



Public Health and Medical Special Events Planning Guide and Tool Kit

Base Document

Florida Department of Health (FDOH)
Bureau of Preparedness and Response (EPR)

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I Introduction

Special events can consist of festivals, fairs, awards ceremonies, concerts, major sporting events, political conventions or gatherings, etc. Special events can range in size and scope but typically place a strain on community resources. The Federal Emergency Management Agency (FEMA) defines a special event as a non-routine activity within a community that brings together a large number of people.

The Public Health and Medical Special Events Planning Guide contains considerations derived from lessons learned in planning for and responding to Super Bowls and the 2012 Republican National Convention (RNC). This document and the attached tools are intended to be used as planning guidance and are not requirements. Each special event is unique and planning and response will vary based on the jurisdiction in which the event is held and the available resources.

II Purpose

The Public Health and Medical Special Events Planning Guide and Tool Kit was developed for local and state public health and medical planners tasked with preparing for and responding to special events.

This document emphasizes planning for a National Security Special Event (NSSE) but the considerations are scalable and can be used to plan for any special event.

The base document consists of general background information and assumptions. Local and State Planning Considerations are provided as separate attachments and contain information for planners to consider when preparing for a special event. The considerations are not all inclusive nor will they be applicable for all events or jurisdictions.

A large number of documents, plans and resources were developed in preparation for the RNC. These documents are noted in the Resources and Tools section and can be referenced when planning for future special events. The resources are available to Florida Department of Health employees and are stored at the following location: <Z:\ESF8 EVENTS\2012 Events\RNC\Special Events Planning Guide>

III Background

A. Special Event Assessment Ratings

The Special Event Assessment Rating (SEAR) system, created by the Department of Homeland Security (DHS), is the evolution of various special event ratings previously used in the federal government. The SEAR incorporates a risk methodology that prioritizes special events submitted to the federal government for their awareness and consideration of support. The system uses seven factors in its risk assessment process to arrive at five Special Event Assessment Rating levels (e.g., SEAR-I: full U.S. Government support to SEAR-V: require state and local resources). The seven factors are:

1. General Attendance—number of general public attendees

2. Dignitary Attendance—number of VIPs and high-level heads of state in attendance
3. Significance—historic, political, religious, and/or symbolic significance (that might make the event a more attractive target)
4. Venue Site—dispersion of the site and protective complexity
5. Duration—temporal considerations that may effect resource allocations
6. Location—certain locations may be more inviting for an attack(s)
7. Preparedness—state/local ability to protect an event

SEAR ratings run from Levels 1-5, with Level 1 indicating the most risk. DHS runs events through the risk methodology program that analyzes response criteria and assesses stages of threat, consequences and vulnerabilities for the event. The preliminary ratings are assessed by subject matter experts to ensure the methodology fits the needs of users at the Federal, state and local levels.

SEAR Level 1 & 2 Events

An event is considered **SEAR Level 1** when it is of such significant national and/or international importance that it may require extensive Federal interagency security and incident management preparedness. Pre-deployment of Federal assets as well as consultation, technical advice and support to specific functional areas in which the state and local agencies may lack expertise or key resources may also be warranted. In order to ensure unified Federal support to the local authorities and appropriate national situational awareness, a Federal Coordinator Officer (FCO) is designated, and an Integrated Federal Support Plan (IFSP) is developed. Examples would be Party Nominating Conventions, public venues with the President and/or other dignitaries in attendance (i.e. G8 Summit, NATO Summit, etc.)

A **SEAR Level 2** event is a significant event with national and/or international importance that may require direct Federal support and situational awareness. The magnitude and significance of these events call for close coordination between Federal, state, and local authorities and may warrant limited pre-deployment of Federal assets, as well as consultation, technical advice and support to specific functional areas in which the state and local agencies may lack expertise or key resources. In order to ensure unified Federal support to the local authorities and appropriate national situational awareness, a FCO is designated. The most common of these for Florida are the Super Bowls.

SEAR Level 3, 4 and 5 Events

SEAR Level 3, 4 and 5 events do not have a FCO identified or an IFSP generated. However, state and local officials may still solicit resources from Federal agencies at the agency's expense. Regardless of the SEAR Level designation assigned, the Federal government can remain involved with the special event. DHS maintains awareness of all special events through reporting produced by the National Operations Center (NOC). In addition, state and local planners may request support for their events from Federal departments and agencies located near the event.

B. National Security Special Events

In May of 1998, President Clinton issued Presidential Decision Directive 62 (PDD-62). This directive formalized and delineated the roles and responsibilities of federal agencies in the development of security plans for major events. In 2000, the Presidential Protection Act of 2000 became public law, authorizing the Secret Service to participate in the planning, coordination and implementation of security operations at special events of national significance. When an event is designated by the Secretary of Homeland Security as a National Special Security Event (NSSE), the Secret Service assumes its mandated role as the lead agency for the design and implementation of the operational security plan. Events are designated NSSEs based on their national or international significance and the potential of becoming a target for terrorism or other criminal activity.

Although there is often federal funding appropriated for NSSE events, the funding is allocated primarily for law enforcement and security purposes and is not typically available for public health and medical preparedness activities. In the past, the Federal Emergency Management Agency (FEMA) has offered opportunities for States to apply for a NSSE Grant Program which provides supplemental federal assistance to state and local governments for the actual costs of providing emergency management, public safety, and security during the preparation and conduct of an NSSE. For the 2012 RNC, the Florida Department of Health utilized existing preparedness funding provided by the Centers of Disease Control and Prevention (CDC) and Assistant Secretary for Preparedness and Response (ASPR) to support the event needs.

NSSE Planning Structure

The National Security Special Event (NSSE) planning process is often contrary to basic emergency management principles and can pose challenges in information sharing and planning. NSSE's are federal events taking place in a local venue and federal government agencies work directly with local government agencies to plan for these events.

The United States Secret Service (USSS) is the lead for NSSE event planning. Planning is led by an Executive Steering Committee (ESC) and various discipline specific subcommittees. The subcommittees are chaired by a USSS representative and a local representative from the appropriate discipline.

There will be a minimum of 19 separate subcommittees that range from law enforcement to public utilities (the 2012 RNC had 24 separate subcommittees). The Health and Medical Subcommittee is the primary subcommittee that will require public health and medical representation. Representation may also be requested for subcommittees related to hazardous materials, critical infrastructure, consequence management, etc. Local jurisdiction can add, combine, or eliminate subcommittees based on need and approval of the ESC.

The Health and Medical lead agency will be determined locally. In some instances, the county health department (CHD) may be the lead. Fire Rescue or the Regional Domestic Security Task Force (RDSTF) lead or Health and Medical Co-chair may also serve in this role. This is a local recommendation that is approved by the ESC.

The Florida Department of Health (Central Office) is a supporting agency to the local jurisdiction and should be included as a member of the Health and Medical Subcommittee.

Information and assignments will come directly from the Federal level to the local level. There is no requirement that federal agencies communicate through the state. NSSE request procedures require that all federal requests be submitted by the subcommittees to the Executive Steering Committee for approval. The USSS will then pass the request on to the appropriate federal agency for approval. This is contrary to the typical request process and further promotes the direct federal to local planning structure, completely removing the state from the process.

IV Assumptions

- NSSEs are Federal events that are planned and responded to locally; however,
 - US Secret Service is responsible for all operational and tactical plans.
 - FEMA is responsible for all consequence management related plans.
- Federal agencies will communicate **directly** with the local agencies—not through the state.
- Not all special events are NSSEs and Federal involvement will vary based on the SEAR level.
- Law enforcement will be the lead agency and, as such, resources will be primarily directed to first responder organizations.
- Federal/State/Local departments and agencies will maintain their ability to meet all statutory responsibilities.
- Communication and planning will be duplicitous between the lead Federal organizations.
- Planning will begin 6-12 months prior to the event.
- Planning will be conducted by “committee”.
- The Health and Medical Subcommittee is an integral component of public safety and is in a supportive role to the host and operational commands.
- Regardless of the amount of federal funding awarded the local area, health and medical will probably not get an allocation unless it can be directly tied to first responder mission support.
- The Health and Medical Subcommittee will take the lead role in provision of medical coverage to include on-scene triage, treatment, transport and definitive care.
- Existing local plans should serve as the basis for all event planning.
- Interagency planning and operations coordination and resource utilization are based upon threat assessment and identified vulnerabilities, but are all-hazard in scope.
- A terrorist attack and some types of natural/man-made disasters (e.g., tornado, toxic industrial accident) can occur with little or no warning.
- Any disruption outside of the event itself (hurricane) may require a dual response structure.
- Any catastrophic incident in the region will have significant human impacts (e.g., economic, psychological, physical) beyond the infrastructure damage to the area.

- One-hundred percent protection is impossible, therefore interagency and intergovernmental effort and resources must be prioritized based upon an assessment of threat, vulnerabilities, and consequences.
- The potential exists for increased threat to nationally significant critical infrastructure in the days/weeks leading up to the event.
- Routine daily impacts to the local/regional healthcare and public health infrastructure will be managed by routine local/regional channels and will not require federal intervention.
- Much consideration is given to the importance of medical facilities and maintaining their ability to operate efficiently during a mass casualty or medical surge situation.

V References

- A. FEMA Independent Study Course - IS-15.b - Special Events Contingency Planning for Public Safety Agencies
- B. Special Events Contingency Planning Job Aids Manual, FEMA, March, 2005
- C. Planning And Managing Security For Major Special Events: Guidelines for Law Enforcement, USDOJ, March, 2007
- D. A Review of the FBI's Investigation of Certain Domestic Advocacy Groups, USDOJ Office of the Inspector General Oversight and Review Division, September, 2010

VI Attachments: Special Events Planning Considerations

A. Local Considerations

1. Gap Analysis
2. Staffing
3. Pre Hospital
4. Medical System
5. Medical Countermeasures
6. Surveillance
7. Food Safety
8. Risk Communications
9. General
10. Hospital Considerations

B. State Considerations

1. Coordination with Local, State and Federal partners.
2. Pre-Event Planning: establishment and operations of an Incident Management Team (IMT)
3. Intelligence and Information Sharing
4. Logistics Support
5. Contingency Planning Support
 - a. Patient Movement
 - b. Surveillance and Investigations
 - c. Laboratory Surge and BioWatch
 - d. Food Safety and Defense
 - e. Severe Weather / Hurricane / Heat Related Illness/Injury
 - f. Radiological Monitoring

6. Public Information and Risk Communications Support
7. Event Operations
8. Post Event Actions

VII Resources and Tools

- A. Florida Department of Health Response to the 2012 Republican National Convention After Action Report
- B. Republican National Convention (RNC) Incident Management Team Guidelines
- C. RNC Incident Action Plans
- D. RNC Hurricane Contingency Planning Considerations
- E. RNC Hurricane Contingency Staffing Plan
- F. RNC Patient Movement Plan and Related Appendices
- G. ESF8 Training for RNC Staff
- H. RNC Reporting and Briefing Schedule
- I. RNC ESF8 Communications Plan
- J. RNC Situation Report Template
- K. RNC Consequence Management Plan (FEMA)
- L. RNC Consequence Management Emergency Operations Center Concept of Operations Plan (City of Tampa)
- M. Florida Regional Domestic Security Task Force Region IV RNC Health and Medical Inventory
- N. RNC Ventilator Deployment Plan
- O. RNC Chempack Container Movement Plan
- P. Bureau of Public Health Laboratories (Tampa) RNC Operations Plan
- Q. RNC Disease Surveillance Plan (Hillsborough and Pinellas County Health Departments) - Includes outreach letters to hospitals, hotels, and physicians.
- R. ESSENCE Run during the RNC (Hillsborough and Pinellas County Health Departments)
- S. RNC EMTrack Plan
- T. RNC EMTrack Support Plan
- U. RNC Beat the Heat flyers
- V. "Thirsty?" bus stop ad template
- W. RNC Situation Overview Documents
- X. RNC Leadership Briefing Template
- Y. RNC Food Safety Assignments (Federal Food and Drug Administration)
- Z. RNC Food Safety Task Force Standard Operating Guidelines