MEDICAL OPERATIONAL PLAN

WILMSLOW RUNNING FESTIVAL

VERSION: 2.0

Inspected and rated Good

Care Quality Commission

Private and Confidential

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Deployment Information

1.0 DOCUMENT DETAILS			
1.1 Event Name	Wilmslow Running Festival 2026		
1.2 Version	1.0		
1.3 Issued Date	Tuesday 23rd September 2025		
1.4 Issued by	Charlie Ward, Event Service Delivery Lead		
1.5 Authorised by	Charlie Ward, Event Service Delivery Lead		
2.0 EVENT DETAILS			
2.1 Event Type	Running		
2.2 Medical Cover Start	Sunday 22nd March 2026		
2.3 Medical Cover Finish	Sunday 22nd March 2026		
2.4 Medical Cover Date/Time Breakdown		Dates	Times
	Build Dates:	Not Applicable	Not Applicable
	Main Event:	Sunday 22nd March 2026	07:00 – 14:00
	Break Dates:	Not Applicable	Not Applicable
2.5 Location	Briefing Point: Morley Green Social Club Mobberley Road, Wilmslow, SK9 5NT		
2.6 Event Information and Background *Information from EMP*	The Wilmslow Half Marathon is an annual running festival road running race, established in 1984 and usually run in March as part of the Wilmslow Running Festival. The race starts to the west of Wilmslow, Cheshire and to the South of Manchester Airport. The course is a single loop and runs through the villages of Morley, Cheshire and Mobberley, finishing near the start. The course takes you along country lanes closed to traffic. It is often described as a 'beautiful Cheshire countryside course that is both fast and flat - a PB course!' 2019 was the first year that the Wilmslow Half Marathon became part of 'Wilmslow Running Festival' and thus included a 10k & Fun Run race too. The Wilmslow Half Marathon is a 13.1 mile road race, taking between Wilmslow and Mobberley on Sunday 22nd March 2026. The event includes a Half marathon route, a 10k route and a Family 3k route. The spectator audience for the event has been estimated at 2,000. This is a non-ticketed event, with key spectator areas at the start area, finish line, and Mobberley		

Change Log

3.0 VERSION CONTROL			
Version	Date of change	Changed by	Reason for change
1.0	23/09/2025	Charlie Ward, Event Service Delivery Lead	First version.
2.0	04/10/2025	Charlie Ward	Updates following customer amendments

4.0 KEY TERMS	
Term	Definition
MeMS	Mersey Medical Services Ltd
TST	Ten Second Triage
Medical Manager	The MeMS Medical Manager is the most Senior MeMS Command Team Member and depending on the event risk assessment will be either the Silver Medical Manager (Tactical Commander) or Bronze Medical Manager (Operational Commander).
NPSA	National Protection Security Authority
EMR	Emergency Medical Responder
ACA	Ambulance Care Assistant (FREC 3)
ECA	Emergency Care Assistant (FREC 4)
AED	Automated External Defibrillator
PAcT	Public Access Trauma Kit
JESIP	Joint Emergency Services Interoperability Programme
TEM	Tactical Emergency Management
MIMMS	Major Incident Medical Management & Support

5.0 EVENT BACKGROUND	
5.1 Introduction	Mersey Medical Services Ltd (hereinafter referred to as MeMS) is the designated medical provider for Wilmslow Running Festival, scheduled to take place on the dates and times listed above. MeMS is dedicated to ensuring a safe and comfortable environment for all attendees by delivering a reliable, safe, efficient, resilient and responsive medical service.
5.2 Who are Mersey Medical Services Ltd	Mersey Medical Services Ltd, established in 2016, is a leading provider of medical support services across the UK. Our offerings encompass event medical cover, ambulance services, and specialised medical support for film and television productions. The directors have built a robust medical service based on a strong foundation of clinical care and customer excellence at its forefront. Mersey Medical Services has grown to the company it is now recognised for and includes a team with over six decades of combined experience. Mersey Medical Services registered office is located at 2196 Davenport House, Bolton Road, Bury, England, BL8 2NZ, with our head office situated at Harrison House, Manchester Heliport, Liverpool Road, Eccles, Greater Manchester, M30 7RU. Mersey Medical Services Ltd is regulated by the Care Quality Commission (CQC) for activities including transport services, triage, and medical advice provided remotely, as well as the treatment of disease, disorder, or injury. Our commitment to high standards is reflected in our CQC registration and our professional conduct of our team, who are described as well-presented, courteous, empathetic, and transparent.

5.3 Mission Statement	MeMS are the chosen be the medical provider at the event, and it is the aim of MeMS to provide overview of medical treatment and welfare to any person who is injured whilst at this event in a prompt and efficient manner. MeMS have an extensive knowledge of medical, trauma and mental health experience. The onsite medical team will be a dedicated resources to this event only; which means any person who may become injured will receive prompt treatment by one of the medical team at the event. MeMS will not be providing medical cover for generic members of the public external to the event however it is recognised that MeMS maybe called upon in the immediate external area known as 'Zone Ex'. It is the intention to ensure that all visitors and contractors to the event have a medical provision throughout the event. By careful and professional management MeMS will minimise the effects of the event on the healthcare provision for the local population and reduce its impact on the local healthcare facilities. We will endeavour to provide: • The safe and appropriate management of persons who become ill or who are injured at the event. • Care and support to those who seek our help. This will be achieved by: • Appropriately trained staff • Equipment provided to the level of the individual's scope of practice. • An effective command and control system, using trained and qualified individuals with a clear hierarchy of responsibility. • Close liaison with between site management and all medical and first aid staff.
5.4 The Purple Guide, December 2024, Event Organiser and Medical Provider responsibilities *Medical, Chapter 5 sections 5.1, 5.2 and 5.3* the purpleguide to Health, Safety and Welfare at Music and Other Events	The Purple Guide, *December 2024,* Chapter 5 section 5.1 states the Event Organiser should: • Ensure appropriate medical provision is available to all those attending or involved in delivering the event. • Conduct due diligence in the selection of a competent medical provider, including ensuring suitable arrangements are in place for the transfer of patients requiring hospital care. • Ensure the provision of all necessary infrastructure for delivery of the service. • Minimise the effects of the event on the statutory healthcare services by providing high quality care on site. • Encourage engagement from the Safety Advisory Group (SAG) and/or NHS Ambulance Service, where applicable. The Purple Guide, *December 2024,* Chapter 5 section 5.2 states the Medical Provider should: • Plan and deliver a safe, effective and resilient medical service to the event. • Provide sufficient appropriately skilled, experienced and equipped staff to provide the service. • Identify a named individual to oversee all aspects of service. At large events, this person should not have any other hands-on role. The Purple Guide, *December 2024,* Chapter 5 section 5.3 states 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.

6.0 EVENT STAFFING

6.1 Staffing Levels

An appropriate level of medical cover will be provided from the start of an event load-in to the end of load-out. As part of the event planning process, the event manager for the event will determine the level of medical cover required in liaison with the MeMS event planning team. The medical cover should minimise the effects of the event on the statutory healthcare services by ensuring good medical care is available onsite, which is defined by a safe, effective and resilient medical service, using appropriately trained individuals with the right equipment.

Standard event medical provision will be based on an event specific risk assessment using.

Medical deployment planning for an event will be based on several factors of consideration such as:

- Nature of Event
- Genre of Event
- Size of Event
- If it is standing, seated or mixed configuration
- Expected attendance
- Audience Profile
- Experience/ Past event / previous site experience of the event
- Environmental factors / Time of Year (Weather and Queuing needs to be considered)
- Safety risk (e.g. Demonstration or protests likely)
- Additional medical requirements due to the type of event.

6.2 Staffing for Build and Break Dates

	Quantity	Notes
Rig Medic	0	N/A
Derig Medic	0	N/A

6.3 Staffing for Events Dates

	Quantity	Notes
Silver Medical Manager	1	
Bronze Medical Manager	2	
Controller	2	
HCPC Paramedic	5	Medical Points & Ambulances
NMC Nurse	1	
GMC Doctor	2	Finish Line & RRV
Ambulance Care Assistant (FREC 3)	3	With Emergency Response Qualification
Cycle Responders	4	
Emergency Medical Responder	12	

6.4 MeMS Contact

Mersey Medical Services recognise the importance of communication and understand that consistency with the team is key to a successful event. We therefore will establish an event planning lead, alongside our qualified and competent command team.

Event Planner	For the purposes of any medical liaison with the event organisers or statutory services, the point of contact for MeMS will be:			
	Name:	Charlie Ward	Contact Number:	07887 465414
	Our event medical services team has been formed from a team of experienced event planners with a vast knowledge and understanding of crowds, health and safety and clinical knowledge.			

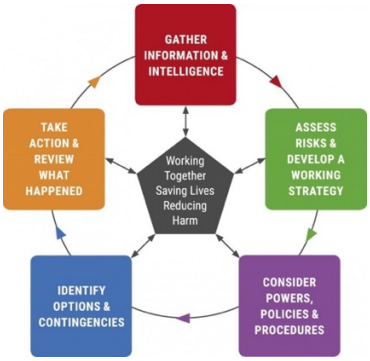
6.5 Medical Command and Control Team

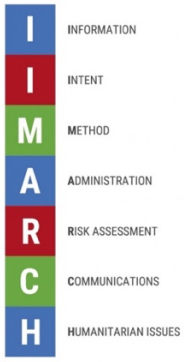
MeMS will have the below Command and Control Team in place for this event,

All MeMS Command Team have experience in the roles they are performing and are qualified in the Advanced Life Support Group Major Incident Medical Management and Support.

Silver Medical Manager (Tactical)	The Silver Manager plays a crucial role in overseeing and coordinating operational responses, ensuring that resources are deployed effectively to manage incidents.				
	Name	TBC	Contact Number	0151 345 6785	
	TEM, MIMMS, CCTV				
Bronze Medical Manager (Operational)	A Bronze Manager is responsible for the operational level of incident management, directly overseeing frontline teams and ensuring that tactical plans are executed effectively.				
	Name	TBC	Contact Number	0151 345 6785	
	MIMMS				
Controller	An Event Controller is responsible for overseeing the overall management and coordination of an event's operations, ensuring safety, security, and smooth execution. They play a key leadership role in the event control room, monitoring real-time activities, managing incidents, and liaising with various stakeholders.				
	Name	TBC	Contact Number	0151 345 6785	
	MeMS Command and Control Training.				
On call Management Team (Strategic)	A Strategic Manager is responsible for high-level decision-making, setting overall objectives, and ensuring an effective response to incidents, events, or organisational challenges. They focus on long-term planning, resource management, and inter-agency coordination.				
	Name	On-call Rota	Contact Number	0151 345 6785	
	The roles will be fulfilled on a rota basis by the MeMS Senior Management Team and MeMS Event Team.				

MeMS Command Team will work using the principles of the Joint Decision Model.



6.6 Medical Briefing	Initial medical briefing will take place daily at start of the shift in the medical centre or similar suitable location. Staff should be briefed at least one hour before the site becomes active. Following JESIP Principles, the brief will follow the IIMARCH format.	

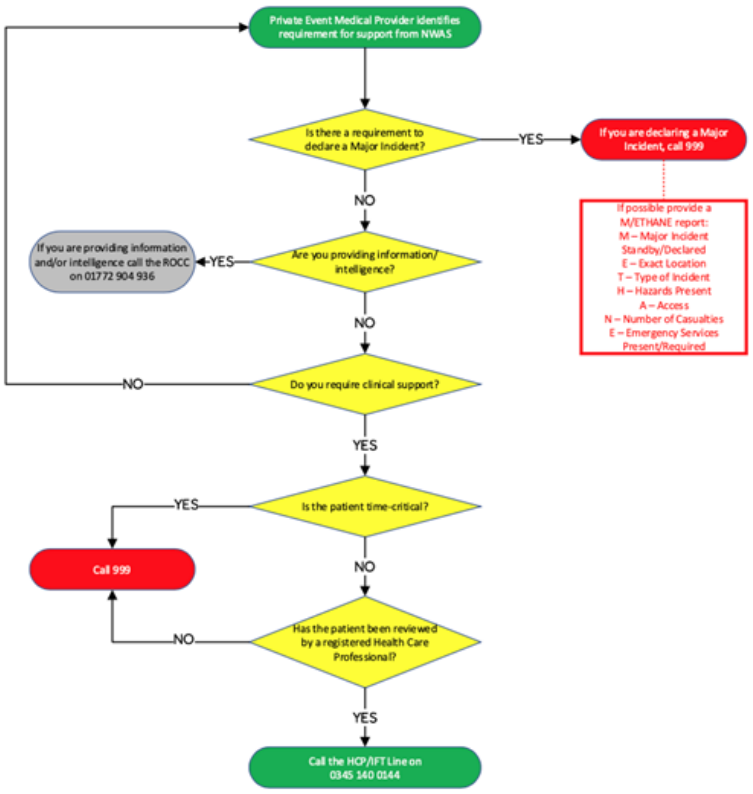
7.0 EVENT DETAILS	
7.1 Event Capacity	2,000 – Spectator 4,200 – Runners
7.2 Children Present	Yes – all ages
7.3 Animals Present	Yes
7.4 Alcohol Served	Yes
7.5 Welfare Provision	No
7.6 Security Provision	No
7.7 Camping	No.
7.8 Site Plans	Site plans are available in appendix A of this document. Site plans can be accessed from the Medical Manager
7.9 Meeting point	MeMS main meeting location is: Morley Green Social Club, SK9 5NT MeMs Depot (Harrison House, City Airport, Eccles, M30 7RU)
7.10 Travel Arrangements.	Vehicles leaving depot and all other staff to meet onsite
7.11 Parking	Pre-booked via Events Team

7.12 Medical Centre	Medical Centre One - Static: • Junction Morley Green / Mobberley Road, Morley Green, SK9 5NT mile 1.5 / 12.5 • PTS Vehicle & 6x3m Gazebo • Marshal Point: 13 Medical Centre – Initial Standby: • Davenport Lane, WA16 7NB - Mile 3 / 11 • TU Vehicle on roadside beside Water Station • Marshal Point: 21 Medical Centre Three – Initial Standby: • Church Inn, Church Lane, WA16 7RD mile 9 • TU Vehicle on roadside near Church • Marshal Point: 33 Medical Centre Four (Finish Line) - Static: • Junction Sandy Lane / Mobberley Road, SK9 5NP, Finish Line • 6x3m Gazebo with Ambulance Support Unit at entrance to field next to Finish Line Medical Centre Five (Start Line / Carpark) Static: • Wilmslow RUFC, Memorial Ground, Kings Road, Wilmslow, SK9 5PZ • PTS Vehicle Ambulance Standby 1: • Mile 3 / 12 – Burleyhurst Lane, WA16 7LP • MarshalPoint: 18 Ambulance Standby 2: • Mile 9 - Co-Op/Ark Vet, Town Lane, Mobberley, WA16 7HL • Marshal Point: 61 Ambulance Standby 3: • Finish Line – Mobberley Road RRV Standby: Casualty Clearing Post • Junction Morley Green / Mobberley Road, SK9 5NT, Mile 1.5 / 12.5 • Marshal Point: 14 Quad Standby: • Mile 8.5 • Marshal Point: 54 New for 2026 will be that two of the five medical centres will have the ability to move from initial standby locations as required. These will provide mobile cover as required along the route. The increase in the use of cycle responders and a Quad bike will also be used to cover certain areas of the route that are harder to get a vehicle down.

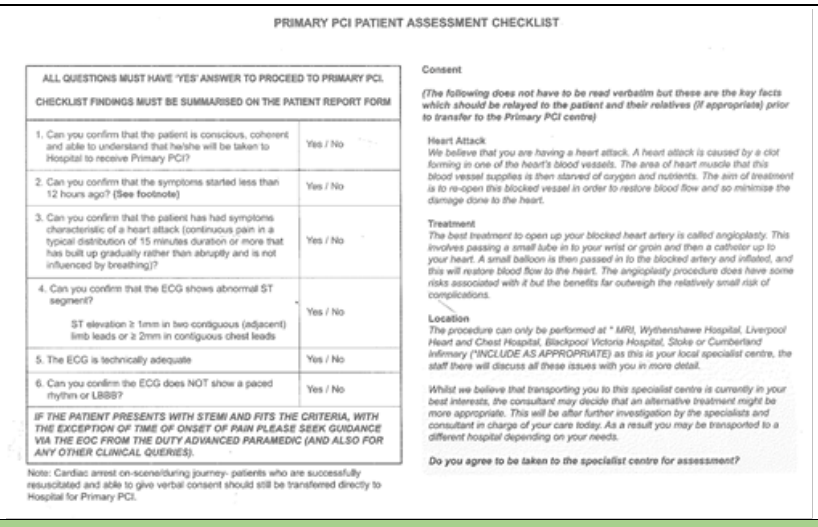
8.0 EVENT PLANNING		
8.1 Communications	The Purple Guide, *December 2024,* Chapter 5, section 5.50 states: Robust and reliable communications are essential for the medical service to operate effectively. Section 5.51 states: All event staff, including marshals, stewards and security staff should be aware of the procedure for requesting medical assistance. All MeMS Teams will be allocated an event radio. All medical requests for medical response are to be allocated via the designated control, running calls will occur, however this will be assessed dependent on service demand. All communication must go via the Medical Manager or their designated control. All communication must go via the designated control. All medical requests for medical response are to be allocated the Medical Manager or their designated control. The MeMS event medical controller should be co-located in the main Control room. They should have access to the event communications radio. There will be a Silver Medical Manager to support and liaises with other services. The use of Zulu (Medical Emergencies) and Code 6 (Safety Concern) calls will be utilised on the MeMS radio channel. If either of these calls are initiated, then radio silence should be maintained and direct communication established. Activation of the appropriate resources will be made at the earliest opportunity with the assistance of the multiagency event control. Event Allocated Radio Channel: • Event Radios: TBC • MeMS Radios: 7 & 8 The event production company will supply the radios and appropriate accessories for this event as agreed during the planning stages, these will be collected by the Medical Manager at the start of the event and returned on conclusion.	
8.2 Uniform	MeMS staff can be identified by: • ID Badge • MeMS Lanyard • Ambulance Green Polo Shirt or Ambulance Shirt with MeMS logo • Ambulance Green Logo Fleece or Soft Shell with MeMS logo • Yellow and Green Hi Viz Vest with MeMS logo As a company we actively encourage strict access for all staff, and therefore support all our staff to be challenged to see ID before entry to the site.	 Sample MeMS ID

8.3 Equipment	Item	Qty	Supplied by	Location
	Patient Trolley	4	MeMS	Main Medical
	Resus Equipment Trolley	2	MeMS	Main Medical
	Consumables Trolley with Observations	2	MeMS	Main Medical
	Wheelchair	2	MeMS	Main Medical
	Zoll AutoPulse (mechanical CPR Device)	3	MeMS	Main Medical
	LifePak 15 / Zoll X Series	7	MeMS	Main Medical
	Suction Unit	7	MeMS	Main Medical
	First Aid Response Bag with Carry Sheet	10	MeMS	Main Medical
	AED	10	MeMS	Main Medical
	Oxygen	10	MeMS	Main Medical
	Entonox	10	MeMS	Main Medical
	Fan	2	MeMS	Main Medical
	Major Incident Grab Bags	4	MeMS	Main Medical
	Gazebo (3x3m)	2	MeMS	Contingency
	Table	4	MeMS	Main Medical
	Plastic Chairs	20	MeMS	Main Medical

8.4 Vehicles requiring site access and on-site parking	To be confirmed on event-by-event basis depending on the Event Specific Risk Assessment.			
	Callsign	Vehicle Type	Registration Plate	Driver
	Alpha 1	Emergency Ambulance	BN19 VEK	
	Alpha 2	Emergency Ambulance	LT22 EEG	
	Alpha 3	Emergency Ambulance	PN72 KAK	
	Delta 1	Emergency Response Vehicle	BX15 VYL	
	R117 – Bravo 1	Manager Vehicle	LJ66 EUL	
	R116 – Bravo 2	Manager Vehicle	LJ66 EUM	
	T102	Mobile Treatment Unit	PF16 JZT	
	T103	Mobile Treatment Unit	PF16 KAK	
	TBC	Mobile Treatment Unit		
	TBC	Mobile Treatment Unit		
	TBC	Mobile Treatment Unit		
	ASU01	Support Vehicle	FL64 AHC	

9.0 LOCAL MEDICAL FACILITIES	
9.1 Local Ambulance Service	North West Ambulance Service Trust The local ambulance service should be contacted via 999 in the first instance. OFFICIAL **APPENDIX 1.** **Private Event Medical Providers contacting NWAS (EOC-BAU-37)** NHS North West Ambulance Service NHS Trust  Private Event Medical Providers (EOC-BAU-37) — Page: Page 5 of 5 Original Author(s): Shaun Murray – EOC Compliance & Governance Manager — Version: 1.0 Reviewed/Updated By: Luke Marriner – Strategic Head of EOCs — Status: FINAL Date of Approval: 22 September 2023 — Approved By: L.Marriner Date of Issue: 25 September 2023 — Review Date: 31 August 2027
9.2 Ambulance rendezvous point	There will be no ambulance service personnel or vehicles present for this event. However, considerations should be made to prearrange a meeting and handover location should they need to enter site. It is preferable that MeMS ambulances stay within the remit of the event site, however inline with our CQC license we are authorised to transport patients to hospital. The rendezvous point (RVP) will be decided upon during multiagency site visits.
9.3 Helimed rendezvous point	We have noted that due to the geographical nature of this event that the Helimed rendezvous point will be as per the pilot's dynamic landing risk assessment.
9.4 Hospital Standby Numbers	All Hospital Pre-Alert Numbers are available via the MeMS Silver Medical Manager or Medical Controller.

9.5 Nearest A&E	Hospital Name	Wythenshawe Hospital	Macclesfield District General Hospital	Stepping Hill Hospital
	Address	Southmoor Road Wythenshawe Manchester M23 9LT	Victoria Road Macclesfield Cheshire SK10 3BL	Poplar Grove Hazel Grove Stockport SK2 7JE
	Contact Number	0161 998 7070	01625 421000	0161 483 1010
	Distance from Site	5.4 miles <12mins run time under emergency conditions	8.8 miles <20mins run time under emergency conditions	9.0 miles <19mins run time under emergency conditions
	Specialities	PPCI Regional Burns Centre		HASU
9.6 Urgent Care Services	Urgent Care Name	Altrincham Hospital	Open: 8.00am - 10.00pm 7 days a week	
	Address	Railway Street Altrincham Cheshire WA14 2RE		
	Contact Number	0161 413 7700		
	Distance from Site	6.2 miles		
9.7 Pharmacies	Pharmacy Name	Well Wilmslow		
	Address	Wilmslow Health Centre Chapel Lane Wilmslow Cheshire SK9 5HX		
	Contact Number	01625 535663		
	Distance from Site	1.2 Miles		
9.8 Major Trauma Centre	We recognize the Trauma Network and Triage System as outlined by the local ambulance service and have identified the following as the **Major Trauma Centre**:			
	MTC Name	Salford Royal Hospital		
	Address	Stott Ln, Salford M6 8HD		
	Contact Number	0161 789 7373		
	Distance from Site	20 miles <25mins run time under emergency conditions		
9.9 Paediatric Nearest A&E	Hospital Name	Wythenshawe Hospital		
	Address	Southmoor Road Wythenshawe Manchester M23 9LT		
	Contact Number	0161 998 7070		
	Distance from Site	5.4 miles <12mins run time under emergency conditions		

9.10 Paediatric Major Trauma Centre	MTC Name	Royal Manchester Childrens Hospital
	Address	Oxford Rd, Manchester M13 9WL
	Contact Number	0161 276 1234
	Distance from Site	14.5 miles
9.11 Hyper-Acute Stroke Unit (HASU)	Hospital Name	Stepping Hill Hospital
	Address	Poplar Grove Hazel Grove Stockport SK2 7JE
	Contact Number	0161 483 1010
	Distance from Site	9.0 miles <19mins run time under emergency conditions
9.12 Primary Percutaneous Coronary Intervention suite on call.	Hospital Name	TBC
	Address	TBC
	Contact Number	TBC
	Distance from Site	TBC
	Process:	

PRIMARY PCI PATIENT ASSESSMENT CHECKLIST

ALL QUESTIONS MUST HAVE 'YES' ANSWER TO PROCEED TO PRIMARY PCI.

CHECKLIST FINDINGS MUST BE SUMMARISED ON THE PATIENT REPORT FORM

1. Can you confirm that the patient is conscious, coherent and able to understand that he/she will be taken to Hospital to receive Primary PCI?	Yes / No
2. Can you confirm that the symptoms started less than 12 hours ago? (See footnote)	Yes / No
3. Can you confirm that the patient has had symptoms characteristic of a heart attack (continuous pain in a typical distribution of 15 minutes duration or more that has built up gradually rather than abruptly and is not influenced by breathing)?	Yes / No
4. Can you confirm that the ECG shows abnormal ST segment? ST elevation ≥ 1mm in two contiguous (adjacent) limb leads or ≥ 2mm in contiguous chest leads	Yes / No
5. The ECG is technically adequate	Yes / No
6. Can you confirm the ECG does NOT show a paced rhythm or LBBB?	Yes / No

IF THE PATIENT PRESENTS WITH STEMI AND FITS THE CRITERIA, WITH THE EXCEPTION OF TIME OF ONSET OF PAIN PLEASE SEEK GUIDANCE VIA THE ECC FROM THE DUTY ADVANCED PARAMEDIC (AND ALSO FOR ANY OTHER CLINICAL QUERIES).

Note: Cardiac arrest on-scene/during journey- patients who are successfully resuscitated and able to give verbal consent should still be transferred directly to Hospital for Primary PCI.

Consent

(The following does not have to be read verbatim but these are the key facts which should be relayed to the patient and their relatives (if appropriate) prior to transfer to the Primary PCI centre)

Heart Attack

We believe that you are having a heart attack. A heart attack is caused by a clot forming in one of the heart's blood vessels. The area of heart muscle that this blood vessel supplies is then starved of oxygen and nutrients. The aim of treatment is to re-open this blocked vessel in order to restore blood flow and so minimise the damage done to the heart.

Treatment

The best treatment to open up your blocked heart artery is called angioplasty. This involves passing a small tube in to your wrist or groin and then a catheter up to your heart. A small balloon is then passed in to the blocked artery and inflated, and this will restore blood flow to the heart. The angioplasty procedure does have some risks associated with it but the benefits far outweigh the relatively small risk of complications.

Location

*The procedure can only be performed at * MRI, Wythenshawe Hospital, Liverpool Heart and Chest Hospital, Blackpool Victoria Hospital, Stoke or Cumberland Infirmary (*INCLUDE AS APPROPRIATE) as this is your local specialist centre, the staff there will discuss all these issues with you in more detail.*

Whilst we believe that transporting you to this specialist centre is currently in your best interests, the consultant may decide that an alternative treatment might be more appropriate. This will be after further investigation by the specialists and consultant in charge of your care today. As a result you may be transported to a different hospital depending on your needs.

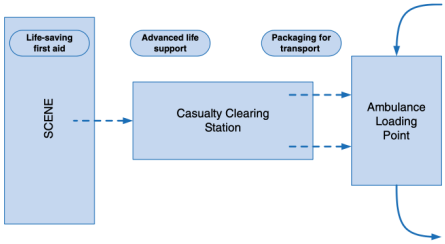
Do you agree to be taken to the specialist centre for assessment?

10.0 MAJOR INCIDENT PLAN

10.1Major Incident/Untoward Event	MeMS recognise the Manchester Arena Inquiry Volume 2: Emergency Response. The Manchester Arena Inquiry Volume 2: Emergency Response. Volume 2-II references 'The Care Gap'. MeMS aim to reduce the care gap by firstly acknowledging section 20, parts 1 to 4 detailed below. *20.1 In the event of a mass casualty incident, the public expect ambulances to travel to the scene quickly and in large numbers. The public also expect that, once on the scene, paramedics will attend to casualties immediately, with treatment starting within minutes of the incident occurring. The evidence demonstrates that, following the current approach, this is unlikely ever to be achieved. That is the case for at least four reasons.* *20.2 First, the reality of the resourcing of ambulance services around the UK is that ambulances do not wait around for a Major Incident to occur. In the event of a mass casualty incident, it is inevitable that all, or at least most, ambulances in the geographical area of the incident will already be engaged in dealing with other events. That is likely to lead to a delay in the deployment to the scene of the number of ambulances and ambulance personnel needed to deal comprehensively with the incident.* *20.3 Second, even when ambulance personnel begin to arrive at the scene of a mass casualty incident, the treatment of casualties is unlikely to commence immediately. Long-established policy within the ambulance service is that the first paramedic on the scene of a Major Incident will become the acting Operational Commander.1 In that role, they are instructed not to treat casualties.2 Instead, the acting Operational Commander is expected to assess the scene and pass a METHANE message to the control room, then seek to establish command and control, before co-ordinating with incident commanders from the police and fire and rescue services.[3] All of that takes time.* *20.4 Third, once the command structure at the scene is in place, the expectation is that triage will commence. The nature of a mass casualty incident is that the needs of the casualties will almost certainly exceed the capacity of the paramedic resource initially available. The seriousness of the injuries may well vary considerably. Established practice is that it is vital that those in most need of medical intervention are identified quickly. This is the purpose of triage. It should be undertaken before any treatment, except for urgently required life-saving interventions. Once again, this takes time.* *20.5 Fourth, where the mass casualty incident causes the police to declare Operation Plato, that is likely to have an impact on the time it takes for the treatment of casualties in any hot or warm zone. That is so even though the current Joint Operating Principles (JOPs) provide greater flexibility for forward deployment than was the position in 2017.* *20.6 Witnesses explained that the consequence of these factors is that, in a mass casualty incident, it is inevitable that there will be a delay in paramedics and/or other healthcare staff arriving at the scene and commencing treatment. [4] During the Inquiry, this period was described as 'the Care Gap'* Taking into account the information within Section 20 of the Manchester Arena Inquiry Volume 2: Emergency Response. Volume 2-II the MeMS Priority during a Major Incident will be Triage, Extraction and Treatment. 1. Triage at Incident Location using NHS England Ten Second Triage Tool (TST) 2. Extraction to Casualty Clearing Station 3. Re-triage at Casualty Clearing Station using NHS England Major Incident Triage Tool (MITT) 4. Treatment

The following should be acknowledged from The Purple Guide, *December 2024*, Chapter 5, section 5.69: The organiser should be aware that the event medical provider may have a limited response role in any escalation until the statutory services arrive and may then provide resources to support the incident, whilst maintaining an adequate service to the rest of the site.

Triage at Scene, Casually Clearing Station and Ambulance Loading Point



ALSG Major Incident Medical Management and Support, Fourth Edition.

The Purple Guide, *December 2024*, Chapter 5, section 5.72 states: A Major Incident can be defined as any emergency that requires one or more of the emergency services to implement special arrangements to deal with the operational requirements of that incident. Only statutory services may declare a Major Incident.

The Purple Guide, *December 2024*, Chapter 5, section 5.73 states: A Critical Incident may be declared by the medical provider in circumstances where it has insufficient available resources to manage an incident or situation without support.

Green Guide 2018, Chapter 18 sections 18.6 states that any plans should integrate with those of the management, current public health emergency response plans and those of the statutory ambulance service. All staff should be aware of their roles and responsibilities.

In the event of a major incident, Mersey Medical Services should contact the local ambulance service stating that a Major Incident is being declared and a M/ETHANE should be passed via 999.

In the event of a large-scale situation or untoward incident, the Medical Manager will liaise with the Event Manager as to determine the best appropriate response for the medical services on site. In the event of the Local Ambulance Service being called into the event site, MeMS will work with the service to treat any injured persons if it is deemed safe to do so in the situation.

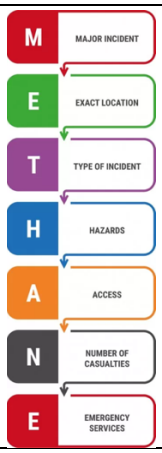
Should a major incident occur MeMS recognise that the local ambulance service becomes responsible for the management of the medical response to the incident which includes the management of MeMS staff and assets already onsite. The Medical Manager will complete a handover of responsibility form. The Manager will work with the local ambulance service for the duration of the event. Regular communication between the local Ambulance Service and MeMS will take place at defined times and defined places until the major incident is Stood Down or terminated. At this point MeMS Staff and Assets will be released back to MeMS.

Subject to the Event Specific Risk Assessment MeMS will be supplying Emergency Ambulances, allocated to the venue and in the event of a casualty suffering a life threatening injury or immediate threat to life at the discretion of the on-site medical team and in conjunction with the event management team and MeMS Medical Manager this vehicle will leave site to convey the patient to the nearest A&E. MeMS can transport under Emergency Response conditions in the event of a Life Defining Injury, a Health Care Professional may make this decision in liaison with the Medical Manager

11.0 MAJOR INCIDENT INFORMATION		
	2x Commander Pack Contents: • Commander Tabards • Loggist Tabard • Action Cards • Methane forms • Site Plans • MeMS Incident Log Books • Pens and Markers	

	4x Purple Major Incident Grab Bags.
	Contents:
	• Action Card
	• 1 x Ten Second Triage Pack
	  ○ NHS Major Incident Triage Tool (MITT)
	  ○ NHS Major Incident Triage Tool (MITT) Tally Chart
	  ○ 10 x P1 Bands
	  ○ 10 x P2 Bands
	  ○ 10 x P3 Bands
	  ○ 10 x Not Breathing Bands
	• 2 x Tuff Cuts
	• 4 x Chest Seals
	• 6 x TacMed SOF® Tourniquet (Orange)
	• 4 x Chito Gauze
	• 4 x Blast Dressing
	• 4 x OLAES Modular Bandage
	• 2 x Graham MegaMover 1500 Transfer Sheets
	• 6 x Foil Blankets
	• 10 x Markers	

	2x Acid Attack Kit • 1 Chemical Safety Goggles • 1 Cling Film, Roll 30cm x 60m • 2 Dressings, HSE Large 18cm x 18cm • 4 Eye Wash Redcap™, Bottles 500ml • 2 Eye Wash, Pods 20ml • 1 Face Mask, Valve • 1 Gloves, Chemical Resistant, Pair • 1 Guidance Leaflet • 1 Shears • 1 Universal Indicator Paper, 20 strips • 2 Waste Bags	
	6x Major Incident Triage Tool (MITT) Packs • NHS Major Incident Triage Tool (MITT) flowchart • NHS Major Incident Triage Tool (MITT) Tally Chart • 20 x SMART Triage Tags • 1 x SMART Triage Tape • 5 x Light Sticks • 2 x Pencils	

11.2 M/ETHANE communications	In the event of a Major Incident the MeMS Medical Manager will be responsible for informing the local ambulance service via 999 using the M/ETHANE acronym at the earliest opportunity. The call should be made on a secure line, unless otherwise not available.	

11.3 Major Incident Planned Roles

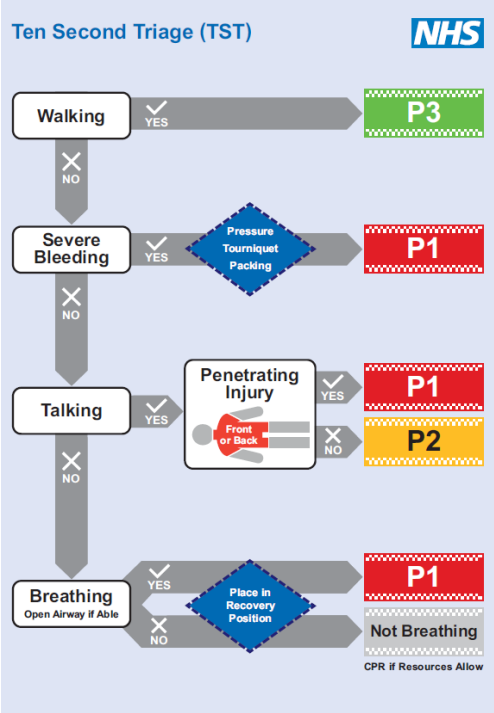
Once a Major Incident has been declared the roles below should be allocated until an appropriate person from the local ambulance services arrives at site. In the event of any of these individuals not being available a dynamic decision will be made to allocate a replacement. In the event of a major incident any other roles or responsibility held by these individuals will be relinquished. It is recognised these individuals should be clearly identifiable using appropriate Major Incident Tabards which will be available to assist in identification of roles, this will also aid in a thorough and effective handover to the attending officers, which in turn will enable a prompt and coordinated response.

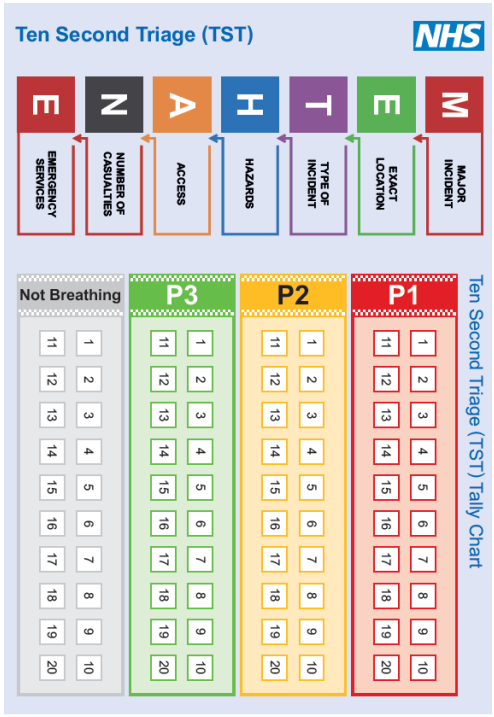
Event Roles are dependent on the Event Deployment.

Action cards will be issued to all roles during the event brief.

Event Role	Major Incident Role
Control	Communications (For Tactical Commander) Located at Event Control Room
Silver Medical Manager	Tactical Commander Located at Event Control Room
Bronze Medical Manager	Operational Commander Located at Incident Location
2 x Response Team 1 x Paramedic	Primary Triage Located at Incident Location
2 x Response Team	Casualty Extraction
1 x Paramedic	Casualty Clearing Officer
All Other Staff	Casualty Clearing

11.4 Triage	THE NHS MAJOR INCIDENT TRIAGE TOOL (MITT) TST is recommended as the first line prehospital triage tool for all emergency services including ambulance services. It should be used by all responders until all casualties have received a TST assessment and band or until senior clinical decision making is available on scene. The MITT has been designed and validated as a unified replacement to existing NHS adult and paediatric major incident triage tools to be used by healthcare responders within established settings such as a CCP or a Casualty Clearing Station (CCS). It is intended to aid clinical decision making where demand/resourcing precludes senior clinician led decision making. It is mentioned here for an awareness of the tool and the follow on from TST. The decision for ambulance responders to switch to MITT will be taken by the ambulance on scene commander and will not occur until all casualties have been triaged with TST and casualties have been evacuated to a CCP. Casualties triaged with MITT will be marked with a traditional triage tag with a block colour (i.e. without a white checked border) to identify the tag as MITT rather than a TST band. It should also have space to write treatment notes as well. If available, responders should aim to facilitate early scene access for senior clinicians from enhanced or 'critical' care teams. They should be utilised to deliver intuitive clinical triage to identify and prioritise those P1 casualties in need of rapid intervention or expedient transfer to definitive care.
11.5 NHS England The Ten Second Triage Tool. Information taken from NHS England, published 11th April 2023.	NHS England Ten Second Triage Tool (TST) is the Primary Triage tool used at this venue. The Ten Second Triage tool shows the recommended priority triage routes depending on incident characteristics. Each has a 'yes', which guides you to the next question, or 'no' answer which determines priority (P1, P2 and P3) or Dead. **Clinical instruction is in bold**. Walking – Yes = P3 Severe bleeding – Yes – **Pressure, Tourniquet, Packing** = P1 Talking – Yes – Penetrating injury (front or back) Yes = P1 – No = P2 Breathing – open airway if able – Place in recovery position Yes = P1. No Note breathing – CPR if resources allow. The tool then sets out the METHANE model – which brings structure and clarity to the initial stages of managing any multi-agency or major incident. • M – Major incident • E – Exact location • T – Type of incident • H – Hazardous • A – Access • N – Number of casualties • E – Emergency services The tool then provides option boxes to number how many patients are in each category of priority – P1, P2 and P3 as well as Not breathing from 1 to 19.





11.6 NHS England NHS Major Incident Triage Tool (MITT)

Information taken from NHS England, published 11th April 2023.

NHS England

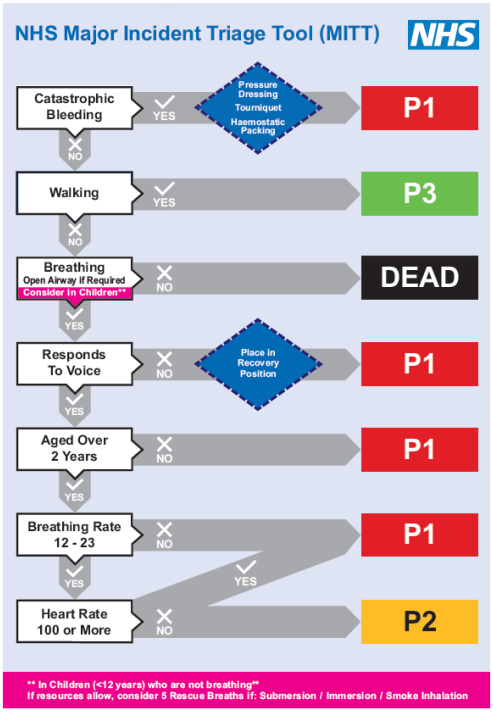
The major incident triage tool (MITT) shows the recommended priority triage routes depending on incident characteristics. Each has a 'yes', which guides you to the next question, or 'no' answer which determines priority (P1, P2 and P3) or dead. **Clinical instruction is in bold**.

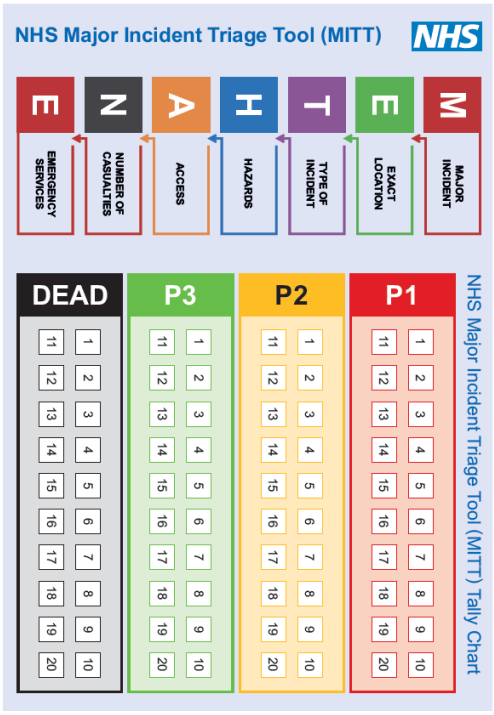
Catastrophic bleeding – Yes – **Pressure dressing, tourniquet, haemostatic packing** = P1
Walking – Yes = P3
Breathing – No – **Open airway if required** = Dead. Or in children (under 12 years) who are not breathing. If resources allow, consider 5 rescue breaths if : submersion/immersion/smoke inhalation.
Responds to Voice – No – **Place in recovery position** = P1
Aged over 2 years – No = P1
Breathing rate 12 – 23 – No = P1
Heart rate – No = P2

The tool then sets out the METHANE model – which brings structure and clarity to the initial stages of managing any multi-agency or major incident

- M – Major incident
- E – Exact location
- T – Type of incident
- H – Hazardous
- A – Access
- N – Number of casualties
- E – Emergency services

The tool then provides option boxes to number how many patients are in each category of priority – P1, P2 and P3 as well as Dead from 1 to 19.


NHS Major Incident Triage Tool (MITT)
NHS
Catastrophic Bleeding
YES
Pressure Dressing Tourniquet Haemostatic Packing
P1
NO
Walking
YES
P3
NO
Breathing
Open Airway If Required
Consider in Children**
NO
DEAD
YES
Responds To Voice
NO
Place in Recovery Position
P1
YES
Aged Over 2 Years
NO
P1
YES
Breathing Rate 12 - 23
NO
P1
YES
YES
Heart Rate 100 or More
NO
P2
** In Children (<12 years) who are not breathing**
If resources allow, consider 5 Rescue Breaths if: Submersion / Immersion / Smoke inhalation


NHS Major Incident Triage Tool (MITT)
NHS
M
MAJOR INCIDENT
E
EXACT LOCATION
T
TYPE OF INCIDENT
H
HAZARDS
A
ACCESS
N
NUMBER OF CASUALTIES
E
EMERGENCY SERVICES
DEAD
P3
P2
P1
NHS Major Incident Triage Tool (MITT) Tally Chart

12.0 TEAM TRAINING AND WELFARE		
12.1 Major Incident Medical Management and Support Training	All MeMS Command Team are qualified in the ALSG Major Incident Medical Management and Support. MIMMS principles have also been further developed and expanded by various organisations such as the Joint Emergency Services Interoperability Programme to produce the JESIP principles, joint decision model, logging, IIMARCH template and shared situational awareness amongst responding agencies and the National Ambulance Resilience Unit who developed command education and tabletop exercise writing and facilitation.	FOURTH EDITION MAJOR INCIDENT MEDICAL MANAGEMENT AND SUPPORT
12.2 ACT Awareness *E-Learning*	All MeMS Staff attending this event will have completed the Action Counters Terrorism Awareness E-Learning including: 1. Introduction to Terrorism 2. Identifying Security Vulnerabilities 3. How to Identify & Respond to Suspicious Activity 4. How to Identify & Respond to a Suspicious Item 5. How to Respond to a Firearms or Weapons Attack	ACT ACTION COUNTERS TERRORISM AWARENESS
12.3 Martyn's Law (The Terrorism Bill)	MeMS are supporting the motion of Martyn's Law and the additional measures being put in place to reduce the risk of harm to individuals arising from acts of terrorism. The Bill establishes a tiered approach, with premises and events required to have in place appropriate and reasonably practicable public protection procedures to reduce the risk of physical harm in the event of an attack.	Home Office Protect & Martyn's Law
12.4 Protect UK Mobile App	All MeMS Command and Support team will have access to the Protect UK app. Allowing up to date information to consider the threat from terrorism and implement appropriate and proportionate mitigation measures.	ProtectUK
12.5 Joint Emergency Services Interoperability Principles Mobile App	All MeMS Command and Support team will have access to the JESIP UK app. Allowing the team to work using the core element of the JESIP Joint Doctrine. The APP also provided the team with essential reminders about the five principles for Joint Working and the Joint Decision Model.	JESIP Working Together – Saving Lives
12.6 National Outdoor Events Association (NOEA)	MeMS are proud members of the National Outdoor Events Association and enthusiastic partners of the Event Medical Association. This membership shows our commitment to event medicine and leading the industry to provide the right team, with the right equipment at the right time.	NOEA National Outdoor Events Association EVENT MEDICAL ASSOCIATION
12.7 Staff Welfare	Staff will be catered for, for the duration of the event. We will ensure that all staff will have at least the minimum legal rest time on a rota basis to ensure that the event isn't disadvantaged. Staff sickness is unforeseen and cannot be planned for however we would make every best endeavour onsite to ensure the minimum level of cover is maintained. Should a HCP fall sick or unavailable during the event we would activate our Staff Contingencies plan.	
13.0 MEDICAL PLAN		

13.1Medical Team Plan	MeMS are the medical partner for this event. MeMS will work in collaboration with all Event Partners and Event Security to ensure a Safe, Effective and Efficient Medical Service is available for all. MeMS Operations Team will be proactive and inform the local NHS services such as the ambulance service and the local emergency department to give them the event medical contact details of the event, should the event be deemed high risk. This will give them the opportunity to ask questions and offer further information such as capacity and services. MeMS will attend Table Tops, site walks and multiagency SAGS and MAGs to ensure the team are both briefed and aware of all risks. MeMS will operate as the medical consultancy and offer medical planning throughout the pre-event stage, alongside post event debrief meetings to attain any development points for the event and MeMS. During the event MeMS will support two options of deployment, both proactive and reactive. The 'Reactive' Medical Centre service: MeMS will offer static medical teams in designated centres where patients can mobilise and attend for treatment and advice. These medical centres will be staffed and equipped in line with the event risk assessment and health professionals' scope of practise. These centres can include areas for Resuscitation, Majors and Minor treatment areas. Any patient requiring transport off-site to secondary care or subsequently for further assessment should be assessed initially by the MeMS Medical Team on scene who will liaise with the Medical Manager and ultimately the Event Control. Should MeMS have an ambulance onsite, we are licensed to transport patients to the local hospital or designated place of safety. No vehicle movement should occur without the authorisation of the Medical Manager and ultimately the event manager. The 'Proactive' Response Service: Will offer strategically positioned staff during the event to ensure that an effective response is available to those who require assistance. Staff will be deployed at key points as agreed with the event management team to ensure the most efficient response. The Medical Manager will be responsible for deploying the teams. The deployments will take into account information such as, ingress and egress times, stage times and headline acts. A dynamic assessment will be performed with the event manager to create a RAG rating for multistage events. MeMS Response Teams offer a dynamic and responsive approach by carrying only necessary equipment with the aim to assess and then ultimately extricate as quickly and as effectively as possible to the medical centre, there should be minimal treatment onsite, except that to minors or initial life-threatening stabilisation. Mobilisation of the patient should utilise an escalation process with walking on foot the most ideal, escalating to carry sheet or mobile carry device, in which all individuals are trained and experienced. Defibrillators and medical gases will not be carried by these teams. The teams will be equipped with radio communications and will be deployed either via the event medical control or by running calls. MeMS usually work within phases during an event and these correlate to the event progression. Phase one links to ingress where resources are on the peripheries of the event, Phase Two is during circulation or the peak of the event where resources will be focused on high footfall or risk areas Phase Three is just prior to egress and for the duration of egress where resources will be deployed to exit areas. All patients will have a Patient Report Form completed, which will be added to a live incident log. The incidents will be reviewed, and any specific trends will be assessed and escalated. Data will be available

for event meetings and ELTs in order to reduce the risk and improve customer satisfaction. A summary sheet will be provided at at the conclusion of the event, to allow us to assess and recognise trends.

The event is to be held within a defined area, with the immediate area responsible to the event and the response should be like that as within the event footprint. Mersey Medical Services recognise the definition of Zone Ex and responses to incidents within this zone should be via the event control or the event manager who will take into account a time and place specific decision regarding any incidents involving an event patron. These areas include traffic-controlled areas and patron carparks during ingress and egress, however MeMS must ensure that a sufficient medical service is available onsite. A decision will take place and an agreement with Event Management in collaboration with the Medical Manager prior to an extraordinary response. It is recognised the decision will be made on a situation-by-situation basis with additional information including time, crowd density and staff safety, and be documented in the event log.

Prior to the medical team standing down the medical centre should be clear of patients and the site deemed safe. The event manager will then give official medical stand down in which the medical team can start to un kit equipment and deconstruct any medical centres. The medical team will remain on standby until all resources have left site.

Measles

We have been made aware of the current outbreak of Measles in the Merseyside area and made aware by NHS Cheshire & Merseyside. It will be highlighted in the medical deployment pre-event and then in the on-day IIMARCH.

We will have a resilience gazebo that can be used in the event of the need to isolate, we will then work within national guidance.

More information: https://www.england.nhs.uk/long-read/measles-guidance-for-primary-community-care-emergency-departments-and-hospital/

13.2 Mersey Medical Services Medical Response Model

14. RESPONSE TEAM MODEL

Purple Call – (ZULU ZULU ZULU)

Call type	Response
Cardiac Arrest Respiratory Arrest Ineffective breathing Choking Active seizure Unconscious Major trauma Major incident	Nearest Response Team Clinical Response Team Medical Supervisor Bronze Medical Manager Pre-alert to Medical Centre Manager to standby resources Pre-alert to Medical Centre Manager when incoming with ASHICE

Red Call

Call type	Response
Trauma with significant MOI Chest Pain Drowning Maternity Unresponsive Serious Bleeding Severe Allergic Reaction Severe Burns Suspected Stroke Multi-casualty response	Nearest Response Team Clinical Response Team Medical Supervisor Pre-alert to Medical Centre Manager when incoming with ASHICE

Amber Call

Call type	Response
Minor Injury None of the above or below	Nearest Response Team

Blue Call

Call type	Response
Intoxicated person Concern for welfare	Nearest Response Team or Security or Welfare Team if no response team available

13.3 Clinical Waste

It is the responsibility of MeMS to ensure that all clinical waste is disposed of in the appropriate manner, and to ensure this is done in accordance with company health and safety policy. Mersey Medical Services hold a service agreement with PHS for the removal of clinical waste and sharps. All waste will therefore be removed from the site to our head office ready for collection.

13.4 Administration and documentation	The Purple Guide*, December 2024*, Chapter 5 section 5.52 states: All patient contacts should be recorded. Patient-identifiable data is confidential and can only be shared with third parties with the patient's informed consent, in accordance with agreed information-sharing protocols, or in response to a statutory request. This applies both during and after the event. The event organiser has no right of access to patient records under any other circumstance. As such MeMS will ensure that accurate paperwork is completed for any person(s) treated at the event and a summary of patients treated will be passed to the event organiser(s) at the end of each day. Please note that as MeMS are governed by the Data Protection Act and are registered as data controller(s) therefore any personal details cannot be given to any person(s) without the relevant DPA release request however our summary will contain basic (non-personal) details which will link to a unique PRF (patient report form) number for any and all future enquires. The Purple Guide*, December 2024,* Chapter 5 section 5.60 states: Issues of child protection may override the obligation to maintain patient confidentiality, and in such cases, clinicians will act in the best interests of the child (any person under the age of 18 years). The Purple Guide*, December 2024*, Chapter 5 section 5.55 states: At an event with a command-and-control structure, a control log should be created, recording requests for medical assistance and operational decisions. These records may be required for scrutiny in the event of a major incident. A log will be kept with our Medical Manager/Controller to ensure that equipment and medications used on site will be recorded. Should items be used, and stock recognised to be low this will be escalated to the on-call team to ensure additional equipment can be mobilised. Casualty figures may be influenced by the weather conditions and nature of the event.
13.5 Medicine Management Policy (MMP) & CD Storage Safety	MeMS have a robust MMP in place to cover temporary events of this nature. All PGDs are signed off by the MeMS Medical Director, Dr. Imran Ghafoor, and comply with national standard and evidence based best practice. Copies of the MMP are available on request subject to a DSA in place. MeMS have a robust 'Storage of Controlled Drugs At Events' policy in place to cover temporary events of this nature where medicines are stored in an "away from home base". Copies of the policy are available on request subject to a DSA being in place.
13.6 Lost Children and Vulnerable Adults.	MeMS are the chosen medical supplier and so may be the first point of contact should a child or vulnerable adult become lost. The medical unit or first aid posts are not the most suitable place to look after this individual due to the nature of the patients. Lost children are not the responsibility of the medical resources on site therefore the onsite event protocol should be followed: Should any lost child be directed or brought to any of the medical staff or medical posts, event control will be informed immediately. We will continue to provide a safe and supervised environment for the lost child until such time the care of the child is handed over to a member of the site production team and Welfare Service.

13.7 Safeguarding	The Purple Guide, *December 2024*, Chapter 5, Section 5.60 states all events, particularly those with a predominantly young audience, should have clear policies and procedures for safeguarding young people and vulnerable adults. The Purple Guide, *December 2024*, Chapter 5, Section 5.61 states Organisers should ensure that the safeguarding procedures of all agencies are effectively aligned. MeMS will follow events Safeguarding policies and procedures. All MeMS Safeguarding referrals must be logged via the appropriate method and completion of a MeMS Incident Report Form.
13.8 Contingencies	**Medicines Contingency** In the event that further medicines are required for the event, the following escalation process will apply, this will be aided by the medicines log and stock system. 1. If individual HCP kit medicines fall below the set threshold additional medicines will be brought from onsite stores. 2. If medicines are used from onsite stores further medicines will be added from the off-site local stores. 3. If medicines are used from off-site local stores the Silver Medical Manager will be informed. 4. The Silver Medical Manager will arrange for medicines to be added to the off-site local stores from the MeMS Ambulance Depot Stores by the On Call Duty Operations Team. 5. Further escalation to the MeMS On-Call Gold may be made from the MeMS On Call Manager to escalate the Plan and activate the on call Pharmacy under best endeavours to restock the basic level. During this Event MeMS will have 5 levels of medicines stock: 1. Individual HCP kit medicines 2. On Site Stores 3. Off Site Local Stores 4. MeMS Ambulance Depot Stores 5. On Call Pharmacy **Staffing Contingency** Staff sickness is both unexpected and unavoidable. MeMS will make contingencies at best endeavours should staff fall sick, this may include but is not limited to: 1. Swapping of staff across shifts to ensure the baseline staffing is maintained if available. 2. Escalation to the MeMS On Call team to arrange a suitable replacement from within MeMS Staff Database 3. Escalation to our industry partners to ask for support. Throughout all staff incidents, the onsite event production manager will be informed, and all available resources will be activated.

14.0 COMPANY INSURANCES AND LICENSES	
14.1 Insurances	As per Purple Guide, *December 2024,* Chapter 5, Section 5.25 Organisers should ensure that the provider is appropriately insured. This should include: • public liability insurance • medical indemnity insurance • employer's liability insurance • fleet insurance for vehicles (where appropriate) • below are MeMS insurance details
14.2 Public and Products Liability Insurance	Hiscox Insurance £10,000,000 Renewal Date 12/09/2026
14.3 Medical Malpractice	Hiscox Insurance £10,000,000 Renewal Date 12/09/2026
14.4 Employers Liability	Hiscox Insurance £10,000,000 Renewal Date 12/09/2026
14.5 Fleet Insurance	QBE UK Limited Via One Broker.

14.6 Care Quality Commission (CQC)	The Purple Guide, *December 2024,* Chapter 5, Section 5.20 states: In England, ambulance services undertaking off-site transfers must be registered with the Care Quality Commission for the provision of such services. MeMS CQC registration is provided below.	
14.7 Mersey Medical Services Ltd CQC Registration	Rating: GOOD Provider ID 1-5922125983 Location ID 1-10046529592 Manager ID: CON1-5927279683 Registered Manager: Mr Phillip Warren.	Inspected and rated Good CareQuality Commission
	Types of Service: • Ambulances • Blood and Transport • Doctors / GPs Registered Specialisms/Services: • Transport Services, Triage and Medical advice provided remotely • Treatment of disease, disorder, or injury • Caring for people whose rights are restricted under MCA • Dementia • Eating Disorders • Learning Difficulties • Mental Health Conditions • Physical Disabilities • Sensory Impairments • Services for Everyone • Substances Misuse	

15.0 RISK ASSESSMENT

15.1 Risk Assessment RAG Table

Hazard	Risk	Persons at Risk	Severity	Probability	Rating	Actions	Severity	Probability	Rating After
Vehicle Incidents									
Road Traffic Accident / Incident	Serious Injury / Death	All	4	3	12	Driver Training, Designated Drivers, Ensure Regular Breaks, In cab Cameras, Vehicle Checks, Traffic management, Handsfree Devices	4	2	8
Patient Falling off vehicle from a stretcher, chair or whilst mobilising	Serious Injury / Death	Patient	3	3	9	Equipment Training, Equipment Checks	3	2	6
Items dropping out of Lockers	Serious Injury / Death	All	3	2	6	Vehicle Check Sheet, Equipment Training, Visual Inspection	3	1	3
Vehicle Break Down, mechanical or electrical	Injury to Person, Delay in transport, Missing Appointments	All	3	4	12	Regular Servicing of Vehicles, On call Recovery Service, On call manager, Company Mechanic , Vehicle Check Sheets	3	2	6
Equipment Failing	Serious Injury / Death	All	3	3	9	Annual Equipment Servicing, Equipment Training	3	1	3
Vehicles becoming stuck or stranded	Serious Injury / Death	All	3	4	12	Access to 24hr Recovery, Access to 4x4 Vehicles	3	1	3
Patients									
Long waits for treatment due to high demand	Serious Injury / Death	All	4	4	16	Use a Risk Scoring Guide for staffing, On call Number for Escalation, Staff trained in MIMMS, Staff Trained in Triage, Access to Security with medical qualifications	4	2	8
Deteriorating Patient in the Medical Centre	Serious Injury / Death	All	4	4	16	Clinicians onsite, Access to Transport to hospital, Access to Standby numbers for the hospital. Access to ALS equipment, Use of NEWS	4	2	8
Intoxicated / Violent Patient	Serious Injury / Death	All	3	4	12	Communications directly with Security, Staff treating in teams of 2.	3	2	6
Vulnerable Adult - Patient may be vulnerable due to intoxication or illicit substance	Serious Injury / Death	All	3	3	9	Access to Welfare Services, Access to Police/Crimestoppers, Safe and Secure area for individuals to present to. Company Safeguarding Policy	3	2	6
Safeguarding of children, underage on an adult site.	Serious Injury / Death	All	3	3	9	Access to Police, Access to Onsite Children Policies, Access to a Welfare Service, Company Safeguarding Policy	3	2	6
Patients having illicit drugs on their person	Serious Injury / Death	All	2	4	8	Contact the Security Team	2	2	4
Unable to locate a sick patient due to location	Serious Injury / Death	All	3	4	12	Maps of Site available, Site Induction, Direct communications with security team, access to 4x4 vehicles, Access to off-road vehicles, Access to mobilising security for extrication	3	2	6
Environmental - Clinical									0
Infected Patient eg Covid,	Serious Injury / Death, infection being passed on to staff or other patients	All	4	3	12	PPE Available, Temperature and observation equipment. Covid Check List	4	2	8
Infectious Waste from a patient	Serious Injury / Death, infection being passed on to staff or other patients	All	4	3	12	Clinical Waste Bins Available, Clinical Waste Contract, Spills Kits	4	1	4
Clinical Waste	Serious Injury / Death, infection being passed on to staff or other patients	All	4	3	12	Clinical Waste Bins Available, Clinical Waste Contract, Spills Kits	4	1	4
Dirty Linen	infection being passed on to staff or other patients	All	3	3	9	Dirty Linen Bags available, Washing Contract in place	3	1	3
Sharps	Serious Injury / Death, infection being passed on to staff or other patients	All	4	3	12	Sharps Bins Available, Access to Occupational Health, Clinical Waste Contract in place	4	1	4
Environmental - Nature									
Weather Extremes	Serious Injury / Death	All	4	3	12	Regular Weather Checks, Regular SAGs/ELTs, Extreme Weather Uniform, Access to shelters.	4	2	8
Environmental Floods	Serious Injury / Death	All	4	2	8	Regular Weather Checks, Regular SAGs/ELTs, Extreme Weather Uniform, Access to shelters.	4	2	8
Slips Trips and Falls	Serious Injury / Death	All	3	4	12	Regular SAGs/ELTs, Safety walk rounds, Highlighting areas of concern,	3	2	6
Lone Working of staff	Serious Injury / Death	Staff	3	4	12	Company Policy	3	2	6
Working in the hours of dark	Serious Injury / Death	Staff	2	4	8	Company Policy	2	2	4
Stage Collapse	Serious Injury / Death	All	4	2	8	Regular SAGs/ELTs, Access to MIMMS Staff, Access to Major Incident Numbers, Stages signed off by H&S	4	1	4
Overcrowding in Tents	Serious Injury / Death	All	3	3	9	Regular SAGs/ELTs, Access to security, Access to H&S and Site Production.	3	3	9
Rival Groups	Serious Injury / Death	All	4	3	12	Access to Security.	4	2	8
Lack of Suitable Working Space	Serious Injury / Death	All	3	3	9	Access to further areas, Vehicles can be used as a break out area, gazebos available in support truck	3	2	6
Temporary Fixture Failure	Serious Injury / Death	All	4	3	12	Health and Safety Sign Off, Regular SAGs/ELTs, Access to MIMMS Staff, Access to Major Incident Teams	4	1	4
Other									
Staff falling Sick	Reduced Service	All	2	3	6	Emergency On call Number, Standby Staffing, Approved Suppliers	2	3	6
Controlled Drugs onsite	Medication getting miss placed or lost	All	3	2	6	Safe Onsite, Individuals sign and secure CDS	3	1	3
Handling of Patient Medicines	Medication getting miss placed or lost	All	1	1	1	Secure Medication Area	1	1	1
Running out of Medical Gases on the vehicle	Serious Injury / Death	Patient	4	3	12	Reserve Cylinders in Support Vehicle, Additional Cylinders brought to site, Emergency On call Manager to mobilise further resources	4	2	8
Running out of medication	Serious Injury / Death	Patient	4	3	12	Reserve medications in Support Vehicle, Emergency On call Manager to mobilise further resources, Access to 24/7 pharmacy	4	2	8
Risk of Burns from Food Vendors	Serious Injury / Death	All	3	4	12	Access to Running Water, Safety Certificates, Access to burns bandages, HCPS onsite	3	3	9
Risk of Fire due to smoking and highly flammable items	Serious Injury / Death	All	4	3	12	Warning Signs near flammable objects, Fire Marshalls, Extinguishers, Fire Service Involvement	4	2	8
Risk of Pyrotechnics	Serious Injury / Death	All	4	2	8	Safety Certificate, Crowds appropriate distance	4	1	4
Risk of Assault / Injury of patients	Serious Injury / Death	All	4	4	16	Security Available, Limited Lone Working, FIT Teams, Not Carrying bags so hands are free, Staff Training	4	3	12
Documentation / PRFS not being stored correctly.	Data Breech / GDPR / Claim	Patient	1	3	3	Secure Area for paperwork, Regular onsite paperwork collection, sorting and filing.	1	1	1
Radio Communications break down or not functioning	Serious Injury / Death	All	2	3	6	Back up communications, Mobile Communications, runners	2	2	4
Food Poisoning from Vendors	Serious Injury / Death	All	3	4	12	Safety Certificates, Regular SAGs/ELTs, Access to Health and Safety.	3	1	3

15.2 R.I.D.D.O.R	The Purple Guide*, December 2024*, Chapter 5, Section 5.56 states: The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) place an obligation on employers, the self-employed and people in control of work premises to report a specified list of injuries and occurrences to the Health and Safety Executive (HSE). Section 5.49 The event organiser is responsible for reporting such incidents and should agree with the medical provider how such cases will be identified. Section 5.50 Any accident affecting an event worker, whether or not RIDDOR reportable, should be recorded in their employer's accident book. Major Injuries are defined as: • Fracture other than to fingers, thumbs or toes • Amputation • Dislocation of the shoulder, hip, knee or spine • Loss of sight, temporary or permanent, chemical or hot metal burn to the eye • Injury resulting from electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours • Injury leading to hypothermia, heat-induced illness • Unconsciousness caused by asphyxia or exposure to harmful substance or biological agent Reportable Dangerous Occurrences are: (This list is not exhaustive) • Collapse, overturning or failure of load-bearing parts of lifting equipment • Failures involving lifting equipment • Any escape of biological agents • Collapse of scaffolding (includes speaker towers) • Failure of fairground equipment If an incident occurs the responsibility for reporting lies with the Duty Manager for the event at which the incident occurred. In these circumstances, we will supply sufficient information to the organiser. This will include: • The Patients name, address & post code, phone number • The Patients gender (M/F) and age • Date, time and place of the incident • Brief description of the nature of the injury/ illness • Actions taken in respect of casualty – Taken to hospital/home etc. All personnel will respect patient confidentiality alongside GDPR and follow strict rules in this respect. No patient information will be given out unless we are given permission from the individual or their next of kin or unless under RIDDOR circumstances.

16.0 GOVERNMENT GUIDANCE

16.1 Bomb threat guidance

Information taken from ProtectUK website, June 2023

The vast majority of bomb threats are hoaxes designed to cause alarm and disruption and instances of valid bomb threats are rare. Terrorists and others may make hoax bomb threat calls to intimidate the public, businesses and communities, to draw attention to their cause and to mislead police.

While many bomb threats involve a person-to-person phone call, an increasing number are sent electronically using email or social media. No matter how ridiculous or implausible the threat may seem, all such communications are a crime and should be reported to the police by dialling 999.

It is important that potential recipients – either victims or third parties used to pass the message – have plans that include how the information is recorded, acted upon and passed to police.

Immediate steps if you receive a bomb threat communication:
Any member of staff with a direct telephone line, mobile phone, computer or tablet etc. or who has any contact with the public, could possibly receive a bomb threat. The MeMS team must, therefore, understand the actions required of them as the potential first response to a threat message and their duty of care to others.

If a telephone threat is received:

- Stay calm and listen carefully
- Have immediate access to the bomb threat checklist and the key information that should be recorded
- If practical, keep the caller talking and alert a colleague to dial 999
- If displayed on your phone, note the number of the caller, otherwise, dial 1471 to obtain the number once the call has ended
- If the threat is a recorded message, write down as much detail as possible and retain for the police to secure
- If the threat is received via text message, do not reply to, forward or delete the message; note the number of the sender and follow police advice
- Know who to contact in your organisation upon receipt of the threat, e.g. building security and senior manager, as they will need to make an assessment of the threat

If discovered in a written note, letter or as graffiti:

- Treat as police evidence and stop other people touching the item

If the threat is received via email or a social media application:

- Do not reply to, forward or delete the message
- Note the sender's email address or username/user ID for social media applications
- Preserve all web log files for your organisation to help the police investigation (as a guide, police will require data from 7 days prior to the threat message and 48 hours after)

16.2 Unattended and suspicious items guidance for event staff

Information taken from ProtectUK website, June 2023

Unattended and suspicious items can be encountered in any crowded or public place, such as a football stadium, shopping centre, transport hub or large public event. It is vital that a documented local plan and relevant procedures are in place to deal with the risk. To make sure the plan is effective, proportionate and takes into account new information, those responsible for assessing unattended items must be briefed accordingly and have received training in what is normal, what is unusual, what is potentially suspicious and what to do about it.

When dealing with suspicious items apply the 4 Cs protocol:

Confirm Confirm	Confirm – whether or not the item has suspicious characteristics. • The HOT Protocol may assist with the 'confirm' process. In particular, consider whether the item is: Hidden • Has the item been deliberately hidden, or has a deliberate attempt been made to conceal it from view? Obviously suspicious? • Are there wires, circuit boards, batteries, tape, liquids or putty-like substances visible? Could it be an Improvised Explosive Device (IED)? • Has the item been found after seeing suspicious behaviour? Check with others in the area and use CCTV, if available • Based upon what you can see, do you think the item poses an immediate threat to life? Typical of what you would expect to find in this location? • Most lost property is found in locations where people congregate or wait, so ask if anyone nearby has left the item or saw who did. Check and see if maintenance staff have been working at the location • If the item is assessed to be unattended rather than suspicious, then examine further, paying particular attention to the contents, before applying lost property procedures.
Clear – the immediate area Clear	• Do not touch it further • Take charge and move people away from the hazard. Move at least 100 meters away from a small item, such as a rucksack; at least 200 metres away from a small vehicle or large item, such as a car or a wheelie bin; and at least 400 metres away from a large vehicle, such as a van or lorry • Keep yourself and other people out of line of sight of the item. It is a broad rule, but generally, you are better protected from fragmentation if you are behind hard cover and cannot see the item • Think about what you can shelter behind. Pick something substantial, such as concrete or brick, and keep away from glass such as windows and skylights • Cordon off the area as best you can in advance of police attendance

	Communicate – call 999 Communicate	• Inform your control room and/or supervisor and be prepared to explain why you consider the item suspicious • Do not use radios or phones within 15 metres of the item and place yourself out of line of sight
	Control – access to the cordoned area Control	• Members of the public should not be able to approach the area until it is deemed safe • Try and keep eye witnesses on hand so they can tell police what they saw, or try and get contact details before witnesses move away.

16.3 Marauding Terrorist Attack (MTA): RUN HIDE TELL guidance

Information taken from ProtectUK website, June 2023

While MTA attacks are rare, if an attack occurs, it helps to be prepared. Remember the words: **Run Hide Tell.**

RUN

- Escape if you can
- Consider the safest options
- Is there a safe route? Run, if not Hide
- Can you get there without exposing yourself to greater danger?
- Insist others leave with you, but don't let their indecision slow you down
- Leave belongings behind

Do not attempt to film the incident. Run

HIDE

If you cannot Run, **Hide**:

- Find cover from gunfire
- If you can see the attacker, they may be able to see you. Cover from view does not mean you are safe. Bullets can go through glass, brick, wood and metal. You must still **HIDE**, even if you are behide a locked door
- Find cover from gunfire behind substantial brickwork or heavy reinforced walls
- Be aware of exits
- Try not to get trapped
- Be quiet, silence your phone and turn off vibrate
- Lock and barricade
- Move away from the door

TELL

When it is safe to do so, call 999
What do the police need to know? If you cannot speak or make a noise, listen to the instructions given to you by the call taker:

- Nature of the Incident – what is happening?
- Location – Where is the incident taking place? Give an address or general location
- Suspects – Where are the suspects?
- Direction – Where did you last see the suspects?
- Descriptions – Describe the attacker, numbers, features, clothing, weapons etc.
- Further information – Casualties, type of injury, building information, entrances, exits, hostages etc.
- Stop other people entering the building if it is safe to do so

16.4 Recognise, Assess, React (RAR) for Chemical, Biological and Radiological (CBR) Incidents.

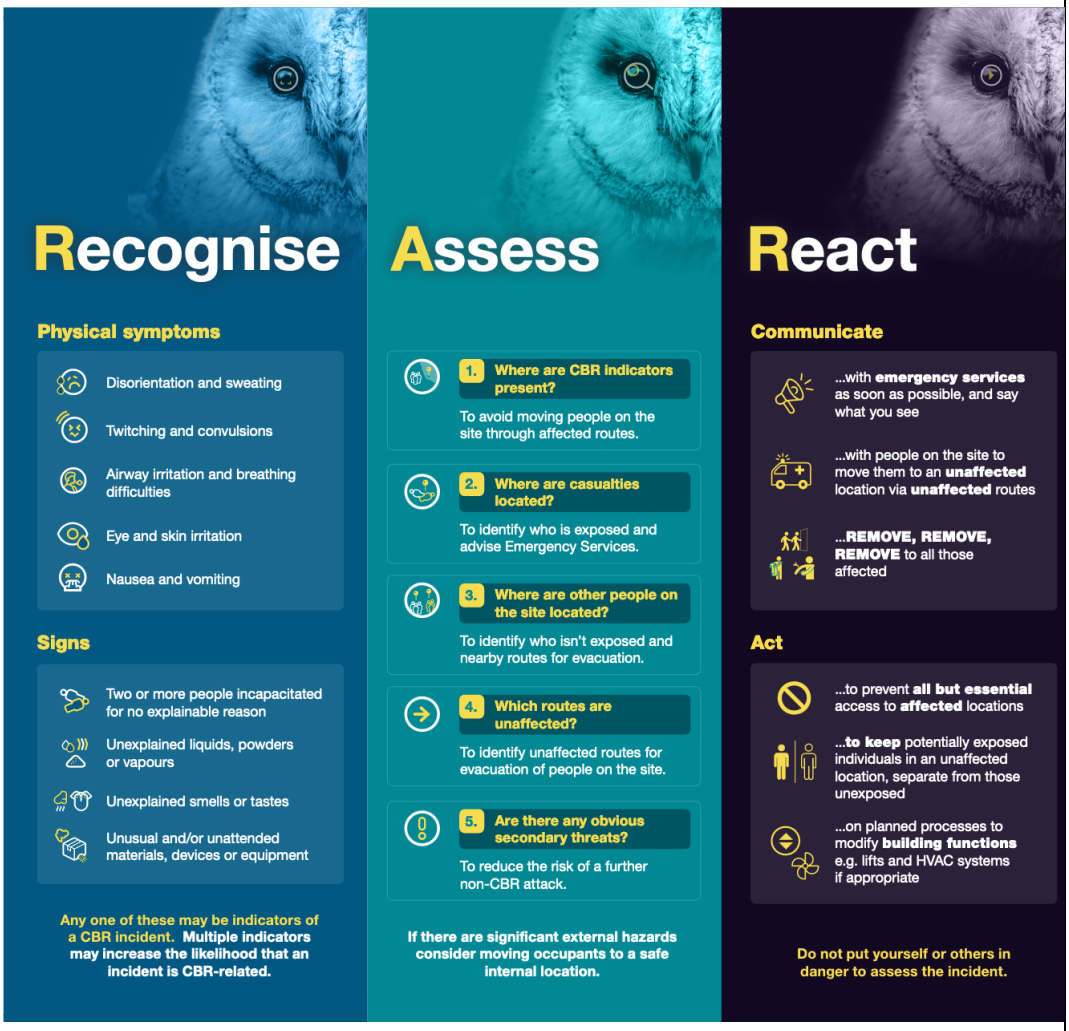
The National Protective Security Authority have released new detailed guidance for security personnel on preparing and responding to a CBR incident, which builds on the key information in this campaign. MeMS also issues this guidance to all Medical Staff.

The RAR for CBR incidents campaign involves a three-stage process to support an effective response by SCR staff to a CBR incident. These can be summarised under the following headings: Recognise, Assess, React.

1. Recognise - understanding the indicators of a CBR incident to be able to recognise them before attack initiation or as soon as possible during an attack. These include physical symptoms and other signs.
2. Assess - undertaking a rapid incident assessment to ensure that the response strategy in place, for example evacuation, is appropriate and minimises further harm to people on the site.
3. React - communicating and acting rapidly to reduce harm to yourself and others.

The RAR for CBR incidents campaign includes the REMOVE advice for individuals who are exposed to a hazardous substance. For more information on the REMOVE advice please see REMOVE: guidance on hazardous substance exposure.

National Protective Security Authority



16.5 Hazardous Substance Exposure

Information taken from JESIP: Initial Operational Response (IOR) to Incidents Suspected to Involve Hazardous Substances or CBRN Materials (January 2023, Version 1)

Life-saving activity

In the event of an incident where people have been exposed to, or contaminated by, a potentially hazardous substance, the speed of advice communicated to affected people and the emergency services response is critical to saving lives. It is essential that all means of communication, either remote from or at the scene, are considered. By utilising the REMOVE3 principles, ideally within 15 minutes of contamination, most skin contaminants can be removed or their effects reduced, thereby helping to reduce further injury or death.

Further guidnace and information available in the JESIP: Initial Operational Response (IOR) to Incidents Suspected to Involve Hazardous Substances or CBRN Materials (January 2023, Version 1). Available at https://www.jesip.org.uk/wp-content/uploads/2023/04/IOR-2023.pdf

16.6 Joint Emergency Services Interoperability Programme (JESIP)

Information taken from the JESIP website, June 2023

MeMS aknowledge the importance of JESIP and during the event of an Incident occuring, MeMS will work alongside multi agencys including the Ambulance Service, Police, Fire Brigade, Event Management and other agencies and will use the following joint working princples, models and standards of pratice. This will ensure that MeMS are working with all organisations effectively.

Principles for Joint Working:

Co-locate
Co-locate with commanders as soon as practicably possible at a single, safe and easily identified location near to the scene.

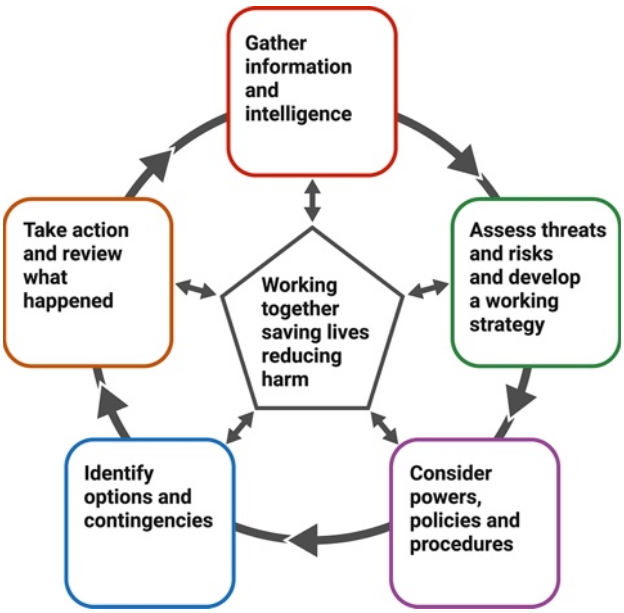
Communicate
Communicate clearly using plain English.

Co-ordinate
Co-ordinate by agreeing the lead service. Identify priorities, resources and capabilities for an effective response, including the timing of further meetings.

Jointly understand risk
Jointly understand risk by sharing information about the likelihood and potential impact of threats and hazards to agree potential control measures.

Shared situation awareness
Shared Situational Awareness established by using METHANE and the Joint Decision Model.

Joint Decision Model:



Command Levels:

STRATEGIC	Strategic Co-ordinating Group	Sets strategic direction Co-ordinates responders Prioritises resources
TACTICAL	Tactical Co-ordinating Group	Interprets strategic direction Develops tactical plan Co-ordinates activities and assets
OPERATIONAL	Responder agencies	Executes tactical plan Commands single-service response Co-ordinates actions

Joint Understanding of Risks

IDENTIFY HAZARDS	This begins with the initial call to a control room and continues as first responders arrive on scene. Information gathered by individual agencies should be disseminated to all first responders, control rooms and partner agencies effectively.
CARRY OUT A DYNAMIC RISK ASSESSMENT (DRA)	Individual agencies carry out dynamic risk assessments, reflecting the tasks/objectives to be achieved, the hazards identified and the likelihood of harm from those hazards. The results should then be shared with any other agencies involved.
IDENTIFY TASKS	Each individual agency should identify and consider their specific tasks, according to their role and responsibilities. These tasks should then be assessed in the context of the incident.
APPLY RISK CONTROL MEASURES	Each agency should consider and apply appropriate control measures to ensure any risk is as low as reasonably practicable. The 'ERICPD' mnemonic may help in agreeing a co-ordinated approach with a hierarchy of risk control measures: **E**liminate, **R**educe, **I**solate, **C**ontrol, **P**ersonal Protective Equipment, **D**iscipline
HAVE AN INTEGRATED MULTI-AGENCY OPERATIONAL RESPONSE PLAN	The outcomes of the hazard assessments and risk assessments should be considered when developing this plan, within the context of the agreed priorities for the incident. If the activity of one agency creates hazards for a partner agency, a solution must be implemented to reduce the risk to as low as reasonably practicable.
RECORD DECISIONS	The outcomes of the joint assessment of risk should be recorded, together with the jointly agreed priorities and the agreed multi-agency response plan, when resources permit. This may not be possible in the early stages of the incident, but post-incident scrutiny focuses on the earliest decision making.

Decision Controls:

A) WHY ARE WE DOING THIS?	• What goals are linked to this decision? • What is the rationale, and is that jointly agreed? • Does it support working together, saving lives and reducing harm?
B) WHAT DO WE THINK WILL HAPPEN?	• What is the likely outcome of the action; in particular what is the impact on the objective and other activities? • How will the incident change as a result of these actions, what outcomes do we expect?
C) IN LIGHT OF THESE CONSIDERATIONS, IS THE BENEFIT PROPORTIONAL TO THE RISK?	• Do the benefits of proposed actions justify the risks that would be accepted?
D) DO WE HAVE A COMMON UNDERSTANDING AND POSITION ON:	• The situation, its likely consequences and potential outcomes? • The available information, critical uncertainties and key assumptions? • Terminology and measures being used by all those involved in the response? • Individual agency working practices related to a joint response? • Conclusions drawn and communications made?
E) AS AN INDIVIDUAL:	• Is the collective decision in line with my professional judgement and experience? • Have we (as individuals and as a team) reviewed the decision with critical rigour? • Are we (as individuals and as a team) content that this decision is the best practicable solution?

METHANE – Shared Situational Awareness:

M	MAJOR INCIDENT	Has a major incident or standby been declared? (Yes / No - if no, then complete ETHANE message)	*Include the date and time of any declaration.*
E	EXACT LOCATION	What is the exact location or geographical area of the incident?	*Be as precise as possible, using a system that will be understood by all responders.*
T	TYPE OF INCIDENT	What kind of incident is it?	*For example, flooding, fire, utility failure or disease outbreak.*
H	HAZARDS	What hazards or potential hazards can be identified?	*Consider the likelihood of a hazard and the potential severity of any impact.*
A	ACCESS	What are the best routes for access and egress?	*Include information on inaccessible routes and rendezvous points (RVPs). Remember that services need to be able to leave the scene as well as access it.*
N	NUMBER OF CASUALTIES	How many casualties are there, and what condition are they in?	*Use an agreed classification system such as 'P1', 'P2', 'P3' and 'dead'.*
E	EMERGENCY SERVICES	Which, and how many, emergency responder assets and personnel are required or are already on-scene?	*Consider whether the assets of wider emergency responders, such as local authorities or the voluntary sector, may be required.*

16.7 ProtectUK Action Cards

Information taken from ProtectUK website, June 2023

NATIONAL COUNTER TERRORISM SECURITY OFFICE

ProtectUK

Appendix A Event Map:

Appendix B: Purple Guide scoring / Medical Needs Assessment

Using the Purple Guide (latest) the requirement is defined as:

The Purple Guide*, December 2024*, states: The following matrix sets out what may be considered the minimal acceptable level of resource at peak times for each tier of event. It is not intended to be directive and will need to be modified in the light of the circumstances of individual events.

The below are Indicators for each Tier. The highest Tier with a recognised indicator should be assigned to the event.

Tier Rating of Events									
Tier 1		**Tier 2**		**Tier 3**		**Tier 4**		**Tier 5**	
Fewer than 500 attendees		More than 500 but fewer than 2,000 attendees		More than 2000 but fewer than 5,000 attendees		More than 5,000 but fewer than 10,000 attendees	x	More than 10,000 attendees	
No or minimal alcohol consumption	X	Social drinking of alcohol		Alcohol intoxication likely		Alcohol intoxication likely		Frequent alcohol intoxications expected	
No or minimal recreational drug use	X	No more than isolated drug use		Drug intoxication likely		Drug intoxication likely		Frequent drug intoxications expected	
No activities which have a risk of injury		Low risk of any injury from activities	x	Moderate risk of injury from activities		Moderate risk of injury from activities		High risk of injuries	
Hospital referrals very unlikely		Hospital referrals unlikely	x	Hospital referrals likely		Hospital referrals likely		Referrals to hospital expected	
Duration of a few hours or less	X	Duration no longer than a day		Duration several days		Duration several days		Duration several days	
Number of Indicators:	3	Number of Indicators:	2	Number of Indicators:	0	Number of Indicators:	1	Number of Indicators:	0
Essential Requirements.									
• 1-2 First aiders or First responders • Defibrillator • (At some very low-risk events a first aid kit and a person competent in its use)		• Clinical Lead – normally HCP • 2-4 First responders • Defibrillators		2001 - 5000 • Clinical Lead –HCP • 2 Paramedic • 2 Nurses • 4 First responders		5001 - 10,000 • Clinical Lead –HCP • 1 Doctor • 2 Paramedic • 2 Nurses • 6 First responders • 1 crewed ambulance • Defibrillators		10,001 - 20,000 • 1 Doctor • 2 Paramedics • 3 Nurses • 8 First responders • 1 crewed ambulance • Defibrillators 20,001 - 50,000 • 2 Doctors • 3 Paramedics • 4 Nurses • 10 First responders • 2 crewed ambulances • Defibrillators 50,001 + • 3 Doctors • 4 Paramedics • 6 Nurses • 12 First responders • 2 crewed ambulances • Defibrillators Very Large Events • These may need larger numbers of staff, but not necessarily on a pro-rata basis	
Desirable Requirements.									
		• 1 Paramedic or Nurse • A crewed ambulance at events where risk assessment indicates a need		• Doctor				• Control staff • X-ray facilities • Mental Health facilities	

Appendix C: Staff Skill Matrix

Emergency Medical Responder (EMR)	Non-student Pathway Non-Emergency Driver	First Response Emergency Care Level 3 (FREC 3) Medical gas assessment
	Student HCP Pathway Non-Emergency Driver	>6 months experience on a recognised HCP university course, evidenced using an approved university learning document. Accredited level 3 first aid qualification Accredited level 3 administration of emergency medical gasses qualification.
Ambulance Care Assistant (ACA)	Non-Emergency Driver	First Response Emergency Care Level 3 (FREC 3) Emergency Ambulance familiarisation
	Emergency Driver	As Above Recognised emergency driving qualification
Emergency Care Assistant (ECA)	Non-Emergency Driver	First Response Emergency Care Level 4 (FREC 4) In date ILS qualification (face to face) Emergency Ambulance familiarisation
	Emergency Driver	As above plus Recognised emergency driving qualification.
Emergency Medical Technician (EMT)	First Response Emergency Care Level 4 (FREC 4) + Level 3 Safe Administration of Life Saving Medication + in date F2F ILS qualification OR IHCD ambulance technician OR NHS Trust Grade EMT OR Associate Ambulance Practitioner (AAP). In addition to; Emergency Ambulance familiarisation and recognised emergency driving qualification.	
Paramedic	Registration as a Paramedic with the HCPC with no restrictions on practice.	
Paramedic Prescriber	Registration as a Paramedic with the HCPC with no restrictions on practice, with prescribing annotation.	
Registered Nurse	12 months post registration as a Registered Nurse (adult) with the NMC with no restrictions on practice. Previous A&E experience or primary care experience. Current ILS/ ALS certification (face to face).	
Registered Nurse prescriber	12 months post registration as a Registered Nurse (Adult) with the NMC with no restrictions on practice, with prescribing annotation. Previous/ current A&E experience or primary care experience. Current ILS/ ALS certification (face to face).	
Doctor	Completed FY2 and Full registration with the GMC with no restrictions on practice. Evidenced pre-hospital care experience. Current ALS certification.	

Appendix D: CD, POM and OTC list

Controlled Drugs	Presentation	Dose
Morphine sulphate	Ampoule	10mg in 1ml
POM	**Presentation**	**Dose**
Adrenaline	Pre-filled syringe	1mg in 10ml (1:10,000)
Adrenaline	Ampoule	1mg in 1ml (1:1,000)
Amiodarone	Pre-filled syringe	30mg in 1ml
Atropine	Ampoule	600 micrograms in 1ml
Benzylpenicillin	Powder form (vial) & pre-filled syringe	600mg
Codeine Phosphate	Tablet	30mg
Chlorphenamine	Ampoule	10mg in 1ml
Diazepam (PR)	Rectal tube	5mg in 2.5ml
Diazepam	Ampoule	10mg in 2ml
Glucagon	Powder form (vial)	1mg Powder
Glucose (10%)	Bagged Solution	500ml
Glucogel	Gel	25g
Glyceryl Trinitrate (GTN)	Tablets/spray	400 micrograms
Hydrocortisone	Powder form (vial)	100mg as sodium succinate
Hyoscine Butybromide (Buscopan)	Tablet	10mg
Ipratropium Bromide	Nebules	500 micrograms in 2ml nebule
Loperamide	Tablet	2mg
Ondansetron	Tablets	4mg
Ondansetron	Ampoule	4mg in 2ml
Naloxone Hydrochloride	Ampoule	400 micrograms in 1ml
Paracetamol (IV)	Solution	1000mg in 100ml
Penthrox	Whistle	3ml
Sodium Chloride 0.9%	Bagged Solution	500ml
Sodium Chloride 0.9%	Pre-filled syringe	10ml
Tranexamic Acid (TXA)	Ampoule	500mg in 5ml
Salbutamol	Nebules	2.5mg in 2.5ml
Salbutamol	Nebules	5mg in 2.5ml
Water for injections	Ampoule	10ml
OTC	Presentation	Dose
Aspirin	Tablet	300mg
Dioralyte	Sachets/Tablet	
Calcium Carbonate (Rennie)	Sachets/Tablet	
Glucotabs	Tablet	4g
Loratadine	Tablet	10mg
Ibuprofen	Tablet	200mg
Ibuprofen	Bottle	100mg in 5ml
Paracetamol	Tablet	500mg
Paracetamol Infant (Calpol)	Bottle	120mg in 5ml
Paracetamol 6 years + (Calpol)	Bottle	250mg in 5ml
Throat Lozenge	Lozenge	

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