



Event Safety Guide Notification Form

Date of event

Time of event

Event / Venue

Expected attendance

Completed by

The questions in this form are based on the issues which members of the Safety Advisory Group will use to assess the adequacy of medical cover. Each question is related directly to the relevant paragraph of The Purple Guide 2014 and the National Ambulance Service Guidance for Preparing an Emergency Plan 2013.

Extracts of the guides are shown in blue with paragraph numbers

IN ORDER THAT WE CAN PROVIDE ADVICE DURING THE PLANNING STAGE OF YOUR EVENT, PLEASE COMPLETE AND RETURN THE FORM TO david.howell@yas.nhs.uk and sinead.howell@yas.nhs.uk, AT YORKSHIRE AMBULANCE SERVICE NHS TRUST, AT THE EARLIEST CONVENIENCE / AT LEAST 2 MONTHS PRIOR TO THE EVENT.



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Contents

1. Appointing a competent medical, ambulance and first-aid provider	Page 3
2. Resource assessment	Page 5
3. Medical staffing plan	Page 13
4. Medical provision for the duration of the event	Page 14
5. References	Page 16

OFFICIAL

YAS Event Notification Form			
Author:	Resilience	Page:	Page 2 of 15
Approval Date:	July 2014	Version:	3.0
Issue Date:	Aug 2014	Status:	LIVE
		Review Date:	Aug 2015



1. Appointing a competent medical, ambulance and first-aid provider

5.10 Before contracting a medical, ambulance and first-aid provider for an event, it is important to ensure that they will be able to supply what is needed. It is good practice to take up references from other customers who have used the provider for an event of similar type and magnitude. Check that they hold appropriate insurances and ask questions about some of the events they have covered. For example: Did they do all of the medical, ambulance and first-aid provision, or just provide a handful of staff to support the main provider?

5.11 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.

5.12 If the event requires ambulances in England, the provider maybe required to be registered with the Care Quality Commission for the provision of some services. The various registrations can normally be checked via the organisations' websites.

Chapter 5, Purple Guide 2014

Q1. Has a competent medical provider been appointed?

Q2. Is the medical provider registered with the Care Quality Commissions?

Q3. Has the medical provider supplied all the professional registration numbers where applicable? (see 5.11 above).

OFFICIAL

YAS Event Notification Form			
Author:	Resilience	Page:	Page 3 of 15
Approval Date:	July 2014	Version:	3.0
Issue Date:	Aug 2014	Status:	LIVE
		Review Date:	Aug 2015



'5.58 An ambulance is defined in law as a vehicle that is 'constructed or adapted for no other purpose than the carriage of sick, injured or disabled people to or from medical centres or places where medical or dental treatment is given, and is readily identifiable as a vehicle for the carriage of such people by being clearly marked Ambulance on both sides.' (Source: Vehicle Excise and Registration Act 1994.)'

'5.59 Accordingly, 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. 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 fixed treatment centre or first-aid post alongside the ambulance provision. Patients should be transported appropriately as indicated by their medical condition, with a crew skilled to a suitable level.'

Chapter 5, Purple Guide 2014

Q4. Are the ambulance provisions stocked to NHS standards?

Q5 Are the ambulance provisions crewed to NHS standards (HCPC¹ registered Paramedic/Emergency Care Assistant)?

¹ Health Care Professions Council

OFFICIAL

YAS Event Notification Form			
Author:	Resilience	Page:	Page 4 of 15
Approval Date:	July 2014	Version:	3.0
Issue Date:	Aug 2014	Status:	LIVE
		Review Date:	Aug 2015



Q6. Can the ambulance resource transport to hospital on blue lights?

2. Resource assessments

'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.'

Annex B, pp 16-20. NARU 2013

- 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 have an effect on the likelihood of risk

See following pages for tables;

OFFICIAL

YAS Event Notification Form			
Author:	Resilience	Page:	Page 5 of 15
Approval Date:	July 2014	Version:	3.0
Issue Date:	Aug 2014	Status:	LIVE
		Review Date:	Aug 2015



Table 1 Event nature

Item	Details	Score	Actual
(A) Nature of event	Classical performance	2	
	Public exhibition	3	
	Pop/ rock concert	5	
	Dance event	8	
	Agricultural /country show	2	
	Marine	3	
	Motorcycle display	3	
	Aviation	3	
	Motor sport	4	
	State Occasions	2	
	VIP visits / summit	3	
	Music Festival	3	
	Bonfire / pyrotechnic display	4	
	New Year celebrations	7	
(B) Venue	Indoor	1	
	Stadium	2	
	Outdoor in confined locations, eg park	2	
	Other outdoor, eg festival	3	
	Widespread public location in streets	4	
	Temporary outdoor structures	4	
	Includes overnight camping	5	
(C) Standing / seated	Seated	1	
	Mixed	2	
	Standing	3	

OFFICIAL

YAS Event Notification Form			
Author:	Resilience	Page:	Page 6 of 15
Approval Date:	July 2014	Version:	3.0
Issue Date:	Aug 2014	Status:	LIVE
		Review Date:	Aug 2015



(D) Audience profile	Full mix, in family groups	2	
	Full mix, not in family groups	3	
	Predominately young adults	3	
	Predominately children and teenagers	4	
	Predominately elderly	4	
	Full mix, rival factions	5	

Add A+B+C+D	Total score for Table 1	
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Table 2 Events Intelligence

Item	Details	Score	Actual
(E) Past history	Good data, low casualty rate previously (less than 1%)	-1	
	Good data, medium casualty rate previously (1% - 2%)	1	
	Good data, high casualty rate previously (more than 2%)	2	
	First event, no data	3	
(F) Expected numbers	<1000	1	
	<3000	2	
	<5000	8	
	<10 000	12	
	<20 000	16	
	<30 000	20	
	<40 000	24	
	<60 000	28	
	<80 000	34	
	<100 000	42	
	<200 000	50	
	<300 000	58	

OFFICIAL

YAS Event Notification Form			
Author:	Resilience	Page:	Page 7 of 15
Approval Date:	July 2014	Version:	3.0
Issue Date:	Aug 2014	Status:	LIVE
		Review Date:	Aug 2015



Add E+F

Total score for Table 2

Note: Numbers attending may vary throughout the duration of longer events. Therefore, resource requirements may need to be adjusted accordingly.

Table 3 Sample of additional considerations

Item	Details	Score	Actual
(G) Expected Queuing	Less than 4 hours	1	
	More than 4 hours	2	
	More than 12 hours	3	
(H) Time of year (Outdoor events)	Summer	2	
	Autumn	1	
	Winter	2	
	Spring	1	
(I) Proximity to definitive Care (nearest suitable A&E Facility)	Less than 30 min by road	0	
	More than 30 min by road	2	
(J) Profile of definitive care	Choice of A&E departments	1	
	Large A&E department	2	
	Small A&E department	3	
(K) Additional hazards	Carnival	1	
	Helicopters	1	
	Motor sport	1	
	Parachute display	1	
	Street theatre	1	

OFFICIAL

YAS Event Notification Form			
Author:	Resilience	Page:	Page 8 of 15
Approval Date:	July 2014	Version:	3.0
Issue Date:	Aug 2014	Status:	LIVE
		Review Date:	Aug 2015



(L) Additional on-site facilities	Suturing	-2	
	X-ray	-2	
	Minor Surgery	-2	
	Plastering	-2	
	Psychiatric / GP facilities	-2	

Add G+H+I+J+K	Total score for table 3	
Subtract L		

Calculation

To calculate the overall score for the event, do the following

Add the total scores for Tables 1+2+3 above to give an overall score for the event.

TOTAL FOR TABLE 1	
TOTAL FOR TABLE 2	
TOTAL FOR TABLE 3	
TOTAL SCORE	

OFFICIAL

YAS Event Notification Form			
Author:	Resilience	Page:	Page 9 of 15
Approval Date:	July 2014	Version:	3.0
Issue Date:	Aug 2014	Status:	LIVE
		Review Date:	Aug 2015



SCORE CONVERSION

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

Annex B, pp 16-20. NARU 2013

OFFICIAL

YAS Event Notification Form			
Author:	Resilience	Page:	Page 10 of 15
Approval Date:	July 2014	Version:	3.0
Issue Date:	Aug 2014	Status:	LIVE
		Review Date:	Aug 2015



'It has not been possible to define a single table that identifies the correct medical, first aid and ambulance provision for a range of events. Instead, the principles of resource assessment based on risk should be followed, as indicated throughout this chapter. The tables below offer some outline guidance.'

Chapter 5, Purple Guide 2014

Very Small Event		Up to 3000 attendees
First Aid cover	Minimum: 2 first aiders 2 first aiders or first responders/1000 attendees	Consider: Paramedics, ECPs or ENPs to increase casualty assessment and stabilisation capability where circumstances dictate Site ambulance and crew if event held across a large area

Small Event		3000 – 10,000 attendees
Paramedic or Nurse-led cover	1-2 paramedics or ECPs 1-2 nurses or ENPs 6 first aiders or first responders for first 3000 attendees + 1/1000 above 3000	Consider: Doctor Rapid Response Vehicle Ambulance(s) and crew for on-site service and transfers to hospital

OFFICIAL

YAS Event Notification Form			
Author:	Resilience	Page:	Page 11 of 15
Approval Date:	July 2014	Version:	3.0
Issue Date:	Aug 2014	Status:	LIVE
		Review Date:	Aug 2015



Medium Event		10,000 – 50,000 attendees
Doctor-led cover	1-2 doctors 2-4 nurses or ENPs 2-4 paramedics or ECPs 10 first aiders or first responders for first 10,000 attendees + 1/5,000 above 10,000 Ambulance(s) and crew for on-site service and transfers to hospital (minimum 1 ambulance) 1 Rapid Response Vehicle	Consider: Specialist doctors, pit crews, substance abuse team etc where indicated

Large Event		Over 50,000 attendees
Doctor-led cover with specialised support	1 doctor/20,000 attendees 1 nurse or ENP/10,000 attendees 1 paramedic or ECP/20,000 attendees 2 first responders/25,000 attendees Ambulance(s) and crew for on-site service and transfers to hospital (minimum 2 ambulances) 1-2 Rapid Response Vehicles	Consider providing on site: • Emergency department • GP Facilities • Pit crews • Mental Health Team • Pharmacy • X-Ray Physiotherapy, podiatry, dentistry etc.

OFFICIAL			
YAS Event Notification Form		Page:	Page 12 of 15
Author:	Resilience	Version:	3.0
Approval Date:	July 2014	Status:	LIVE
Issue Date:	Aug 2014	Review Date:	Aug 2015



3. Medical Staffing Plan

5.72 A medical staffing plan should be made prior to the event to cover both static medical facilities and mobile medical teams. Staffing should take into account training and experience so that appropriate personnel are deployed to the most appropriate areas. The following factors should be taken into account:

- staffing numbers should reflect the expected workload, but there should also be contingencies for times of unexpected high workload
- contingencies should also be made to cover unplanned staff shortages to ensure safe medical cover continues
- inexperienced staff should be supervised at all times and must have had appropriate training
- medical staff should not normally work alone
- Medical staff should not undertake another role e.g. stewards being classed as first aiders
- the working pattern of any staffing plan should take into account breaks during shifts and an appropriate rest period between shifts. Contracted staff should work within the limits of the European Working Time Directive. For safety reasons, it is recommended that the staffing plan for voluntary staff be based on the European Working Time Directive too.

Chapter 5, Purple Guide 2014

Q7. Has the medical provider arranged any contingencies for times of unexpected demand or staff shortages?

Q8. Are all medical provider roles dedicated?

OFFICIAL

YAS Event Notification Form			
Author:	Resilience	Page:	Page 13 of 15
Approval Date:	July 2014	Version:	3.0
Issue Date:	Aug 2014	Status:	LIVE
		Review Date:	Aug 2015



4. Medical provision for the duration of the event

'5.90 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.'

Chapter 5, Purple Guide 2014

Q9. Has the medical provider contacted the Emergency Operations Room of Yorkshire ambulance service?

5.97 Just because an event has finished does not mean that the medical and first-aid services can stand down. The risks change and, depending on the size of the event, the focus can move to crowd egress, car parks, transport hubs, park-and-ride sites and external roads. Medical providers should pre-empt this stage of an event by moving cover to ensure effective response can be made to car parks and external roads.

Chapter 5, Purple Guide 2014

Q10. Does the medical plan and staffing allow for the egress of the crowd?

Q11. Does the event have medical provision for site erection/breakdown?

OFFICIAL

YAS Event Notification Form			
Author:	Resilience	Page:	Page 14 of 15
Approval Date:	July 2014	Version:	3.0
Issue Date:	Aug 2014	Status:	LIVE
		Review Date:	Aug 2015



5. References

EVENTS INDUSTRY FORUM 2013, *The Purple Guide to Health, Safety and Welfare at Music and other Events*.

NATIONAL AMBULANCE RESILIENCE UNIT. 2014, *National Ambulance Service Guidance for Preparing an Emergency Plan*. Rees Professional Services Ltd

OFFICIAL

YAS Event Notification Form			
Author:	Resilience	Page:	Page 15 of 15
Approval Date:	July 2014	Version:	3.0
Issue Date:	Aug 2014	Status:	LIVE
		Review Date:	Aug 2015