



What coroners keep telling festival medical and welfare teams

Lessons from published Prevention of Future Deaths reports, in general terms

OTAS Brief CI-001 | Operational • Tactical • Strategic

Correct as of 20 October 2026 | United Kingdom | Not legal or clinical advice | otas.live/insights/



The short version: four concerns keep coming back

Spot and act

People in trouble

- Visibly unwell for about 90 minutes
- Passed at least one checkpoint
- No one stepped in
- Brief staff to be proactive

Medical cover

Fit the risk

- Little training for drug-affected patients
- No clear pre-alert owner
- Vehicle little more than transport
- Match capability to risk

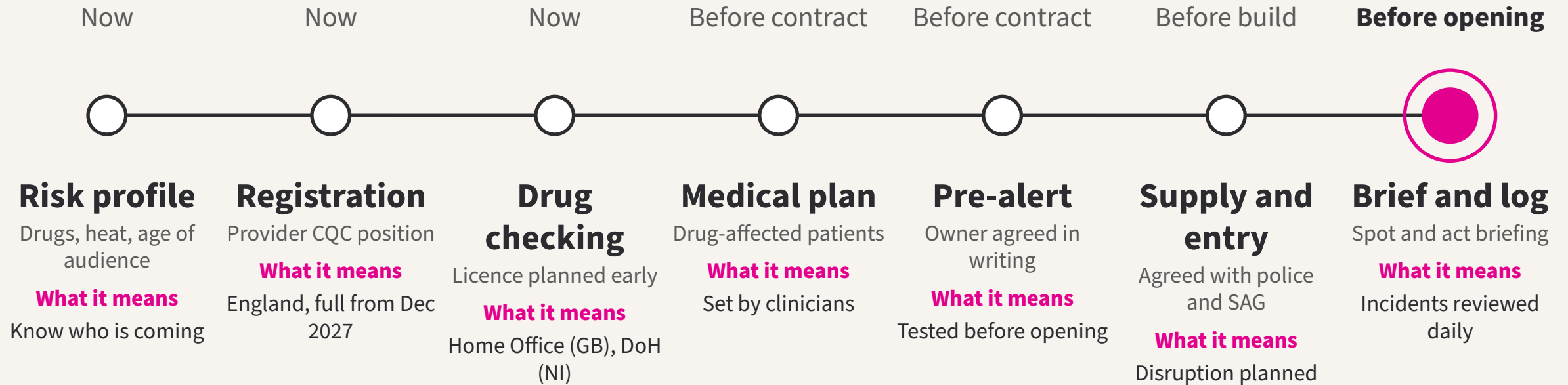
Supply and checking

Plan with partners

- Open trade seen in campsites
- Confiscate and admit
- Drug checking: back-of-house only

Coroners report concerns about future risk so that someone with power to act responds. This deck does not suggest anyone was at fault.

From now to opening day: 7 steps in order



Planning order drawn from the coroners reports and published responses. Not an official timeline.

What the three reports raised

01 • Spot

Visibly unwell

Walked for about 90 minutes
No staff or volunteers stepped in

02 • Train

Medical crews

Minimal training in drug cases
At a high risk event

03 • Alert

Hospital pre-alert

Unclear who should call
None was made

04 • Equip

Transport vehicle

Less kit than an NHS ambulance
False sense of reassurance

05 • Supply

Open trade on site

Seen in campsites
Nothing seen to disrupt it

06 • Data

No central record

Of festival casualties
Under-18 numbers not known

Reports 2023-0303, 2025-0372 and 2025-0395, England and Wales. Concerns as the coroners wrote them.

What the published responses say

- **Training** SIA licensed security learn drug awareness. Stewards and volunteers are not SIA licensed, so organisers set their training.
- **Drug checking** Needs a licence: Home Office in Great Britain, Department of Health in NI. Back-of-house testing is supported. Individual results are not.
- **Medical provider** Event team trained in intoxication and red flags, a medical plan for each event, crews able to pre-alert.
- **Vehicles** A pre-event checklist and kit benchmarked to the NHS.
- **Police** Drug supply management on site is the organiser's job under national guidance, through the SAG.
- **Timescale** Every response is due within 56 days of the report.

Who responded

Home Office report 2023-0303

Ambulance provider report 2025-0372

Police report 2025-0395

Others published with each report

The point

The fixes are planning decisions, made before the season.

Drug checking and regulation: where things stand



Front-of-house testing, where individuals get their results, is not supported by the Home Office.

90 minutes: how long one teenager was visibly unwell

90

minutes walking the site while visibly unwell,
passing at least one staffed checkpoint, with no
one stepping in.

Be proactive. The coroner asked for staff and volunteers to be trained to step in.

Ask. Ask the person if they are all right and offer help.

Call. Call medical help and give your location.

Stay. Stay until help arrives and say what you saw.

Unable to walk straight, pale, sweating heavily and agitated.

Operational: what stewards, security and crews do

- **Treat it as medical** Pale, sweating heavily, agitated or unable to walk straight.
- **Call for help** Know the call sign and the nearest medical point.
- **Stay with them** Do not leave the person alone.
- **Pass it on** Tell the medical team what you saw.
- **Crews** If in doubt, pre-alert the hospital, following your procedure.
- **No blame** Asking for help never gets anyone into trouble.

Whose job it is

Managers plan the cover. Everyone on site spots and acts.

What to expect at briefing

- Your post
- Medical call sign
- Nearest medical point
- Nearest welfare point
- Unsure? Ask before the gates open.

In danger? Use the site emergency procedure and call the emergency services.

Tactical: what welfare and medical managers set up

01

Proactive briefings

Every steward, officer and volunteer

Keep: briefing record

02

Written pre-alert rule

Who calls the hospital, tested

Keep: escalation plan

03

Drug-affected patients

Covered in the medical plan

Keep: medical plan

04

Vehicles checked

Equipment matches the plan

Keep: vehicle checklist

05

One reporting route

Welfare, medical and security

Keep: radio plan

06

Daily review

Incidents logged and reviewed

Keep: incident log

Three levels: Operational for crews on site, Tactical for managers, Strategic for organisers and directors.

Strategic: what organisers and directors decide

Decision	What it looks like	Evidence to keep
Capability	Medical and transport cover matched to the risk profile	Medical plan
Audience	Age profile known, including under-18s	Ticketing data
Supply	Disruption planned with police and the SAG	SAG minutes
Entry policy	Reviewed against the coroner's concern	Policy version
Drug checking	Licence planned early, if wanted	Application
Registration	Provider CQC position checked, England	Provider evidence
Learning	Incidents reviewed after each event	Review note
Responses	Published responses read before the season	Reading note

Not a complete list. Follow the advice you receive for your event.

What we don't know yet: 6 open points

01 • Data

How many deaths

No central record

Now: keep your own

02 • Standard

Event healthcare

No publication date

Now: watch DHSC

03 • Policy

Drug checking

Latest statement May 2024

Now: check before applying

04 • Nations

Scotland and NI

Different systems

Now: check locally

05 • Reports

Later reports

More may be published

Now: check the judiciary site

06 • CQC

Provider readiness

Apply by 1 Mar 2027 to be decided in time

Now: ask your provider

Open on 20 October 2026. Check the official sources before acting.



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at every stage

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Key sources: Prevention of Future Deaths reports and responses, Home Office, CQC, UKHSA, Coroners and Justice Act 2009

Spotted an error? Tell us and we will correct it. General information, not legal or clinical advice. Correct as of 20 October 2026.

Work with OTAS

Reviewing medical and welfare planning for next festival season?

Request a call with OTAS to discuss how we can help

Briefing card • about 1 minute

“Your job tonight includes looking after people. If someone is pale, sweating heavily, agitated or struggling to stand, treat it as medical.

Call for help straight away and give your location. Stay with them until help arrives and tell the medical team what you saw.

Medical call sign: _____ **Medical point:** _____

Welfare point: _____ **Report to:** _____

You will not get anyone into trouble by asking for help. Any questions?”

Before opening: the checklist, by level

Operational spot, call, stay, pass it on. Crews pre-alert if in doubt.

Tactical and Strategic proactive briefings, a written pre-alert rule, capability matched to risk, supply and entry agreed with the SAG.

Read at every steward and volunteer briefing. Fill in the blanks first.