# **Event Medical Assurance Form**

Complete and return this form to <u>yas.events@nhs.net</u> at least 60 days prior to the date of your event.



Event Name	
Venue	
Date of Event	
Start Time	
Finish Time	
Max. Attendance (at any one time)	

Event Organiser	
Contact Number	
E-Mail Address	
Medical Provider	
Contact Number	
E-Mail Address	

Within each section below (A to L) only one figure should be counted - the highest applicable value. Please use numbers when completing this table.

A. NATURE OF EVENT (Select One)		F. EXF
Classical performance	2	< 1000
Public exhibition	3	< 3000
Pop / rock concert	5	< 5000
Dance event	8	< 10,00
Agricultural / country show	2	< 20,00
Marine	3	< 30,00
Motorcycle display	3	< 40,00
Aviation	3	< 60,00
Motor sport	4	< 80,00
State occasions	2	<100,00
VIP visit / summit	3	< 200,0
Music Festival	3	< 300,0
Bonfire / pyrotechnic display	4	G. EXI
New Year celebrations	7	Less th
If the event is demonstration/march/polit	ical score below:	More th
Low risk of disorder	2	More th
Medium risk of disorder	5	H. TIM
High risk of disorder	7	Summe
Opposing factions involved	9	Autumr
B. VENUE (Select One)		Winter
Indoor	1	Spring
Stadium	2	I. PRO
Outdoor confined location e.g. park	2	Less th
Other outdoor e.g. festival	3	More th
Widespread public location in streets	4	J. PRO
Temporary outdoor structures	4	Choice
Includes overnight camping	5	Large A
C. STANDING / SEATED (Select One)	· · ·	Small A
Seated	1	K. ADI
Mixed	2	Carniva
Standing	3	Helicop
D. AUDIENCE PROFILE (Select One)	· · ·	Motor s
Full mix in family groups	2	Parach
Full mix not in family groups	3	Street t
Predominately young adults	3	L. ADI
Predominately children and teenagers	4	Suturin
Predominately elderly	4	X-ray
Full mix rival factions	5	Minor s
E. PAST HISTORY (Select One)		Plasteri
Good data, low casualty rate < 1%	-1	Psychia
Good data, med casualty rate 1-2%	1	
Good data, high casualty rate >2%	2	
First event, no data	3	

F. EXPECTED NUMBERS (Select One)		
< 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	
G. EXPECTED QUEUING (Select One)		
Less than 4 hours	1	
More than 4 hours	2	
More than 12 hours	3	
H. TIME OF YEAR (Select One)		
Summer	2	
Autumn	1	
Winter	2	
Spring	1	
I. PROXIMITY TO NEAREST A&E (Select 0	One)	
Less than 30 minutes by road	0	
More than 30 minutes by road	2	
J. PROFILE OF DEFINITIVE CARE (Select		
Choice of A&E departments	1	
Large A&E department	2	
Small A&E department	3	
K. ADDITIONAL HAZARDS (Select One)		
Carnival	1	
Helicopters	1	
Motor sport	1	
Parachute display	1	
	•	
L. ADDITIONAL ON SITE FACILITIES (Sele	-	[
Suturing	-2	
X-ray	-2 -2	
Minor surgery	-2 -2	
Plastering Psychiatric / GP facilities	-2	
	-2	
	TOTAL	

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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

It is not 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 described within Chapter 5 of "The Purple Guide"

### Please detail the first-aid/medical provision that will be in place for this event:

Number of Nurses?	Number of dedicated First Aiders?		
Number of NHS Ambulance Managers?		Number of Ambulances?	
Number of Support Units?		Number of Ambulance Personnel?	
Other	Number of Doctors?		
	Contact number for reaching on-site medical provision on day of the event:		
	Where is the pre-identified Emergency Services RVP for this event?		
YES / NOT APPLICAE	Have you provided details of road closures that will impede emergency access?		

ards (HCPC registered
and driver(s) compliant 06?
e medical provider have or staff shortages?
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## Key Considerations for Event First Aid / Medical Provision

- ▲ No event should run with less than 2 first aiders.
- ▲ Where attendance exceeds 3,000 medical cover should be paramedic/nurse-led.
- ▲ Where attendance exceeds 10,000 medical cover should be doctor led.
- 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 hospital as part of the medical provider's service.
- First Aid/Medical staff should not undertake another role e.g. stewards being classed as first aiders.
- First Aid/Medical providers should not be expected to be responsible for lost children. Nor would it be appropriate for a lost child to be held at a first-aid point for any length of time.
- The structure of medical vs welfare facilities on site should be planned around workload and illness/injury severity expected. The medical staffing plan should clearly define how resources will be structured around these facilities, ensuring an area is preserved for acute medical illness/injury at all times.
- ▲ Medical provision should remain in place to cover dispersal of crowds.
- Where staff are being supplied to act in their capacity as registered Health Care Professionals (under protected titles such as <u>Paramedic</u>, <u>Nurse</u> and <u>Doctor</u>) the event organiser should check that their registration is correct.
- Where an ambulance is provided for patient transport:
  - It must be available for both on-site and off-site patient transfer and the medical provision should be structured in such a way that the event is not compromised when an ambulance leaves the site.
  - The medical provider should be registered with the <u>Care Quality Commission</u>.
  - Patients should be transported appropriately as indicated by their medical condition, with a crew skilled to a suitable level.
  - It should NOT be used as a first aid post.
  - Emergency ambulance provision should be able to transport a patient under blue light conditions (and so the vehicle(s) and driver(s) must be compliant with Section 19 of the Road Safety Act 2006).
- As a minimum First Aiders for events should:
  - Hold a current certificate in first-aid competency, issued by an organisation that meets the Health and Safety Executive's (HSE) guidelines on first aid training.
  - Have the ability to recognise and manage a range common conditions / injuries.
  - Have access to and competence in the use of Automated External Defibrillators (AED).
  - Have training in the safe manual handling of patients.
  - Show evidence of Disclosure and Barring Service (DBS) checks or local equivalent, in accordance with current government standards.
  - Show evidence of training in the safeguarding of children and vulnerable adults.
  - Be able to understand and communicate verbal and written instructions in English.

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### For further information please refer to the following documents:

- The Purple Guide to Health, Safety and Welfare at Music and other Events (2014) Events Industry Forum, available at: <u>https://www.thepurpleguide.co.uk/</u>
- Guide to Safety at Sports Grounds Sixth Edition (2018) Sports Ground Safety Authority
- Health & Safety (First Aid) Regulations Fifth Edition (2013) Health & Safety Executive

#### Referenced in this document:

- Deregulation Act 2015
- Road Safety Act 2006
- Road Traffic Regulation Act 1984
- Assessment Principles for First Aid Qualifications V4.0 (2013) Skills for Health
- National Ambulance Service Guidance for Preparing an Emergency Plan (2013) National Ambulance Resilience Unit

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