MEDICAL OPERATIONAL PLAN 2018

Document Control

Document Title	**Medical Operation Plan**
Event	**Flavours of Fingal 2018**
Date	**23 – 24 June 2018**
Venue	**Newbridge Demise**
Client	**Fingal County Council**
Event Director	**Paul BARNES**
Event Controller	**Mags CONNELLY**
Safety Officer	**Mark BREEN**
Version Number	**1.0**
Author	**David Rock**
Author Title	**Director / ECP**
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This document supersedes all previous versions

Circulation

Circulation to be conducted by the Event Manger at their discretion to all applicable parties

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1. Event Information

The Flavours of Fingal County Show is a two day event jam packed with events, combining the sights and sounds of an agricultural show with an unforgettable food and family fun experience all taking place within the historic walled garden of Newbridge House and Farm, Newbridge Demense, Donabate, County Dublin.

Festimed Ltd will be the sole medical provider on site with support from the Red Cross.

The long range forecasts predicts warm weather with a chance of showers with no current adverse weather conditions noted.

Day	Temp	Feels	Rain	Cloud	Dir	Speed	RH	Weather
Sat 23 Jun	16 °c	16 °c	13 °c	0.0 mm	27 %	↗	8 mph	86 %	
Sun 24 Jun	15 °c	15 °c	13 °c	0.0 mm	97 %	→	7 mph	87 %	

2. Timings

Medical Teams

Saturday 23 June 1000-1900 – Arenas
Sunday 24 June 1000-1900

Public

Saturday 23 June 1100-1800 – Arenas
Sunday 24 June 1100-1800

3. Medical Objectives

The purpose of the medical provider(s) is:

- To ensure that any patient that requires medical assistance on site is responded to in a timely manner by appropriately trained medics
- All life / limb threatening injuries / illnesses are responded to on site as a matter of priority by appropriately trained medical staff
- To ensure that, where appropriate, all none ambulatory patients can be transferred from their location to hospital or on site medical provision
- Point of contact for the statutory health care provider
- To provide on site medical with appropriate skill level of staff
- To ensure that the impact upon the local statutory health care providers are kept to a minimum
- To initially manage a major emergency until the statutory health care provider arrives
- The medical crews will have the necessary logistics to deal with all serious injuries / illnesses to include some minor primary care aspects
- To have easy access to life threatening equipment such as defibs, airway adjuncts, etc.
- To reduce inappropriate referrals off site

4. Medical Management Team Objectives

The purpose of the medical management team is:

- To provide a professional and co-ordinated approach to all aspects of medical care on site
- To ensure that adequate medical personal and logistics are available
- To act as a clinical lead for all medical staff
- To act as a liaison between all other organisations and the medical provider
- To act as a point of contact to the Event Management Team
- To have a full understanding and overview of the whole event so that adequate planning and procedures can be implemented
- To act as point of contact / attend if applicable any Safety Advisory Group / Planning meetings
- To act as a point of contact pre and post event for any medical queries
- To liaise between local receiving hospitals and statutory ambulance services
- To brief and debrief staff
- To ensure that all staff work within their designated scope of practice
- To assess all off site referrals prior to leaving the event site

5. Command structure

Medical Commander

Name	David ROCK
Position	CEO
Qualification	ECP / AP
Call sign	Mike 1

Purpose

The Medical Commander is responsible overall for all medical aspects on site. The Medical Commander must have the appropriate knowledge of both the medical and event industry to ensure that appropriate provisions are provided. The Medical Commander is responsible for ensuring that the Medical Operational Plan is accurate and to confirm its suitability prior to the event commencing.

Medical Director

Name	Dr Evan COUGHLAN
Position	Medical Director
Qualification	Emergency Consultant
Call sign	Mike 3

Purpose

The Medical Director is responsible overall clinical care and clinical governance of both the company and on site. The Medical Director must have the appropriate knowledge of both the medical and event industry to ensure that appropriate care is provided.

Medical Coordinator:

Name	Brian Murphy
Position	Medic Manager
Call sign	Sierra 1

Purpose

The Medic manager must be based at the event site and is responsible for the operational aspects of the onsite delivery of medical care. They are the direct liaison with the Medical Commander should that person not be on site and would be deputised accordingly. The Medical Supervisor position may not be applicable for some events due to event size, etc. however such occasions the Medical Commander will dual role as both positions.

6. Communications

FestiMed staff communications

- FestiMed will utilise the on site radios for all communications and a dedicated medical radio channels will be advised on event days. The reason for this is generally the radio supplier will have an intimate knowledge of site and be on site during the whole event.

- All communications will be provided by the event organiser to FestiMed as per the specification list already provided and is to include a repeater.

Statutory Ambulance Service Liaison

At this point it had not be declared by the statutory services that a dedicated NAS liaison will be on site for this event. At the start and end of event confirmation of medical resources will be declared to the ambulance control room. This will be recorded in the log

If a 999 / 112 call is received for a call within site the details may be transferred to a FestiMed despatcher via ambulance control.

Festimed Radio Announcements

FestiMed staff will adhere to the event organiser's radio protocol and code words, as detailed in the Operations Plan, in relation to the following:

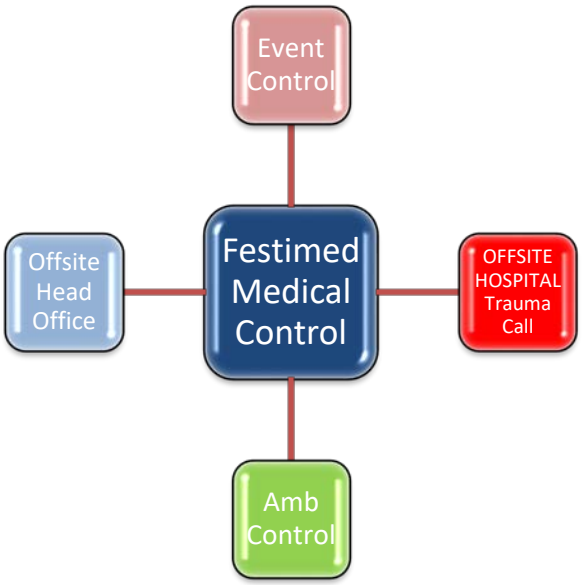
- Suspicious packages
- Fire
- Urgent police / security required
- Public evacuation

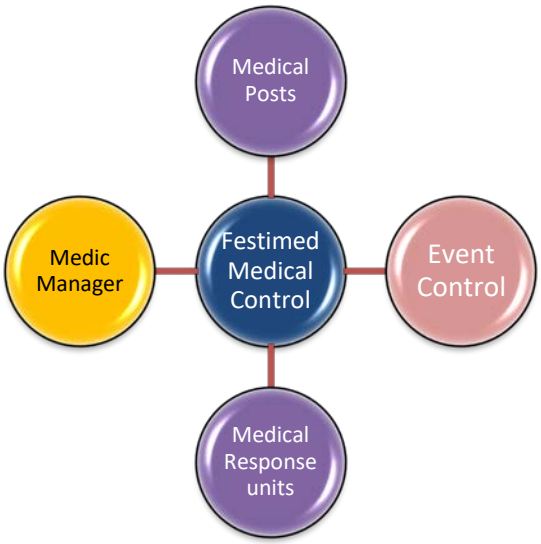
Communication Checks

Radio checks will be undertaken at the commencement of each shift with every staff member that has a radio.

Landlines will be tested daily to include on site facilities and NAS control room as a minimum.

Radio Communications Structure





7. Risk Assessment

The risk assessment is based upon the vast experience that Festimed has from many years of event medical provision along with various publications to include the revised Event Safety Guide. Based upon this, suitable and adequate resourcing is established to include resource types, qualification grades, vehicle usage, etc.

Risk Assessment Criteria

Audience	30,000
Contractors / Site crew	80
Demographic	Family Groups
Event type	Family Festival
Venue type	Park
Hazards	None declared
RISK MATRIX SCORE	19
RISK MATRIX BRACKET	16 – 30 (medium)

Risk Matrix

	5	4	3	2	1	0
Time of year					June - Sept	Oct - May
Profile			Rival fractions	Young / Disabled	Young Adults	Family groups
Hazards					Per risk	
Location		Various street locations	Camping	Open area	Stadium	Confined area
ED distance				Over 30 mins	no choice	Under 30 mins
Type of event	Dance Events	Music festival, High risk sport	Agricultural Show / Water	Aviation / motor sport	Low risk sport	
Patient Numbers			No data	<4%	2-4%	<2%
Audience	15 Points					

8. Resourcing

The following medical cover will be provided each day.

Saturday & Sunday 1000-1900

Facilities	1 x Medical Centre 1 x First Aid Post 1 x Emergency Ambulance 2 x Intermediate Care Ambulance 2 x Cycle Response Units
Resources	1 x Medical Coordinator 1 x Advanced Paramedics 1 x Paramedics / ED Nurses 5 x Emergency Medical Technicians 2 x Emergency First Responders 1 x Emergency Medical Dispatcher

9. Specific Area Details

Structures

Papa 1
The main medical which will be designated the call sign Papa 1 will be located by the main house. This will be the main receiving facility. It will be made of a small sized marque with hard level flooring. It will have a number of treatment bays and equipped with basic and advanced wound management supplies, ALS equipment including defibrillators and ECG facilities. This facility will also have oxygen and entonox available. This facility will have a AP located at it and will work to that level of care along with our company guidelines.

Papa 2
A small first aid post located north of site will be designated the call sign Papa 2. This will be a satellite first aid post only. It will be made of a small sized marque. It will have one treatment bay and equipped with basic wound management supplies, ILS equipment including a defibrillator. This facility will also have oxygen available. This facility will have EMTs located at it and will work to that level of care along with our company guidelines.

Both medical posts will have adequate signage that will be visible to the public. This will be provided by site.

10.Build / Break Medical Provision

FestiMed has not been commissioned at this event to provide the build / break medical provision. It is the responsibility of the event organisers to ensure that adequate medical provision is provided.

Please be aware that FestiMed recommend that during any high risk construction (e.g. working from a height, etc.) that medical provision should be considered within that risk assessment.

11.Insurances

FestiMed is fully insured for the following:

- Medical Malpractice (£2,000,000 / €2,500,000)
- Public & Products Liability (£10,000,000 / €12,000,000)
- Employer Liability (£10,000,000 / €13,000,000)
- Employee Liability (£5,000,000 / €6,000,000)
- Vehicles to include emergency blue light usage

Copies of insurance certificates can be provided on request to the event organisers if required

12. Local Health Services Impact

Where possible the impact to the local health services such as ambulance service, hospitals, public and private clinics and GP practices will be kept to a minimum.

All non-life threatening patients will get an additional assessment by a Sierra or Mike call sign clinician prior to referral offsite. The local statutory ambulance service will be called in the event of an offsite transfer for notification purposes only and to advise on hospital bed availability / divert status.

In the event of the medical facilities / medics getting overrun with patients the local statutory ambulance service may be utilised through the 999 / 112 system; however it must be noted that this will be in extreme circumstances.

Any patient requiring specialist off site referral to a specialised department (e.g. Stroke centre, PCI, Burns unit, etc.) will be transferred to one of these centres where possible with a pre alert. In event of these specialised units being extreme distances the patient will be transferred to the nearest hospital and reviewed at the hospital prior to further treatment and then transferred by the statutory ambulance service to the appropriate hospital.

Should there be a public 999 / 112 call received by the statutory ambulance service Emergency Operations Centre then they should immediately make contact with the FestiMed Control dispatcher on site so that a FestiMed first responder / response can be dispatched to ensure that the patient receives the quickest form of response.

If the statutory ambulance service sends an emergency response vehicle to site then they should RVP at the control room on site for an escorted route through site. Due to Health & Safety and event training no emergency vehicle should enter a 'live' site without an escort as emergency / sterile route have been prearranged at the planning stage which they would not be aware of. Having any vehicle, including an emergency vehicle, breach any arena creates a very large risk and should only occur in compliance with the arena breach policy.

13. Waste Management

FestiMed will ensure that all its clinical waste will be kept secure at all times. The site will provide secure receptacles and dispose of in accordance with the environmental agencies and Department of Health guidelines. Clinical waste will be stored in clearly marked yellow bags / bins with the appropriate hazardous waste markings.

Production / site services will take responsibility, provide bins and arrange collection / emptying for general waste and recycling.

14.Patient Records

FestiMed will utilise its PRFs / PCRs.

Should a patient be referred to the other agency or off site a copy of the PRF / PCR must be submitted to the referring body.

All patient related documents must be stored, retained, shared and destroyed in accordance with FestiMed's data protection and clinical record policies. PRFs / PCRs cannot be shared with the client or Safety officer, however this information can be shared with them providing confidentially is not breached and patient identifiable information is not disclosed.

A report will be given, if required, at any on site meetings regarding current patient numbers, referrals and life / limb threatening emergencies. No patient identifiable information will be given in accordance with the Data Protection Act.

A full debrief document will be provided to the client who can share this information with the statutory emergency planning and resilience team. In this document as a minimum, the following will be included:

- Total patient numbers
- Gender / Age
- Timings
- Illness Codes
- Final Outcome Codes / Referrals
- Off site patients
- Responses

If a patient refuses medical treatment all efforts will be made by the initial medic to encourage the patient to receive treatment. If the patient / family still refuses then the senior clinician on site should be notified and should also encourage the patient for treatment. An assessment of the patients / families capacity to consent will be undertaken which may result in third party (e.g. police) involvement. In all cases of refusal full documentation will be maintained and where possible this to be documented, signed and witnessed by the patient / family and a third party.

15.Uniforms

All Festimed medical staff will wear a navy uniform with the company name / logo on the left breast with their designation on the right breast or shoulder. All other agencies will wear that nationally agreed uniform. This will be complimented by their registered body card if applicable, which will clearly display their medical qualification and entitlement to practice.

Hi vis jackets / vests will be worn by all staff when required. For Festimed staff this will be black / blue and yellow for all non management staff and management staff will be in silver / white with black

Festimed is a 'bare below the elbow' organisation in regards of Infection, Prevention and Control and all staff are required to follow this policy
Staff will also wear Personal Protective Equipment (PPE) such as footwear, gloves, etc. when required.

Medical Commander

All Silver

Medic Manager

Silver & Black

Medic Team Leader

Yellow & Black

Medic

Yellow & Blue

Logistics- Non medial

Yellow & Orange

16. Staff

All staff that undertake work for Festimed at a minimum are over the age of 21. Each staff member has to complete our digital application form which includes supplying details regarding courses, qualifications, employment history, driving licence information, investigations, references, medical questionnaire, etc. All data is kept in accordance the Data Protection Act.

All staff must be vetted by undertaking a criminal record check at time of application and then subsequently every 3 years. Any staff member's check that flags an issue is then discussed on an individual basis.

Driving licences are checked every year. Should this check provide a result that needs to be considered then this is undertaken on an individual basis.

At time of application or change in qualification a qualification certificate is obtained. If the staff member is a registered Health Care Professional then at time of application, or annually thereafter an online registration check is completed.

Whilst working for Festimed all staff are informed that they can only work to their scope of practice. Within each medical post a specially designed Clinical Guideline folder which was developed by our CEO and Medical Director and available for staff to refer to. Festimed also utilise Patient Group Directives (PGDs) which have been verified by the CEO, Medical Director and Pharmacist. In addition, there are Patient Advice Leaflets and all senior staff are expected to monitor and guide other staff.

We have invested heavily in a bespoke digital Continuous Professional Development program that is also available for all current staff members. This includes Infection Prevention Control and Decontamination training.

17.Staff Welfare

Refreshments to include one packed lunch for a half day and one packed lunch with one hot meal for a full day. Drinks are to be included. Patient bottled water is to be supplied by the organisers for medics. All of this can be provided by Festimed at an additional charge.

18.Vehicles

All Festimed vehicles will be appropriately marked and equipped with applicable medical equipment.

No vehicle should be moved around site unless absolutely necessary and only when all other means of extraction have been exhausted.

In the event of vehicle movement being required in the crowd then this must be done with a security escort and <5mph while on site. No movement should take place without authorisation by control and the Medical Commander / Supervisor. The arena breach form must be completed in all instances.

All responses must provide a location update when changing location if applicable to the designated person by the event organisers. When responding to scene, arriving on scene, leaving scene, arrive at hospital / secondary location, and going green (clear & available) the times must be recorded on the applicable FestiMed paperwork.

Blue lights and sirens should not be used unless the patient is life threatening. Blue lights must be authorised by a Mike or a Sierra call sign and by the event control manager. A blue light usage form must be completed by control and signed by the officers. The site speed limit must be maintained.

19.Arena / Event Space Vehicle Breaches

In the event of a patient requiring assistance in the arena / event space (any location with known dense crowd) a foot unit when available will be dispatched to the incident. If a foot unit is not available then a vehicle may be dispatched but will not enter the arena and instead respond on foot from the nearest access point. Where possible patients should be walked or carried in a carry chair or basket stretcher.

In the event of the patient requiring vehicle transport the preferred response unit would be a 4x4 all terrain vehicle.

The vehicle must not breach the arena until authorisation is sought from control. For control to authorise the arena breach permission must be sought from the event controller or deputy manager and / or event organisers. The relevant form must also be completed. When a vehicle arena breach is authorised the vehicle must have a security escort (control manager must take responsibility for this and travel at a speed of <5mph).

Consideration must be given for vehicle incapacity due to mud.

20.Helicopter Landing Zone

Should air evacuation be required then FestiMed management will liaise with the statutory ambulance service, ELT manager and / or event organisers.

Control will liaise directly with security, fire and traffic management on site to ensure that security and fire are at the landing zone and any routes are kept fully accessible and clear. A dedicated security team will be available to assist in this instance to ensure that the crew are escorted from the helicopter to the patient and that there is no risk to any other persons in the vicinity.

The pilot will decide the most suitable landing zone taking into consideration down draft from the craft onto the crowd so no unnecessary injuries / irritations will occur. Consideration all needs to be given to track way for vehicle access to the landing site. This location must be notified to the medical provider / ELT manager so all parties on site are aware of the landing site so that arrangements can be made. From experience the pilot will decide on the landing site despite prearranged landing zone. We have not declared an official landing zone for this reason as this may cause confusion if the helicopter lands in an alternative location.

21.Health & Safety

FestiMed takes the Health & Safety of its staff seriously and understands that the planning, logistics and operational aspects of events.

Under this Health & Safety legislation the event organiser, promotor, licensee, specialist contractor and venue owners all have the responsibility to protect the Health & Safety of workers and contractors. This should include detailed risk assessments and removal of as many hazards as possible.

FestiMed will monitor any incidents that form part of a pattern or are a Health & Safety issue. Such incidents are known as 'red flag incidents' and as and when appropriate the applicable organisations will be notified on site and the incidents noted in the FestiMed log and then at the next available ELT meeting.

22.Major / Serious Incidents

Serious Incident – *manageable by on site medical with local statutory ambulance service*

A serious incident is when the on site medical provider is stretched to capacity and the on site medical teams are unable to deal with the number and types of conditions / patients presenting to them. As a result the statutory ambulance service is requested to attend site to assist by the Medical Commander / Supervisor in conjunction with the ELT Manager.

Major Incident – *more resources required on site than what the on site medical and local statutory ambulance service can provide*

A major incident is when both the on site medical provider and the local statutory ambulance service (that has been requested to assist on site) are unable to deal with the number and types of conditions / patients presenting to them. As a result the Medical Commander / Supervisor will notify the statutory ambulance service of a possible major incident using the METHANE report, this will then be confirmed / not confirmed by the first statutory ambulance service personnel to arrive on scene. In accordance with national guidelines the statutory ambulance service will take full responsibility for the site in the event of a major incident. In addition, a major incident can also be declared by a Principle Response Agency (PRA).

M Major incident declared
E Exact location
T Type of incident
H Hazards
A Access / Egress
N Number / severity of patients
E Emergency services present / what is required

A dedicated landline phone that does not go through a switch board will be available on site to the senior medical managers to declare a major incident.

The first operational ambulance / officer / staff member from the local statutory ambulance service will take responsibility for the site and all other agencies will take direction from this person until they are released by a Silver / Bronze officer. This will be documented within the Festimed Event Log on the applicable pages with all names, positions and times noted. From this point full command will be handed over to the statutory ambulance Bronze / Silver / Gold officer. All medical teams will support and cooperate fully with their requests in accordance with national and MIMMS guidelines.

A traffic light code system will be used to notify staff of a major incident status.

- CODE RED Major incident DECLARED (all staff to Main Medical Centre - no further treatment)
- CODE PINK Major incident DECLARED (all staff to secondary RVP - no further treatment)
- CODE YELLOW Major incident IMMINENT
- CODE GREEN Major incident END / STAND DOWN

If a code yellow / red is declared then all medics should return immediately to the primary RVP which is the FestiMed Main Medical Centre.

If the FestiMed Main Medical Centre is compromised then all medics should assemble at the secondary RVP which will be advised by the event organisers.

Statutory Ambulance Access Point

An agreed access point will be designated for major incident vehicles to access site.

Casualty Clearing Station

Dependant on the location of the incident a CCS will be established; the primary location for this will be identified with the event organisers. Ultimately, this will be a decision for the Ambulance Incident Officer.

Casualty Waiting Area

This will be agreed by the control room as an area to hold Priority 3 patients that require treatment for minor injuries. This area may not be set up in the event of low numbers of Priority 1 and Priority 2 patients.

Ambulance Loading Point

An ambulance loading point has been designated to serve the event medical centre. If further CCS's are required, the Ambulance Incident Officer will determine the ambulance loading points.

Body Holding Area

In the event of large numbers of fatalities on the site, a Body Holding Area will be established. This area will be either a portable inflatable building, or part of an existing structure identified at the time.

The Body Holding area must not be confused with the Temporary Mortuary. Possible locations for the Body Holding will be discussed by the major incident team.

Temporary Mortuary

A temporary mortuary will be established at a location identified in the local authority combined major incident plan for the county.

Incident Control

Where possible incident control will be set up adjacent to the event control to allow for easy inter agency communications.

Media Liaison Point

This will be agreed at the time by event control as to the best location.