

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.

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

(These requirements will be reviewed at least annually)

1. MEDICAL COVERAGE AND PLANNING

- Emergency vehicles must be able to access all parts of the venue.
- Organising committees must arrange appropriate communication tools for all key officials, paramedics and medical response teams.
- Local and State emergency services must be advised of the location and time of the event and co-ordinates of a suitable landing place should air evacuation be required at any time. The "Emergency Plus App" is an easy way to establish this when on site.
- Medical planning should take into account geographical considerations (i.e size, layout and terrain) as well as the number of competitors and programming.
- Planning should take into account an optimum response time to any incident is 3 minutes.

2) Dressage Test

- A first aid service must be present at all times.

3) Cross Country Tests

- An ambulance (or other properly equipped response vehicle) with a team of two or more qualified personnel ('**Response Team**') MUST be present for the cross-country test and must be capable of rapid response to all areas of the venue.
- If this cannot be achieved, the XC competition must be **suspended halted.**
- This Response Team must include a minimum of two people - and include one provider who has the minimum skills and experience to:-
 1. ~~Secure the airway. At a minimum with laryngeal mask airway (LMA) or similar~~
 2. ~~Decompress a chest with either purpose made long decompression cannula OR thoracostomy/chest tube;~~
 3. ~~Apply quality pelvic binder (SAM splint or T-pod or equivalent) and C-collar;~~
 4. ~~Insert IV and give crystalloid~~
 5. ~~Apply suitable splints to fractures~~

Refer to EA-HSMS-MED-Medical Provider Pre-event Audit V1.2 - Personnel (1.2a) have received current trauma training having performed the following procedures and assessed as being competent in:

1.Chest Decompression (Thoracostomy)

2.Advanced Airway Management (minimum LMA/i-Gel)

3.Pelvic Immobilisation (SAM splint, T-pod) & C-collar

4.Intra-venous Cannulation

5.Fluid Replacement

6.Splinting & management of orthopaedic fractures Inc. traction splint for fractured femur.

- Depending on the size and layout of the venue and competition schedule, more than one Response Team may be required to ensure rapid response is achievable to all areas of the venue.
- A representative of the Response Team must either attend the cross-country officials meeting or be separately briefed by the TD before the cross-country competition commences.
- The TD (or another Official or OC member) must also familiarise the Response Team with all aspects of the venue/courses including all vehicle access routes and suitable evacuation points including air evacuation.

- Members of the response team may not compete at the event unless a suitably qualified back up is available for the period they are competing, the back- up has been briefed on the outcomes of the XC officials meeting and there is a formal handover process.

When arranging the Response Team, the organising committee must:-

Request that the medical services provider certifies that the Response Team supplied has the skills and experience to carry out the procedures outlined in (1) - (5) (6) inclusive above.

Request that the medical services provider certifies that the Response Team supplied will be sufficiently equipped with the items specified in EA-HSMS-MED-Medical Provider Pre-event Audit V1.2 Form 07 EA D1 Attachment A and that these items be in optimal working order, calibrated and current as required.

Request that the medical services provider completes EA-HSMS-MED-Medical Provider Pre-Event Checklist and Service Agreement Ver1.2 Form 06 provides proof of insurance and training/qualifications.

4) Jumping Test

~~• A General Duties Paramedic or doctor (plus a first aider to make a team of two) is sufficient when the jumping phase is standalone~~

A Registered Paramedic or Doctor (plus a first aider to make a team of 2) is sufficient when the jumping phase is standalone

5) Concurrent XC and Jumping Tests

~~• 2 teams are recommended when XC and SJ are running concurrently unless co-located and OC's event schedule allows time for the XC to halt when there is an SJ incident.~~

~~• If there are two teams the SJ team may be comprised of a single paramedic.~~

~~• The XC must be halted if the response team is unable to respond to an incident on XC due to attendance at an SJ incident or for any other reason.~~

a) 2 teams are recommended when XC and SJ are running concurrently unless co-located and OC's event schedule allows time for the XC to halt when there is an SJ incident.

b) If there are 2 teams the SJ team may be comprised of a single paramedic.

c) XC must STOP if the response team is unable to respond to an incident on XC due to attendance at an SJ incident or for any other reason.

2. 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.

3. 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.

4) Concussion Protocol

- a) Upon recognition of suspected concussion, the athlete will be removed from competition.
- b) If there is a medical practitioner on site at the competition, the athlete should be appropriately assessed, and the decision made whether the athlete has suffered concussion or not. If there is no medical practitioner on site of the competition, the athlete should be assumed to have concussion and the provisions of paragraph c) or d) will apply depending
- c) In the case of adults (age 19 years and over)
- d) The athlete **MUST** follow the Return to Sport Protocol as per Diagram 1 of the Concussion in Sport Australia position statement
https://concussioninsport.gov.au/_data/assets/pdf_file/0005/683501/February_2019_-_Concussion_Position_Statement_AC.pdf
 - The athlete will be suspended from competition for at least six days from the concussion incident (and potentially longer, depending on the duration of symptoms)
 - The athlete will be suspended from competition until cleared to return by a medical practitioner
- In the case of children (aged 18 years and under)
- The athlete **MUST** follow the Return to Sport Protocol as per Diagram 2 of the Concussion in Sport Australia position statement
https://concussioninsport.gov.au/_data/assets/pdf_file/0005/683501/February_2019_-_Concussion_Position_Statement_AC.pdf
 - The athlete will be suspended from competition for at least 14 days from the concussion incident (and potentially longer, depending on the duration of symptoms)
 - The athlete will be suspended from competition until cleared to return by a medical practitioner
 - The responsibility for complying with suspensions and following Return to Sport Protocols rests entirely with the athlete
 - Officials will advise NSO@equestrian.org.au the National Safety Officer and reporting@equestrian.org.au of the concussion occurring and a record of the concussion **WILL** be kept centrally.

5. 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.

6. Paperwork

Every rider having a fall/**injury/illness** anywhere on the grounds must be checked by a **Medical Service Provider** before riding another horse or leaving the venue.

The Medical Service Provider must be complete the EA-HSMS-MED-Athlete Incident-Referral Report V1.3 Form 08 –Refer to **EA D1 Attachment C**

OCs/TDs must also record all relevant fall/injury details in the TDs post-event report. a form which contains 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~~
- ~~Medical officer attending details~~

7. FENCE JUDGES

- OCs and officials must carefully select suitable volunteer fence judges on difficult fences (i.e water fences) and must ensure that all volunteer fence judges are appropriately briefed with how to respond in the event of a serious incident (including how to use the radio).
- For 2/3/4/5* events, fence judges must be over 16 years of age.
- Organising committees must make reasonable efforts to ensure all the fence judges have viewed the Critical Incident video:

<https://www.youtube.com/watch?v=Hk5VdoAxJzQ&feature=youtu.be>

EA D1 Attachment A**~~Equipment required when cross country phase is taking place:~~****~~The Response Team must carry, and be capable of using, the following equipment and medications:~~**

- ~~— 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)~~
- ~~— **NOTE: May not be within the response team's competence to use but carried as a contingency**~~
- ~~— Laryngeal mask airways (adult and children's sizes) or equivalent~~
- ~~— Cuffed endotracheal tubes (adult and children's sizes)~~
- ~~— **NOTE: May not be within the response team's competence to use but carried as a contingency**~~
- ~~— Portable suction kit~~
- ~~— Thoracostomy Kit~~
- ~~— Nellcor Easy Cap CO2 detector~~
- ~~— 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~~
- ~~Compressible trauma bandage~~
- ~~Large combines~~
- ~~Multiple large and small dressings~~
- ~~Adhesive tape~~
- ~~Mouldable or inflatable splints for limbs~~
- ~~Pelvic splint~~
- ~~Cervical collar — 3 sizes or adjustable~~
- ~~SOF-T tourniquet or equivalent~~
- ~~Sterile gauze and saline~~

1.1 ~~**Medications**~~ Medication to be carried as allowed by applicable State and Federal Laws and Regulations

EA D1 Attachment A

This document is to be completed by any Medical Service Provider engaged for any endorsed EA event. Part A: Accompanies Form 06

Part A: to be completed PRIOR to the day of the event

Item	1. Medical Personnel Requirements	Yes	No	If No provide further comments
1.1	Personnel are representatives of the organisation and covered by their relevant scope of practice insurances.			
1.2a	Personnel are registered with AHPRA with no relevant conditions and/or limitations or restrictions to practice. Must be either Medical Practitioner (Doctor) or person with the skills to perform (1.4) or assist			
1.2b	Optional: Other Additional Medical Support are registered with AHPRA with no relevant conditions and/or limitations or restrictions to practice. E.g. Registered or Enrolled Nurse			
1.3	Personnel (1.2.a) are NOT performing any other role associated with the event e.g. organiser, participant or competing			
1.4	<p>Personnel (1.2a) have received current trauma training having performed the following procedures and assessed as being competent in:</p> <ul style="list-style-type: none"> • Chest Decompression (Thoracostomy) • Advanced Airway Management (minimum LMA/i-Gel) • Pelvic Immobilisation (SAM splint, T-pod) & C-collar • Intra-venous Cannulation • Fluid Replacement • Splinting & management of orthopaedic fractures Inc. traction splint for fractured femur. 			

1.5	Personnel (1.2a) have received the mandated list of equipment prior to the event.			
	2.Event Configuration Requirements:			
2.1	<u>General:</u> Minimum 2 x personnel configured as 1 Medical Team, with 1 x personnel having the skill set listed in (1.2a)			
2.2	<u>Jumping Test:</u> A Registered Paramedic or Doctor (plus a first aider to make a team of 2) is sufficient when the jumping phase is standalone			
2.3	<u>Concurrent XC and Jumping Tests:</u> a) 2 teams are recommended when XC and SJ are running concurrently unless co-located and OC's event schedule allows time for the XC to halt when there is an SJ incident. b) If there are 2 teams the SJ team may be comprised of a single paramedic. c) XC must STOP if the response team is unable to respond to an incident on XC due to attendance at an SJ incident or for any other reason.			

Part A: to be completed PRIOR to the day of the event

Other Notes / Comments:

Medical Provider Representative Name: _____ Signature: _____ Date: ____/____/____

-----Office Use Only-----

Item	Completed	Further Actions (Yes / No)
EA-HSMS-MED-Form 7 Part A: Date Received	/ /	
Received by OC or Representative:	Yes / No	Name: Signature: Date: / /

Part B. To be completed on or prior to the day of the event relevant to the listed requirements.

Item	3. Medical Personnel Requirements	Yes	No	If NO provide further comments
3.1a	Minimal of 1 x Personnel has attended (Inc. virtual or by phone) any pre-briefing where the event 'Serious Incident Management Plan' is discussed.			
3.1b	All other Personnel have been advised of event 'Serious Incident Management Plan', know and understand critical response procedures.			
3.2	Personnel have checked <u>all</u> equipment a minimum of 90 minutes prior to the commencement of the event			
3.3	Personnel are located in a position to respond to a patient <u>within 3 minutes</u> or less during a Jumping test or during a Cross Country test.			
Item	4. Capabilities Audit	Yes	No	If NO provide further comments
4.1	Copy of 'Event Serious Incident Management Plan'			
4.2	All Personnel reviewed copy of Event Serious Incident Management Plan', traffic management, access and egress locations			
4.3	Vehicle/s capable of accessing all areas of event venue.			
4.4	When a 4-wheel drive vehicle is used, the driver is to have the required licencing to operate this vehicle			
4.5	Sufficient vehicles to access in optimum time of 3 minutes and vehicles appropriately located			
4.6	Have local external emergency services been advised as per event protocol of access/egress points, GPS co-ordinates and nearest cross-streets.			
Item	5. Capabilities Equipment Audit (All equipment present, calibrated/certified as required & in full working order Pre-Event)	Yes	No	If NO provide further comments
	5.1 General Equipment			
5.1.1	Stretcher (Scoop with straps)			
5.1.2	Torch (Including spare batteries)			
5.1.3	Oxygen cylinder/s			
5.1.4	Defibrillator			
5.1.5	Trauma shears			
5.1.6	Disposable Gloves			
5.1.7	Vomit Bags			
5.1.8	Space Blanket			
5.1.9	Scissors			

	5.2 Monitoring Equipment	Yes	No	If NO provide further comments
5.2.1	Stethoscope			
5.2.2	Blood pressure cuff			
5.2.3	Pulse Oximeter			
	5.3 Airway Management	Yes	No	If NO provide further comments
5.3.1	Laryngoscopes (adult and children sizes) MAC 1-4			
5.3.2	NPA: Naso Pharyngeal airway (Paediatric 2, 2.5) and (adult 5,6,7)			
5.3.3	OPA: Oropharyngeal airway (Paediatric and Adult)			
5.3.4	LMA: Laryngeal mask / Igel (Paediatric and Adult)			
5.3.5	ETT: Endotracheal tubes cuffed			
5.3.6	Bag valve mask: Adult and Paediatric			
5.3.7	Portable Suction Kit			
5.3.8	Nasal cannula			
5.3.9	Oxygen tubing			
	5.4 Surgical Intervention	Yes	No	If NO provide further comments
5.4.1	Surgical airway kit			
5.4.2	Thoracostomy kit			
	5.5 Circulation	Yes	No	If NO provide further comments
5.5.1	Soft t-wide tourniquet or equivalent			
5.5.2	Trauma dressing large and small (compressible)			
5.5.3	Non-stick dressing			
5.5.4	Various bandages			
5.5.5	IV access (16g, 18g, 20g)			
5.5.6	IV adhesive dressing			
5.5.7	Adhesive tape, micropore and coban			
	5.6 Immobilisation	Yes	No	If NO provide further comments
5.6.1	Pelvic splint			
5.6.2	Cardboard, mouldable or inflatable splints			
5.6.3	Traction splint			
	5.7 Fluids (within expiry periods)	Yes	No	If NO provide further comments
5.7.1	2 Litres IV Crystalloid Fluids			

Other Notes / Comments:

Medical Provider Representative Name: _____ Signature: _____ Date: ____/____/____

-----Office Use Only-----

Item	Completed	Further Actions (Yes / No)
EA-HSMS-MED-Form 7 Part B: Date Received	/ /	
Received by OC or Representative:	Yes / No	Name: _____ Signature: _____ Date: ____/____/____

EA D1 Attachment B

~~Medical Services—Request for Quotation~~

~~From: (OC Address and Contact details)~~

~~-~~

~~To: (Medical Provider address and contact details)~~

~~-~~

~~We wish to obtain a proposal for the provision of the following services.~~

~~XC Response team:~~

~~Days Required..... Hours required.....~~

~~• An ambulance (or other properly equipped response vehicle) with a team of two or more qualified personnel ('Response Team') that must be capable of rapid response to all areas of the venue.~~

~~• This Response Team must include a minimum of two people and include one provider who has the minimum skills and experience to:-~~

- ~~1. Secure the airway. At a minimum with LMA or similar~~
- ~~2. Decompress a chest with either purpose made long decompression cannula OR thoracostomy/chest tube~~
- ~~3. Apply quality pelvic binder (SAM splint or T pod or equivalent) and C collar;~~
- ~~4. Insert IV and give crystalloid~~
- ~~5. Apply suitable splints to fractures~~

~~-~~

~~Further this team should include the equipment specified (or alternative) in the declaration of compliance~~

~~-~~

~~General Duties Paramedics and suitably equipped vehicle~~

~~-~~

~~Days Required..... Hours required.....~~

~~First Aid Service~~

~~-~~

~~Days Required..... Hours required.....~~

~~-~~

~~In completing your proposal please include the attached declaration regarding the XC response team.~~

~~Proof of insurance and training/qualifications will be required.~~

EA-HSMS-MED-Medical Provider Pre-Event Checklist & Service Agreement

EA-HSMS-MED-Form 6

I declare that I am authorised to make this declaration of compliance on behalf of (insert name of medical services provider).

I declare that the quotation offered includes and the services provided will comply with the areas of competency and equipment below. I further declare that the equipment provided will be checked to be in working order that personnel have requisite qualifications and training and that provider has appropriate insurance (proof of insurance, qualifications and training available on request)

<u>—</u>	Capabilities	<u>Yes</u>	<u>No</u>	<u>Comment</u>
<u>—</u>	<u>Vehicle capable of accessing all parts of venue</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>Team includes minimum of two people</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>—</u>	<u>Skills and experience provided as below:—</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>1</u>	<u>Secure the airway. At a minimum with LMA or similar</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>2</u>	<u>Decompress a chest with either purpose made long decompression cannula OR thoracostomy/chest tube;</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>3</u>	<u>Apply quality pelvic binder (SAM splint or T pod or equivalent) and C collar</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>4</u>	<u>Insert IV and give crystalloid</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>5</u>	<u>Apply suitable splints to fractures</u>	<u>—</u>	<u>—</u>	<u>—</u>

Item	Yes	No	Alternative offered
<u>—Scoop stretcher</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>—Defibrillator</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>—Laryngoscopes (adult and children sizes)</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>—Torch Oxygen and oxygen tubing</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>—Nasal cannulae</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>—Range of masks and Guedels airways including paediatric sizes</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>—Surgical airway kit (scalpel, bougies) NOTE: May not be within the response teams competence to use but carried as a contingency</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>—Laryngeal masks (adult and children's sizes) or equivalent</u>	<u>—</u>	<u>—</u>	<u>—</u>
<u>—Cuffed endotracheal tubes (adult and children's sizes) NOTE: May not be within the response teams competence to use but carried as a contingency</u>	<u>—</u>	<u>—</u>	<u>—</u>

EA-HSMS-MED-Medical Provider Pre-Event Checklist & Service
Agreement
EA-HSMS-MED-Form 6

Portable suction kit	-	-	-
Thoracostomy Kit	-	-	-
Nellcor Easy Cap CO2 detector	-	-	-
-	-	-	-
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	-	-	-
-	-	-	-
-	-	-	-
Compressible trauma bandage	-	-	-
Large combines	-	-	-
Multiple large and small dressings	-	-	-
Adhesive tape	-	-	-
Mouldable or inflatable splints for limbs	-	-	-
Pelvic splint	-	-	-
Cervical collar — 3 sizes or adjustable	-	-	-
SOF-T tourniquet	-	-	-
Sterile gauze and saline	-	-	-
-			

Name

Position.....

Date.....

Signature.....

EA D1 Attachment B

Medical Provider Checklist & Service Agreement

This document outlines the agreed services to be provided by a Medical Service Provider and is to be agreed and approved by the Event Organising Committee (OC). All sections of this agreement are to be completed prior to the commencement of any endorsed Equestrian Australia event.

Service Provider:	Contact person:
Address:	Contact No:
Event Name:	Event Dates:

Part A. To be completed by Medical Provider (Checklist)

Medical Service Provider Documents (copies to be provided to OC)

- ☐ Signed Copy of Service Agreement — copy provided to event OC
- ☐ Professional Indemnity Insurance Certificate of Currency (Service Provider name, Policy Number, Period of Cover, Liability 20 Million)
- ☐ Workers Compensation Certificate of Currency (current)
- ☐ List of medical staff attending the event, including the relevant skills as outlined in the EA-HSMS-MED-Medical Provider Pre-event Audit Form 07 and mobile contact details

Other Current Documents (copies available on request)

- ☐ AHPRA Registration and/or Skills Certifications of all attending Medical Personnel
- ☐ Medical response vehicle registration (current)
- ☐ Medical staff motor vehicle licenced to operate a four-wheel-drive vehicle (if applicable)
- ☐ Equipment certifications/calibrations (current)

Event Operations (to be provided to the OC prior to the event)

- ☐ Quotation of Medical Service provision for the equestrian event (attached to this service agreement)
- ☐ Before the event complete EA-HSMS-MED-Medical Provider Pre-event Audit Eventing Form 07
- ☐ Agree to work collaboratively with the designated Event Medical Co-ordinator (when available)
- ☐ Agree to complete in conjunction with the nominated Event Medical Co-ordinator, an Event Medical Services Summary Report within 24hours following the completion of the equestrian event

EA-HSMS-MED-Medical Provider Pre-Event Checklist & Service**Agreement**

EA-HSMS-MED-Form 6

- ☐ A medical event action plan (e.g. SIMP) is to be forwarded to the nearest Ambulance or external medical provider prior to the commencement of the event.
- ☐ The medical event action plan (e.g. SIMP) is to include event (location) GPS co-ordinates, address and nearest cross streets and access locations, to be discussed with OC prior to commencement of event.

Medical Provider Representative Name: _____ Date: ____/____/____

Title: _____ Signature: _____

Part B. To be completed by Medical Provider (Service Agreement)

The following is a service agreement including the terms and conditions for a Medical Provider to be engaged by an OC.

I/We, _____ (Medical Provider Name),

warrant and declare the Medical Provider will:

- a) Complete Part A of this Service Agreement and provide or have available for inspection on request all relevant documents, plans and processes if/as requested by the OC.
- b) Complete all pre-event and post-event documentation and summary report within the required timeframe
- c) Agrees to indemnify _____ (OC and Equestrian Australia) from and against all claims, demands, actions, losses and costs arising from or in relation to (i) any breach of any representation or warranty contained in this service agreement and (ii) any breach of any other obligation or duty this service agreement or under applicable law.
- d) Where equivalent items are supplied in place of a listed Item (EA-HSMS-MED-Medical Provider Pre-event Audit Eventing Form 07) these items are to have the same purpose and effect as the named and listed item.

A quotation for the provision of Medical Services is attached including service rates of payment, a list of suitably skilled and qualified service providers as outlined in (EA-HSMS-MED-Medical Provider Pre-Event Audit Eventing Form 07), and any foreseen alterations or variances that may be applicable to this service agreement.

Medical Provider Representative Name: _____ Date: ____/____/____

Title: _____ Signature: _____

EA-HSMS-MED-Medical Provider Pre-Event Checklist & Service**Agreement**

EA-HSMS-MED-Form 6

-----Office Use Only-----

Item	Completed	Further Actions
EA-HSMS-MED-Form 6 Date Received		
Part A Documents Reviewed:	Yes / No	
Part B Completed and Signed:	Yes / No	
Quotation Received:	Yes / No	
EA-HSMS-MED-Form 7 Date Received		

OC/Other Representative: _____(Name) Date:____/____/____

Signature: _____



EA D1 Attachment C

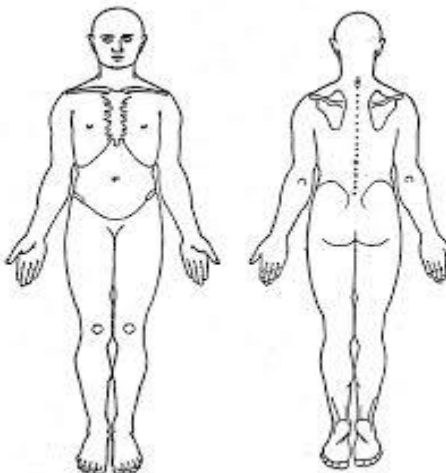
Event Name:	State:	Date:	/ /	Time:	am/pm
Athlete Name:		DOB:	/ /	Age:	Gender: M / F
Athlete No:		Discipline:	NB		

Injury/Illness Severity: ☐ NO Apparent Inj/Ill ☐ YES > ☐ Minor Inj/Ill ☐ Serious Inj/Ill ☐ Critical ☐

Concussion ☐ Fatality

Brief description of incident:

a) ☐ Mounted > b) Speed: ☐ Stationary ☐ Walk ☐ Trot ☐ Canter ☐ Gallop c) ☐ Un-mounted
d) Helmet: ☐ Yes ☐ No ☐ N/A e) Helmet Damaged: ☐ Yes ☐ No ☐ N/A f) Body Protector: ☐ Yes ☐ No ☐ N/A g) Air Vest
Activated: ☐ Yes ☐ No ☐ N/A

Medical History:		Medications:		Allergies:				
Observations /Examination:		Treatment Provided:						
								
Time:	BP	HR	RR	SPO2	GCS	BSL	Air/E	Pupils
Medical Clearance Return to Ride <input type="checkbox"/> Yes <input type="checkbox"/> No		If <input type="checkbox"/> No		<input type="checkbox"/> Observation or <input type="checkbox"/> Hospital		T/F > <input type="checkbox"/> Amb <input type="checkbox"/>		
requires > Treatment Plan/Discharge Advice:				Car				
Concussion card issued <input type="checkbox"/> Yes <input type="checkbox"/> No		Concussion protocols advised <input type="checkbox"/> Yes <input type="checkbox"/> No						
Athlete Mob: Email:		Athlete/Support Personnel Signature:						
Other documents provided/attached:								
Name:		Signature:						
Qualification (if applicable):		Mob:		Email:				
Copy to a) OC/TD/Coach & b) reporting@equestrian.org.au		Received by		Date: / /				
c) Medical Provider Email:								