Event Medical Services Policy	
Status: APPROVED	**Applies to:** All Client Events
Effective Date: November 1, 2026	**Responsible Party:** Director of Safety & Security
Version Number: 1.0	**Document ID:** OVG-KBH-SEC-S-309
Revised Date: September 14, 2026	**Rescinds:** Event Emergency Medical Requirements (Rev 8/22/2022)

This policy is in effect for the Kay Bailey Hutchison Convention Center Dallas, located at 650 S Griffin Street, Dallas, Texas (the "Venue"). The Venue includes the buildings as well as their surrounding structures, parking facilities, and outdoor premises. This policy applies to all lessees, clients, exhibitors, Event Emergency Medical Providers, and their contractors and subcontractors operating at the Venue. Without limitation of any other policies, procedures, or contract terms which may be applicable, all such persons and entities are required to adhere to the terms of this policy.

I. PURPOSE:

The purpose of this policy is to establish the minimum event emergency medical staffing and capability requirements for any event or meeting held at the Venue, and to define how those requirements are set, assessed, waived, and enforced. This policy is operational in scope: it governs the medical coverage required at events. Standards of eligibility for medical providers to operate at the Venue and to remain in good standing are governed by the Event Security & Medical Vendor Standards (OVG-KBH-SEC-G-110). This policy protects the Venue, its personnel, and its guests, while placing the obligation to honestly evaluate event-specific medical risk on the parties best positioned to do so: the Client and its Event Emergency Medical Provider (EEMP).

These requirements establish minimum baseline standards only. They are not a substitute for an event-specific risk assessment, and neither compliance with these requirements, including staffing at or above the levels produced by Appendix A, nor the Venue's acceptance of a Medical Plan or grant of any waiver constitutes a representation that the medical coverage for any event is adequate or sufficient. The Client and its EEMP bear sole and ultimate responsibility for assessing the medical risks presented by their event and ensuring the medical coverage deployed is adequate to address them.

II. DEFINITIONS

a. **"EEMP"** Event Emergency Medical Provider — the licensed medical contractor engaged to provide event emergency medical services for a specific event or lease. Also referred to as the "Event Medical Provider" or "Medical Provider."

b. **"EEMS"** Event Emergency Medical Services — the event medical services required under this policy.

c. **"ESP"** Event Security Provider — the licensed security contractor engaged to provide event security services for a specific event or lease.

d. **"GSC"** General Service Contractor — the primary decorating/logistics contractor for an event's move-in, floor management, and move-out.

e. **"ICS"** Incident Command System — the standardized incident management structure and forms published under FEMA's National Incident Management System (NIMS).

f. **"Provider"** An individual certified at the EMT level or higher by the Texas Department of State Health Services (DSHS) and assigned by the EEMP to provide medical coverage at an event. Personnel staffing a dedicated transport unit (ambulance crew) are not "Providers" for purposes of the concurrent staffing minimums in Appendix A; the designated Lead Medic is.

g. **"Lead Medic"** The Provider designated by the EEMP as holding on-site supervisory responsibility for the EEMP's personnel whenever more than one Provider is assigned.

h. **"Medical Plan"** The complete plan package submitted under Section IV(C), comprising the event risk assessment, the required ICS forms, and the Medical Staffing Schedule.

i. **"Medical Staffing Schedule"** The standalone staffing schedule required by Section IV(C), documenting the staffing computation under Appendix A and the staffing proposed for each period of event activity.

j. **"Total Event Attendance"** The total number of unique persons expected at the event across its full run, including attendees, exhibitors, show staff, and contractors. Total Event Attendance is the input to Appendix A.

k. **"Single-Day Event"** An event whose show hours occur on only one calendar day.

l. **"Athletic Event"** Competitive cheer, volleyball, gymnastics, tumbling, basketball, or a similar athletic tournament or competition.

m. **"Event Activity"** Occupation of the leased space by event attendees, exhibitors, contractors, or staff for show-related activity, including move-in, registration, conference sessions, meetings, general sessions, networking sessions, receptions, and move-out.

n. **"On-Duty"** Working on Venue premises and available for immediate medical response at any given time. Staffing minimums in this policy and Appendix A are concurrent On-Duty minimums, not totals across a day or shift roster.

o. **"Appendix A"** The Event Medical Staffing Matrix appended to this policy, as revised from time to time under Section IV(D)(i).

III. REFERENCES

a. Texas Health and Safety Code, Chapter 773 (Emergency Medical Services)

b. Texas Department of State Health Services, 25 Tex. Admin. Code Chapter 157 (EMS)

c. Health Insurance Portability and Accountability Act (HIPAA)

d. FEMA National Incident Management System (NIMS) ICS Forms

e. Event Security & Medical Vendor Standards (OVG-KBH-SEC-G-110)

f. Event Security Policy (OVG-KBH-SEC-S-308)

g. Event Emergency Medical Services (EEMS) Agreement

h. Event Resource Guide

IV. POLICY

This policy establishes the minimum event emergency medical requirements for each Client leasing space (paid or unpaid) at the Venue. Each event is unique, and the Venue reserves the right to require additional medical staffing and/or measures as it deems necessary to protect the facility and all its guests and visitors.

Compliance with this policy does not relieve the EEMP of any eligibility, licensure, medical direction, insurance, or good-standing requirement of the Event Security & Medical Vendor Standards (OVG-KBH-SEC-G-110), and compliance with OVG-KBH-SEC-G-110 does not relieve the Client or EEMP of any requirement of this policy.

a. **Requirement for Event Medical Services.** Event Emergency Medical Services are required for every event or meeting at the Venue. An event meeting any of the following criteria will always require event medical services:

    i. Lease of any Exhibit Hall, Theater, or Arena

    ii. Any sporting, dance, or cheer event

    iii. Any event that includes the serving of alcohol

    iv. Any event with an attendance of 500 people or more

b. The Venue may require event medical services for an event that does not meet these criteria where it determines the event poses a risk to the facility, its employees, guests, or attendees.

c. **Waivers.** Any request to waive any requirement of this policy, including any staffing level produced by Appendix A, must be submitted in writing to the Director of Safety & Security, stating the reasons for the waiver and how the requirement places an undue burden on the Client and/or Event. The Director's decision is final.

    i. In acting on a waiver of an Appendix A staffing level, the Director may approve an alternative coverage composition proposed by the EEMP — for example, substitution of higher-certification personnel or on-site transport resources for Provider headcount — where the EEMP's risk assessment supports it.

    ii. All waiver requests and determinations, granted or denied, shall be retained in writing and documented in a waiver request log. The log shall be reviewed annually for trends.

d. **Medical Plan.** All Clients shall provide a written Medical Plan to the Security Department at least forty-five (45) days prior to the first contracted day, based on a comprehensive event risk assessment conducted by the EEMP or a medical services consultant. It is the EEMP's and Client's affirmative obligation to honestly evaluate the medical risks presented by the event's size, program, and population; an assessment that only reproduces the computation in Appendix A, without independent consideration of the specific event, does not satisfy this requirement.

    i. The Medical Plan shall consist of:

        1. The event risk assessment, which may be documented on ICS Form 215A (Incident Action Plan Safety Analysis);

        2. ICS Form 206 (Medical Plan);

3. ICS Form 205 (Incident Radio Communications Plan);
4. ICS Form 204 (Assignment List); and
5. The Medical Staffing Schedule.

ii. ICS Forms 201, 202, and 203, or their equivalents, shall be included where warranted by the scale or complexity of the event.

iii. The Medical Staffing Schedule shall document, at a minimum:

1. The declared Total Event Attendance and the basis for that figure;
2. The Appendix A computation: base tier, modifiers applied, and the computed minimum for each period of event activity;
3. The staffing proposed for each period of event activity, by post or assignment, certification level, and hours, including designation of the Lead Medic;
4. The signature of the EEMP's responsible individual.

iv. Where the Medical Plan proposes staffing below the level produced by Appendix A, it shall include a written justification signed by the EEMP's responsible individual and is subject to waiver under Section IV(B). Where the EEMP's risk assessment produces staffing above the level produced by Appendix A, the Medical Staffing Schedule shall note that the higher figure derives from the EEMP's assessment.

v. **Transport plan.** The Medical Plan shall state the transport plan for the event, which may be documented on ICS Form 206, including:

1. The transporting resource. Reliance on Dallas Fire-Rescue via 911 is acceptable; and
2. Any dedicated on-site or standby transport unit the EEMP proposes to provide.

vi. **Activities presenting elevated risk.** Where the event includes activities presenting a foreseeable elevated risk of serious injury, including open flame or heat exposure, combat sports, aerial or acrobatic performance, motorized or animal exhibitions, or similar, the event risk assessment shall expressly address whether a dedicated on-site transport unit is warranted, and the Medical Plan shall state the determination.

vii. Where alcohol will be served at the event, the Medical Plan shall acknowledge the planned alcohol service.

viii. A communicable-disease response element, including PPE and screening protocols, is required where a public health emergency declared by an applicable authority is in effect at the time of the event.

ix. Acceptance of a Medical Plan does not relieve the Client, Show Management, or EEMP of responsibility for event medical coverage, nor represent that the plan addresses every medical risk associated with the event.

e. **Medical Staffing Requirements.** Minimum Provider staffing for each event shall be determined under Appendix A — Event Medical Staffing Matrix. The output of Appendix A is a minimum; it is not a determination that any staffing level is adequate for a particular event.

i. Appendix A is revised independently of this policy, carries its own revision line and effective date, and its revision does not require reissuance of this policy. The revision of Appendix A in effect on the date an event's Medical Plan is due under Section IV(C) governs that event. The Security Department shall notify Clients with contracted events when Appendix A is revised.

ii. The Venue determines the applicable event classification (Single-Day Event, Athletic Event) for purposes of Appendix A where the Client has not declared a classification or where the Venue determines a declaration to be inaccurate. Classification is a factual determination as to the nature of the event. The Venue does not determine, review, or approve the sufficiency of medical staffing or coverage.

iii. **Minimum coverage.** A minimum of two (2) Providers shall be On-Duty during all periods of event activity other than move-in and move-out, regardless of the level produced by Appendix A.

iv. **Move-in and move-out.** A minimum of one (1) Provider shall be On-Duty during any move-in or move-out period. Appendix A does not apply to move-in and move-out periods.

v. **Coverage hours.** Providers shall be On-Duty beginning thirty (30) minutes prior to any show-related activity within the facility and shall remain available until thirty (30) minutes after the last show-related activity concludes. Providers shall be staffed during all periods of event activity, including move-in, registration, conference sessions, meetings, general sessions, networking sessions, receptions, and move-out.

1. Should the GSC, or other contractor, exceed the scheduled move-out time, the medical coverage requirements shall remain in place at the Client's expense, which the Client may subrogate to the responsible contractor at a later date.

2. Should the GSC, or other contractor, finish move-out prior to the scheduled date/time, medical coverage may be terminated provided the Client has released all contractual holds on all leased space; unreleased holds require continued coverage.

vi. **Breaks and availability.** Dedicated relief personnel are not required. The EEMP is responsible for its own personnel's break and rest practices and for compliance with applicable law, provided that the concurrent On-Duty minimums required under this policy and Appendix A are maintained at all times and that Providers on break remain on Venue premises and available for immediate response.

vii. **Concurrent events.** Each Client's medical staffing requirement is computed and satisfied independently. A Client may not count another Client's Providers, or Venue personnel, toward its own requirement. Shared coverage arrangements between concurrent events require a waiver under Section IV(B).

viii. **Lead Medic.** Whenever more than one Provider is assigned, the EEMP shall designate a Lead Medic with on-site supervisory responsibility for the EEMP's personnel.

f. **Capability Requirements.** All Providers shall be certified at the EMT level or higher; coverage at every event shall be capable of Basic Life Support at a minimum. Transport arrangements shall be as stated in the Medical Plan under Section IV(C).

   i. **Child care.** Any event that provides on-site child care at the Venue is required to have one (1) First Aid Center adjacent to the child care center, staffed with an EMT while child care services are in operation. This Provider is in addition to the concurrent minimums under Appendix A.

   ii. **Athletic and entertainment events.** Practice, warm-up, and rehearsal areas shall be included in the Medical Plan with the appropriate level of medical coverage. The use of the public concourse or outdoor spaces for practice or rehearsal is not permitted.

   iii. Providers shall immediately notify the Lead Medic, the ESP, the Client, and the Venue Security Department if crowding, aisle blockage, or venue configuration prevents effective emergency medical response, and the notification shall be documented in accordance with Section V(d).

g. **Failure of Staffing.** Should the Client, in the Venue's determination, fail to appropriately staff its event medical requirements — including where actual attendance materially exceeds the declared Total Event Attendance, or where On-Duty staffing falls below the accepted Medical Plan or this policy — the Venue may require additional Providers to be fielded by the Client's contracted EEMP at the EEMP's rate, at the Client's cost.

   i. If the Client's EEMP cannot or will not field the additional Providers within the time the Venue requires, the Venue may fill any vacancies or shortfalls with a provider of its choice. The cost shall be borne by the Client at the rate then in effect under the Venue's current fee schedule, subject to a four (4) hour minimum per position.

V. PROCEDURES

a. Medical Plan Submission and Review:

i. The EEMP/Client shall submit the Medical Plan to the Security Department at least forty-five (45) days prior to the first contracted day.

ii. The Security Department will provide written comments, required revisions, or acceptance within fifteen (15) business days of receipt of a complete submission. Review of the Medical Staffing Schedule is limited to completeness and conformance with the computation required under Appendix A.

iii. A Medical Plan returned for revision shall identify the specific deficiencies requiring correction; the EEMP/Client shall have ten (10) business days to resubmit, unless a shorter period is necessary due to the proximity of the event.

iv. A Medical Plan that remains deficient inside thirty (30) days of the first contracted day shall be escalated immediately to the Director of Safety & Security for resolution, which may include mandatory Venue-directed staffing or plan elements at the Client's cost.

b. Radios and Keys:

i. The EEMP shall furnish its own communications system for personnel working at the Venue, at minimum a radio per Provider; both radio and cellular communication is preferable. The Security

Department will provide one (1) Venue radio for emergency contact with Building Security, issued to the Lead Medic or, where only one Provider is assigned, to that Provider.

ii. The Provider holding the Venue radio shall check in/out on that radio at the start and end of shift and shall check in with Security Dispatch at least hourly if not responding to calls for service.

iii. The Lead Medic will receive keys for the medical room assigned to the event and is responsible for safeguarding the Venue radio and keys, which shall be checked in/out at the Security Dispatch Center and shall not be passed from person to person. The Lead Medic may be required to leave their ID as collateral for the equipment.

c. Emergency Notification: All emergencies occurring on Venue property — including injury, illness, or any condition requiring Police, Fire, or Emergency Medical Service response — shall be reported to the Security Department immediately upon discovery. The Security Department is responsible for coordinating the response of Police, Fire, and EMS. Pending that response, the EEMP employee reporting the emergency shall remain on the phone or radio channel and provide the Security Department's dispatcher with the information necessary to assist responding personnel, including the location, nature of the emergency, and any known hazards. EEMP personnel shall be familiar with their immediate area and able to communicate it to the dispatcher.

d. Incident Documentation:

i. Following any incident involving a medical response, regardless of severity, EEMP personnel shall cooperate as witnesses and provide the Security Department, before the end of shift, such information as they legally may under HIPAA and applicable State law. The EEMP shall provide the Security Department a reference or case number for its own patient care record so the records can be cross-referenced if necessary.

ii. The Security Department shall produce the Incident Report for any occurrence on Venue property, which is the Venue's sole official record of the incident. No protected health information shall be included in Venue incident records. Reports are available through the City of Dallas open records process; medical and patient care records are available only through the EEMP or with OVG Corporate Risk Management approval.

iii. Upon request by the Security Department, the EEMP shall provide statistical data for an event outlining the types of illnesses/injuries treated, people transported, calls for service, and similar aggregate measures, within 72 hours of the request. No personally identifiable information shall be included in this statistical report.

VI. RESERVATION OF RIGHTS

The Venue reserves the right to alter or amend this policy as necessary to meet its safety, security, and operational objectives at any time.

APPENDIX A — EVENT MEDICAL STAFFING MATRIX

Appendix Revision: A-1 | Appendix Effective Date: [TBD]. Appendix A is revised independently of this policy; its revision does not require reissuance of the policy. The revision of Appendix A in effect on the date an event's Medical Plan is due (forty-five days prior to the first contracted day) governs that event. Appendix A shall be reviewed at least annually and upon any material change to the Venue's footprint or event profile.

1. Base Staffing Tiers. Read the base tier from the declared Total Event Attendance (unique persons expected across the full run of the event, including attendees, exhibitors, show staff, and contractors).

Total Event Attendance	Base Minimum Providers (EMT or higher)
500 – 4,999	2
5,000 – 9,999	3
10,000 – 14,999	4
15,000 – 19,999	5
20,000 – 24,999	6
25,000 – 29,999	7
30,000 – 34,999	9
35,000 – 39,999	10
40,000 – 44,999	11
45,000 – 49,999	12
50,000 – 54,999	14
55,000 – 59,999	15
60,000+	15, plus 1 per additional 4,000

2. Modifiers.

Modifier	Applies When	Adjustment
Single-Day Event	Show hours occur on only one calendar day	Base Providers doubled
Athletic Event	Competitive cheer, volleyball, gymnastics, tumbling, basketball, or similar athletic tournament or competition	+50%

3. Calculation Order. (1) Determine Total Event Attendance. (2) Read the Base Minimum Providers from the tier table. (3) If the event is a Single-Day Event, multiply by 2. (4) If the event is an Athletic Event, multiply by 1.5. (5) Round up to the next whole Provider. (6) Apply the minimum coverage requirements of Section IV(D) of the policy; the requirement is the greater of the computed figure or those minimums.

4. Application Rules. The matrix output is a concurrent On-Duty minimum for periods of event activity other than move-in and move-out, and shall be maintained at all times; dedicated relief personnel are not required. Ambulance crews staffing a transport unit do not count toward the minimum; the Lead Medic does. A minimum of two (2) Providers applies during all periods of event activity other than move-in and move-out; a minimum of one (1) Provider applies during move-in and move-out, to which this matrix does not otherwise apply.

5. Worked Examples.

Event	Base	Single-Day	Athletic	Required
Consumer show, 3 days, 9,500 attendance	3	—	—	3
Cheer championship, 1 day, 4,000 attendance	2	×2 = 4	×1.5 = 6	6
Volleyball tournament, 1 day, 12,500 attendance	4	×2 = 8	×1.5 = 12	12
Trade show, 3 days, 40,000 attendance, evening receptions with alcohol	11	—	—	11