MARATHONS AND ST. JOHN

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The St. John Ambulance Brigade has had many years of experience in providing first aid cover for public events both great and small and so is eminently qualified to supply similar support for Marathons, Half-Marathons and similar occasions. The Brigade is represented all over England and Wales by local divisions under a County or, in larger conurbations, District structure. Contact can be made with the Brigade at any level and depending on the size of the event support will be organised accordingly. Close liaison is maintained with the ambulance service, the local hospitals, the police and when necessary other voluntary aid bodies. It is essential if adequate support is to be mobilised that St. John is contacted at an early stage and involved fully in the planning of the support arrangements. These will include:

1. the siting of first aid posts so that, if necessary, casualties can be sent to hospital easily and quickly;
2. the provision of extra supplies and equipment in addition to the standard first aid packs;
3. the provision of resuscitation units;
4. the establishment of a communications system with the race organisers, the police, the ambulance service, the hospitals likely to be involved and other bodies;
5. the mobilisation of sufficient first aid and nursing personnel, trained nurses and doctors including those specially qualified in resuscitation;
6. arrangements for their feeding and travel;
7. arrangements for the treatment of the general public;
8. the recording and documentation of contacts and casualties so that the race organisers can be given information about runners;
9. the keeping of adequate but concise medical records;
10. the provision of adequate toilet facilities;
11. arrangements for the recovery of clothing belonging to runners who have become casualties;
12. the provision of funds to meet expenses such as medical supplies, petrol, etc. The personnel give their services freely and willingly.

The problems to be considered and the preparation required can be illustrated by the London Marathon. In 1984, there were some 18,000 runners and an estimated one million people lined the route. The conditions were cool, bright and windy. It was expected that at least 8% of the runners would require some form of help and in the event 2078 contacts were made of which 15 were sent to hospital. 26 First Aid Stations were provided at approximately 1 mile intervals and appropriate stores, personnel and ambulances were concentrated where experience had shown that most casualties occur i.e. between 16 and 20 miles and at the finish. As about 30% of the total casualties require treatment after they have

completed the course, areas were set aside in County Hall for immediate care, recovery and the treatment of minor conditions. Entry to these areas was via a doctor and control officer who sorted the casualties. Specialist help in the shape of cardiac and resuscitation units manned by cardiologists, anaesthetists and specialist trained nurses was available. Collapses occurring at a later stage in the dressing and dispersal areas were dealt with in adjacent accommodation. Additional help from doctors experienced in sports medicine and from physiotherapists and podiatrists was invaluable.

In addition to normal first aid and nursing equipment, resuscitation equipment and intra-venous fluids, the following items had to be provided: polythene bowls, sponges, vomit bags, plasters and crepe bandages, petroleum jelly, 'second skin', ice, rectal thermometers, beds, blankets and pillows. The several hundred blankets required cleaning after use — a considerable expense.

A control centre maintained contact with the race organisers, the ambulance service and the police by telephone and radio. Specially designed medical record cards were completed for each runner requiring first aid. Key personnel were briefed five days before the event and all received general briefing on the day. Medical notes on particular problems that could arise were provided by the Race Medical Adviser and issued to doctors, nurses and station commanders. Lunch packs were available to all taking part.

Statements to the press were confined to the numbers treated and the personnel engaged. More detailed comments were left to the Race Medical Adviser. Financial assistance was received from the organisers to cover the cost of expendable stores and petrol. In all, about 1,000 people (including some 25 doctors and 65 trained nurses) and 60-70 vehicles (ambulances and vehicles for stores, communications and feeding) were involved in meeting the varied needs of the runners and the general public (54 of whom were treated and 6 taken to hospital). It has been established that the cost of attending to one out-patient at hospital is over £20 so it is evident that St. John, by treating so many people at the scene, makes a significant contribution to the community.

A final reminder for those organising a marathon or something similar and wish to have first aid coverage, is to contact St. John, the Red Cross or a similar first aid organisation at an early stage so that they can be involved in the planning of arrangements from the beginning. We hope that all the troubles will be little ones but if they are not it is necessary to be prepared.