



Rule Changes

EA Eventing Committee

The following are Eventing rule changes to become effective immediately
(safety)



Rule	Heading	Justification	Revised Rule
Annex D	Medical Services	Addition of further medical guidelines	As outlined below:

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 gauze and saline

Medications

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