



MEDICORE
AMBULANCE SERVICES

Touchbase Festival 2023

Event Medical Plan

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1 Document Revision

Version	Date	Author	Remarks
0	21/02/2023	C Marsham	Initial Draft.

2 Introduction

This document is an appendix of the main Event Management Plan and should be read in conjunction with that document.

The purpose of this document is to contain the information relating to medical provision and management for the event.

In the event of a major emergency this plan outlines the initial management of same, until the implementation of the Major Emergency Plans of local NHS Ambulance Trust; it does not replace or supersede that plan.

Any queries relating to this document should be directed to:

Claire Marsham
office@medicore.uk

2.1 Medical Plan Function

- To provide onsite medical services for the immediate healthcare needs of person's and staff attending the event.
- Provision of an event medical coordinator.
- Provision of first aid posts.
- To outline the Event Medical Structure to be deployed for the event.
- To identify location of a medical centre & first aid posts and patrols.
- To specify the clinical qualifications of all healthcare staff involved in the provision of care at this event.
- To provide medical/ambulance cover for this event in order to minimise the impact on the provision of healthcare/ambulance service requirements for the general population.
- To identify in the event of the declaration of a major emergency – areas/buildings within the site for casualty clearing stations, casualty holding areas and additional treatment areas.
- To identify clearly in the event of a declaration of a major emergency, that all voluntary emergency services and healthcare staff providing cover at the event will work under the direction of Controller of Operations HSE.
- To consult/inform local receiving hospital of the expected audience numbers/ level/ qualifications of practitioners/ responders providing cover at the event

2.2 Considered Legislation & Publications

This plan is guided by the provisions of:

- Purple Guide
- WHO Public health for mass gatherings: Key Considerations – 2015

2.3 Ancillary & Associated Documents

This plan forms an integral part of the overall management of the event. It should be read in conjunction with the Event Management Plan, and associated maps & technical drawings.

This document covers all the prescribed activities as described within the event management plan. There are currently no standalone site specific medical plans in circulation.

2.4 Risk Assessment

This medical plan is based around a standalone risk assessment and fault tree analysis examining patient outcomes.

2.5 Key Personnel

Claire Marham – office

03330021999

2.6 Distribution List

Name	Role	Org
Claire Marsham	Office Manager – Medicore Ambulance Service UK Ltd	Medicore
Callum Bishop	Touchbase Festival	TBF

2.7 Governance

It is paramount that the medical team/ voluntary services have adequate training, qualifications and insurance to fulfil this role. This medical plan will cover the wellbeing of participants, spectators and event staff. This event should not impact in any way on the ambulance cover provided to the normal population by the NHS ambulance service nor the local Emergency Departments.

All medical practitioners/nurses working on behalf of Medicore Ambulance Service UK Ltd any other medical provider will hold recognised qualifications allowing them to work within the role they have been allocated. All healthcare professionals will be registered within their respective governing body.

- The Chief Medical Officer and/or Event Medical Co-Ordinator appointed to the event organisers accepts responsibility for the organisation, allocation and management of the event medical services
- All medical treatments will be conducted with current best practice as per JRCALC guidelines.
- In the event of a major emergency, the chief medical officer, medical officer and onsite services will be at the disposal of the NHS Ambulance Service
- All medical personnel will maintain full patient confidentiality at all times.
- All medical personnel will be DBS.
- The event medical co-ordinator will ensure that all designated roles will have a deputy fully capable to undertake that role should the first in line be unable to do so.
- The Event Medical Co-Ordinator will ensure that they and other medical providers receive regular breaks and change over where necessary.

The event medical team will liaise with the event organisers to discuss event intelligence and agree that the medical plan is suitable, effective and will meet the needs of any medical care required.

3 Medical Roles & Responsibilities

3.1 Event Medical Controller / Co-Ordinator

- To ensure that all medical staff carry out their roles and responsibilities as detailed in this plan.
- Liaise on behalf of the event, with the NHS Services, and the Emergency Management Office.
- Liaise with the Safety Officer re concerns for public safety.
- Liaise with the event Press Officer re press and PR issues.
- Liaise with Police Liaison Officer if necessary.
- Liaise with the event Manager re infrastructure and practical site matters.
- Report to the Event Controller, Deputy Event Controller and Safety officers.
- To conduct all briefings.
- To be located in the main event control room.

3.2 Event Medical Officer

None present during this event.

3.3 Voluntary Emergency Services

- None present

3.4 Event Medical Radio Controller & Logger

None present during this event

4 Event Details

4.1 Event Overview

Touchbase Festival is a Drum and Bass Day music festival, the target demographic is 18+ with an equal mix of Male/Female

4.2 Historical Data

Historical data from the 2022 is available

4.3 Audience Profile

It is expected that this will attract 50/50 split of male/female,

4.4 Operational Timings

As per event management plan.

4.5 Venue Descriptions

Not required

4.6 Event Zoning & Boundaries

As per event management plan.

4.7 Medical Utilisation Forecasting

Based on provided information, it is expected there will be medium continuous medical utilisation.

4.8 Staff Welfare

Drinking water will be available for our staff

5 Healthcare Considerations

5.1 Receiving Hospitals

Hospital	ED Telephone	Distance / Travel Time	Turnaround Time
Norfolk and Norwich University Hospital Colney Norwich	01603 286286	5 miles / 10 min	~ 30 min

5.2 Helicopter Landing Zone

Not utilised.

5.3 Public Health

Specific considerations have been given to COVID restrictions. We await further instructions from PHE and the Department of Health.

6 Healthcare Requirements

6.1 Healthcare Staffing Levels

As per Annex C Healthcare Staffing Levels

6.2 Location of Assets

As per Annex C Healthcare Staffing Levels

6.3 Advanced Treatment Centre

One main Medical Treatment Centre will be set up, along with the provision of a conveyable ambulance

6.4 First Aid Post / Points

- No fixed first aid posted other than advanced treatment centre

6.5 Walking Patrols

Walking patrols will be assigned as outlined in Annex C Healthcare Staffing Levels. They are required to be equipped to deal with minor injuries and provide basic life support level without a defibrillator.

6.6 Bicycle Patrols

- Not utilised.

6.7 Ambulances and other Vehicles

All vehicles designated to be an event ambulance must be capable of transporting at least one person on a stretcher.

Minimum competency levels are detailed in Annex C Healthcare Staffing Levels.

All ambulances should be appropriately stocked to the level of staff who are crewing the vehicle. All ambulances should have at a minimum 3 Lead ECG capabilities as well as pre-hospital drugs associated with the crew staffing level.

The use of blue light & sirens are means of communicating an active warning to the public.

All ambulances to be used at this event will be marked with passive warning systems such as reflective markings running the full length of the vehicle.

All drivers of emergency vehicles will be required to have permission of event medical control before activating blue lights & sirens.

6.8 Emergency Routes

Emergency routes have been identified and agreed with statutory agencies for events. These emergency access / egress routes are shown in the event drawings mentioned above and they are set in conjunction with the Traffic Management Plan.

Emergency Access Points / Sterile areas are designated where it will be possible to brief the Emergency Services on arrival to incidents and allow for quick medical patient pick up.

Emergency routes will be required to be clearly identified with appropriate signage.

The emergency route is indicated in the event traffic management plan. The route will be maintained by event stewards as outlined in the event traffic management plan. Suitable sterile routes for the exclusive use of emergency vehicles have been included in the event traffic management plan. Only in exceptional circumstances will ambulance vehicles be allowed to enter audience areas. Ambulances will not move from their designated position except on the instruction of their control unless compromised on grounds of safety. At this event, personnel on foot or and bicycle will patrol area with high audience numbers.

6.9 Patient Management Procedures

A patient report form (PHECC PCR) must be completed for each patient. All patient activity will be reported hourly to Event Medical Coordinator. Copies of all PCR to be kept by all medical service providers and in line with the requirements set out in the Data Protection Acts.

Details relating to all treatments carried out by all medical providers will be provided to the event medical coordinator who will draft a summary report.

6.10 Infection Prevention & Control

- Infection control procedures for patient interaction will be as per national guidance during the event.
- All medical personnel will adhere to standard precaution to prevent cross contamination.
- Hand sanitisation with alcohol gel will be available in all first aid stations, all ambulances and in the medical centre.
- Latex free gloves will be available and worn by all personnel when dealing with patients.

6.11 Environmental Health

For the purpose of this Medical Plan, any environmental health issues are covered in the Event Management Plan and maybe referenced there for further information.

6.12 Clinical Waste Management

Clinical waste management will be available in the form of sharps boxes and yellow bio-hazard waste bags. Any dressings, wound cleaning materials, body spillages etc. will be carefully handled and disposed of as per infection control policy.

6.13 Management of Medications

The maintenance of medication up to the level of practitioner onsite storage (including secure overnight) will be as per policies and protocols. All medications administered will be recorded on PCR along with the PIN of the practitioner administering the medication.

6.14 Controlled Medications

For paramedic controlled medications (CD) must be held in accordance with national regulations.

7 Communication System & Operational Contact

We require a total of six (6) hand-held two way radios on a separate dedicated medical channel, on the same operating system as security, production and the rest of the medical team. There must also be capability for exchange of batteries/charging.

7.1 112/999 Emergency Calls

Emergency calls from members of the public will be taken by Ambulance Services control centre as per normal procedure.

The number of resources and qualification of staff on duty at the event will be notified to National Ambulance control centre at least 1 hour before the commencement of the event or earlier as appropriate.

Event control will confirm prior to the commencement of activity that all hospitals which are named in the plan are available and are appropriate to the location(s).

7.2 Hospital Referrals Procedure

All patients who require further treatment at hospital should be sent to the relevant A&E department with a form detailing the reason for the referral and all pre-hospital interventions undertaken.

No patient to be referred to hospital without the Knowledge or consent of the medical coordinator, or Event Medical Control.

The Emergency Department of the receiving hospital will also be notified by telephone by the Event Medical Control.

7.3 Internal Event Command and Communications

Calls will be handled in a number of ways depending on the type and what is required. This document defines the process.

All communications will be handled for movement of ambulances and personnel, handling of incidents, and all medical issues.

The Event Channel will be used to advise the event coordinators of any problems during the event.

Calls for assistance will be received in a number of ways:

- By telephone
- By radio from the medical channel
- Running call by medical personnel already close to the incident.
- From Event control
- From Security control
- From on-site Police

Call information is extremely important, as all information will be logged.

The following is essential:

- L Location Where exactly are you?
- I Incident What has happened?
- R Requirement What exactly do you need?
- A Acknowledge Were you heard?

Please ensure that all callers clearly identify themselves.

All incoming incident calls will be prioritised should there be a large number of calls received at once medical control will prioritise according to the severity of injury, the appropriate level of response will then be sent to each incident, calls will be dispatched via the medical control radio network.

All calls will be requested to stay on the medical channel or for a contact number in case there is a problem with the location.

Agencies expected to receive ambulance requests from their own staff will be provide with a hardcopy proforma template to assist with incident information capture, recording and processing.

7.4 Radio Call Signs

The following call structure will be utilised on the medical channel for the duration of the event. Specific subnets may utilise their own call signs and radio procedures.

Prefix	Type	Example
Control	Medical Control	'Control'
1x	Ambulance	11. The first designated ambulance active within the event.
2x	Bike Patrols	23. The third designated bike patrol active within the event.
3x	Roaming Patrols	32. The second designated roaming patrol active within the event.
4x	First Aid Post	41. The first designated static first aid post active within the event.
51	Event Medical Coordinator	
52	VES Manager	TBC
6x	Special Purpose	Response Vehicles

7.5 Kilo Codes

Not used at this event.

7.6 Ambulance Liaison Officer

Not specified.

8 Contingency and Resilience Planning

8.1 Major Emergency Plan

If we need to make a major incident standby or declaration we will contact East of England Ambulance service EEAST control room using 999.

The mnemonic ETHANE will be used. Major Incident declared/standby, exact location, type of incident, hazards, access and egress, number of casualties estimate and emergency agencies required.

Control room staff will be aware of this mnemonic.

Once an ambulance incident officer is on scene we will hand incident command over to NHS:

- E – Exact location of incident
- T – Type of incident
- H – Hazards and potential hazards involved
- A – Access and Egress to the site
- N – Number of casualties
- E – Emergency services in attendance and required
-

The Event Medical Coordinator and management will assist the NHS in identifying:

- Additional Treatment Area(s)
- On Site Coordination Centre
- Casualty Clearing Area
- Ambulance Parking/ Loading Points

8.2 Significant Incident Plan

For the purpose of this event medical plan: 2 types of significant emergency are applicable

- Sudden unexpected event
- Gradually increasing event

When the details of a serious incident are identified to/by the event medical coordinator, the event medical coordinator will confirm resources are dispatched to the incident and request an update from the senior person on scene, time permitting consult with the medical management team and immediately liaise with the event control to ensure a coordinated response is initiated.

If the serious incident can be managed by the mobilisation of additional event resources, but would require some assistance of off-site services in order to ensure adequate cover is maintained to unaffected areas of the event, the event medical coordinator will instruct event medical control to contact NHS Ambulance Control, and request support, this support should be directed to attend the incident, thus allowing off site resources to leave the scene to hospital if required, and freeing event resources back to the event

if the scale or scope of a serious incident is beyond the capability of the event medical resources, the Event Medical Coordinator will instruct the Event Medical Control to inform NHS Ambulance Control in the ETHANE format, should upon arrival the NHS Ambulance service deem the incident a MAJOR EMERGENCY, they will have initiated the activation of the Major Emergency Plan

In the event of a serious Incident on the site being escalated to a Major Emergency all event medical services/ provider will work under the direction of the NHS Ambulance Controller

8.3 Escalation Contingency Plan

Status	Definitions / Indicators (Not Exhaustive)	Actions
GREEN	<ul style="list-style-type: none"> • Quick Moving Casualties. • PT Categorisation: Non-serious, non-life threatening. • All Medical Assets stocked and available. 	Continue to Monitor every 30 – 60 min. No immediate action required.
AMBER	<ul style="list-style-type: none"> • Slow Moving Casualties. • Sudden unexpected influx of patients. • Multiple PT Categorisation: Serious – not life threatening. • Medical Assets low stock and in need of re-supply. 	Continue to monitor every 15 min. Liaise with manager & local team lead. Plan remedial action.
RED	<ul style="list-style-type: none"> • ~85% Medical Utilisation of Static Assets. • Sustained influx of patients. • >2 Simultaneous PT Categorisation: Serious – life threatening. • Medical Assets unavailable to provide cover to event and in need of re-supply / replenishment. <30 min to 'Ready' state. 	Continue to monitor every 2 min. Liaise with management and NHS Ambulance Service re addition resources required. Notify event control.
BLACK	<ul style="list-style-type: none"> • ~100% Medical Utilisation of Static Assets. • Unmanageable patient's numbers / severity based on clinical levels at scene. • Multiple PT Categorisation: Serious – life threatening & Serious – not life threatening. • Medical Assets unavailable to provide cover to event and in need of re-supply / replenishment. >30 min to Ready State. • Unexpected Event of Consequence. 	Monitor continuously. Liaise with Ambulance Control re possible ETHANE. Inform VES re handover of control. Liaise with Event Control re containment / contingency plan.

8.3.1 Excess numbers of attendees

It is envisaged that up to 2,500 people will be in attendance at this event at any particular time. This medical plan is designed to cater for 3,500 at any particular time (all indoor and outdoor venues). If the Event Medical Coordinator, Event Controller and Safety officer will meet to implement an escalation plan. The plan will include:

- Drafting in additional first aid staff

- Opening up additional first aid stations where crowd numbers are heaviest
- Calling in additional resources

8.3.2 Weather

Hot Weather

In hot weather, dehydration can be problematic. However, it is not envisaged that this will be a problem during this event.

Cold/Wet Weather

Other than to dissuade members of the public from attending the event, it is not envisaged that cold or wet weather will significantly impact on the event. The promoters will be encouraged to remind patrons to bring appropriate clothing and or sun screen as needed. Patient should also be reminded to bring any medication they might require for the duration of the event.

8.3.3 Pre-Notified Medical Conditions

We can hold and refrigerate customers medication and offer clean, safe space for administration.

8.3.4 Drugs

The nature of this event along with the event timings make the possible burden from habitual or recreational drug use minimal. However, the use of drugs has the possibility to impact on the event medical services. Patients with suspected or confirmed drug related complaints will be monitored as per Escalation Contingency Plan. Each walking patrol will be equipped to provide basic life support until such time as more advanced care can be provided by event medical assets or statutory ambulance services.

8.3.5 Disorder / Unrest / Violence

No disorder / unrest expected.

9 Special Populations

9.1 Dignitaries and VIP's

There are no dignitaries or VIPs expected.

9.2 Vulnerable Adults

A 'Vulnerable Adult' is a person aged 18 or older who, by reason of mental or other disability, age or illness is, or may be unable to take care of him or herself, or unable to protect him or herself against 'significant harm' or 'exploitation'.

Where a vulnerable adult is found separated from a competent familiar adult or care-giver; whether they require medical attention or not they will be sheltered by the medical services until they can be reunited.

Annex B Event Timings

Saturday 29st April 2023 1100-2300

Annex C Healthcare Staffing Levels

Sat 29 Apr 2023

11:00	23:00	Paramedic	2
11:00	23:00	EMT	2
11:00	23:00	First Responder	3

PROCEDURE

- 1. Emergency Keyword Used or Major Emergency Declared.**
- 2. All zone staff to form up at muster point, if safe to do so.**
- 3. Zone Leader to carry out roll call to ensure all members present.**
- 4. Zone Leader to inform medical control, all members present at muster point and confirm ready state of medical team and assets (if applicable).**
- 5. Standby and await instructions from medical control.**
- 6. Maintain radio silence until contacted by medical control.**
- 7. Deploy resources are directed by medical control.**
- 8. N.B. AT NO TIMES WILL MEDICAL PERSONNEL SELF DEPLOY TO A SUSPECTED OR DECLARED MAJOR INCIDENT WITHOUT MEDICAL CONTROL INSTRUCTION.**