

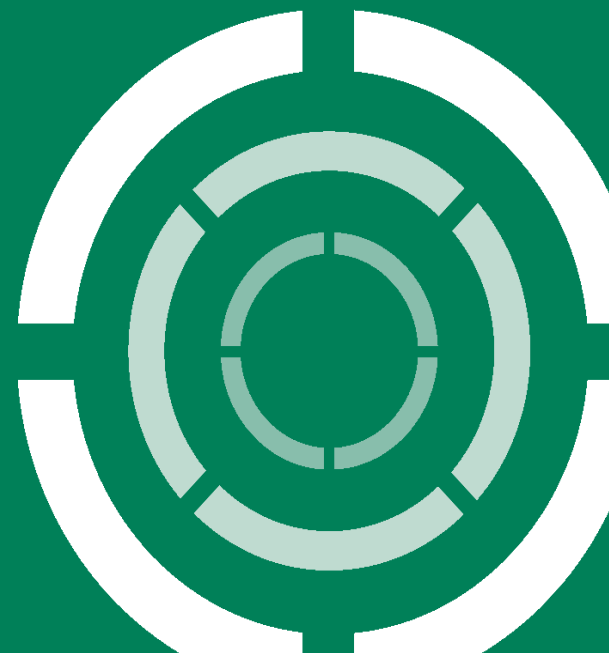


National Ambulance
Resilience Unit
NARU



**Service Specification for
NHS Ambulance Services
Emergency Preparedness,
Resilience & Response**

November 2012



Contents Page

<u>Index</u>	<u>Page</u>
Executive Summary	3
Introduction	4
Section 1- Delivery of Services	4
1. Emergency Operations Centre	4
2. Command and Control	5
3. Specialist Response	5
4. Emergency Logistics	6
5. National Mutual Aid	6
6. Business Continuity Management	6
7. Media	6
8. Plans, Procedures and Guidance	6
9. Debriefing	6
10. Event Management	7
11. Public Order	7
12. Training	7
13. Wider NHS	7
14. Resilience Forum and Partnership	8
15. Exercising	8
16. Staff and Facility Resources	8
17. Occupational Health, Human Resources	8
18. Legal Arrangements	8
19. Specialist Information Technology	8
20. Audit	
Section 2 - Supporting Information	9
Legislative Drivers	9
Guidance Documents	10
Lessons Identified	12
Sporting	13

Executive Summary

This document will provide a specification for ambulance emergency preparedness, resilience and response (EPRR) arrangements which can be used by trusts and commissioners to gain assurance on the provision of these services in all NHS Ambulance Services Trusts and NHS Ambulance Services Foundation Trusts. All NHS Ambulance Services must be able to state the level of their preparedness when requested. This document will assist organisations to identify potential gaps in preparedness which is therefore requiring local engagement in their commissioning process. The document is in three sections, one provides the headline area as category one responders and the arrangements ambulance services should have in place. Section two provides the legislation and guidance that support emergency preparedness and section three provides the contact list that commissioners can use to seek further information.

Since February 2012, responsibility for delivery of emergency preparedness policy in ambulance services in England has been delegated to the National Ambulance Resilience Unit (NARU). NARU is a dedicated resource funded by the department of health. This group works in concert with senior ambulance managers and heads of emergency preparedness for all of the eleven ambulance trusts. Collaboratively NARU provides coordination for implementation of government policy, producing service specifications, standard operating procedures, training programmes and other guidance for trusts, to promote consistency in local delivery and a national capability where necessary.

Prior to the development and establishment of NARU all aspects on the concept and the operation of an ambulance service resilience function have been monitored and evaluated. From this evaluation and learning conclusions have been drawn and new processes, policies and procedures have been introduced. Whilst this learning process is on-going it contributes to a robust evidence base capability for ambulance service emergency preparedness resilience and response activity and thus ensures all the requirements in respect of current, new and emerging threats and risks to public health are addressed.

This service specification for ambulance EPRR arrangements draws on these lessons learnt and identifies best practice, therefore it is important that it is adhered to by Trusts and Commissioning Bodies so that a national capability remains resilient and prepared across the whole of England. The purpose of this specification is to ensure that is delivered consistently and maintained appropriately across the country to provide assurance in the systems in place. Through NARU and the National Ambulance Commissioning Group the process works closely with other government departments recognising requirements in relation to the national risk register and high threats to government and therefore there is a seamless approach to interoperability in the response to any type of incident.

Robust commissioning arrangements through this national service specification will ensure all ambulance trusts have standardised systems and processes in place and are able to achieve their statutory obligation and any other regulatory mandate as defined.

The supporting structure for emergency preparedness is subject to change as the NHS Structures progress with the development of the Health and Social Care Act (2012).

For the context of this specification the term Major incident for NHS trusts is defined as:

“Any occurrence that presents serious threat to the health of the community, disruption to services or causes (or is likely to cause) such numbers or types of casualties as to require special arrangements to be implemented by hospitals, ambulance trusts or primary care organisations”

Introduction

The terms of this specification shall only apply where the Provider is an Ambulance Service NHS Trust or Ambulance Service NHS Foundation Trust delivering the Services under their Establishment Order.

- A. The Provider will provide services, planning and service capacity and capability to deliver its obligations as a Category 1 Responder as laid down in the Civil Contingencies Act 2004 and the other legislation and guidance set out within Section 2, Supporting Information, page 9 of this document, and in line with the requirements of the Department of Health's Emergency Planning Guidance (2005).
- B. The Commissioner will commission Emergency Preparedness Resilience and Response, requirements as laid down in this specification to enable the Provider to meet these obligations.
- C. The Commissioner and the Provider will work cooperatively with the other emergency services and other category 1 & 2 responders, including but not limited to participating in the planning and exercise testing processes.
- D. The Provider and Commissioner will work cooperatively with the Home Office National Interoperability programme. The government departments involved in the programme are the Home Office, Department of Health, Department for Communities and Local Government who are looking at collaborative working with Police Fire and Ambulance Services, this work is in its infancy but has ramification for change to the Emergency Preparedness agenda at a later stage.

Section 1

Delivery of Services

The following elements of the Emergency Preparedness Resilience Response service specification are defined as best practice and draw on shared knowledge, with the flexibility for each organisation to have in place localised specific commissioning arrangements.

Each category of the specification is intended to provide a platform for NHS Ambulance Services Trusts and NHS Ambulance Services Foundation Trusts to undertake their EPRR arrangements in respect to organisational risks and threats. This specification should be read in conjunction with the National Ambulance Resilience Unit (NARU) EPRR Handbook (2012) where a more detailed summary of what needs to be in place for each element can be found.

1. **Emergency Operations Centre** – the trust must
 - i. effectively and efficiently manage a major incident delivering expected high standards of patient care;
 - ii. whilst managing a major incident still deliver a business as usual function to nationally agreed standards;
 - iii. have the capability to manage significant and or high profile events that could bring the service into disrepute or the subject to legal challenge;
 - iv. within an urban conurbation must be able to manage up to four simultaneous incidents and two within rural areas;
 - v. be appropriately resourced to manage such events;
 - vi. ensure all staff are fully trained and exercised on a regular basis to manage and sustain a range of such events;

- vii. be able to manage media attention relating to such events at any given time of the day or night;
- viii. have in place resilience IT infrastructure to manage all of the above from any location and from a fall back emergency operations centre;
- ix. have flexibility with IT and or staff to engage in more than one control centre and can collectively manage such events as required;
- x. have formal arrangements in place to recall staff to duty in any such event;
- xi. have the ability to deploy a mobile communication unit with fully trained and exercise staff;
- xii. have the ability to provide a forward control team to any such event;
- xiii. have an on call and on duty loggist drawn from a wide cadre or staff;
- xiv. have in place arrangements to communicate with and control resources from other ambulance providers;
- xv. have access to the complete suite of service plans, guidance and action cards.

2. Command and Control – the trust must

- i. be able to provide a 24 hour command structure and arrangements for one or more event which requires Gold, Silver, Bronze, Specialist Technical/Tactical Advisor level roles supported by an administration and technical provision;
- ii. have all command staff trained and exercised with multi-agency and health partners to National Occupational Standards;
- iii. provide 24 hour National Inter-agency Liaison Officer capability within Trust and as part of the national response in line with local and national Mutual Aid arrangements;
- iv. provide 24 hour Ambulance Military Liaison Officer capability within Trust and as part of the national response in line with local and national Mutual Aid arrangements;
- v. provide 24 hour Specialist Technical/Tactical Advisor for incidents such as a marauding firearms, chemical, biological, radiological, nuclear, explosive and hazardous material events and to support Gold and Silver level officers in managing such events;
- vi. provide 24 hour Radiation Protection Supervisor arrangements within Trust and as part of the national response in line with local and national Mutual Aid arrangements;
- vii. ensure all commanders maintain a Continuous Personal Development portfolio in relations to their role;
- viii. have in place an annual exercise programme for all command staff and involvement in multi-agency exercising to remain qualified in their role function and remain National Occupational Standards compliant;
- ix. have in place an emergency preparedness structure that supports command arrangements for NHS Partners, Acute Trusts and NHS Gold and that all staff are trained tested at a multiagency exercise on an annual basis;
- x. have arrangements in place for alerting the wider NHS of an incident that has occurred in order to allow the NHS to activate its response;
- xi. provide communication and general equipment to support the designated a command role.

3. Specialist Response - the trust must

- i. ensure the Hazardous Area Response Team (HART) capability is maintained and operating in accordance with the current NARU HART Service Specification, ;
- ii. have in place the capability to respond to a marauding firearms incidents in line with National Joint Operating Procedures;
- iii. have in place the capability to respond to and manage a chemical, biological, radiological, nuclear or explosive event for an extended period in line with National CBRNE guidance;
- iv. have in place the capability to manage a Pandemic Influenza epidemic for a prolonged period in line with the Department of Health guidance;
- v. have in place the capability to manage a flood event for a prolonged period;
- vi. have in place a mobile emergency response incident team (MERIT) capability for the operational area compliant with the Department of Health guidance;

- vii. have in place capability to manage a mass casualty event in line with the Department of Health and Cabinet Office guidance;
- viii. have in place capability to manage a casualty clearing station with significant numbers of Priority 1, 2, and 3 patients for a protracted period in line with the Department of Health guidance.

4. Emergency Logistics – the trust must

- i. have in place arrangements to provide and supply large quantities of medical consumables and general ambulance equipment to one or more concurrent events;
- ii. have arrangements in place to identify organisational and national asset location and availability at all times;
- iii. have arrangements in place to be able to respond with organisational and national asset and provide situational reports to the National Ambulance Coordination Centre;
- iv. have arrangements in place for assets to be called for or respond to a local and or national mutual aid request;
- v. have capability in place to have staff identified, trained and exercised to drive these assets and respond to such events;
- vi. have in place formal arrangements for the dispatch of and/or reception of assets and an agreed trigger mechanism for their request, which is supported by a robust audit process
- vii. have arrangements in place for resupply during the recovery phase of any incident.

5. National Mutual Aid – the trust must

- i. have in place mutual aid arrangements to support neighbouring ambulance trusts and/or an incident of national importance;
- ii. have arrangements in place to ensure compliance with the national mutual aid plan;
- iii. have arrangements in place for communication and logistic infrastructure to support national mutual aid;
- iv. have in place a trigger mechanism for the request of mutual aid and an identified person with the authority to agree this, the process should identify what is required, what can be supplied and how the response will be managed when arriving at the specific destination.

6. Business Continuity Management – the trust must,

- i. have robust arrangements in place that support organisational critical infrastructure;
- ii. have arrangements in place that support the organisation during periods of adverse weather;
- iii. have arrangements in place to audit and seek assurance that their agency suppliers also maintain and have robust Business Continuity process in place to ensure they can support the Trust in a business as usual function;
- iv. have arrangements in place for rapid resupply of goods and services during the recovery phase of any business Continuity challenge to the organisation;
- v. be certificated to BS25999 or ISO22301.

7. Media – the trust must

- i. have in place systems to manage the media at all Emergency Operational Centres plus fall back locations and the wider organisational structure.

8. Plans, Procedures and Guidance – the trust must

- i. have in place appropriately trained staff to develop, maintain and exercise a range of specific plans, procedures and guidance documents detailed for a range of events;
- ii. have in place arrangements for ad-hoc emerging threat and risks;

9. Debriefing – the trust must

- i. have arrangements in place for post incident care to debrief and identify lessons, embracing electronic technology and shared on a national basis.

- 10. Event Management** – the trust must
- i. have arrangement in place for routine events involving large numbers of the public i.e. social events, demonstrations and any public event that is not funded through private means;
 - ii. have arrangements in place for the organisation to recover from events which ensure, resupply, restock of resources and equipment maintenance;
 - iii. have in place arrangements attend safety advisory groups which support the Trust to mitigate organisational risk at the planning and actual event. Police Fire and Ambulance are standing members of safety advisory groups;
 - iv. have in place arrangements for inspections during an event or performance to ensure private providers of healthcare are delivering what they claim at the safety advisory group.
- 11. Public Order** – the trust must
- i. have in place arrangements to safely respond in the event of local or national acts of public disorder, i.e. Riots or demonstrations.
- 12. Training** – the trust must
- i. have in place arrangements to identify the training needs for all new and existing staff and to refresh all essential and statutory training on an annual basis (or in accordance with statutory requirements). EPRR training must include the underpinning knowledge essential for emergency preparedness;
 - ii. have in place arrangements for a continuous professional development programmes that support on-going training needs;
 - iii. have in place arrangements for training for incidents involving radiation and compliance to the Department of Health guidance;
 - iv. have in place arrangements for the provision of Radiation Protection Supervisors (RPS);
 - v. have in place arrangements for operational staff and managers to receive training for a major incident response for both the trust or as part of mutual aid;
 - vi. have in place arrangements to train the voluntary and community first responders;
 - vii. identify internal and external providers for the training;
 - viii. have in place arrangements to identify training needs for NHS partners in the use of personnel protective equipment;
 - ix. have in place arrangements to provide training support to NHS partners in the use of personnel protective equipment for chemical, biological, radiological, nuclear, hazardous material and casualty clearing;
 - x. have in place arrangements which maintain and develop the local HART training programme;
 - xi. have in place arrangements to provide and develop teams to respond to planned firearms and marauding firearms incidents.
- 13. Wider NHS** – the trust must
- i. have arrangements in place to link with other NHS stakeholders;
 - ii. maintain consistent links with and for Acute trusts in all areas of emergency preparedness;
 - iii. ensure there is a synergy in the planning process between the Ambulance service and support logistics in the event of a Major Incident for Acute Trusts;
 - iv. have in place arrangements to establish plans to operate shared incident control rooms with the Wider NHS where practicable;
 - v. be able to provide mutual aid either assets or staff, e.g. Hazardous Area Response Team, Air Support Unit, National Inter-agency Liaison Officer.

14. **Resilience Forum and Partnership** – the trust must
 - i. have in place arrangements to attend and participate in Local Health Resilience Partnership (LHRP) and Local Resilience Forums (LRF) and any relevant subgroups established;
 - ii. have in place arrangements for engagement at both strategic (exec director) and tactical levels;
 - iii. have in place arrangements of monitoring LHRP and LRF activity, each of these bodies have work programmes that require ambulance trusts to undertake actions that fall to them on such work programmes.

15. **Exercising** – the trust must
 - i. have in place processes and audit trail for all staff to train and exercise with multi-agency partners;
 - ii. have arrangements in place to exercise with the voluntary sector;
 - iii. have arrangements exercise with Acute Trusts;
 - iv. demonstrate interoperability with all other stakeholders in relation to a major or any event that generates high profile media attention;
 - v. have in place the provision to share the outcome of exercises nationally electronically with other ambulance trust and cross government stakeholders.

16. **Staff and Facility Resources** – the trust must
 - i. have in place robust processes for staff profiling and facilities management to accommodate the emergency preparedness resilience and response function and storage of all assets in line with national guidance and as laid down in the Civil Contingencies Act 2004.

17. **Occupational Health, Human Resources** – the trust must
 - i. be able to identify and monitor workplace factors affecting the health and wellbeing of staff required to command or respond to major incidents to be able to ensure their resilience and preparedness for such events;
 - ii. have in place arrangements for counselling, supporting staff and advising on long term clinical care following a traumatic incident, post incident or any event that generates high profile attention.

18. **Legal arrangements** – the trust must
 - i. have arrangements in place to support the organisation and or its staff in the event of any legal challenge or enquiry that may arise following a major or critical incident or any event that generates high profile media attention;
 - ii. ensure the organisation is compliant with the European Convention on Human Rights namely articles 2, 8 and 14.

19. **Specialist Information Technology** – the trust must
 - i. have arrangements in place for the necessary IT requirements to support a major incident or any event that generates the use of a specialised IT capability;
 - ii. have in place arrangements to regularly test the IT function and ensure it is understood by the staff who will utilise it;
 - iii. ensure resilient communications and IT platform;
 - iv. have in place appropriate levels of servicing and maintenance cover for their IT systems and equipment.

20. **Audit** – the trust must
 - i. have in place a system for regularly testing the procedures and requirements listed above;
 - ii. have in place internal audit programmes which cover the audit of the EPRR function.

Section 2

Supporting Information

The following sections provide a list of the relevant statutory and non-statutory information available to organisations for their reference when managing their organisational EPRR capability.

Legislative Drivers

The legislative drivers allude to the legal frame work that organisations must abide by and out of this the key drivers will be the statutory requirements laid down in the Civil Contingencies Act 2004. The Act is supported by the associated statutory guidance, Emergency Preparedness (2005). Collectively this mandates what category one responders must do as part of their statutory duties. The ambulance service is a category one responder.

The Civil Contingencies Act 2004 and statutory guidance Emergency Preparedness (2005) establishes a coherent framework for emergency planning and response ranging from local to national level. The arrangements laid down in the Act require an executive level ownership as the organisation and executive level person can be held personally accountable under the Health and Safety Act (1974), and Corporate Manslaughter Act (2007).

There is a clear correlation for trusts on the implications of the afore mentioned Acts of parliament. The Acts make it possible for employers to be prosecuted as a result of a failure in how the organisation's activities are managed or organised, amounting to a 'gross breach of duty'. The key message is that health and safety responsibility starts and stops with the board and therefore it is up to the board collectively to set the tone, to set policies, to set the commitment. The myriad of policies plans procedures and guidance available to organisations seek to provide the reassurance for NHS managers is that keeping on the right side of the law is within their power, as long as the necessary steps are taken.

The acts of parliament and statute are all accessible to organisations, lessons learnt from recent and past events are also well-known and understood. Whilst these relate to emergency preparedness, organisations must be cognisant that not following the key statutory obligations and guidance may in the future face prosecution or civil litigation.

- *Civil Contingencies Act 2004*
- *Corporate Manslaughter and Corporate Homicide Act 2007*
- *Control of Major Accident Hazards Regulations 1999*
- *Freedom of Information Act 2000*
- *Health and Safety at Work etc Act 1974*
- *Management of Health and Safety at Work Regulations 1999*
- *Pipelines Safety Regulations 1996*

Guidance Document

The following list of documents contains prerequisites which identify how ambulance services emergency preparedness resilience and response duties should be carried out. The list is set out in a priority read first basis to aid the preparedness significance, the list is not exhaustive and will be added to from time to time as emerging threats and risks are identified.

It is highly advisable for individuals and organisations to take proper account of statutory or national guidance in order to minimise the organisational risks exemplified by various court rulings

and precedents that have been made over the years against individuals and organisations who have not followed respective guidance.

Expectations and Indicators of Good Practice set for Cat 1 and Cat 2 Responders (2009)
Cabinet Office

Emergency Preparedness (2005)
HM Government

Emergency Response and Recovery (2010)
Cabinet Office

Standard Contracts for Ambulance Services 2011/12
Department of Health

NHS Emergency Planning Guidance (2005)
Department of Health

Five Steps to Risk Assessment (2011)
Health & Safety Executive

Counter Terrorist Contingency Planning Guidance (2005)
Cabinet Office

Strategic Command Arrangements for the NHS during a Major Incident (2007)
Department of Health

The United Kingdom's Strategy for Countering Chemical, Biological, Radiological and Nuclear (CBRN) Terrorism (2010)
Home Office

Confined Space Regulations (1997)
Health and Safety Executive

Control of Substances Hazardous to Health Regulations (2002)
Health and Safety Executive

Lessons Identified from UK Exercises & Operations (2011)
Cabinet Office

Ambulance service guidance on dealing with radiological incidents and emergencies (2010)
Department of Health

Emergency Planning for Major Accidents (1999)
Health & Safety Executive

Evacuation and Shelter Guidance (2006)
HM Government
Control of Major Accident Hazards (CoMAH) (1999)
Health & Safety Executive

Guide to the COMAH Regulations (1999)
Health & Safety Executive

Guide to the Pipelines Safety Regulations (1996)
Health & Safety Executive

Home Office Response to Terrorist Attacks (2010)

Home Office

Humanitarian Assistance in Emergencies (2006)
Cabinet Office

Identifying people who are vulnerable in a crisis (2008)
Cabinet Office

Model Response to CBRN Events, Edition 1 (2006)
Home Office

National CBRN Tacticians Forum ManConOps for CBRN (2005)
National CBRN Tacticians Forum

Operating Framework for the NHS in England 2010/11 (or the revised document under the new social care bill arrangements).
(2011) Department of Health

Personal Protective Equipment at Work Regulations (1992)

Personal Protective Equipment Regulations (2002)

Recovery Guidance (2009)
Cabinet Office

Responding to Emergencies: the UK Central Government Response Concept of Operations
(2010) Cabinet Office

Work at Height Regulations 2005 (amended 2007)
Health & Safety Executive

Lifting Operations and Lifting Equipment Regulations (LOLER) (1998)
Health & Safety Executive

Provision and Use of Work Equipment Regulations (PUWER) (1998)
Health & Safety Executive

Dangerous Substances and Explosive Atmospheres Regulations (2002)
Health & Safety Executive

Lessons identified

Throughout the years the United Kingdom has experienced a number of high profile events where lessons have been identified and learning has taken place. It is incumbent on Trusts to embrace learning, change plans and procedures and safeguard the organisation and staff against future risks and threats. The following are a snapshot of incidents that have influenced organisational and multiagency preparedness and responses in the United Kingdom.

Terrorism - London bombings (2005)

Coroner's Inquest Report under rule 43 of the Coroner's Rules 1984 details the findings of this incident and provides a number of recommendations to ensure organisations are robustly prepared and able to respond should another incident of this nature happen again.

Fire arms incidents

An attack of this nature is highly likely although the timing and location is always unknown. Previous attacks such as the Al Qaeda led Mumbai event provides an indication of the

method of operation a terrorist cell may use. One or more marauding terrorist cells may use high velocity automatic weapons together with improvised explosive devices (IEDs) causing a variable number of casualties and fatalities. It can be assumed that the terrorists when challenged by sufficient armed police to breach the strongholds could result in the terrorists detonating IED s killing themselves, hostages and the police firearms entry teams.

Other incidents involving firearms have taken place across the world and the UK including: Dunblane (Scotland) 1996, Columbine 2006, Derek Bird (Cumbria) 2010, Raoul Moat (Northumbria) 2010 and Anders Behring Breivik (Norway) 2011. .

The assumption therefore is that a no-notice response may be required to a firearms attack by a single or multiple perpetrators upon one or more sites within a city, possibly co-ordinated with simultaneous attacks elsewhere in the UK. The exact nature of an attack cannot be determined with any precision, and planning should therefore be sufficiently flexible to cope with scenarios of varying orders of magnitude.

Cumbria shooting incident (2010)

The report makes a number of observations which highlight issues worthy of further consideration by organisations to address changes in preparedness and response. The recommendations are from specific findings of the Peer Review and should be mandated for inclusion in policy or procedure.

Influenza

Seasonal Flu

Organisation must have business continuity arrangements in place that support predicted seasonal staff shortfalls as a result of flu preparedness.

UK Influenza Pandemic Preparedness Strategy (2011)

This document describes the Government's strategic approach for responding to an influenza pandemic. It provides background information and guidance to public and private organisations developing response plans. It takes account of the experience and lessons learned in the H1N1 (2009) influenza pandemic and the latest scientific evidence.

Flooding

Pitt Review (2007)

The Review makes recommendations to be implemented as soon as possible to reduce the impact of any flooding that might occur in the near future. These cover the areas of managing flood risk, groundwater monitoring, local and national planning and response, public information, and public preparedness. Additionally, the Review draws conclusions, and makes firm recommendations in preparedness for the next event. All HART personnel are trained to operate on and near inland water to provide clinical care in such circumstances. Although mutual aid support will be available, this is however a limited number of resources in any one trust appropriately trained & equipped to be able to provide required clinical responses in the event of extensive and protracted flooding incidents.

Exercise Watermark (2011)

The report contains 28 recommendations for planning, delivery and review and 31 proposed recommendations for learning outcomes from the exercise. These are high level recommendations and are relevant to exercise planning, emergency preparedness and incident response. There are recommendations for community, local and national levels.

Working from heights and or in a confined space

New capabilities have been developed to ensure a clinical response to any such incident. Whilst this falls in line with the HART capabilities all lessons are logged on the Proclus national data base. Legislation exists to ensure a response to this type of event is conducted using safe working practices. Non HART operatives responding to this type of event are at the greatest risk.

Sporting

The following guidance documents provide advice without prejudice to the application of appropriate regulations and other relevant legislation. All documents provide the foundations for effective planning arrangements for various types of events to ensure they are safe for attendees and those who either are employed or volunteer at them. Appropriate planning is aimed to mitigate the impact on Ambulance services normal activity and ensure the right staff and resources are in the right place at the right time. Many licenced events sit within the legality of a Safety Advisory Group of which the Ambulance service is a sitting member therefore it is their responsibility to attend and represent the NHS even if there is no provision of resource to the event. The Ambulance service has no statutory power to enforce appropriate and adequate medical provision at events, therefore the Safety Advisory Group is the most appropriate legal route of enforcement, this also ensures interoperability through a multi-agency approach in maintaining professional standards.

Guide to Safety at Sports Grounds (2008)
Department Culture, Media and Sport

Event Safety Guide (2005)
Health and Safety Executive

The Good Practice Safety Guide (2006)
Home Office

Managing Crowds Safely (2000)
Health and Safety Executive

Safety Guidance for Street Arts, Carnivals, Processions and Large-Scale Performances (2004)
Independent Street Art Network (ISAN)

CAP 403 Flying Displays and Special Events (2012)
Civil Aviation Authority

Equestrian and Horse Racing Events;

The sport has evolved somewhat over the years, the governance of events are by a number of different regulations to ensure a safe event for Horse, rider and the public. The regulator for Horse Events is British Eventing, the regulator for Horse Racing events is the British Horseracing Authority (BHA).