

NSSEs and SEARs: How Do Heads of State and other VIPs Affect Mass Gatherings

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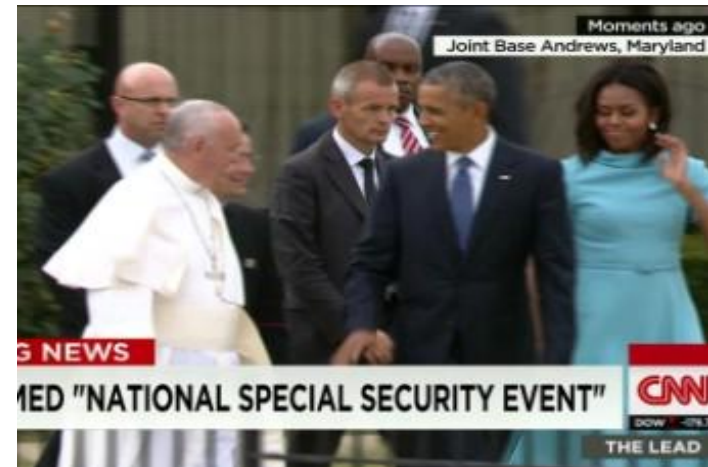
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Objectives

- Describe the federal classification system for special events
- Review the key features and organizational structure of National Special Security Events
- Discuss the components of the Health and Medical Subcommittee, including the integration with local EMS systems and Public Health
- Discuss considerations for EMS medical directors relevant to this unique type of mass gathering event



What is the Special Events Assessment Rating (SEAR) system?

Level 1

Extensive federal inter-agency support

Federal Coordinator is named

State/local agency is the lead for planning and implementation

Super Bowl;
Rose Bowl/Parade

Level 2

Some federal pre-deployment

Federal Coordinator is optional

State/local agency is the lead for planning and implementation

Summit of the Americas

Level 3

May require only limited direct federal support

An Integrated Federal Support Plan (IFSP) may be developed

Oklahoma City Memorial Marathon

Level 4

Unusual to have federal involvement

Federal government will maintain situational awareness

Orange Bowl

Level 5

Unusual to have federal **involvement**

Federal government will maintain situational awareness

County events; local celebrations

Significant National/International Importance

State / Local Importance

Federal Event Classifications

- **National Special Security Event (NSSE)**

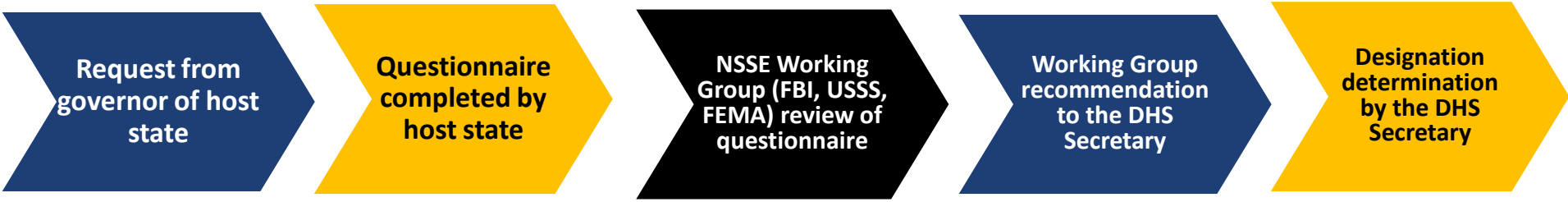
“Events that possess national or international significance and represent highly symbolic targets for terrorism.....

Such events may be designated NSSEs when they warrant the full protective, incident management and counterterrorism capabilities of the Federal Government.....”

- Presidential Policy Directive 22



What is the Process for Designating an NSSE?



Designation Factors:

- Federal participation
- Dignitary attendance
- Size of the event
- Significance of the event
- Duration of the event
- Location of the event
- Recurring nature of the event
- Media coverage
- State and local resources
- Threat assessment

NSSE Authority

- Presidential Decision Directive 62*
- Homeland Security Act of 2002*
- Homeland Security Presidential Directive 5*
- Homeland Security Presidential Directive 7*
- Title 18, Part 2, Chapter 203, Section 3056*
- Presidential Policy Decision 22*



National Special Security Events (NSSE)

- **Examples of NSSEs**

- **Recurring**

- United Nations General Assembly
- Presidential Inaugurations
- State of the Union Addresses
- Presidential Nominating Conventions
- State Funerals in the National Capital Region

- **Commonly Designated NSSEs**

- Olympics
- Presidential Summits
- Papal Visits
- Salute 250



Federal Agency Roles & Responsibilities (PPD 22)

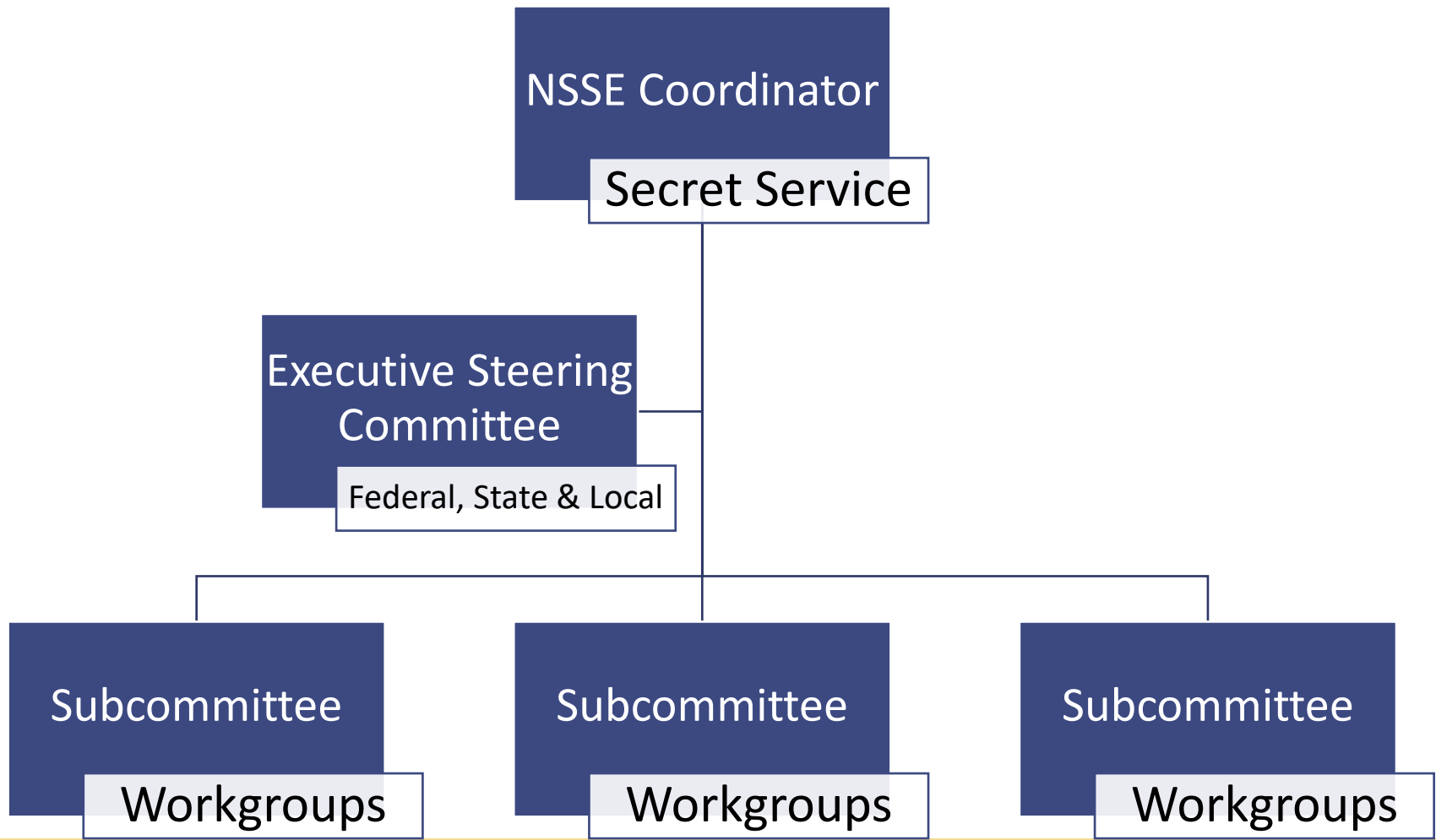
U.S Secret Service:
Preparation & implementation of operational security plan

FBI:
Intelligence, counter terrorism, hostage rescue, WMD/render safe, bomb management and criminal investigations

FEMA:
Planning & coordinating recovery from terrorist attacks and other emergencies



NSSE Planning Structure



NSSE Subcommittees (20 – 27)

Airport

Airspace Security

Consequence Management

Counter Surveillance

Counter UAS

Credentialing

Crisis Management

Critical Infrastructure

Crowd Management

Explosive Device Response

Fire Life Safety HAZMAT

Geospatial

Health and Medical

Intelligence-Counter Terrorism

Interagency Communication

Legal

Logistics and Budget

Maritime Security

Community Impact

Public Affairs

VIP Hotels

Spectrum Deconfliction

Tactical

Training

Transportation and Traffic

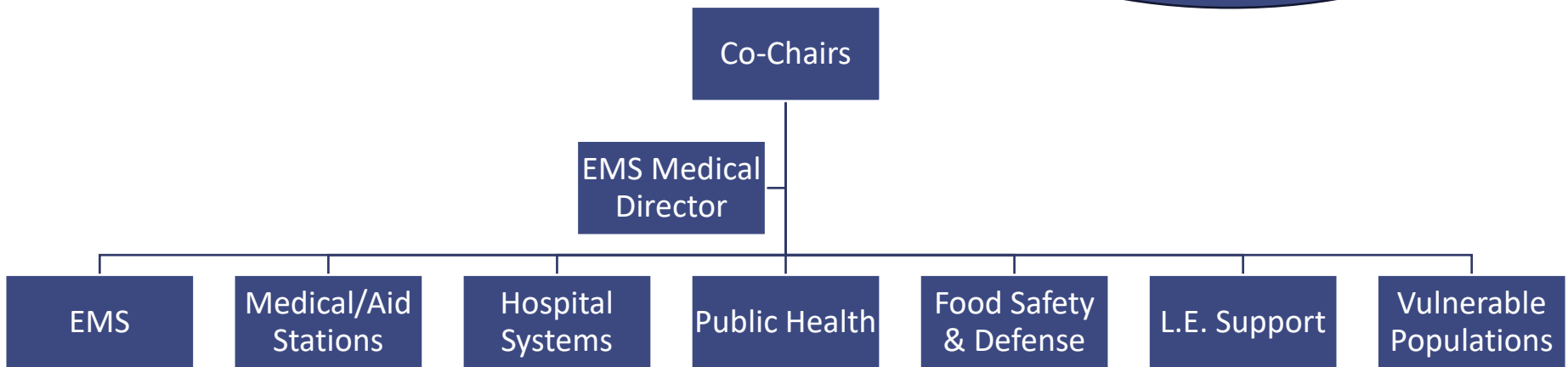
Venues

VIP Protection



Health and Medical Subcommittee

To deliver a comprehensive plan to address all aspects of public health, to include the deployment of health and medical resources and contingency plans for a scalable response to any critical incident, while maintaining essential services to the public



Medical Director Considerations

Protocol Modifications

- Treat and release
- Alternate destination transport
- Mutual aid response

Security & EMS Operations

- The secure perimeter (ingress and egress)
- Protectee movements
- Acute care facilities / referral centers

On-site Medical Direction

- Maintaining ongoing situational awareness
- Ability to deal with the “one-off” scenario
- Face-to-face with other EMS medical directors

Outside Agency Support

- Medical support teams
- TEMS medics/physicians
- Personal physicians and medical teams for dignitaries



Multi-agency Communication



References

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- https://www.dhs.gov/sites/default/files/publications/19_0905_ops_sear-fact-sheet.pdf
- Mechem CC, Lancaster J Baldini C, Kohn MD. Prehospital Medical Planning for the 2015 Philadelphia Papal Visit. Prehosp Emerg Care. 2016 Nov-Dec; 20(6):695-704.
- Margolis AM, Leung AK, Friedman MS, McMullen SP, Guyette FX, Woltman N. Position Statement: Mass Gathering Medical Care. Prehosp Emerg Care. 2021 Jul-Aug;25(4):593-595.
- Tang N, Margolis A, Woltman N, and Levy M. Force Protection Medical Support at National Special Security Events: Experience from the 2016 Republican and Democratic National Conventions. Journal of Special Operations Medicine. 16 (3), 72-75. Fall 2016.



Thank you

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Tens of 1000's of Intoxicated “Youths” Packed In Like Sardines Over Several Days — in Excess Decibel, Moving Envir

What Could Go Right?

Gathering of Eagles • EDC 2026

CHRISTIAN C. ZUVER, MD, FACEP, FAEMS, NRP

**Medical Director
Orange County EMS System
Orlando, Florida**

Today's Roadmap



What is EDC?

Scale, setting, and
operational footprint

What is trending?

Changing substances
and clinical patterns

How do we manage?

Cooling, sedation,
transport, and escalation

EDC By the Numbers

~350

performances

>100K

attendees per day

>70

Fire/EMS per day

5-6

EMS physicians on site



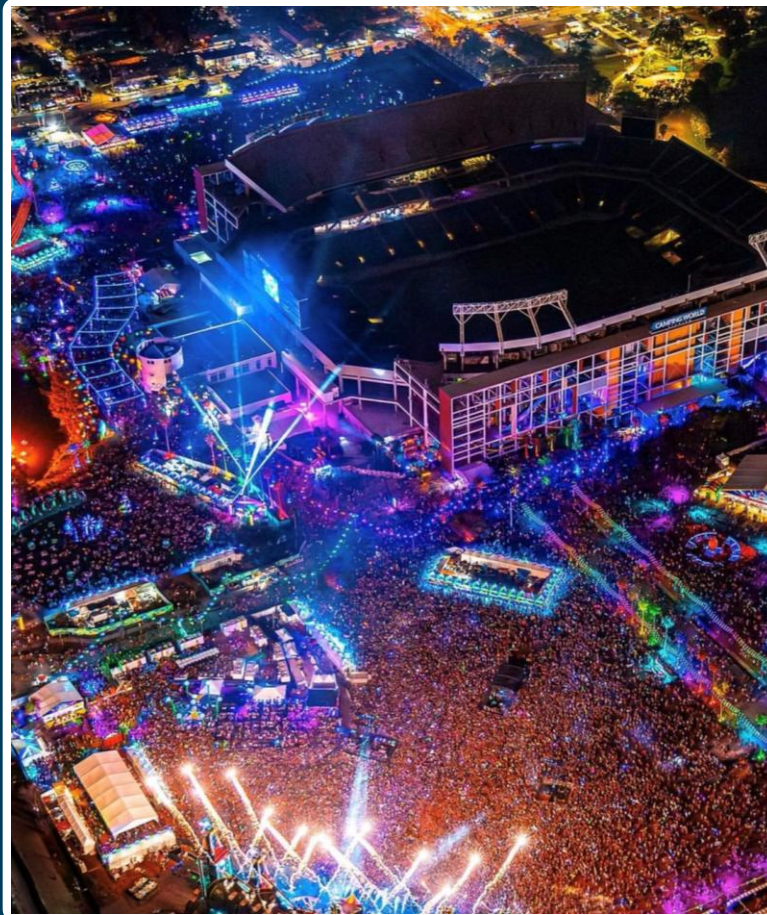
BEATBOX

3 days • outdoors • all night hotels/resorts/clubs nearby

OPERATIONAL CONTEXT

A massive nighttime city

Crowd density, noise, lighting, distance, and time all change the medical plan.



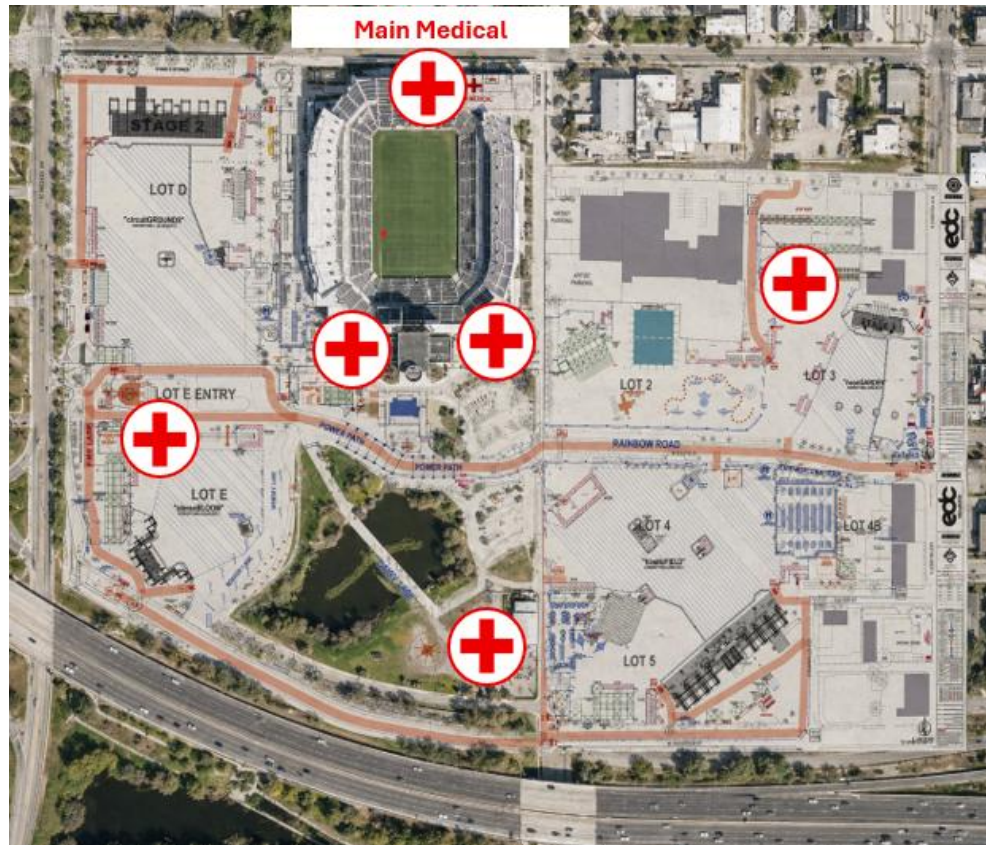
FOOTPRINT

Where care happens

Care points distributed across the venue

Rapid access routes matter

Crowd flow and stage schedules shape staffing



TRENDS

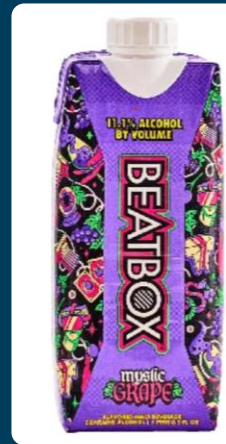
Pre-COVID

ETOH



Post-COVID

Polypharmacy



The hardest question on scene



The current tox picture is more complex: more opioids, more mixed exposures, and less reliable histories.

Assume uncertainty. Treat the toxidrome.

SUBSTANCE MIX

What is trending?

The issue is rarely a single agent. Expect mixed stimulant, dissociative, sedative, and opioid effects.



Orange Tesla



GHB/Pink Cocaine/Blue Pill



Tuci/2C/Tusi



Opioid toxidrome

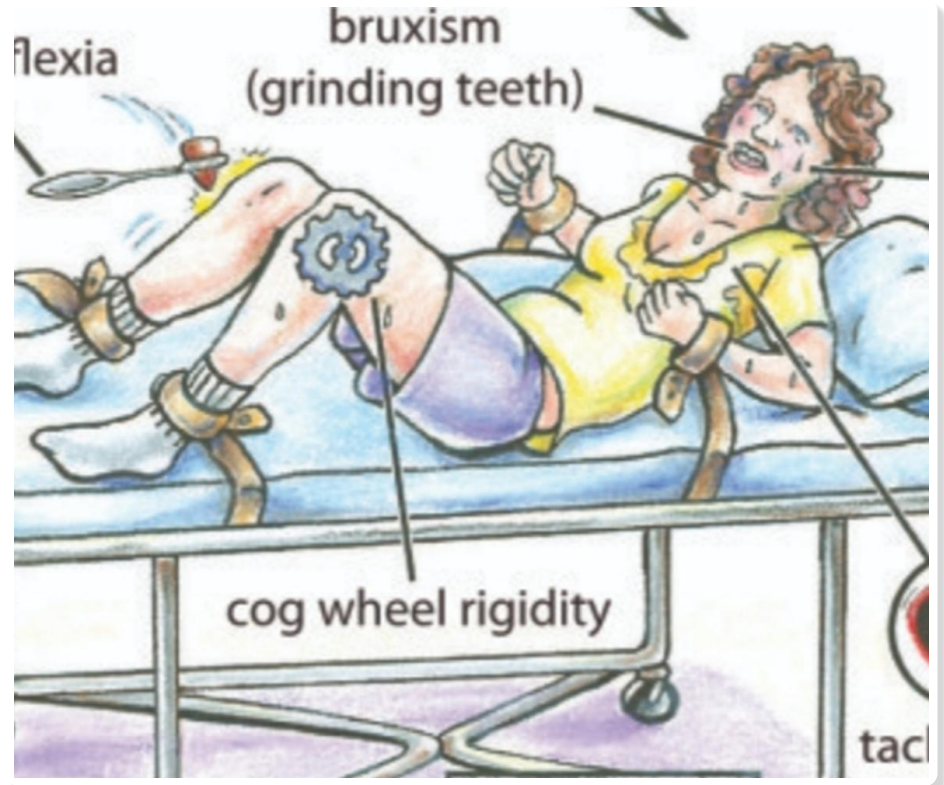
What do they look like?

Critical patients are increasing. Heat exposure matters, but polypharmacy is now a major driver.

Hyperthermia 100–109°F

Seizures

Respiratory distress



How to manage?

1

Control the toxidrome

Benzodiazepines, airway readiness, treat seizures early.

2

Cool fast

Ice, water, fans, immersion when feasible. Do not wait.

3

Support circulation

IV fluids, monitor temperature, labs, and rhabdo risk.

4

Transport deliberately

Watch for aspiration, electrolyte abnormality, respiratory failure.



COOLING

Minutes matter

Rapid cooling is the most time-sensitive intervention for profound hyperthermia.



Dantrolene: uncertain role

NDC 0143-9297-01 Rx only

Dantrolene
Sodium for
Injection, USP

20 mg per vial

For treatment of malignant hyperthermia
For Intravenous use ONLY
Single Dose Vial

Each vial contains a sterile lyophilized mixture of 20 mg dantrolene sodium, 3,000 mg mannitol, and surficient sodium hydroxide to yield a pH of approximately 9.5 when reconstituted with 60 mL sterile water for injection, USP (without a bacteriostatic agent).
Use within 6 hours after reconstitution.
Date Prepared: [redacted] Time: [redacted]
Store reconstituted solution at 20° to 25°C (68° to 77°F) [See USP Controlled Room Temperature]. Protect from direct light.
Store unconstituted product at 20° to 25°C (68° to 77°F) [See USP Controlled Room Temperature]. Avoid prolonged exposure to light.

SEE PACKAGE INSERT FOR COMPLETE PREPARATION INSTRUCTIONS AND PRESCRIBING INFORMATION.
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Berkeley Heights, NJ 07922
Mfd. by
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PLB112-WES/2 (01)00301439297017

Lot:
Exp:

Mixed evidence: case reports vs. case series

May not address core sympathomimetic/serotonin physiology

No major harm, but do not delay benzos + cooling

Toxicology opinions remain split

Principle: cooling and sedation first

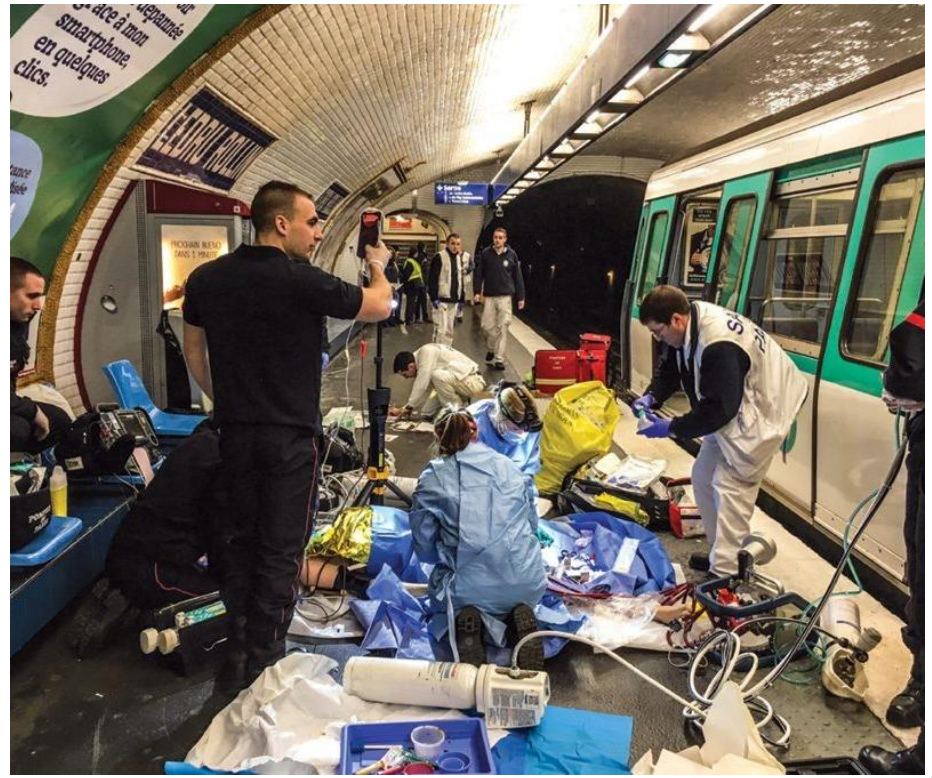
What's Next?

Plan for escalation before the case is in extremis.

Early recognition

System capacity

ECMO options



Escalation: ECMO

ADULT RESPIRATORY/NON CARDIAC

87: It's Hot! A Unique ECMO Strategy for Severe Drug Induced Hyperthermia-Related Acute Respiratory Distress Syndrome (ARDS)

Boakye-Wenzel, Heather^{1,2}; McNickle, Allison^{1,2}; Kuruvilla, Kevin^{1,2}; Modi, Kush^{1,2}; Dugan, Mark²; Kioka, Mutsumi^{1,2}; Gray, Johnny^{2,3}; Pinholster, Kyle^{2,3}; Schears, Gregory⁴; Dalton, Heidi⁵

[Author Information](#) ☺

ASAIO Journal 70(Supplement 4):p 39, September-October 2024. | DOI: 10.1097/01.mat.0001069992.18167.5e

Consider for refractory drug-induced hyperthermia/ARDS physiology
Activate early: logistics take time
Bridge to organ support while cooling and tox care continue

Wrap Up

- Large 3-day event in Florida
- Environmental concerns
- Substance concerns
- **Cooling / dantrolene**
- ECMO

Thank you

Questions?





THEY KEEP ON TRUCKIN' (UNFORTUNATELY)!

What Have We Learned About Malicious Ramming Attacks?

Nicholas Cozzi, MD, MBA, FACEP, FAEMS | Physician Medical Consultant, Chicago Fire Department

WHY THIS MATTERS NOW

Rise in intentional vehicle attacks globally: A low-cost, high-impact attack modality. Increasing use against crowds, public events, demonstrations, and holiday gatherings. EMS implications include sudden MCI, complex scene safety, and prolonged operational periods.

UNDERSTANDING THE THREAT PROFILE

Definition of Hostile Vehicle Attack (HVA)



- **Why vehicles are attractive weapons:**
Accessible, Difficult to predict, Minimal planning required
- **Common target characteristics:**
Dense pedestrian areas, Limited egress, Symbolic locations

EPIDEMIOLOGY & MAJOR CASE REVIEWS

1

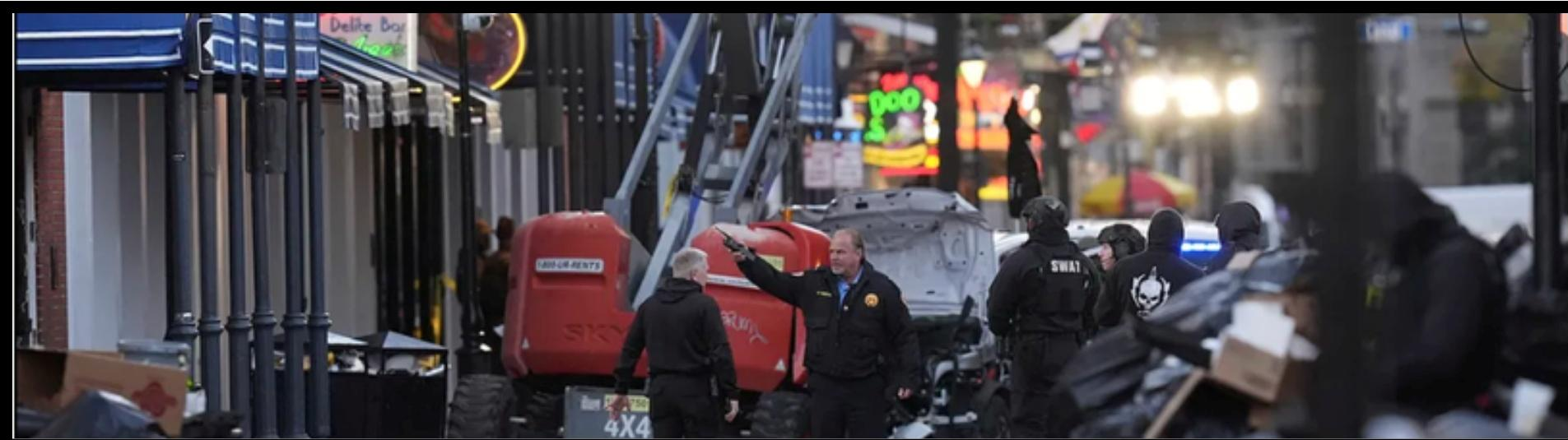
Key incidents:

- Nice, France - Waukesha Christmas Parade - NYC West Side Highway - New Orleans Bourbon Street concerns

2

Common operational themes:

- Multi-system blunt trauma - Pediatric victims - Simultaneous panic stampede injuries



INJURY PATTERNS EMS MUST ANTICIPATE

Polytrauma predominates



Common injury profiles:

Pelvic fractures, Crush injuries, Traumatic amputations, TBI, Thoracic trauma



Secondary injury mechanisms:

Crowd compression, Secondary MVCs, Structural impacts

THE FIRST 10 MINUTES

Chaos and information overload



- **Initial operational priorities**
Scene safety, Threat determination, Establish command, Triage corridor creation
- **Challenges**
Self-evacuating patients, Over-triage, Communications overload

EMS CONSIDERATIONS

- **Unified command integration**
Seamlessly integrate EMS with overall command structures for effective incident management.
- **Warm-zone operations**
Establish and maintain a safe operating area for medical personnel within the incident perimeter.
- **Ballistic PPE considerations**
Ensure appropriate protective equipment is available and utilized by EMS personnel in tactical environments.
- **Rescue task force concepts**
Understand and implement the roles and functions of rescue task forces in active threat scenarios.
- **Vehicle stabilization concerns**
Address the unique challenges of stabilizing vehicles in tactical situations for patient access and safety.
- **Importance of rapid hemorrhage control**
Prioritize and execute immediate measures to control severe bleeding in trauma patients.

LESSONS LEARNED FROM RECENT ATTACKS



Early hemorrhage control saves lives

Prompt control of bleeding is crucial for survival.



Public access bleeding control programs matter

Community-based programs for bleeding control have a significant impact.



Traffic barriers reduce lethality

Implementing traffic barriers can decrease fatalities.



Communications interoperability repeatedly fails

Challenges in communication system compatibility persist.



Hospitals rapidly become saturated

Healthcare facilities can quickly reach full capacity during emergencies.

PREPAREDNESS FOR EMS AGENCIES



Pre-planned event risk assessments

Conduct thorough risk assessments for anticipated events to identify potential challenges and required resources.



EMS staging strategies

Develop and implement effective staging strategies for Emergency Medical Services personnel and equipment to ensure efficient deployment.



Casualty collection points

Establish designated and well-equipped casualty collection points for organized patient management.



Blood product planning

Ensure adequate planning and availability of blood products for potential mass casualty incidents.



Interagency drills

Conduct regular drills involving multiple agencies to practice coordinated response and communication.



Family reunification and behavioral health considerations

Integrate family reunification processes and provide behavioral health support for affected individuals and responders.

KEY TAKEAWAYS



- **Malicious ramming attacks are now a predictable threat**

Recognize and anticipate this emerging danger.

- **Early scene organization changes outcomes**

Proactive structuring of the incident scene is crucial.

- **Hemorrhage control and rapid triage remain critical**

These fundamental medical interventions are paramount.

- **EMS must integrate with law enforcement and emergency management**

Interagency collaboration is essential for a coordinated response.

- **Preparedness before the incident determines success during the incident**

The level of readiness directly impacts on-scene effectiveness.