Guidance Notes;

1. You are strongly advised to complete a comprehensive **Medical Risk Assessment** for your event. The level of medical provision your event requires will come from this assessment. You (or your medical provider) should also produce a **Medical Plan** detailing where, when and how you are going to mitigate those risks identified in your risk assessment and provide appropriate medical cover for your event. Further advice on completing the risk assessment and medical plan should be sought from publications such as The Purple Guide, HSE Guidance or professional Health & Safety/Medical advisors ([www.thepurpleguide.co.uk](http://www.thepurpleguide.co.uk)) (<https://www.hse.gov.uk/simple-health-safety/risk/index.htm>)

***Failure to complete a Risk Assessment or Medical Plan may leave you open to prosecution and/or litigation should an incident occur.***

2. The SAG (or the NHS Ambulance Service) cannot risk assess your event for you. You as the Event Organiser must do this, as it is you that are held legally responsible for your event. If you do not supply a Medical Risk Assessment and Medical Plan, then WMAS cannot assess your event fully and any advice given to you by WMAS may be incomplete.

3. The level of medical cover you supply should be sufficient to minimise the impact on the local NHS. This includes local A&E Departments, GP’s and the Ambulance Service. The aim should be to manage casualties on site as far as it is safe and appropriate to do so and to arrange off-site transfer within a satisfactory timeframe when it is not.

4. Transporting patients from an event to definitive care (hospital) is a regulated activity by law and as such, can only be provided by a company registered with the Care Quality Commission (CQC). ([www.cqc.org.uk](http://www.cqc.org.uk)). If your event requires an Ambulance to transport offsite, then this must be supplied by a company registered by the CQC.

5. If your event is being held under the authority of a governing body (UK Athletics, Motorsport, Equestrian etc) then please refer to that organisation for the level of medical cover that they stipulate. Failure to adhere to their requirements could invalidate your event insurance.

6. Medical cover should be provided for the entire duration of your event, from build up to breakdown. The level of this cover will be determined by your Medical Risk Assessment, taking into account guidance and legislation.

If you are providing accommodation and/or camping for your event, then you have a duty of care to those staying and you should provide overnight medical cover.

7. The qualification of First Aid at Work (FAW) or Emergency First Aid at Work (EFAW) are NOT suitable for providing first aid at events. First Aiders should be at least First Response Emergency Care Level 3 (FREC3) or First Person On Scene (FPOS). They should be trained in Basic Life Support (Both Adult and Paediatric), the use of automated defibrillators and are all required to be Enhanced DBS checked.

8. It is now expected that most events (and ALL public events) should have immediate access to an Automated External Defibrillator (AED) and trained personnel.

9. Medical providers can vary in quality and capability and event organisers should exercise due diligence in selecting a competent and reliable service. It is good practice to take up references from other customers who have used the provider for similar events and personal recommendation from peers within the event industry may also be useful. Check that they hold appropriate medical defence and public liability insurances and have rigorous clinical governance procedures in place.

Notification of Events, Completed Forms and other documentation can be submitted to [events@wmas.nhs.uk](mailto:events@wmas.nhs.uk)

*This form has been created by West Midlands Ambulance Service to capture the information that is required to enable them to review the proposed medical provision for your event. Upon completion, this (along with your Risk Assessment and Medical Plan) will be reviewed and any comments submitted back to the event organiser. Thank you for your co-operation in completing this form. Please submit completed form to* [*events@wmas.nhs.uk*](mailto:events@wmas.nhs.uk) *Have you informed your local Safety Advisory Group? (via local council).*

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| **Date of Event** |  | | | | | | **Event Name** | | | | |  | | | | | | | | | | | | | | | **Event Location** | | |  | | | | | | | | | | |
| **Type of Event** | |  | | | | | | | | | | | **Timings of Event** | | | | |  | | | | | | | | **Maximum number of attendees at any one time** | | | | | | | | | | |  | | | |
| **State Audience: Crowd Mix**  **(Family/ Young Adults etc)** | | | | | | | | | |  | | | | | | | | | | | | **Will crowd be Standing/Seated/Mixed?** | | | | | | | | | | |  | | | | | | | |
| **Event**  **Organisation Name** | | | | |  | | | | | | | | | | | | | | | | **Event Organisation Named Contact** | | | | | | | | | |  | | | | | | | | | |
| **Organiser Telephone Number** | | | | | |  | | | | | | | | | | | | | **Organiser Email** | | | | | | | |  | | | | | | | | | | | | | |
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| **Medical Provider Company Name** | | | |  | | | | | | | | | | | | | | | | | | | **Is Provider CQC Registered?**  **If so, Registration Number** | | | | | | | | | | |  | | | | | | |
| **Telephone number for Medical contact on the day of event** | | | | | | | | | | | | | |  | | | | | | | | | | | | | **Named Person** | | | | |  | | | | | | | | |
| **Has a Medical Risk Assessment & Medical Plan been produced for this event – If so, attach documents** | | | | | | | | | | | | | | | | | ***YES, and attached / No*** | | | | | | | | | | | ***Camping/Overnight Accommodation?*** | | | | | | | | ***Y / N*** | | | | |
| **Details of proposed Event Medical Provision** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of Doctors** | | |  | **Number of Nurses** | | | | | | |  | | | | | **Number of Emergency Care Practitioner** | | | | | | | |  | | | **Number of Paramedics** | | | |  | | | | **Number of Technicians** | | | | |  |
| *To check status of a Doctor, refer to* [*https://www.gmc-uk.org/registration-and-licensing/the-medical-register#searchTheRegister*](https://www.gmc-uk.org/registration-and-licensing/the-medical-register#searchTheRegister)  *To check the status of a Nurse, refer to* [*https://www.nmc.org.uk/registration/search-the-register/*](https://www.nmc.org.uk/registration/search-the-register/)  *To check the status of a Paramedic, refer to* [*https://www.hcpc-uk.org/check-the-register/*](https://www.hcpc-uk.org/check-the-register/) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of First Aiders.**  **(State level of qualification\*)** | | | | | | | | | |  | | | | | | | | | | | | | | | | **Will you have Defibrillators on site?**  **If so, how many?** | | | | | | | | | | | | |  | |
| **State any other medical personnel on site** | | | | | | | |  | | | | | | | | | | | | *\*The qualification of First Aid at Work is not a suitable qualification for the event environment. \* Refer to The Purple Guide to health, safety and welfare at Music and other events (2014) (*[*https://www.thepurpleguide.co.uk*](https://www.thepurpleguide.co.uk)*)* | | | | | | | | | | | | | | | | | | | | |
| **Other Medical Resources** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If treatment facility on site, Give details size / equipment / number of beds** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of Ambulances on site** | | | | | | | | |  | | | | **Intention to convey casualties to hospital \*** | | | | | | | | | | | | ***Y / N*** | | | ***Local A& E to event notified?*** | | | | | | | | | |  | | |
| *\*In order to convey casualties to hospital on the public road, the medical provider must be CQC registered* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Number of Medical Response Cars** | | | | | | |  | | | | | | | | **Number of Cycle / Quad / 4x4 vehicles or other on site (type and qty)** | | | | | | | | | | | | | |  | | | | | | | | | | | |