



department for
culture, media
and sport

Guide to Safety at Sports Grounds



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of life for all

18: Medical and first aid provision for spectators

18.1 Management responsibility and consultation

The measures described elsewhere in the *Guide* should, if followed, help to prevent a serious incident. However, in order to discharge fully its safety responsibilities, ground management should ensure that appropriate medical, nursing, paramedic and first aid provision are available for all spectators.

Management must commission a medical risk assessment from a competent person or organisation (see Section 18.2) who should consult the local ambulance service NHS trust or other NHS authority (in Scotland the Scottish Ambulance Service), medical and first aider providers and crowd doctors as appropriate.

Where a safety certificate is in force the consultation should be arranged through the local authority.

From the results of the medical risk assessment, management must produce a written medical plan defining the levels of medical and first aid provision for spectators at the sports ground (see Section 18.3).

18.2 Medical and first aid risk assessment

The risk assessment should take account of (but not be limited to) the following factors:

a. Physical factors

- i. the physical layout of the sports ground and its surroundings (including roads, car parks and waterways)
- ii. the design of the ground including any areas of high risk
- iii. the presence of large upper tiers or extensive areas of spectator accommodation, their access/egress and the provision of satellite first aid rooms
- iv. the presence of areas of standing accommodation or temporary demountable stands
- v. the location of the ground control point, first aid posts, ambulance control point and other key locations under the ground contingency plans and emergency procedures
- vi. the nature and location of the radio and other communications systems.

b. Safety management factors

- i. the safety management structure and lines of communication
- ii. the ground contingency plans and emergency procedures
- iii. the training of staff
- iv. the hazards and risks posed by the event to the spectators

- v. the anticipated composition and behaviour of the crowd
- vi. historical data of treatments for injuries and medical conditions including similar events elsewhere
- vii. any requirements of particular sports governing bodies.

18.3 Medical plan

The medical plan should include details of:

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

Particular sports governing bodies may have specific requirements for medical support in order to permit the event to commence or to continue. The medical resources provided for participants should not be regarded as available for spectators and vice versa.

The plan should be reviewed annually or after any significant incident or near miss.

In addition to the medical plan for spectators it is likely that there will be a medical plan for participants and officials. It is not unreasonable to combine the two plans to provide a clear statement of responsibilities.

18.4 First aid room

It is the responsibility of ground management to provide a room or rooms designated for the provision of first aid to spectators. This should be in addition to the sports ground's own medical room for participants.

The first aid room should be provided and equipped in consultation with the local ambulance service NHS trust and representatives of the crowd doctors (see Section 18.8) and the relevant first aid provider. Where a safety certificate is in force the local authority should be consulted.

a. Size

The first aid room should meet the following requirements:

- i. The recommended minimum size of the room is 15 square metres. Where the authorised capacity of the ground exceeds 15,000, this size should ideally be increased to at least 25m².
- ii. The room should be large enough to contain a couch with adequate privacy screening, with space for people to walk around, and an area for treating sitting casualties. If the authorized capacity of the ground exceeds 15,000 and a room of at least 25m² is provided, an extra couch should be provided.
- iii. The room must provide sufficient secure storage space for all the appropriate equipment and materials (see Section 18.5).

b. Fittings and facilities

The first aid room should have the following fittings and facilities:

- i. heating, lighting (including emergency lighting), ventilation and appropriate power and auxiliary power supplies
- ii. a stainless steel sink plus facilities for hand washing
- iii. a supply of hot and cold water, plus drinking water
- iv. toilet facilities, which should be accessible to wheelchair users
- v. a worktop
- vi. a couch or couches as detailed in Section 18.4.a above
- vii. telephone lines allowing internal and external communication. The external line should be a direct line; that is, not routed via a switchboard.

c. Design and location

The first aid room's location and design should:

- i. be easily accessible to both spectators and the emergency services and their vehicles
- ii. be clearly signposted throughout the ground, clearly identified, and its location known to all stewards
- iii. be designed in such a way as to facilitate easy maintenance in a clean and hygienic condition, free from dust
- iv. have a doorway large enough to allow access for a stretcher, ambulance trolley or wheelchair
- v. include an area in close proximity where patients, relatives and friends can be seated while waiting.

Consideration should be given to the provision of satellite first aid rooms in sports grounds with, for example, large upper tiers or extensive areas of spectator accommodation.

A suitable site should be identified as a secondary first aid post in the event of the primary first aid post becoming non-operational for any reason.

18.5 Medical and first aid equipment and storage

Suitable arrangements should be provided for the procurement and replacement of the agreed scale of medical and first aid equipment and materials as set out in the medical plan (see Section 18.3).

An indication of equipment typically provided in a first aid room is given in the *Safety of Sports Grounds Specimen General Safety Certificate and Guidance Notes* published by the London District Surveyors' Association (see Bibliography).

Management should ensure that defibrillators are provided at all events. If the management itself does not have defibrillators permanently on site, it should ensure that they are supplied by the medical and/or first aid provider. It is desirable that, where doctors and paramedics are deployed, a manual defibrillator should be provided. Automatic and semi-automatic defibrillators should also be available for suitably trained staff.

Management must provide suitable secure storage for the first aid materials and equipment except any equipment brought in on the event day by the medical provider.

Arrangements should be put in place for the safe disposal of clinical (including sharp items) and non-clinical waste.

18.6 Upkeep and inspection of the first aid room

Ground management is responsible for the upkeep and cleanliness of the first aid room.

As stated in Section 18.14, management should also ensure that the first aid room, equipment and materials are inspected before an event in accordance with the medical plan (see Section 18.3).

All first aid facilities should also be available at any time for inspection by the ground management and, where a safety certificate is in force, by the local authority.

18.7 Provision of competent medical services

Responsibility for ensuring the presence of competent personnel lies with management.

Management should appoint one or more organisations who can supply the number and range of suitably qualified personnel required for the venue and the event.

18.8 Crowd doctor

At an event where the number of spectators is expected to exceed 2,000 (or a higher figure if substantiated within the medical plan and supported by alternative nursing or paramedic cover), at least one crowd doctor, qualified and experienced in pre-hospital immediate care should be present. These doctors' first duty must be to the crowd.

It is likely that the crowd doctor will be drawn from a pool of appropriately trained and qualified individuals. Recommended training for crowd doctors should be the Pre-Hospital Emergency Care Course (PHEC) and the Major Incident Medical Management and Support Course (MIMMS) or equivalent relevant experience.

The whereabouts of the crowd doctor in the ground should be known to all first aid and ambulance staff and to those stationed in the control point, who should be able to make immediate contact with him or her.

The crowd doctor should be at the sports ground prior to spectators being admitted and remain in position until all spectators have left.

The crowd doctor should be aware of:

- a. the location and staffing arrangements of the first aid room and details of the ambulance cover
- b. the local emergency plans for dealing with major incidents and how these relate to contingency plans for the ground (see Chapter 3).

Table 18.1 Ambulance provision according to anticipated attendance

Anticipated attendance	Minimum paramedic ambulance provision	Statutory ambulance officer	Statutory ambulance authority vehicles
5,000 to 25,000	1	1	–
25,000 to 45,000	1	1	1 major incident equipment vehicle 1 control unit
45,000 or more	2	1	1 major incident equipment vehicle 1 control unit

Notes to Table 18.1

The paramedic ambulance(s) may be supplied by a statutory ambulance authority or a competent private source. In many cases the medical plan will provide for the attendance and define the role of additional ambulances supplied by the medical provider (see Section 18.7).

For anticipated attendances over 5000 a statutory ambulance officer will be required except where this can be justified under the medical plan.

For anticipated attendances of over 25,000, the major incident equipment vehicle and control unit may not be required where this can be justified under the medical plan.

18.9 Ambulance provision

Management should make arrangements for the provision of at least one fully equipped ambulance staffed at paramedic level (see *Table 18.1*) at all events with an anticipated attendance of 5,000 or more (or a higher figure if substantiated within the medical plan and supported by alternative cover).

While the requirements for every event should be examined on an individual basis, *Table 18.1* provides a general guide for ambulance provision which, in most cases, should be considered reasonable:

The ambulance(s) should be at the sports ground prior to spectators being admitted. Its role during the event should be clearly defined in the medical plan.

The medical plan should ensure that where the paramedic level ambulance has been provided for command and co-ordination purposes another ambulance is available for patient care. An ambulance is not required for command and co-ordination when the

personnel exercising these functions are deployed in a multi-agency control point with appropriate communications.

The ambulances required by the medical plan may be supplied by the statutory ambulance service, a competent private medical provider or the voluntary sector.

18.10 Numbers of first aiders

As stated in the Glossary, a suitably trained first aider is one who holds the standard certificate of first aid issued to people working as 'First Aiders' under the Health and Safety (First Aid) Regulations 1981.

The provision of first aiders should meet the following minimum requirements:

- a. No event should have fewer than two first aiders.
- b. At all-seated grounds the ratio should be one first aider per 1,000 up to 10,000 spectators, and thereafter one per 2,000 (of the number of spectators anticipated for the event).

Where there is reason to believe that spectators will stand in seated areas in large numbers, the number of first aiders in the area concerned should be increased in line in accordance with c. below.

- c. At sports grounds with seated and standing accommodation there should be at least one first aider per 1,000 up to 20,000 spectators, and thereafter one per 2,000 (of the number of spectators anticipated for the event)
- d. Factors other than crowd numbers (for example, weather, type of event should also be considered (See Section 18.2).

18.11 Role of first aiders

First aiders should:

- a. have the maturity, character and temperament to carry out the duties required of them
- b. have no other duties or responsibilities
- c. should be able to understand and communicate verbal and written instructions in English
- d. be in post at the ground prior to spectators being admitted
- e. be briefed prior to deployment as to their roles and responsibilities as well as emergency and evacuation procedures
- f. be deployed in spectator areas in appropriate numbers to provide care when spectators are admitted and remain deployed in spectator areas throughout the event
- g. remain in position until all spectators have left the ground.

18.12 Communication

A system should be in place to allow reliable radio communication on a single channel between a control point and all members of the medical services (see Section 16.2).

Where necessary, provision should be made for a representative of the local ambulance service NHS Trust, the medical provider and/or crowd doctor to have access to the control point, and to be provided with, working facilities and appropriate communications there.

18.13 Major incident plan

As stated in Sections 3.17 and 3.18, ground contingency plans (and the medical plan) must be compatible with the emergency, or major incident plan (see Section 3.20) prepared by the local emergency services. The drafting of the major incident plan within the sports ground medical plan should reflect current Department of Health guidelines (see Bibliography).

The major incident plan should identify areas for dealing with multiple casualties and identify access and egress routes and a rendezvous point, for emergency service vehicles.

Consultation should therefore take place between ground management, the police, fire and ambulance services, and the local authority, in order to produce an agreed plan of action for all foreseeable incidents.

All first aid and medical staff likely to be on duty should be briefed on their role in the major incident plan, preferably before they undertake event-day duties. A copy should be kept in the first aid room.

In the event of a major incident, all medical, ambulance and first aid staff will come under the command of the senior ambulance service NHS trust officer.

18.14 Inspections and records

a. Before the start of the event

Management should ensure that:

- i. sufficient qualified medical, nursing, paramedic and first aid staff are present, and at their posts
- ii. they are properly briefed
- iii. first aid equipment and materials are maintained at the required level
- iv. appropriate medical and ambulance provision is in place.

b. During and after the event

Management should ensure that:

- i. first aiders remain in position until stood down by the safety officer
- ii. management, ambulance officers, first aiders and the crowd doctor should participate in a de-briefing, with comments and any follow-up actions being recorded by management
- iii. a record is kept of the numbers and posts of all ambulance personnel and first aiders in attendance at the event, plus the name of the crowd doctor
- iv. a record is kept of all first aid or medical diagnosis and treatment provided during the event (while preserving medical confidentiality), showing the onward destination of casualties; that is, whether they remained at the event, returned home, went to hospital or to their own family doctor
- v. records are kept readily available for inspection, where appropriate, by the relevant authorities (while preserving medical confidentiality).