COMMUNITY MEDICAL RESPONSE

NORTHERN DRAKENSBERG

082 459 0279 ALL HOURS

10 October 2025

WWF KZN FIELD TRIP

13-21 March 2026

MEDICAL OPERATIONS PLAN

This plan has been formulated to cover most eventualities and may omit certain information.

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Overview

OVERVIEW

The WWF Field Trip is an opportunity for high level WWF staff and their donors to assess work undertaken in the Tugela Region. It will involve four travel on foot and by vehicle, to some remote areas. A team of guides, support staff and medical crew member will accompany attendees at all times. The event is

graded as a low risk event according to Event Medical Risk Categorization. Although the overall event is graded as Low Risk, certain activities such as road travel and hiking will increase risk to attendees; hence the need for a suitably trained and experienced Medic to accompany the trip. Access and retrieval of patients is achieved through event medical response vehicles, on foot and by air, depending on the location of a patient and their condition. Transfer of patients to hospital would be undertaken with local ambulance services or aeromedical transfer to appropriate facilities. An aeromedical helicopter will be on standby offsite. Maps of the route are available at …..

1. GRADING OF THE EVENT

The event is graded as a Low Risk Event, according to the National Health Act, 2003, (Act No. 61 of 2003) Regulations. See attached grading scores (Annexure A).

2. EVENT MEDICAL COORDINATION -PATIENT ACCESS AND EVACUATION PLAN

Emergency calls can be placed 24/7 to the on-site medic Stephen Richert (0824590279), as well as event organisers. Please refer to the emergency contact details list for additional numbers.

Access to patients will be undertaken through ground (foot and vehicle) methods. Should a stretcher be required, at least six people will accompany the stretcher to facilitate efficient carrying.

Patients will be assessed by the Medic and a treatment plan implemented. A decision will be taken by the Medic through direct contact, on which transport or further treatment options are required.
Patients requiring transport to a medical facility will be transported by ambulance, aeromedical helicopter or private vehicle to a suitable facility. Suitable facilities include the nearest appropriate emergency department.

Participants need to ensure that they have access to their medical insurance/ plan details, as this is very important for any hospital admissions. Patient report forms (PRF) from the Medic as well as a verbal handover will accompany each patient to ensure continuity of care.

3. PATIENT TREATMENT PROTOCOLS

a) Call received or patient presents to medical room
b) Access gained to patient (via vehicle or foot) with medical equipment
c) If required, Medic will arrange further resources
d) Treatment of patient by Medic and recorded on PRF
e) Receiving hospital to be notified of outcome
f) Event management will be informed of any notable incidents
g) Records of all patients treated will be kept and a final report produced for event management within 10 working days of the event. Follow-ups will be undertaken with all patients admitted to hospital.

4. MAJOR INCIDENT PLAN

A Major Incident is regarded as any incident which is too large in scale for the on-site incident management team working to deal with. Major Incidents require a large team of specially trained rescuers

and will typically be handled within the municipal Disaster Management Framework, through the Incident Commander. The role of Incident Command will be to notify appropriate resources, to triage patients and prepare a staging area for emergency personnel and transport.

IN THE CASE OF A MAJOR INCIDENT:

- Incident Command to be notified immediately of Major Incident
- Incident commander dons a high visibility vest
- A Triage station and Staging area is to be set up (preferably close to each other)
- A temporary helipad may also be required, together with crowd control and adequate signaling (smoke and/or flares/lighting)
- Evacuation plans may need to be followed to avoid further casualties
- Care needs to be taken for the safety of any volunteers
- SAPS to be notified
- In the case of mass casualties, nearest hospitals need to be notified to prepare for casualties
- Media Liaison needs to be established by Incident Command to deal correctly with media. No unauthorized statements to be made to media.

5. POLICING MATTERS

Criminal activities may require the input of trained law enforcement personnel and organisers are to be notified of all incidents. The facility owners must also be informed. Liaison with the South African Police Service and on-site security is required.

6. COMMUNICATION

Communication is vital and the Medic will be on call for 24 hours per day during the event. Cell phone coverage will be tested beforehand, and charging facilities pre-planned. Event staff need to be issued with on site emergency numbers beforehand and the emergency procedures need to be explained clearly to staff and delegates. Radios to be tested and charging facilities planned at all locations.

7. SITE ACCESS

Areas of the site must be scouted for vehicle and walking access in all weather conditions. Sites with difficult access may require access on foot, and responders will be suitably equipped.

8. STAFFING AND STAFF REPLACEMENT

The staff complement for emergency medical treatment and rescue comprises of the following:

DESIGNATION	SITE	NUMBER
Medical Coordinator: ILS/ALS	MEDICAL FACILITY/FIELD	1
First Aiders	FIELD BASED	2
TOTAL NUMBER OF MEDICAL STAFF		**3**

Contingencies will be in place to replace medical staff that may need to move off site for a period.

9. EMERGENCY CONTACT DETAILS:

LIST OF EMERGENCY NUMBERS AND NAMES:

NAME	CONTACT NUMBER	RESPONSIBILITY
Stephen Richert	**082 459 0279**	**Medical Director**
First Aiders		First Aid and support to Medic
		Incident Commander
SAPS Bergville	036 448 1095	Law Enforcement incidents
La Verna Hospital	036 631 0065	Private Emergency Department
Busamed Hospital	058 624 3000	Private Emergency Department
Emmaus Hospital Winterton	036 488 1570	State Emergency Department
ER 24	084 124	Private ambulance service
EMRS	10177	State ambulance service

GPS CO-ORDINATES FOR THE SITE: S 28 38'35.7 E 29 00'59.9
LOCATION OF HELIPAD: S 28 38'33.3 E 29 01'04.9

Event Medical Team and Vehicle Resources:

- 1 x ILS/ALS Provider
- 2 X First Aider
- 1 X Wilderness First Responder
- 1x 4X4 Medical Response vehicle

Operational Resources:

Medic will arrange operational ambulances to transport any injuries if needed.

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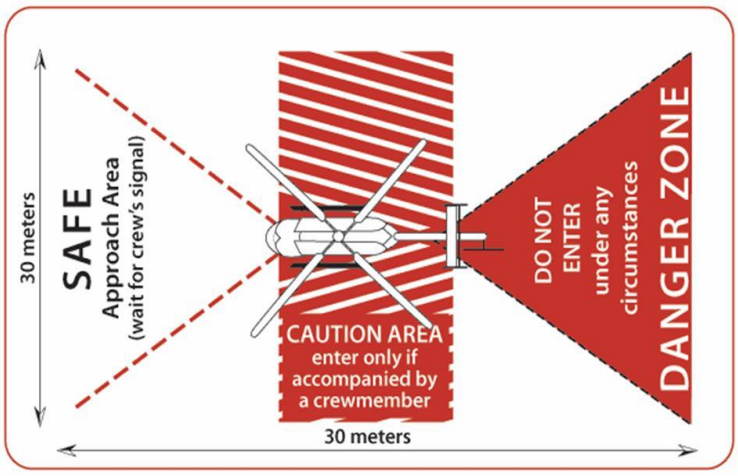
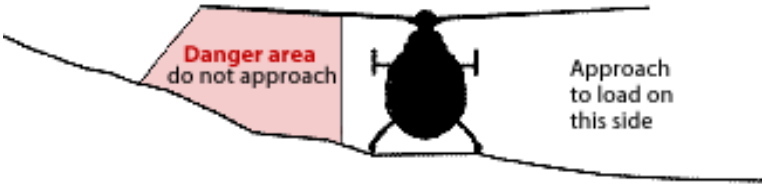
Emergency helicopter landing zone:

The nearest suitable, safe landing area will be used. If no area is available at the venue, the patient will be transported to the nearest appropriate landing zone where the helicopter will collect the person. Aviation protocol stipulates that the landing zone be no smaller than 30 meters in radius with no immediate overhead obstructions.



LANDING REQUIREMENTS

- 30 X 30 meters for a daytime landing zone and 60 x 60 meters for a night time landing zone.
- The landing site must be free of trees, wires, vehicles and loose debris.
- Flat, smooth surface area. Avoid landing zones on slopes.



- Marking devices (Flashlights, strobes, flares etc.) must be secured.
- Night landings: Emergency vehicle with lights on.
- Upwind from a HAZMAT scene.

SAFETY PRECAUTIONS

- Keep vehicles, personnel and bystanders back at least 30 meters.
- Protect the patient/s from blowing debris and rotor wash.
- **DO NOT** approach the aircraft unless signalled to do so by a flight crew member.
- Approach the aircraft from the front.
- Remain clear of the tail rotor.
- **DO NOT** attempt to open or close the aircraft doors.
- **DO NOT** raise anything above your head (I.V. poles etc.)
- Assist loading patient/s only if requested by a member of the flight crew.
- Follow flight crew instructions at all times.

ANNEXURE A: EVENT CATEGORISATION AS PERS SANS 10366/2015:

1	2	3
Item	**Details**	**Score**
A Nature of event	Classical performance	2
	Public exhibition	3
	Pop/rock concert	5
	Dance event (Rave/disco)	8
	Agricultural/country show	2
	Marine	3
	Motorcycle display	3
	Aviation	3
	International event	3
	Motor sport	4
	State occasion	2
	VIP visit/summit	3
	Music festival	3
	Bonfire/pyrotechnic display	4
	New Year celebrations	7
	Demonstration/march	5
	Sports event with low risk of disorder	2
	Sports event with medium risk of disorder	5
	Sports event with high risk of disorder	7
	Opposing factions involved	9
B Venue	Indoor	1
	Stadium	2
	Outdoor in confined location, e.g. a park	2
	Other outdoor, e.g. a festival	3
	Widespread public location in streets	4
	Temporary outdoor structures	4
	Includes overnight camping	5
C Standing/seated	Seated	1
	Mixed	2
	Standing	3
D Audience profile	Full mix, in family groups	2
	Full mix, not in family groups	3
	Predominately young adults	3
	Predominately children and teenagers	4
	Predominately the elderly	4
Add A+B+C+D	Total score for table 4	9

Table 5 — Event intelligence

1	2	3
Item	**Details**	**Score**
E History	Good data, low casualty rate previously (less than 0,05 %)	-1
	Good data, medium casualty rate previously (0,05 % to 0,2 %)	1
	Good data, high casualty rate previously (more than 0,2 %)	2
	First event, no data	2
F Expected numbers	< 1 000	1
	< 3 000	2
	< 5 000	4
	< 10 000	8
	< 20 000	16
	< 30 000	20
	< 40 000	24
	< 50 000	28
	< 60 000	32
	< 70 000	36
	< 80 000	42
	< 90 000	46
	< 100 000	50
	< 200 000	60
	< 300 000	70
Add E+F	Total score for table 5	0

1	2	3
Item	**Details**	**Score**
G Expected event duration (including queuing)	Less than 4 h	1
	More than 4 h less than 12 h	2
	More than 12 h	3
H Time of year (outdoor events)	Summer	2
	Autumn	1
	Winter	1
	Spring	1
I Proximity to definitive care (nearest suitable accident and emergency (A&E) facility)	Less than 30 min by road	0
	More than 30 min by road	2
J Profile of definitive care	Choice of A&E departments	1
	Large A&E department	2
	Small A&E department	3
K Additional hazards	Carnival	1
	Helicopter	1
	Water hazard	1
	Parachute display	1
	Street theatre	1
	On-site alcohol use	1
L Additional on-site facilities	Suturing or plastering (or both)	2
	Vending machine for over-the-counter medication	2
	Automated external defibrillator (AED)	1
	Existing full-time operational medical facilities on-site	2
Add G+H+I+J+K Subtract L	Total score for table 6	6
TOTAL	Total score for tables 4, 5 and 6	15

28 Calculation

To calculate the overall score for an event, add the total scores for tables 4, 5 and 6 and then use table 7 to determine the suggested resource requirements.

Use the score from the calculation in 27.13 to gauge the levels of resource indicated for an event.

The scores in table 7 refer to the suggested resources that shall be available on duty at any one time during an event and not the cumulative number of personnel deployed throughout the duration of an event. The local authority's requirements shall be taken into account.

Table 7 — Suggested resource requirements

1	2	3	4	5	6	7	8	9	10
Score	**Ambulance**	**BLS[a]**	**ILS[b]**	**ALS[c]**	**Ambulance crew**	**Doctor**	**Nurse**	**Coordinator**	**Medical facility**
<20	0	2			0	0	0	0	
21-25	0	4			0	0	0	0	
26-30	1	4	1	0	2	0	0	0	
31-35	1	6	1	1	2	0	0	visit	Yes
36-40	1	8	1	1	2	0	0	visit	Yes
41-45	2	12	1	1	4	1	0	1	Yes
46-50	2	16	2	2	4	1	1	1	Yes
51-55	3	20	3	3	6	2	1	1	Yes
56-60	3	24	3	3	6	2	2	1	Yes
61-65	4	32	4	4	8	2	2	1	Yes
66-70	5	40	5	5	10	3	3	1	Yes
71-75	6	48	6	6	12	3	3	1	Yes
76-80	8	64	8	8	16	4	4	1	Yes
81-85	10	80	10	10	20	5	5	2	Yes
86+	15	120	15	15	30	6	6	2	Yes

[a] Basic life support.
[b] Intermediate life support.
[c] Advanced life support.