MEDICAL ASSESSMENT FORM FOR BRITISH ARTIFICIAL SEEDING COMPETITIONS

The Organising Committee for each competition must fill in the assessment form below prior to the commencement of Training at a Competition.

THE COMPLETED FORM MUST BE EMAILED TO THE HNGB or MEMBER GROUP RESPONSIBLE PRIOR TO THE START OF THE EVENT and posted on the official noticeboard or distributed at the team captains meeting.

Event Venue	Stoke Ski Centre	**CoR**	Jane Lee
Event Dates	Saturday 18th May 2019	**Event Status**	Club National
Event Doctor *(if appropriate)*	Not applicable	Phone: +44.....	
First Aid provided by name:	Stoke Slope	First aider ~~or Paramedic~~ *delete as appropriate*	
Local Surgery or NHS 'walk-in' centre ***(if appropriate)***	**Address:** Not open weekend	**Level of Care:**	
Hospital	**Address:** Royal Stoke A&E Hilton Road, Stoke on Trent ST4 6SQ **Phone**: 01782 715444 **From Venue:** approx.12/15mins (5km)with ambulance/car **Directions** :	**Level of Care:** A&E, trauma centre, x-ray facilities	
Pharmacy	**Address:** Boots. 5 Festival Retail Park Ridge House Drive, Off Festival Way, Stoke On Trent, Staffordshire, ST1 5SJ Phone: 01782 284125 **From Venue:** Approx 4 mins (2km with car). **Directions:** Turn left out of ski slope to roundabout. Turn left at roundabout. Boots store is on right hand side on retail park.	**Level of Care:** Self medication	
Slope patrol	**In contact by** radio	**Slope patrol** on-site during racing **Yes**/~~No~~	
Ambulance	**In contact by phone** 999 **or** 01782 715444 (hospital switchboard)	**Location** Despatch station **From Venue:** 3 minutes 0.5 km	
Slope accident Protocol	**First aid are located at:** On site and available at all times by radio. Two centre staff plus centre manager generally on race slope	1.Incident occurs – radio for first aid 2.First aid go to situation to estimate the situation 3.If evacuation of patient is necessary, First Aid indicates walking or stretcher 4. Treatment and assessment provided and if assessed as necessary	

	Doctor located at: N/A **In contact by:** Radio or personal contact	**5** Evacuation to Ambulance and transfer to hospital A&E or Advised to contact GP as appropriate *(Advice based on acuity of injury and consultation with parent/coach.)* **6.** TD completes accident form or notes on report.
Crowd / Public Protocol ***Only if different from above***	**First aid are located at:** **Doctor located at:** **In contact by:**	All as above
Back up plan	Race to restart when at least one first aider available	First aider is in contact by radio. Procedure repeats.

The Medical arrangements fully meet the criteria for BARTS competitions				**Yes/ No If no identify issue below**
Description	**Yes/No**	**Complies fully with Rule 1? Y/N**	**Degree of compliance 1-5 (where 5 = fully in place)**	**If not fully complied, reason**
Medical cover	Yes	No	3	Doctor/trauma paramedic not necessary, technical race in controlled environment. Hospital 12 minutes or less.
Signed:			**Date:**	

The plan should be should be discussed on setting up contract with venue and prior to publication of acceptance bulletin - the document should be agreed and signed by Chief of Race/Medical Director and Chief of Course plus TD (if applicable).

Please email completed forms to sponsoring member group.