

# attENTive medical care

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The first big festivals began in the 1960's where small gatherings of tents graced fields and music was played haphazardly on makeshift stages. Since then, The Pilton Pop, Blues and Folk festival has transformed itself into the world famous *Glastonbury* festival, with almost 200,000 visitors, a site diameter of more than 1.5 miles and 700 metres of urinals!

Not only has the magnitude of individual festivals increased but the sheer number of music festivals has grown dramatically. With over 500 events this year you would be hard pressed to find a field which hasn't been graced by tents. Within the crowds lurk medical ailments, ill prepared campers and increased risk taking behaviours. Illegal drugs and "legal" highs are rife in festival environments, and their unregulated market place means that their effects may be unpredictable and ultimately fatal.

## Role of First Responders

- \* Patrol site, \* Liaise with: Event stewards, Security staff, Police, Fire service, Ambulance crew, Hospital staff
- \* Initial patient assessment, \* Deliver care on scene, \* Patient transport, \* Handover to receiving medical team
- \* Communicate with medical control to dispatch transport/back-up



## Kit Bag Essentials

### Danger:

- \* Gloves
- \* Hand sanitiser
- \* Sharps box

### Response (basic observations):

- \* Pulse oximeter
- \* Blood pressure cuff
- \* Thermometer
- \* Pen torch
- \* Stethoscope
- \* Blood glucose kit

### Catastrophic haemorrhage:

- \* Haemostatic agents
- \* Tourniquet
- \* Pressure dressing

### Airway:

- \* Nasopharyngeal
- \* Oropharyngeal
- \* Laryngeal mask

### Breathing:

- \* Bag-valve-mask
- \* Oxygen

### Circulation:

- \* Dressings (large/medium/small)
- \* Antiseptic wipes

### Disability:

- \* Burns dressings
- \* Cervical collar
- \* Icepacks
- \* Splints
- \* Eyewash/dressing

### Environment:

- \* Foil blanket
- Other: Pen, Patient records

## Scenario: Call to an Unresponsive Patient

It is 22:00, at *Glastonbury* festival, you have just finished responding to a call and you are notified of another through your headset. A rough grid reference is provided for an unconscious male. In reality, you know the patient could be within a 500m radius of the location given. It is already dark and all routes accessible by foot are both muddy and crowded with people.

You are called over by a security guard:

"I'm really struggling guys, this lad was found by a tree near Arcadia wearing only his jeans. He was brought over to me by some Oxfam stewards, he vomited once and hasn't moved since"

Approach: DR CA<sub>(C-spine)</sub> BCDE

Communication is *vital*: Keep updating medical control of your location, patient condition and request transport/back-up as required.

Keep checking the patient; regularly take basic observations

A short but accurate handover is vital. **WHPAM BIT** is an adaptation of the mnemonic used by ambulance staff at handover. It reminds the user to be brief to optimise information retention.

- \* Who is the patient? (brief)
- \* History of presenting complaint
- \* Past medical history
- \* Allergies
- \* Medication
- \* Basic observations
- \* Improvement in condition?
- \* Treatment given

**Conclusion:** First responders have an vital role in providing the link between initial and definitive treatment. A standard kit bag provides essential 'first line' equipment for appropriately trained personnel. Simple but effective initial treatment may save lives in a festival environment where access to ambulance services are limited by time and geography.