MEDICAL ASSESSMENT FORM FOR BRITISH SNOW SEEDED and FIS COMPETITIONS

Event Name	**British Inter-school Ski Challenge**	**Competition ID**	**C1230**
Event Venue	**Pila, Aosta**	**CoR**	**Phil Brown**
Event Dates	**13-16 March 2023**	**Discipline(s)**	**U10-U18 Slalom & GS**
Event Doctor ***(if appropriate)***	n/a	n/a	
First Aid provided by name:	Pila Security	Paramedic	
Local Surgery ***(if appropriate)***	**Address:** Traumatological Centre Pila 1800. **Phone:** **From Venue:** **Directions** :	**Level of Care:** initial triage and trauma care	
Hospital	**Address:** Viale Ginevra, 3 Aosta , Italy. **Phone:** +39 0165 5431 **From Venue:** 30 min with ambulance/car **Directions**: Cross river, through town, junction with SS26	**Level of Care:** Full Trauma There are other local hospitals	
Pharmacy	**Address:** Farmacia Communale Envers **Phone:** +39 0165 32707 **From Venue:** 20 mins with car **Directions:** Junction SR18/SR19 on right at Pont Suaz	**Level of Care:** Self medication There are other Pharmacies	
Slope patrol	**In contact** by Italian Radio net, Start, Finish, lift stations	**Slope patrol** on-site during racing Yes~~/No~~	
Ambulance	**In contact** via Pila Security	**Location: Pila** **From Venue:** On site	
Slope accident Protocol	**First aid located at:** Start **Doctor located at:** Traumatic Centre **In contact by:** Pila Security, Italian Radio net	1. Accident. Race stopped. 2. Patrol N° 1, ski down to estimate the situation. 3. If evacuation of patient is necessary, Patrol N° 1 calls Patrol N° 2 and sled. 4. Treatment and assessment provided. 5. Evacuation to Ambulance and transfer to trauma centre for triage and initial treatment. 6. Choice of ongoing care will be based on acuity of injury. 7. Medical team return to start. 8. TD completes accident form or notes on report.	

Crowd / Public Protocol *Only if different from above*	**First aid located at:** **Doctor located at:** **In contact by:**	1. 2. 3. 4. 5. 6. 7.
Back-up plan		Race restarts when incident cleared from slope and ski patrol are in position.
Defibrillator Equipment	**Is there a Defibrillator (AED) on site?** **Where is it located?** **Is there a person on site trained to use the equipment?** **If not on site, nearest Defibrillator located at:**	TBA TBA TBA TBA

The Medical arrangements fully meet the criteria for competition?				**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**

Signed:		**Technical Delegate/~~Chief of Race/Medical Director/CoC~~**	**Date:**	**7th March 2023**

The plan 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/Chief of Championships plus TD (if applicable).
Please email completed forms to GB Snowsport and sponsoring constituent group.