



Delivering the 2012 Games from an ambulance perspective: challenges overcome and lessons identified

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London 2012 Olympic and Paralympic Programme

- Olympic Games Planning Office (2007)
- Comprehensive 5-year Programme
- Oversight:
 - Government (Department of Health, Home Office, Department of Culture, Media and Sport)
 - NHS London and pan-London commissioners
 - Association of Ambulance Chief Executives



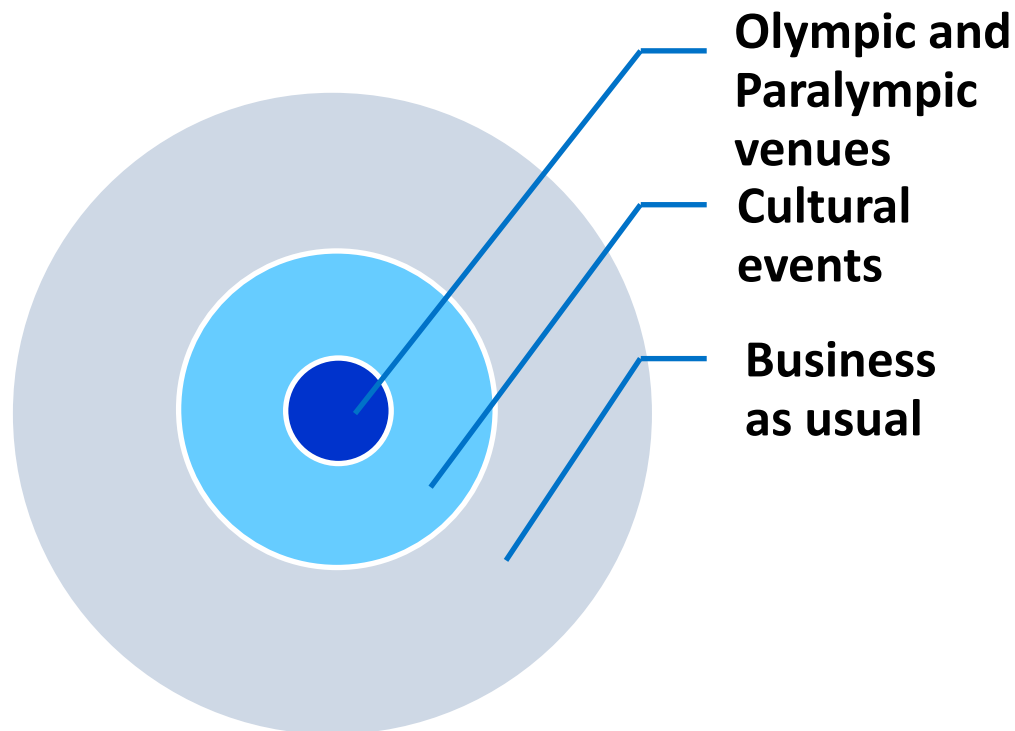
Key Challenges

- Enormity of requirement:
 - 66 additional ambulances
 - 220 additional staff
 - Deployment centre
- Working alongside London Organising Committee of the Olympic Games (LOCOG)
- Securing the funding requirement and its timely release
- Concurrently maintaining business-as-usual service provision





London Ambulance Service: Summer 2012



Olympic and Paralympic Games Timeline

Lockdown:
17 days

Training: 26
days

**Olympic
Games:** 17
days

Changeover:
16 days

**Paralympic
Games:** 12
days

Closedown:
5 days



Planning Assumptions

Clinical cover: adherence to national Health and Safety guidance

Inter-agency command and control structure (venue-specific)

National and local co-ordination

Olympic Deployment Centre / Olympic Event Control requirements

Excludes any LOCOG specific medical service requirements



Resource Requirement

Clinical

- Paramedic
- Emergency Medical Technician

Commanders

- **Bronze/Silver:** venue commanders, staff officers
- **Gold:** LAS-specific; National Olympic Coordination Centre; National Ambulance Coordination Centre

Control

- Call-taking: Olympics Event Control Room
- Forward control: venues and Event Control Room



Clinical Skills Acquisition: Approach

- Review of post Games reports and casualty details
- Consideration of ambulance service's responsibility for care provision versus LOCOG's
- Gap analysis of ambulance service skills
- Priority given to Paralympic challenges
- Clinical training programme developed and delivered to London Ambulance Service staff and pre-planned aid staff
- Training packages shared with LOCOG



2012 Games Training Programme (i)

2012 Games:
generic

Clinical: generic

Event
management/
emergency
planning

Disability





2012 Games Training Programme (ii)

2012 Games:
generic

Event
management/
emergency
planning

- Understanding ambulance service role
- Protocols and accreditation
- Professionalism and communication

- CBRN refresher
- Event management
- Public order
- Counter-terrorism



2012 Games Training Programme (iii)

- Anti-doping
- Field of play
- Patient assessment
- Psychology of athletes
- Recognition of emergencies

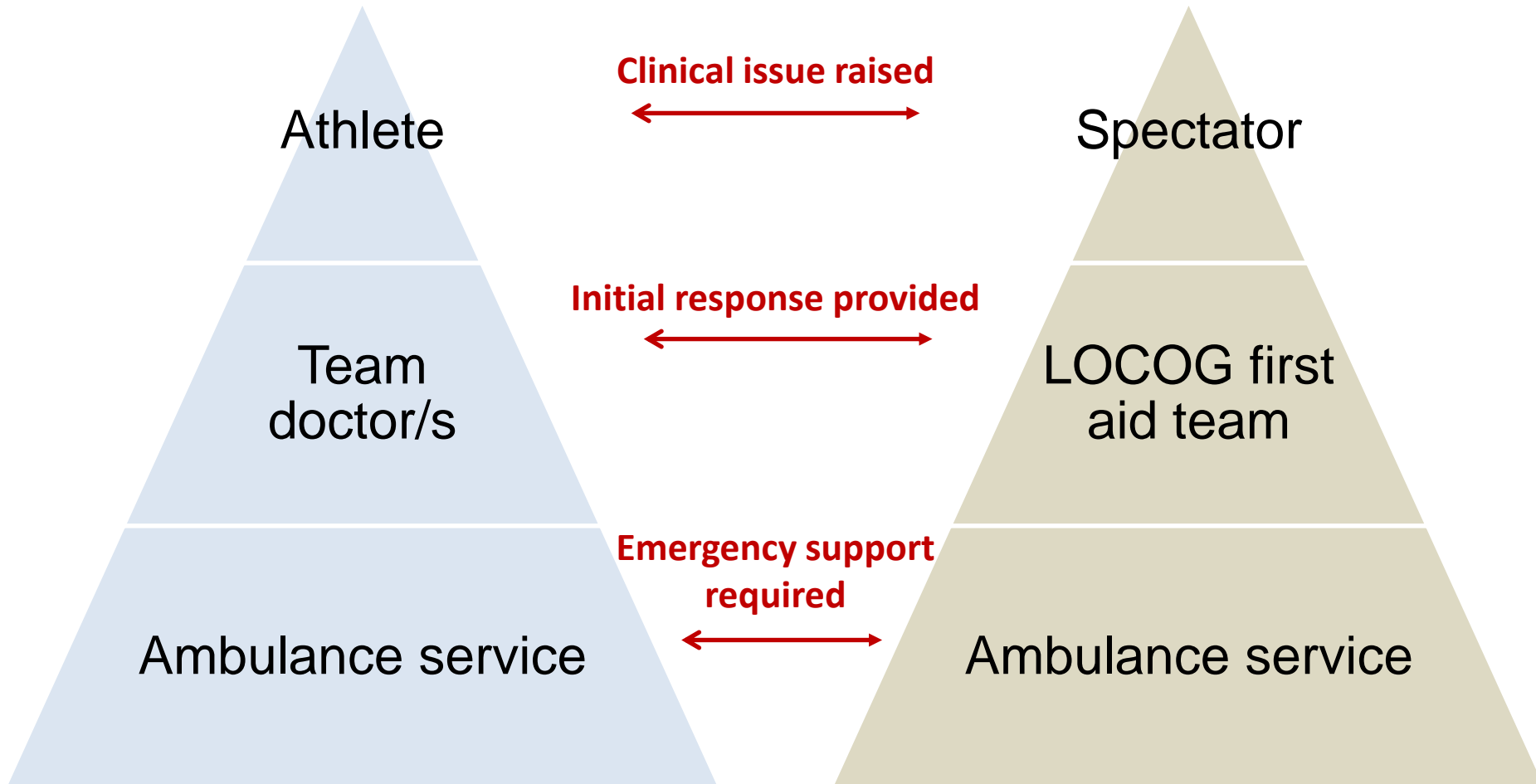
- Autonomic dysreflexia
- Skin management
- Assisted cough
- Use of wheelchairs
- Blind/deaf awareness
- Learning difficulties

Clinical: generic

Disability



2012 Games Medical Structure





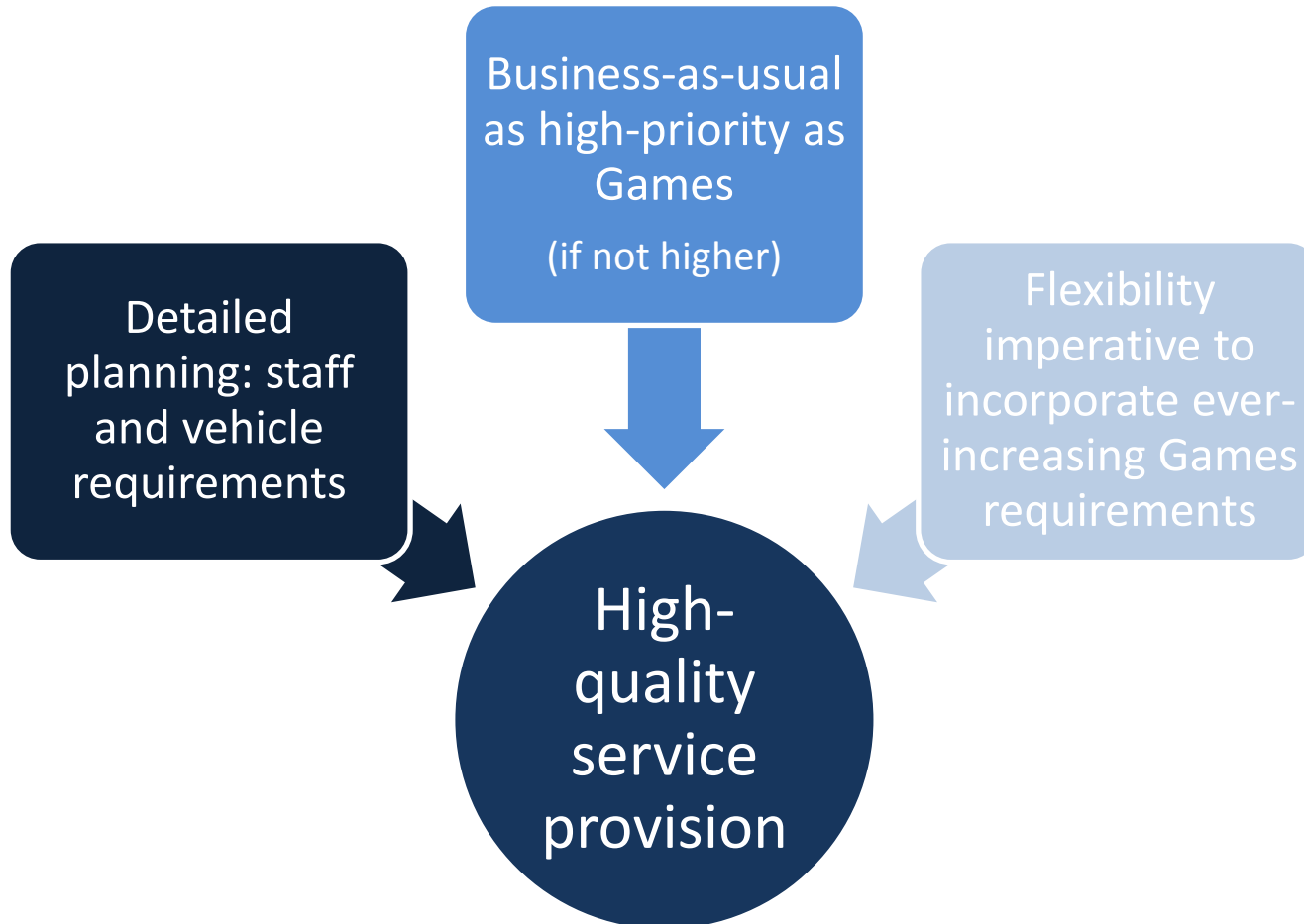
Clinical Challenges

- High percentage of disabled people expected at Paralympics: athletes and spectators
- Working as a contractor alongside LOCOG staff, many of whom had no pre-hospital experience
- Working alongside staff from other trusts; ensuring consistent knowledge base: skills/governance structures





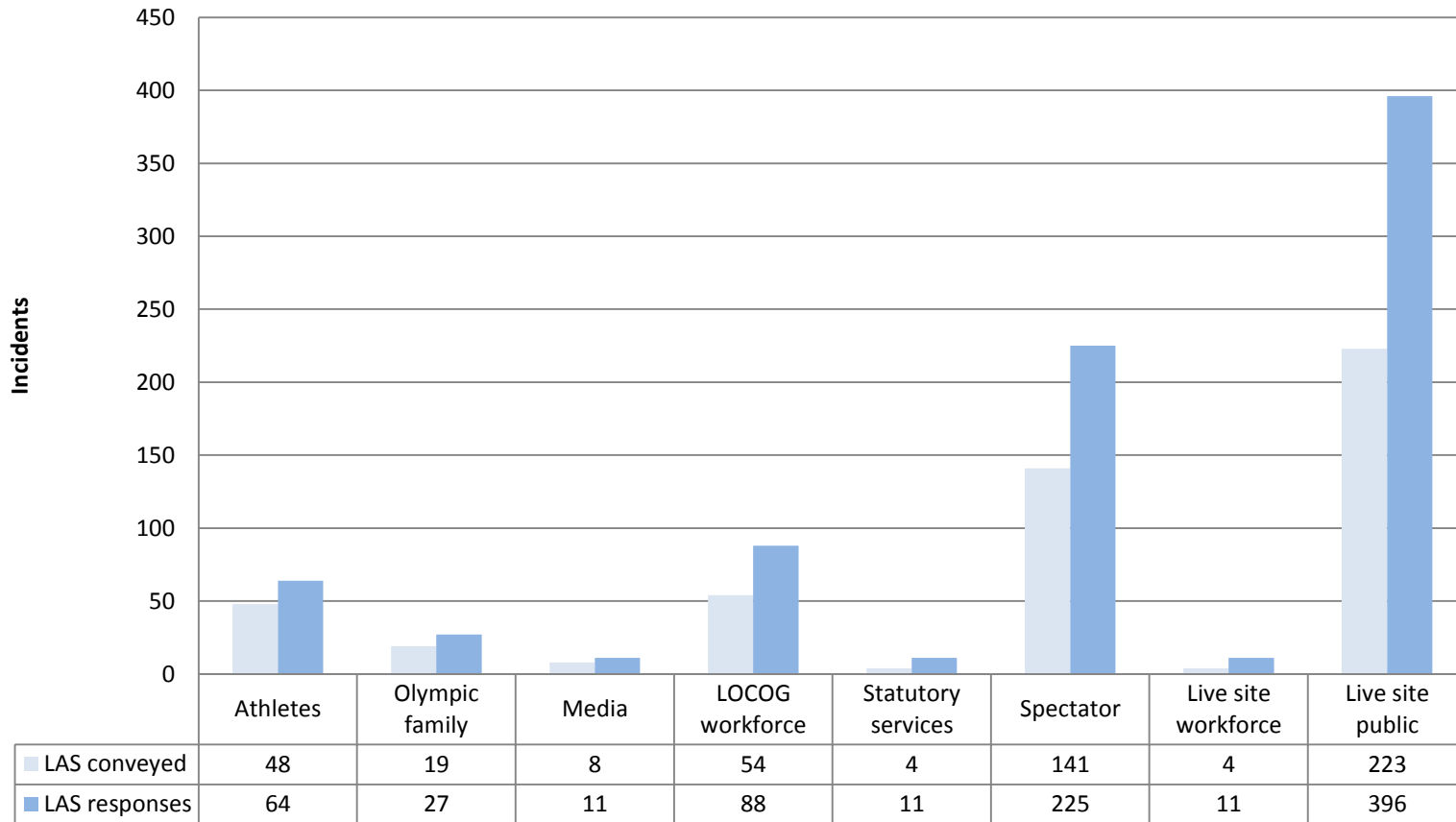
Operational Delivery





Olympic Games Activity

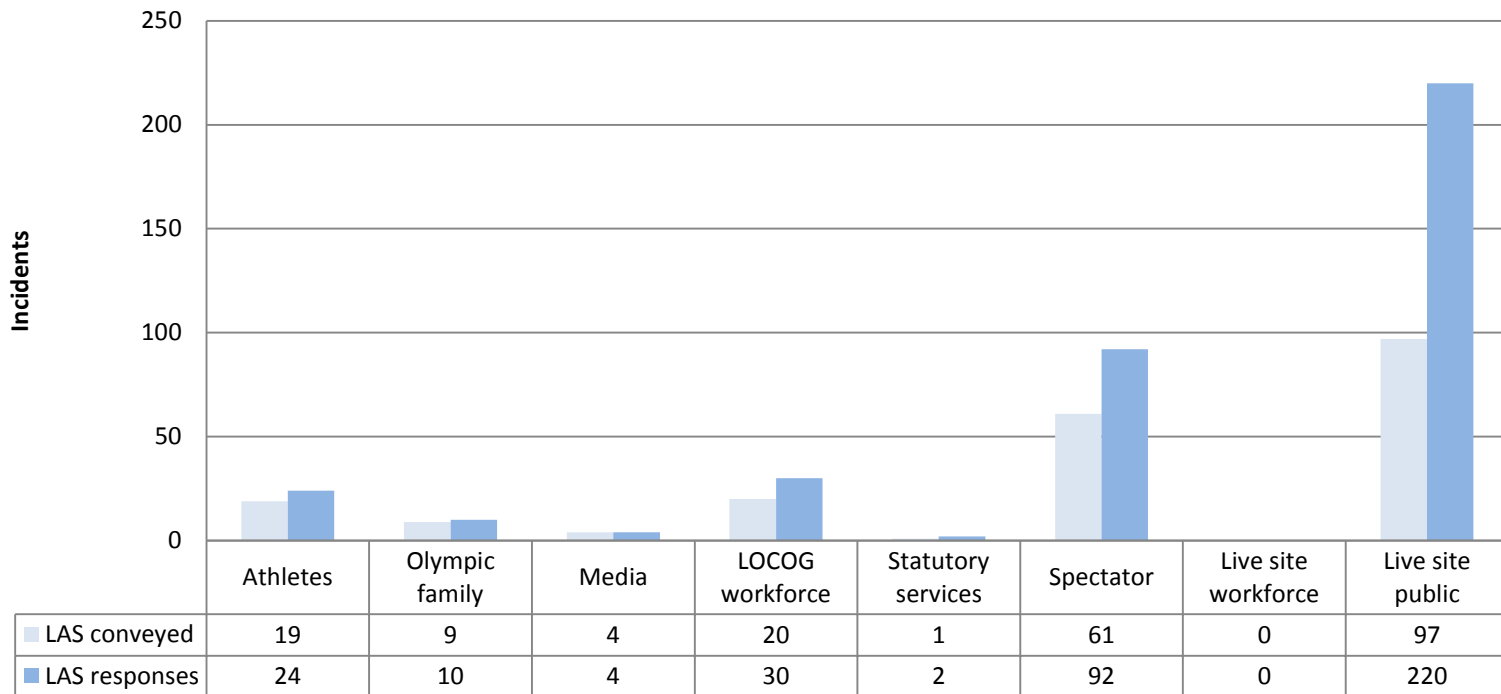
Olympic Games Activity





Paralympic Games Activity

Paralympic Games Activity





Maintaining Service Delivery

Performance

- Red 1: 80.3%
- Red 2: 80.9%
- Category A total: 80.85%



41,490 Category A patients received a response in 8 minutes during Games-time



Lessons Identified (i)

- Plan early with a clear, tried and tested approach
- Consistent senior level representation
- Involvement of operational staff from outset
- Dedicated planning team
- Flexible approach



Lessons Identified (ii)

Inter-agency working:-

- Patience!
- Appreciate and be sympathetic to different motivations and priorities
- Huge scope to learn from other agencies and enhance understanding of different organisations and sectors
- Unique opportunity for ambulance services to work together to benefit organisations and individuals





Legacy (i)

- In London, and nationally, example of ambulance service's ability and capacity to deliver – and well
- Input into venue design
- Clinical skills enhanced significantly; communication booklet
- Opportunity for trialling new ways of working





Legacy (ii)

- Pre-planned aid/mutual aid
- Opportunity to play key role in delivery of one-in-a-lifetime event
- Impact on morale
- Enhanced confidence and pride in ambulance service's role

