



# The event planning process

for medical providers

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Presented by Matt Dinnery, a qualified teacher with PGCE, completed MIMMS provider training in 2015 & 2019, followed by SMART D-Net CPD in 2020. Clinically awarded FREC4 in 2020, having also obtained a BSc (Hons) Biomedical Sciences in 2012.

Matt has worked in events, including crowd safety, security, event safety & medical, since 2006.

He has produced various event, crowd & medical operational/safety plans for events from 50-280,000 guests.

## Training courses



- Visit [www.promed999.co.uk/training](http://www.promed999.co.uk/training) for full details & dates
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FREC3: 29<sup>th</sup> August (3 weekends / 5 days) – includes copy of Ambulance Care Essentials

FREC4: 3<sup>rd</sup> October (3 weekends / 5 days) – includes copy of Ambulance Care Practice

ILS: 20<sup>th</sup> September (1 day) – includes copy of Resus Council (UK) Immediate Life Support

SALM: 26<sup>th</sup> September (2 days) – includes JRCALC pocket book £165.00+VAT

## Code of conduct



- Everyone attending a ProMed training event has the right to expect a space free from bullying, intimidation and harassment.
- Everyone has the right to be treated with dignity, respect and courtesy and not to be discriminated against.
- Please read the full code of conduct at:  
<https://www.promed999.co.uk/training/continuous-professional-development-cpd/code-of-conduct/>
- If you need to report inappropriate behaviour, please privately message ProMed Admin Team during the webinar, or email [webinars@promed999.co.uk](mailto:webinars@promed999.co.uk) following the meeting

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ProMed will not tolerate any form of harassment or discrimination. Anybody attending a ProMed event are responsible for their own behaviour and must ensure they behave appropriately showing respect to others during ProMed events and social activities.

Reports of inappropriate behaviour, including behaviour which brings injury or discredit to Professional Medical Ambulance Services Limited, will be treated seriously and acted upon promptly. Any such behaviour may ultimately result in attendees being asked to leave and/or legal action being taken.

The event coordinator has complete discretion to ask individuals to leave the event.

Any persons breaching this code of conduct will be reported to ProMed's leadership team, and may be prevented from attending future opportunities.

## The event planning process



- What to ask of your client at the quotation stage
- How to risk assess the event
- The role of The Purple Guide and The Green Guide
- Working with Safety Advisory Groups (SAGs)
- Liaising with the local Ambulance Service NHS Trust
- Liaising with the local acute NHS Trust emergency planning team
- Detailed planning with your client / the production team
- Developing working relationships with key safety stakeholders

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## Quotations

- Who
- What
- Where
- When
- Why
- How



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Who – audience demographic, event production company, numbers of staff, etc

What – is happening?

Where – location, site map

When – days/dates/times, overnight, etc

Why – the purpose of the event

How – risk assessments & event management plan

When tendering for event contracts, providers should obtain a full and detailed understanding of the event, the size and profile of the expected audience, any identified high-risk activities on site and the location of the nearest NHS referral facility and conduct a careful risk assessment.

It is the responsibility of the medical provider to propose a medical plan for the event; whilst remaining commercially viable, this should set out a safe, effective and resilient service which will reduce the impact of the event on the local NHS as much as possible. The provider should be able to demonstrate they are competent to deliver all aspects of the proposed service.

Image source: <https://www.businessprocessincubator.com/content/change-agents-the-who-what-where-when-why-and-how/>

## Risk assessment



- Numbers expected (staff, audience, participants)
- Nature of the event (music festival with a young audience, alcohol, overnight camping etc)
- History of the event
- What safeguarding is in place?
- What welfare facilities are being provided and by whom?
- Hazards - what may cause injury or illness (from severe weather to participation in extreme activities)
- Likelihood of high acuity presentations

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## The Purple Guide



- Chapter 5 – Medical (updated 13/11/2019)
- Every event should have a medical plan based on a comprehensive risk assessment
- Medical plans should aim to provide a safe, effective and resilient service on site whilst helping to minimise the impact on NHS resources
- Event organisers should exercise due diligence in selecting competent and reliable medical services

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***REMEMBER: Every event should have a specific Medical Plan, based on a comprehensive Risk Assessment***

***REMEMBER: The Medical Provider should carry out a full Risk Assessment of the event and propose an appropriate Event Medical Plan. Your risk assessment/s should always drive your internal planning especially when planning for escalation events***

***REMEMBER: At larger events, there may be thousands of pre and post site workers living and working on-site, and the area should therefore be considered as a place of work. HSE regulations for working at height and hard hat zones therefore apply. Medical Providers may need to recommend some pre and post cover, as part of their medical provision***

***REMEMBER: Every event should have an appropriate level of medical cover***

***REMEMBER: The key objectives are to provide a safe, effective and resilient service and to minimise the impact of the event on the local NHS***

***REMEMBER: Medical facilities should be designed, sited, equipped and staffed in accordance with expected activity. There should be additional capacity available for unexpected contingencies***

***REMEMBER: Reliable communications are the key to effective working and it is important there should be a dedicated channel for the sole use of medical services; the use of shared channels is not acceptable and may breach General Data Protection Regulations (GDPR) legislation***

***REMEMBER: Records must be clear, interpretable and accurate and copies of comprehensive records, including decision logs, must be produced as soon as***

***reasonably practicable, or in any case within twenty-four hours (24) of any escalation incident***

***REMEMBER: Medical providers must ensure that patients' privacy and confidentiality are respected but be aware that in the case of a child under the age of 18 years, any child protection issues must take precedence***

***REMEMBER: Medical and welfare services should work together in pursuit of their common goal of reducing harm and safeguarding those who may be vulnerable***

***REMEMBER: Events are not over when the last act leaves the stage and the final phase may present new challenges for the medical provider***

***REMEMBER: Clear communications between the on-site provider and the NHS ambulance service are key to ensuring effective handover and coordination of the incident***

***REMEMBER: Medical providers vary in quality and capability and event organisers should exercise due diligence in selecting a competent and reliable service***

***REMEMBER: Be wary of other designations which are not protected titles and give no indication of clinical competence or ability***

# The Purple Guide



		Very low	Low	Medium	High	Very high
Clinical activity	Expected number of patient presentations	1	2	3	4	5
	Expected level of patient acuity	1	2	3	4	5
Event characteristics	Expected levels of drug & alcohol problems	1	2	3	4	5
	Expected levels of violence and disorder	1	2	3	4	5

  

No individual score over 1	First Responder-led service
No individual score over 2	Paramedic or Nurse-led service
No individual score over 3	Doctor-led service
Any individual score of 4 or 5	Emergency Medicine doctor-led service

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***REMEMBER: The matrix should be jointly interpreted by the organiser and the provider and always with a view to best supporting the needs of the event. Event organisers and licensing authorities should not regard the matrix as a prescriptive statement of the minimum cover acceptable or the service model appropriate for any particular event***

This tool is intended only as a guide and should not take the place of clinical judgement, based on experience

# The Purple Guide



First Responder-led service		
<b>Description:</b>	<b>Minimum crew:</b>	<b>Consider:</b>
Small event, typically fewer than 2000 attenders	2 first responders for up to 500 attenders	Paramedics, ECPs or ENPs to increase casualty assessment and stabilisation capability where circumstances dictate
No significant problems expected	4 first responders for up to 2000 attenders	Site ambulance and crew if event held across a large area
	1 manager	
Paramedic or Nurse-led service		
<b>Description:</b>	<b>Minimum crew:</b>	<b>Consider:</b>
Small event, typically 2000 to 10,000 attenders	1-2 paramedics	Doctor
Low risk of significant problems	2-4 nurses	Site ambulance(s) and crew(s)
	2 first responders/4000 attenders	Rapid Responder Vehicle
	1 manager	

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# The Purple Guide



Doctor-led service			Emergency Medicine doctor-led cover with specialised support		
<b>Description:</b>  Medium-sized event, typically 10,000 to 20,000 attenders Moderate risk of high acuity presentations	<b>Minimum crew:</b>  1-2 doctors 2-4 nurses or ENPs 1-2 paramedics or ECPs 2 first responders/ 5000 attenders 1 site ambulance and crew 1 Rapid Response Vehicle 1 road ambulance and crew for off-site transfers only 1 manager	<b>Consider:</b>  On-site liaison and control facility Second road ambulance if transfer times prolonged	<b>Description:</b>  Large, often complex event, typically 20,000 to 100,000 attenders – maybe many more Significant risk of high acuity presentations, substance misuse and disorderly behavior	<b>Minimum crew:</b>  2 doctors/25,000 attenders 4 nurses/25,000 attenders 2 paramedics/25,000 attenders 2-4 first responders/25,000 attenders 1-2 site ambulances and crew/50,000 attenders 1-2 road ambulances and crew/100,000 attenders for off-site transfers only 1-2 Rapid Response Vehicles On-site liaison and control facility Management team	<b>Consider providing on site:</b>  Emergency department Advanced wound care Stage crews Mental Health Team Pharmacy X-ray Physiotherapy, podiatry, dentistry etc. Further road ambulances if transfer times prolonged

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## The Green Guide



- The Guide to Safety at Sports Grounds
- Management must commission a medical risk assessment from a competent person or organisation who should consult the local ambulance service NHS trust, medical and first aider providers and crowd doctors as appropriate
  - Where a safety certificate is in force the consultation should be arranged through the local authority
- From the results of the medical risk assessment, management must produce a written medical plan defining the levels of medical and first aid provision for spectators at the sports ground

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### P & S Factors

The medical plan should include details of: a. the medical team command structure and lines of responsibility b. the ground command and control systems c. the size, location and number of permanent, temporary or mobile first aid rooms and facilities d. all medical equipment and materials and their source e. the role, number and location of ambulances, their capabilities and the crew competencies f. the duties, number and location of crowd doctors, nurses, paramedics and first aid personnel g. the communication links to the members of the medical team inside the ground and with other agencies outside the ground h. procedure for the investigation and management of critical incidents i. the number and profile of the crowd, with particular reference to the likely presence of older people, young children and those with disabilities j. the time and duration of the event k. the procedures for inspecting facilities and equipment l. the need to respond to particular weather conditions m. travel times and distances to local accident and emergency hospitals n. the response to a major incident o. major incident triage procedures p. major incident casualty clearing location and procedures q. procedures for dealing with fatalities r. the necessary welfare facilities for all medical service personnel.

Particular sports governing bodies may have specific requirements for medical support in order to permit the event to commence or to continue. The medical resources provided for participants should not be regarded as available for spectators and vice versa. The plan should be reviewed annually or after any significant incident or near miss. In addition to the medical plan for spectators it is likely that there will

be a medical plan for participants and officials. It is not unreasonable to combine the two plans to provide a clear statement of responsibilities.

It is the responsibility of ground management to provide a room or rooms designated for the provision of first aid to spectators. This should be in addition to the sports ground's own medical room for participants. A suitable site should be identified as a secondary first aid post in the event of the primary first aid post becoming non-operational for any reason. Ground management is responsible for the upkeep and cleanliness of the first aid room.

Suitable arrangements should be provided for the procurement and replacement of the agreed scale of medical and first aid equipment and materials as set out in the medical plan. Management should ensure that defibrillators are provided at all events. If the management itself does not have defibrillators permanently on site, it should ensure that they are supplied by the medical and/or first aid provider. It is desirable that, where doctors and paramedics are deployed, a manual defibrillator should be provided. Automatic and semi-automatic defibrillators should also be available for suitably trained staff. Management must provide suitable secure storage for the first aid materials and equipment except any equipment brought in on the event day by the medical provider. Arrangements should be put in place for the safe disposal of clinical (including sharp items) and non-clinical waste.

Responsibility for ensuring the presence of competent personnel lies with management. Management should appoint one or more organisations who can supply the number and range of suitably qualified personnel required for the venue and the event.

At an event where the number of spectators is expected to exceed 2,000 (or a higher figure if substantiated within the medical plan and supported by alternative nursing or paramedic cover), at least one crowd doctor, qualified and experienced in pre-hospital immediate care should be present. These doctors' first duty must be to the crowd. It is likely that the crowd doctor will be drawn from a pool of appropriately trained and qualified individuals. Recommended training for crowd doctors should be the Pre-Hospital Emergency Care Course (PHEC) and the Major Incident Medical Management and Support Course (MIMMS) or equivalent relevant experience. The whereabouts of the crowd doctor in the ground should be known to all first aid and ambulance staff and to those stationed in the control point, who should be able to make immediate contact with him or her. The crowd doctor should be at the sports ground prior to spectators being admitted and remain in position until all spectators have left.

## Safety Advisory Groups



- Organised by local authority
- Representatives from all statutory services invited
- Representatives from licensing, environmental health, etc
- Event organiser / producer
- On-site safety services



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5.6 Event organisers and licensing authorities should not regard the matrix as a prescriptive statement of the minimum acceptable cover or the appropriate service model.

The named medical manager should be prepared to defend and justify the proposal if any challenge is raised at Local Authority or Statutory Advisory Group (SAG) level.

Image source: <https://www.fmconway.co.uk/about-us/news-and-media/blog/dave-conway-details-the-exciting-changes-happening-in-road-traffic-safety>

## NHS ambulance services



- Emergency planning, resilience & response team
- Events team
- Map delineating the medical provider's area of responsibility (agreed with NHS ambulance service)
- The event medical provider may have a role in "holding the fort" until the NHS ambulance service is able to take over medical management of the incident and thereafter in supporting them with available resources, whilst maintaining a level of service to the rest of the site.

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*REMEMBER: It is essential that any medical provider is familiar with and has rehearsed all escalation Incident Plan/s. Internal Critical Incident Plans are also required, and each provider must be fully conversant with their own plan. Key staff must have clearly defined command roles, and these should be fully tested. Table-top exercises and practical rehearsals are therefore highly recommended*

The Event Organiser should encourage engagement from the local Ambulance Service, (especially for larger events)

It is important that arriving NHS & other Blue Light staff are made aware of key personnel on-site for liaison and whether the event medical provider has commenced effective triage and initial casualty management.

At large events a Handover of Responsibility or Standard Operating Procedure (SOP) document should be drawn up between the statutory ambulance service and the event medical provider, setting out how and when the assets of the medical provider are handed over to the statutory ambulance and the hand-back procedure when recovery from the major incident commences.

Image source: <https://www.linkedin.com/company/south-western-ambulance-service-nhs-foundation-trust>

## Acute NHS Trusts



- Emergency planning/preparedness department
- Facilities at all intended receiving hospitals
- Pre-alert numbers



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If you can't find on the hospital/trust website, call switchboard and ASK!  
Speak to Ambulance Service NHS Trust for information on facilities – and keep a record...

Image source: <https://www.heraldseries.co.uk/news/18397673.e-visits-plummet---jr-bosses-fear-people-putting-lives-risk/>

## Detailed planning



- Medical service infrastructure and support requirements
- Staff numbers and skill-mix
  - Arrangements for medical staff – camping, catering, showers, toilets, parking, etc
- Medical vehicles provided/four-wheel drive capability
- Communications plan with command and control structure
- Records policy & GDPR arrangements for information sharing
- Contingency plans for large scale multiple casualty incidents & known hazards

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Details of the cover to be provided should be given in writing and contained in a formal medical plan. The medical plan should include details of any information-sharing protocol agreed between the named medical manager, the NHS and the event safety manager and any MOU between the medical provider and the local NHS Ambulance Service Trust. These understandings are important when considering who does what both during business as usual and in the case of a critical incident.

Named manager - individual with responsibility for coordinating medical provision and normally available on-site during the event

Some events, for example those taking place on a showground or at a stadium, may have access to permanent structures such as medical rooms; at others, medical services will be based in temporary structures such as tents or marquees. In either case the accommodation should be fit for purpose, clean, safe and accessible to patients. The addition of a floor is essential where it is anticipated that patients may need to be observed prior to discharge or referral.

The number, role and location of on-site medical facilities should be planned to provide suitable capacity and ease of access/egress. The location of other services on site such as fire and police should be taken into account and it may be appropriate to co-locate with welfare services. The role of each facility should be planned around expected workload and anticipated presentations during the active phase of the facility.

Robust and reliable communications are essential for the medical service to operate effectively. At large events, medical resources should be coordinated by a control facility, preferably located in a central Event Control alongside other site services. For smaller events a control team may not be required, but a reliable means of contacting the medical provider must be established and tested. Contact information must be distributed to all marshals, stewards and security staff when there is no event liaison team. A protocol for the use of radio equipment, including consistent call signs, should be agreed before the event. Calls received by the NHS ambulance from members of the public at the event should be redirected to the medical provider on-site via the on-site control, and this procedure should be clearly understood, and agreed in accordance with a Memorandum of Understanding.

All patient contacts should be recorded and the patient care records held by the medical provider. All patient-identifiable data must be treated as confidential and only shared with third parties with the patient's informed consent, in accordance with agreed information-sharing protocols or in response to a statutory request. Issues of child protection override the obligation to maintain patient confidentiality, and in such cases, clinicians must always act in the best interests of a child (any person under the age of 18 years). Medical providers must ensure that they comply with the requirements of the Data Protection Act (DPA) and the General Data Protection Regulations (GDPR). Statistical data in medical reports should be presented in an anonymised form. A control log should be created for large events, recording calls to the medical service, ambulance and responder dispatches and operational decisions taken.

Type of event

Event location with sterile access and egress routes

Start and finish times of contracted cover

Site plans showing sterile access routes (blue routes for emergency access)

Helicopter landing zone (if applicable)

Queuing – welfare in adverse weather

Insurance documentation, public & employers liability, medical indemnity, fleet insurance, as well as details of other medical defence documentation for specialised staff

Safeguarding (adult & child) and Deprivation of Liberty policies

Infection Control policy

Escalation plans for critical incidents and MOU with local services

Resilience planning – threat to life or terrorist related incidents

## Safety stakeholders



- Health & safety officer
- Crowd safety manager
- Security manager
- Event production manager



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Image source: <https://www.conference-news.co.uk/news/crest-planning-signs-event-safety-contract-luton-borough-council>

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- Google: <https://g.page/promed999/review>
- Facebook: <https://www.facebook.com/promed999>

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## References



- GRANT, E., LIMB, R. & MOORE, T. (eds.) 2014. *The Purple Guide*, Chepstow: The Events Industry Forum Ltd.

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