**Key Points**

* **All events should have appropriate medical / first aid provision.**
* **The Kent and Medway Local Health Resilience Partnership recommends that all events requiring a Safety Advisory Group complete a medical / first aid provision assessment.**

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| --- | --- | --- |
| 1. | Name of Event |  |
| 2. | Date and Time of Event |  |
| 3. | Projected size based on Purple Guide <https://www.thepurpleguide.co.uk/>  |  |
| 4. | Has a Medical, Ambulance and First-Aid resource assessment been completed which complies with requirements of the Purple Guide? |  |
| 5. | Has a Medical Plan been completed which complies with the requirements of the Purple Guide? |  |
| 6. | Name of the organisation providing your event with Medical/First Aid \*provision |  |
| 7. | Please document the name of the Medical Manager and their contact details on the day  |  |
| 8. | Please list medical equipment on site (e g Defibrillator) |  |
| 9. | If the event has taken place previously please provide the event medical report as specified in the Purple Guide. |  |
| 10. | If the medical assessment identifies the need for an ambulance please provide the Care Quality Commission registration number as per the Purple Guide. |  |
| 11. | Please provide a map or plan of the site which complies with the Purple Guide. |  |
| 12. | Please provide details of the medical services communications plan as described in the Purple Guide. |  |
| 13. | If assessed as required please provide a copy of the Handover of Responsibility document as described in the Purple Guide. |  |
| 14. | Has the medical assessment taken into consideration the impact of severe weather events? |  |
| 15. | Has a landing site been identified for HEMs should a Helipad be required? |  |

\* Please note - a person holding a Health and Safety at Work, or a three day at Work Certificate does not qualify a person as competent to administer first aid to the public at events (as specified in the Purple Guide)

Person Completing Assessment (Print) ……………………………………………………………………………….

Position/Role ………………………………………………………………………………

Signature ……………………………………………………………………………...

Date ………………………………………………………………………………