***MOTORCYCLING NSW LIMITED***

ACN 096 875 528 ABN 20 096 875 526

**~ MEDICAL RESPONSE ~**

**EVENT & FACILITY MANAGEMENT INFORMATION SHEET   
AND CHECKLIST**

**PURPOSE**

The purpose of a Medical Response Plan is to describe the resources that are required (depending on the level of the event), the manner in which those resources will be brought into play and to provide vital information for communication in the case of an emergency.

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| **TRACK INFORMATION:** | |
| Track Licence issued to: |  |
| Track known as: |  |
| Location: |  |
| Type of Events Track is licensed for: |  |

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| **1.** | | **EVENT DETAILS** | | | | | | | | |  | | | | | | | | | |
|  | | Status of Event for which track is licensed: | | | | | | | | |  | | | | | | | | | |
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|  | | **Type of Event:** | | | | | Club: | |  | | | | Interclub: | | |  | | | |  |
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|  | | **Open:** | | | State and National Level: | | | |  | | | | International Level: | | |  | | | |  |
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| **2.** | | **PERSONS RESPONSIBLE FOR CONDUCTING EVENT** | | | | | | | | | | | | | | | | | | |
|  | | 2.1 | | The nominated person to be in charge of Emergency Medical Services and who will be responsible to the Clerk of the Course or authorised person. | | | | | | | | | | | | | | | | |
|  | |  | | **Name of person nominated** | | | | | | | | | | | | | | | | |
|  | | 2.2 | | **Please note this section is optional.**  In addition, the following personnel will be available to provide support.  (Doctor / Nurse / First Aid Attendant – Please circle appropriate position title.  Example: | | | | | | | | | | | | | | | | |
| ***Name:*** | | | | ***Dr John Smith*** | | | | ***Tel:*** | | ***(02) 9599 6795*** | | | | ***Stationed:*** | ***Starting Gate*** | | | | | |
| **Name:** | | | |  | | | | **Tel:** | |  | | | | **Stationed:** |  | | | | | |
| **Name:** | | | |  | | | | **Tel:** | |  | | | | **Stationed:** |  | | | | | |
| **Name:** | | | |  | | | | **Tel:** | |  | | | | **Stationed:** |  | | | | | |
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| **3.** | | **VENUE AND RESPONSE DETAILS** | | | | | | | | | | | | | | | **YES** |  | **NO** | |
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|  | | 3.1 | | The venue has a permanent building which is used as a dedicated medical centre. | | | | | | | | | | | | |  |  |  | |
|  | | 3.2 | | A patient transport vehicle will be provided. | | | | | | | | | | | | |  |  |  | |
|  | | 3.3 | | The vehicle described in 3.2 is authorised to transport on public roads under emergency conditions | | | | | | | | | | | | |  |  |  | |
|  | | 3.4 | | The vehicle described in 3.2 will also act as the Medical Centre for this event | | | | | | | | | | | | |  |  |  | |
|  | | 3.5 | | There is a telephone available at the venue for use in a medical emergency | | | | | | | | | | | | |  |  |  | |
|  | | 3.6 | | The venue is within mobile coverage | | | | | | | | | | | | |  |  |  | |
|  | |  | | 3.6.1 | | Is the mobile telephone digital? | | | | | | | | | | |  |  |  | |
|  | |  | | 3.6.2 | | Is the mobile telephone analogue? | | | | | | | | | | |  |  |  | |
|  | |  | | 3.6.3 | | Will the mobile telephone be used for emergency contact? | | | | | | | | | | |  |  |  | |
|  | | 3.7 | | The location of the Medical Centre (if one is in proximity) is: | | | | | | | | | | | | | | | | |
|  | | 3.8 | | The proposed location of the Patient Transport Vehicle is: | | | | | | | | | | | | | | | | |
| **4.** | | **COMMUNICATIONS** | | | | | | | | | | | | | | | | | | |
|  | | 4.1 | | The method of communication between the Clerk of the Course (authorised person) and the person described in 2.2 will be by: | | | | | | | | | | | | | | | | |
|  | | 4.2 | | The method of communication personnel manning the Patient Transport Vehicle will be by: | | | | | | | | | | | | | | | | |
|  | | 4.3 | | **See Section 6 for the Emergency Telephone Numbers** | | | | | | | | | | | | | | | | |
| **5.** | | **IN THE EVENT OF AN ACCIDENT IN WHICH SOMEONE IS INJURED:** | | | | | | | | | | | | | | | | | | |
|  | | All persons involved in the Medical Response should have appropriate training and accreditation as required by law and by the Constitution of the Motor Sport Authority including First Aid qualifications. In addition, such persons should be equipped with appropriate communication devices, fire fighting equipment and first aid equipment to ensure that the actions below can be initiated. | | | | | | | | | | | | | | | | | | |
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|  | | **The person identified above should:** | | | | | | | | | | | | | | | | | | |
|  | | (a) | | Assess the extent of the injuries of those injured | | | | | | | | | | | | | | | | |
|  | | (b) | | Organize appropriate immediate comfort and assistance to those injured | | | | | | | | | | | | | | | | |
|  | | (c) | | Take steps to activate further response – eg: | | | | | | | | | | | | | | | | |
|  | |  | | Initiate appropriate first aid;   * Make an emergency call to “000” if provision for on-site medical facilities, including ambulance, is not available; * Contact local hospital * Contact local doctor * Official to get to nearest telephone to initiate emergency call * Contact fire station * Contact police (if a death has occurred or when a serious injury occurs to any person likely to result in death)   **Where a collision results in the death of a person the “collision” scene is to remain untouched and undisturbed until Police attend and authorise any interference.**  **Where a serious injury occurs to any person likely to result in death, Police are to be informed immediately and the scene preserved.** | | | | | | | | | | | | | | | | |
| **6.** | | **OTHER DETAILS** | | | | | | | | | | | | | | | | | | |
|  | 6.1 | | The venue is approximately……………………………minutes by road to the nearest hospital  which is………………………………………………………………………………………………  located at …………………………………………………………………………………………….  Telephone number……………………………………………………………………………………  The nearest qualified practitioner is Doctor…………………………………………………………  Located at…………………………………………………………………………………………….  Telephone number…………………………………………………………………………………… | | | | | | | | | | | | | | | | | |
|  | 6.2 | | The nearest Hospital with Emergency Facilities  is.……………………………………………………………………………………………………..  located at……………………………………………………………………………………………..  Telephone number…………………………………………………………………………………… | | | | | | | | | | | | | | | | | |
|  | 6.3 | | **AMBULANCE EMERGENCY SERVICES CONTACT PHONE NUMBER:** | | | | | | | | |  | | | | | | | | |
|  |  | | **POLICE EMERGENCY SERVICES CONTACT PHONE NUMBER:** | | | | | | | | |  | | | | | | | | |
|  |  | | **LOCAL FIRE STATION  CONTACT PHONE NUMBER:** | | | | | | | | |  | | | | | | | | |
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| **7.** | **IMPORTANT INFORMATION – PERSONNEL** | | | | |
|  | List the names and contact information for those personnel responsible for initiating Emergency First Aid for persons injured in the event of an accident. | | | | |
| **NAME** | | | **FIRST AID QUALIFICATION** | **CURRENCY** | **EMERGENCY SERVICES PHONE NO.** |
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| **8.** | | **OTHERS** | | | |
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| **9.** | | **MAPS** | | | |
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