# Event Medical Services Part A-Planning

Event Name…………………………… Dates………………………. Completed by……………………………

## XC Response Team(S)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Capabilities** | **Private**  **Paramedic Provider** | **Event Doctor** | **Comment** |
|  | Vehicle capable of accessing all parts of venue |  |  |  |
|  | Team includes minimum of two people |  |  |  |
|  | Skills and experience provided as below:- |  |  |  |
| 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 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment** | **Private Paramedic Provider** | **Event Doctor** | **Comment** |
| · 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 masks (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 |  |  |  |
| **Item** | **Private Paramedic Provider** | **Event Doctor** | **Comment** |
| · 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 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Other Phases | **Private Paramedic Provider** | **Event Doctor** | **Comment** |
| General Duties Paramedic |  |  |  |
| First Aid Service |  |  |  |

Please Edit the Request for Quotation Document to be consistent with your planning Document.

It is recommended that in all cases the private medical service provider is made responsible for equipment provision

Event Medical Services – Part B Request for Quotation

From

OC Address and contact details.

To

Medical Provider address and contact details

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

**XC Response team(s):** (please indicate if more than one team required)

Days Required………………………………….. Hours required………………………………….

Event date(s) ………………………………………………………………..

* 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 alternatively) 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 of Compliance for the XC response team.

Proof of insurance and training/qualifications will be required.

Declaration of Compliance for XC response teams (to accompany quotation)

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Capabilities** | **Yes** | **No** | **Comment** |
|  | Vehicle capable of accessing all parts of venue |  |  |  |
|  | Team includes minimum of two people |  |  |  |
|  | Skills and experience provided as below:- |  |  |  |
| 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 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Yes** | **No** | **Alternative offered** |
| · 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 masks (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 |  |  |  |
| **Item** | **Yes** | **No** | **Alternative offered** |
| · 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 |  |  |  |
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| · Compressible trauma bandage |  |  |  |
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| · Pelvic splint |  |  |  |
| · Cervical collar – 3 sizes or adjustable |  |  |  |
| · SOF-T tourniquet |  |  |  |
| · Sterile gauze and saline |  |  |  |

Name ……………………………………………………

Position…………………………………………………

Date……………………………………………………….

Signature………………………………………………..