|  |
| --- |
| **This form is for your own records, there is no need to return to SWAST.** |

The sections in this document are based on information which members of the Safety Advisory Group will use to assess the adequacy of medical cover for an event. Each question is related directly to the relevant section of [The Purple Guide](https://www.thepurpleguide.co.uk/) and the National Ambulance Service Guidance for Preparing an Emergency Plan 2013. Completion of this document and the Proforma will:

* Assist in planning and delivering a safe, effective, and resilient medical service to the event.
* Identify a named Event Medical Manager to oversee all aspects of service delivery.
* Determine the medical cover for event and therefore provide sufficient appropriately skilled, experienced, and equipped staff to provide the service.
* Inform the NHS Ambulance Service of the medical provision for the event.
* Inform the event promoter whether an NHS ambulance service standby of resources or presence is required at the event.
* Determine whether there is likely to be an impact on the wider NHS services.
* Contribute to any safety certificate or equivalent.

**Please complete the following with assistance from your chosen event medical provider:**

* **Section 1** – Score the clinical and event indicators. Confirm the type of event service lead required from your medical provider and confirm the level of medical cover.
* **Section 2** - Complete the questionnaire to assure yourself of your medical provider standards and keep for your records
* **Event Proforma (Separate Document Form 2) –** Complete form and return to NHS Ambulance Service. Unless a suitable Event Notification Form has been submitted to the local council.

|  |
| --- |
| On the grounds of public safety, South Western Ambulance NHS Foundation Trust may have to attend events that include:* Where the event is in widespread public streets
* A political event/VVIP attendance
* Where there could be a level of violence or disorder
* Where the event is Purple Guide scored as an “Emergency medicine doctor event with specialist support”
* Where on site liaison, control facility and a management team are required as per the Purple Guide
* Where the event would potentially require a specialist NHS ambulance resource to a major incident or the event warrants a pre-determined major incident response to be prepositioned due to the large number of attendees
* Where the police have determined a specific threat or where there is the national threat level is critical
* Where attendance is warranted based on a lesson from the previous year’s event

It should also be noted that where South Western Ambulance Service NHS Foundation Trust commercial events team are attending as the medical provider, this is not in lieu of any statutory attendance as listed in the table above. |

**Section 1**

*This Purple Guide stresses throughout chapter 5, the importance of undertaking a full risk assessment for each event and using this to determine the level of medical cover needed. Please ensure you have read Chapter 5 of the Purple Guide to help you determine the level of medical cover required for your event. The table below has been produced following the information within the The Purple Guide 2023, Chapter 5*

**1) What level of cover are you planning on having at your event?**

*Please tick your chosen tier.*

|  |  |
| --- | --- |
| **Tier 1** | ✓ |
| **Indicators** | **Provision Should Include** |
| * Fewer than 500 attendees
* No or minimal alcohol consumption
* No or minimal recreational drug use
* No activities which have a risk of injury
* Hospital referrals very unlikely
* Duration of a few hours or less
 | * Provision of a suitable first aid kit and someone able to use it
* Location of the nearest defibrator and how to access it
* Ensuring that appropriate people know how to access emergency assistance.
 |
| **Tier 2** | ✓ |
| **Indicators -** *Includes any one of the following* | **Provision Should Include** |
| * More than 500 but fewer than 2,000 attendees
* Social drinking of alcohol
* No more than isolate drug use
* Low risk of any injury from activities
* Hospital referrals unlikely
* Duration no longer than a day
 | * A nominated lead who is responsible for the delivery of the service on site
* Supporting first responders or health care professionals
* An ambulance with a suitably qualified crew
 |
| **Tier 3** | ✓ |
| **Indicators -** *Includes any one of the following* | **Provision Should Include** |
| * More than 2,000 but fewer than 5,000 attendees
* Alcohol intoxication likely
* Drug intoxication likely
* Moderate risk of injury from activities
* Hospital referrals likely
* Duration several days
 | * A clinical lead, who should be a health care professional.
* Health care professionals such as Doctors, Nurses, and Paramedics
* First responders
* In most cases, one or more ambulance with suitably qualified crews
 |
| **Tier 4** | ✓ |
| **Indicators -** *Includes any one of the following* | **Provision Should Include** |
| * More than 5,000 but fewer than 10,000 attendees
* Alcohol intoxication likely
* Drug intoxication likely
* Moderate risk of injury from activities
* Hospital referrals likely
* Duration several days
 | * A clinical lead, who should be a health care professional.
* Health care professionals such as Doctors, Nurses, and Paramedics
* First responders
* Ambulances with suitably qualified crews
 |
| **Tier 5** | ✓ |
| **Indicators -** *Includes any one of the following* | **Provision Should Include** |
| * 10,000 or more attendees
* Alcohol intoxication likely
* Drug intoxication likely
* Moderate risk of injury from activities
* Hospital referrals likely
 | * A clinical lead, who should be a health care professional.
* Health care professionals such as Doctors, Nurses, and Paramedics
* First responders
* Ambulances with suitably qualified crews
* Control staff
 |

**Section 2**

**Self-Assurance Questionnaire for Event Organiser Records**

**Q1**. Are you satisfied that you have received a Risk Assessment & Method Statement (RAMS) and an Event Medical Plan that includes items as listed in 5.16 of The Purple Guide? Every event must have a RAMS completed.

Yes / No

**Q2**. If providing a First Responder (s) (or First Aider) has the medical provider confirmed, they meet the requirements of 5.25 of The Purple Guide? I.e., A person who has the following awards: First Response Emergency Care (FREC3) or First Person on Scene (FPOS) who are dedicated in that role.

Yes / No / Not Applicable

**Q3**. Have you ensured that the medical provider is supplying medical cover during the ‘Build phase’ of your event? (To meet requirements of The Health and Safety First Aid Regulations 1981)

Yes / No

**Q4**. Have you made provision for a suitable medical facility (First-aid post, medical centre) that includes immediate access to an Automated External Defibrillator and meets the required features as listed in 5.30 of the Purple Guide? ***Please note an ambulance is not considered a suitable first aid post***

Yes / No

**Q5**. Have you made provision for a suitable medical facility signage across the event footprint and publication of the medical facility location to stewards and the public, via event day social media, via event day PA’s and on event publications?

Yes / No

***If your event does not require ambulances go to Q8***

**Q6**. If providing conveying ambulances, is the medical provider registered with the Care Quality Commission?

You can check this by using the CQC website: <http://www.cqc.org.uk/> *In relation to 5.17 of The Purple Guide, if a chosen medical provider is not registered with the CQC then ambulance conveyance is not possible; this could potentially impact on the statutory ambulance service performance and increase demand.*

Yes / No / Not Applicable

**Q7**. For an ambulance to be considered the dedicated ambulance resource on site, the vehicle should be able to transport on blue lights. Please confirm that your vehicle and driver are compliant with Section 19 of the Road Safety Act 2006. The full details can be found: <http://www.legislation.gov.uk/ukpga/2006/49/section/19>

Yes / No

***If your event does not require doctors, nurses, medical technicians or paramedics go to Q12***

**Q8**. If providing a doctor(s), has the medical provider supplied all the professional registration numbers [www.gmc-uk.org](http://www.gmc-uk.org) and can you confirm they meet the requirements of 5.23 of The Purple Guide?

Yes / No / Not Applicable

**Q9.** If providing a nurse(s)/emergency nurse practitioner has the medical provider supplied all the professional registration numbers [www.nmc.org.uk](http://www.nmc.org.uk) and can you confirm they meet the requirements of 5.23 of The Purple Guide?

Yes / No / Not Applicable

**Q10**. If providing a paramedic(s)/ specialist practitioner has the medical provider supplied all the professional registration numbers [www.hcpc-uk.org](http://www.hcpc-uk.org) and can you confirm they meet the requirements of 5.23 of The Purple Guide?

Yes / No / Not Applicable

**Q11**. Has your medical provider defined the contingencies for unexpected increase of demand or staff shortages?

Yes / No

**Q12**. Has your medical provider considered specialist medical teams for the retrieval of patients or specialist triage areas close to a site of high activity (e.g. stage pit)?

Yes / No

**Q13**. Does the medical plan and staffing allow for the dispersal of the crowd? The decision when to stand down Medical provision should be taken in conjunction with the Event Safety Officer.

Yes / No

**Q14**. Does the medical plan explain how the medical teams will be controlled and dispatched (usually from a medical control adjacent to the event control point)

Yes / No

**Q15**. Does the medical plan explain how they will inform the NHS ambulance service of a major incident using a METHANE message?

Yes / No

|  |
| --- |
| **Further comments** |
|  |

Should you have any questions please contact your local SWASFT contact:

Gloucestershire EPRR.gloucestershire@swast.nhs.uk

BNSSG (Bristol) EPRR.BNSSG@swast.nhs.uk

Somerset EPRR.somerset@swast.nhs.uk

Wiltshire EPRR.wiltshire@swast.nhs.uk

Dorset EPRR.dorset@swast.nhs.uk

Devon EPRR.devon@swast.nhs.uk

Cornwall EPRR.cornwall@swast.nhs.uk