ROAD RACE MEDICAL SERVICES

A GOOD PRACTICE GUIDE

FOR THE PROVISION OF FIRST AID & MEDICAL SERVICES AT UK ATHLETICS LICENSED ROAD RACES

SUMMARY FOR SMALLER ROAD RACES OF UNDER 500 COMPETITORS

runbritain **MEDICAL ADVISORY GROUP**

UK ATHLETICS

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UKA ROAD RACE MEDICAL SERVICES

INTRODUCTION

This guidance note for medical services at smaller road races is extracted from the Good Practice Guide for the Provision of First Aid & Medical Services at UK Athletics Licensed Road Races ('The Good Practice Medical Guide'). For full details and explanation including background information and criteria please refer to the Good Practice Medical Guide.

Duty of Care & Basis of Risk

Many races have been staged over many years without serious incident. But past performance is not a reliable indicator of future outcome. Runners competing in endurance events put themselves under significant additional stress, and significantly increase their background risk of harm, although this is largely offset by long-term health benefits.

Race organisers owe a clear legal duty of care to provide appropriate first aid and medical facilities for competitors, volunteers (and staff) sufficient to respond to foreseeable additional medical risks which might be reasonably anticipated arising out of participation at their event. This duty also extends to spectators on private or public land under the exclusive control of the event organiser.

This legal duty of care cannot be avoided or transferred by the organiser to the participant, for instance through disclaimers on entry forms placing all risk on the competitor – indeed in the event of a claim the use of such a disclaimer could be interpreted as being evidence of an organiser's clear intent to avoid meeting their duty of care.

On the other hand it must be accepted that all activities, including participation in endurance running, involve some level of inherent risk and a balanced judgement must be made by race organisers and competitors between practical and reasonable delivery of services and potential (ie anticipated or likely) medical outcome.

However such judgement can only be made on the basis of clear understanding of the risks and issues involved, and informed consent by the competitor. Race organisers should warn competitors of the additional risks involved in participating in endurance events, and the runners' own responsibility to ensure proper preparation, training and fitness to compete through pre-event publicity (for instance by directing competitors to the **www.runnersmedicalresource.com** website), supplemented where necessary by race day information & public announcements.

OBJECTIVES

These guidelines recommend appropriate minimum first aid and medical services for respective types/sizes of road races (to satisfy the requirements of UKA Licence Standards), and best practice medical advice for race organisers and first aid and medical providers.

All UKA licenced road races are required to provide :

- An appropriate, effective & prompt first aid and medical service to competitors, volunteers (and staff). Such care to be sufficient to respond to foreseeable additional medical risks which might be reasonably anticipated arising out of participation at their event. This duty to also extend to spectators on land under the exclusive control of the event organiser

- Basic life support ('BLS') plus defibrillation (where applicable) to injured competitors, spectators or event volunteers, officials, staff or contractors in a timely & effective manner – within 8 minutes of receipt of report of an injury by the event and/or medical team. Note : for this to be achieved an effective procedure for observation & reporting of injuries and deployment of resources will be required (see Appendix 7)

Unless otherwise indicated by the medical risk assessment it is recommended that :

- All UKA licensed road races should provide basic life support ('BLS') plus defibrillation capability – reflecting the favourable response rate to treatment for the type of cardiac arrest typically experienced at endurance events (see requirements for smaller races Matrix table)

- Sole reliance on '999' NHS emergency ambulance service response will not meet the duty of care required of a road race organiser (see requirements for smaller races Matrix table)

MINIMUM RECOMMENDED MEDICAL SERVICES
MATRIX TABLE – SMALLER ROAD RACES UNDER 500 COMPETITORS

	Race Distance km	**Under 6km** (Incl 5km)		**6 - 10km** (Incl 10km)		**11 - 25km** (Incl 10mile & ½ marathon)		**Over 26km** (Incl marathon)	
	Competitor numbers (finishers)	**Under 150**	**150 - 500**	**Under 150**	**150 – 500**	**Under 150**	**150 – 500**	**Under 100**	**100 – 300**
1	Qualified event team First Aiders [1]	Either 2		Either 2					
2	First Aiders from CQC registered medical provider	Or 2	1 per 100 (Min 4)	Or 2	2 per 150 (Min 4)	Min 4	2 per 125 (Min 4)	Min 4	2 per 100 (Min 4)
3	Covered First Aid Post at finish	Optional	Required	Optional	Required	Required	Required	Required	Required
4	Covered First Aid Posts on course	Optional	Optional	Optional	Min 1	Min 1	Min 1	Min 2	Min 4
5	Mobile BLS Smaller races only [1]	Either 1		Either 1					
6	Mobile BLS plus AED [2]	or 1	Either 1	or 1	Either 1	Either 1	Either 1	Either 1	
7	Mobile ALS [2]	or 1	or 1	or 1	or 1	or 1	or 1	or 1	Min 1
8	Ambulances & crew [2]	or 1	or 1	or 1	or 1	or 1	or 1	or 1	Min 1
9	Paramedics [2]								Min 1
10	Doctors [2]								Min 1
11	Nurses								
12	First Aid or Medical Manager		Either	Required	Either	Required	Either	Required	Either
13	Medical Director		or		or		or		or
14	Dedicated Medical Control								
15	Sweeper bus or car		Required	Required	Required	Required	Required	Required	Required
16	Beds or cots		Min 1	Min 1	Min 2	Min 1	Min 2	Min 2	Min 2

GUIDANCE NOTES ON THE USE OF THE MATRIX TABLE

Interpretation

The Matrix table can be used to determine a recommended minimum level of medical service for a road race of any given distance or size, based on a number of assumed 'standard' variables. Each race organiser will need to adjust the actual medical services required for their own race to ensure : firstly that sufficient mobile resources are available (see note [2] below), and secondly to suit the specific circumstances of their race

Where 2 requirements produce different results, the higher standard will apply

Nothing in this guidance would prevent a race organiser adopting a higher standard of care, by providing additional resources (for instance additional first aid posts) or a higher level of staffing or equipment resource over and above the minimum recommend level (for instance replacing first aiders with first responders or paramedics, cycle responders with ambulances, nurses with ODP's or ECP's)

Sole function. Medical staff, equipment etc can only perform a single designated function at any one point in time. For instance an ambulance cannot *at the same time* act as both a mobile and a static asset (eg both an ambulance and a static first aid post), neither can a first aider also *at the same time* act as a marshal. This does not prevent resources being re-deployed during the event - for instance from the start or the course to the finish after runners have passed

Notes

[1] **The provision of automated external defibrillators (AED's) and the use of First Aiders from an external Care Quality Commission (CQC) registered medical provider is recommended for all road races**. Smaller races should only consider not providing AED's and/or using event team volunteer first aiders where a reliable service is available from the local NHS ambulance service trust, where easy access is available to the local NHS accident & emergency hospital and where a reliable mobile phone network exists across the whole course route, otherwise AED's and an external provider will be required

[2] Sufficient **mobile resources must be provided at all road races** to ensure that at a minimum BLS plus AED (or BLS alone for smaller races with less than 150 competitors and under 11km in distance) can be delivered to a casualty at any point of the course within 8 minutes of receipt of report of injury by the event team

Definition of terms

Competitor Numbers. The number of runners actually starting the race (as opposed to the number of registered entrants)

First Aider. A professional or volunteer trained to provide basic life support. First Aiders must be engaged by bodies **registered** with the Care Quality Commission (CQC), qualified & insured to provide medical services at public events.

For larger events, with over 150 competitors and/or over 11km in distance, event team volunteers with appropriate occupational or workplace 'first aid at work' training can provide initial first aid in the event of incident until the arrival of the main service provider (and such volunteers will be covered by UKA insurances for the provision of incidental first aid), but such **unregistered** volunteers cannot be used to replace or supplement the main or only medical provider.

Event Team Volunteer First Aider. An event team volunteer with a current qualification in event first aid, first aid at work or other suitable medical qualification from an Ofqual registered training body.

First aid provided by qualified event team volunteers, either in supplemental initial care at larger events prior to arrival of the main medical provider, or in primary care at smaller events, will be covered by UK Athletics insurance.

First Aid Post ('FAP'). A designated and signposted location providing shelter & weather protection with space for treatment (for instance in a marquee or building), where initial basic treatment can be provided to competitors, spectators, event volunteers & staff. Situated at intervals around the course route, within the finish area (and at larger events often also within the runners assembly area). Each first aid post typically requires at least 2 trained first aiders.

Basic Life Support ('BLS'), or First Aid. Initial care for injury or illness, including life-saving techniques without medical equipment (eg cardio-pulmonary resuscitation or 'CPR'), until definitive medical treatment can be provided. May also be sufficient for minor injuries or self-limiting conditions.

'BLS plus AED'. The delivery of a higher level of basic life support supplemented by an automated external defibrillator ('AED') - a portable machine that can restart the heart in some cases of cardiac arrest by delivering an electric shock. Responders using AED's are provided with additional training in the safe and effective use of this equipment, over and above the basic BLS skills.

Mobile 'BLS plus AED'. Mobile delivery can be by a motorbike or cycle responder (or on foot), ambulance car or ambulance

Advanced Life Support ('ALS') - Resuscitation. The ability to deliver advanced life support techniques including defibrillation, advanced airway management (including oxygen) and advanced drug administration typically provided by a registered healthcare professional such as a paramedic, doctor or nurse with the appropriate skills and competency.

Mobile 'ALS'. Mobile delivery can be by motorbike or cycle responder (or on foot), ambulance car or ambulance

Ambulance. An emergency 'blue light' ambulance crewed and equipped to a standard specified by the local NHS ambulance service. Capable of passenger transport (single patient) & equipped to deal with a range of patient complaints including defibrillator, oxygen, pain relief & splints.

Off-road ambulances can be used to deliver medical crew & equipment to an incident, and to repatriate patients over rough terrain or soft ground where access by conventional emergency ambulances is not possible.

Paramedic ambulances provide a higher level of skills & medical interventions than a standard emergency ambulance.

Rapid response vehicles ('RRV') can deliver a practitioner (doctor, paramedic, EMT or equivalent) to provide ALS interventions. But they should not be treated as an emergency ambulance, as many RRV's cannot transport patients

Paramedic. A registered paramedic with the UK Health Professions Council ('HPC') and appropriate equipment. Paramedics are typically qualified to administer a range of prescription

drugs. Operating either from a vehicle (eg emergency ambulance, rapid response vehicle or motorcycle) or within a treatment facility

Doctor. A registered medical practitioner with the UK General Medical Council ('GMC') with relevant experience of pre-hospital and emergency care, and appropriate equipment. Doctors are qualified to administer a full range of prescription drugs & treatments. Operating either from a vehicle (eg ambulance or rapid response vehicle) or within a treatment facility

Nurse. A registered practitioner with relevant experience of pre-hospital and emergency care and appropriate equipment - Registered with the NMC (Nurses and Midwifery Council)

First Aid or Medical Manager. The nominated point of contact for the medical team. Probably a member of the first aid / medical team (rather than the race organiser), could also be acting as a clinician (ie most senior first aider or doctor working on the day)

Medical Director. The appointed manager & point of contact for the medical team, also responsible for setting the medical strategy & preparing the Medical Plan. Independent of the clinical team – ie overseeing care management, not treating patients. Would normally be a registered medical practitioner with relevant experience of pre-hospital and emergency care

Dedicated Medical Control. A facility (building, marquee or vehicle) providing accommodation for the operational medical command including co-ordination and communication between all medical resources (ambulances etc) and liaison with other services (police, ambulance service, event control, fire brigade). In larger races this is typically part of a multi-agency joint control room, often at a separate location from the clinical team

Sweeper bus. A minibus or car providing transport for exhausted runners but non-injured ('drop-outs') from the course to the finish. Typically with a first aider to attend to minor medical conditions.

Note. This is not a medical resource, such as an emergency ambulance or patient transfer vehicle ('PTS'). Neither should it be used to collect event equipment, signage etc from the course as the roads are re-opened

Treatment beds. An examination couch, folded stretcher or bed space within a treatment facility used for the assessment and treatment of non life-threatening (primary care) casualties provided with appropriate nursing care and equipment

Treatment beds are often supplemented by additional holding beds (or chairs) within a treatment facility used for observation of casualties during recovery

Adjusting the 'Standard' Race Profile

'Standard' Race Profile

The 'minimum cover' recommended in the matrix table is based on a number of assumed 'standard variables' for a race

These presume a single lap course with unrestricted vehicle access for the first aid and medical team (both to treat and evacuate casualties), an established race with settled format unchanged from previous years, a mix of more experienced (club affiliated) and recreational (non-affiliated) runners, where entry numbers & attendance rates are known (no entries taken on race day), with no significant history of casualties at previous stagings of the event, mild weather conditions, easy access to the local NHS A&E hospital, options & choice of a number of

different medical providers, and a limited number of spectators attending the event (under 500 spectators).

It also assumes that competitors will be over 16 years of age. Additional medical & management requirements will apply for under age competitors – child protection issues, paediatric medical staff, parental consent for treatment etc – see advice below

Races with Less Favourable Profiles

The 'minimum cover' recommended in the matrix as appropriate for races held under 'standard conditions' needs to be adjusted to take into account the more cautious view and additional resources required to respond to 'less favourable variables' such as :

- Races held on point to point courses
- Where sections of the course are inaccessible to the medical team by vehicle
- New (or substantially changed) races
- Races with an unusual competitor profile (eg high proportion of elderly or disabled competitors, junior runs or family fun runs)
- Races predominantly comprised of less experienced recreational (ie over 80% non-affiliated) runners
- Where entry numbers and attendance rates are unknown (entries taken on race day)
- Races with significant past record of casualties
- Races in exposed or remote locations
- Where there are significant variations or extremes of weather conditions (both on race day and in the training weeks/months before the event)
- Where the local NHS Accident & Emergency hospital is inaccessible – both in terms of maximum travel distance from the course and/or its capacity to receive event casualties
- Where there is a restricted choice of first aid / medical providers (first aiders, doctors, nurses, statutory ambulance service, voluntary and/or commercial providers), or restrictive local area protocols (for instance shortage of emergency ambulance drivers)
- Where more than 500 spectators can be anticipated to attend the event in a hired venue
- Where communications (mobile phone and/or radio)are unreliable

For instance where sections of the course are inaccessible by normal vehicles, it may be necessary to provide an off-road ambulance, or additional first aid posts.

Races with More Favourable Profiles

Equally the 'minimum' level of medical cover recommended in the matrix can be adjusted downwards to reflect 'more favourable variables' such as

- Multi-lap courses (where runners pass first aid stations more than once)
- Closed championship races or races predominantly comprised of more experienced athletes (ie over 80% of club affiliated athletes)
- Very few casualties at previous stagings of the event

Treatment Facilities

The location of treatment facilities should be determined by the first aid and medical team according to the configuration of the course, safe routes for ambulance access etc. Likewise the medical team should also determine the allocation or designation of treatment beds & holding beds within the treatment facility according to the anticipated clinical need

Junior Runs & Family Fun Runs

The 'standard' matrix level of first aid and medical cover is intended largely for adult competitors (ie over 16 years of age on race day). A higher duty of care and additional requirements must be taken into account in planning races and fun runs involving juniors and youths

For junior runs and family fun runs first aid and medical staff will need training & experience in paediatric medicine (in most cases this will already be covered by existing qualifications), arrangements must be made to obtain parental/carer consent prior to treatment & for parents/carers to attend children during treatment (attending adults are normally excluded from medical areas), and additional equipment & paediatric drugs may also be required for smaller children

Further management requirements (ie non-medical) will apply at junior age group competitions and family fun runs in terms of child protection procedures & lost child facilities, and ensuring attendance & supervision by attending parents or carers

Other Advice

Age Suitable Distances

For details of age suitable distances see the UK Athletics Rules of Competition, and for fun runs see UKA Licence Standards

Medical Advice for Competitors

For a free resource medical advice for competitors preparing for road races see the **www.runnersmedicalresource.com** website maintained by the **run**britain Medical Advisory Group. Note : Runners should be advised not to compete if they have suffered a fever or sickness in the week before the race

Rear of Race Number.

Road races must provide a pre-printed form on the rear of the race number worn on race day, to be completed by the competitor with their contact details, next of kin & previous medical history (eg current medication), to assist identification and appropriate medical treatment in the event of collapse, in accordance with UKA Rules of Competition 209.

They can also include the disclaimer giving consent by the runner for the medical team to release details of the patient to the race organisers for the purpose of contacting next of kin in the event of a medical emergency

Pre-existing Medical Conditions.

Whilst a number of medical conditions (eg asthma, diabetes, heart disease) can benefit from regular exercise, runners with certain medical conditions (eg angina) should be advised in pre-race literature or by reference to the **www.runnersmedicalresource.com** website) either not to compete in endurance events, or only to do so on the advice of their GP

ACKNOWLEDGEMENTS

This guidance has been drafted by a working party from UK Athletics **run**britain Medical Advisory Group

APPENDIX 1

MODEL MEDICAL RISK ASSESSMENT

'Five steps' to risk assessment

Step 1 Identify the hazards
Step 2 Decide who might be harmed and how/where
Step 3 Evaluate the risks and decide on precautions
Step 4 Record your findings and implement them
Step 5 Review your assessment and update if necessary

Caution : This assessment shows the kind of approach a typical race might take where conditions are favourable (see notes). It can be used as a guide to think through some of the hazards in your race and the steps you need to take to control the risks. This is not a 'one-size-fits-all' risk assessment that you can just put your name on and adopt wholesale without any thought. This would not satisfy the law - and would not be effective in protecting people. Every race is different - you need to think through the hazards and controls required in your race for yourself

RISK ASSESSMENT			SAFETY PLAN			
			Risk assessment / safety plan overlap	4. How will you put the assessment into action Remember to prioritise those hazards that are high-risk and have serious consequences		
1. What are the hazards	**2. Who might be harmed & how**	**3a. What are you already doing (ie pre-event controls)**	**3b. What further action is required (event day controls)**	**4a. Action by Who**	**4b. Action by when**	**4c. When completed**
GENERALLY						
Consider hazards by inspecting the venue and course, checking post-race	*Identify competitors, spectators, other road*	*List what is already in place to reduce the likelihood of harm or make any harm less serious*	*You need to make sure that you have reduced risks 'so far as is reasonably*			

de-briefs etc	*users, volunteers, officials, contractors. State how harm can be caused*		*practicable'. An easy way of doing this is to compare what you are already doing with good practice. If there is a difference, list what needs to be done.*			
Obstacles & hazards on course	Competitors & volunteers could trip or fall	Course route to be arranged to minimise obstacles & hazards. Remaining hazards to be identified on safety plan	Sector marshals to check protection is provided to remaining hazards	Sector marshals	On arrival at location	
Pre-existing medical conditions (cardiac, asthma, diabetes)	Competitors & volunteers	Pre-event instructions to entrants (at time of entry and/or race packs) to visit **www.runnersmedicalresource.com** website. Volunteers briefings	Ensure reminder is included in entrants final instructions & briefings provided to volunteers	Entry Secretary. Course Director	Final instructions. Pre-event briefing/s	
Unfit competitors, under or over drinking water	See above	See above	See above	See above	See above	
Unsuitable age specific distances	Competitors	Apply age restrictions in UKA Rules of Competition & Licence Standards		Entry Secretary		
Adverse weather – unseasonably hot/humid	Competitors, volunteers & spectators	Chose sensible date & start time for event. Monitor weather reports. Implement adverse weather plan. Consider changing start time, race distance or cancelling race	Provide additional drinking water, sponge station (showers), shade for first aid posts & ice for treatment area/s. Advise runners to slow down	Course Director	On implementation of adverse hot weather plan	
Adverse weather – unseasonably cold/wet/windy	As above	As above	Provide foil blankets, shelter & hot drinks to finishers, first aid posts & treatment area/s	Start/Finish Director	On implementation of adverse cold weather plan	

Layout & management of finish area to provide easy access for medical team to identify, treat & evacuate casualties			Experienced marshals to be provided in finish area. Co-ordination of activities to be agreed in advance with medical team			
Use public address system (if provided) to communicate race day instructions to competitors			Pre-race briefing to commentator on race day public announcements. Ensure sound levels do not interfere with marshals & medical team in finish area. Discourage sprint finishes			
Monitor, de-brief & review			Ensure arrangements to monitor delivery of medical services during the event, and for post event de-briefing & review	All		

MEDICAL						
Assessment of appropriate medical cover	Competitors, spectators & volunteers	Provide first aid and medical services in accordance with UKA Good Practice Guide to Medical Services	See Medical Plan			
If event arrangements and profile are unchanged from previous years		Past casualty rates can provide a good indicator of likely demand & minimum cover recommend in the Guide will be appropriate				

If event arrangements and profile are significantly changed from previous years		Past casualty rates cannot provide a good indicator of likely demand & additional cover over and above the minimum standard recommended in the Guide should be provided				
Anticipated competitor numbers		Medical planning should always be based on the maximum number of competitors likely to attend				
Qualified First Aiders – Smaller races of under 150 competitors and under 11km in distance		The use of First Aiders from an external Care Quality Commission (CQC) registered medical provider is recommended for all road races. Smaller races should only consider using event team volunteer first aiders where a reliable service is available from the local NHS ambulance service trust, where easy access is available to the local NHS accident & emergency hospital and where a reliable mobile phone network exists across the whole course route. Where event team volunteers are used, they should have a current first aid qualification in 'First Aid at Work' or higher qualification.	The provision of first aid by qualified event team volunteer first aiders is covered by UKA insurances			
Qualified First Aiders – Larger races of over 150 competitors or over 11km in distance		Only use qualified first aiders & medical staff provided by a Care Quality Commission registered body (such as St John Ambulance, British Red Cross, or professional or commercial	The provision of supplemental first aid by qualified event team volunteers is covered by UKA			

		providers) trained & insured to 'public duties' standard. Qualified event team volunteers can provide initial first aid to supplement provision until arrival of the primary first aid provider	insurances			
Confirm capability of local A&E hospital to receive casualties from event.		Make enquiries through local authority Safety Advisory Group, based on first aid/ALS & treatment facilities provided at event plus casualty rates from previous stagings of the race.				
Confirm ability of local NHS ambulance service trust to attend & evacuate critical casualties at event on 999 call.		As above				
Mobile BLS - Smaller races of under 150 competitors and under 11km in distance		The provision of automated external defibrillators (AED's) is recommended for all road races. Smaller races should only consider not providing AED's where easy access is available to the local NHS accident & emergency hospital and where a reliable mobile phone network exists across the whole course route, Sufficient mobile resources must be provided to ensure that at a minimum BLS plus AED (or BLS alone for smaller races with less	Ensure efficient reporting procedures are in place and resources to deliver mobile response within target time specified to all points on the course & the race finish			

		than 150 competitors and under 11km in distance) can be delivered to a casualty at any point of the course within 8 minutes of receipt of report of injury by the event team.				
Mobile BLS – Larger races of over 150 competitors or over 11km in distance		Sufficient mobile resources must be provided to ensure that at a minimum BLS plus AED can be delivered to a casualty at any point of the course within 8 minutes of receipt of report of injury by the event team	Ensure efficient reporting procedures are in place and resources to deliver mobile response within target time specified to all points on the course & the race finish			
Check reliability of mobile phone network coverage & radio reception on course & start/finish.		Supplement with RAYNET volunteer radio communications or commercial provider as required				
Confirm procedures in place to ensure first aid in place before race start		Reporting procedure for race day. Contact phone numbers exchanged in event of problems	Race will be cancelled if first aid team do not attend			
Confirm arrangements in place for medical team to access & extract casualties from any sections of the course inaccessible to vehicles			Obtain permission from private land owners where appropriate, ensure gates are unlocked. Provide stretchers & volunteers or off-road ambulances if required			
Ensure effective reporting of			Ensure sufficient marshals are			

casualties by marshals etc.			deployed to provide prompt identification of casualties and nearest ambulance access point at all locations on the course. All volunteers to be briefed on reporting of casualties & directing ambulances to the casualty location			
5. Review Date						

This template is adapted from the advice of the Health & Safety Executive as published in their guidance notes 'Five Steps to Risk Assessment INDG 163 Rev 2. A digital copy can be found on their website at : **www.hse.gov.uk/pubns/indg163.pdf**

APPENDIX 2

MEDICAL RISK ASSESSMENT - WORKED EXAMPLE 1

'SUMMERVALE 10km ROAD RACE'
This is a fictional race, for the purpose of illustrating the guidance note. All similarities to actual events or persons are entirely accidental

1. Background

The 'Summervale 10km Road Race' has been organised under UKA Licence by volunteers from Summervale Athletic Club on the second Sunday in May for the last 15 years, the last 5 under the current race director. In previous years attracting around 150 entries (140 finishers) each year, with a maximum entries limit of 200. 90% of entrants are typically registered as local athletic club members. Entries are by postal entry form circulated to local clubs & on the club website. In previous years entries have also been taken on race day. The course is unchanged from recent years, starting & finishing at the same location in the car park of the Summervale Town Secondary School and adjoining playing pitches before following two-laps over undulating semi-rural lanes with low traffic levels, around a small market town

The race has a reputation as a fast flat course, traditionally popular with more experienced & competitive local club runners, many of whom are known personally by the race secretary having returned for a number of years, but in recent years the race has attracted a growing number of entries from unattached (ie non-club) entries, recreational runners and novices. The race is staged on open carriageways (without road closures), with marshal controlled junctions & crossings at maximum of ½ to 1 km intervals around the course. The course is 90% on tarmac public roads, with 10% on gravel public footpath and grass playing pitches

Cupped drinking water is provided at 5 km and at the finish. No sponge stations are provided. Changing, toilet & hot drinks/sandwiches are available in the school hall

Communication between marshals is by mobile phone, with reliable network coverage over the entire course route

Medical services for the last 5 years have been provided by the local British Red Cross branch, assisted by 2 event team volunteer first aiders. The Summervale Hospital accident & emergency department is 3 miles by road, and there is a reliable service from the local NHS ambulance service. In the past 5 years there have been an average of 2-4 patients treated by the first aiders each year, including 2 collapses amongst slower runners (due to exhaustion) on the gentle incline in last ½ km of the race on one warm race day, 1 collapse by the race leader in the finishing straight (also due to exhaustion), 3 slower runners unable to finish (1 x twisted ankle & abrasions, 2 x exhaustion) and minor treatment at the finish for fainting, blisters etc. There have been no fatalities, resuscitations, or hospital transfers

The race finish will be hand-timed using a single finishing funnel in the car park, allowing ambulance access if required

Volunteer marshals etc are from the organising club plus their family & friends. The regional licencing panel are familiar with the race, one panel member having twice run the race himself in recent years

2. Recommended Provision - Matrix Table

Based on 'standard criteria' for :

- Race distance of under 11km (10km race)
- Race of under 150 runners (130 anticipated – see notes)

Recommended minimum provision as set out in **Matrix Table** :

Either 2 qualified event team volunteer first aiders, or 2 first aiders from a CQC registered medical provider

Covered first aid posts at finish & on course optional

- Mobile provision - either 1 BLS only, or 1 BLS plus AED, or 1 mobile ALS, or 1 ambulance
- No paramedic, doctor, nurse, or dedicated medical control required
- First Aid or Medical Manager required
- Sweeper bus (or car) required
- Minimum 1 bed (or cot)

Adjustments

If entries are continued to be taken on the day, allow for a maximum of 200 competitors attending. Re-check Matrix Table 2 based on 200 competitors

- Min 4 first aiders from a CQC registered medical provider – volunteer team first aiders can supplement, but not act as primary provider
- Covered first aid post required at finish, plus min 1 covered first aid post on course
- Higher requirement for BLS plus AED (or mobile ALS or ambulance) applies
- Min 2 beds (or cots) required

Accordingly the race organisers has decided to reduce the entries limit to 150 entries, and to advertise entries on the day up to this limit on a first-come-first-served basis.

On the other hand, as a two-lap race - as opposed to the Matrix profile based on one-lap - the provision for on course first aid could be reduced, and this would also reduce the response time for the mobile BLS. The provision at the finish should remain unchanged

The race has been staged in its current form and by the current organisers for many years. Casualty rates at previous races have been low in terms of numbers, but there have been some more serious cases (3 collapses)

Entries are largely by post, with personal knowledge of many runners by the race secretary, and local marketing through athletic clubs ensuring a high proportion of more experienced club runners (as opposed to on-line entries & marketing) with proven fitness levels in terms of preparation for competition. But the increasing number of entries from unattached entries, recreational runners and novices has introduced a proportion of competitors with lower and untested fitness levels

There is a lower injury risk of minor injury (tripping etc) generally associated with (more experienced) club athletes. A higher proportion of older 'veteran' male club runners also reduces the risk of sudden cardiac failure (often associated with younger competitors) but increases the risk of cardiac arrest due to cardio-vascular disease (often associated with older men) which often responds well to swift intervention by CPR and AED

Two sections of the course are inaccessible to ambulance – the grass playing pitches travelled immediately after the start and before the finish, and a 400 metre section of narrow gravel footpath travelled twice. Provision must be made for medical services to reach and extract any casualties occurring at these locations

3. Summervale 10km - Medical Risk Assessment

RISK ASSESSMENT			SAFETY PLAN			
			Risk assessment / safety plan overlap	**4. How will you put the assessment into action** Remember to prioritise those hazards that are high-risk and have serious consequences		
1. What are the hazards	**2. Who might be harmed & how**	**3a. What are you already doing (ie pre-event controls)**	**3b. What further action is required (event day controls)**	**4a. Action by Who**	**4b. Action by when**	**4c. When completed**
GENERALLY		**SEE NOTES ABOVE**				
MEDICAL						
Assessment of appropriate medical cover	Competitors, spectators & volunteers	Provide first aid and medical services in accordance with UKA Good Practice Guide to Medical Services	See Medical Plan			
Event arrangements and profile unchanged from previous years.		Low casualty rate experienced in previous years is a good indicator of likely demand & minimum cover recommend in the Guide would be appropriate.				
Anticipated competitor numbers		Competitor numbers to be restricted to below 150 to ensure higher level of medical service is not required				
Use of event team volunteer first aiders		Due to 3 x collapses in previous years the Race Director has decided to engage British Red		Race Director		

		Cross first aiders to provide the mobile response and at the finish. 2 x event team volunteer first aiders with current 'First Aid at Work' qualifications will be used to supplement the BRC cover				
Check ability of local A&E hospital to receive casualties from event.	"	Hospital notified through district council Safety Advisory Group & confirmed capable to receive any serious casualties		Race Director		
Check ability of local NHS ambulance service trust to attend & evacuate critical casualties	"	Ambulance service trust notified formally through SAG & confirmed capable of attending & evacuate casualties on 999 call if required	Note BRC first aid manager (himself a local ambulance service paramedic) has made direct contact with local ambulance station before race day to co-ordinate access points to evacuate casualties – the ambulance service has decided to locate their duty ambulance car to a point nearer to the event	Race Director		
Ensure capability to deliver BLS (minimum) response within 8 minutes of receipt of report of injury by the event or medical team.		Due to 3 x collapses in previous years the Race Director has decided to provide AED's for mobile response and at the finish See below for reporting procedures	Cycle first responder trained to deliver BLS plus AED will travel behind the rear of the field, contactable by mobile phone & BRC radio. Briefed			

			to look out for signals from marshals. Two-lap configuration of course will allow swift response time			
Procedures to ensure first aid in place before race start.	"	Contact phone numbers exchanged in event of problems.	BRC first aid manager to report to race director on arrival 30 mins before race start. Race will be cancelled if first aid team do not attend	Race Director		
Ensure effective reporting of casualties by marshals etc.			Marshals will be deployed at ½ to 1 km intervals around the course. All volunteers to be briefed on reporting of casualties to the first aid manager			
Ensure medical team can access & extract any casualties occurring at inaccessible locations		Two sections of the course are inaccessible to ambulance – the grass playing pitches travelled immediately after the start and before the finish, and a 400 metre section of narrow gravel footpath travelled twice	Event team volunteer first aiders deployed next to the footpath will be provided with a NATO fold-up stretcher, and marshals briefed to act as a stretcher party if required			
Layout & management of finish area to provide easy access			Ambulance access will be available through the car park at the finish if			

for medical team to identify, treat & evacuate casualties			required. Experienced marshals to be provided in finish area. Co-ordination of activities to be agreed in advance with medical team			
Use public address system to communicate race day instructions to competitors			Pre-start briefing with race day final safety instructions to be provided by start director to assembled competitors using hand held megaphone. Sprint finishes will be discouraged			
Transport of exhausted runners.		Private vehicle insurance to be extended to cover transport of competitors. Polyester blankets (not foil), hot & cold drinks & mobile phone provided.	Race director's wife to drive her own car (7-seater people carrier). Note adult competitors only, so no child protection issues	Race Director		
Monitor			BRC first aid manager to report any serious injuries or hospital transfers to the race director as soon as possible on race day, followed by formal written summary of casualties – based	Race Director		

			on UKA post-race return form			
De-brief & review			Race director to arrange post event medical team de-brief meeting & review	Race Director		
5. Review Date			1 week after race date			

Medical Plan

- 2 x BRC first aiders, plus AED at the start/finish contactable by mobile phone & BRC radio. To be relocated from the start to the 5 km drink station (the nearest section of the two-lap course, some 200 metres across the playing pitches from the start/finish) and returning to the finish before the first finisher.
- Plus 2 x event team volunteer first aiders initially located with a private car in a layby at the end of the 400 metres long gravel footpath (passed by the runners at approx 2.5 km and 7.5km) and returning to the finish after the last runner has passed. Contactable by mobile phone. To be provided with 1 x NATO type fold-up stretcher in case of a casualty on the footpath section, plus arrangements for adult marshals to available as a stretcher party if required.
- BLS plus AED response. 1 x cycle first responder (trained to deliver BLS plus AED) riding at the rear of the race. Contactable by mobile phone & BRC radio
- First aiders to be provided with polyester blankets (not foil), bottled water & energy drink.
- Marshals to be briefed on reporting of casualties, including meeting emergency ambulance on arrival at designated access points
- BRC to provide casualty report immediately after the race to enable Race Director to submit UKA post-race return

Departures from UKA medical standards

None proposed

APPENDIX 3

GOOD PRACTICE MEDICAL GUIDE

For further information on medical services at road races see the Good Practice Medical Guide

Medical Risk Assessments

Advice on assessment and appropriate control measures for 'Controllable' and 'Uncontrollable' (ie inherent) hazards' by providing information to competitors on pre-existing diagnosed medical conditions, fitness and training, planning for adverse weather, ensuring age suitable, removing traffic or hazards on the race route, and assessment of clinical need according to the likelihood of the most serious and common medical injuries

Other Medical Resources

Explanation of common medical terms plus advice on accident & emergency hospitals, the Care Quality Commission, management of clinical waste, the use of cycle/motorcycle first responders, family liaison, identification of clinical team members, medical practice insurance, other emergency health care practitioners, patient transport vehicles, resuscitation and treatment facilities

Management of Medical Services

Advice on management of medical services at road races including accident reporting, adverse weather planning, designated 'drop out' points, event team briefings, injury & fatality protocols, role of the UKA Licence Officer, assessing medical demand, preparation of a medical plan, patient confidentiality and privacy, race date and time selection, local RAYNET radio groups, response times, Safety Advisory Groups (or equivalent), UKA Licence Standards and the role of the UKA Adjudicator

Medical treatments

For information on the more serious injuries and treatments sometimes encountered at road races

- Injuries : including dehydration, 'heart attacks', hypernatremia, hyperthermia ('overheating'), hypoglycaemia (low blood sugar), hypothermia ('exposure') and aggravation of pre-existing medical conditions
- Treatments : including airway management, BM monitors, clinical drugs, cardiopulmonary resuscitation 'CPR' and triage.

Planning & Delivery of Medical Services

Advice on how to prepare essential documentation, local authority consultation, determining appropriate medical resources, the pre-contract / tender stage, selection by negotiation or tender, post-contract procedures, race day delivery of medical services, ensuring attendance of medical providers, identification / assessment / treatment / evacuation / reporting of casualties, communicating with family members & emergency services, post-race review and de-brief

Finish Area Arrangements and Management

Advice on assessing demand during the peak finishing period, managing runners' collapse, interaction between marshals and the medical team, exclusion of non-essential personnel (sterile area), primary treatment areas, secondary treatment areas, timing methods, effect of hand and chip timed finishes, the primary finish area, secondary finish area, post finish area, use of public address systems, discouraging sprint finishes by less experienced runners, role of forward 'catchers', primary 'catchers', secondary 'shovers' and post-finish observers, the need for post finish refreshments and advice on personal hygiene.

Marshal's Briefings

Advice on marshal's briefings including protecting, assessing and reporting casualties, and CPR guidance for marshals

List of Medical Providers

For details of first aid and medical services providers for road races

APPENDIX 4

USEFUL REFERENCES

runbritain *'Race Directors Portal'* website **www.runbritain.com/rdp/**

runbritain Road Race Co-ordinator. Gavin Lightwood
tel : 0771 852 6353 email : glightwood@uka.org.uk

- UK Athletics. Reporting requirements and advice for race organisers in the event of an accident or dangerous incident. See UKA website : **http://www.uka.org.uk/governance/health-safety/what-to-do-in-the-event-of-an-accident-or-dangerous-incident/**

- **run**britain Medical Advisory Group *'Runners Medical Resource'* best practice advice for runners preparing for endurance events **www.runnersmedicalresource.com**

- CPR guidance for marshals - **www.sja.org.uk/sja/first-aid-advice.aspx**

- Health & Safety Executive '*Five Steps to Risk Assessment'* INDG 163 Rev 2 **www.hse.gov.uk/pubns/indg163.pdf**

- Home Office '*Good Practice Safety Guide for Small & Sporting Events on the Highway, Roads and Public Places'* 2006. See **run**britain website **http://runbritain.com/static/pdfs/good_practice_safety_guide.pdf**

- UK Athletics '*Road Running Handbook'* current edition. See **run**britain website **www.runbritain.com/rdp/**

- UK Athletics '*Licence Standards'* current edition. See **run**britain website **www.runbritain.com/rdp/**

- Health & Safety Executive '*Event Safety ('Purple') Guide*' 1999. Note this is currently being updated and the medical provisions in the Guide are no longer relevant See HSE website **www.hse.gov.uk/entertainment/eventsafety/index.htm**

- UK Athletics '*Rules of Competition'* current edition. See UK Athletics website www.uka.org.uk/competitions/rules/

- CQC (Care Quality Commission). The regulatory body for registered health and adult social care service providers. See website **www.cqc.org.uk/public**

APPENDIX 5

MODEL CONTACT FORM FOR REAR OF COMPETITORS' RACE NUMBERS

<table>
<tr><td colspan="4"><u>RACE ENTRIES ARE NON-TRANSFERABLE</u>
Any participant taking part without a valid paid entry registered in their own name will be disqualified</td></tr>
<tr><td colspan="4"><u>COMPETITOR'S MEDICAL DETAILS</u>
All runners are required to complete the personal details on this form <u>for use in a medical emergency</u>. Please complete all sections of the form carefully in block capitals using waterproof biro ballpoint pen or similar. Where competitors are under 16 yrs this form must be completed by parents or guardians</td></tr>
<tr><td colspan="4">Runners Details :</td></tr>
<tr><td>Surname</td><td>First name</td><td colspan="2">Date
of birth</td></tr>
<tr><td>Address

Postcode</td><td colspan="3">Please list brief details of any relevant medical history, current medication and allergies</td></tr>
<tr><td colspan="4">Any runner with an existing medical problem which requires special attention, such as epilepsy, diabetes or a history of heart problems, is required to mark a large cross in black felt tip pen on the front of their race number</td></tr>
<tr><td colspan="4"><u>NEXT OF KIN</u> As a condition of entry to this event all runners agree to their personal and medical details being released by the medical team to the event organisers to inform next of kin and statutory authorities in the event of a medical emergency</td></tr>
<tr><td colspan="4">Next Of Kin Contact Details : (for race day)</td></tr>
<tr><td>Surname</td><td>First name</td><td>Are they at the event ?</td><td>Y/N</td></tr>
<tr><td>Mobile phone no

Home phone no</td><td colspan="3">Address

Postcode</td></tr>
</table>

All UKA licenced road races must provide this pre-printed form on the rear of competitors' race numbers, Rules of Competition 206

The conditions of entry should include the medical disclaimer including the runner's consent for his/her personal and medical details being released by the medical team to the race organiser to inform next of kin and statutory authorities in the event of a medical emergency

The race rules should also include a requirement for competitors to complete the contact form before competing. Reminders should be provided in pre-race publicity and race day signage and/or announcements, plus facilities