On August 21, 2017, a total solar eclipse was visible in a path across the U.S. from Oregon to South Carolina, from early morning through the afternoon. It was expected that millions would travel to locations across the country to view this rare event.

Many of these locations were rural with limited healthcare infrastructure, and since these sites were not (yet) officially sponsored, the typical augmentation of resources that accompanies planned mass gatherings did not take place.

The next solar eclipse is expected to occur on April 8, 2024 and will be visible across Central and North America passing over Mexico, through the U.S. from Texas to Maine, and then through parts of Canada. It is expected to last up to 4 minutes and 27 seconds, which is almost double the duration of the 2017 solar eclipse.
To address planning and response concerns and help local emergency healthcare providers plan for these gatherings in 2017, the ASPR TRACIE team collected fact sheets, checklists, locally developed guidance documents, and news articles on eye safety, injury treatment, and planned mass gatherings in rural and urban areas. This document was updated in September 2022 to include new information and resources pertaining to the upcoming 2024 solar eclipse.

Resources in sections I through V are specific to the eclipse event; the rest of the sections include resources related to planned mass gatherings.

Source: https://solarsystem.nasa.gov/eclipses/future-eclipses/eclipse-2024/#otp_where_will_it_happen?

The following ASPR TRACIE Topic Collections contain related guidance and resources (listed in alphabetical order): Active Shooter and Explosives (e.g., bomb, blast); Burns (plans, patient care, and lessons learned); Hospital Surge Capacity and Immediate Bed Availability; Mass Gatherings/Special Events; Natural Disasters; Risk Communication/Emergency Public Information and Warning; Rural Disaster Health; and Utility Failures.
Quick Links

- Eclipse Eye Safety
- Eclipse Eye Injury Treatment
- Federal Resources
- Locally Developed Resources (e.g., plans, tools, and templates)
- News Articles
- Education and Training
- Education and Training: Rural Areas
- General Guidance: Planned Mass Gatherings
- General Guidance: Rural Emergency Preparedness
- Guidance: Helicopter Rescue
- Lessons Learned: Planned Mass Gatherings
- Lessons Learned: Rural Areas
- Plans, Tools, and Templates
- Plans, Tools, and Templates: Rural Areas
- Surge Planning (from Urban to Rural Areas)

I. Eclipse Eye Safety


This webpage provides information on how to safely view a solar eclipse and provides eye protection tips.


This webpage includes important information on how to safely view an eclipse.


The author shares tips and links to resources specific to eclipse viewing eye protection.


This webpage includes information on how to protect eyes while watching an eclipse.

The author explains the difference between direct and indirect methods of observation and provides related helpful links.


This webpage provides eye protection safety tips related to viewing an eclipse.

II. Eclipse Eye Injury Treatment


The authors provide an overview of solar retinopathy, the difference between acute and chronic retinopathy, and prognosis and treatment challenges.


The authors discuss observational case series of three children who were cared for in the emergency department 48 hours after a solar eclipse. They discuss symptoms, treatment, and outlook for retinopathy.


The authors discuss observational case series of three children who were cared for in the emergency department after having directly viewed the sun during the transit of Venus (2012), or the partial eclipse of the sun (also 2012). Despite treatment and relatively good visual recovery, the authors found that solar retinopathy can cause persistent damage to multiple retinal layers.


The authors share case studies of four young patients who observed a total eclipse in 2011 without appropriate eye protection. While acute solar retinopathy can be reversed, in some cases, permanent visual loss is still a possibility.

A male patient developed a sudden-onset unilateral scotoma after viewing a partial solar eclipse in Hong Kong. Tests revealed “features compatible with central serous chorioretinopathy.” An initial increase in the amount of subretinal fluid was spontaneously resolved 10 weeks after the onset of symptoms. The authors emphasized the need for more research.


The authors share findings from cases related to a solar eclipse in 1999. The authors credited public health education with the reduction in visual morbidity (there were no reported cases of permanent visual loss).

III. Federal Resources


This website provides information on the October 14, 2023 eclipse (when the moon will pass directly between the earth and the sun) and on the total solar eclipse occurring on April 8, 2024. It also includes links to eye safety and related strategies and products used for safely viewing eclipses.


This website provides information on resources pertaining to the upcoming April 8, 2024 total solar eclipse. Imagery, locations, and timetables are noted.


This website provides educational information on the upcoming 2024 solar eclipse and includes a countdown clock and map.


While this reference pertains to the transportation aspects of preparing for special events, the formula used for the planning process and checklists can be adapted to health and medical concerns.

This webpage includes links to state-specific information and lists considerations for state and local departments of transportation (e.g., advanced planning, event schedules, traveler behavior).

IV. Locally Developed Resources (e.g., plans, tools, and templates)


This website includes a link to a planning guide for environmental health and other helpful resources about the location.


This resource includes information on traffic enforcement, eye safety, fire safety, and space considerations.


Dr. Connie White shares information on eye safety measures for properly viewing the eclipse on August 21, 2017.


Dr. Anna Yaffee lists items that should be part of an “Eclipse Safety Kit” (e.g., sunscreen, water, hand sanitizer, insect repellant, and antibacterial ointment).


This webpage provides planning and exercise information and links to two eclipse-related videos.


This plan details how state and county agencies will use mutual aid to support the communities affected by the expected surge in visitors for the 2017 total solar eclipse.
Kentucky Emergency Management. (2017). Exercise Summary: Total Eclipse. (Contact ASPR TRACIE for this resource.)

This report summarizes a functional exercise conducted by Region 2 for coalition partners, mainly directed toward hospital engagement, with the goal of preparing for the August 2017 total eclipse.


This after-action report identifies the successes and areas for improvement during the planning and response efforts for the 2017 solar eclipse event taken by the Oregon Office of Emergency Management and the State Emergency Coordination Center.

V. News Articles

This article highlights the work that has been done by the Missouri Department of Transportation and other agencies to prepare for the eclipse-related influx in visitors.

This article discusses state and jurisdictional emergency preparedness and mass gathering activities, including guidance from incident commanders, public health officials, and local law enforcement.

This article highlights the challenges with estimating the number of visitors expected in the Jackson County (North Carolina) area. The author discusses the planning committee and a Homeland Security-funded tabletop exercise that highlighted planning gaps and how they are being addressed.

The author estimates that up to half a million people could visit Idaho to watch the eclipse and explains how local and state health and other agencies are planning for this influx.

An Arkansas tourism leader discusses expected issues during the upcoming 2024 eclipse in Hot Springs where nearly 2 million people are expected, including overcrowding and cellular/internet service disruptions.


This press release outlines how state and local emergency preparedness agencies are planning for the event and includes travel and eclipse-watching tips for residents and visitors.


This article reviews expected mass gathering challenges within Yellowstone during the eclipse and provides considerations to help visitors and officials prepare.

VI. Education and Training


This PowerPoint presentation provides a brief overview of medical care aspects of mass gatherings. It includes nine planning elements (e.g., triage, personnel, data collection, and crowd size); a planning timeline; anticipated conditions by event; and lessons learned from past events. The authors emphasize the use of incident command, but readers should note that the charts they include are neither National Incident Management System (NIMS) compliant nor mass-gathering related.


This web-based course teaches first responders about pre-event planning, forming the planning team, event hazard analysis, and responding to incidents during special events in their community.

This free 90-minute course focuses on mass gathering preparation. The course is based on a hypothetical three-day music festival and includes various scenarios and case studies. Users can also access the print version of the course from this site.

VII. Education and Training: Rural Areas


This website provides resources and links to numerous online training courses for rural first responders and healthcare workers. The site also includes a “responder toolbox” which includes links to additional resources.


This 8-hour in-person course can help rural planners develop plans suited to their jurisdictions.


This organization’s website discusses the challenges rural communities face when preparing for large-scale emergency incidents and provides guidance for preparedness efforts as well as links to additional disaster response resources.

VIII. General Guidance: Planned Mass Gatherings


This document provides background information and guidance on pre-event planning, communications, event (and health) promotion, environmental health, emergency services, and first aid. Appendices that cover specific scenarios (e.g., needle stick injuries) are also included.


The author provides an overview of mass gatherings and the related medical strategies (surveillance, prevention, and diversion) and interventions planners can use to prepare for these events. Guidance on staffing and command and control is included and a
question-based initial analysis is used. Table 2 provides a summary of risks and issues for all events.


This resource provides information on anticipated mass gathering challenges during the 2017 eclipse in Oregon. Guidance includes considerations for addressing water supply and distribution needs; maintaining site drainage and sewage demands; as well as refuse storage, among others.


This position statement includes definitions, a literature review, an overview of the role of the medical director, and strategies for determining on-site medical resources. The authors emphasize the need for "the consistent use and further development of universally accepted consistent metrics" to streamline the planning process.


This guidance document incorporates lessons learned from past mass gatherings across the globe and includes 18 chapters on topics such as: planning, command and control, communications, event medical services, surveillance and outbreak response, preventing and controlling infection, and use of modern technology in planning and operations.

IX. **General Guidance: Rural Emergency Preparedness**


This policy resource outlines the function of EMS in rural locations as well as the challenges faced. It includes opportunities for change and policy recommendations.


This policy brief lists several guiding principles for rural emergency medical personnel that can help ensure effective response to all types of hazards.
This textbook—while focused on the State of Pennsylvania—comprehensively covers many of the components associated with rural emergency preparedness. Information is presented in seven chapters: Emergency Public Health Functions; Public Health and Emergency Management; Mass Care; Risk and Crisis Communication; Powers and Authorities; Disaster Mental Health Issues; and Protecting Yourself, Your Family, and Others from Infectious Diseases.

**X. Guidance: Helicopter Rescue**


This slide deck provides information on how to reduce on-scene response hazards for EMS helicopters and includes operational considerations for a variety of scenarios.


The author shares 11 guidelines related to setting up a landing zone and ensuring on-scene safety.


The author lists the “Four Ws and Four Ss”—considerations for helicopter pilots to take when off-airport landing is called for.


The author explains several universally accepted landing zone procedures: site selection, marking and lighting, eye contact (with the pilot), and safe approach.

**XI. Lessons Learned: Planned Mass Gatherings**


From an in-depth literature review, the authors found that most studies found a positive relationship between heat/humidity and the frequency of patient presentation. In
addition to the literature review, the authors propose an algorithm for predicting patient volume at mass events.


The authors provide an overview of the planning and emergency care process associated with Burning Man 2011. The authors listed several challenges to providing emergency medical care, including attendance size, distance to "definitive medical care," and the need for physicians because some of the necessary care exceeded paramedics' scope.


Nearly 20,000 attended this event, held in a remote location that was not accessible by vehicle and did not have sanitary facilities. The festival provided alternative medical care and local public health employees were permitted to visit the site daily (but were requested to keep their interactions informal). Local emergency department staff asked all patients seeking care during a certain time period if they had attended the festival. Of the 115 recorded attendees seeking healthcare, one death was reported, as were a variety of infections, musculoskeletal injuries, insect/dog/snake bites, and other conditions.


This article provides information on pre-incident planning for National Special Security Events and provides an overview of challenges, lessons learned, and considerations.


This webpage provides links to articles on mass gathering health. Articles on the Hajj pilgrimage, disease prevention, non-communicable disease risks, and crowd and environmental management are included.

XII. Lessons Learned: Rural Areas

The author used a model of disaster preparedness to examine seven elements of preparedness. She also examined risk perception and Health Resources and Services Administration funding. She categorized rural hospitals as "moderately prepared overall" with high preparedness in education/training isolation/decontamination. Respondents perceived higher risk from natural disasters and vehicular accidents than from human-caused incidents.


The focus of this report is on immediate bed availability in rural healthcare settings. The authors conducted a literature review and synthesized data collected during interviews with representatives in four areas: Mississippi, Southwest Utah, Virginia, and Southeast Texas.


This 90-minute webinar reviews the unique challenges of building and operating healthcare coalitions in rural settings. Speakers discuss policy and partnership lessons learned from a disaster in Arkansas; bed surge and mass fatality support and coordination best practices from a Greyhound bus disaster in Pennsylvania; Community Assessment Tool (CAT) implementation in Nebraska; and rural healthcare coalition development strategies used in Missouri.


This resource provides examples of ways health centers have assisted their communities before, during and after emergencies and disasters.


This website provides the findings and observations documented by the Missouri Department of Transportation during the 2017 Solar Eclipse.


Many of the posts on this webpage include lessons learned from health practitioners and emergency managers in rural areas and American Indian/Alaskan Native communities.
XIII. Plans, Tools, and Templates


Emergency medical services planners and other healthcare providers can tailor this template to their facility and event. It includes sample forms and schematics for several injuries and scenarios.


This document outlines the recommended procedures for creating a Health, Medical, and Safety Plan for a special event. It is directed to the event applicants/organizers and includes a list of requirements for medical care by type and size of event (page 7), checklists, and templates that can be tailored to a variety of jurisdictions.


This job aid manual groups information into five chapters: pre-event planning; event operational considerations; incident command and control; additional planning; and post-event actions.


The goal of this comprehensive report is to share detailed model policies and practices and help emergency medical services (EMS) deploy more effectively to planned and spontaneous mass care incidents. Case studies and event templates for scheduled and unscheduled events are included that can help EMS planners develop local plans and conduct activities.


This event classification matrix was developed to help local emergency healthcare providers develop medical plans for large events based on risk.


Though written specifically for the State of Oregon, these rules can be used as a model for other jurisdictions when planning for a mass gathering. The document specifies rules for emergency medical facilities, fire protection, security personnel, traffic control,
water supply, drainage, sewer facilities, trash storage and disposal, and sanitary food service.


This resource provides information on anticipated mass gathering challenges during the 2017 eclipse in Oregon. Guidance includes considerations for addressing water supply and distribution needs; maintaining site drainage and sewage demands; as well as refuse storage, among others.


This document outlines the recommended procedures for creating an Emergency Action Plan for a special event.


This form can be used by healthcare providers to track and report a summary of injury and health-related problems that occur during a mass gathering event.


This standard operating guideline published by the State of New Hampshire can be customized to meet the needs of other states during mass gathering EMS resource planning. The template covers all areas that need to be addressed and includes a scoring matrix helpful to predict risk and coverage needs.


While this reference pertains to the transportation aspects of preparing for special events, the formula used for the planning process and checklists can be adapted to health and medical concerns.
XIV. Plans, Tools, and Templates: Rural Areas


This workbook provides an interactive, user-friendly tool to assist rural health clinics and rural-based hospitals, community health centers, and migrant health centers create/update all-hazards emergency response plans.

Ware County Board of Health. (2011). Risk Communication in Rural Settings.

Healthcare practitioners in rural areas can use the strategies in this toolkit to communicate with their community during a variety of disasters including natural, biological, chemical, radiological, and mass vaccination/medical events.

XV. Surge Planning (from Urban to Rural Areas)


The authors highlight results from a national survey that measured urban residents’ plans to evacuate after two potential disasters. Responses differed by several variables; the potential effect of this movement on infrastructure in rural communities (including the healthcare system) is significant and plans must be adjusted.


The authors conducted a literature review and a quantitative analysis of survey data to assess the likelihood of urban evacuation to rural areas and to provide recommendations for rural planning and response. The last section of the report contains a set of policy and planning recommendations.


The authors describe a “push-pull” model that estimated the evacuation from Manhattan to counties within a 150 mile radius after a nuclear detonation. This model
predicted that arriving evacuees could increase the population needing services by between 50 and 150 percent.

University at Albany, State University of New York, School of Public Health and Health Professions, Center for Public Health Preparedness. (2016). Mass Evacuation to Rural Communities II.

This webinar recording highlights concerns expressed by leaders in rural communities—areas to which large numbers of evacuees might travel in a disaster. Specific concerns included sustaining the water supply, septic systems, and receiving and treating people with special needs. One speaker shared lessons learned from a tabletop exercise, particularly managing self-deployed volunteers.

This document was updated in September 2022. It was comprehensively reviewed in July 2017 by the following subject matter experts (listed in alphabetical order): Dick Bartlett, B.S., Med, Emergency Preparedness/Trauma Program Coordinator, KY Hospital Association, and KHREF; and L. Corey Sloan, M.A., M.S., EMT-P, Deputy Chief of EMS, NTA EMS Rescue, Bethany, MO.