

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.		

Other Notes / Comments:

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

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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)			
	5.1 General Equipment	Yes	No	If NO provide further comments
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: ____/____/____

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Received by OC or Representative:	Yes / No	Name: _____ Signature: _____ Date: ____/____/____