

## Event Coverage Guidelines



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## Introduction

Golf is a popular sport, played across the world in different types of locations, with competitive events involving a varying number of participants and spectators. In these circumstances, the event organiser has the responsibility for the health and wellbeing of the players as well as the spectators.

The IGF Event Coverage Guidelines are intended to assist event organisers to deliver safe events and set a standard for the medical cover at golf competitions. This will rely on good planning. The principals and guidance provided can be also used as the basis for any golf event cover but may be modified to adhere to local and national legislation, which is present in many countries. In addition, there are a wide variety of different competitions and the cover will need to be customized. Relevant advice will be given in these guidelines.

These guidelines are not intended to:

- be a legal document
- supplant any existing council/national legislation or guidance but should be considered as the minimum standard.
- It is also recognised that we should not provide rules on how to respond to medical incidents, as this is more appropriately handled by trained professionals in the medical and emergency services.

Event organizer's aim is to provide an enjoyable and safe environment  
for athletes and spectators at golf events of any size and anywhere in the world

## Medical Requirements

The Golf Clubs should acknowledge their responsibilities regarding safety. It is critical the provision of:

- First Aid Services
- Ambulance services
- Medical Services to
  - The Athletes
  - Spectators
- Good communications
- A Medical Plan

### 1. Staffing

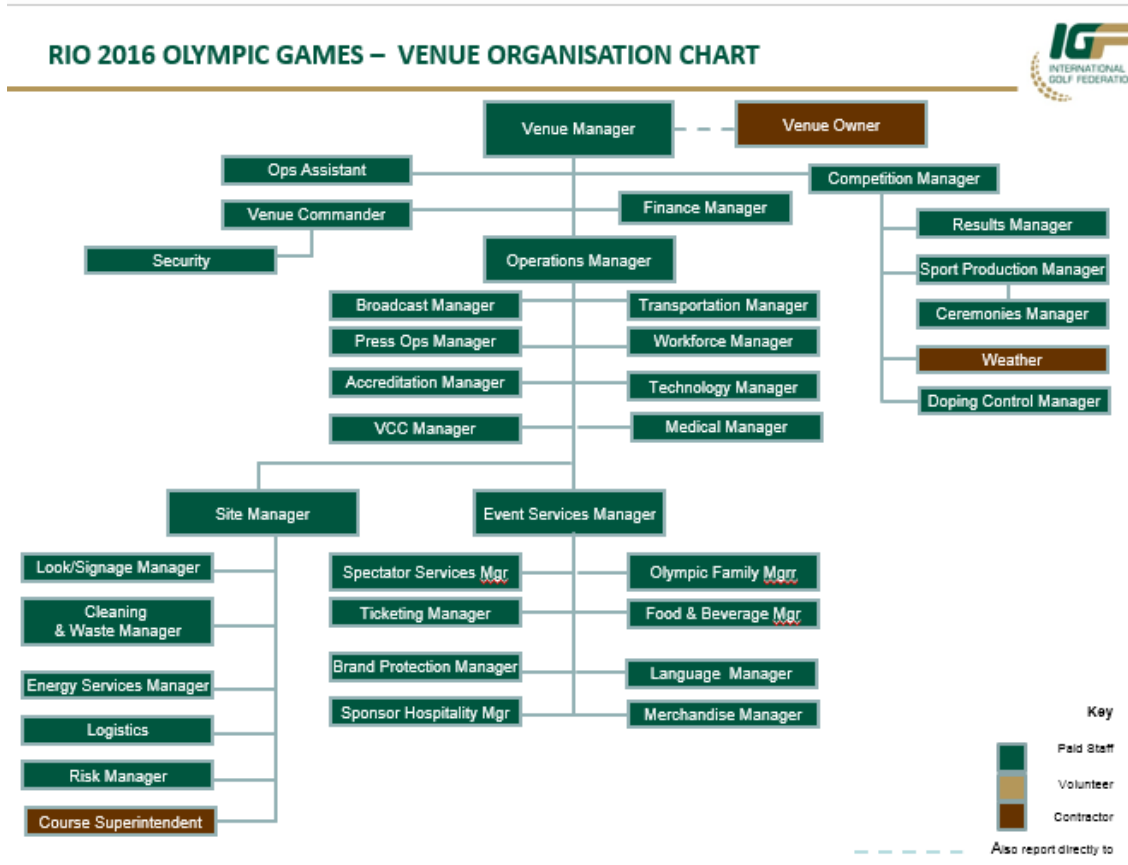
Guidance on staffing requirements are summarised in the matrix below. It is anticipated that the Event organizer will appoint a *Venue Medical Manager* to oversee the planning and the operation of medical services at the Event. The precise makeup, skill mix and numbers may be reviewed and reflect the type of competition, local experience and legislation in the country in which the event is taking place. Medical staff should be on-site during all official training and competition days.

It is important to explain to the Staff involved in the Event the specific characteristics of the Golf competitions which will determine how cover is provided. For instance, knowledge of areas of increased risk of ball strikes may need to be specifically covered and in some large events staff movements will be limited and so cover may need to be situated where it can be accessed more readily.

Type of Event	Spectator Medical HQ		Athletes Medical Post	
	Expected Numbers	Post and Staff Requirements	Expected Numbers	Post and Staff Requirements
<b>National Level</b>	3,000-5,000	1 Spectator Medical HQ for First Aid services.		1 Athletes Medical Post.
		First Aiders Staff: Minimum of 1/1000 of expected crowd size (with a minimum of 2) - Minimum requirement-National regulation and Risk Assessment may indicate greater cover warranted		Staff members: 1 Medical Doctor on call  1 Nurse or Paramedic as a minimum on site.
		Minimum of 1 Paramedic ambulance for expected people on site of >5,000 and a second for numbers on site of >25,000 people. A physician on site when expected people on site is > 2,000 <i>NB National regulation and Guidance may require greater cover.</i>		

<b>International Level</b>	10,000-15,000	1 Spectator Medical HQ for First Aid service.		1 Athletes Medical Post.
		First Aid Staff: Minimum of 1/1000 of expected crowd size (with a minimum of 2) - Minimum requirement- National regulation and Risk Assessment may indicate greater cover warranted		Staff members: 1 Nurse / physician as a minimum on site.  1-2 Physios who can act as Mobile Medical Responders
		Minimum of 1 Paramedic ambulance for expected people on site of >5,000 and a second for numbers on site of >25,000 people. A physician on site when expected people on site is > 2,000 <i>NB National regulation and Guidance may require greater cover.</i>		
<b>Olympic Games</b>	12,000-15,000	1 Spectator Medical HQ and up to 3 First Aid Posts.	120 (60M + 60W)	1 Athletes Medical Post.
		First Aid Staff: Minimum of 1/1000 of expected crowd size (with a minimum of 2) - Minimum requirement- National regulation and Risk Assessment may indicate greater cover warranted		Staff members 1 Medical Doctor 2 Physios and 1 Paramedic as a minimum. (1 of whom should act as a Mobile Medical Responder)
		Minimum of 1 Paramedic ambulance for expected people on site of >5,000 and a second for numbers on site of >25,000 people. A physician on site when expected people on site is > 2,000 <i>NB National regulation may require greater cover.</i>		
<b>World event</b>	30,000-45,000	As for Olympic Games	c160	As for Olympic Games
<b>Ryder Cup</b>	30,000-45,000	As for Olympic Games	24	A team doctor each

As an example, the Organization chart of the Management of the Medical team established during a large event is reported below:



## 2. Structures and services

### i. Medical HQ

The Spectator Medical HQ should be positioned in an area to allow good access by any casualty and also have good access to the road system to facilitate ambulance transfer to more advanced medical facilities. It must be clearly marked on the site map and have good signage, to be easily found during the event. It has to cope with minor injuries, minor illness and for less common but more serious medical events.

The facility should be able to cope with a cardiac arrest, anaphylactic reaction, diabetic emergency, sustained epileptic fit or any other significant risks identified in the risk assessment. It should be able to facilitate transfer to a more appropriate facility when this is deemed necessary.

The facility should have an area where patients can be treated with privacy. It should have running water and a toilet close by.

A venue map should be available to all staff indicating the exact locations of the Spectator Medical Post

## 11. Medical Outposts

Where a golf course has difficult terrain and is linear in nature making ground transportation difficult, one or more Medical Outposts may need to be built. Each should have personnel and be equipped to be able to cope with cardiac arrest and anaphylaxis as a minimum although it is not envisaged that risk patients will be kept in this area for any longer than while stabilisation measures are being taken.

### ii. Medical HQ - Equipment checklist

The following is the suggested list of equipment available in the Medical HQ. The Medical Outposts will need basic emergency equipment but will not need the full list. Local legislation may require modification of this list.

Item	Quantity
Disposable Adjustable Cervical Collar - Adult	10
Single Use Curved Laryngoscope Blade - Macintosh type - n02, n03, n04 (1 of each)	1
Babinsky Hammer 33 cm	1
Electrocardiograph	1
Buck Hammer 22 cm	1
Medical Portable Lung Ventilator Circuit - Adult	3
Single Use Curved Laryngoscope Blade - Macintosh type - n00, n0, n1, n5 (1 of each)	1
Single Use Straight Laryngoscope Blade - Miller type - n00, n0, n1, n2, n3, n4, n5 (1 of each)	1
Cover for Pillow	6
Disposable Adjustable Cervical Collar - Child	10
Medical Portable Lung Ventilator Circuit - Child	2
Stethoscope	4
Magills ET Forceps Stainless Adult	2
Magills ET Forceps Stainless Child	2
Orion Laryngoscope Handle - Adult	1
Glucometer	1
Tympanic Thermometer	3
Pen-Scope Otoscope & Ophthalmoscope Set in Pouch	1
Wheelchair	2
Examination light	1
Spineboard	2
Basket Stretcher	1
Scoop Stretcher	1
Medical Bag	1
Defibrillator	1
Vital Signs Monitor	1
Medical Portable Lung Ventilator	1
Portable Pulse Oximeter	2
Disposable Couch Rolls Dispenser	4
Oxygen Cylinder 4.0m <sup>3</sup>	5
Vascular Access Driver EZ-IO G3	1
Rescue Stretcher	1
Armrest for injections	1
Stainless IV Pole	4
Oxygen Cylinder 4.0m <sup>3</sup> Cart	5
Oxygen Cylinder Valve with Dual Output	5

Oxygen Flowmeter	6
Oxygen Extension	2
Corrugated Shelf Bin	150
Infusion pump	2
Pulse Oximeter Ear Probe with Cable	2
Nebuliser Machine	1
Orion Laryngoscope Handle - Child	1
Polyethylene Resuscitation Board - 60 X 40 X 0,90 cm	1
Pediatric Spineboard Pad	2
Aneroid Sphygmomanometer	4
Ring Cutter	2
IV Chair	4
Wrench for Oxygen Cylinder Pressure Gauge	2
Non-invasive Full-Face Mask - Size Small, Medium and Large (2 of each)	2
Bracket for Sharp Bins - 3.0 l	2
Bracket for Sharp Bins - 1.5 l	4
Capnography Mainstream Sensor for Monitor	1
Set of ECG Lead Wires - 5 way	1
ECG Cable - 03/05 ways	1
Intermediate Oximetry Cable for Monitor	1
Sensor Adhesive Pulse Oximetry - Neonatal and Adult	1
Neonatal CNAP Hose with Female Rectangular Connector for Monitor	1
Child Blood Pressure Cuff for Monitor - 2TB 12-19 cm	1
Adult Blood Pressure Cuff for Monitor - 2TB 17-25 cm - Small	1
Adult Blood Pressure Cuff for Monitor - 2TB 23-33 cm - Medium	1
Adult Blood Pressure Cuff for Monitor - 2TB 31-40 cm - Large	1
Thigh Blood Pressure Cuff for Monitor - 2TB 38-50 cm - Extra Large	1
Battery for Monitor	1
Pulse Oximeter Finger Probe with Cable	2
Emergency Trolley	1
ECG Trolley	1
Anti-flammable Polyester Pillow	5
Blanket	10
Hospital Screen with 04 sections	4
Exam Table	4
Dressing Trolley	1
Stainless Steel Medical Step Stool	4
Stainless Steel Auxiliary Trolley	1
Survival blankets to be used either to cover a patient in case of a shock or to be used as screen to protect the patient and the field of work from spectators or media	

Provision of ice: Ice/ice packs must be available in each medical post. The event organiser must put in place facilities for ice storage on site and an ice distribution process.

### iii. Athletes Medical Post

The Athletes Medical Post can be located in a convenient location, in the Athletes' services area. It should include up to a 4-bed medical post which includes, as a minimum standard, one bed for critical patients and two adjustable physiotherapy tables.

Its location should be known to Athletes, Caddies and trainers.



The facility should be able to cope with all common medical and injury problems as well as being able to cope with anaphylaxis and other rare but life threatening emergencies.

#### iv. Athletes Medical Post - Equipment checklist

Below you will find the standard equipment list that should be considered for the Athlete Medical Post:

Item	Quantity
Disposable Adjustable Cervical Collar - Adult	10
Single Use Curved Laryngoscope Blade - Macintosh type - n02, n03, n04 (1 of each)	1
Babinsky Hammer 33 cm	1
Buck Hammer 22 cm	1
Medical Portable Lung Ventilator Circuit - Adult	3
Single Use Curved Laryngoscope Blade - Macintosh type - n00, n0, n1, n5 (1 of each)	1
Single Use Straight Laryngoscope Blade - Miller type - n00, n0, n1, n2, n3, n4, n5 (1 of each)	1
Disposable Adjustable Cervical Collar - Child	10
Medical Portable Lung Ventilator Circuit - Child	2
Stethoscope	4
Magills ET Forceps Stainless Adult	2
Magills ET Forceps Stainless Child	2
Orion Laryngoscope Handle - Adult	1
Glucometer	1
Tympanic Thermometer	3
Pen-Scope Otoscope & Ophthalmoscope Set in Pouch	1
Wheelchair	2
Examination light	1
Spinal board	2
Basket Stretcher	1
Scoop Stretcher	1
Medical Bag	1
Defibrillator	1
Electrocardiograph	1
Vital Signs Monitor	1
Medical Portable Lung Ventilator	1
Refrigerator for Medications - 30l	1
Portable Pulse Oximeter	2
Disposable Couch Rolls Dispenser	4
Oxygen Cylinder 4.0m <sup>3</sup>	4
Vascular Access Driver EZ-IO G3	1
Rescue Stretcher	1
Armrest for injections	1
Stainless IV Pole	3
Oxygen Cylinder 4.0m <sup>3</sup> Cart	4
Oxygen Cylinder Valve with Dual Output	4
Oxygen Flowmeter	5
Oxygen Extension	2
Corrugated Shelf Bin	150
Infusion pump	2
Pulse Oximeter Ear Probe with Cable	2
Nebuliser Machine	1
Orion Laryngoscope Handle - Child	1

Polyethylene Resuscitation Board - 60 X 40 X 0,90 cm	1
Pediatric Spinal board Pad	2
Aneroid Sphygmomanometer	4
Ring Cutter	2
Wrench for Oxygen Cylinder Pressure Gauge	2
Non-invasive Full-Face Mask - Size Small, Medium, Large (2 of each)	2
Bracket for Sharp Bins - 3.0 l	2
Bracket for Sharp Bins - 1.5 l	4
Capnography Mainstream Sensor for Monitor	1
Set of ECG Lead Wires - 5 way	1
ECG Cable - 03/05 ways	1
Intermediate Oximetry Cable for Monitor	1
Sensor Adhesive Pulse Oximetry - Neonatal and Adult	1
Neonatal CNAP Hose with Female Rectangular Connector for Monitor	1
Child Blood Pressure Cuff for Monitor - 2TB 12-19 cm	1
Adult Blood Pressure Cuff for Monitor - 2TB 17-25 cm - Small	1
Adult Blood Pressure Cuff for Monitor - 2TB 23-33 cm - Medium	1
Adult Blood Pressure Cuff for Monitor - 2TB 31-40 cm - Large	1
Thigh Blood Pressure Cuff for Monitor - 2TB 38-50 cm - Extra Large	1
Battery for Monitor	1
Pulse Oximeter Finger Probe with Cable	2
Emergency Trolley	1
ECG Trolley	1
Digital Thermo-hygrometer	2
Anti-flammable Polyester Pillow	5
Blanket	10
Hospital Screen with 04 sections	3
Exam Table	3
Dressing Trolley	1
Stainless Steel Medical Step Stool	3
Cover for Pillow	6
Stainless Steel Auxiliary Trolley	1
Cryo Cuff Knee Medium	1
Cryo Cuff Ankle Cuff	1
Cryo Cuff Calf Cuff	1
Cryo Cuff Elbow Cuff	1
Cryo Cuff Flask - Lid and Hose Gravity	1
Cryo Cuff Knee Cuff with Pressure Bulb	1
Cryo Cuff Shoulder Cuff with X-Long Strap	1
Cryo Cuff Thigh Cuff - Size - L/XL	1
Flexible Ice Bag 35cm X 50cm	2
Jet Spray Bottle 500ml	1
Emergency Physio Bags	2
Elbow crutches	8
Goniometers - large	1
Anti-flammable Polyester Pillow	3
Babinsky Hammer 33 cm	1
Combination Electrotherapy and Ultrasound Machine	1
Gymball - 65 cm	1
Dressing Trolley	1
Tape Measure	1
Tennis Ball	3
Axillary crutches	6
Lister Bandage Scissors 5.5"	2
Slider	1

<b>Foam Roller EVA</b>	<b>1</b>
<b>Cooler 8.5 l</b>	<b>1</b>
<b>Roller and Wedge Positioning Set</b>	<b>1</b>
<b>Laser Therapy Machine with Applicator and Diodes</b>	<b>1</b>
<b>Buck Hammer 22 cm</b>	<b>1</b>
<b>Stainless Steel Medical Step Stool</b>	<b>2</b>
<b>Inflatable Bath for Cryotherapy with Thermostat</b>	<b>1</b>
<b>Belt for Mulligan maneuvers</b>	<b>1</b>
<b>Stainless Steel Auxiliary Trolley</b>	<b>1</b>
<b>Carpet Exercise Mat for Gymnastics</b>	<b>1</b>
<b>Neuromuscular Stimulators / Tens</b>	<b>1</b>
<b>Professional Massage Table 02 Sections Max 75</b>	<b>2</b>
<b>Cooler 47.5 l with Wheels</b>	<b>1</b>
<b>Mini Gymball pump</b>	<b>1</b>

Provision of ice: Ice/ice packs must be available in each medical post. The event organiser must put in place facilities for ice storage on site and an ice distribution process.

The event organiser could also consider obtaining foldable partitions used to protect doctors at work on the course from spectators/media.

#### **v. Transport**

Transport to the Spectator Medical HQ and Athletes Medical Post should be organized and available for those who become ill, injured or overwhelmed. Transport off site for further assessment and treatment may be necessary and should be facilitated.

Normally there should be one ambulance dedicated to athletes and one for the others depending on the amount of spectators and on National regulation and Guidance. It should be parked near to the Athlete Medical Post or the Clubhouse. If possible, the venue should not be left without ambulance. If an ambulance has to leave the venue, another one should be ready to replace it.

Where possible a suitably equipped 4 seater buggy and a stretcher buggy should be available to evacuate single casualties off the course. This is usually preferable to ambulances driving onto the course.

For some events, the Mobile medical responders might use bikes: but they should ensure that means of patient transport are available.

In case of an emergency, on site stabilization is likely to be the best option rather than transporting an unstable patient in an ambulance where it is more difficult to perform medical procedures.

Any urgent evacuation should take precedence to the golf tournament, which may have to be delayed, if an ambulance is deemed necessary to take a patient off the course.

Other event ambulances will be parked within the secure perimeter of the venue, with previously established emergency evacuation routes, to allow for rapid evacuation should it be necessary.

### 3. Communication Plan

The Communication plan should be part of the event plan and strictly related to the size of the event. At larger events a radio system is necessary. The radio network should always have the preference with a dedicated channel. The Venue Medical Manager should have access in addition to the general radio network for cross communication. For smaller events land lines, mobile phones and text messaging may be appropriate but it should be remembered that in larger crowds mobile phones can fail and so backup systems should be identified. It is preferable that internet/wifi connections are available to the medical team.

It is important to create good communications between the medical team and :

- organizers (eg reporting trip hazards or areas where high risk of ball strikes)
- external medical facilities (access to a land line)
- marshals
- control points (to ensure in case of emergency the response is quick)

It is advised that a daily meeting takes place between the medical services, event organizer and senior members of any other relevant organization on site including police, security, marshals etc

### 4. Agreements with local authorities

During the event organization, it is important to cooperate with local authorities responsible for the First Aid and medical services. In order to ensure the best cooperation, the event organizer could provide several information to the relevant bodies, such as:

- Schedule of the event
- Number of participants
- Size of crowd expected / ticket sold
- Venue plan (including facilities)
- Emergency vehicle access
- Health & safety plans
- Traffic management plans
- Parking restrictions
- Presence of Temporary structures
- Food, beverage and Alcohol provision
- Any other required info
- Weather forecast

Moreover, it is important to involve the authorities in major incident planning when by definition, on-site resources are overwhelmed. It should be decided what the role of the on-site medical teams in the time before external help arrives and takes over the management of the situation.

### 5. Golf related risk analysis and proposed solutions

Risk management is assessed and ranked usually accordingly two elements: “likely to happen” and “severity of impact”. Also in the medical field, an analysis should be identified in order to assess potential risks and activate potential prevention activities. It is then recommended to define resolution and procedures for issues that may arise during Operations, analysing Natural risks and Event risks.

## **i. Natural Risks**

### **Severe weather**

In the event of severe weather, also certified by the meteorologist, present on site in the large events, the Venue Manager should consider the following:

- The uncertainty concerning magnitude, frequency, duration and timing of the episode
- Impact on venue and Games-wide operations
- Impact on venue structure(s)
- Impact on utilities
- Impact on fire safety, communications systems and emergency response
- Impact on occupant morale (and in the case of functions or venue - impact on crowd and workforce well-being)

The Venue Manager will need to promptly confer with and take guidance from the Venue Commander and Function managers to determine if a risk is posed to occupant safety as a result of any or all of the above factors and implement an appropriate response. Note: severe weather may result in an evacuation, or the need to implement shelter-in-place.

#### **Potential Impacts**

- Structural collapse (due to wind or water)
- Communications Failure (wind or water)
- Casualties (hypothermia, vehicle accidents, slippery surfaces)
- Restricted mobility of critical personnel
- Failure of essential services
- Delays and postponements of competition, training events and ceremonies
- Reduction of venue service capacity
- Reduction of public safety/fire/ambulance services capabilities

An evacuation plan is to be defined before the event and tested with Volunteers and Marshalls.

### **Extreme heat/Extreme Cold**

In the event of Extreme heat, the Venue Manager, the Sport Manager, the Events Services Manger, and the Event Medical Manager should take immediate decisions in order to ensure Athletes and Spectators are protected by the Conditions. Some recovery actions might be identified and implemented through Marshall and Volunteers, such as beverage provision or fan distributions.

#### **Potential Impacts**

- Athletes performance not adequate
- Restricted mobility of critical personnel
- Casualties (hypothermia, people fainting)
- Staff and support members not available
- Medical team engaged all over the venue.

### **Air Pollution**

Clear air is a basic requirement of wellbeing and, as a consequence, an indispensable condition to host a large golf event.

Please refer to the “WHO Air quality guidelines for particulate matter, ozone, nitrogen dioxide and sulfur dioxide”, released in 2005 and available as attachment to these guidelines.

## **Mass Endemics**

If the event occur during a Mass Endemic phase, before the start the Event Organizer is responsible to inform all staff members of the related risk.

A Fact sheet should be published and released to:

- Athletes
- Official and event organizers
- Staff, volunteers and other contractors operating for the event
- Sponsors and providers
- Spectators
- Etc

The document should contain a few information on the Endemics, including how infection is spread and some advice to avoid dangerous contacts. An example of a Fact sheet is reported here, released on the occasion of Ebola endemic.

Moreover it will be necessary for the event organizer to ensure medical structures around the venue are fully operational and open to accept the staff involved in the event organization.

**EBOLA VIRUS DISEASE (Ebola Hemorrhagic Fever) FACT SHEET**

- Ebola Virus Disease is rare but very serious.
- Infection is by contact with blood or body fluids of an infected person or an animal infected or by contact with contaminated objects.
- The incubation period (the period of time between exposure to the source of disease and the development of symptoms) is from two to 21 days. There is no risk of transmission during the incubation period and only a low risk of transmission in the early phase after a patient displays symptoms.
- Symptoms include fever, weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhea, rash, and in some cases, bleeding.
- Infection is not transmitted through sweat unless it comes in contact with cuts / abrasions (broken skin) or through mucus membranes (eg. mouth / eyes) from a person who has symptoms of Ebola.
- Ebola is not transmitted through the air.
- There is no licenced vaccine. The mortality for Ebola can be as high as 90%.
- Public Health Surveillance in Nanjing has been increased for the Youth Olympic Games.
- Cases of Ebola have recently been confirmed in Guinea, Liberia, Sierra Leone and Nigeria. For more information, see WHO <http://who.int/csr/disease/ebola/en/>
- Special attention will be given to NOCs travelling from infected areas.
- Routine temperature screening at airports will continue and if positive a simple medical and epidemiological examination will be done before transfer to hospital.

**Advice for travelers to Nanjing**

- If you stayed in the areas where Ebola cases have been recently reported, seek medical attention immediately, if you feel sick (fever, headache, achiness, sore throat, diarrhea, vomiting, stomach pain, rash, or red eyes).
- Practice careful hygiene, including regular hand washing.

## **ii. Event risks**

Emergency and safety plans should be developed to least three months prior to the event to allow time to address hazards and any safety issues. On the day of the event briefings need to reiterate the plans previously developed. Briefings must be precise and informative so all emergency services, event and venue staff are well informed and prepared for any situation they may face.

## **Mass Casualty Incident**

In case of Mass Casualty Incident, all medical emergencies should be stabilized and treated as best as possible with all information clearly reported and documented. When a medical emergency is discovered the Command Centre will be notified immediately.

The Venue Medical manager will supervise venue medical operations. He/she will work directly with the Venue Manager to ensure a smooth flow of medical services and communication.

The VMO will work collaboratively with the Fire/ Ambulance Services Venue Paramedic Commanders to ensure that the correct resources are utilized to provide the most efficient and effective medical service level to all constituent groups at the venue.

## **6. Key Recommendations for the event organizer:**

- Appoint an organising committee, who will be responsible for the safety of the event and will appoint an *Event Medical Manager*
- Estimate the size of the crowds for each day.

- Meet /discuss with all relevant parties, any statutory responsibilities and comply with any regulation e.g. Police, Fire, Ambulance, responsible Local authorities, Local health service providers.
- Perform and document a risk assessment and action plan to reduce the identified risks.
- Plan appropriate First Aid and medical support.
- Agree and ensure good communication pathways for the event.
- Agree on transportation arrangements for medical staff and any injured /ill members of the crowd around the course.
- Publish an event plan that is circulated to all relevant staff involved.
- Meet regularly before and during an event to review arrangements and make any necessary changes
- Ensure that relevant insurances exist in order to cover different groups for liability

## **7. Attachment**

WHO Air quality guidelines for particulate matter, ozone, nitrogen dioxide and sulfur dioxide

[WHO 2005 guidelines.pdf](#)