)* | *<35.5°C; >38°C* |
| *Respiratory rate (breaths per minute)* | *<12; >22* |
| *Systolic blood pressure (mmHg)* | *<100; >140* |
| *Heart rate (beats per minute)* | *<50; >100* |
| *Oxygen saturation (SpO2%)* | *<95% on Room Air* |
| *Disability (neurological assessment)* | *Any decrease in level of consciousness (GCS<15 at any stage), new confusion or serious behavioural disturbance* |

**Medical deployment by clinical area**

| **Area** | **Capacity type** | **Capacity** | **Staffing: type and number** |
| --- | --- | --- | --- |
| **Triage** | Number of assessment stations: |  | *[e.g. 2 registered nurses]* |
| **Resuscitation**  | Number of beds: |  |  |
| **Acute** | Number of beds: |  |  |
| **Subacute / Ambulatory** | Number of stations: |  |  |

**Patient monitoring systems available (number)**

| **Monitoring system** | **Number available onsite** |
| --- | --- |
| NIBP |  |
| Pulse oximetry |  |
| Temperature |  |
| Blood glucose |  |
| Continuous ECG  |  |
| Waveform capnography |  |
| Blood gas analysis |  |

**Resuscitation equipment available (number)**

| **Equipment** | **Resuscitation area** | **Additional equipment available onsite** |
| --- | --- | --- |
| Oxygen | *[Please also include size of cylinders]* |  |
| Suction |  |  |
| Defibrillator |  |  |
| Syringe drivers/ infusion pumps |  |  |
| Mechanical ventilator |  |  |

**Capacity to perform resuscitation and/or rapid sequence intubation**

|  |  |
| --- | --- |
| Maximum capacity throughout the event | *[Please outline the maximum capacity of the private medical provider to perform resuscitation and/or rapid sequence intubation throughout the event i.e. for how many patients could this be performed during the entire festival]*  |
| Maximum simultaneous capacity | *[Please outline the maximum capacity of the private medical provider to perform resuscitation and/or rapid sequence intubation simultaneously during the event and how many resus/ventilated patients could be managed at a particular point in time]* |

| **Patient flow**  |
| --- |
| *[Please provide a flow chart outlining patient flow processes or outline patient flow processes. Include patient flow information for the following scenarios (as applicable). Outline assessment processes, treatment pathways, model of care for each area and referral and escalation pathways for each scenario:** *Presentations to the medical centre by Australasian Triage Scale Category*
* *Presentations to first aid posts*
* *Provision of medical assistance away from the medical centre or a first aid post]*
 |

| **Treatment capabilities for patrons under 18 years old (if applicable)** |
| --- |
| *[If the festival includes patrons who are under 18 years old, please provide a clear description of the capability for safe care and management of these patrons, including the plans for management, support and care of patrons under 18 years of age who present with drug or alcohol intoxication. Please also confirm that all private onsite medical, nursing, paramedic, first aid and support staff have a current Working With Children Check. See sections 5.3 and 5.4.1 of the NSW Health Guidelines]* |

### SECTION 3: EVENT COMMAND AND COMMUNICATION PATHWAYS

#### 3.1 Event Command

|  |  |
| --- | --- |
| Location |  |
| Hours of operation |  |
| Staffing  | *[Please include staffing type and number]* |
| Structure  | *[Please outline or provide a flow chart detailing the command structure for the event including the senior doctor]* |

| **Position** | **Name** | **Contact** |
| --- | --- | --- |
|  |  |  |
|  |  |  |

#### 3.2 Communication

| **Summary of communication arrangements for the event** |
| --- |
| *[Please outline or provide a flow chart detailing the communication arrangements for the event including:** *An event medical command team independent of patient treatment*
* *Primary and backup communication methods*
* *Communication within medical teams*
* *First aid post or mobile/response team to medical tent*
* *Onsite medical to event operations/control centre*
* *Onsite medical to ambulance (if onsite)*
* *Request for ambulance (if not onsite)*
* *Notification of self-harm between onsite medical team and event operations/control centre*
* *Escalation to other emergency services]*
 |

| **Process for requesting NSW Ambulance Aeromedical Retrieval Team**  |
| --- |
| *[Please outline the process for requesting NSW Ambulance Aeromedical Retrieval Team for serious medical presentations, including transport for patients who require sedation and muscle relaxation to facilitate intubation and cooling. See section 5.5.5 of the NSW Health Guidelines]* |

| **Health emergency escalation and management**  |
| --- |
| *[Please:** *Outline internal private onsite medical provider surge capacity arrangements in the event of unanticipated demand for onsite medical services.*
* *Outline the process to request assistance from the NSW Ambulance Forward Commander or other NSW emergency services in the event that the private onsite medical provider is unable to deliver medical service capacity in a timely way or recognises a need to escalate beyond the resources available onsite.*
* *Note that the decision to escalate may also be made independently by the NSW Ambulance Forward Commander or other NSW emergency services. This is important as private onsite medical personnel may be overwhelmed by the demand for medical services.*
* *Note that in the case of a major incident or health emergency, the NSW Ambulance Forward Commander will assume onsite command of the medical response. This is to support coordination of resources and effective management of the emergency.*

*See section 5.9 of the NSW Health Guidelines]* |

| **Coordination with peer-based harm reduction service provider(s)**  |
| --- |
| *[Please outline how the private medical provider will coordinate and work with the peer-based harm reduction service provider(s) at the event, including transfer of patients between the peer-based harm reduction service and onsite medical service]* |

### SECTION 4: EVENT MEDICAL BRIEFINGS AND REPORTING

#### 4.1 Event medical briefings

| **Pre-event medical briefings**  |
| --- |
| *[Please outline pre-event briefing arrangements and content including for onsite medical provider staff rostered for the event, event stakeholders and NSW Health. See section 5.5.1 of the NSW Health Guidelines]* |

**Onsite medical briefings (at the event) – Multiple onsite briefings**

|  |  |
| --- | --- |
| Times |  |
| Site location |  |
| Lead | *[Where NSW Health resources are pre-deployed, the onsite health service briefing will be led by the NSW Ambulance Forward Commander, in consultation with and participation from the Medical Commander where present]* |
| Participants |  |
| Content | *[Suggested minimum content includes:** *overview of event and expected weather*
* *health service provider roles and responsibilities*
* *service arrangements including the assigned service locations and space*
* *processes for management and transfer of any seriously ill patients from outside the central medical service, including outside the event’s boundaries if appropriate*
* *the triage process*
* *processes for transfer of care between onsite health services, including to/from the peer-based service where present*
* *communication and escalation processes, including early notification of any patient who may require onsite intubation*
* *processes for requesting and/or facilitating transfer of a patient to hospital, including transfer of intubated and ventilated patients*
* *documentation processes*
* *recent drug use patterns, and anticipated patterns of serious medical presentations related to the event’s target demographic and the style and location of the festival.*
* *a multidisciplinary simulation session should occur as part of this onsite health service briefing for the members of the resuscitation team*

*See section 5.5.2 of the NSW Health Guidelines]* |

**Post-event medical debriefing(s)**

|  |  |
| --- | --- |
| Date and time |  |
| Location |  |
| Lead |  |
| Participants | *[Note: at least one of the debriefings must be for medical staff]* |
| Content | *[It is suggested that the debriefing address whether any incidents occurred and consider the following questions:** *Was the planned control or response to one type of risk helpful in mitigating other risks?*
* *Were there any near misses or incidents that almost happened?*
* *What risks occurred that had not been considered in pre-planning? Have they been added to the list of risks to assist in future event planning?*
* *For each risk that occurred, what factors contributed to the resilience of the event response?*
* *What could be improved for future events at that location?*
* *Were the command and communication arrangements effective?*
* *Were the medical deployment arrangements effective?*

*See section 5.6 of the NSW Health Guidelines]* |

#### 4.2 Documentation and reporting

| **Event reporting processes**  |
| --- |
| *[Please outline documentation and reporting processes including patient documentation, live patient reporting, information storage and patient handover. See section 5.5.6 of the NSW Health Guidelines. A template developed by Mardi Gras Medical to support pre-hospital medical assessment and documentation has been modified and is available from the NSW Health website at* [*https://www.health.nsw.gov.au/aod/Pages/Pre-hospital-Assessment-Form.aspx*](https://www.health.nsw.gov.au/aod/Pages/Pre-hospital-Assessment-Form.aspx)*]* |

**Post-event report**

|  |  |
| --- | --- |
| Expected date |  |
| Recipients | *[Note: must at least include the event organiser and NSW Health]* |
| Content | *[The suggested minimum content should include:** *Number of presentations (clinical and non-clinical)*
* *Age breakdown*
* *Triage category breakdown*
* *Main complaint breakdown*
* *Number of alcohol or drug related presentations*
* *Number of transfers to hospital*
* *Number of serious medical presentations (equivalent of Australasian Triage Scale category 1 or category 2 presentations)*
* *Number of patients intubated onsite*
* *Number of deaths]*
 |

### APPENDICES

#### APPENDIX A: Onsite medical centre layout

*[Please insert a diagram of the medical centre showing:*

[ ]  *Dimensions (including average dimensions of bulk items e.g. beds)*

[ ]  *Triage area*

[ ]  *Waiting area*

[ ]  *Resuscitation area*

[ ]  *Assessment and treatment areas*

[ ]  *Number of beds*

[ ]  *Patient entrance and exit*

[ ]  *Ambulance entry and exit*

[ ]  *Emergency exits and evacuation routes*

[ ]  *Air conditioning and/or air flow equipment*

#### APPENDIX B: Operational risk assessment

*[Private onsite medical providers should, as part of their risk assessment and management, understand the key operational risk factors for the event and particularly any risks identified within the top two risk categories of the risk matrix below. Please complete the risk assessment below]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hazard** | **Likelihood** | **Consequence** | **Risk** | **Prevention / response** |
| 1. Number of patient presentations greater than expected
 |  |  |  |  |
| 1. Patient illness severity greater than expected
 |  |  |  |  |
| 1. Medical supplies run low
 |  |  |  |  |
| 1. Crowd crush
 |  |  |  |  |
| 1. Crowd violence
 |  |  |  |  |
| 1. Power failure
 |  |  |  |  |
| 1. Communications failure
 |  |  |  |  |
| 1. Unexpected hot weather
 |  |  |  |  |
| 1. Unexpected wet weather
 |  |  |  |  |
| 1. Hail or storm
 |  |  |  |  |
| 1. Bomb, fire or chemical incident
 |  |  |  |  |
| 1. Potential natural and environmental hazards associated with the event site
 |  |  |  |  |
| 1. *Add other relevant hazards not identified above*
 |  |  |  |  |

#### 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 |

**Reference documents:**

* *Australian Institute for Disaster Resilience (2020).* [*National Emergency Risk Assessment Guidelines*](https://www.aidr.org.au/media/7600/aidr_handbookcollection_nerag_2020-02-05_v10.pdf)*.*
* *NSW Health (2015).* [*Enterprise-Wide Risk Management Framework*](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2015_043)*.*

#### APPENDIX C: Patient presentation risk assessment

*[Private onsite medical providers should, as part of their risk assessment and management, understand the expected type, number and severity of medical presentations and should ensure an appropriate onsite medical service is provided, particularly for the top two risk categories of the risk matrix below. In this section, please complete the risk assessment below]*

| **Presentation** | **Likelihood** | **Consequence** | **Risk** | **Response** |
| --- | --- | --- | --- | --- |
| 1. Substance use with altered consciousness
 |  |  |  |  |
| 1. Substance use with minor symptoms
 |  |  |  |  |
| 1. Intoxication
 |  |  |  |  |
| 1. Cardiorespiratory arrest
 |  |  |  |  |
| 1. Seizures
 |  |  |  |  |
| 1. Major trauma including penetrating injury
 |  |  |  |  |
| 1. Fractures / dislocations
 |  |  |  |  |
| 1. Serious bleeding
 |  |  |  |  |
| 1. Chest or abdominal injury
 |  |  |  |  |
| 1. Head injury
 |  |  |  |  |
| 1. Eye injury
 |  |  |  |  |
| 1. Soft tissue injury
 |  |  |  |  |
| 1. Diabetic emergency
 |  |  |  |  |
| 1. Dehydration
 |  |  |  |  |
| 1. Faints
 |  |  |  |  |
| 1. Shortness of breath
 |  |  |  |  |
| 1. Nausea/vomiting
 |  |  |  |  |
| 1. Heat exhaustion
 |  |  |  |  |
| 1. Heat stroke
 |  |  |  |  |
| 1. Respiratory distress
 |  |  |  |  |
| 1. Abdominal pain
 |  |  |  |  |
| 1. Burns
 |  |  |  |  |
| 1. Sexual assault
 |  |  |  |  |
| 1. Emotional distress
 |  |  |  |  |
| 1. Mild asthma
 |  |  |  |  |
| 1. Minor lacerations, abrasions, blisters
 |  |  |  |  |
| 1. Headache
 |  |  |  |  |
| 1. Bites and stings
 |  |  |  |  |
| 1. Nosebleed
 |  |  |  |  |
| 1. Diarrhoea
 |  |  |  |  |
| 1. Sunburn
 |  |  |  |  |
| 1. *Add other relevant presentations not identified above*
 |  |  |  |  |

#### 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 |

**Reference documents:**

* *Australian Institute for Disaster Resilience (2020).* [*National Emergency Risk Assessment Guidelines*](https://www.aidr.org.au/media/7600/aidr_handbookcollection_nerag_2020-02-05_v10.pdf)*.*
* *NSW Health (2015).* [*Enterprise-Wide Risk Management Framework*](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2015_043)*.*

#### APPENDIX D: Staff profile and roster

*[Please provide a staff roster and profile including staff names, registration status including AHPRA number, professional role during event, qualifications, experience and time rosters. The templates below are recommended. Please refer to Section 5.4.1 of the Guidelines for professional role descriptions, capabilities and qualifications.* ***A final staff profile and roster must be provided to NSW Health and ILGA at least 14 days before the festival is to be held****]*

**Staff profile**

|  |  |
| --- | --- |
| Event |  |
| Event date |  |
| Version number |  |
| Date of this version |  |

* *This template provides* ***examples*** *of the level and detail of information required within the roster.*
* *It is understood that early versions of the medical roster may not include detail of the names and AHPRA registration in the first column, and that new versions of the roster will be produced as planning progresses.*
* *Please indicate a version number on each supplied roster.*
* *A final version with complete details must be provided as per 5.4.2 of the NSW Health Guidelines.*

| **Name** | **AHPRA number** | **Clinical or non-clinical** | **Role** | **Qualification** | **Experience** | **Rostered Start** | **Rostered End** | **Rostered Hours** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Joe Bloggs*** | *[insert AHPRA**Number]* | *Clinical* | *Senior doctor* | *Fellow of the Australasian College of Emergency Medicine (FACEM)* | *Staff Specialist in Emergency Department for 4 years; currently working as retrieval specialist* | *1300* | *2300* | *10* |
| ***[insert Name]*** | *[insert AHPRA**Number]* | *Clinical* | *Resuscitation doctor* | *Advanced Trainee in Intensive Care (CICM)* | *PGY 6; 6 months**anaesthetics and 6 months of retrieval experience* | *1300* | *2300* | *10* |
| ***[insert Name]*** | *[insert AHPRA**Number]* | *Clinical* | *Paramedic* | *Registered Paramedic* | *7 years of experience working with Ambulance NSW* | *1230* | *2300* | *10.5* |
| ***[insert Name]*** | *[insert AHPRA**Number]* | *Clinical* | *Triage nurse* | *Registered Nurse**ALS 2**Certificate valid until May 2021* | *4 years of experience in emergency department nursing; 2.5 years of experience in triage* | *1230* | *2300* | *10.5* |
| ***[insert Name]*** | *[insert AHPRA**Number]* | *Clinical* | *Nurse* | *Registered Nurse**ALS 2**Certificate valid until May 2020* | *3 years of experience in nursing; 2 years (recent) nursing in pre-hospital environments* | *1230* | *2300* | *10.5* |
| ***[insert Name]*** | *N/A* | *Clinical* | *First aid* | *HLTAID003**Currently a nursing student* | *3 years of experience delivering first aid at festival events* | *1230* | *2300* | *10.5* |
| ***[insert Name]*** | *N/A* | *Non- clinical* | *Operations support* | *N/A* | *Undertaking studies in paramedicine* | *1230* | *2200* | *9.5* |
| ***[insert Name]*** | *N/A* | *Non-clinical* | *First aid logistics support* | *HLTAID003 and HLTAID002* | *2 years of experience delivering first aid at events; 1 year experience with music festival events* | *1230* | *2200* | *9.5* |

**Staff roster (suggested template)**

|  |  |
| --- | --- |
| Event |  |
| Event date |  |
| Event open and close |  |
| Version number |  |
| Date of this version |  |

* *This template provides* ***examples*** *of the level and detail of information required within the roster.*
* *It is understood that new versions of the roster will be produced as planning progresses.*
* *Please indicate a version number on each supplied roster.*
* *A final version with complete details must be provided as per 5.4.2 of the NSW Health Guidelines.*

| **Time**  | **12:00** | **13:00** | **14:00** | **15:00** | **16:00** | **17:00** | **18:00** | **19:00** | **20:00** | **21:00** | **22:00** | **23:00** | **24:00** | **Location** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | Event control centre |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **SD** |  |  |  |  |  |  |  |  |  |  |  | Medical centre |
|  |  | **RD** |  |  |  |  |  |  |  |  |  |  |  | Medical centre |
|  |  | **RN** |  |  |  |  |  |  |  |  |  |  |  | Medical centre |
|  |  | **RN** |  |  |  |  |  |  |  |  |  |  |  | Medical centre |
|  |  | **RN** |  |  |  |  |  |  |  |  |  |  |  | Medical centre |
|  |  | **FA** |  |  |  |  |  |  |  |  |  |  |  | Medical centre |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **RN** |  |  |  |  |  |  |  |  |  |  |  | First aid post |
|  |  | **FA** |  |  |  |  |  |  |  |  |  |  |  | First aid post |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **RP** |  |  |  |  |  |  |  |  |  |  |  | Response 1  |
|  |  | **FA** |  |  |  |  |  |  |  |  |  |  |  | Response 1 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **RP** |  |  |  |  |  |  |  |  |  |  |  | Response 2 |
|  |  | **FA** |  |  |  |  |  |  |  |  |  |  |  | Response 2 |
| **Total hourly staffing** |  | **13** | **13** | **13** | **13** | **13** | **13** | **13** | **13** | **13** | **13** | **13** |  |  |

|  |  |
| --- | --- |
| **Staff type** | **Total number** |
| Event command |  |
| Senior doctor (SD) |  |
| Resuscitation doctor (RD) |  |
| Other medical practitioner (MP) |  |
| Registered nurse (RN) |  |
| Registered paramedic (RP) |  |
| First aider (FA) |  |

**APPENDIX E: Treatment protocols for common drug-related presentations**

*[Please indicate whether the NSW Health pre-hospital clinical guidelines will be used for management of common drug-related presentations in the festival setting (dehydration, hyperthermia, reduced level of consciousness, and acute behavioural disturbance). The pre-hospital clinical guidelines are available on the NSW Health website. If the NSW Health pre-hospital clinical guidelines are not being used, please describe and attach the relevant treatment protocols that will be used for the management of common drug-related presentations in the festival setting including dehydration, hyperthermia, reduced level of consciousness, and acute behavioural disturbance]*

| **Presentation** | **Treatment protocol** |
| --- | --- |
| Dehydration |  |
| Hyperthermia |  |
| Decreased level of consciousness |  |
| Acute behavioural disturbance (aggression/agitation) |  |

**APPENDIX F: Medical equipment and medication**

*[Please provide a comprehensive list (including number available) of medical equipment and medications to be available at the event including at the medical centre, first aid post and for mobile/response teams. Include medical equipment and medications for critical care including type, number available, resuscitation trolley medications and equipment (including advanced cardiac life support drugs, rapid sequence intubation and sedation drugs, and airway equipment such as bag valve masks, endotracheal tubes and laryngeal mask airways), and supplies and related equipment for active cooling measures for serious presentations. Please also include surge capacity for essential supplies]*

**APPENDIX G: Resuscitation protocol**

*[Please include resuscitation protocol, describing the team roles and procedure in the event of a need for resuscitation or rapid sequence intubation. Include team roles and responsibilities. Please also provide details for multidisciplinary resuscitation simulation prior to the event. NSW Health Guidelines recommend that, where members of an onsite medical team have not previously worked together as a team at a similar event, the medical team should undertake a simulation exercise for resuscitation and rapid sequence intubation prior to the event. See section 5.3 of the NSW Health Guidelines]*

| **Resuscitation protocol** |
| --- |
| *[Please provide details for the resuscitation protocol as requested above]* |

**Resuscitation team roles and responsibilities**

|  |  |
| --- | --- |
| **Role** | **Responsibility** |
|  |  |
|  |  |
|  |  |
|  |  |

| **Resuscitation simulation** |
| --- |
| *[Please provide details for multidisciplinary resuscitation simulation prior to the event as requested above. See section 5.3 of the NSW Health Guidelines]* |

**Part C: Harm Reduction**

Harm reduction measures should be implemented in line with the NSW Health *Guidelines for Music Festival Event Organisers: Music Festival Harm Reduction* (the Guidelines)**.** There are two sections and two appendices that should be completed for this part of the Safety Management Plan. These should be provided by both the festival organiser and peer-based harm reduction service provider for the event.

**The two sections are:**

* SECTION 1: General harm reduction measures
* SECTION 2: Peer-based harm reduction services

**The two appendices are:**

* APPENDIX A: Onsite supervised care space layout
* APPENDIX B: Staff profile and roster

### SECTION 1: GENERAL HARM REDUCTION MEASURES

#### General harm reduction measures

**Water provision (See section 2.3 of the NSW Health Guidelines)**

|  |  |
| --- | --- |
| Outline availability of free drinking water at or near points of service of alcohol at all times while liquor is sold or supplied on the premises |  |
| Describe number of free drinking water outlets available separate from points of service of alcohol |  |
| Describe the water supply (e.g. town supply) including whether the water is chilled and/or if outlets are located in shaded areas |  |
| Describe signage and communications e.g. site maps, pre-event messaging) to direct patrons to free drinking water | Add in additional boxes below. |

**Heat, shade, cooling measures and sun safety** (See section 2.6 of the NSW Health Guidelines)

|  |  |
| --- | --- |
| Describe the plan for extreme weather conditions (e.g. start event later in the day, reduce duration of event, enhance provision of cooling measures) |  |
| Describe the availability and use of natural shade (e.g. trees) and shade structures (e.g. marquees) |  |
| Outline the number and location of cooling measures for festival (e.g. misting stations, cooling tunnels, industrial fans, air-conditioned areas, enhanced provision of chilled water) |  |

**Prevention and management of sexual assault and sexual health promotion** (see section 2.11-2.12 of the NSW Health Guidelines)

|  |  |
| --- | --- |
| Describe the strategies to help prevent sexual assault from occurring at the festival including a formal process to report assaults.  |  |
| Describe the sexual health promotion strategies that will be deployed at the festival | *[include the details of and messaging or resources available to patrons, before, during and after the festival.]* |

**Chill out spaces** (See section 2.7 of the NSW Health Guidelines)

|  |  |
| --- | --- |
| Describe the access to chill out spaces which may include shaded, quieter and/or cooler areas. | *[Note: Chill out spaces differ from, and do not replace, supervised care spaces provided by peer-based harm reduction services.]* |

**Identification and management of intoxicated patrons** (See section 2.5 & 4.2.4 of the NSW Health Guidelines)

|  |  |
| --- | --- |
| Outline arrangements to ensure that due care is taken when ejecting an intoxicated patron from the event | *[Depending on the condition of the patron it may be more appropriate to transfer them to the onsite medical centre or supervised care space rather than ejecting them from the festival. An additional peer-based care space may be located outside or adjacent to the main venue entrance/exit to provide support to intoxicated patrons.]* |

**Roles and responsibilities of Security and Police**

|  |  |
| --- | --- |
| Outline arrangements with security and police to assist with patron-care |  |

#### 1.2 Harm reduction messaging

| **Timeframe** | **Content of harm reduction messaging for each stage of the event** (see section 3.2 of the NSW Health Guidelines) | **Modes of delivery for harm reduction messaging for each stage of the event** (see section 3.1 of the NSW Health Guidelines) |
| --- | --- | --- |
| **Pre-event**  |  |  |
| **During event** |  |  |
| **Post-event** |  |  |

**NSW Health harm reduction campaign and resources** (see section 3.3 of the NSW Health Guidelines)

|  |  |
| --- | --- |
| Describe or attach the planned use of Stay OK campaign assets | *[Digital and print Stay OK campaign assets are available (with and without NSW Government branding) from the Stay OK toolkit:* [*https://yourroom.health.nsw.gov.au/resources/stay-ok/Pages/default.aspx*](https://yourroom.health.nsw.gov.au/resources/stay-ok/Pages/default.aspx)*]* |

### SECTION 2: PEER-BASED HARM REDUCTION SERVICES

#### 2.1 Operational plan for the peer-based harm reduction service provider

**Provider details**

|  |  |
| --- | --- |
| Organisation name |  |
| Coordinator contact details | *[Please provide name, phone number and email]* |
| Insurance details |  |

**Services to be provided at the festival (**see section 4.2 & 4.4 of the NSW Health Guidelines)

|  |  |
| --- | --- |
| Describe the services to be provided and how it is appropriate to the size and style of event, venue and level and type of health risks identified | *[The services to be provided may include peer support, roving, drug and alcohol peer education and provision and management of supervised care spaces for individual support and referral.]**[include any additional services provided by the festival organiser]* |
| Outline how the harm reduction team will ensure they are identifiable to patrons |  |

**Deployment of staff** (see section 4.2 & 4.4 of the NSW Health Guidelines) [Note: A tool for estimating numbers of required staff by event size is available in section 4.4 of the Guidelines] [include any additional services provided by the festival organiser]

Staffing – type and number

|  |  |
| --- | --- |
| Coordinators |  |
| Team leaders |  |
| Peer educators |  |

**Fixed sites** (see section 4.2.4 & 4.6 of the NSW Health Guidelines)

|  | **Supervised care space** | **Other fixed site(s)** |
| --- | --- | --- |
| Site location and distance from onsite medical centre |  | *[Note: Other fixed sites may include a secondary care space outside or near the main entrance/exit, or an education stall or stand]* |
| Size (dimensions) |  |  |
| Hours of operation |  |  |
| Services to be provided |  |  |
| Describe the set-up of the space (e.g. power, lighting, furniture, access to toilets) |  |  |
| Outline the supplies and resources to be available at the site including quantities |  |  |

**Roving team(s)** (see section 4.2.1, 4.2.2 & 4.6 of the NSW Health Guidelines)

|  |  |
| --- | --- |
| Location(s) that roving teams will operate in |  |
| Hours of operation for roving teams |  |
| Number of roving teams |  |
| Services to be provided by roving teams |  |
| Outline the supplies and resources to be available for provision by roving teams |  |

**Assessment and referral protocol** (see section 4.2.5 of the NSW Health Guidelines)

|  |  |
| --- | --- |
| Describe the protocol for transferring unwell patrons from and to care space, assessing patron condition and protocol for transfer to medical service. Please indicate whether the NSW Health [Assessment tool for peer-based harm reduction services](https://www.health.nsw.gov.au/aod/Pages/assessment-tool-for-peer-based-services.aspx) will be used to identify patrons that may be in need of care and support, or referral to medical services. |  |

**Peer-based service provider staff training** (see section 4.2.4 & 4.5 of the NSW Health Guidelines)

|  |  |
| --- | --- |
| Outline the training that has been completed by the peer-based service team |  |

Patron welfare at multi-day events with onsite camping (if applicable) (see section 4.4 of the NSW Health Guidelines)

|  |  |
| --- | --- |
| If onsite camping is available, describe the arrangements to ensure welfare of patrons at campsite areas  | *[e.g. Planning for roving teams to be available to attend campsite areas in conjunction with private onsite medical service providers]* |

**Provisions for patrons under 18 years old (if applicable)** (see section 5.3 & 5.4.1 of the NSW Health Guidelines)

|  |  |
| --- | --- |
| If the festival includes patrons who are under 18 years old, outline the provisions for safe care of these patrons, including for drug or alcohol intoxication.  |  |
| Confirm that all peer-based staff and volunteers have a current Working With Children Check. | Yes / No |

#### 2.2 Communication and reporting

**Event planning and communications** (see section 4.4 of the NSW Health Guidelines)

|  |  |
| --- | --- |
| Outline the involvement of the peer-based service provider in event planning prior to the festival | *[e.g. Attended all pre-event stakeholder briefings]* |
| Outline how engagement and communication between the peer-based service, the private onsite medical provider, NSW Ambulance and the Police will be maintained during the event and at event close |  |

**Event reporting processes**

|  |  |
| --- | --- |
| Outline the documentation and reporting processes to be used at the festival |  |

**Post-event report**

|  |  |
| --- | --- |
| Expected date |  |
| Recipients | *[Note: should at least include the event organiser and NSW Health]* |
| Content | *[The suggested minimum content should include:** *Breakdown of service provision data by:*
	+ *peer support interactions*
	+ *peer education interactions*
	+ *care interventions at the supervised care space*
	+ *interactions at any other fixed site (e.g. external care space, stall or stand)*
	+ *transfers from supervised care space to onsite medical service*
	+ *transfers from onsite medical service to supervised care space*
	+ *method of presentation to supervised care space(s)*
	+ *presenting issues*
	+ *service user outcomes*
* *Basic demographics of service users where possible to collect (e.g. care interventions)*
* *Number and supplies and resources distributed to patrons*
* *Any other qualitative reports that may inform future service provision]*
 |

### APPENDICES

#### APPENDIX A: Onsite supervised care space layout

*[Please insert a diagram of the supervised care space showing:*

[ ]  *Dimensions*

[ ]  *Entry and exit points*

[ ]  *Assessment space*

[ ]  *Layout of chairs and tables*

[ ]  *Location in relation to facilities and onsite medical service*

[ ]  *Power and lighting sources]*

#### APPENDIX B: Staff profile and roster

*[Please provide a staff roster and profile including staff names, role during event, relevant training, experience and time rosters. The templates below are recommended]*

**Staff profile**

|  |  |
| --- | --- |
| Event |  |
| Event date |  |
| Version number |  |
| Date of this version |  |

* *This template provides* ***examples*** *of the level and detail of information required*
* *Please provide the overall numbers/positions of staff, and names of team leads and coordinators*

| **Name**  | **Role** | **Relevant training** | **Experience** | **Rostered start** | **Rostered End** | **Rostered Hours** |
| --- | --- | --- | --- | --- | --- | --- |
| ***Joe Bloggs*** | *Coordinator*  | *Certified competent by a registered training organisation in the unit of competency* [*HLTAID003- Provide First Aid*](https://training.gov.au/Training/Details/HLTAID003) *or equivalent.**Mental health First Aid* | *7 years experience working with peer-based harm reduction service*  | *1300* | *2300* | *10* |
| ***[insert Name]*** | *Team leader* | *Certified competent by a registered training organisastion in the unit of competency* [*HLTAID003- Provide First Aid*](https://training.gov.au/Training/Details/HLTAID003) *or equivalent.* | *3 years experience working with peer-based harm reduction service* | *1300* | *2300* | *10* |
| ***[insert Name]*** | *Peer educator* | *Online module training*[*DOPE training*](https://www.hrvic.org.au/training) *(HR Vic)* | *1 year experience working with peer-based harm reduction service* | *1230* | *2300* | *10.5* |
| ***[insert Name]*** | *Peer educator* | *Face-to-face mandatory training* | *1 year experience working with peer-based harm reduction service* | *1230* | *2300* | *10.5* |
|  |  |  |  |  |  |  |

**Part D: Crime Scene Preservation and Additional Information**

The information below must be provided by the event organisers in consultation with NSW Police and the Independent Liquor & Gaming Authority (ILGA)**.**

Please note, additional information may be requested on a case by case basis, as per Division 1 Section 6 (1)(j)(i) of the *Music Festivals Act 2019.* There are two sections and one set appendix that should be completed and provided for this part of the SMP.

**The two sections are:**

* SECTION 1: Proposed strategy to deal with the preservation of a crime scene
* SECTION 2: Additional information requested as per Division 1 Section 6 (1)(j)(i) of the *Music Festivals Act 2019*

**The set additional documentation to be provided is:**

* Security and Crowd Management Plan

#### Version control and approvals

| **Version** | **Date** | **Author** | **Comments/Key Changes** | **Approved by NSW Police and ILGA** |
| --- | --- | --- | --- | --- |
|  |  |  |  | *[add name of approver]* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

### Section 1: Proposed strategy to deal with the preservation of a crime scene

This section is designed to meet the requirements of and section 6(1)(i) of the *Music Festivals Act 2019*

New South Wales Police Force’s ‘Crime Scene Preservation Guidelines for Licensed Premises’ is considered best practice if you are required to preserve a crime scene.

#### CRIME SCENE PRESERVATION GUIDELINES – EVENTS

* Immediately contact ‘000’ or local Police Station,
* Render any required first aid,
* Determine the Crime Scene and remove all persons from the area. Cordon off the area with things such as bar stools, tables, tape or consider closing off the area completely for areas such as toilets or hallways. (Remember there may be multiple Crime Scenes),
* Do not allow any persons to enter this area,
* DO NOT CLEAN UP ANY CRIME SCENE you may be destroying vital evidence.
* Assign a member of staff to guard all Crime Scenes until the arrival of Police,
* Remember some evidence may not be visible to the naked eye such as blood, semen, skin cells, saliva, hair or fingerprints,
* Do not move any items that may have been involved in an offence unless absolutely necessary. (For example, they could get wet. Use gloves to stop transference of your DNA or fingerprints),
* Notify Police if any items have been moved or removed from the Crime Scene. (Items may include bottles, glasses, pool cues, clothing, furniture, weapons or cigarette butts),
* Make notes in relation to the incident. Time, date, location, description of offender(s), vehicle(s) involved, weapons used, last known direction of offender(s), any movement of items involved in the incident,
* Obtain any CCTV footage and the Security Sign on sheets,
* Obtain any details of witnesses and try to keep all witnesses separated to maintain the integrity of their evidence. (Try to persuade witnesses from leaving the premises before Police arrive),
* Hand this information to Police on arrival,
* Be prepared to make a statement to Police regarding the incident.

**Preservation of crime scenes**

1. Do you agree to manage crime scenes in accordance with NSW Police’s ‘crime scene preservation guidelines’?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. If you answered ‘no’ to question 1, outline your proposed strategy to preserve and manage a crime scene.
2. How will relevant workers be notified of the procedures and controls in place to preserve and manage crime scenes?
3. Do you understand that you must report ‘notifiable incidents’ to SafeWork?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

### Section 2: Additional information

This section is designed to meet the requirements of section 6(1)(j)(i) of the Music Festivals Act 2019

#### Liquor licence details

1. Do you already have a liquor licence for this festival?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. If yes, please provide the following details:

|  |  |
| --- | --- |
| Liquor licence Number |  |
| Licence Type |  |
| Liquor licence name  |  |
| Licensee  |  |

**Licence Notification**

1. If held on an on-premise (catering services) or limited licence (multi-function) has the liquor licensee provided early notification of the intent to hold the event at least 90 days prior to the proposed date (recommended 120 days prior)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**Licence Application**

1. Have you applied for a liquor licence for this festival?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. If yes, please provide the following details:

|  |  |
| --- | --- |
| Application number  |  |
| Liquor licence name  |  |
| Licensee  |  |

**Liquor licence conditions**

Please list your liquor licence conditions or, alternatively add a copy of your liquor licence as an annexure to this document and, state reference to annexure in this section.

In addition to the conditions that apply to your liquor licence, you have a number of obligations that you must comply with in relation to the Liquor Act 2007. For more information please visit <https://www.liquorandgaming.nsw.gov.au/resources/liquor-law>

**Incident Register**

1. Have the liquor licensee and music festival organiser agreed to keep one incident register for the duration of the music festival.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. If yes, will the music festival organiser provide a copy to the liquor licensee at the conclusion of the event

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

#### Security and Crowd management

1. Have you prepared a security and crowd management plan?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. If yes, please provide this document in addition to this SMP for approval

|  |  |
| --- | --- |
| Security company name |  |
| Master security licence holder |  |
| Onsite security manager/s  |  |
| Number of security guards |  |
| Number of RSA marshals |  |
| Number of COVID marshals | \* subject to be removed dependent on Public Health Order |

#### Working with Children Check

1. Does the music festival permit entry to minors?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Where applicable, have relevant workers completed their Working with Children Check?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | N/A |

Please refer the Office of the Children’s Guardian for further details: <https://www.kidsguardian.nsw.gov.au/child-safe-organisations/working-with-children-check>

#### Bushfire affected areas

**Bush fire prone land as per the** [**NSW Rural Fire Service**](https://www.rfs.nsw.gov.au/plan-and-prepare/building-in-a-bush-fire-area/planning-for-bush-fire-protection/bush-fire-prone-land#:~:text=Bush%20fire%20prone%20land%20(BFPL,Commissioner%20of%20the%20NSW%20RFS.)

Bush fire prone land (BFPL) is land that has been identified by local council which can support a bush fire or is subject to bush fire attack. Bush fire prone land maps are prepared by local council and certified by the Commissioner of the NSW RFS.

1. Have the liquor licensee and music festival organiser agreed to keep one incident register for the duration of the music festival.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. If yes, will the music festival organiser provide a copy to the liquor licensee at the conclusion of the event

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

1. Have the liquor licensee and music festival organiser agreed to keep one incident register for the duration of the music festival.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | N/A |

1. If yes, will the music festival organiser provide a copy to the liquor licensee at the conclusion of the event

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |  | N/A |

Please refer to the NSW Rural Fire Service Website for more information: <https://www.rfs.nsw.gov.au/>

#### Other plans

|  |
| --- |
| Please provide a list of other plans that you have prepared for this music festival. Please note, these plans are not required to be provided as part of your SMP unless specifically requested  |
| 1. Transport management plan
 |
| 1. Waste management plan
 |
| 1. Alcohol management Plan
 |
| 1. *[list other plans that have been prepared]*
 |
| 1. *[list other plans that have been prepared]*
 |

#### Declaration

1. I declare that the contents of the supplied safety management plan cover the required elements under Section 6 of the Music Festivals Act 2019.
2. I declare that the contents of the supplied safety management plan including attachments are true, correct and complete and that I have made all reasonable inquiries to obtain the information required to complete the request.
3. I undertake to notify as soon as practical Liquor & Gaming NSW (L&GNSW) of any change to the information in this safety management plan, if the information changes before the request is determined.
4. I acknowledge that failure to provide all required information may result in delay in approval or refusal
5. I acknowledge that L&GNSW is collecting information on behalf of the Independent Liquor & Gaming Authority to enable processing of the form
6. I understand L&GNSW will use the information for its intended purpose only, store the information securely, and allow the applicant to access and update the information.
7. I acknowledge that the safety management plan, as well as any subsequent versions of the plan will be provided to NSW Health, NSW Police and other government agencies relevant to my request (e.g. the Rural Fire Service for regional events) for review and advice to the Independent Liquor & Gaming Authority
8. I acknowledge it is an offence to operate a music festival without an approved safety management plan, after I have been directed by the Independent Liquor & Gaming Authority to prepare a safety management plan.

|  |  |
| --- | --- |
| **Full name of applicant** |  |
| **Signature** |  |
| **Date** |  |

#### Document Checklist (put an X in the blank box for each item)

|  |  |  |
| --- | --- | --- |
| 1. | FM2029 - Request for approval of music festival safety management plan |  |
| 2. | ASIC Company Extract – Directors information |  |
| 3. | Insurance – Certificate of Currency |  |
| 4. | Site Map |  |
| 5. | Security & Crowd Management Plan |  |
| 6. | Other plans listed by the organiser in part D |  |