



Medical Risk Assessment HBO 10K 2024

Recommended Medical Provision

As per UKA publication - Road Race Medical Services Good Practice Guide, 2nd edition January 2013, Matrix Table 2. Based on the standard criteria for a road race of up to 10k with 1500 runners:-

Minimum 8 minute response time for delivery of a casualty to hospital upon receipt of report of injury by the event team.

Qualified First Aiders	1 per 300 (min 8)
Covered First Aid post at Finish	Required
Covered First Aid Posts on course	x2 min
Mobile ALS	x1 min
Ambulances & crew (BLS/AED equipped)	x 1 (p/2,500 runners)
Paramedic	x 1 (p/2,500 runners)
Doctor	x 1 (p/2,500 runners)
Nurse	x 1 (p/5,000 runners)
Medical Manager or Director	x 1
Medical Control	Required
Sweeper bus/car	Required
Beds or cots	1 per 1,250 (min 3)

Medical Provision Overview

Medical services for the race had been provided by St Johns Ambulance Services, assisted by event team volunteer first aiders. In 2022 the Committee decided to change the medical provider to Trident Medical Limited in accordance with UKA guidance above. We will continue to use Trident Medical Limited this year. The Princess Alexandra Hospital, Harlow accident and emergency department is 6 miles away by road, and there is a reliable service from the local NHS ambulance service. In the past few years there have been on average 2-5 patients treated by the first aiders each year, including 1 collapse in 2014 near to the 9km marker which was treated by SJA and taken to hospital. A full recovery was made. Other treatments have been for sprained ankles and blisters. Herts and Essex Air Ambulance are also notified and aware of the nature of our event. There were no major injuries reported in 2022.

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The race has been staged in its current form and by the current organisers since its start. Casualty rates at previous races have been low and to the current committee's knowledge there have only been 3 collapses in the last 15 years. In order to ensure we capture the historic medical history of the race a Medical Book was started in 2013 to keep a running record from year to year of medical attention required in addition to the submission to the UKA as part of the race licence submission procedure. RIDDOR Report submitted as per HSE Guidelines Report of Injury, Disease, Dangerous Occurrences Regulation 1995.

Entries are via the online system. The majority of runners are unattached to a running club which may indicate runners taking part with lower fitness levels. Marshals are briefed to look out for runners that may be in difficulty and offer support if required and if concerned report back to the Chief Marshal.

Placement of ambulance and paramedics is geared to enable access to all areas of the course with equal coverage and easy access to the main routes out of the village to Harlow and this year we have the addition of Trident medical crew on bikes around the course to provide additional course coverage.

All sections of the course are fully accessible to ambulance and emergency services.

Medical Plan

- 1 X Trident Medical ambulance:-Staffed with 4 X First Aid Members; 1 X Patient Transport Attendant, 1 X Emergency Transport Attendant Member, 1 X Paramedic, 1 X Events . Duty Officer, 1 X Medium Mobile First Aid and Medical Unit, 2 X Cycle Response Units. Contactable by mobile phone.
Locations: -
Paramedic & Ambulance –Near to Race Start/Finnish at the Village School to cover the Little 'O' circular part of the course which is in a figure of 8 passing through the village twice. Exit route out of the village either at the top of Feathers Hill or Via Blocks depending on location of injured runner/spectator
Medium Mobile First Aid and Medical Unit - Cammas Hall Road (off Running Route) to cover section from Waters Farm / Benningtons to Pearce Williams House. Exit via Cammas Hall Lane or Blocks Corner depending on casualty location.
2. First aiders located around the course as marshals and at race HQ. All contactable by phone.
3. Medical Director based at race HQ covered by registered Doctor who lives in the village and is familiar with course layout and race event.
4. Foil blankets at finish of race if needed and at Marshall Points.
5. Sweep car to provide additional support picking up any runners that feel unable to complete the course.
6. Cycle Response Unit #1 to follow last runner

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7. Cycle Response Unit #2 to be placed on the course near to the Dukes Head.
8. Marshals to be briefed on reporting casualties, including meeting emergency ambulance on arrival at designated access points.
9. Trident Medical/Marshals/First Aiders to provide casualty report immediately after the race to enable Race Director to submit UKA post-race return.

MEDICAL ASSESSMENT								
				SAFETY PLAN				
				4. How will you put the assessment into action Remember to prioritise. Deal with those hazards that are high-risk and have serious consequences first				
1. What are the hazards	Risk Rating H/M/L	2. Who might be harmed & how	3a. What are you already doing (i.e. pre-event controls)	3b. What further action is required (event day controls)	Resultant Risk Rating M/L	Action by Who	Action by when	Date completed
Athletes: 1. Coming into contact with vehicles	H	1. Athlete / Motorist Knocked over Contact with vehicle	1. Road closure order in place for the duration of the race from 10.40 until 1pm. 1.1 Letter to all residents sent 2 weeks prior to race requesting they remove all cars from the course. 1.2. Car park at the Village Hall reserved for residents only and locked until 1pm	1. Brief athletes at the start. Confirm road closure until 1pm 1.1. Instruct Marshals to tell runners to keep left and use pavements where possible if still on the course after 1pm. 1.2. Take down numbers of runners with Earbuds/Music systems and delete	L	Race Director/ Chief Marshal / Medical Director	Pre Event and On the day	

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			1.3 Clearly inform runners that no MP3 players are allowed	from official chip timing list. Inform them that 2 strikes and they may be barred from running in future years.				
2. Collapsing during the event	H	2. Athletes and Spectators	2. Bring to athletes attention in pre-race material that they should race if they are feeling unwell or have a known medical condition and should hydrate well during the race Brief runners of location of drinks station before the start of the race.	2. Instruct Marshals to administer care and control and call for Medical response 2.1 Drink station at 5k point and at the finish	M	Race Director/ Chief/ Marshal and Medical Director	Pre Event and On the day	
3. Collapsing with known medical condition	H	3. Athletes	3. Bring to athletes attention in pre-race material that they should inform the Race Director of any known medical condition	3. Section on the entry form and pre-race material that they should inform the Race director 3.1 Instruct Marshals to administer care and	M	Race Director/ Chief Marshal and Medical Director	Pre Event and On the day	

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				control and call for Medical response 3.2 Print out Medical Conditions Spreadsheet and hold at Race HQ for reference. Include emergency contact details and condition etc.				
4. Coming into contact with Street Furniture and Road Calming	M	4. Athletes and Spectators. Trips and Falls, cuts and bruising	4. Bring to athletes attention in pre-race material.	4. Signing areas and obstacles and using Marshals to stand in front of street furniture	L	Race Director/ Chief Marshal and Medical Director	Pre Event and On the day	
5. Blisters & Strains	M	5. Athletes	5. Bring to athletes attention in pre-race material.	5. Instruct Marshals to administer care and control and call for Medical response 5.1 Deploy medical team on bike if required.	L	Race Director/ Chief Marshal and Medical Director	Pre Event and On the day	
6. Adverse weather – unseasonably hot/humid	M	6. Competitors, volunteers & spectators	6. Chose sensible date & start time for event. Monitor weather reports. Implement adverse weather plan.	6. Provide additional drinking water, sponge station, shade for first aid posts & ice for treatment area/s. Advise	L	Race Director/ Chief Marshal and	On implementation of adverse hot	

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			Consider changing start time, race distance or cancelling race	runners to slow down and take on water when available. Consider providing isotonic drinks in Marshals point packs Request Marshals bring water with them for their own use and use of distressed runners.		Medical Director	weather plan	
7. Adverse weather – unseasonably cold/wet	M	7. Competitors, volunteers & spectators	7. Chose sensible date & start time for event. Monitor weather reports. Implement adverse weather plan. Consider changing start time, race distance or cancelling race	7 .Provide foil blankets, shelter to finishers, first aid posts & treatment area/s and Marshall positions. Experienced marshals to be provided in finish area. Co-ordination of activities to be agreed in advance with medical team	L	Race Director/ Chief Marshal and Medical Director	On implementation of adverse cold/wet weather plan	
8. Use public address system (if provided) to communicate race day	M	8. Competitors, volunteers & spectators		8. Pre-race briefing to commentator on race day public announcements. Ensure sound levels do not	L	Race Director/	As part of the standard Race Briefing	

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instructions to competitors				interfere with marshals & medical team in finish area. Discourage sprint finishes 8.1. Pre –race briefing information sheet included in race packs.			and Race Pack contents. On implementation of adverse hot/cold weather plan	
9. Spot hazards by inspecting the venue and course, checking post-race de-briefs etc.	M	<p>9.Worn or damaged road/path surface or objects on road surface – Slips, trips and falls</p> <p>9.1 Water on Course – Runners going through puddles which may have hidden holes.</p>	<p>9. Council contacted prior to race and alerted to pot hole positions</p> <p>9.1 Race Director and Chief Marshal survey the course the day before the race and on the morning of the race to identify any hazards. Hazards removed or cordoned off.</p> <p>9.2 Race packs contain pre-race briefing with known</p>	<p>9. On race day – Race Director pre-race briefing.</p> <p>9.1 Post hazards on notice board at Race HQ</p>	L	Race Director / Chief Marshal	<p>Log known potholes on local authority web site. – 2-3 months before race day</p> <p>Update Pre-Race Briefing</p>	

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			<p>hazards on the day of the race and requesting all entrants to look at the web site to any updates to this and ensure they listen to the race briefing / look at the notice board at Race HQ</p> <p>9.3 Race director informs all runners of any hazard as part of race briefing.</p>				<p>notice for race pack assemble</p> <p>Course Checks – Day before</p> <p>Morning of Race</p>	
10. Assessment of appropriate medical cover	H	<p>10. Competitors, volunteers & spectators</p> <p>Inability to respond to injury compliant with UKA rules.</p>	<p>10. Provide first aid and medical services in accordance with UKA Good Practice Guide to Medical Services</p> <p>10.1 Past casualty rates can provide a good indicator of likely demand & minimum cover recommend in the Guide will be appropriate</p>	10. Assess conditions on the day with Medical team and amend medical plan if required to cater for conditions	M	Race Director/ Medical Director/ Medical Provider	Pre Event and On the day	

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			10.2 Discuss level of provision with medical provider and assess risk levels.					
11. Qualified First Aiders – 8 minimum Requirement	H	11. Competitors, volunteers & spectators	11. Supplied through Triden Medical Ambulance provision on race day 11.1 Identify first aiders on duty throughout the Flower Festival and as part of the Race Volunteers. 11.2 Offer basic first aid training to all race Marshals one 2 weeks prior to race day.	11. The provision of qualified first aid team volunteers on race day. 11.1 Qualified nurse at Race HQ 11.2 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	M	Race Director/ Medical Director Medical Provider	Pre Event and On the day	
12. Confirm capability of local A&E hospital to receive casualties from event.	H	12. Competitors, volunteers & spectators	12. Make enquiries through local authority Safety Advisory Group, based on first aid/ALS & treatment facilities		L	Race Director/ Medical Director/ Director/	Pre Event and On the day	

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Confirm ability of local NHS ambulance service trust to attend & evacuate critical casualties at event on 999 call.			provided at event plus casualty rates from previous staging's of the race. 12.1 Notify local NHS hospital and Herts/Essex air ambulance of date and time of race.					
13. Check reliability of mobile phone network coverage & radio reception on course & start/finish.	H	13.Competitors, volunteers & spectators	13.Orange/T mobile network most effective. Ensure all marshals have mobile phones and record numbers for reference in Race Director File and at Race HQ	13. Test cover on the day	L	Race Director/ Medical Director / Chief Marshal	Pre Event and On the day	
14. Confirm procedures in place to ensure first aid in place before race start	H	Competitors, volunteers & spectators	14.Reporting procedure for race day. Contact phone numbers exchanged in event of problems	14. Race may be cancelled if first aid team are not in place.	M	Race Director/ Medical Director/ Chief Marshal and Medical Provider	Pre Event and On the day	

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<p>15. Confirm arrangements in place for medical team to access & extract casualties from any sections of the course inaccessible to vehicles</p>	<p>H</p>	<p>Competitors, volunteers & spectators</p>	<p>15. Roads cleared from parked traffic to limit obstructions.</p> <p>15.1 Runners instructed to keep to the left if an ambulance/paramedic needs to pass</p>	<p>15. Race may be cancelled if medical team is not in place.</p>	<p>M</p>	<p>Race Director/ Medical Director/ Chief Marshal and Medical Provider</p>	<p>Pre Event and On the day</p>	
<p>16. Ensure effective reporting of casualties by marshals etc.</p>	<p>H</p>	<p>Competitors, volunteers & spectators</p>	<p>16. Ensure sufficient marshals are 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</p> <p>In case of emergency, Instruct Marshals to:- 1st Action- call 999 in case of emergency 2nd Action – Call</p>	<p>16. Provide Marshall Briefing Sheet with instructions of how to report an injury to Race HQ.</p> <p>16.1 Ensure UKA Medical Report form completed and posted on race day.</p>	<p>M</p>	<p>Race Director/ Medical Director/ Chief Marshal and Medical Provider</p>	<p>Pre Event and On the day</p>	

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			Medical Director / Race HQ					
17. Monitor, de-brief & review	M	Competitors, volunteers & spectators		17. Ensure arrangements to monitor delivery of medical services during the event, and for post event de-briefing & review	L	Race Director/ Medical Director/ Chief Marshal and Medical Provider	On implementation of adverse weather plan	
Professional Review	L	Race Reputation / Runner/spectator safety	Review of Medical Risk assessment by recognised Medical Professional i.e. Nurse, Doctor, Medical Provider.		L	Race Director	Prior to Race Day	
Marshal Briefing	L	Race reputation / Marshal response is appropriate to issue encountered.	First Aid training offered. Marshal Briefing Sheet to include basic advice and how to report an incident. Prepared Marshal Race Packs to include:-	Marshal Briefing	L	Chief Marshal	Race Day and during race	

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			<ul style="list-style-type: none"> • Race Station Point Info Sheet • Marshal Briefing Sheet • Foil Blankets • First Aid Info Sheet 					
Review Date								
Reviewed By	Race Director Signature				Medical Dir Signature			