

Annex D Medical Services

Recommendations for Medical Services at FEI Competitions

1 Medical Attendance at Event

The on-site provision of medical care must be available during the hours of the Competition and must include the training areas, stables and on-site accommodation.

First aid must also be provided for spectators during the hours of Competition.

A qualified physician with Advanced Trauma Life Support certification ("ATLS"), a paramedic with Pre-Hospital Trauma Life Support (PHTLS) or International Trauma Life Support ("ITLS") certification, or a nurse with Trauma Nurse Core Curriculum ("TNCC") or the equivalent of any of the above in the country in which the Event takes place (hereinafter a "Pre-Hospital Trauma Care Specialist") must have credentials allowing access to the entire facility at all times including the stable area and finish area during Competition.

2 Chief Medical Officer

A Chief Medical Officer, suitably experienced and with local knowledge must be appointed well in advance, to act in liaison with the Organising Committee and the emergency services for the adequate provision of medical resources.

A meeting of medical officers or delegates should be held at the Cross Country venue to familiarise them with the Event plan and services available by the host physicians or the Pre-Hospital Trauma Care Specialist in case of emergency.

A list of phone numbers of medical officers for each team should be obtained at every Competition.

For teams with no physician, the physiotherapist, or trainer, or lay person designated as a contact in the Event of a medical emergency should give a contact phone number to the host physicians or the Pre-Hospital Trauma Care Specialist.

3 Cross Country and Jumping Test

During the Cross Country and Jumping Test, a fully equipped Pre-Hospital Trauma Care Specialist with trauma and resuscitation skills must be available on site and must have the capability of rapid deployment to any part of the arena or course in adverse conditions.

Radio communication must be made available to alert the emergency services and a telephone line or cell phone must be reserved for immediate communication with the designated accident and emergency hospital.

The Cross Country Test will require Pre-Hospital Trauma Care Specialist. The required number will depend on the layout of the courses and the accessibility of the site. However, there must be at least one Pre-Hospital Trauma Care Specialist present throughout all the tests.

A Medical Centre or ambulance should be established on site during Competition hours for the treatment of minor ailments and for the observation and initial treatment of serious injuries or illness.

Rapid routes for access and departure must be prepared and safeguarded for the expeditious transfer of the seriously injured to the hospital.

Depending on the access to the site and the distance to hospital, helicopter evacuation may be required. A suitable landing area should be provided for the helicopter ambulance.

If an Athlete falls at a Competition, he will not be allowed to continue without a medical assessment, even if the Athlete has no obvious injury. Frustrated Athletes who fall and then refuse medical attention create an issue for the host medical service providers.

Athletes have the right to refuse treatment, but not the right to compete with injuries that may be undetected.

Annex D.1 EA CNC/CCN Medical and Veterinary Services**8. MEDICAL**

- A first aid service must be present at all times.
- Emergency vehicles must be able to access all parts of the venue.

Cross Country Test

- An ambulance (or paramedic equivalent) **MUST** be present during the cross-country test.
- A Doctor **SHOULD** be present during the cross-country tests.
- If the ambulance (or paramedic equivalent) is not on the ground, then the event must be halted.

Jumping Test

- A Doctor (with an appropriately equipped first aid service) and/or a fully equipped emergency ambulance (or paramedic equivalent) should be present during the jumping test.

The EA Branch or its representative (i.e. the Technical Delegate) may vary these requirements in exceptional circumstances.

9. VETERINARY

- A Veterinary Surgeon must be present during the jumping and cross-country tests.
- A Veterinary Surgeon must be available on call for the duration of the event.
- The EA Branch or its representative (e.g. the Technical Delegate) may vary these requirements in exceptional circumstances.
- Should there be no Veterinary Surgeon present, all athletes should be informed before they compete.

Destruction of Severely Injured Horses

If a horse is so severely injured that on humanitarian grounds it ought to be destroyed, the following procedure will apply:

- If the owner or his authorised representative is present, his agreement will first be obtained by the official Veterinary Surgeon
- If the owner or his representative is not available, the Technical Delegate, acting on the advice of the official Veterinary Surgeon, may order the destruction of the horse.

Communication

Organisers must arrange adequate communication involving all emergency services and key officials.

Athlete Fitness & Medical card

To ensure that vital information is available to first aid or medical personnel in case of emergency, athletes must comply with the following:

- a) providing a valid contact information is mandatory for all Athletes – the telephone number of an accompanying person/next-of-kin must be provided to the Event Secretariat upon arrival (OC and medical officer to ensure all information has been received before the Cross-Country)
- b) Declaration of medical condition – Athletes with medical conditions that may be relevant in the case of a medical emergency are responsible, at every Event when riding, for wearing a medical data carrier* from a system provider able to communicate information in English. Alternatively (and at the minimum) a medical armband of good quality can be used. Athletes who choose to wear an armband should download and fill in the form available for this purpose on EA's website.

* Medical data carrier (also called medical identification tag): small emblem or tag worn on a bracelet, neck chain, or on the clothing, intended to alert paramedics/physicians/first responders that the wearer has an important medical condition.

Conditions that are relevant include recent head injury, serious past injuries/surgeries, chronic health problems such as diabetes, long term medications and allergies. If in doubt, the Athlete should discuss this with their own treating physician.

Examination after a fall - Medical Fitness

If there is any doubt in regard to fitness to compete the Ground Jury or Technical Delegate may eliminate the athlete at its discretion.

A veterinarian and/or an Official Medical Officer as appropriate should examine all horses and athletes that have a fall during training or competition before they either take part in another test, event or leave the competition site.

Control of Medication of Horses and Athletes

The Control of Medication of Horses must be conducted in accordance with the FEI General Regulations and

FEI Veterinary Regulations, and the Equestrian Australia National Medication Control Policy and EADMC Rules. The Control of Medication of Athletes must be conducted in accordance with the FEI General Regulations Article 145, the Australian Sports Doping Agency (ASDA) and the World Anti Doping Agency (WADA). Athletes are responsible for knowing what constitutes an anti-doping violation and the substances and methods which have been included on the prohibited list. Athletes may be required to complete and submit a Therapeutic Use Exemption (TUE) application before participating in events.

Some substances included in the list of prohibited substances are used to treat medical conditions frequently encountered. For these substances no TUE is required, instead a Declaration of Use (DoU) must be submitted by the athlete.

Annex D.2 Guidelines for Medical Coverage at Events

Purpose: The intention of these guidelines is to assist organising committees and technical officials as to the provision of medical care at eventing competitions consistent with the rules for eventing.

Where a conflict exists between the rules and the guidelines the provisions of the rules shall prevail.

1) Concussion Protocol

In the event of a fall where impact to the head is suspected the rider should be assessed for concussion using the SCAT 5 tool-in the event that concussion is suspected then a mandatory suspension from competition for 21 days will apply. If there is any doubt then, on request, the competitor can be re-examined after 2 hours and if concussed the mandatory suspension will be imposed – it is the competitor's responsibility to comply with this suspension.

- Doctors/Paramedics must advise officials at the event of any concussions
- Officials will advise rider (or guardian) of the suspension applying and will issue a concussion card to the person monitoring the rider
- Riders can have mandatory suspensions reduced or removed by providing written confirmation from a Medical Practitioner that they are completely symptom free
- Officials will advise Roger Kane (NSO@equestrian.org.au) of the concussion occurring and a record of the concussion will be kept centrally

2) Provision of Medical Services during XC and Jumping Tests

From the rules:

During the Cross Country and Jumping Test, a fully equipped Pre-Hospital Trauma Care Specialist with trauma and resuscitation skills must be available on site and must have the capability of rapid deployment to any part of the arena or course in adverse conditions.

a) Rapid deployment to any part of the arena or course ...

The Cross Country course may not operate unless the on- course medical support vehicles (ambulance or other first response vehicle) and services are able to provide rapid response to an incident. This effectively means that (after an incident) the ambulance must have returned to its planned position on the course unless substitute resources are available.

- Event organisers should be aware that this is a planning issue – in some cases transfer of a patient to a road ambulance may take a while and if there is only one response vehicle this will cause an extended delay to cross country
- Provision of a room or perhaps small marquee or similar for “first aid” scenarios, and where anyone needing to be observed after a fall whilst awaiting transfer can be monitored without occupying the first response vehicles can be useful
- Officials should be aware that whilst they will naturally want to allow the event to continue as quickly as possible this must not compromise the level of care for the patient.

b) Fully equipped Pre-Hospital Trauma Care Specialist with trauma and resuscitation skills must be available on site...

Events with less than 150 competitors that have showjumping and cross country located on the same site

and in close proximity can operate with the provision of a single service meeting the specifications below:-

- 1) The medical service provider must provide a qualified ALS Paramedic or equivalent, who is approved for use of pharmacology by the State Health Department, an ambulance, medical equipment and first aid supplies as meets the minimum standard identified in Attachment A&B.
- 2) The medical service provider must include **at least one person** who holds a Diploma of Paramedic Studies Ambulance (equivalent or higher qualification) that includes advanced life support skills and capability.
- 3) The medical service provider must be licensed /authorised by the State Department of Health or relevant statutory health authority to administer pharmacology listed in Attachment B
- 4) The medical service provider must be appropriately insured to provide first aid, and must hold both professional indemnity and public liability insurance and provide proof of such insurance to the organising body.
- 5) For clarity there must be a minimum of two people in the team providing the service and the vehicle used must have the capability of accessing all parts of the venue.

The service should carry, and be capable of using, the equipment and medications as specified in **Attachment A**.

Larger events should scale appropriately.

c) **As part of the medical plan local emergency services** must be advised of the location and time of the event and the co-ordinates of a suitable landing place should air evacuation be required. The "Emergency Plus App" is an easy way to establish this when on the venue.

3) Paperwork

Every rider having a fall anywhere on the grounds must be checked before riding another horse or leaving the venue- it is important that we have a simple form for ensuring that is followed up on.

This form must contain the following minimum information:

- Event name and date
- Rider name
- Rider number
- Class
- Description of Fall
- History
- Observations/Examination
- Assessment
- Plan
- Decision re – fit to continue to ride in competition – yes/no
- Concussion suspected – yes/no

4) Fence judges role in first response

Fence judges play a key role in first response and in particular in determining the speed of medical response-it is critical that they are correctly selected and briefed.

Eventing NSW put together a video which outlines the key parts of the fence judge's role in this respect <https://www.youtube.com/watch?v=rvIzQixc4f0&t=6s>

Water fences represent a special set of circumstances and OCs should make every effort to place only the most capable people on these fences. Fence judges at these fences should be briefed separately by the medical service at the event as to what to do in the event of a rider face down and immobile in water.

For 1/2/3 events fence judges should be over 16 years of age*

Attachment A – Guidelines for Medical Equipment

Equipment required when cross country or jumping phase is taking place

Ambulance capable of accessing all parts of the course, Scoop stretcher, Defibrillator

Laryngoscopes (adult and children sizes)

Torch Oxygen and oxygen tubing

Nasal cannulae

Range of masks and Guedels airways including paediatric sizes

Surgical airway kit (scalpel, bougies)

Laryngeal masks (adult and children's sizes)

Cuffed endotracheal tubes (adult and children's sizes)

Portable suction kit

Thoracostomy Kit

Space blanket

Stethoscope

Blood pressure measuring device

Pulse Oximeter

Disposable gloves

Scissors

IV Cannulae (size 16G, 18G, 20G)

Syringes (3ml, 5ml, 10ml)

Needles (19G, 21G, 23G, drawing up)

5ml saline flush

IV giving set and extension set

Hartmann's solution 500ml x4

Hypertonic saline 250ml

Compressible trauma bandage

Large combines

Multiple large and small dressings

Adhesive tape

Mouldable or inflatable splints for limbs

Cervical collar – 3 sizes or adjustable

SOF-T tourniquet

Sterile guaze and saline

Medications

Medication to be carried as allowed by applicable State and Federal Laws and Regulations