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Pre-Event Local Authority Guidance

North East Ambulance Service NHS Foundation Trust



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1. Introduction

The North East Ambulance Service NHS Foundation Trust (NEAS) operates across the North East region covering Northumberland, Tyne and Wear, County Durham, Darlington and Teesside. We provide an Unscheduled Care Service to respond to emergency calls, and a Scheduled Care service which provides pre-planned non-emergency transport for patients in the North East region. NEAS is also the NHS111 provider for the region which includes delivery of the NHS111 service and clinical support to patients over the phone. On average NEAS manages over 856,381 NHS111 calls per year and 512,953 999 calls per year.

We work closely with NHS England/Improvement, whose main role is to set the priorities and direction of the NHS and to improve health and care outcomes for people in England. The Trust also forms an integral part of the health service across the North East working closely with many NHS partners to ensure services for patients are joined-up and as effective as possible. Our local partners include eight acute hospital trusts, two mental health trusts, 12 local unitary authorities, 3 police forces, 4 fire services and numerous voluntary agencies.

We also provide first aid and specialist training to public, private and third-sector organisations with the money we raise through training and event cover being reinvested back into our frontline crews and equipment to benefit patient care in our region.

2. NHS Statutory Ambulance Trust – Governance for Events

NHS statutory Ambulance Trusts form part of the Safety Advisory Group (SAG) membership/process to provide specialist knowledge to guide and advise anyone who is planning or organising an event. Ambulance Trusts are commissioned on behalf of the wider NHS to represent and safeguard the wider NHS from any event that is being promoted within a local authority area.

As part of the SAG, the NHS Ambulance Trust representative will support the process to ensure that every event has a detailed medical plan based on a comprehensive risk assessment. The key objectives are to provide a safe, effective and resilient medical/clinical service and to minimise the impact of the event on the local NHS commissioned resources in their entirety.

It is to be noted that for smaller sized events, the NHS Ambulance service may provide consistent written advice with a view to improve the safety and medical contingencies at an event.

3. Purpose

The purpose of this document is to provide guidance in relation to understanding the requirements and expectations, from an NHS perspective, to Local Authorities and more importantly the promoters/organisers prior to any event taking place.

4. Points of Advice

4.1. NEAS

The NEAS representative who will attend the SAG will advise the event organiser on:

- The correct guidance and legislation to follow, in order to plan and manage an event, for example:
 - Health, Safety and Welfare at music and other events – Purple Guide;
 - Safety Management – Pink Guide;
 - Safety at Sports Ground Stadia – Green Guide; and
 - Other up to date Guides
- The appropriate level of medical/clinical resources (including transport) for the event that will reduce their risk exposure to as low as reasonably achievable and drastically minimise the impact on the local NHS;
- How to select a competent medical provider with guidance on best practice. For impartiality reasons, NEAS or the SAG cannot and will not recommend individual medical companies; and
- How the event emergency plans will integrate into the emergency services and the wider NHS which includes hospitals and primary care facilities.

All medical plan(s) must be submitted to NEAS within the following timeframes:

Large scale events*:

- First draft – 3 months prior to the event
- Final version – 4 weeks prior to the event

Small scale events*:

- First draft – 2 months prior to the event
- Final version – 3 prior to the event

**Large scale is considered to be events with attendance over 5,000*

**Small scale is considered to be events with attendance under 5000*

4.2. Key Points

- Every event must have a medical plan (and contingencies) based on a comprehensive risk assessment of the individual event no matter what the public/participant numbers are for the event
- Medical plans should aim to provide a safe, effective and resilient service on site whilst helping to minimise the impact on NHS resources
- Event organisers should exercise due diligence in selecting competent and reliable medical services
- A medical staffing plan should be made 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
- Medical and welfare services should work together to safeguard those who may be vulnerable

4.3. Infection, Prevention & Control Information for all Local Authorities/Event Promoters

The following guidance/advice is based on Public Health England (PHE) guidance, last updated on 18th May 2020, relating to pre-hospital setting/ambulance services and PHE guidance relating to Personal Protective Equipment (PPE) and supersedes all previous guidance. The guidance is available below for Infection Prevention & Control (IPC) information/advice for Local Authority SAGs and event promoters. This can be accessed either by contacting your local SAG administrator or epr@neas.nhs.uk for the latest version.

5. Event Safety Guide

It is recognised that medical cover at events can be organised in different ways and that the most appropriate model will vary according to the medical provider and the nature of the event. The following tables set out a method of estimating a reasonable level of resource.

It is emphasised that these figures may require modification as some medical providers may choose to substitute medical staff or paramedics for first aiders. In any case, the suggested levels of resource are intended as only as general guidance and should not be regarded as prescriptive. The tables are not a substitute for a full risk assessment of the event. Figures do not take account of dedicated cover for performers or VIPs.

- **Use Table 1 to allocate a score based on the nature of the event**
- **Use Table 2 to allocate a score based on available history and pre-event intelligence**
- **Use Table 3 to take into consideration additional elements, which may influence the likelihood of risk**

CALCULATION FOR -							
TABLE 1			TABLE 2				
A - NATURE OF EVENT	Guide	Score	E - PAST HISTORY	Guide	Score		
Classical performance	2	0	Good data, low cas rate < 1%	-1	0		
Public exhibition	3		Good data, med cas rate 1-2%	1			
Pop / rock concert	5		Good data, high cas rate >2%	2			
Dance event	8		First event, no data	3			
Agricultural / country show	2		F - EXPECTED NUMBERS				
Marine	3		< 1000	1			
Motorcycle display	3		< 3000	2			
Aviation	3		< 5000	8			
Motor sport	4		< 10,000	12			
State occasion	2		< 20,000	16			
VIP visit / summit	3		< 30,000	20			
Music festival	3		< 40,000	24			
Bonfire / fireworks display	4		< 60,000	28			
New Years celebration	7		< 80,000	34			
DEMONSTRATIONS / MARCHES / POLITICAL EVENTS			<100,000	42			
Low risk of disorder	2		< 200,000	50			
Medium risk of disorder	5		< 300,000	58			
High risk of disorder	7		TOTAL FOR TABLE 2				
Opposing factions involved	9						
B - VENUE			TABLE 3				
Indoor	1		G - EXPECTED QUEUING			0	
Stadium	2		Less than 4 hours	1			
Outdoor, confined e.g. Park	2		More than 4 hours	2			
Other outdoor e.g. festival	3		More than 12 hours	3			
Widespread public location in streets	4		H - TIME OF YEAR				
Temporary outdoor structures	4		Summer	2			
Includes overnight camping	5		Autumn	1			
C - STANDING / SEATED			Winter	2			
Seated	1		Spring	1			
Mixed	2		I - PROXIMITY TO NEAREST A&E				
Standing	3		Less than 30 minutes by road	0			
D - AUDIENCE PROFILE			More than 30 minutes by road	2			
Full mix in family groups	2		More than 30 minutes by road	2			
Full mix not in family groups	3		J - PROFILE OF DEFINITIVE CARE				
Predominately young adults	3		Choice of A&E departments	1			
Predominately children and teenagers	4		Large A&E department	2			
Predominately elderly	4		Small A&E department	3			
Full mix rival factions	5		K - ADDITIONAL HAZARDS				
TOTAL FOR TABLE 1	TOTAL	0	Carnival	1			
			Helicopters	1			
			Motor sport	1			
TOTAL FOR TABLE 1	0		Parachute display	1			
TOTAL FOR TABLE 2	0		Street theatre	1			
TOTAL FOR TABLE 3	0		L - ADDITIONAL ON SITE FACILITIES				
TOTAL SCORE	0		Suturing	-1			
			X-ray	-1			
			Minor surgery	-1			
			Plastering	-1			
			Psychiatric / GP facilities	-1			
			TOTAL FOR TABLE 3				

SCORE CONVERSION FOR -							
SCORE	Ambulance	First aider	Ambulance personnel	Doctor	Nurse	NHS ambulance manager	Support unit
< 20	0	4	0	0	0	0	0
21-25	1	6	2	0	0	visit	0
26-30	1	8	2	0	0	visit	0
31-35	2	12	8	1	2	1	0
36-40	3	20	10	2	4	1	0
41-50	4	40	12	3	6	2	1
51-60	4	60	12	4	8	2	1
61-65	5	80	14	5	10	3	1
66-70	6	100	16	6	12	4	2
71-75	10	150	24	9	18	6	3
> 75	15+	200+	35+	12+	24+	8+	3

5.1. Facilities

At outdoor events, if a suitable permanent structure is not available, then provision for suitably equipped mobile first-aid units or marquees with appropriate flooring should be made. At indoor events, position the medical facility in or near to the main arena.

As a minimum requirement, the main first aid facility should:

(Please circle)

- Be of an adequate size for the anticipated number of casualties and readily accessible for the admission of casualties and ambulance crews.

Yes No

Please provide details:

- Be large enough to contain at least two examination couches or ambulance stretcher trolleys, with adequate space to walk around, and an area for the treatment of casualties. How many and what type?

Yes No

Please provide details:

- Be accessible at ground level and have a doorway large enough to allow access from an ambulance stretcher trolley or wheelchair. Please provide further detail on the accessibility and whether there is a ramp provided etc.;
- Yes No

Please provide details:

- Maintained in a clean and hygienic condition, free from dust and with adequate heating, lighting, electric points and ventilation;
- Yes No

Please provide details:

- Provide adequate first-aid and medical equipment and screens, etc., including resuscitation equipment, patient-care consumables and where appropriate a defibrillator, all of which should be separate from those contained in ambulances. An agreement should be reached at the planning stage about who will provide such items;
- Yes No

Please provide details:

- Within proximity of an easily accessible wheelchair-users toilet and workers facilities. There must be at least one accessible toilet next to the medical facility;
- Yes No

Please provide details:

- Provided with a supply of running hot and cold water. If this is not possible, provide adequate fresh clean water in containers;
- Yes No

Please provide details:

- Provided with a supply of drinking water over a sink or hand-wash basin or suitable receptacle;
Yes No

Please provide details:

- Provided with a worktop or other suitable surface for equipment and documentation, e.g. folding table. Note: any staff welfare should be kept separate from clinical areas.
Yes No

Please provide details:

- Provided with suitable storage facilities for drugs (and the disposal of sharps) and equipment used by the medical providers;
Yes No

Please provide details:

- Next to appropriate hard standing or parking facilities for ambulances or associated emergency vehicles;
Yes No

Please provide details:

If there is more than one medical facility, there should be a designated main medical facility with an external telephone line (which does not go through a switchboard) and a list of appropriate numbers. All other medical facilities should have an internal telephone or radio link to the main position. Note: this is for larger or pro-longed events.

- Will an external telephone be provided?
Yes No

Please provide details:

5.2. Staffing

Plan the provision of medical, ambulance and first-aid services along with the statutory services and appoint a competent organisation to provide medical management. This organisation need not be the sole provider of resources at the event but, must be able to demonstrate competence in operating the medical arrangements. In addition, the appointed organisation should be experienced in the medical management of similar events and, must accept responsibility for providing an appropriate management and operational control infrastructure and co-ordinate the activity of other medical providers. Ensure that the appointed medical provider liaises with other statutory services and first-aid providers on site. Respective roles and responsibilities should be set out in a medical, ambulance and first-aid plan.

- Has a competent medical organisation been appointed?
Yes No

Details of organisation including web address and CQC Registration Number;

A manager from the medical provider should be appointed to take overall control and co-ordination of first-aid provision. This person should also be readily available during the event. The event organiser and the appointed medical provider should liaise with all interested parties which may include the local NHS health authority, health board, ambulance service or competent first-aid providers, as appropriate.

- Will an event medical manager be appointed?
Yes No Not Applicable
- Will that manager be on site?
Yes No Not Applicable
- Is the event medical manager suitably qualified? For example, do they have evidence of medical management qualifications? Do they have a clinical background?
Yes No
- Will the event medical manager receive a full brief from the events Safety Officer and consequently brief the first aid and medical staff?
Yes No

Details of Event medical manager (including qualifications)

5.3. First Aiders

The recommended minimum number of first aiders at small events where no special risks are considered likely is 2:1000 for the first 3000. No event should have less than two first aiders.

Definitions and competencies for medical workers

First aiders, ambulance and medical workers should: **(circle as appropriate)**

- | | | |
|--|-----|----|
| • Be at least 16 years old and not over 65 | Yes | No |
| • Have no other duties | Yes | No |
| • Have identification | Yes | No |
| • Have protective clothing | Yes | No |
| • Have relevant experience or knowledge of requirements for first aid at major public duties | Yes | No |
| • Be physically and psychologically equipped to carry out the assigned roles | Yes | No |

Please note - first aiders under 18 years old must not work unsupervised.

- Will the event have at least the minimum number of first aiders?
Yes No

Comments

The completion of a 'Health and Safety at Work' or a three day 'First Aid at Work' course does not necessarily qualify a person as competent to administer first aid to members of the public. FREC Courses are available as well.

- Do all first aiders have full first aid certificates issued by one of the recognised voluntary organisations?
Yes No Only Some

Please provide details:

5.4. Medical Practitioners

The risk assessment may indicate the need for the provision of medical practitioners on site. Any medical practitioner should be provided in addition to any medical workers allocated for the care of performers.

A 'qualified medical practitioner (Doctor)' is a medical practitioner registered with the General Medical Council (GMC) in the UK. Other practitioners include registered paramedic and nurses registered with the Health Care Professionals Council (HCPC). The practitioner should be familiar with, or have access to, the local authority and NHS major incident plans and have experience in event/major incident management. The medical practitioner should have recent experience in dealing with emergencies in the pre-hospital or accident and emergency environment (within two years) and be familiar with the operation of the local NHS ambulance service and competent first-aid providers. In addition, they should have attended a course on pre-hospital emergency care.

- Will a medical practitioner be provided?
Yes No Not Applicable

Details of medical practitioner
--

- Does the medical practitioner meet the requirements above?
Yes No Not Applicable

Comments

5.5. Nurses

Qualified nurses may be required to care for patients requiring longer-term management on site. Unless trained as part of a mobile-response team, nurses should undertake the specific duty of staffing the main medical facility, working as a team with the medical practitioners, paramedics and first aiders in the triage and treatment of casualties.

A 'qualified nurse' is a nurse whose name is entered in the relevant part of the professional register maintained by the UK Central Council of Nursing, Midwifery and Health Visiting. The qualified nurse should have post-registration knowledge and recent experience in dealing with emergencies in the pre-hospital or accident and emergency environment (within two years).

- Will nurses be contracted for the event?
Yes No Not Applicable

Comments

- Will the nurses meet the requirements as detailed below?
Yes No Not Applicable

Comments

5.6. Paramedics

A paramedic is a health care professional and must be registered as a paramedic with the HCPC, and who has immediate access to the appropriate level of specialist equipment, including drug therapy, as stipulated and approved by the relevant Clinical Governance Group.

Please note: since 2001 Paramedics MUST be registered with the HCPC

- Do the paramedic(s) meet the certification requirements above?
Yes No Not Applicable
- Will the paramedic(s) have immediate access to the full range of drugs carried by an NHS Paramedic?
Yes No Not Applicable
- Will the paramedic have immediate access to advanced life-support equipment such as intubation and infusion equipment?
Yes No Not Applicable

Comments

5.7. Ambulance Technician/Emergency Care Technician (ECT)

An ambulance technician is a member of an NHS ambulance service who holds a current certificate of proficiency in ambulance aid skills issued by the Institute of Healthcare and Development (IHCD).

- Will the ambulance technician(s) meet the requirements above?
Yes No Not Applicable

Comments

5.8. Medical Cover in Pit Area

The risk assessment may indicate that medical cover may be required within the pit area. Medical workers in this area should be suitably experienced and trained to provide advice on casualty handling to stewards, appropriate triage to casualties and, where required, have the ability to facilitate the rapid evacuation of any casualties to a medical facility. The area in front of the stage should have the following equipment quickly available:

- Rescue board and cervical collars
 - Oxygen therapy and resuscitation equipment
 - Assorted splintage
-
- Will pit paramedics be provided?
Yes No Not Applicable

If yes, will the following be provided in the pit area? (circle as appropriate)

- Rescue board and cervical collars
Yes No
- Oxygen therapy and resuscitation equipment
Yes No
- Assorted splintage
Yes No

Comments

At large events, there may be a need for a separate medical radio channel connecting the NHS ambulance service with ambulance workers, key medical workers, mobile response teams, and key first aiders. A protocol for the use of radio equipment including consistent call signs, must be agreed before the event. A communications plan detailing medical communications links should be produced and held at both the medical control point or incident control room and central ambulance control.

- Will first aid and medical staff have radio facilities?
Yes No Not Applicable

Comments

5.9. Triage & Treatment

It is essential that all major music events have suitable arrangements for the triage, treatment, and transport of those in need. Ensure that this provision is approved by the local authority who will consider the recommendations of the NHS usually through the NHS ambulance service or in Scotland the local health board.

- Will the medical provider have sufficient resources to triage, treat and transport patients?
Yes No Not Applicable

Comments

Consider the need for medical, ambulance and first-aid arrangements for any audience members queuing before the gates or doors open and when they leave at the end of the event.

- Will first aid/medical provision be provided for queuing?
Yes No Not Applicable

Comments

Information on the location of the first-aid facilities must be available to all those attending. Provide adequate signage and consider printing the location of the first-aid facilities on tickets for the event. In addition, stewards should be aware of the nearest facility.

- Will the first aid/medical facilities be clearly signposted?
Yes No

Comments

At events with overnight campsites, appropriate provision should be made to have medical, ambulance, and first-aid cover available while the campsite is open. Because of the likely range of conditions requiring medical advice, also consider GP services through the appropriate medical provider during the times the campsites are on operation.

- Will first aid/medical provision be provided for overnight camping?
Yes No Not Applicable

Comments

5.10. Transport

Where practicable, consider the provision of suitable sterile routes for the exclusive use of emergency vehicles.

- Will sterile routes be identified?
Yes No Not Applicable

Comments

The appointed medical provider should have in place arrangements to ensure that cover is maintained at the correct level throughout the event. If a casualty needs to be removed from the site by ambulance, arrangements must be in place to replace that vehicle or to transport the casualty using an ambulance dedicated to off-site patient movement (if there is the need for ambulances on site).

- Will resources be available to provide a replacement vehicle?
Yes No Not Applicable

Comments

At certain events, an area for medical evacuation by helicopter may be required and a suitable landing site, either at the site or nearby, identified.

- Has a helicopter landing site been identified, is suitable and been approved?
Yes No Not Applicable

Comments

Detailed gridded maps or plans of the site with the position of medical facilities clearly marked must be available before the event. This should include the surrounding roads and access routes.

- Will grid maps of the site be available to first aid/medical staff?
Yes No

Comments

5.11. Documentation

An event log should be maintained, which should include any actions or decisions taken by the manager of the medical provisions and the reasons for those actions.

Note: Event logs, report forms and records completed at an event may be required later to assist in the reporting of accidents and injury to workers and audience members under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

- Will the medical provider have adequate recording procedures?
Yes No

Comments

Ensure that the appointed medical provider maintains a record of all people receiving treatment. In some locations, for consistency and ease of documentation, suitable patient report forms may be supplied by the NHS ambulance service. This record should include details such as: name, address, age, gender, presenting complaint, diagnosis, treatment given, the onward destination of casualties (e.g. home, hospital, own GP), and the signature of the person responsible for treatment. The only people who may be shown patients' records are those that are involved in the treatment or those that have lawful authority.

- Will the medical provider have adequate patient reporting procedures?
Yes No

Comments

6. Medical Contingencies Enquiries

In order to gain full assurance of the event, the NHS will pose the following generic question set to the event organiser in relation to medical contingencies:

Medical Contingency Plan for 'X event name X'

- Does '*X insert medical provider name X*' have a first draft medical contingency plan?
- What is your CQC registration number? *If applicable. NB: This is only relevant if patients are being moved with transport*
- Is there a plan to flex up the medical cover depending on numbers being increased at the event?
- Is there a statement of intent that could be shared?
- Has a medical risk assessment been undertaken by '*X insert medical provider name X*'?
- Will '*X insert medical provider name X*' be attending the traffic management sub-group meetings?
- Will '*X insert medical provider name X*' be attending the blue light sub-group meetings?

Wider Health Engagement

- Have (or/will) the intended receiving hospitals been engaged with making them aware of the events? Have the Trust's Emergency Preparedness Resilience Response (EPRR) managers been contacted?

Medical/Clinical Staff

- Where are your clinical/medical resources sourced from?
- Are they **all** in house employees?
- Do you sub-contract from other private medical providers?
- Do you source your staff from Ambulance Services/Hospitals?
- Are all paramedics and Doctors on the relevant risk registers (HCPC/GMC)?
- Are all [XXX] staff Disclosure and Barring Service (DBS) checked?
- Do you provide paramedic or advanced paramedic practitioners?
- Are the Doctors you provide active Emergency Department (ED) Consultants?

Command, Control and Communication Structure

- Does '*X insert medical provider X*' have a command and structure for major events?
- Will you have a dedicated medical event commander for the event?
 - Who will it be?
 - What qualifications/training and experience do they have?
- What radio communications system does '*X insert medical provider X*' use?
 - Will it be functional for use of '*X insert medical provider X*' across the event footprint?
- Have **all** staff/commanders been trained in the Joint Emergency Service Interoperability Programme (JESIP) principles?
- Does the event commander hold a current command & control qualification?
 - Will one of the Doctors hold the same?
 - Are they nationally trained?

Crowd Doctors

- How many are you intending to use for the event?
- What level are they? For this type of event, the expected standard would be that of current ED Consultant, at a minimum a current ED Registrar
- Have they undertaken major incident/command training?
- What drugs, over and above those the ambulance carry, will be provided?

Patient Records

- Do your staff use Electronic Patient Card Records (ePCR) or paper Patient Report Forms (PRF)?
 - Could a copy be made available for NEAS to view?
- Are the PRFs the same for all levels of clinical staff? First Aider, Technician, Paramedic, Doctor

Vehicles and Equipment

- Can you provide a standard frontline ambulance equipment inventory?
- Can you provide a full drug inventory?
 - Do you carry Morphine, Ketamine & Midazolam?
 - Can your services prescribe?
- Can you confirm that there will be sufficient resources to be able to consume **all** patients from the event from a transport perspective? Core NHS commissioned services should **not** be affected during the events
- Does '**X insert medical provider name X**' have major incident vehicles?
 - If so, can an inventory be provided?
 - Does it include Major Haemorrhagic packs as part of the inventory due to recent terrorist activity?
- Have you liaised with Great North Air Ambulance Service?
 - If not, do you intend to?
- Are all your staff blue light trained and who was the training provider?

Protocols

- Does '**X insert medical provider name X**' use the Joint Colleges Ambulance Liaison Committee (JRCALC) guidelines?
- What triage system do '**X insert medical provider name X**' use? How often do your staff train?
- What protocol will be in place to pre-alert hospitals with critical casualties?
- Is '**X insert medical provider name X**' aware of the bypass protocols for Major Trauma Centre/Trauma Units? Are they aware of the other patient pathways such as stroke and Myocardial Infarction (MI) / Primary Percutaneous Coronary Intervention (PPCI)?
- Does '**X insert medical provider name X**' use the UK Civil Protection Lexicon of Terminology?
- Pre identified emergency routes will need to be identified and agreed along with Rendezvous Point (RVP) locations

Resilience

- What contingencies are in place if patient numbers escalate?
 - Are there appropriate resources to flex up if need be?
- What are your arrangements for your fleet with '**X insert medical provider name X**' not being local? **If applicable**
- Do you have a Business Continuity Plan for '**X insert medical provider name X**'?
- What is the contingency if the radio communication system fails?
- Where will you restock drugs and equipment from after each day of each event?