1 Detection

Triggering inputs (continuous monitoring):
- WBGT, Heat Index, or Apparent Temperature from agreed primary source
- On-site measurements (mobile WBGT meters, black globe sensors)
- Meteorological forecast trends (next 1–6 h and next operational phase)
- Medical and steward reports:
  - Increased fatigue, dizziness, cramps
  - Reduced crowd mobility or clustering in shaded areas
- Identification of **vulnerable groups**:
  - Audience: children, elderly, persons with disabilities, intoxicated guests
  - Crew: stage, rigging, security, medical, cleaning, traffic staff

Trigger condition:
Predefined **Heat Level threshold crossed** OR Rapid upward trend with high humidity and low wind

2 Evaluation

Structured assessment (heat impact check
- Current heat level vs. site-specific trigger matrix (Level 1–4)
- Duration of exposure (already elapsed + expected continuation)
- Site characteristics:
  - Shade availability
  - Surface heat (asphalt, metal, artificial turf)
  - Wind conditions / air movement
- Operational phase:
  - Build-up / live show / peak crowd density / egress
- Medical capacity:
  - Number of heat-related cases
  - Response time and staffing level
- Workforce resilience:
  - Length of shifts already worked
  - PPE constraints (e.g. black clothing, helmets)

Outcome:
Confirmed **Heat Risk Level**
Priority groups and areas identified

3. Decision

Decision authority:
- Event Control / Safety Officer (clearly named)
- Medical Lead consulted

Decision logic:
- Is the current heat level manageable with mitigation?
- Are vulnerable groups sufficiently protected?
- Is medical capacity adequate for projected caseload?

Possible decisions:
- Activate **Heat Mitigation Package – Level X**
- Adjust work/rest cycles for crew
- Reduce or reschedule physically demanding tasks
- Modify programme timing (delays, extended breaks)
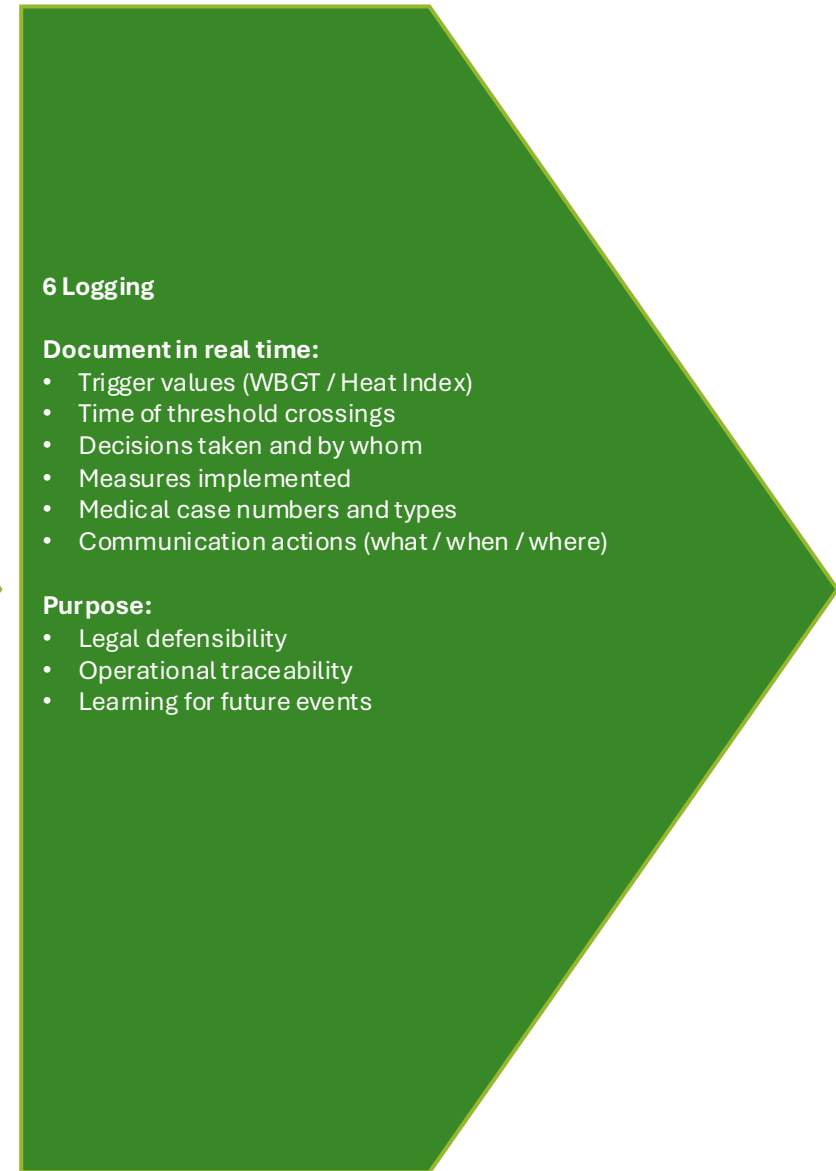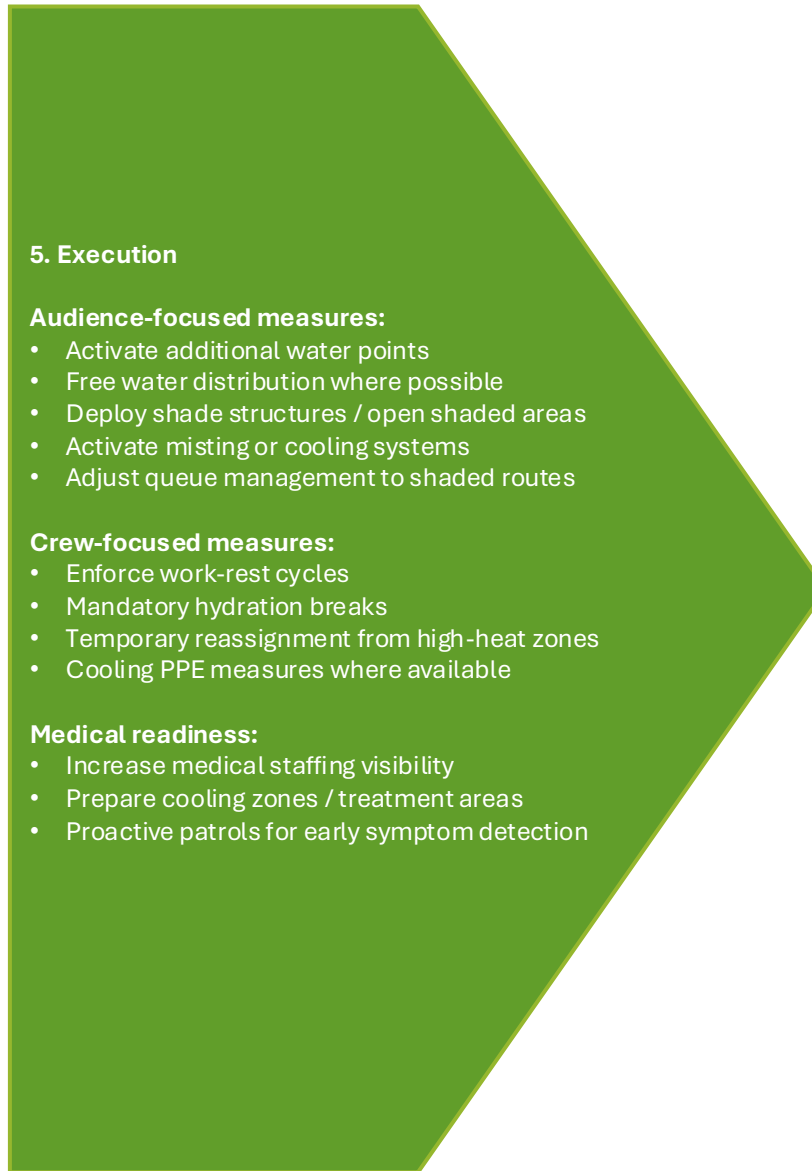- Prepare escalation (partial stop / controlled shutdown if thresholds escalate)

4 Communication

Internal communication (immediate):
- Control Room → Sector Commanders / Stage Managers / Medical Lead
- Clear statement:
  - Current heat level
  - Active measures
  - Behavioural expectations for staff

External / public communication:
- Audience messaging via:
  - Screens
  - PA announcements
  - App / social media
- Core messages:
  - Drink water regularly
  - Seek shade
  - Look after each other
  - Report symptoms early

Tone principle:
Calm, supportive, health-focused (no alarmism)

5. Execution

Audience-focused measures:
- Activate additional water points
- Free water distribution where possible
- Deploy shade structures / open shaded areas
- Activate misting or cooling systems
- Adjust queue management to shaded routes

Crew-focused measures:
- Enforce work-rest cycles
- Mandatory hydration breaks
- Temporary reassignment from high-heat zones
- Cooling PPE measures where available

Medical readiness:
- Increase medical staffing visibility
- Prepare cooling zones / treatment areas
- Proactive patrols for early symptom detection

6 Logging

Document in real time:
- Trigger values (WBGT / Heat Index)
- Time of threshold crossings
- Decisions taken and by whom
- Measures implemented
- Medical case numbers and types
- Communication actions (what / when / where)

Purpose:
- Legal defensibility
- Operational traceability
- Learning for future events

7 Review

Short-term (during operations):
- Are measures effective?
- Are medical cases stabilising or increasing?
- Do thresholds require escalation or de-escalation?

Post-event review:
- Compare planned vs. actual heat response
- Assess adequacy of thresholds and measures
- Identify infrastructure improvements (shade, water, surfaces)
- Update Heat Flowchart and trigger matrix
- Feed lessons learned into training and briefing materials