



mBmedical  
solutions

# MB Medical Solutions

# Who is MB Medical Solutions?

Founded in 2014

US



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# History Of Medical Provision in the Event Industry



# Where are we now ....



# What does Risk Assessment look like?

Consequence and Likelihood scoring

Standard considerations

- e.g. Numbers Attending
- Audience Profile
- Configuration of the space
- Level of Alcohol and/or Drug Consumption
- Likelihood of Disorder or Violence
- Terrorism Threat Level
- Activities on Site
- Location and Access to Site
- Expected Medical Presentations

What does “Expected Medical Presentations” cover?

- Minor/moderate injuries/illness requiring on site management
- Major injury/illnesses requiring hospitalisation and/or >3 days off work (RIDDOR)
- Flare-up of chronic illness
- Significant illness such as a heart attack
- Mass Casualty Incident
- Medical well, but anxious/overwhelmed/intoxicated



# CQC ... Who what Where

**What does an Event standard look like for me as a Medical Provider ?**

**And what does it look like for you as a Venue or Event organiser ?**

**Is it a good thing ?**



# Who is Who ????

**NURSE**

**MEDIC**

**ECA**

**EMT**

**AAP**

**HCA**

**PARAMEDIC**

**FREC 4**

**FIRST AIDER**

**FREC 3**

**FIRST RESPONDER**

**DOCTOR**

**PRACTITIONER**



# What should you know and what to expect ?

Should you know who is Who ?

Should you expect a Medical Plan ?

Should you question ? Ambulance or not





# What to Check ...

- **Verify CQC-registration**
- **Up to date contracts and procurement H&S Compliance**
- **They have Performed a medical risk assessments**
- **Ensure they have Registered Professionals**
- **Ensure Medical Indemnity Insurance alongside PL / EL**



# Who's Who in the Pre-Hospital World

The Pre-Hospital Provider Competency Framework as adopted by UKREMT

A	First Aider EFAW or FAW that is certificated by an organisation that does not have an approved accreditation	Non-healthcare workers Non-regulated as healthcare providers Only able to work under supervision or in specific situations for which they are trained (i.e. the workplace if they have an FAW certificate)
B	Accredited & certificated First Aider - Holds FAW, FPOS(B), D13 standard or similar.	
C	Advanced First Aider - Holds FPOS(I), FREC L3, D13 Standard/Module 3 police officer with skills that match the framework.	
Levels D to F will be operating within a framework of governance and CPD – this is the responsibility of the organisation and individual		
D	Pre-hospital provider caring for patients within event or frontline setting or as a secondary role i.e. ECA, RNLI & UKSAR First Aiders, D13 enhanced, CFR, FREC L3 and FPOS(I) with additional skills as per framework	UKREMT – EMT1 Should not work alone in the role of EMT
E	A health care professional pre-hospital provider caring for patients as a primary role i.e. FPOS Enhanced, FREC L4, Certain higher trained ECA's or CFR's (Trust dependant), some military personnel and some D13 specialist certificated police officers. (FREC L4 must have work book sign off complete).	UKREMT – EMT2 May work alone within their competencies, but unable to autonomously manage patients (i.e. cannot see, treat, and discharge without senior support)
F	Non-HCPC health care professionals i.e. IHCD Ambulance Technicians, AAP's, Army CMT1s or similar RAF/Naval (Serving) & FREUC L5s - ALL level F registrants must have evidence of a minimum of 750hrs clinical signoff. <small>HCPC – Health and Care Professionals Council – The regulator for Health and Care professionals who aren't doctors, nurses, or midwives IHCD - Institute of Health and Care Development</small>	UKRMET – EMT3 Very few medications can be administered by these professionals Are unlikely to be suitably qualified to autonomously manage patients
G	Nationally registered health care professionals working in pre-hospital care & selected professionals. i.e. Paramedics, (HCPC Registered) or IHCD Ambulance Technicians with advanced NHS certified competences that match the FPHC PHEM skills framework profile for grade (Adv Ambulance Practitioner - Trust Dependent) All level G registrants must have evidence of a minimum of 1500hrs clinical signoff.	UKREMT – EMT4 Some of these roles will be able to administer a wide range of medication if they have had additional training (Independent Prescribers) Most will be suitably qualified to autonomously manage patients
H	Advanced registered health care professionals working as a pre hospital critical care practitioner. i.e. Critical care Paramedics, pre-hospital Doctors, BASiC members - must also be registrants of HCPC, GMC or NMC.	



<sup>1</sup> <https://fphc.rcsed.ac.uk/media/2911/fphem-competency-descriptors-and-framework.pdf>

<sup>2</sup> <https://www.healthcareers.nhs.uk/working-health/working-nhs/nhs-pay-and-benefits/agenda-change-pay-rates/agenda-change-pay-rates>

# Notes post Presentation for thoughts

## Points Worth Checking in your organisation



- **FREC 3** – what can they do ? **and worth a read if you are directly employing FREC 3 staff yourself and NOT through a Medical company with Governance over kit**

Training **FYI** includes use of emergency oxygen, but this **doesn't** give you any legal right to carry or administer oxygen as such.

Scope of practice as FREC 3 level depends entirely on your **employer**. The qualification exists purely so that potential employers know what training you have received but they can choose to let you do less, or more.

Some employers won't let you give any drugs at all, not even oxygen. Some will let you give oxygen. Some will let you give basic life saving medication like adrenaline (ie. Epi-Pens), aspirin, GTN etc. but they will usually require you to complete a relevant course, usually Safe Administration of Lifesaving Medication (SALM).

- RA – If bespoke from Medical Provider ensure you as Venue or Event organiser is assured of its value.
- CQC – Even if not CQC registered if having emergency Vehicles at your event if your RA is to use them for conveyance they **NEED** to be registered as of now even before CQC reg for all comes in.
- Regulated and Non-regulated staff understand their limitations.



# Notes post Presentation for thoughts cont

## Anaphylaxis consideration

### What is Currently not legally required

- Venues such as restaurants, theatres, cinemas, event venues, etc., are **not currently legally required** to have anaphylaxis kits for public use.
- The legislation known as **Martyn's Law** (Terrorism (Protection of Premises) Act 2025) will require certain premises to consider risks (including medical emergencies) and have appropriate planning, but it **does not mandate** specific medical equipment like adrenaline auto-injectors in all public venues. [UK Parliament+2defibsupplies.co.uk+2](#)
- A report by the UK Commission on Human Medicines recommended considering wider public access to AAIs in certain public places, but also said this would require legislative change.

### Considerations

- There are **recommendations** and growing pressure for more venues to carry AAIs and anaphylaxis kits publicly. Some major venues are starting to do this voluntarily. For example, the Royal Albert Hall has installed anaphylaxis kits.
- The UK Government is considering updated guidance around healthcare at events, and there is ongoing engagement with sectors about what obligations may or may not be appropriate under new laws or regulation.



# Contact us

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Q&A

