

appropriate useful numbers. All other medical facilities should have an internal telephone or radio link to the main position.

5.43 At smaller events, there is still the need for a communications plan for medical services, and the principles remain the same. There should be named people responsible for medical/first-aid services who already have clear contact links established with the overall event organiser and the NHS ambulance service. This can be as simple as an exchange of telephone numbers pre-event, so should an incident occur, the communication pathways are already established.

5.44 It is important that one person is identified as the lead and with overall responsibility for medical, ambulance and first-aid provision for the event. For the larger events, they will coordinate medical resources during the event and ensure there is sufficient medical, ambulance and first-aid cover in place during the build up and breakdown. In the event of the NHS ambulance service being requested (if not already on-site), or the declaration of a major incident, this person would be the liaison point between the site medical provider and the NHS ambulance service.

5.45 All communication relating to medical, ambulance and first-aid requests and deployment should be documented and kept as part of the overall event records (see Paragraph 5.82).

5.46 Communication tests should be undertaken on-site pre-event and off-site with the NHS ambulance service for the area. Each day a test should be undertaken before commencement of the event and documented.

## **MEDICAL AND FIRST-AID PROVISION**

### **FIRST AIDERS**

5.47A first aider is a person who holds a current certificate in first-aid competency, issued by an organisation that meets the HSE guidelines on first aid training – see <http://www.hse.gov.uk/firstaid/first-aid-training.htm>

5.48 First-aid requirements should include:

- the ability to recognise and manage common conditions;
- competence in the use of Automated External Defibrillators (AED)
- safe manual handling of patients

- evidence of Disclosure and Barring Service (DBS) checks or local equivalent, in accordance with current government standards
- evidence of training in the safeguarding of children and vulnerable adults.

The holding of a Health and Safety at Work, or three-day First Aid at Work certificate, does not in itself qualify a person as competent to administer first aid to the public at events.

## **MEDICAL PRACTITIONERS – DOCTORS**

5.49 A medical practitioner is a doctor who currently has a licence to practise with the General Medical Council of the UK. The competencies required of the event doctor(s) will vary according to the nature of the event. A medical resource assessment will determine the type and level of care required. Where the resource assessment indicates that specific advanced skills may be required, such as trauma management, the practitioner engaged should hold a valid and appropriate competence, such as Advanced Trauma Life Support or Pre-hospital Trauma Life Support, amongst others.

5.50 If primary care for event spectators is required, the doctor engaged should be competent in managing conditions/injuries that commonly present at those events. Where a doctor is deployed to provide medical management at major incidents, they must hold a valid competence, such as Major Incident Medical Management and Support (MIMMS).

## **NURSES**

5.51 A registered nurse is a person who is currently registered with the Nursing and Midwifery Council (NMC) having undertaken and successfully completed an approved education programme.

5.52 The competencies required for nurses may vary according to the nature of the event. A medical resource assessment will determine the technical competencies, together with the type and level of care required. Competencies include dealing with emergencies in pre-hospital or accident and emergency care.

## **PARAMEDICS**

5.53 A paramedic is a person who is currently registered as such by the