

Medical Service Provider Service Agreement & Checklist

*This document outlines the agreed services to be provided by a Medical Service Provider (MSP), with all sections of this agreement to be completed **prior** to the commencement of any Equestrian Australia (EA) endorsed equestrian event or activity. Note: Strike through Part (A or B) that is Not Applicable (E.g. Business or Volunteer)*

MSP:	Contact person:
Address:	Contact No:
Event/Activity:	Event/Activity Dates:

Part A. To be completed by Professional MSP (E.g. Registered Business, ABN etc)

Copies of MSP Documents for Organising Committee (OC) or Affiliated Club (AC)

- Copy of Service Agreement signed by MSP and OC/AC
- Copy of current MSP Professional Indemnity Insurance Certificate of Currency (Service Provider name, Policy Number, Period of Cover, Liability 20 million)
- Copy of current MSP Workers Compensation Certificate of Currency
- List of medical personnel and skills-set of those attending the equestrian event/activity
- Quotation of Professional MSP service rates of payment for the equestrian event/activity

Other Current Documents (copies to be available on request by OC/AC)

- Copy of any pre-event MSP medical equipment, calibration or service audit documents/checklists
- AHPRA registration/skills certifications of all attending Medical Personnel (names, contact details)
- Current licence to operate a 2wd/4wd medical response vehicle (if applicable)

Event or Equestrian Activity Operations agreement

By signing this agreement, the MSP agrees to:

- Work collaboratively with the nominated Event Medical Officer/s (EMO) (when applicable/available)
- Complete EAs incident reporting requirement Form08 Incident Report within 24hours of EACH incident/fall
- Ensure all equipment and medical supplies are calibrated, current and/or within use-by date

Part A outlines the service agreement terms and conditions for engagement of a **Professional** MSP by an OC/AC for any EA endorsed equestrian event or activity. I/We, _____ (MSP Name), warrant and declare the Medical Service Provider listed above:

- a) Completed Part A of this Service Agreement having provided or will have available for inspection on request all relevant documents, plans and processes if requested by the OC/AC representative
- c) Agrees to indemnify _____ (OC/AC) of the equestrian event/activity 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, (ii) any breach of any other obligation or duty this service agreement or under

applicable law and (iii) the MSP will immediately notify the OC/AC of any foreseen alterations/variances that may be applicable to this service agreement.

Professional MSP Representative Name: _____ Date: ____ / ____ / ____

Title: _____ Signature: _____

Part B. To be completed by Voluntary Medical Service Provider (E.g. First Aid Certificate, Non-Professional)

- Copy of Service Agreement signed by Voluntary MSP and OC/AC
- List of medical personnel and skill sets of those attending the equestrian event/activity
- Copy of any current medical/emergency response certifications (E.g. First-aid certificate, Voluntary Medic)

Event or Equestrian Activity Operations agreements

By signing this agreement, the Voluntary MSP agrees to:

- Work collaboratively with the nominated Event Medical Officer/s (EMO) (when applicable/available)
- Complete EAs incident reporting requirement Form08 Incident Report within 24hours of EACH incident/fall
- Ensure all equipment and medical supplies are calibrated, current and/or within use-by date

Part B outlines the service agreement terms and conditions for engagement of a Voluntary MSP by an OC/AC for any EA endorsed equestrian event or activity. I/We, _____ (MSP Name), warrant and declare the Voluntray Medical Service Provider listed above:

a) Completed Part B of this Service Agreement having provided or will have available for inspection on request all relevant documents, plans and processes if requested by the OC/AC representative

c) Agrees to abide by (i) all OC/AC medical response requirements and (ii) immediately notify the OC/AC of any foreseen alterations/variances that may be applicable to this service agreement.

Voluntary MSP Representative Name: _____ Date: ____ / ____ / ____

Title: _____ Signature: _____

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

Item	Completed	Further Actions
Date Service Agreement Received:		
Documents Reviewed:	Yes / No	
Agreement Completed and Signed:	Yes / No	
Quotation Received (Part A only):	Yes / No	
Reviewed and approved by OC/AC :	Yes / No	

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

Signature: _____

Additional Information:

Any OC/AC that chooses to apply further risk mitigation/management processes for an equestrian activity can find additional resources and information on EAs Risk Management website [HERE](#).

Further information on Serious Incident Management Plans (SIMP) that include incident response procedures (IRPs) and SIM Teams (SMT) as well as templates and processes explained can source this information on EAs Risk Management website [HERE](#).

Also, an OC/AC may also choose to add the dot points below to form part-of their *Medical Service Provider Service Agreement & Checklist* if the OC/AC has elected to complete a SIMP prior to the commencement of their equestrian activity.

- Agree to work collaboratively with the nominated Incident Response Team (IRT) and Serious Incident Management Team (SMT) (when activated)
- An Incident Response Plan (IRP) to be forwarded to the nearest Ambulance or external medical provider prior to the commencement of the Equestrian event/activity. (copy to Equestrian Event/Activity representative)
- The Incident Response Plan (IRP) to include event/activity location, GPS co-ordinates, address, nearest cross streets, and access locations, all to be discussed with the event/activity representative prior to commencement.

Please contact the EAs National Health and Safety Manager (NHSM) via email safety@equestrian.org.au or mobile 0481 162 596 for all risk management, medical response, and incident response enquires. We are here to help!

Important Contacts:

EA NHSM: 0481 162 596 / safety@equestrian.org.au

Equestrian Australia: 02 8762 7777

ENSW: 02 9620 2660

EQLD: 07 3891 6611

ESA: 08 8391 0488

ETAS: 0477 685 265

EVIC: 03 9013 0707

EWA: 08 9296 1200

ENT: admin@ent.org.au

Other Relevant OC/MSP Contacts: (list below)