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	**Pembrey Ski Slope**	**CoR**	**Andy Rowlands**
Event Dates	**22/23 April 2023**	**Event Status**	**Pembrey CN & Excel Event**
Event Doctor (if appropriate)	**N/A**	**Phone: +44.....**	
First Aid provided by name:	**St Johns Ambulance, Llanelli division**	**First aider**	
Local Surgery or NHS 'walk-in' centre (if appropriate)	**Address: Morriston Hospital, Heol Maes Eglwys, Morriston, Swansea SA6 6NL Phone: +4401792 702222 From Venue: 30min (20 km) with ambulance/car:**	**Level of Care: Full Accident & Emergency Services**	
Hospital	**Address: Morriston Hospital, Heol Maes Eglwys, Morriston, Swansea SA6 6NL Phone: +4401792 702222 From Venue: 30min (20 km) with ambulance/car:**	**Level of Care: Full Accident & Emergency Services**	
Pharmacy	**Address: Well Bury Port, Meddygfa Tywyn Bach, Parc Y Minos Street SA16 Phone: +4401554 832467 From Venue: 10 mins 3km:**	**Level of Care: Pharmacy**	
Slope patrol	**In contact by Radio**	**Slope patrol on-site during racing No**	
Ambulance	**In contact by phone 999 or +44**	**Location At bottom of slope From Venue: 0 minutes 0 km**	
Slope accident Protocol	**First aid are located at:**	**1. Side of ski slope 2. Ambulance at bottom of slope**	

	Doctor located at: **In contact by:**	**3. First aiders attend casualty and evacuate from slope if safe to do so** **4. First Aiders care for casualty in appropriate location** **5. Standby First Aiders take place on slope** **6. Racing continues once First Aid cover is in place on slope** **7. 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	**Ski Centre Staff & Coaching Staff First Aid Trained**	**No racing to take place unless trained First Aiders are in place on slope**

Defibrillator Equipment	**Is there a Defibrillator (AED) on site?** **Where is it located?**	<u>Yes</u>/No At the Ski Centre, on the wall outside the door leading to the ski slope
	Is there a person on site trained to use the equipment? **If not on site, nearest Defibrillator**	(facing the Slope <u>Yes</u>/No Details
	located at:	

The Medical arrangements fully meet the criteria for BARTS competitions				**Yes 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**
Not required to comply fully with Rule 1 protocols				

Signed:		**Technical Delegate/~~Chief of Race/Chief of Course~~ Delete as appropriate**	**Date:**	**20-Apr-2023**

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.