

Event Organiser Medical Notification (Form 2)

Please complete this proforma and return to the ambulance service –
EPRR.Devon@swast.nhs.uk

Name of Event			
Date of Event			
Location of Event			
Capacity (licensed or planned for)			
How many attendees on site at any one time			
If there overnight camping, if so how many people will be camping?			
Type of event service as per the medical providers Risk Assessment & Method Statement (RAMS) (Circle or Tick appropriate)	<ul style="list-style-type: none"> • Tier 1 • Tier 2 	<ul style="list-style-type: none"> • Tier 3 • Tier 4 	
Name of Medical Provider			
Medical provider contact number before and during the event			
Medical provider email address			
Event organiser Contact Details			
Medical Provision On Site (please note that is you do not have an ambulance provision indicate how you plan on transporting patients to hospital)	Number of First aiders:		
	Number of HCPC registered Paramedics:		
	Number of IHCD Technicians/L4 Diploma for Associate Ambulance Practitioners:		
	Number of Emergency Care Assistants:		
	Number of onsite ambulances:		
	Number of CQC registered Emergency Ambulances able to transport offsite and CQC registration number:		
	Number of Nurses:		
	Number of Doctors:		
	Any other medical provision (please state):		
Patient statistics for previous years	Patients seen: Patients conveyed to hospital: How many NHS ambulances were called to attend site:		
Process for allowing NHS ambulances through road closures/ onto event site in response to a 999 call			
Contact details for event day (i.e. medical manager, event control): (this is for the 999 control room, so we can contact someone immediately on site at the event if a 999 call is received from the event footprint for example):			
Please list any very high/ high risks associated with the event			
Date Full medical plan will be received by SWAST			