18. Medical and first aid provision for spectators

This section contains guidance on:

- Management responsibility and consultation
- Definitions
- Medical first aid risk assessment
- Medical plan
- First aid room
- Medical and first aid equipment and storage
- Upkeep and inspection of the first aid room
- Provision of competent medical services
- Crowd doctor
- Ambulance provision
- Numbers of first aiders
- Role of first aiders
- Communication
- Incident plan
- Inspections and records

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 18.3) who should consult the Northern Ireland Ambulance Service (NIAS), medical and first aider providers and crowd doctors as appropriate.

Where a safety certificate is in force the consultation arrangements should be made through the district council.

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 18.4).

18.2 Definitions

i. A First aider is someone who holds a valid certificate issued by one of the organisations listed in Table 18.1, or any other qualification approved in writing by DCAL, and has immediate access to a first aid kit (see Appendix 1).
Table 18.1

<table>
<thead>
<tr>
<th>Minimum standards for First Aid providers at sports grounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>a first aider is any person who is</td>
</tr>
<tr>
<td>(a) the holder of a recognised first aid certificate from Employment Medical Advisory Service  see <a href="http://www.hseni.gov.uk">http://www.hseni.gov.uk</a> or</td>
</tr>
<tr>
<td>(b) the holder of a current ‘First Person on Scene’ (FPoS) Intermediate Certificate issued by Edexcel or</td>
</tr>
<tr>
<td>(c) the holder of an ambulance care assistant award issued by Edexcel</td>
</tr>
<tr>
<td>(d) a person who has obtained a First Aid Certificate from one of the following organisations:</td>
</tr>
<tr>
<td>St John Ambulance, British Red Cross and Order of Malta or</td>
</tr>
<tr>
<td>(e) a person who is the holder of any other qualifications approved by DCAL.</td>
</tr>
</tbody>
</table>

ii. A **Paramedic** is a person who is currently registered with the Health and Care Professions Council ([www.hcpc-uk.org](http://www.hcpc-uk.org)) and is suitably equipped to carry out that role.

iii. An **EMT (Emergency medical technician) / ambulance technician** is someone who holds one of the following qualifications:

- BTech Level 3 Ambulance Technician awarded by the Institute of Healthcare and Development
- St John Emergency Transport Attendant award (or equivalent)
- The British Red Cross First Aiders with enhanced skills to IHCD (or equivalent)
- The Order of Malta Pre Hospital Emergency Care Council (EMT) (or equivalent)
- Any other qualification approved by DCAL

iv. A **Crowd doctor** is a qualified medical doctor who is registered with the General Medical Council ([www.gmc-uk.org](http://www.gmc-uk.org)) and is qualified and experienced in pre-hospital immediate care, and have completed the Pre-hospital Emergency Care Course (PhEC), the Major Incident Management and Support Course (MIMMS) or have equivalent relevant experience.
v. A First aid room is a room dedicated to the provision of first aid to spectators (distinct from facilities for players and staff), which is suitably equipped and is easily accessible for both spectators and ambulances. See 18.5 for the requirements for a First Aid Room

vi. An Accident and emergency ambulance is an ambulance suitably equipped and supplied by NIAS or by a private organisation. An accident and emergency ambulance would normally have a paramedic crew consisting of, as a minimum: a state registered paramedic and an EMT/ambulance technician and should contain the equipment listed in Appendix 2.

18.3 Medical 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 or treatments for injuries and medical conditions including similar events elsewhere
vii. any requirements of particular sports governing bodies

18.4 Medical plan
The medical plan should include details of:

a. the medical team command 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, or after any significant change in the layout of the sports ground or the management of the sports ground.

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.

18.5 First aid room

Sports Grounds designated under the provisions of the Safety of Sports Grounds (NI) Order 2006 should have a first aid room that should be available for use at all specified activities.

The operators of sports grounds that have not been ‘designated’ under the provisions of the Safety of Sports Grounds (NI) Order should undertake a risk assessment regarding the medical/first aid arrangements provided at the events hosted at the venue and provide a first aid room if considered appropriate.

Where it is considered that a first aid room is not required given the scale of attendances normally hosted at the venue a temporary facility should be provided at any ‘one off’ fixture that attracts a significantly higher attendance or where the anticipated audience profile is considered to present additional risk.

It would be recommended that Venue Operators consult NIAS regarding the provision of a first aid room/temporary first aid room for events particularly where the anticipated attendance is likely to exceed 2,000.

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 be increased to at least 25m².

ii. The room should contain a couch with adequate privacy screening, with space for people to walk around, and an area for treating sitting casualties. If the authorised capacity of the ground exceeds 15,000 and a room of at least 25m² is provided, an additional couch should be provided.

iii. The room must provide sufficient secure storage space for all appropriate equipment and materials.

b. Fittings and facilities

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

i. heating, lighting (including emergency lighting), ventilation and an appropriate power supply.
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

vii. telephone equipment allowing internal and external communication. The equipment should be tested and confirmed to be operational prior to each event, and the results of the test recorded. It should be noted that in some situations, the mobile network may become ‘congested’.

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, and appropriate surfaces, 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.

The first aid risk assessment should consider 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.

18.6 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 18.4).

A list of the equipment that should be available in a first aid room is contained in Appendix 3.

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 day medical provider.

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

18.7 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 18.15, 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 18.4)

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 district council.

18.8 Provision of competent medical services

Responsibility for ensuring the presence of competent personnel lies with the ground management (the qualified person in the case of a designated sports ground).

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.

Venue management should also liaise with NIAS regarding the medical first aid arrangements at the venue.

18.9 Crowd doctor

At an event where the number of spectators exceeds 10,000 (or a higher figure if substantiated within the medical plan), at least one crowd doctor, qualified and experienced in pre-hospital immediate care should be present. At an event where the number of spectators exceeds 30,000 at least 2 crowd doctors qualified and experienced in pre-hospital immediate care should be present. The doctor(s)' first duty must be to the crowd.

Table 18.2

<table>
<thead>
<tr>
<th>Attendance</th>
<th>Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 10,000</td>
<td>As per the Medical Plan</td>
</tr>
<tr>
<td>10,001 to 30,000</td>
<td>At least one Doctor unless alternative</td>
</tr>
</tbody>
</table>
provision is agreed by NIAS and there are other medical professionals in attendance

| 30,001 plus | At least two Doctors unless alternative provision is agreed by NIAS and there are other medical professionals in attendance |

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 the 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 2).

18.10 Ambulance provision

Management should make arrangements for the provision of at least one fully equipped emergency ambulance (see 18.2) at all events with an anticipated attendance of 5,000 or more (or a higher figure if substantiated within the medical plan).

While the requirements for every event should be examined on an individual basis, Table 18.3 provides a general guide for ambulance provision which, in most cases, should be considered reasonable:

<table>
<thead>
<tr>
<th>Anticipated attendance</th>
<th>Emergency ambulance provision</th>
<th>NIAS Manager</th>
<th>NIAS ambulance vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 5,000</td>
<td>As per Medical First Aid Risk Assessment</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5,000 to 25,000</td>
<td>1</td>
<td>1 (see below)</td>
<td>-</td>
</tr>
<tr>
<td>25,000 to 45,000</td>
<td>1</td>
<td>1</td>
<td>1 major incident equipment vehicle 1 control unit</td>
</tr>
</tbody>
</table>

Notes to Table 18.3
Where a NIAS manager has attended a fixture at a venue and is satisfied that the medical/first aid arrangements are appropriate, further visits may not be required until a later stage of the playing season unless there has been an incident, particular concerns about a given fixture, or there have been other concerns regarding medical/first aid provision. Where the NIAS manager has concerns regarding the medical/first aid arrangements, these concerns should be detailed in writing and further visits made until all concerns have been addressed.

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.

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 emergency 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 NIAS, a competent private medical provider or the voluntary sector.

**18.11 Numbers of first aiders**

A first aider is defined in 18.2.

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 18.3).

**18.12 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 the spectators have left the ground.

18.13 Communication

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

Where necessary, provision should be made for a representative of NIAS, 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.

18.14 Incident plan

As stated in 2.14, ground contingency plans (and the medical plan) must be compatible with the emergency, or major incident plan (see Section 2.16) prepared by the emergency services. The drafting of the major incident plan within the sports ground medical plan should reflect current Department of Health Guidelines.

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 district council, 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 NIAS officer when present.
18.15 Procedures, 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 safety officer

ii. management, ambulance officers, first aiders and 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 available for inspection, where appropriate, by the relevant authorities (while preserving medical confidentiality).
Equipment that would be expected to be in a First Aid Kit (this should not be considered as exhaustive);

Action card- this should detail incident reporting, recording processes with a basic reminder of first aid procedures (can be ground-specific)
Medium Dressings (x4)
Large Dressings (x2)
Disposable Triangular Bandages (x2)
No 16 Eye Pad (or similar) (x2)
Box of assorted washproof plasters
Box of cleaning wipes (x1)
Micropore tape (x1 roll)
Nitrile gloves (x6 pairs) - MUST BE LATEX FREE
Revive Aid (or similar protection for mouth-to-mouth) (x1)
Small clinical waste bag (x1)
Disposable heat retaining blanket (x1)
Small clinical waste bag (x1)
Disposable heat retaining blanket (x1)
Eye wash phials 20ml (x4)
Burns dressing 10 x 10 cm (x1)
Tuff cut scissors (x1)
Apron for protection of first aid responder
100 ml sharps box (or similar) (x1)
Equipment that should be present in an emergency ambulance (this should not be considered as exhaustive):

AED/Defibrillator
Stretcher trolley cot
Carry chair
Oxygen therapy equipment
Analgesia equipment
Fracture splints (various)
C-spine collars (full set)
Spinal immobilisation board/device
Scoop stretcher
Burns kit (full set)
First-aid kits (see Appendix 1)
Patient blankets
Personal Protective Equipment- gloves, gowns, masks
Medical supplies- such as bandages, airways etc.
Clinical waste bins
Appropriate sterile cleaning wipes for:
a) equipment
b) ambulance crew
The equipment available in the first aid room should be as per the Medical Plan and is likely to include (this should not be considered as exhaustive);

**First-aid Room**

- A rescue stretcher
- A scoop stretcher
- A carrying chair
- A Trolley stretcher
- Patient blankets
- Foil blankets
- Pillows with plastic covers
- Disposable paper sheets
- Disposable gloves (not latex)
- Buckets
- Disposable bowls
- An electrical supply
- Paper cups and dispenser
- Paper towels
- Supply of black plastic bags for normal rubbish
- Yellow plastic bags for medical use (These last two items must be disposed of in the correct manner by the Holder)
- Direct communications with the Safety Officer and the Control room
- A telephone
- A stainless steel sink with adequate drainage
- A hot and cold water supply and basin with adequate drainage
- A drinking water supply
- Useable medical items, as advised by the medical practitioner and first aiders
- Appropriate disinfectants
- A list of local receiving hospitals