

NENSA MEDICAL PLAN TEMPATE	Event Name		Date Prepared:	Date(s) of Event:
	Venue Name			

MEDICAL AID STAFF & VOLUNTEERS

Name & Role	Location During Event	Mobile Phone	Radio Yes No	Qualification (MD, WFR, WFA, EMT, Other)
<i>Chief of Medical:</i>			Y	

MEDICAL TRANSPORT

Ambulance

Ambulance Provider	Phone Number	Response Time	Transport Time	Chief of Medical to make the call for an ambulance. If ambulance is called, announce via radio to medical and race staff
	911			

Hospital / Clinic

Hospital / Clinic Name	Phone Number	Hospital Physical Address

Communications

Venue/Club Medical Staff who will remain in contact with Transport /Ambulance Service and Receiving Provider:	Name	Phone Number	Location at venue

MEDICAL AND FIRST AID EQUIPMENT ON SITE
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Medical Headquarters Location:			
Equipment	Operator(s)	Location(s)	Response Time
Snowmobile			
Snowmobile with Rescue Sled			
AED			
Basic First Responder Med Kit(s)	All Med. Staff		

MEDICAL EMERGENCY PROCEDURES

1. Upon report of injury determine:

- Number of skiers injured
- Exact location of the injured skier(s)
- Nature of the injury/illness
- Is the person conscious? Mobile?
- Age and gender of those injured

Notes:

2a. IF THE INJURY IS ANTICIPATED AS SERIOUS OR THE INJURED PERSON IS IN A LOT OF PAIN

- Contact chief of medical immediately and advise ambulance call.
- Call for rescue sled and medical staff.

2b. IF THE INJURY IS ANTICIPATED AS LESS SERIOUS

- Call for rescue sled and medical staff.
- Wait for first-aid staff evaluation before deciding whether or not to advise Chief of Medical to call for an ambulance.
- Notify the Chief of Medical that there is an injured skier/medical emergency on the trail.

3. Once on scene designate one person in charge.

This person will handle radio/phone communications and documentation, but NOT treatment.

4. Determine if race needs to be suspended for safety and contact race officials if needed.

5. Treat the patient(s) as your training allows. Use SOAP notes in first aid as a guide.

6. Note bib number of injured skier(s).

REMAIN IN CONTACT WITH KEY PERSONNEL AND REPORT/DOCUMENT PROGRESS REGULARLY

COMMUNICATIONS PLAN

Radios:

Frequency Info:

Channel:

Communication Plan:

Notes:

Point of contact for family of injured party:

Name

Mobile Phone

Location

Chief of Competition:

Name

Mobile Phone

Location

MEDICAL PLAN REVIEW

Medical Plan Prepared by:

Name:

Date: / /

Reviewed by:

Name:

Date: / /

Reviewed by

TD: / /

