

# National Training Conference 2025



**Event medical planning -  
a specialist discipline,  
not an afterthought.**

Kallum Bell  
localmedic group



**This isn't about paperwork;  
 it's about lives, accountability, and public confidence.**

**localmedic: Setting the standard for safe events**

*"...SA consider the offering provided by localmedic as a gold standard response..."*





## Event Times

Saturday, 1400 - 0000

## Crowd Profile

The crowd will be relatively split 60/40, Male / Female, mixed with family groups from all ages.

## Capacity

This event is held in a large field with naturally occurring divides, and has no licenced capacity.

## Resource Times

Saturday – 1400-0000 (2 staff)

Medical staff are expected to arrive 15 minutes early for a site briefing by the Medical Event Manager.

## Build up & breakdown

No cover requested during build and break



## Old template

This template is from 2012.

### Question:

Has it been updated to the new Purple Guide guidance?

No cover requested during build and break





## Ambulance on site

Whilst it sounds great in principle, having an ambulance on site requires a few extra things.

The provider **MUST** be CQC registered for “Transport services, triage and medical advice provided remotely” – else the wheels of the ambulance **CANNOT** move with a patient inside. Also, unless the ambulance is owned by the provider, they will likely have to hire it. This usually does not include insurance.

*P.s. First aiders cannot crew an ambulance.*



**INCIDENT**  
 ing taken whatever  
 ususcitation.  
 st Aid Observation and  
 otion right.  
 ate and times and  
 ility form. If the  
 left your care. Ensure  
 d that others, with more  
 the casualty's condition  
 ears, or if he/she refuses  
 doctor.  
 casualty so that he/she is  
 copy given to the  
 loyer, or those who have  
 uestion should be raised  
 incidents they have been  
 also be aware that they  
 vidence.  
 is of this more detailed

Surname \_\_\_\_\_ Forename \_\_\_\_\_ M/F \_\_\_\_\_ d.o.b./est. age \_\_\_\_\_ Family contact \_\_\_\_\_  
 Address \_\_\_\_\_ Tel No. \_\_\_\_\_  
 Family Doctor \_\_\_\_\_ Address \_\_\_\_\_ Tel No. \_\_\_\_\_

**CASUALTY NUMBER**  
 50231

**1. SCENE ASSESSMENT/PROBLEM** Date: / /

**Problem**

<input type="checkbox"/> Collapse	<input type="checkbox"/> Knd/has been Unconscious
<input type="checkbox"/> Fitting	<input type="checkbox"/> Vomited
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Asthmatic	<input type="checkbox"/> Drugs (specify)
<input type="checkbox"/> Diabetic	
<b>Road Traffic Accident:</b>	
<input type="checkbox"/> Car Driver	<input type="checkbox"/> Front Passenger
<input type="checkbox"/> Work	<input type="checkbox"/> Rear Passenger
<input type="checkbox"/> Sport	<input type="checkbox"/> Motor Cyclist
<input type="checkbox"/> Leisure	<input type="checkbox"/> Pedal Cyclist
<input type="checkbox"/> Fall from a height	<input type="checkbox"/> Pedestrian
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Crash Hat
	<input type="checkbox"/> Seat Belt
	<input type="checkbox"/> Airbag deployed

**3. INITIAL ACTION/PRIMARY MANAGEMENT**

**Airway**  Oropharyngeal  Nasal  ET Tube  
 C/Thyrotomy  Oxygen  Suction  
 C. Spine  C. Collar  Ext Device  Long board

**Breathing**  Rescue Breathing  Bag/Mask ventilation (ventilation)  
 Mechanical  Chest drain

**Circulation**  Chest Compressions  Defibrillator  
 Cannula size: Rt \_\_\_\_\_ Lt \_\_\_\_\_  
**IV Fluids** **Volume** **Time**  
 Hmanns/N. Saline \_\_\_\_\_  
 Hnacool/G fusine \_\_\_\_\_

**5. MEDICAL HISTORY**

**Allergies:** \_\_\_\_\_  
**Medicines:** \_\_\_\_\_  
**Past Medical History:** \_\_\_\_\_  
**Last Meal (type of meal & time):** \_\_\_\_\_  
**Events Leading to Current Problem** \_\_\_\_\_

Continuation sheet (yellow) used  yes  no

**2. PATIENT ASSESSMENT/PRIMARY SURVEY** Time: \_\_\_\_\_

**Airway**  Open/Clear  Obstructed  
 C. Spine  Normal  Possible injury

**Breathing**  Normal  Problem

**Circulation**  Pulse present  Pulse Absent  
 Pulse  Regular  Irregular  
 Haemorrhage  External  Possible Internal  
 None/slight  Moderate  Severe

**Disability/ Responsiveness**  Alert  Verbal stimuli  
 Unresponsive  Pain  Unresponsive

**4. SECONDARY SURVEY** Time: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**Respiratory Rate** \_\_\_\_\_

**Oxygen Saturation (SpO<sub>2</sub>)** \_\_\_\_\_

**Peak Flow Rate** \_\_\_\_\_

**Blood Pressure** \_\_\_\_\_

**Pulse Rate** \_\_\_\_\_

**Blood Glucose (mmol/L)** \_\_\_\_\_

**Pupils: Reaction (✓ or X)** R  L  R  L

**Size** 1 = Constricted R  R  R   
 2 = Normal L  L  L   
 3 = Dilated L  L  L

**6. SECONDARY MANAGEMENT**

**Analgesia**  N.O.D. **Dose** **iv/im/oral** **Time**  
**Drugs** (specify) \_\_\_\_\_

**Splinting**  Frac Straps  Traction: lbs/Kg  
 Box  Other (specify) \_\_\_\_\_

**Other treatment (specify)** \_\_\_\_\_

**Exposure/Injuries (mark with arrow as appropriate)**

**Legend:**  
 Cf Closed Fracture L Laceration M Mass/Swelling  
 Of Open Fracture A Abrasion S Scar  
 B Burn (shade area) E Ecchymosis (bruising)  
 F Foreign body P Pain (+score out of 10)

**Eye** Spontaneous 4  4  4   
 To voice 3  3  3   
 To pain 2  2  2   
 None 1  1  1

**Best Verbal Response** Orientated 5  5  5   
 Confused 4  4  4   
 Inappropriate words 3  3  3   
 Incomprehensible 2  2  2   
 None 1  1  1

**Motor Response** Obeys commands 6  6  6   
 Localises pain 5  5  5   
 Withdraws (pain) 4  4  4   
 Flexion (pain) 3  3  3   
 Extension (pain) 2  2  2   
 None 1  1  1

**COMA SCALE SCORE:** \_\_\_\_\_

**COMMENTS/ADDITIONAL INFORMATION**

Continuation sheet (yellow) used  yes  no

**DISPOSAL / REFERRAL** Hospital  by Ambulance  or Advice only   
 Home  Car  Refused help   
 Family Doctor  Own transport

Signed \_\_\_\_\_ Status: \_\_\_\_\_



## Paperwork is sensitive

End of event reporting has been a lagging factor in the sector. It is important that general data protection principles are followed.

Being provided a carbon copy of the full patient report is likely to be a breach of data protection and the Access to Health Records Act.

Consider the potential litigation from the opposite – poor / lacking / non-existent patient reporting by the provider. Seek clarification on their process!

<input type="checkbox"/> Open Fracture	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Scar	None	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> Family Doctor	<input type="checkbox"/> Own transport
<input type="checkbox"/> Burn (shade area)	<input type="checkbox"/> Erythema (bruising)		COMA SCALE SCORE:				Signed	Status:
<input type="checkbox"/> Foreign body	<input type="checkbox"/> Pain (+score out of 10)							



# Qualsafe Level 3 Award in First Aid at Work (RQF)

## Qualsafe Level 3 Award in First Response Emergency Care (RQF)

 37 hour course

 Ofqual regulated  
 Clinically endorsed by the Faculty of Pre-hospital Care – The Royal College of Surgeons of Edinburgh  
 PHEM Framework: Descriptor Level D

 Certificate valid for 3 years

## Qualsafe Level 3 Award in Emergency First Aid at Work (RQF)

 1 day course

 Ofqual regulated

 Certificate valid for 3 years



## Qualifications are not born the same

Please ensure to thoroughly check the qualification names provided, if specified.

A key example is the “Emergency Care for First Responders” by Highfield, which is not to the same standard as the “First Response Emergency Care” by Quallsafe Awards.



for 5 years

PHEM Framework:  
Descriptor Level D



# Your medical plan quick sense-check...

Use RAG against the points to consider the efficacy of the plan. It should as a minimum cover all points in Purple Guide 5.25

Organisers should provide a safe, effective, and resilient medical service which minimises the impact of the event on the local NHS

# Beyond compliance – indicators of quality and competence



1. Clinical governance
2. Training and competency evidence
3. Performance and reporting
4. Protective security (Martyn's Law preparedness)
5. Welfare and psychosocial support
6. Public health and environmental readiness
7. Inter-agency integration
8. Clarity and transparency

 **Green** – clear, credible, evidence-based.

 **Amber** – unclear or incomplete, ask for clarification.

 **Red** – unsafe or non-compliant, escalate or reject.



- Checklist for medical event plans
- Big list of descriptors, against RCSEd FPHC PHEM competencies

[www.local-medic.co.uk/IOL](http://www.local-medic.co.uk/IOL)

Resources and downloads



# Thanks!

We can talk about and support with:

- Medical and welfare planning
- Qualification levels and staffing
- Emergency preparedness
- Tabletop exercises
- Post event data and reporting



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