**Risk Assessment / Quotation Request**

**For Event Medical Services**

**Stellenbosch University Campus Health Services**

Thank-you for contacting Campus Health Service (CHS) regarding your event. In order for us to do an accurate risk assessment please complete the following as accurately as possible. Incomplete or inaccurate information may result in an inappropriate assessment of the risk of the event. CHS will not be held liable as a result.

|  |  |
| --- | --- |
| **Name of event:** |  |
| **Start date of event:** |  |
| **End date of event:** |  |
| **Venue (name):** |  |
| **Start time e.g. 08h00:** |  |
| **End time e.g. 16h00:** |  |
| ***If times differ on days please include detailed information in an email.*** |  |
| ***Please note that calculations are based on 30min before the start till 30 min after the event. Please give actual start times.*** | |
| **Event host name e.g. Maties sports code, faculty or dept:** |  |
| **Event organiser contact (person):** |  |
| **Contact phone:** |  |
| **Contact email:** |  |

|  |  |  |
| --- | --- | --- |
| ***The questions below pertain to the whole event including the crowds please complete every section*** | | |
|  | | |
| **Item** | **Details** | **Present mark with x** |
| **(A) Nature of event** | **Classical performance** |  |
|  | **Public exhibition** |  |
| **Pop/rock concert** |  |
| **Dance event (Rave I Disco)** |  |
| **Agricultural/country show** |  |
| **Marine** |  |
| **Motorcycle display** |  |
| **Aviation** |  |
| **International event** |  |
| **Motor sport** |  |
| **State occasions** |  |
| **VIP visits/summit** |  |
| **Music festival** |  |
| **Bonfire/pyrotechnic display** |  |
| **New Year celebrations** |  |
| **Demonstrations/marches** |  |
| **Sport event with Low risk of disorder** |  |
| **Sport event with Medium risk of disorder** |  |
| **Sport event with High risk of disorder** |  |
| **Opposing factions involved** |  |
|  |  |  |
| **(B) Venue** | **Indoor** |  |
|  | **Stadium** |  |
| **Outdoor in confined location, e.g. park.** |  |
| **Other outdoor, e.g. festival** |  |
| **Widespread public location in streets** |  |
| **Temporary outdoor structures** |  |
| **Includes overnight camping** |  |
|  | **Choose one per section** |
| **(C)Standing/seated** | **Seated** |  |
|  | **Mixed** |  |
| **Standing** |  |
|  |  |
| **(D) Audience profile** | **Full mix, in family groups** |  |
|  | **Full mix, not in family groups** |  |
| **Predominately young adults** |  |
| **Predominately children and teenagers** |  |
| **Predominately elderly** |  |
|  |  |  |
| **(E) Past history** | **Good data, low casualty rate previously (less than 0,05%)** |  |
|  | **Good data, medium casualty rate previously (0,05% - 0,2%)** |  |
| **Good data, high casualty rate previously (more than 0,2%)** |  |
| **First event, no data** |  |
|  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(F) Expected numbers inclusive of crowds** | <50 |  | < 50 000 |  |
| >50 <999 |  | < 60 000 |  |
| >1000< 3000 |  | < 70 000 |  |
| < 5000 |  | < 80 000 |  |
| < 10 000 |  | < 90 000 |  |
| < 20 000 |  | < 100 000 |  |
| < 30 000 |  | < 200 000 |  |
| < 40 000 |  | < 300 000 |  |

|  |  |  |
| --- | --- | --- |
| **(G) Expected event**  **duration** | **Less than 4 hours** |  |
| **(including queuing)** | **>4h <12h** |  |
|  | **>12h** |  |
|  |  |  |
| **(H) Time of year (outdoor events)** | **Summer (Dec-Feb)** |  |
|  | **Autumn (March-May)** |  |
|  | **Winter (June-Aug)** |  |
|  | **Spring (Sep-Dec)** |  |
|  |  |  |
| **(I) Proximity to emergency medical** | **<30min by road** |  |
| **service (casualty)** | **> 30min by road** |  |
|  |  |  |
| **(J) Profile of Emergency facility:**  **Indicate your venue**  **here and we will calculate** |  | |
|  |  |  |
| **(K) Additional Hazards** | **Carnival** |  |
|  | **Helicopters** |  |
|  | **Water Hazard** |  |
|  | **Parachute display** |  |
|  | **Street theatre** |  |
|  | **Onsite alcohol use** |  |
|  |  |  |
| **(L) Additional onsite**  **facilities** | **Suturing & plastering** |  |
|  | **Vending machine for over the counter medicine** |  |
|  | **Public Access AED** |  |
|  | **Existing full time operational medical facilities on site** |  |

|  |  |  |
| --- | --- | --- |
| ***The questions below pertain to sports events only*** | |  |
| **List sports codes:** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **If match/ competition please indicate the level of competition:** | |  |
|  | **Recreational** |  |
|  | **School** |  |
|  | **Club** |  |
|  | **Provincial** |  |
|  | **National** |  |
|  | **International** |  |
|  |  |  |
|  | **Expected number of competitors:** |  |
|  | **Expected number of teams:** |  |
|  | **Expected number of fields /courts played at the same time:** |  |
| **Are there any code specific requirements for this event e.g. presence of doctor, physio etc.? (attach federation /competition info if necessary)** | | |
|  | | |
| **What type of medical services were present at previous years? E.g. # of medics, level of qualification, ambulance present, doctor present etc.** | | |
|  | | |
| **Is there any other medical cover that is guaranteed to be at the event e.g. a named parent who is a doctor, and who will be carrying emergency equipment on the day?** | | |
|  | | |
| **Please provide the name and phone number of such person:** | | |
|  |  | |

**Do you only want a risk assessment? Yes/no**

**NB**

\*Please be aware that for any events on Stellenbosch University Property, the Emergency Action Plans (usually created by the ambulance provider) need to be submitted to CHS for approval, even if it is an outside provider. CHS has the delegated authority to prevent an event from going ahead if insufficient medical cover is planned for / provided. This is independent of the municipal disaster risk assessment.

\*If first aid providers who are not registered with an emergency medical company are used, their proof of current qualification (e.g. valid level 3 or BLS certificate) must be submitted to CHS before they are appointed.

\*Please be aware that most paramedic services (ambulances) do not include the cost of transporting a patient to hospital when quoting an event. For example they will quote to have an ambulance and personnel on site, but if that ambulance has to move, the patient gets charged at medical aid rates for the transport, this averages at R3000 per incident. The event organizers should either budget for this separately or make it clear in the event indemnity completed by participants that they are responsible for this. CHS and Stellenbosch University will not carry this cost.

**Would you like a quotation on the costs to supply the required medical personnel?**

You are under no obligation to use CHS as the provider, only once a quote has been signed by the event organiser and received by CHS will a contract be binding.

Thank you for taking the time to complete and read this form. The completed form should be returned to Cecil Adams [ceciladams@sun.ac.za](mailto:ceciladams@sun.ac.za)

Dr Jo-Anne H Kirby

MBChB, MSc Sports Medicine

Medical Doctor, Sports and Exercise Medicine Area of Campus Health Services