Hartford Fire Department  
Special Event Protocols

Introduction

This section contains a brief overview of the EMS procedural flow for special events. This shall be an overview of the functions of EMS operational areas. The Incident Command System shall be used during special events to minimize confusion and to provide proper care to the sick and injured.

The primary concern of this protocol is to assure the safe arrival of patients to the medical treatment area, and provide pre-hospital treatment in accordance with medical protocols prior to transport to area hospitals.

EMS Operational area

This section contains a brief overview of the functions of EMS operational areas. Any of the areas outlined may be added, or eliminated when appropriate.

Active Incident Area

The boundaries of this area shall be established by the Incident Commander to encompass not only structure and/or vehicles that may be involved, but also surrounding areas that may contain potential hazards.

Command Post

A command post shall be established for coordination of all resources on scene to include the following personnel:

A. Incident Commander
B. EMS Operations
C. Police
D. Fire Personnel (If Needed)

The command post shall be established in a secure area as close to the scene as possible, so as to afford command personnel good visual access to the scene. The command post shall be marked with a properly labeled sign.

Staging Area
The Incident Commander shall establish a staging area. EMS shall stage with other services as the incident dictates. If a separate area is designated for EMS staging, this area will serve as a holding area for all other EMS vehicles, personnel, available first responders, and any other qualified responders.

**Treatment Area**

Treatment is based on the triage assessment. The area is set up by the EMS personnel. Assistance may be provided by event staff.

**Designated Treatment Areas**

There shall be two distinct areas of treatment the immediate treatment area, and the Delayed treatment area.

**Red Treatment Area**

This area shall provide immediate care for sick and injured. This area shall consist of adequate EMS personnel. Treatment provided shall be established by triage and the highest ranking EMS provider. Any treatment provided shall be in accordance with current medical protocols and documented utilizing current EMS documentation forms and release forms. Any patient receiving Advance Life Support (ALS) interventions may be transported to the hospital. The patient may refuse transport, and in this case the patient must complete a refusal form. Patients that may refuse transport must be advised of their condition and if at any time the highest ranking EMS provider feels that transport is warranted should advise the patient and advise medical control of medical issues via radio, cell phone or other means prior to releasing patient. Any discontinuation of any ALS intervention shall only be done by direction of medical control or on scene physician.

**Yellow & Green Treatment Area**

This area shall provide basic care such as muscle fatigue, blisters, cramping, and any other minor injuries. This area shall consist of adequate EMS personnel. Any treatment provided shall be done in accordance with the current medical protocols and documented appropriately. If at anytime the highest ranking EMS provider feels that a patient should be in the immediate treatment center than the EMS control officer should be notified and the patient should be moved immediately.

**Physician and Nursing Roles On-Scene**
There may be a physician, or Physician Assistant on scene. The physicians may coordinate their efforts between both the immediate and delayed treatment areas. The role of the physician shall be to coordinate proper medical treatment through the emergency medical staff. The physician shall also monitor patients in the immediate treatment center. Any patient that has received Advance Life Support treatment must be seen by the Physician or Physicians Assistant prior to patient refusal and/or transport to the nearest hospital.

Any Physicians, Nurses, or other medically trained personnel should be directed to the EMS staging area. Caution should be used when integrating unknown/unfamiliar volunteers.

**Patient Disposition**

Any patient who receives ALS in the field and is not seen by a physician, physician’s assistant or nurse practitioner will be offered transport to the closest hospital. They may refuse transport and sign a release. Medical Control must be contacted prior to release if the patient has a fever >100.5, mental status changes or hypotension. If the mental status changes or hypotension persist after treatment with rest, cooling and fluids, the patient must be transported. If the patient’s temperature is greater than 103, they should be immediately cooled in the field and rapidly transported to the closest hospital.

**Incident Command Flow Chart**

See Attached

**Summary**

It is the intent to provide and treat patients in accordance with the current medical protocols and to transport the sick and injured to the appropriate medical facilities.