Event Safety Working Group

ES1.5 - 202x, Medical Preparedness
Public Review 2 Comment Resolutions

Reference document: ES1.5 - 202x, *Medical Preparedness* (Document number ES/2021-20010r3)

ANSI Public review period: 28 October 2022 through 12 December 2022

Question: In your opinion, do you think the requirements of ES1.5 - 202x*, Medical Preparedness* (DCN ES/2021-20010r3) are reasonable, and adequately address the intended subject matter?

Please answer the question using one of the options below. Select “Yes”, “Yes, but…” (provide comments to support your opinion), or “No, with reasons” (the document’s requirements are unacceptable or unreasonable).

Responses:

Roberta McHatton - Laser Safety Services LLC (RM)	Yes (comments were also provided)
Richard Nix – Richard J. Nix (RN)	No
Janet Sellery - Sellery Health + Safety (JS)	No
Carl Libertore – CBL Designs & Productions, LLC (CL)	Yes, but...
John Badcock – Freelance (JB)	No
Steve Adelman – Adelman Law Group, PLLC (SA) [TSM note: These comments were submitted after the comment deadline]	No
Stefanie Jones – Self-employed festival harm reduction consultant (SJ) [TSM note: these comments were submitted after the comment deadline]	Yes, but...

Individual Comments:

No.	Commenter	Ref. section	Comment	Resolution
1	RM	General comment	Thank you to those of you who put this together. This is a valuable document to our industry.	Accept: Thankyou
2	RM	Definitions	Consider adding definitions for Required and Recommended as these are commonly used safety words used by ANSI standards.	Reject with reasons: this is covered by must and shall
3	RM	Annex	Consider providing a boiler plate graph version of a Risk Assessment in the ANNEX	Accept
4	JB	General comment	Background: Having reviewed this standard alongside existing standards, I do not feel	Accept in Principle. Resolutions have been provided where commenters have made clear and specific suggestions for improvement. The draft

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			this draft standard meets the high bar set by the other documents in this series I am familiar with and have referenced in a working capacity. My experience is as an event organiser and specifically as an event operations manager, working in both the UK, Europe and for a number of large scale US events. I am not a medical expert however as part of my role at a range of events, for over 12 years I have been responsible for writing briefs for medical providers to work on events ranging from 1000 to 60,000 in attendance. Primarily these are outdoor music festivals but have included arena shows and conferences. As part of writing a medical brief, I find I need to consider the risks presented by the event, the likely requirement for medical cover, contingencies for unexpected occurrences or major incident and the expectations around the level of service I require. I would then expect to work with medical providers (both private/contracted to the event, local health authorities, hospitals, ambulance services and AHJs) to ensure delivery of those services to high standard and ensuring coordination between all involved. Summary: My objective in this brief feedback was hopefully not to provide a list of rants or grievances but to flag my concerns that this document, in its current state and while well intentioned, does not meet the standards I would expect from an ANSI standard and would, I believe, not help someone expected to plan for medical cover at events at any level, (beginner or experienced). I applaud the people who spend their time working on these standards but feel this one falls short of the mark in its scope and leaves wanting for further refinement and copy editing.	has been revised accordingly.
5	JB	General comment	Issues with the document: While nothing in this draft standard appears to be false or intentionally misleading, from my (non-medical) reading of it, the text itself does not read in a ‘user friendly way’, that would assist me, as someone with a moderate to high degree of experience in working with medical experts in planning for event medical cover, or would I expect it to help a beginner in similar work.	Accept in principle
6	CL	General comment	I think the draft is extremely informative and will be extremely helpful in future planning.	Accept. Thankyou
7	RN	General comment	I appreciate that this document is the result of significant time and effort spent on its development. This document appears thoughtfully	Accept in Principle. Draft has been revised

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			comprehensive in its attempt to address a broad range of medical risks, yet in many ways it seems far too granular in its attempt to parse requirements and individual qualifications. My review comments primarily address areas where intent seems either unclear or overstated. Other comments also address requirements that – while clear – seem impractical to implement across such a broad range of event types and sizes. The draft still needs significant editorial revision in order to improve grammar, conciseness, and clarity of intent. It could do with fewer of the bulleted lists that make it read more like an outline.	
8	SA	General comment	I offer the following suggested comments with a heavy heart. Much well-intentioned work has gone into this document. But from an editorial standpoint, it is imprecisely worded and states requirements without foundation; from a substantive standpoint, I am uncomfortable with any group creating a standard without significant representation by people who would be affected by it. I believe that any or all of these problems should send this document back to (1) narrow its scope, (2) carefully edit the language, and (3) obtain input from event medical professionals to ensure the standard is consistent with reasonable industry practices. Following are examples of the scrutiny I believe every page should receive. I stopped at page 14 of 34.	Accept in Principle. Resolutions have been provided where commenters have made clear and specific suggestions for improvement. The draft has been revised accordingly.
9	RN	General style comment	Do not capitalize the first letter of a word unless it is the first word in a sentence, a proper noun, or defining an acronym – e.g. *First Aid*, *Health and Safety*, *Prehospital Care Report* [sic]. Improves style consistency.	Accept
10	RN	General style comment	Use the same formatting style for all lists. All list items should terminate the same way – e.g. period, comma, or semicolon.	Accept
11	RN	General comment	Remove or replace all (approximately 33) examples of the subjective and unenforceable term “appropriate”, throughout the document. The term is subjective and unenforceable when used as a pass/fail measure of performance. Standards need to clearly establish basic expectations, but cannot do so if the expectation is subjective.	Accept in Principle
12	RN	General comment	Remove or replace approximately ten occurrences of “and/or”, with words that eliminate the need to use and/or. Improves style consistency and clarity of intent.	Accept

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13	RN	General comment	Remove or replace approximately four occurrences of the word “suitable”. The term is subjective and unenforceable when used as a pass/fail measure of performance. Standards need to clearly establish basic expectations, but cannot do so if the expectation is subjective.	Accept in Principle
14	RN	General comment	Remove or replace approximately nine occurrences of the word “adequate”. The term is subjective and unenforceable when used as a pass/fail measure of performance. Standards need to clearly establish basic expectations, but cannot do so if the expectation is subjective.	Accept in Principle
15	JS	General comment	Throughout: There are numerous instances. where "shall / must" is questionable and “should” should be considered, as mandatory requirements are indicated where the force of law does not apply.	Accept in Principle
16	JS	Foreword	paragraph 3 (this standard isn't primarily about equipment): CHANGE: This standard presents a coordinated set of rules that may serve as a guide to government and other regulatory bodies and municipal authorities responsible for the guarding and inspection of the equipment within its scope. The suggestions leading to accident prevention are given both as mandatory and advisory provisions; compliance with both types may be required by employers of their employees. TO: This standard may serve as a guide to government and other regulatory bodies and municipal authorities.	Accept in Principle
17	RN	Introduction	Replace the introduction with the following: *“The event environment presents a set of unique circumstances and challenges, any combination of which might require special consideration for how to assess, prevent, or mitigate a gamut of medical hazards. Event organizers and producers have a basic responsibility for ensuring a duty of care when assessing which medical, ambulance, and first-aid response resources will be necessary to service their events.* *This document explores how medical hazards can be assessed and mitigated. It also provides a perspective of awareness for how an event might create a potential strain on local emergency response resources, and provides guidance for mitigating those effects.”* As written, the introduction states a goal, which is better placed in the section dedicated to purpose and intent. It contains a few grammatical errors: The first sentence misses an oxford comma and is confusing, with the words, *“...exacerbated or effective treatment delayed as a result...”*	Accept in Principle

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			The introduction needs a voice that speaks with an overview of the medical topic as it pertains to the short-term medical risk response and prevention infrastructure needed in entertainment environments, and why it's important for event producers to consider measures that will produce efficient and effective results within those constraints. I've tried to maintain such an intent with my suggested changes. As an alternative, consider that the introduction may not be necessary. Delete it and let the scope section deliver its message.	
18	SA2	Introductio n	Second paragraph. It is unclear to what "This" refers. The goal stated in the previous paragraph? How? It is equally unclear what "appropriate" means in this context, or how one would distinguish it from "inappropriate" assistance. Are there objective criteria? The "It" that begins the next sentence does not seem to refer to the same thing as "This." This Introduction is confusing and too densely packed for introductory text.	Accept in Principle
19	SA	1 SCOPE, PURPOSE , AND APPLICATI ON.	The second sentence includes an accurate (if non-exclusive) list, but isn't the point that this standard applies to any event in which either workers, artists, or patrons might require medical care? In other words, it's not the type of entertainment that matters, it's the presence of human beings at any event. The first sentence of the second paragraph in this section is word salad. A "medical hazard related to a health and safety risk" is a "health and safety issue."	Accept in principle
20	JB	Scope	Indeed, at times the scope of this document seems such it could perhaps be three documents: One on planning for medical cover, one for providing medical cover and one for good considerations and practises for staff or personnel working at events. Finally for a medical document, I feel the medical technical detail is lacking and maybe further input from medical practitioners could be invaluable. Especially in understanding what they need from event organisers to be successful and effective in the work. Noting above that marked up versions will not be accepted, I offer some examples here, but would be happy to go into more details if	Reject with reasons the document is primarily aimed at event organizers and helping them to understand the kinds of event medical risks they need to prepare for, hiring competent and qualified event medical personnel is part of mitigating those risks. However, the standard deliberately steers away from technical medical details unless necessary to help event organizers understand their roles and responsibilities. The technical medical details are already extensively covered in other existing documents, standards, and regulation and are outside the scope of this standard.
21	JS		Paragraph 1: CHANGE: This standard shall apply... TO: This standard applies...	Accept in Principle
22	JS	1 Scope	Paragraph 2, sentence 1: CHANGE: This shall include... TO: This	Accept in Principle

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			includes...	
23	JS	1 Scope	Paragraph 2, sentence 2: CHANGE: In addition, it shall include... TO: In addition, it includes...	Accept in Principle
24	RN	1.1 Purpose	Revise the clause as follows: ***1.1 Purpose*** *The purpose of this document is to ~~address~~ identify and describe ~~selected~~ steps necessary to minimize ~~the~~ potential medical hazards present at an event. ~~caused by the lack of provision of appropriate medical treatment at the event~~* This revision improves clarity; its intent holds true regardless if the potential hazards are caused by a lack of provision, or for any other cause, such as failure to implement a provision	Accept in principle
25	RN	1.2 Intent	Replace the clause as follows: ***1.2 Intent*** *This document is intended to help users, staff, attendees, medical responders, and ~~enforcement officials~~ AHJ establish and maintain minimum standards for care and public safety before, during, and after an event.* It corrects grammatical errors and improves clarity of	Accept in principle
26	SA	1.2 Intent.	By "enforcement officials," does this mean AHJs? If so, why not use the defined industry term? If it means someone else, who? Also, "special events" appears to be used differently here than in Para. 1, where special events are listed among the activities of the "event industry."	Accept in principle
27	RN	1.3 Equivalency	Replace the clause as follows: ***1.3 Equivalency*** *This standard does not intend to prevent the use of alternative methods or services not specifically prescribed by its provisions, if such use meets equivalent intent of any provision it replaces.* *This standard is not intended to replace or supersede any applicable local, regional or national ~~rules~~ regulation or laws, and should only be used to supplement them to provide increased medical hazard reduction.* It corrects grammatical errors and improves clarity of intent.	Accept in principle
28	SA	1.3 Equivalency.	If people should follow a standard only in an "abundance of caution," as stated here, that is a lot more discretionary than my understanding of an American National Standard.	Accept in principle

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29	SA	1.5 Normative References	While I think both the Structures and Weather standards are fine, their presence as the only two normative references underscores two problems: (1) mission creep, as neither relates to event medical care; and (2) absence of medical professionals in the TG, who presumably could offer medical references.	Accept in principle Medical Normative references too specific /local to be broadly valuable
30	RN	1.5 Normative references	Add the following references: *ANSI ES1.9 – 2020, Event Safety – Crowd Management* *ANSI ES1.4 – 2021, Event Safety – Event Fire Safety Requirements* They are useful references.	Accept
31	JS	1.5 Normative references	ADD: NFPA 101, Life Safety Code	Accept
32	JS	Definitions General	There are too many plans, especially for smaller events. Gather them together. CHANGE TO: Each event should have an appropriate plan(s) and these are examples: Emergency Action Plan (EAP) Emergency Operations Plan (EOP) Event medical communication plan Event Medical Plans (EMP) Event Safety Management Plan (ESMP)	Accept in principle
33	SA	Definitions 2.1 Allostatic load	I don't think sourcing the origin of a technical term makes it more authoritative.	Accept
34	RN	Definitions	Delete the words *"qualified and"* from the definition of "*Competent person*". Those words are contradictory to, and completely change the meaning of, every other definition for this term, as it has been published in all E1and ES1 standards where this term is used.	Accept
35	CL	Definitions 2.5 EOP	I wanted to note that one of the links seems to be the incorrect one: An ongoing plan for responding to a wide variety of potential hazards. An EOP describes how people and property will be protected; details who is responsible for carrying out specific actions; identifies the staff, equipment, facilities, supplies, and other resources available; and outlines how all actions will be coordinated. FEMA HYPERLINK	Accept

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			"https://training.fema.gov/programs/emischool/el361toolkit/glossary.htm"https://training.fema.gov/programs/emischool/el361toolkit/glossary.htm#E The link referenced goes to a glossary of terms, but not an actual EOP from FEMA. I am unable to locate the specific section of the FEMA site that should be referenced.	
36	SA	Definitions 2.3 Competent person	If this OSHA term is also used by event medical people, the definition should provide that context.	Reject with reasons We deliberately use the OSHA definition because medically competent person refers to patients having competency in making their own medical decisions, which we address specifically in the decisional capacity section The group did not wish to delve into the differing and complex world of medical licensing etc and so therefore focused their efforts on the competence and qualification of providing medical services at an event (which may include licensing). The terms as defined by OSHA do not preclude personnel defined by specific definitions of medical competency or qualification.
37	SA	Definitions 2.4 Emergency Action Plan (EAP)	Editor!!! EAPs need not be written for small events, and ANSI standards should be scalable. EAPs may not be required by OSHA or other laws, but by contract, so that's an overstatement. An EAP will apply not only to organizers and staff, but every person on an event site, especially patrons.	Accepted in principle However the group wished to note that EAPS are required under OSHA regulation 1910.38(b) ***Written and oral emergency action plans.*** An emergency action plan must be in writing, kept in the workplace, and available to employees for review. However, an employer with 10 or fewer employees may communicate the plan orally to employees.
38	SA	Definitions 2.5 Emergency	I don't think the definitions in 2.4 and 2.5 distinguish these, if there is a distinction. And other than suggesting that medical be incorporated in a plan somehow, I don't think either term is needed.	Accept

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		Operations Plan (EOP).		
39	SA	Definitions 2.7 Event	I doubt a virtual audience raises medical preparedness issues. And "event" is defined differently in other ESWG standards.	Accept
40	SA	2.8 Event medical communication plan.	This definition seems unnecessary. This standard should focus on medical care at events, not communication plans, other than that medics should be reachable on an emergency basis. And "effectively" is a worthy goal that the standard must explain, not part of the definition.	Accept
41	SA	2.9 Event medical personnel	As in 2.8, this is not an industry term, despite the capitalized words suggesting otherwise.	Reject with reasons: The group wanted to create a term that was inclusive enough to describe anyone who may have a role regardless of event size or specific medical certification. The group after much debate felt it necessary to create this terms and define it for the standard.
42	SA	2.13 Event organizer	Another term that doesn't need to be defined, especially with "organizes" in the definition.	Reject with reasons the document defines what the task group mean and is used in several other standards
43	SA	2.15 Event Safety Management Plan (ESMP)	This seems aspirational, not something widely practiced among event professionals, and therefore should not be in a standard.	Accept in principle : The group disagreed with the reason given by the commenter as ESMP is a common term used in other jurisdictions, however they found that they were not using the term extensively to much effect so found it better to remove the term as it is being covered in other standards such as PMI
44	SA	2.18 Health and safety	I don't understand what purpose it serves to try to encompass something so broad. This definition excludes almost nothing. And since we all can look up terms in a dictionary, a definition relying on common usage probably isn't necessary.	Reject with reasons previously we had used the term Life Safety, and people contributing from other jurisdictions felt the term was too US centric and not common terminology in their jurisdiction, the group then wanted to define the term for this document.
45	JS	Definitions 2.11 Emotional labor	DELETE (Could be used in a future Mental Wellness standard) [TSM note: this term isn't in the current draft version's definitions]	Accept
46	JS	Definitions 2.19 Incident	RESOLVE DUPLICATION with 2.22 Major incident and 2.27 Minor incident	Accept in principle

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47	SA	2.19 Incident	This definition is long and complicated, but still isn't definitive. The scope of this standard should be limited to harm to people that can be addressed by medical intervention. This definition is also redundant with 2.22, 2.23, and 2.27.	Accept in principle
48	SA	2.30 Personal Protective Equipment (PPE)	Another example of mission creep, in that the PPE that matters for this standard should relate primarily, if not exclusively, to equipment used for medical care. This definition is overbroad.	Reject with reasons One is not exclusive of the other and both types of PPE maybe required by event medical personnel (e.g., treating someone who can't be moved around overhead hazards)
49	SA	2.33, 2.34, 2.35.	More mission creep. There may be certain medical-specific tasks that should occur during these three phases, but that's not clear from the text.	Accept in principle
50	JS	Definitions 2.36 Psychological safety	DELETE (Could be used in a future Mental Wellness standard)	Reject with reasons See comment 56 for reasons
51	SA	2.38 Risk	Once more, a medical-focused application of a common term would be helpful. Reminding the reader of common definitions of a routine term adds little value for medical care providers or people who would retain their services.	Reject with reasons One is not exclusive of the other, risk is risk. The group wanted to highlight to event organizers that many common safety risks at events carry implications for event medical personnel
52	SA	2.40 Shall	This does not mirror the definition of "must" in 2.28, and it should.	Accept
53	RN	Definitions	Delete the term "Qualified medical person". It presently exists to help distinguish between general medical personnel – who are not required to be registered, licensed, or certified – and medical professionals who are required to have these credentials. The term can be deleted because an expanded definition for the term "qualified person" serves the same purpose, with the wording in 3.2.2 also being revised so as to eliminate the need for a new definition.	Accept
54	RN	Definitions	Revise the definition for "*Qualified person*" to add two more senses of the definition, as follows: *"**Qualified person.** 1. One who, by profession, by recognized degree or certification, or who by extensive knowledge, training, and experience, has successfully demonstrated the ability to solve and resolve problems relating to the subject matter and work. 2. One who is professionally licensed, registered, or certified to practice the field of their expertise. 3. A professional who has been authorized to provide services within their field of expertise, by the authority having jurisdiction over their*	Accept

No.	Commenter	Ref. section	Comment	Resolution
			profession." This expands on other accepted uses of this term as it is defined in other E1 and ES1 published standards.	
55	RN	Definitions	Reorder the definitions correctly, and renumber as required. The current definitions are not all in alphabetical order.	Accept
56	RN	Definitions	Delete the following definitions because their defined terms are only used in sections 8, 9, or 10: • Allostatic load • Psychological safety See general comment regarding section 8, 9, & 10.	Reject with reasons see answer to comment 127
57	RN	Definitions	Delete the following definitions: • EMS.Reject • Event.Reject • Event personnel.Reject • Event site.Reject • First aid. Reject • Health and safety.Reject • Health care provider, and Medical care provider: Accept • Incident. Reject The Merriam-Webster definition is sufficient for their respective uses in this document, and they are perhaps not unique enough to merit specialized definitions.	Reject with reasons The authors felt that the dictionary definitions did not meet the needs of the standard and there was clarity that was needed by defining the terms as used in standard to communicate the groups intent.
58	RN	Definitions	Delete the term *"Event medical personnel",* and combine its definition with "*Event medical service provider"* into a single defined term, "*Medical services provider*", as follows: *"**2.xx Medical services provider.** 1. A competent person, group or organization that provides medical services for an event, or who has an assigned responsibility for responding to medical emergencies at the event, regardless of their level of medical expertise or training; 2. Competent medical personnel working at an event."* Revise text wherever either of these terms are used, to improve consistency of terminology. Combines and condenses two definitions into a single, more generalized term and definition. Each current definition might be construed to includes individuals along with groups or organizations. Within the context of this standard, all of those persons, groups, or organizations are presumed to	Reject with Reasons + Accept in principle Removed Medical Services provide kept Event Medical Personnel see comment (57)above for reasons.

No.	Commenter	Ref. section	Comment	Resolution
			be present at the event. This also permits the term to be used in conjunction with other modifiers – e.g. non-professional medical services provider, and professional medical services provider.	
59	RN	Definitions	Revise the definition of “Major incident” as follows: *“**2.xx Major incident.** An occurrence that is likely to require the implementation of special contingency planning and resources, particularly those from outside of the event site.”* Improves clarity of intent.	Reject with reasons the definition was removed due to no longer being necessary.
60	RN	Definitions	Revise the definition of “Mass casualty incident” as follows: *“**2.xx Mass-casualty incident.** A major incident during which the number and severity of casualties significantly overwhelms the capacity of the event’s on-site medical resources to respond efficiently.”* Improves clarity of intent.	Accept in principle
61	JS	3.1	DELETE: *“this standard and”*	Accept
62	JS	3.1.1	DELETE	Accept in principle
63	RN	3.1.1	Delete this section and renumber subsequent sections. This requirement potentially places an onerous burden of discovery on the planner, as it is unclear if and how NFPA 101 specifically governs medical safety plans. If there are specific sections of NFPA 101 that are explicitly pertinent to *medical safety plans*, then identify those specific topics and sections. Otherwise, general topics of egress, etc that would normally be addressed by NFPA 101 are outside of the scope of this standard.	Accept in principle
64	SA	3.1.1	I like NFPA 101 as much as the next guy, but it's a big, dense book, most of which has no relation to medical care. This citation must be much more focused to be useful. As significantly, I don't think this is a "shall." I am aware of no jurisdiction in which compliance with the entire Code is legally required - at most, portions related to fire safety get adopted. Overuse of "shall" is a problem throughout this draft standard. That's not just a linguistic preference about which reasonable people may disagree. "Shall" can create massive legal problems for practitioners who suddenly would have to comply with rules that neither they nor their peers ever follow.	Accept in principle
65	JS	3.1.2	DELETE: This exemption shall not apply if the waiver violates existing applicable codes, unless said code permits an exemption to be approved by the AHJ.	Accept
66	RN	3.1.2	Delete this section and renumber subsequent sections. Alternatively, reword the section to clearly define who enforces this requirement.	Accept

No.	Commenter	Ref. section	Comment	Resolution
			As written, it implies that the AHJ will have used this standard as the reference to determine compliance with any of its requirements. The AHJ must first accept this standard as its reference, before it will use it as such. If the intent is for this standard to be accepted by codes such that the AHJ can enforce its requirements, then it must be completely rewritten to use styles acceptable to the code development organizations writing codes used by the AHJ. This standard does not use such an acceptable style, ergo it cannot be accepted as a code reference, and will not be used by the AHJ. Otherwise, it is not clear who else will enforce the requirements of this standard.	
67	RN	3.1.3	Delete this section and renumber subsequent sections. See my previous comment's reason statement. It is unclear who will enforce, therefore it is unclear who will issue waivers of conformance.	Accept
68	JS	3.1.4	DELETE: *"this standard and"*	Accept
69	RN	3.1.4	Delete this and all subordinate (sub)sections. These requirements are too broad and for the standard's specific scope and subject matter. Rendering any medical service requiring the use of "equipment" will very likely involve equipment that requires specialized training. There is no requirement that manufacturers must provide user manuals, and – even if there was a requirement to do so – using specialized equipment is not something that merely reading a manual would qualify a person to do.	Accept in principle
70	RN	3.1.4.1	If not deleted as proposed by prior comments, reword the sentence to eliminate the use of "and/or", then put a period at the end of the sentence. Improves style and grammar.	Accept in principle
71	RN	3.1.4.2	If not deleted as proposed by prior comments, revise the requirement to state, in effect, that users of the equipment shall be trained in its use. This is a basic requirement that becomes critically important when dealing with highly specialized medical equipment.	Accept in principle
72	RN	3.1.5	Revise the section as follows: ***3.1.5 Required documentation.*** *All event medical risk assessment and medical safety plan ~~necessary~~ documentation shall be included as part of the event's master operations plan documentation. ~~for the event required by applicable codes, this standard, and the AHJ shall be maintained~~*	Accept

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			~~*onsite throughout the totality of the event. These documents should be maintained in a binder or equivalent that also contains the event medical risk assessment and medical safety plan and should be easily identifiable as such and readily accessible.*~~ Simplifies the requirement. It isn't this standard's responsibility or scope to state requirements for any pother documents outside of its medical preparedness scope. The proposed change uses the words "master operations plan", which can be substituted with the preferred term used across all ES standards to refer to the main (PMI) documentation.	
73	RN	E3.1.5	Delete or move this note. It isn't relevant to the section it follows, because it addresses persons in charge of, supervisory of, or advisory to on-site medical personnel. This is addressed in 3.2.2.	Relocated and accept in principle
74	JS	3.1.5	CHANGE TO: *All necessary documentation for the event shall be maintained onsite at the event and should be easily identifiable as such and readily accessible.*	Accept in principle
75	RN	3.1.6	Restructure this to remove the list. Improves clarity of intent. There are examples given for some of the points, which implies the original point has not been made clearly enough, and therefore needs an example to make it clear(er). Words are randomly capitalized. Points contain "and/or". Hyphenation is improperly used. Parenthesis are misplaced. Intent of some points is unclear.	Accept in principle
76	RN	E3.1.6	Delete the explanatory note or move it where it might be useful as a requirement. It is unclear how this explanation applies to the parent topic of general (medical) planning requirements.	Accept in principle
77	RN	3.1.6	This section seemed properly placed until I got to section 4 Planning.	Accept in principle and consolidate with 4
78	JS	3.1.6	DELETE: Providing appropriate numbers of event medical personnel with sufficient qualifications for the foreseeable risks at the event	Reject with reasons, the authors felt this was an important requirement, the standard does not state how they should be provided simply that they must, which allows event organizers to rely on local EMS provision where the circumstances allow.
79	JS	3.1.7	CHANGE: shall be used TO: should be used	Accept
80	RN	3.2	Change the heading to **3.2 *Required competencies for medical services providers.*** Maintains consistency with a proposed change in defined terms.	Accept in principle reworded and combined entire section with planning

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81	RN	3.2.1	Replace the section in its entirety, as follows: ***"3.2.1 General requirements for medical personnel*** *All medical personnel providing medical services of any type, shall meet the AHJ's minimum requirements for persons performing medical duties, commensurate with the person's assigned duties, and must be competent in the specific areas of medical duties assigned to them at the event.* *3.2.1.1 Medical personnel shall only perform duties within their respective areas of competency, or shall only perform such duties under the direction and supervision of a competent person.* *3.2.1.2 Medical personnel shall be clearly identifiable as being one who can perform medical duties for the event.* *3.2.1.3 Medical personnel shall have no other duties or responsibilities that would materially interfere with their ability to provide first-aid/medical services when required to do so."* I struggled with this section. To me, this boils down to the difference between "competent" and "qualified". Anyone who provides medical care, or who performs medical duties (is there a difference?) should be competent to perform their assigned duties. Competency implies training, certification, and experience, but perhaps not to the qualification level of professional licensure – that's why I proposed using a distinction between professional and non-professional, rather than by job title. Federal wage and hour laws already govern hours worked by those under the age of 18, so it is not necessary to duplicate those requirements here. Working without supervision requires competency. Supervising others also requires competency, but may also require qualifications.	Accept in principle
82	JS	3.2.1	ADD: must DELETE: Must at the start of each bullet point	Accept
83	JS	3.2.1	If this section is a "must", identify the source of the info.	Reject: must is legitimately used when it is the consensus of the group, and no previous source may exist.
84	RN	3.2.2	Replace the section in its entirety, as follows: ***"3.2.2 Professional medical personnel qualifications*** *All professional medical personnel working at an event shall be qualified to provide medical triage, diagnosis, and treatment. They should also have experience with the event's potential medical requirements and procedures.*	Accept in principle

No.	Commenter	Ref. section	Comment	Resolution
			3.2.2.1 Physicians, nurse practitioners, and nurses shall be licensed in the jurisdiction of the event, or shall be authorized by the jurisdiction to administer equivalent medical care. Physician assistants shall be licensed, but shall only administer medical care under the supervision of a physician. *3.2.2.2 Emergency medical technicians and paramedics shall be certified in accordance with the event's jurisdictional requirements pertaining to administration of emergency medical services in their respective capacities."* This provides better structure, clarity of intent, and eliminates the need for a uniquely defined term. It presumes that the so-called "required duties" have been clearly identified as part of the event's operational requirements.	
85	RN	3.2.3	Replace the section in its entirety, as follows: *"3.2.3 Professional medical personnel working in a supervisory capacity at events should have a working knowledge of emergency incident management protocols, or systems such as the National Incident Management System (NIMS) and Incident Command System (ICS), and should also be familiar with the concepts of response in emergency plans for disaster and mass casualty incidents. They should be familiar with the event jurisdication's local emergency medical services (EMS) and casualty transport (ambulance) services.* *3.2.4 All professional medical personnel should have experience with triage of multiple, simultaneous medical emergencies in a non-hospital setting, and should be familiar with the local EMS responders' training and capabilities, if the responders are not part of the event's medical personnel."* Provides better structure and clarity of intent.	Accept in Principle
86	RN	3.3	I'm not sure what to do with this section, because its intent is unclear. First, I see that the main section heading is, ***"General considerations for the primary care area".*** However, the charging statement reads as though it intends to help the user evaluate if a primary care area is even required – e.g. *"The need for a primary care..."*. I've made the presumption that the entirety of section 3 is based on the presumption that a primary care area has been deemed necessary as a result of section 3.1.6. If this is true then much more clarity will be required to tie	Accept in principle

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			the assessment process to the actual requirements. Then, 3.3.1 turns every list item of “considerations” into mandatory requirements. I suggest deleting the 3.3.1 words preceding the bullet list, and rewriting the charging statement, so it leads directly to the list. This helps maintain consistency with what the section heading implies. This section is a poorly structured list with numerous style and grammatical errors. The section heading implies “general considerations”, but the 3.3.1 subpart clause makes the list of considerations mandatory. It does not clearly establish minimum requirements, but rather reads more like a checklist of general requirements, so it is confusing to the reader because the subparts are inconsistent with the main heading. Here are just a few issues: The clause in 3.3.1 is redundant, and is poorly written. The subjective and unenforceable words “suitable”, “adequate”, and “appropriate” are used in numerous places. What is specifically required for “easy access” is unclear. The size and space requirements is based on number of *casualties*, not on the anticipated concurrent number of persons requiring medical care the space can accommodate.	
87	JS	3.3.1	Minimum Requirements, second last bullet: CHANGE: Clip boards, Forms, paper, pens, sharpies etc. TO: Appropriate office supplies	Accept
88	RN	3.3.2	Delete the first four words, including the comma, at the beginning of the sentence, so it reads as follows: *“The onsite designated primary care area for the event should meet all of the following criteria:”* Improves clarity, and answers the question, *“Are these recommendations, or are they requirements?”*	Accept in principle
89	RN	3.3.3	Delete this section. See other comment regarding sections 8, 9, & 10.	Reject with reasons see comment resolution 127
90	SJ	3.3.3	Mental Health and Well-being: suggest that this language is broadened to read "mental health, harm reduction and other well-being services" in all cases.	Accept in principle now in section 4 (4.16)
91	RN	3.5	Replace the clause as follows: ***“3.5 First aid for event personnel*** *First aid facilities and staff must be readily available at all times when event staff are onsite.”* Delete the rest of this section.	Accept in principle

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			This revision concisely establishes basic intent. The existing 3.5.2 should be relocated up within 3.1.6, where basic planning recommendations are made, or moved to section 4 Planning.	
92	SJ	3.5	First-aid for Event Personnel: I was unclear in this section if the recommendation is for event producers to 1) assess and hire a first-aid team that is SEPARATE from the medical team, and 2) expressly for serving first-aid needs of the other medical staff?	Accept in principle: Document has been revised to with sections moved and combined to better clarify roles and responsibilities
93	SJ	3.5.2	Evaluation: this doesn't offer much guidance on how to assess what first-aid needs are appropriate. Is there some guideline like, 1 first-aider per 10 medical staff?	Reject with reasons, evaluation communicates intent that the process is something that needs to be assessed on a event by event basis without going into significant amounts of minutia, it is the job of the event organizer or the people they hire to figure this out.
94	JS	3.5.3	Welfare of Personnel, second sentence: CHANGE: ...more than four hours must provide rest areas... TO: more than four hours should provide access to rest areas,...	Reject with reasons: The language says must provide access to rest areas etc. not, must provide rest areas, which the group felt was reasonable to require access to rest and sanitary facilities.
95	JB	E4.14	The text is far too broad at times, with a lack of focus, for example E4.14 noting a long list of considerations but no prioritisation in them, or explanation of circumstances where they could be relevant.	Accept and reject, The list has been moved to the annex as the list seemed to be better placed there. However, the group wished to note that the list of questions was a starting point for assessing providers. The questions are straight forward and for the most part clearly communicate their intent; however, some were adjusted to improve the communication of the intent
96	RN	4 and 5	Reorder these sections before section 3. It seems clear that these two sections address the key medical preparedness assessment points for the event, and should logically be placed prior to any actual (physical or operational) requirements.	Accept in Principle
97	JS	4.1	Planning: CHAGE THIS SECTION TO: The event organizer should evaluate the need for medical services by conducting a Risk Assessment. Depending on the size and complexity of the Event, the risk assessment may be brief or extensive.	Reject with reasons, the group feels that risk assessment is an essential component of improving safety at events and therefore must be a requirement, there is no requirement on how that risk assessment is conducted only that one be conducted. This also lines up with requirements in regulation like OSHA law.
98	SJ	E4.1.1	Opportunity here to require coordination with mental health, harm	Accept in principle now in 4.2 which is more

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			reduction and other well-being services. Suggested edit to last paragraph: "They should provide an appropriate management and operational control infrastructure and coordinate with other medical providers, as well as mental health, harm reduction and other well-being services onsite."	effective than including it in the subsequent example language.
99	SJ	4.2	Roles and Responsibilities: I suggest an edit to take account for coordination with other services: "Using an EMRA the identified medical provider should determine all of the necessary roles, responsibilities and qualifications for all personnel required to mitigate the medical risks identified. They should determine when cases that come into medical can be referred for care by mental health, harm reduction and other well-being services. Such roles and responsibilities shall be clearly communicated to all affected parties."	Accept in principle have added some language to 2.10 definition of Event medical service provider, which now includes mental health and harm reduction services in the definition.
100	JS	4.2	Roles and responsibilities: DELETE: Using an EMRA	Accept
101	JS	4.2.1	Prompt response: CHANGE All event Medical Plans (EMP) must include... TO: All event plans should include...	Accept
102	JS	4.6	Impacts outside event perimeter: CHANGE: The event organizer must evaluate...TO: ...should evaluate	Accept
103	JS	4.7	Adequate signage and information: CHANGE: ...First-Aid facilities must be available to all those attending. The event organizer must provide... TO: First-Aid facilities should be available to all those attending. The event organizer should provide...	Accept
104	SJ	4.7	Adequate signage and information: Suggested edit: "Information on the location of First-Aid facilities, as well as any other mental health, harm reduction or well-being services, must be available to all those attending. ... In addition, event personnel should be informed of the location of nearest first aid facility and any other mental health, harm reduction or well-being service."	Reject with reasons: Smaller events may have only have first aid facilities at the event site, so this statement was made to create a minimum standard and first aid is the bare minimum. The standard addresses mental health, harm reduction and other well-being services in other places in the standard and wanted to make this section clear and concise.
105	JS	4.10	Personnel, location and identification: CHANGE: The identification and location of event medical personnel must be chosen... TO: The identification and location of event medical personnel must be chosen...	Reject with reasons, the group consensus was that event medical personnel require this basic information to perform the duties effectively and to be safe dong so.
106	JS	4.12	Resource levels: CHANGE: Appropriate levels of equipment, personnel and resources must be maintained... TO: Appropriate levels of equipment, personnel and resources should be maintained...	Accept in principle
107	SJ	E14.14 [sic]	E14.14 [sic]: Suggest adding a question, "What is your experience working with onsite mental health, harm reduction or other well-being services, and how do you handle that coordination?"	Accept now in Annex

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			[TSM note: this refers to E4.14]	
108	JB	5.3	Risk Assessment, which, again while none of these are technically wrong, becomes a long list of bullet points some oddly specific but not tied to the subject matter	Accept in principle section has been revised to achieve greater specificity and provide context.
109	SJ	5.3	under Audience Size and Demographic, suggest changing the 5th bullet to "alcohol and other drugs" (alcohol is a drug).	Accept
110	RN	6 and 7	Revise both of these sections so that a) section 6 addresses only the requirements for medical communications plan and systems *explicitly in the context of complementing* the Communications draft standard (or the ESG Communications chapter), and b) section 7 addresses only the requirements for documentation. Address privacy of information (written or oral) in its own section that is applicable to both types of information and delivery. I'm at odds with these two sections because their respective contents don't seem to correlate with their respective section titles. Both sections address topics associated with privacy of information – I understand the importance of this – which should all be lumped under a single main section heading, such as "information management and privacy", or something similar. Section 6 seems to overlap with the scope of the draft Communications standard. There's an opportunity for cross-referencing with complementary information, without overlapping scope.	Accept in principle
111	JS	6.2	Plain language use: CHANGE: ...all communication must be in plain language... TO: 6.2 Plain language use: all communication should be in plain language...	Accept
112	JS	6.3	Communication pan distribution: CHANGE: pan TO: plan	Accept
113	JS	6.3	Communication pan distribution: CHANGE: The event must have a communication plan which is specific to that event and must be provided to all event medical personnel. TO: The event should have a communication plan which is specific to that event and should be provided to all event medical personnel.	Reject with reasons, the group did not feel it was unreasonable to require that each event must have a communication plan and that the plan must be provided to medical personnel. The standard does not prescribe the method of communication of the contents of the plan.
114	JS	6.3.1	Communication plan requirements: CHANG: ...must include TO:... should include	Accept
115	JS	6.3.2	Distribution: CHANGE: must be made available TO: should be made available	Accept
116	JS	6.4.1	Inter-Facility communications: CHANGE: shall be established TO: should be established	Accept

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117	JS	6.4.2	Reliable communications: CHANGE: must be established TO: should be established	Accept
118	JS	6.5	External communications, first sentence: CHANGE: must be established TO: should be established	Accept
119	JS	6.5	External communications, second sentence: CHANGE: shall exist TO: should exist	Accept
120	JS	6.6.1	Call signs: CHANGE: ...must be determined TO: ...should be determined	Accept
121	JS	6.6.2	Sensitive transmissions: CHANGE: shall be transmitted TO: should be transmitted	Reject with reasons, many jurisdictions require the maintenance of patient confidentiality during communications and the standard clearly states “where practicable” and therefore does not create an onerous burden on smaller and simpler events.
122	JS	6.6.3	Reserved channels: CHANGE: must be clearly labeled TO: should be clearly labeled	Reject with reasons: The requirement is simply for the labeling of a dedicated medical channel on a radio on communications plans, the thinking being that if an event has a plan for a dedicated medical radio channel, then requiring it be labeled as such is reasonable.
123	JS	6.6.3.1	Use of reserved channels: CHANGE: must not be used TO: should not be used	Accept
124	JS	6.7	Transfer reports: CHANGE: must be trained TO: should be trained	Accept
125	JS	6.7.1	Required inclusions: CHANGED: Every transfer report must include TO: Every transfer report should include Continue to make the changes of "should/must" to "should" unless there is a legal requirement.	Accept
126	JS	8	Fatigue and working conditions - DELETE (This section is out of scope for this standard. Could be used in a future standard)	Reject with reasons: The scope has been refined to better reflect the groups intent in identifying sections 8, 9 and 10 (which has now been combined into section 9 due to another public comment),as being important components of medical risks at an event. Physical health and mental health are not separate they are simply health. Sections 8-10 include much that can increase the medical risks at events if left unaddressed. The publishing of these sections in this standard does not preclude the possibility that these sections could be broken out into their own standard in the future.

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				The group, however, believes that it is important that this information be published sooner rather than later and that there is an argument to be made that separating these sections into their own standard, encourages the separate thinking that commonly occurs around mental health. Equally it could reasonably reduce how many people this information reaches, (due to the fact that some may not read a separate standard about mental health due to the stigma around mental health). The group feels that the current inclusion of sections 8-10 is the most reasonable way to bring these medical risks to the attention of the wider community.
127	JB	8.8	for example point 8.8 recognising 8 hours of sleep is a good minimum standard (although sometimes unrealistic goal) for event workers, however seems unrelated to booking of medical staff and rather a general good target for staff welfare.	Reject with reasons: Standards do not avoid writing requirements or guidance simply because of current poor practices. Often standards are written to identify what is reasonable. Lack of sleep has significant potential medical impacts at an event both physical and psychological. Including a potential increase in the risks of injury and can contribute to more chronic health conditions such as high blood pressure (especially in people over 45) which can increase the risk of potential cardiac events at events.
128	JS	9	Mental health and psychological safety - DELETE (This section is out of scope for this standard. Could be used in a future Mental Wellness standard)	Reject with reasons see comment 127
129	SJ	10	all of Section 10 - I think BHI is an important mental health risk, but I don't think it is important or substantially different enough to have its own section aside from other mental health risks named in Section 9. I also don't think medical teams should have responsibility to provide education or prevention on this as they are mostly not well-prepared to do so.	Accept in principle
130	JS	10	10 Other hazards - Bullying, Harassment and Intimidation (BHI) - - DELETE (This section is out of scope for this standard. Could be used in a future standard)	Reject with reasons see comment 127 for reasons
131	SJ	10. 3 & 10.4	it is my belief that these sections on Training & Information as well as Training Supervisors should be inclusive of all the identified mental health risks in Section 9, not just BHI (bullying, harrassment & intimidation). Medical staff should not necessarily be in charge of these however. In	Accept in principle

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			fact it's better if the medical teams subcontract or otherwise work with mental health, harm reduction and other well-being groups more expert in these areas to specifically to provide trainings and information. I would recommend that medical teams assess the risk and then work with appropriate groups to provide education and services related to the risks.	