



PRE-EVENT LOCAL AUTHORITY GUIDANCE

London Ambulance Service
NHS Trust
January 2023





Introduction

The London Ambulance Service NHS Trust forms an integral part of the NHS health services across London. We answer over three million 999 and 111 calls a year, more than any other ambulance service in the country. We attend more than 3,000 emergencies a day. We are the only NHS provider trust to serve the whole of London – one of the world’s most dynamic and diverse cities.

Like the rest of the NHS, we continue to face substantial and sustained rises in the demand for urgent and emergency care and continue to face the challenges and complexities of our mission to answer, prioritise and allocate 999 calls across London; to respond to emergency and urgent 999 calls by sending clinicians to the scene or by treating over the phone; to provide 111 integrated urgent care (IUC) services for over 2.5 million people in south east and north east London; and to take eligible patients to medical appointments and treatment with our non-emergency transport services.

We remain committed to support the NHS Five Year Forward View and the Keogh Urgent and Emergency Care Review, and placing a clear focus on avoiding unnecessary emergency department attendances and hospital admissions. For urgent physical or mental care needs, there should be highly responsive care close to home; and for more serious or life-threatening emergencies, there should be treatment at the scene and conveyance to the most appropriate facility.

We directly employ 6,130 people – but with contractors; agency and bank staff, students, and volunteers – there are 7,670 people working for us. Together we are striving to be a world-class ambulance service for a world-class city: London's primary integrator of access to urgent and emergency care - on scene, on phone and online.





NHS Statutory Ambulance Trust – Governance for Events

The London Ambulance Service NHS Trust, as a statutory Ambulance Trusts, is a member of several Safety Advisory Groups (SAG) across the capital alongside Local Authorities, blue light partners and other category 1 and 2 agencies. Representatives provide specialist knowledge, guidance and advice to individuals and/or groups that are planning or organising an event. Ambulance Trusts are commissioned 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 London Ambulance Service NHS Trust representative will support the process to ensure that every event has an appropriate and proportionate medical plan based on a comprehensive demonstrable 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 London Ambulance Service NHS Trust may provide verbal or written advice with a view to improve the safety and medical contingencies at an event.

Purpose

The purpose of this document is to highlight the expectations of the local Ambulance trust and wider NHS, in order to minimise the impact on NHS services, and give early guidance to Local Authorities, promoters and event organisers when undertaking their planning processes.





Points of Advice

LAS

The London Ambulance Service NHS Trust representative will attend the SAG meetings and provide advice on:

- The appropriate guidance and legislation to follow in order to plan and manage an event including:
 - Guide to Health, Safety and Welfare at music and other events – Purple Guide;
 - Safety Management – Pink Guide;
 - Guide to Safety at Sports Grounds – The Green Guide; and
 - Any other up to date guidance documents
- The appropriate level of medical/clinical resources (including transport options) for the event that could reduce their risk exposure to as low as reasonably practicable;
- How to select a medical provider and guidance on best practice with regard to compliance and regulation of health and social care services. (For impartiality reasons, the London Ambulance Service NHS Trust will not recommend individual medical providers or companies) and;
- How any emergency plans in place for the event will integrate into the emergency services and the wider NHS, which includes hospitals and primary care pathways and facilities.

All medical plans should be submitted to the London Ambulance Service NHS Trust, via the SAG, within the following timeframes to ensure sufficient consultation time:

Larger 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 weeks prior to the event

*Larger scale is considered to be events over 2000 attendees

*Small scale is considered to be events under 2000 attendees

Key Points

- Every event must have an appropriate and proportionate medical plan, based on a demonstrable risk assessment of the individual event, regardless of the expected participant/attendance numbers;
- Medical plans should provide sufficient detail to demonstrate the ability to run a safe, effective and resilient medical service on site whilst minimising the impact on NHS resources;
- Event organisers should exercise due diligence in selecting competent and reliable medical services;
- A staffing plan should be submitted within the nominated medical providers plan prior to the event, to ensure that the appropriate numbers and types of resources are being utilized, and resources are deployed appropriately.
- Medical provision should be provided for the full duration of the event, including the build and break periods;
- Medical and welfare services should be provided and work together to safeguard those who may be vulnerable.

Infection, Prevention and Control Information

The London Ambulance Service NHS Trust can offer advice on infection prevention control (IPC) and patient facing guidance which is in turn based on emerging evidence and best practice and guided by recommendations from the UK Health Security Agency.

Standard infection prevention and control (IPC) risk assessments should be carried out routinely to underpin all clinical practice and decision making. Event medical services should ensure the correct level of PPE is worn by their staff, dependant on the patient presentation





and the clinical skills that are required during patient care and following a risk assessment of the presenting risks. Staff should not wear a higher level of PPE than is indicated by their risk assessment.

Hand hygiene is essential to reduce the transmission of infection. All staff should decontaminate their hands with alcohol-based hand rub (ABHR) or with soap and water wherever possible when entering and leaving areas where patient care is being delivered. Hand hygiene must be performed immediately before every episode of direct patient care and after any activity or contact that potentially results in hands becoming contaminated, including the removal of personal protective equipment (PPE), equipment decontamination and waste handling.

PPE and good infection prevention and control precautions are effective at minimising risk but can never eliminate it.

It is possible that these viruses can survive in the environment, with the amount of virus contamination on surfaces likely to only have decreased significantly by 72 hours, so thorough environmental decontamination is vital. Decontamination must be performed using one of the widely available range of effective disinfectants.

Event Safety Guide

Event organisers should provide a medical plan that works in conjunction with wider Health and Safety plans to provide a safe, effective and resilient service on site whilst helping to minimise the impact on NHS resources. The London Ambulance Service NHS Trust recognises that events and the potential medical presentations can vary widely, and can be influenced by factors including the nature of the event, numbers attending, age profile, activities on site and environmental conditions.

A full risk assessment is therefore required to sufficiently determine the nature and extent of the cover required to adequately meet the general duty to ensure, so far as reasonably practicable, the health, safety and welfare of employees and for others - including volunteers and spectators - are not exposed to risks to their health and safety arising from the operation of the event.

Several sources exist that signpost event organisers and suppliers to the practices and issues that need to be considered when events are being planned and to highlight legal criteria and non-legislative good practise.

<https://www.thepurpleguide.co.uk/index.php/the-purple-guide>

<http://www.hse.gov.uk/event-safety/index.htm>





These sources offer examples of methods that can be used to determine the level of medical provision at an event. Providers may choose to substitute some levels of cover in line with their risk assessment as and such are not intended to be entirely prescriptive.

Options can include First Responder led services, Paramedic or Nurse led services, Doctor led services or, for larger/high risk events, an Emergency Medicine doctor-led service with a full range of specialised support.

Pre Event Planning Guide

Facilities

On-site medical facilities can be within a permanent or temporary structure, dependant on availability, but in either case should be fit for purpose, clean, safe and accessible to patients.

Be of an adequate size for the anticipated number of casualties and readily accessible for the admission of casualties and ambulance crews.	Yes	No
Details:		





Medical facilities should:

Be easily accessible for patients who self-present on foot and patients who arrive on an ambulance or in a wheelchair.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Details:		

Have adequate hard standing or parking facilities for ambulances and other emergency vehicles to allow rapid loading and offloading of patients. Pedestrian access to this area should be restricted.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Details:		

Provide a suitable patient waiting area that protects patients from the environment. This should be separate from the clinical working area in order to protect patient privacy and confidentiality	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Details:		

Have working areas of adequate size to facilitate treatment, which contain suitable worktops or tables for equipment and documentation and be set up with due regard to patient dignity and confidentiality.	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Details:		





Be provided with appropriate medical and resuscitation equipment for the designated role of the unit. This should be separate from the equipment carried on ambulances.

Yes	No

Details:

Have areas to store equipment, drugs and medical gases in an appropriate, safe and secure manner.

Yes No

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Details:

Be maintained in a clean and hygienic state, have hand cleansing facilities with access to running water (within, or in very close proximity) and have appropriate arrangements for clinical waste handling and disposal.

Yes No

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Details:

All medical facilities within larger or prolonged events should have adequate internal radio and phone communication links. It is also recommended that a list of contact numbers for the medical provider be shared with the London Ambulance Service NHS Trust, via the SAG.

For events requiring more than one medical facility, a main medical facility should be identified and have a dedicated external phone line.





Will a list of contact numbers be provided?	Yes	city NO
Details:		

Staffing

During the planning process organisers should, at the earliest opportunity, appoint a competent organisation to deliver medical services that can provide appropriate medical, ambulance and welfare provision in line with the risk assessment, and minimise the effects of the event on the statutory healthcare services.

Organisers should be assured that the medical provider is experienced in managing events of a similar size and nature, and they have the skills, experience and resources (including public liability insurance) needed to provide safe and effective cover. Details of the cover to be provided should be presented in a formal medical plan and include sufficient detail on the staffing proposal and operational infrastructure. The appointed medical provider should liaise with statutory services and any first aid providers, if different, at the SAG meetings and on site during the event.

In England, ambulance services undertaking off-site transfers must be registered with the Care Quality Commission for the provision of such services. This registration can be checked on the CQC website (www.cqc.org.uk)

For larger events, multiple providers may be used but a lead provider should be identified and be competent in managing the other service providers.

Has a medical provider been appointed?	Yes	No
Details of organisation including contact information, web address and CQC number:		
Details of any sub-contracted elements (Including CQC numbers as appropriate):		





An appropriate medical manager from the provider organisation should be identified to undertake the overall co-ordination of services, and be readily available during the event.

Will an event Medical Manager be appointed?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Details:		

Will that manager be on site?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Is the event medical manager suitably qualified?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Details (medical management qualifications, clinical/managerial background or experience):		

Will the event medical manager receive a full brief from the events Safety Officer and subsequently brief the first aid and medical staff?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>





First Aiders/First Responders

The recommended minimum number of first aiders/First Responders at small events where no special risks are identified is 2 up to 500 attendees and 4 up to 2000 attendees. No event should have less than two first aiders.

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. Guidance within the Purple Guide offers that first aid at work, (FAW) and emergency first aid at work (EFAW) are not suitable qualifications for the event environment.

The First Response Emergency Care (FREC3) or First Person on Scene (FPOS) awards are now the recommended levels of competence for administering first aid to members of the public.

Will the event have at least the minimum number of first aiders/First Responders?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

First aiders, ambulance and medical workers should:





<ul style="list-style-type: none"> • Be at least 16 years old and not over 65 	Yes	No
<ul style="list-style-type: none"> • Have no other duties 	Yes	No
<ul style="list-style-type: none"> • Have identification 	Yes	No
<ul style="list-style-type: none"> • Have protective clothing 	Yes	No
<ul style="list-style-type: none"> • Have relevant experience or knowledge of requirements for first aid at major public duties 	Yes	No
<ul style="list-style-type: none"> • Be physically and psychologically equipped to carry out the assigned roles 		

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

Do all of the proposed first aiders have a suitable level of qualification, and are able to provide evidence issued by a recognised organisation?	Yes	No
Details of first aiders and qualifications:		





Medical Practitioners

A 'qualified medical practitioner (Doctor)' is a medical practitioner registered with the General Medical Council (GMC) in the UK.

Registrations can be checked by visiting the GMC website: www.gmc-uk.org

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. It is desirable that the practitioner should have recent experience in dealing with emergencies in the pre-hospital or accident and emergency environment and be familiar with the operation of the local NHS ambulance service and competent first-aid providers.

Will medical practitioners be utilised for this event?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Do the medical practitioners meet the pre-mentioned requirements?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>





Details of medical practitioner(s) including registration number(s):

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Nurses

A 'qualified nurse' is a person currently registered as a nurse with the Nursing and Midwifery Council.

It is recommended that a nurse working at an event should have post-registration knowledge and recent experience in dealing with emergencies in the pre-hospital or accident and emergency environment. Unless specifically trained as part of a mobile-response team, nurses would ordinarily undertake the duty of staffing the medical facilities, working as a team with the medical practitioners, paramedics and first aiders in the triage and treatment of casualties.

Registrations can be checked by visiting the NMC website: <https://www.nmc.org.uk>

Will nurses be utilised for this event?	Yes	No





Do the nurses meet the pre-mentioned requirements?

Yes	city No
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Details of nurse(s) including registration number(s):

Paramedics

A 'qualified paramedic' is a person currently registered as a paramedic with the Health Care and Professionals Council (HCPC).

To operate as a paramedic at an event, registrants must have immediate access to the required level of specialist equipment and drugs as approved by their local Clinical Governance Group.

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

Registrations can be checked by visiting the HCPC website: www.hcpc-uk.org

Will paramedics be utilised for this event?

Yes	No





Will the paramedic(s) have immediate access to the full range of drugs carried by an NHS Paramedic?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Will the paramedic(s) have immediate access to advanced life-support equipment such as intubation and infusion equipment?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do the Paramedics meet the pre-mentioned requirements?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Details of paramedic(s) including registration number(s):

Emergency Medical Technician (EMT)/ Emergency Care Assistant (ECA)/ Associate Ambulance Practitioner (AAP)

A person trained (usually) by the NHS using the Institute of Health Care Development (IHCD) framework or by a private provider using a similar structure i.e. First Response Emergency Care QCF (FREC 4), St John Ambulance Qualification etc.

Will EMTs/ECAs/AAPs or equivalent be utilised for this event?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do the EMTs/ECAs/AAPs or equivalent meet the pre-mentioned requirements?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>





Details of EMTs/ECAs/AAPs including qualification(s) and issuing Trust or Organisation

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Medical cover in pit area

Some events contain potential areas of high activity such as those adjacent to a stage pit. It is suggested that these areas contain a specialist triage area, staffed by trained and experienced staff, and equipped to provide first-aid, as well as to triage large numbers of patients with an emphasis on safe but rapid discharge or movement to a larger facility.

There should be a capability to identify and provide immediate care to compromised patients, including immediate life-saving interventions.

Will specialist triage area staff be utilised for this event?	Yes	No

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If yes, will the following equipment be immediately available in the specialist triage area?

- | | | |
|--------------------------------------|-----|----|
| • Rescue boards and cervical collars | Yes | No |
| • Oxygen therapy | Yes | No |
| • Resuscitation equipment | Yes | No |
| • Assorted splints | Yes | No |
| • Triage equipment | Yes | No |

Radio Communication

Larger events may require medical services to utilise its own separate radio channel to connect medical and welfare facilities, mobile response teams and specialist triage areas. It is important to note that the use of shared channels is not acceptable and may breach General Data Protection Regulations (GDPR) legislation.

It is recommended that a protocol for the use of radio equipment, including pre-identified call signs, must be agreed before the event and detailed within the medical plan.

Will the medical and welfare staff have access to radio communication facilities?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Details:		





Triage and Treatment

It is important that all events have appropriate and proportionate arrangements for the triage, treatment and transport of those in need, in line with the risk assessment. Casualty data from previous or similar events can provide some guidance of potential medical activity.

There should be adequate capability to manage a wide range of medical, trauma and mental health presentations, varying from the trivial to the life threatening. Special consideration may need to be given to drug and alcohol issues and long-term conditions at some types of event.

Will the medical plan demonstrate the appropriate and proportionate numbers and types of resources to adequately triage, treat and transport patients to the expected level of medical activity?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Details:		





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Medical arrangements should include the pre and post event phases of an event. The clinical risk during these phases should be mitigated by pre arranging and agreeing times and areas of responsibility with event organisers and statutory services during the SAG meetings.

Will the pre and post event medical provision be discussed and agreed, including areas of responsibility and timescale?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Details:		

Medical facilities must be easily identifiable and accessible to those attending the event. Appropriate signage should be considered as well as including medical facility information on websites and on printed and e-tickets.

Event stewards and security staff should be briefed on the location of all medical facilities.

Will the medical facilities be clearly signposted?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

At events with overnight campsites or activities, appropriate provision should be made to have medical, ambulance, and first-aid cover available while the campsite is in operation or activities take place, albeit at a possibly reduced level. Consideration should also be given to extended GP and welfare services.

Does the event include overnight camping or activities?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>





Details of extended medical, GP and welfare provision:

At larger and longer running events consideration should be given to providing a specific service for those with mental health needs, including the provision for assessment under the Mental Health Act and conveyance to a place of safety.

Will additional mental health services be provided separately from the main medical facility?	Yes	No

Transport

Where practicable, suitable sterile routes for emergency vehicles should be considered, discussed and agreed with the event organiser as appropriate.

Will sterile routes for emergency vehicle be discussed and identified?	Yes	No

The level of medical provision should be maintained at the agreed level throughout the event. As such, there should be contingency arrangements in place to be able to replace staff or vehicles, drugs and equipment should they be required to leave the site for an extended period of time, be used up or become unserviceable.

Will the medical plan include contingencies for replacing staff, vehicles, drugs and equipment if required?	Yes	No





Some high risk events require the pre identification of a suitable helicopter landing site, on site or at a nearby location, to allow for medical evacuation.

Will a suitable helicopter landing site be identified and approved in advance? (if applicable)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

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 detailed maps of the site be made available to the SAG, and event and medical staff?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Documentation

All patient contacts should be recorded and the patient care records held by the medical provider. Medical providers must ensure that they comply with the requirements of the Data Protection Act (DPA) and the General Data Protection Regulations (GDPR). All patient-identifiable data must be treated as confidential and only shared with the patient's informed consent, and in accordance with agreed information-sharing protocols or in response to a statutory request.

Medical providers may source their own patient report forms or utilise those of the local NHS ambulance service.

An event log should be maintained for larger events recording requests for medical services and dispatches, patients treated and any operational decisions taken.

Will the medical plan provide details of an appropriate patient care records procedure?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>





Will the medical plan demonstrate an understanding of the providers reporting responsibilities including RIDDOR, event logs and decision logs?

ON SITE	No
ON PHONE	
ONLINE	

Medical Contingencies Enquiry

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 their CQC registration number? *If applicable.* **NB:** This is only relevant if they intend on conveying patients off site.
- Is there a plan/option to increase the medical cover or adapt the medical plan in case of changes to the event or revised risk assessment?
- 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

- Has there been (or will be) any engagement with the intended receiving hospitals making them aware of the event? Have the London Ambulance Service NHS Trust's Emergency Preparedness Resilience Response (EPRR) officers been contacted outside of the SAG?

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 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 LAS to view?
- Are the PRFs the same for all levels of clinical staff? First responder, 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?
- Have you liaised with London Helicopter Emergency Medical Service (HEMS)?
 - 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 needed?
- 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?

