

Scottish Ambulance Service
Specialised Operational Services Division

Medical Provision at Events – Generic Overview

1. Responsibility

The Health and Safety (First-Aid) Regulations 1981 require employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are injured or taken ill at work. The HSE strongly recommends that non-employees should be included in this assessment and that appropriate provision is made for them.

It is the event organiser's responsibility to ensure the availability of medical, ambulance and first-aid assistance as appropriate for all those involved.

There should, therefore, always be provision of first aid at every event, regardless of size.

The Event Organiser - Responsibilities:

- **Ensuring that there is an appropriate level of medical, first aid and ambulance provision at an event that will minimise the impact on local NHS services**
- **Undertake a medical, ambulance and first-aid resource assessment**
- **Provide a medical staffing plan prior to the event to ensure that staff are deployed appropriately. Medical provision should be provided for the full duration of the event, including build up and break down**

The range of medical conditions seen can also vary enormously and there should be adequate capability to manage a wide range of traumatic and medical situations, varying from the trivial to the life threatening. At some events special consideration needs to be given to drug and alcohol issues, along with psychiatric problems.

2. Planning

In order to ascertain the skill mix and how many personnel will be appropriate, it is important to undertake a medical, ambulance and first-aid resource assessment.

Consideration needs to be given to:

- how many people are expected (staff, audience, participants etc)
- who may need assistance
- what may cause their injury/illness (from severe weather to participation in extreme activities) how likely is the problem to occur (unlikely through to certain)
- how serious their injury/illness may be (minor through to death)
- what control measures may be used
- what is the history of the event

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The resource assessment, taking cognisance of all the risks may indicate a need for just a few first aiders working from a suitable base. In other cases, several first-aid posts, ambulances and a site hospital may be required, with staff on-hand with the full skill mix – from first aiders to medical consultants.

If the event needs staff that must be on the professional registers of the Health and Care Professions Council, Nursing and Midwifery Council or General Medical Council, it is advisable to check that their registration status is correct.

a. The Medical Plan

The medical plan should give outline details of the event and the resource assessment from the medical risk assessment clearly stating:

- the name and roles of the provider(s)
- the skill mix of staff, with numbers of each
- start and finish times of the cover
- the name of the medical manager, their contact details and other relevant contact information
- the intended receiving hospital(s) for casualties from the event, along with confirmation that they have been advised of the event (if appropriate)

Except for small low-risk events, organisers should not rely on NHS ambulances to convey patients from site to hospital. Plans should cater for conveyance of all casualties from the scene to the hospital as part of the medical provider's service.

The medical plan will also need to be communicated to the ambulance service, even if they are not involved. This document should be available to the licensing authority in sufficient time to assist with the license decision-making process, if requested – usually presented via the Safety Advisory Group (SAG) or equivalent.

One person with responsibility for coordinating the medical provision should be named and available on-site for the majority of the event.

All details of cover being provided should be made in writing. The medical plan should include an information-sharing protocol agreed between the named medical manager, senior medical officer and the event safety manager where one is employed.

b. Vehicle Movement and Routing

Every effort should be made to avoid conflict between vehicle and pedestrian movements. Prior to any vehicle movement into crowds there must be agreement from event control/organiser; there should be full prior liaison with security and stewards.

It is important to plan, identify, record and share information about the accepted access and egress routes for the emergency vehicles that may be required to attend the event in case of a medical incident

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Rendezvous points (RVPs), marshalling and the location of any other holding areas should be shared with all staff within an event to assist a smooth flow to any incident, whether major or not. Ambulance control rooms and area managers surrounding the event should be aware of these areas prior to the event, as should the other emergency services, where appropriate.

Emergency vehicles must be able to access any point on the site in an emergency situation, including locations just outside the site where event related incidents might occur. The stewarding plan should aid this point

When a site is being designed, consideration should be given to providing sterile routes for emergency vehicles, especially ambulances.

If it is appropriate to plan for the arrival of an air ambulance, a designated landing site should be identified and marked (reference will be needed to the Civil Aviation Authority Regulations/Air Navigation Order). The eight-figure grid reference of the helipad should be available before the event so that it can be readily passed on to the air ambulance if it is called to attend.

An on-site reconnaissance visit prior to the event maybe required and this should be made in conjunction with the medical provider and site manager.

c. Site Build

During the period of site build, there are likely to be many workers from a number of different employers on-site, often undertaking hazardous tasks, e.g. working at height or with electricity. Provision of first-aid services during this period is covered by the Health and Safety (First Aid) Regulations 1981. The legal obligation is on each individual employer with staff working on-site to ensure that appropriate cover is in place for their staff. A procedure should also be put in place for summoning NHS ambulance assistance if required and how an arriving ambulance will be guided to the incident.

d. Communications

A key success factor is ensuring there are robust and reliable communications that are essential to effective medical service provision. All medical resources should be coordinated by a control facility set up by the medical provider. The Medical control should have clear lines of communication to the event organiser and the NHS Ambulance service.

e. Use of Resources

An ambulance should not be used as a first-aid post at an event. It should be at the event to convey patients from an incident on the site to an appropriate on-site healthcare facility, or, where the condition of the patient requires transfer off-site, to take the patient to a designated hospital.

It is not acceptable to routinely call for an NHS ambulance for transport to hospital, as this places an unacceptable burden on the surrounding healthcare services.

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First aid and medical provision should be structured in such a way that the event is not compromised when an ambulance leaves the site. This will normally be through the establishment of a first-aid treatment centre alongside the ambulance provision.

Patients should be transported appropriately as indicated by their medical condition, with a crew skilled to a suitable level.

Discussions should take place between the medical provider and the NHS ambulance service to enable calls that are received from the event, made by members of the public, to be redirected to the medical provider on-site via the on-site control.

Pre-event site visits for the emergency services to view the site is good practice. This enables considerations for the emergency services coming to the site to be agreed and for the event provider to seek advice and guidance as required.

f. Major Incidents

Planning and preparation should consider a broad range of foreseeable scenarios and determine what actions should be taken to protect life and, where applicable, property.

At all but the smallest, low risk events, organisers will need to liaise with the emergency services, and other agencies, to prepare appropriate emergency plans

Once a major incident is declared, the statutory ambulance service for the area in which the event is being held becomes responsible for the management of the NHS response to the incident. It is important that the arriving NHS staff are aware of the key personnel on-site to liaise with and whether the event medical provider has commenced effective triage and initial casualty management.

Clear communications between the on-site provider and the NHS ambulance service are key to ensuring effective handover and coordination of the incident. As soon as appropriate command elements of the statutory ambulance service are on-site they will take over management of all the event medical provider's staff and assets.

g. Incidents Associated with the Event

An emergency situation occurring offsite, but associated with the event, may require a rapid and co-ordinated response by the emergency services including already onsite or available to the event.

h. Site Breakdown

Just because an event has finished does not mean that the medical and first-aid services can stand down. Egress should be kept under review. The key point for the medical provider is when the statutory ambulance service will accept the risk back for the local area and the site. This decision is largely based on the state of the local road network and whether emergency vehicles can access the site against the people and traffic leaving.