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	Chill Factor[e,] Trafford Way, Trafford Quays Leisure Village Manchester, M41 7JA	**CoR**	Lloyd Jenkins
Event Dates	6/7 May 2023	**Event Status**	**GBR 1&2 Indoor**
Event Doctor *(if appropriate)*	N/A	NA	
First Aid provided by name:	Chill Factor[e]	First aiders on the slope and all the snow crew	
Local Surgery or NHS 'walk-in' centre ***(if appropriate)***	**Address:** N/A **Phone:** **From Venue:** **Directions** :	**Level of Care:**	
Hospital	**Address:** Trafford General **Phone:** 0161 748 4022 **From Venue:** 10 min (Less than 5 miles) with ambulance/car **Directions** : From Chill Factore, turn right onto Trafford Blvd, go under the M60, along Barton Road B5214, at the roundabout turn onto B5158, across the next roundabout and right onto Mooreside Road. **Address:** Hope Hospital **Phone:** 01923 244366 **From Venue:** 10 min (less than 5 miles) with ambulance/car **Directions** : from Chill Factore, turn left onto Trafford Blvd, straight across the next roundabout to Ashburton Rd W at the next junction turn left onto the A576, follow this road across 4 roundabouts, and under the M602, follow the road round to the right and the hospital is on the right.	**Level of Care: Full A & E, x-ray facilities**	
Pharmacy	**Address:** Asda Trafford Park Barton Dock Road Urmston, Manchester, Lancashire **Phone: 0161 748 5841** **From Venue: ½ mile**	**Level of Care: Self medication** **Opening Hours:** Fri: 7am-11pm Sat: 7am-10pm Sun:10.30am- 4.30pm	

	Directions: from Slope up towards the Trafford Centre, turn left next roundabout turn right, and ASDA is on the left	
Slope patrol	**In contact by Radio**	**Slope patrol** on-site during racing Yes
Ambulance	**In contact by phone 999**	**Location** based Trafford park **From Venue:** 5 minutes 3 miles
Slope accident Protocol	**First aid are located at: Top and Bottom of slope** **Doctor located at: N/A** **In contact by: radio or personal contact**	**1.Incident occurs** **2.First aid to casualty on slope** **3.Assess injury & first aider indicates walk off or stretcher** **4**. Treatment provided if appropriate by first aider **5. Pending arrival of ambulance if necessary Consult with parent / coach and advise.** **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	Race restarts when casualty removed from slope	All Slope staff are first aid trained if required one will take over from the previous one if he is called away – they are all contactable by radio. All coaches are also first aid trained.

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:**	**Yes**/No Defib on site, near the guest lift on the wall in an alarmed box. Yes > All first aid trained team (instructors, Shift Managers, Ops Managers) Details

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. 2 Hospitals are 10 minutes away.	
Signed:		**~~Technical Delegate~~/Chief of Race/~~Chief of Course~~** *Delete as appropriate*		**Date:**	27/04/2023

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.