**Briefing Checklist :**

**Date: Venue:**

|  |  |  |
| --- | --- | --- |
| Topic | **Information to be Included**  |  |
| Welcome |  |
| Event Background  |  |  |
| Expected start finish times |  |  |
| Previous statistics and common pt presentations  | Nil  |  |
| Identify and introduce Staff & Allocate teams:  | Duty Manager – role is to see the overall running of event and trouble shoot and support staff :  |  |
| Duty Controller -Allocate resources out on the event site and be the first point of contact between staff and event producers:  |  |
| Clinical Lead – The named heath care professional clinical concerns are escalated to  |  |
| Team Leader – The named person in charge of the first aid tent who coordinates staff within the tent and oversees the coordination of services to transfer patients from the tent to hospital :  |  |
| Public Relations – Discuss photographic documentation of event and social media use |  |
| **Paramedic :**  |  |
| **Ambulance crews:**  |  |
| **Nurses:**  |  |
| **First Aiders/Responders**  |  |
| **Welfare**:  |  |
| Staff sign in  | Complete the sign in sheet or QR code |  |
| Staff Radios/communication | Radios are being provided by …. There will be enough radios for teams of two. As the Nursing staff and paramedics are allocated to the first aid tent, do not patrol the event site they do not have to sign out a radio however should they walk on to the event site out of the tent they must take a radio with them. The team leader can then contact the correct member of staff or control via the radio. All radios are to be signed out at the start of the shift and remain the responsibility of that member of staff until returned and signed back in at the end of the event. Any loss or damage that occurs whilst in the designated staff members possession shall be charged for accordingly. At the end of the event all radios must be signed back in and accounted for by the duty manager. All members of the QML team must be contactable at all times for the duration of the event. |  |
| Care Pathways & associated documentation:Self presentation/security escort | Triage – Team leader will great and triage but please if you see patients waiting to be seen attend to them  |  |
| Minors – ailments which can be seen treated and discharged.  |  |
| Majors – pts that require a period of observation, NEWS2, Escalation, number of visitors per bed space  |  |
| Resuscitation – life or limb threatening injury or illness – in the event of a confirmed cardiac or major trauma we will stabilise and call NHS  |  |
| Available equipment / Advanced Assessments to first aid tent team  |  |
| Checking and cleaning of first aid tent  |  |
| Discharge from first aid tent – Discharge form, self discharge, discharge to welfare (confirm with clinical lead)  |  |
| Patients wishing to self discharge |  |
| **Securing completed PRF’s/completed check sheets etc** |  |
| Referral to welfare |  |
| Welfare | Triage of welfare |  |
| Welfare products  |  |
| Referral to medics |  |
| Patrol areas | Throughout the duration of the event, first aiders in teams of two shall be positioned across the event site. Should medical assistance be required on the event site, the nearest first aid team shall be contacted via radio by the QML duty controller and deployed. Staff should not self deploy and should contact the duty controller if they receive a running call. Throughout the event patrons who are found sleeping on the event site must be roused. If patron is roused more than once, and are medically well, QML staff must insist that if the patron either makes their way to the welfare area where they may continue to rest or make their way off site home.  |  |
| Distribute maps and discuss layout of event |  |
| Role of First Aid teamsFirst aid bagChecking equipment | See treat discharge – running calls or calls from event controlTriage – Referrals to medical tent - Head injuries- confusion- assaults- burns- incidents involving staff- safeguarding- reportable incidents such as slips trips or falls Assistance on site please document and complete a minor injuries form. If they require a period of observation please assist back to the fa tent. If they are unable to mobilise then please call control for assistance and a team will be sent to you  |  |
| FA equipment for patrol | Basic first aid pack provided and must be carried on site by all patrolling teams – please do not use your own first aid bags - Check your equipment ! If you require anything above and beyond this pack then it tends to suggest you require the assistance of a more advanced member or that the patient needs to be seen inside the first aid tent  |  |
| Ambulance Crews | Local hospitals  |  |
| Medications | Giving Medications – only paramedics & nurses on prescription may administer medications for this event Securing medications – must be locked or under supervisionChecking medications – must be checked along with paramedic bag at the start of the shiftPatients own medications – can be stored as per normal protocol – Luke on the doorDrug Charts  |  |
| Major Incidents | Major Incident Policy – please readSafety of staff is our main priority Stack is available please do not access unless a major incidentMarauding terrorist attack NOK details  |  |
| Safeguarding | Escalating Safeguarding concerns to caroline or in her absence paulSafeguarding referrals / DocumentationLocal safeguarding board –  |  |
| Feedback  | Incident reports & Complaints & FeedbackSubmitting IR’sEscalating complaints |  |
| Breaks | Rolling basis not strict allocation but please make sure you are well hydrated etc contact control when you want your break and ask if it is an appropriate time. Do not leave your post or area unstaffed – make sure the controller knows you would like a break and he will send some one to cover you Please do not eat in a clinical area If you are a smoker please do this out of the view of the public |  |
| Communication | You will be called by name on the radio will be called by first name for todays event . please do not respond unless the controller has specifically asked you to attend otherwise we get several staff at one call. Once you have reached the area where the call has originated from please let the controller know you have arrived and are a) with the patient b) looking for the patient c) unable to locate the patientPlease do not leave the scene until you have either located the patient or have received confirmation from the controller that the call is cancelled. If you require further assistance in confirming pt location please ask the controller. Once you have the patient let the controller know treatment is in progress and the general presenting complaint – do not disclose patient details over the radio this is an unsecure channel shared across the event site. If you require additional resources please request them from the controller. Please let the controller know the outcome i.e discharged on scene, require assistance back to the FA post or walking pt to FA post. |  |
| Clinical waste & PPE | Hand gels provided / burco sink / gloves Blue trays to take to patient bedsidesOnly clinical waste in yellow bins and only sharps in sharp bins : Plastic into the blue bin bag |  |
| Social media use | Please do not tag your self in on social media Please do not take photos and post them unless you have the express permission of Paul/ CarolineIf you do want photos published please see Paul  |  |
| Recent News/other information | Lost property please send to the info pointWater points around the site or some of the bars have taps |  |