



Regulation 2.2 – First Aid & Medical Emergency Policy

Effective date: June 2025

Acknowledgements

The MUSC CIC would like to express our thanks to the following organisations who have assisted in the development of this policy

The Health and Safety Executive (HSE) <https://www.hse.gov.uk/event-safety/incidents-and-emergencies.htm>

Ann Craft Trust <https://www.anncrafttrust.org/>

Aims

The aims of our first aid policy are to:

- Ensure the health and safety of all staff, participants and visitors
- Ensure that staff and volunteers are aware of their responsibilities with regards to health and safety
- Provide a framework for responding to an incident and recording and reporting the outcomes

Legislation and guidance

This policy is based on advice and guidance from the Health and Safety Executive (HSE) and the following legislation:

- [The Health and Safety \(First-Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records

Roles and responsibilities

Appointed person(s) and first aiders

The appointed persons are the First Aid qualified office staff. They are responsible for:

- Taking charge when someone is injured or becomes ill
- Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits
- Ensuring that an ambulance or other professional medical help is summoned

when appropriate First aiders are trained and qualified to carry out the role and are responsible for:

- Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person, and provide immediate and appropriate treatment
- Sending pupils home to recover, where necessary
- Filling in an accident report on the same day as, or as soon as is reasonably practicable, after an incident (see the template in appendix 2)
- Keeping their contact details up to date

Medical Support & Reporting

Are all those at the match aware of the best way to take the *FIRST STEP* in securing the most appropriate medical support to a crowd related incident?

For example:

Spectators	Inform the nearest steward, other staff member, crowd-based medic or police officer. For larger stadiums, is there a facility to report quickly and accurately via the Club's text service?
Players	Inform the referee.
Referee/Umpire	Inform the Fourth Official.
Fourth Official	Inform the Club's Manager/Steward.
Coaching staff/Team Doctor	Inform the Official or Club's Manager/Steward.

Are there sufficient communication links to ensure quick and accurate reporting?

Does the Crowd Doctor have a radio that links to the Control Room and the crowd safety medical teams?

It is important for all first aid trained staff/steward not to put themselves or any member of the public in danger when dealing/treating any medical situation/emergency. In the event of an injury or incident whilst a game of kabaddi or event is to anyone within the grounds.

Should a medical situation/emergency occur during a game/event, to a player, team official or match official, at first point allow this to be assessed where possible by the designated match officials/team management/medical staff but assist and where necessary the designated first aid trained member of the operational/stewarding staff will perform first aid.

Prior to any games/event taking place at the ground/venue, it is imperative that a designated emergency first aid trained member of the operational/stewarding team with an in-date Emergency Aid qualification is present at every event/game held at the stadium. Before games take place, the head steward should check that the Emergency access to the pitch is not blocked and that the whereabouts of the code/key to the gate is known.

Emergency Action Policy

The Manager/Appointed Steward shall:

- Ensure you know that the first aider has a FIRST AIDER qualification that is in date.
- Ensure your first aid kit is available and in date.
- Ensure your mobile phone is available and charged.
- Ensure you know the postcode for the Stadium
- Ensure you have all MEDICAL EQUIPMENT is appropriately stocked and defib available before any game or event at the stadium.
- Ensure the match day environment is safe and appropriate for the game/event.
- Have a colleague/volunteer who can support should an incident occur.
- Act in line with the First Aid Qualification should you need to.
- After an incident, complete an accident incident report located in the main office.

The EAP consists of 5 steps – Danger (Incident Safety), Response, Send for Help, Airway & Normal Breathing, Compressions, and Defibrillation. Should an incident occur which involving a guest/spectator/visitors/staff members/volunteer being injured then the following procedure should be taken

D – Danger On the first step of **DRABC**, you need to determine whether it is safe to approach the casualty and that yourself and anyone else can't also become a casualty. For example, this could be stopping any oncoming traffic, looking out for live electricity, looking out for any places you could fall or trip over. Once you can confirm there is no potential danger you can begin to assess the casualty.

R – Response Next, you need to try and get some kind of response from the casualty so the casualty can tell you what is wrong with them.

To do this use the **AVPU scale** which will help you scale the level of response from the casualty.

- **A – Alert:** first, is the casualty moving or talking? If not proceed to,
- **V – Voice:** Try speaking to the casualty loudly and clearly to see if they respond to speech. Make sure that you are in the casualty's eye line so that they can see who is talking. If there is no response, proceed to,
- **P – Place:** Place your hand on the collarbone of the casualty and carefully but firmly shake them. At this point, you need to continue to speak to the casualty making them aware of who you are. P can also stand for pain if the casualty responds as if they are in discomfort. If they do not show any signs of responsiveness proceed to,
- **U – Unresponsive:** at this point, you can assume the casualty is unresponsive.

A – Airways Now you need to investigate why the casualty is unresponsive by checking their airway. To do this you need to place the casualty on their back and tilt their head back. Place your hand on the chin and forehead and lightly tip back their head. With your fingertips on the chin of the casualty lift their mouth open to open the airways.

B – Breathing When the airway is open; lookout for any signs of normal breathing for 10 seconds. Look out for if the casualty looks to be breathing abnormally, infrequently or not at all. Start applying **CPR** if you notice any of these symptoms. If the casualty is unresponsive but is breathing normally and isn't in a state where they can be moved without damaging them further put them into the recovery position.

C – Call 999 / Circulation If you reach this point and the casualty isn't breathing; you need to get someone to call **999** or if you are alone put your phone on speakerphone and do it yourself. Never start **CPR** until the emergency services have been called. If possible, get someone to go and get an AED while you speak to the emergency services and stay with the casualty if you are alone. If you would like to learn how to use an **AED**, why not attend the **AED** Training course?

DRABC – D Some people consider the defibrillation stage as its own step in the **DRABC** procedure, therefore calling it **DRABCD**.

Using a defibrillator is key to keeping someone alive and you need to take it seriously as a step. When dealing with a bleed it is important that protective gloves are worn.

Major/Serious Injuries – Most injuries that occur will be minor but in the case of a major injury then prompt action is required; an ambulance should be called for as soon as it is recognised that a player has a life threatening or serious injury/illness. **DO NOT** move the injured casualty/change/alter the player's position or remove any equipment as this could cause further harm to the casualty. **DO** immediately organise for an ambulance so that specialist attention can be given to the injured player. Ensure the Emergency Access to the ground is opened. Steady and support the player by making them as comfortable and warm as possible until the Ambulance arrives. Ensure a person/guide/Steward is in the Car Park to assist the Ambulance arrival on site and direct the responders to the scene. A designated person will be required to look after the non-affected players

Airway & normal breathing, if when checking the injured player, they do not respond ensure there is an open Airway and check for normal breathing. If breathing, place the player in the Recovery position whilst awaiting further assistance, observe the player for continued breathing until more qualified help arrives. If injured person is not breathing, then carryout treatment as per current training given by your EA Instructor. Remember any resuscitation is better than no resuscitation at all! Defibrillation is the emergency procedure carried out when qualified First Aiders apply an electronic device called an Automated External Defibrillator to the chest of a cardiac arrest casualty. Qualified medical staff would only carry out this procedure.

Head Injuries With head injuries carryout First aid treatment IAW training given to date. Important – A casualty suffering a Head Injury should be taken to hospital if he becomes unconscious, has lowered levels of unconsciousness, has decreased responsiveness, vomits, feels sick, has a headache, becomes restless or irritable, becomes dizzy or drowsy, has a fit (convulsion), becomes confused, has a change in personality or behaviour, has noisy breathing, has a slow pulse rate or it begins to slow or has affected speech (e.g. slurring).

Unconscious Casualty – Arrange for them to be taken to hospital via an Ambulance. Keep an open and clear airway until more qualified medical help arrives. **DO NOT** leave the unconscious person alone, **DO NOT** give them food or drink. All Major Incident or Accidents at must be recorded in the Accident book held Main office.

Manager/Appropriate Club Secretary/ Steward, this includes anyone going to hospital for further treatment. accident should be reported to the general manager. Be aware of any pre-existing medical conditions that your casualty may have and ensure that their required medication is accessible when needed.

Medical incidents during play

What are the safety management team expectations if match officials are **CONSIDERING** a suspension in play? Is the expectation that:

The Referee should communicate with the Officials the location and specific concerns.

All information should be communicated back to the Referee from the Official so he/she is aware and can update the Club Captains as appropriate. If there continues to be obvious signs of concern within the crowd, consideration be given to relaying reassuring messages to spectators via the public announcement system (or in person to those local to the incident) regarding the appropriate deployment of medical resources. What are the safety management team's expectations if, **WITHOUT NOTICE**, the match officials have decided to unilaterally suspend play (which may well be the correct decision)? Is the expectation that:

The Referee should communicate with the Official the reason for suspending play and provide information on location and specific concerns of the incident.

The Official will then liaise with Manager/Steward who immediately informs the Control Room and seeks advice/situation report from the Safety Officer.

The Official will be informed that the Control Room will deploy resources from the crowd safety medical team, seek to determine the severity of the incident and remain in constant contact with the Official via the Manager/Steward. Once reassured, match officials will then communicate that update to Club Captains and review the practicalities of restarting the match.

References

- Resuscitation Council UK (RCUK) Guidelines and Quality Standards 2021
- National Patient Safety Agency Rapid Response Report
- Human Rights Act 1998
- British Medical Association (2007) "Advance decisions and proxy decision-making in medical treatment and research"

Appendix 1: Accident report form

NAME OF INJURED PERSON		ROLE/CLASS	
DATE AND TIME OF INCIDENT		LOCATION OF INCIDENT	
INCIDENT DETAILS			
Describe in detail what happened, how it happened and what injuries the person incurred.			
ACTION TAKEN			
Describe the steps taken in response to the incident, including any first aid treatment, and what happened to the injured person immediately afterwards.			
FOLLOW-UP ACTION REQUIRED			
Outline what steps the school will take to check on the injured person, and what it will do to reduce the risk of the incident happening again.			
NAME OF PERSON ATTENDING THE INCIDENT			
SIGNATURE		DATE	