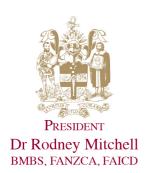
AUSTRALIAN AND NEW ZEALAND **COLLEGE OF ANAESTHETISTS**

ABN 82 055 042 852

Advancing anaesthesia, improving patient care



February 4, 2019

Dr Laksmi Govindasamy NSW Ministry of Health 73 Miller Street, North Sydney New South Wales 2060

Email: Laksmi.Govindasamy@health.nsw.gov.au

Dear Dr Govindasamy

Interim Guidelines for Music Festival Event Organisers: Music Festival Harm Reduction

Thank you for the opportunity to provide feedback on the Interim Guidelines for Music Festival Event Organisers: Music Festival Harm Reduction (the guidelines).

The Australian and New Zealand College of Anaesthetists (ANZCA), including the Faculty of Pain Medicine, is committed to high standards of clinical practice in the fields of anaesthesia, perioperative medicine and pain medicine. As the education and training body responsible for the postgraduate training programs of anaesthesia and pain medicine for Australia, New Zealand and parts of Asia, ANZCA is committed to ongoing continuous improvement, promoting best practice, and contributing to a high quality health system.

Feedback on the guidelines was sought from a broad cross-section of ANZCA fellows. In general, the guidelines provide a comprehensive resource for music festival organisers and should be commended. However specific feedback relating to Section 5 of the guidelines on onsite medical provision is provided below for your consideration.

Importance of suitably qualified and experienced onsite medical staff

The college recognises the importance of suitably qualified medical specialists with experience in dealing with the medical issues that occur at music festivals being included in on-site medical teams. For example, feedback was received from a doctor that a patient at a recent music festival who received intubation and ventilation on-site would not have been likely to survive had this not been available.

Requirement for supervision of junior doctors

While the guidelines state that junior doctors must work under supervision, this statement requires further clarification. ANZCA supports junior doctors (PGY2 and above) working at such events if they are supervised by a FACEM/FCICM/FANZCA and this supervision is on-site and direct.

Mandated attendance of specific medical staff

Although the document appropriately outlines the expected competencies of the "resuscitation doctor" and the "senior doctor", the wording regarding the need for both could be strengthened

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and even mandated for "high-risk events". Such staff could be provided by the "Medical Service Provider", or contracted out (e.g. Careflight, Medical Retrieval Units). There may not be sufficient motivation for event Medical Service Providers (being private companies) to pay for more senior medical staff unless the requirement is mandated.

Finally, the guidelines should require that the senior doctor has documented experience in the relevant areas of practice identified (retrieval medicine, managing multiple resources at once/triaging and/or the care of multiple persons simultaneously and alcohol/drug affected individuals). Screening of this experience is important, as is recency/currency. Experience in retrieval medicine should not, however, be a requirement for resuscitation or junior doctors.

Thank you again for the opportunity to comment on this document and please do not hesitate to contact the ANZCA policy unit (policy@anzca.edu.au) if you have any questions on the feedback provided.

Yours sincerely

Rodney Mitchell President