



# **Safety Coordinator Manual**

**United States Eventing Association  
Safety Committee  
Guidelines for Emergency Medical Planning at Events**

# Table of Contents

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<b>Introduction for Organizers</b> .....	<b>1</b>
<b>Safety Coordinator’s Job</b> .....	<b>2</b>
<b>Medical Planning</b> .....	<b>4</b>
<b>Medical Personnel and Equipment</b> .....	<b>5</b>
<b>Ambulances and Rescue Vehicles</b> .....	<b>7</b>
<b>Emergency Exit Routes</b> .....	<b>9</b>
<b>Helicopters</b> .....	<b>10</b>
<b>Map of Emergency Vehicle Route</b> .....	<b>11</b>
<b>Weather</b> .....	<b>12</b>
<b>Pre-Event Meeting</b> .....	<b>13</b>
<b>Map of Competition Site</b> .....	<b>15</b>
<b>Map of Cross-Country Course</b> .....	<b>16</b>
<b>Medical Procedures for Eventing</b> .....	<b>17</b>
<b>Communications</b> .....	<b>19</b>
<b>Special Situations</b> .....	<b>21</b>
<b>Show Jumping Phase</b> .....	<b>22</b>
<b>Issues for Larger Events and Three-Day Competitions</b> .....	<b>23</b>
<b>Infection/Universal Precautions</b> .....	<b>24</b>
<b>First Aid Stations</b> .....	<b>25</b>
<b>After Competition Hours Medical Care</b> .....	<b>26</b>
<b>Spectator Cardiac Arrest</b> .....	<b>27</b>

## Appendices

---

A1	Suitable Medical Equipment .....	28
A2	Worksheet: Vehicles for Three Phases .....	29
A3	Worksheet: Pre-Event Evaluation of Local Resources .....	31
A4	Worksheet: Medical Guidelines for Jump Judges .....	34
A5	Sample: Contract for Provision of an Ambulance and EMT/Paramedics .....	35
A6	Form: Brief Evaluation of Injured Competitor (Example form) .....	36
A7	Sample Medical Consent Form (Optional) .....	38
A8	Consent to Emergency Care .....	39
	USEA Injury Report .....	40
A9	Medical Volunteer List .....	41

**Please Note:** In the event of a conflict between this manual and the USA Equestrian Rules, the USA Equestrian Rules shall take precedence and shall apply at all USA Equestrian-recognized competitions.

# Introduction for Organizers

On December 1, 2001, USA Equestrian adopted the following rules:

**Article 1711. Medical Requirements** *BOD 1/14/01 Effective 12/1/01*

1.1 ACCIDENTS INVOLVING COMPETITORS. In the event of an accident in which a competitor is apparently injured or concussed, they must be examined by designated medical personnel to determine if they may resume riding or if they are capable of leaving the grounds. Refusal to be examined shall be penalized by a fine of \$100. (Payable to the Organizing Committee) at the discretion of the Ground Jury.

1.2 If such a fall occurs during the cross-country test, the time during which the competitor is held and examined shall be recorded and deducted from his total time if he is permitted to continue.

2. MEDICAL CARDS. An approved and completed medical card is required any time while jumping. It must be enclosed in a transparent, waterproof carrier. It must be securely attached to the competitor's upper arm on the outside of the competitor's clothing. Failure to wear one's own medical card shall be penalized by a fine of \$100. (Payable to the Organizing Committee)

3. SAFETY COORDINATOR. All competitions shall furnish a Safety Coordinator, who shall be responsible for the establishment and coordination of medical services. As this shall include the transportation of injured competitors, the Safety Coordinator should not have any other duties during any cross-country or jumping tests.

4. MEDICAL PERSONNEL. Qualified medical personnel, with suitable medical equipment and with no other duties, must be present during scheduled schooling sessions over fences and during all scheduled competitions. Qualified Medical personnel is defined as a person who is currently certified or licensed in the profession and trained in pre-hospital trauma care. The minimum requirement is an EMT/Paramedic who is pre-hospital trauma trained.

5. ACCESS. The designated medical personal should have the capability of rapid deployment to any part of the arenas or courses in adverse conditions. Should this access not be available, the Ground Jury, on the advise of the Technical Delegate and the Course Designer, must consider alternatives including removal of the inaccessible portion.

This notebook is intended to provide information and guidelines that are helpful for implementation of these rules. It was written to assist the Safety Coordinator (SC) at a USEA event and to guide he/she through the proper procedures in setting up medical coverage.

The information in this manual is comprehensive, but is not intended to be exhaustive. Utilize the enclosed materials as appropriate for your event at your own discretion and judgement

THE INFORMATION IN THIS MANUAL SERVES AS A GUIDELINE ONLY. The manual is not intended to act as a rule or mandate nor is it designed to supersede the standards of medical care in your community.

Please forward comments or questions to the USEA SAFETY COMMITTEE at  
USEA, 525 Old Waterford Road, NW Leesburg, VA 20176

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## **THE SAFETY COORDINATOR'S JOB**

The SC is a designated individual who works with the Organizer to coordinate and oversee medical care at USEA recognized events. The SC is responsible for developing a medical plan and seeing that it is carried out. He/she represents both the organizers of the competition and the riders in coordinating medical care with the local medical community. This person should have no other duties during the jumping phases and be available to educate volunteers as well as medical personnel about the medical plan.

### **WHO SHOULD SERVE?**

The SC must be someone who has substantial experience in the potential hazards of the sport to the rider, spectator and horse. This may be an individual who is a health care professional (e.g., Physician, EMT, RN) or a lay person who has participated in event organization in the past. The SC position is a facilitative position, not necessarily a hands on medical care position.

**WHAT MEDICAL PERSONNEL MUST BE PRESENT?** According to USA Equestrian Rules for Eventing, the requirement for hands on medical care is an EMT/Paramedic equipped with the appropriate medical equipment (see USA Equestrian Rule 1711.4, reprinted in this manual).

**CAN THE REQUIRED EMT/PARAMEDIC SERVE AS SC?** Although the EMT/Paramedic can and hopefully will assist in the medical plan development, we do not recommend that they serve as SC and simultaneously serve as the designated EMT/Paramedic. The EMT/Paramedic's role at the time of an accident is to serve as a first responder and caregiver for the patient and should not have to be burdened with the logistics of overseeing traffic control, coordinating ambulance movement, etc.

Although the SC may be a medical professional and may assist with patient care in a pre-designated role according to the medical plan, that is not their primary role.

### **WHAT ARE THE DUTIES OF THE SC?**

The primary duty of the SC is to develop a medical plan using the guidelines and checklists in this manual, which will ensure adequate management of accidents, injuries and adverse events that may occur.

#### **DUTIES include:**

- 1) Assessing the availability of local resources, including hospitals and the EMS system and using them to plan the medical coverage.
- 2) Contracting with a minimum of one EMT/Paramedic to serve at the event, educating him/her about their role in the plan and ensuring that the EMT/Paramedic has or are supplied with the medical equipment as suggested in the guidelines in this manual.
- 3) Determining the number of emergency vehicles and or ambulances required to cover the event and how helicopter services will be used if necessary.
- 4) Assuring the integration of the SC and the medical team into an adequate communication system, which involves the announcer, cross-country controller, stable manager, jump judges, first responders, ambulances and the 911 system.

- 5) Organizing transportation to and from the site of injury.
- 6) Assuring access in and out of the event site for emergency vehicles.
- 7) Providing ready access to first aid treatment for spectators, volunteers, and riders.
- 8) If the SC is appropriately trained, for example, an Emergency Physician, EMT/Basic or Paramedic, ER RN, or Cardiologist, then they may have a role in actually taking care of an injured or ill person, however this should not supersede their responsibilities as safety coordinator for the event.
- 9) Determining the type of spectator population the event will attract. For example, will there be an older population more at risk for untoward cardiovascular events or many children present who may become separated from their families?
- 10) Finding whether alcohol will be served and/or allowed to be brought in. If yes, how has alcohol consumption affected spectator behavior in the past?
- 11) Noting whether any VIPs, media personalities, etc will be present and if so, will they require special medical care measures.
- 12) Staying abreast of possible adverse weather conditions that may affect rider/spectator safety (such as lightning, extreme heat) and transportation to and from the competition site (rain, sleet, snow or mud).
- 13) Providing a resource for any questions regarding health issues such as removal of coats during extreme temperatures.
- 14) Act as a liaison between event coordinators, EMS system, and the hospital.
- 15) Make sure USEA incident/accident report form is completed.
- 16) Review problems, procedures, and incidents at the end of the event and make notes for the next year so the Organizer can maintain documentation from year to year.
- 17) In conjunction with the current Technical Delegate, the SC should study previous TD recommendations regarding safety at competitions held at the same site. Valuable information may be ascertained about former trouble spots and how previous competitions have coped with weather or terrain problems.

## **MEDICAL PLANNING**

Effective planning is the key to proper execution of emergency procedures. Certain principles of medical coverage apply to all organized events. Always assume that the unexpected will occur at some point (with equestrian events this is even more true). However, if you follow the basic principles of medical planning, you will have basic procedures in place to deal with these incidents. The SC must prepare all medical and safety personnel for the worst case scenario (a life threatening fall at the most remote location in bad weather, for example) and review how the procedures set up in the medical plan will handle these problems.

Obviously the size and nature of the event is going to determine how complicated and extensive the medical plan needs to be (Rolex vs. a local event with only training and novice riders) but any

MEDICAL PLAN MUST ADDRESS the following areas:

ASSESSMENT OF LOCAL RESOURCES (See Checklist, Appendix 2.)

MEDICAL PERSONNEL and EQUIPMENT

AMBULANCES and RESCUE VEHICLES

EMERGENCY VEHICLE ROUTES

WEATHER

PRE-EVENT MEDICAL TEAM MEETING

FIRST AID CARE

MEDICAL PROCEDURES specific to the sport

SPECIAL SITUATIONS

## MEDICAL PERSONNEL and EQUIPMENT

The medical personnel at an event are divided into three types:

- 1) **REQUIRED EMT/PARAMEDIC** One person trained to this level must be at the event accompanied by the appropriate equipment as required by their certifying state or EMS region.
- 2) **VOLUNTEER PROFESSIONALS** These are those hardworking individuals who help out at many equestrian sports just because they love it. They need to have a specific role, understand their own capabilities as far as pre-hospital care and be clearly identified. Emergency Physicians, ER nurses, anesthesiologists, EMTS, EMT/Paramedics make the best ones so treat them with loving care so they will come back next year!!
- 3) **NON PROFESSIONAL MEDICAL VOLUNTEERS** These are the Red Cross volunteers, hospital secretaries and medical dispatchers who can be invaluable in making contacts, running the First Aid tent, water station, acting as First Responders, and organizing the medical plan.

For USEA and Safety Coordinator purposes, we use the following definitions for reference. Always check your regional and state EMS systems to confirm that they define EMT/paramedic in the same way we do. There may be some variances from state to state in what duties they are allowed to perform.

**ADVANCED EMT/ PARAMEDIC** This is the minimum standard for medical care at a USEA event. Paramedics are trained in advanced trauma and cardiac life support, including starting IV fluids, administering medications according to advanced life support protocols, intubation and airway management, as per their certifying state or EMS region.

Paramedics are certified, not licensed by the state in which they work, because of this they do not operate independently, except under specific protocols as laid out by the medical director of their service (a physician). These are generally standard protocols throughout the country although there may be some variations. For example, an unconscious person who has possibly sustained a head or neck injury triggers specific actions that are designed to prevent a patient from further injury and to stabilize existing problems. In most states, paramedics institute and carry out this care without having to talk directly to the physician who is their **MEDICAL CONTROL** (usually the Emergency Physician on duty at the closest facility and with whom they are in contact by radio). If they have questions or problems that may require deviation from protocol or further orders they speak to **MEDICAL CONTROL**.

**BASIC EMT** In most states they can immobilize the patient and transport to the hospital. Although they make great supplemental medical volunteers, a Basic EMT does not meet the minimum requirement for medical coverage at an event. That must be the above-described EMT/Paramedic.

## **WHAT MEDICAL PERSONNEL DO I NEED AT MY EVENT?**

Any USEA Event must have a Safety Coordinator and an EMT/Paramedic equipped with the appropriate medical equipment. You cannot get by with just a basic EMT. Your EMT/Paramedic must be operating under the protocols and medical control of his/her ambulance service director, local hospital or under the supervision of a physician who is licensed in your state and who has some knowledge of pre-hospital care. If you cannot get an ambulance at your site within 10-15 minutes you should have a fully equipped ALS ambulance also.

### **IDENTIFICATION OF PERSONNEL**

Correct, easy identification of personnel is always helpful in a crisis situation. All medical personnel should be loudly and accurately identified (vests, pinnies, bright shirts) so they can do their job without interference. They should wear badges or armbands saying EMT/Paramedic, Physician, ER Nurse, for example. This also helps medical personnel from outside the event, who come onto the grounds, to work with the event medical team in the care and transport of the patient.

### **ROLES OF MEDICAL TEAM MEMBERS**

All members of the medical team should know what part they play in the care of the patient and this should have been worked out well before a crisis occurs. It is great if your jump judge happens to be a physician—BUT they also need to be educated about the medical plan so if their services are needed they can be used to their best advantage. The dermatologist who is a jump judge may make a great First Responder, but when the medical team arrives he should step back and allow them to do their job.

EMT/Paramedic teams are used to the situation in which a person comes up and identifies themselves as a physician—often trying to be helpful or get involved in the care of the patient. The Paramedics operate under specific medical protocols under the direction of their medical command officer. They cannot take orders from just anyone who walks up and says " I am a doctor." Remember that most physicians are not trained in pre-hospital care, the Paramedics are.

Again, EMT/Paramedics operate under protocols established by their medical director and the state in which they are certified. They do not administer drugs or do invasive procedures (start IVs or intubate) unless under the direction of these protocols or under the direction of a physician who is acting as their medical director. These guidelines must be discussed and laid out clearly before the event. If the SC is a physician (who must also be licensed to practice medicine in that state in which the event is held), then that physician may act as the medical command for the EMT/Paramedics working at the site, if the EMT/Paramedics are in an off duty type situation. In that case they may have to have separate insurance coverage?check with the EMT/paramedics usual employer.

**ALL MEDICAL PERSONNEL ON SITE THAT ARE GOING TO PERFORM IN ANY MEDICAL CAPACITY MUST BE INTEGRATED INTO THE MEDICAL PLAN.**

## **AMBULANCES and RESCUE VEHICLES**

Ideally every USEA event should have a fully equipped ambulance to accompany the event EMT/Paramedic team. However, if the local ambulance service/911 system can respond to the location within 10 minutes, then a Paramedic equipped with the appropriate equipment may suffice. You must take into account the length of time it will take for the ambulance to actually get to the furthest jump on the cross-country course in this time period. Beware, as it is very unusual for the standard ambulance that responds to a 911 call to have a 4WD vehicle, check course conditions and with the ambulance medical director.

Any event with the following situations should always have an ALS ambulance on site during the jumping phases:

- 1) a Three-Day competition
- 2) if a significant number of spectators are expected (500 or more)
- 3) if the local 911 system cannot respond to the most remote location at your competition within 10 minutes
- 4) if your course has areas that will require special access in order to extricate a patient, ex. jump located down a very steep hill, which would be impossible for a vehicle to reach, extremely boggy areas or soft footing.
- 5) questionable weather conditions possible (ex. heavy rains, ice, or extreme heat)

### **Definitions:**

**BASIC AMBULANCE** basically for immobilization and transport only, does contain oxygen and a stretcher.

Usually used by the 911 systems as the First Responder, they then call for advanced backup.

**AMBULANCE, EQUIPPED FOR ADVANCED LIFE SUPPORT** This is the vehicle you need to either be on site or to respond to your event in case of an emergency. Usually staffed by at least one paramedic, it is a mobile unit (not commonly 4 WD) which is available for pre-hospital care and transport. Appropriate equipment varies from region to region but usually includes oxygen, suction, laryngoscope and endo-tracheal tubes; IV sets for rapid fluid infusion, defibrillator. Medications including epinephrine, atropine, aspirin, nitroglycerin, D50, diazepam or alternative sedative, anti-nausea medications, albuterol, antihistamine, methylprednisolone /Solumedrol (ideally in high doses for spinal cord injuries). Depending on local protocols, narcotics for pain control may or may not be present. Paralytics (used to facilitate airway placement in the severely traumatized patient) are not usually on board and must be obtained by a physician.

**4WD MEDICAL RESPONSE VEHICLE** may be a private sport utility vehicle (appropriately marked) which is used by the paramedic if an ambulance not on site) and /or the SO to travel to the site of the emergency and begin evaluation. 4 wheelers or Gators equipped with the appropriate medical equipment (i.e. backboards) are also frequently used for this purpose. Beware of the electric powered golf cart on the cross-country courses—although they may work fine for show jumping day they cannot carry a heavy load up and down hills.

### **Vehicle Movement on Cross-Country Course:**

Anyone driving a vehicle of any type should be thoroughly educated about the track in which horses will be traveling, how and where they should cross that track and exactly how they will get to each specific jump without interfering with the other competitors. In 1995, at the Boekelo CCI, David O'Connor and Lightfoot were struck by a medical team vehicle driven by a Red Cross volunteer. The horse bounced over the hood of the car and O'Connor was thrown 20 yards. The car crossed the track at an unmanned course crossing without checking to see if a horse was galloping towards it.

At many smaller events at which the course is unroped, it is very easy for even experienced participants to step onto the course track.

Larger events should always have any vehicle movement, most especially ambulances; monitored by Cross-Country Control and they should know where that ambulance is at all times.

### **Stationing of Ambulances on Cross-Country Day:**

Ambulances should be stationed at the most geographically accessible locations, where they can access the most jumps as quickly as the terrain allows. Ideally the most inaccessible regions are then covered by the 4WD Medical Response Vehicles, which can quickly reach the patient and begin immobilizing or addressing their particular problems, while awaiting the arrival of a full-scale ambulance. Cross-country courses should be divided into areas with teams assigned to each area.

### **What is the best way to hire an ambulance?**

Initially you should approach the administrative director of the ambulance service that contracts to provide service for your area's 911 system. Tell them you need an ALS ambulance for those dates and get an hourly estimate. (see checklist for evaluating local resources). Very rarely they will agree to provide one gratis but you must specify that it be designated for your event's use only, as you do not want it to be responding to 911 calls off site. Then you should speak to the medical director about your plans for overage and who will be responsible for medical control.

If they do not have an appropriate ambulance available, you can approach a local private ambulance service but you will have to discuss with them your areas contract agreements and restrictions. You may have to use the private service to transport the patient to the edge of your property and then transfer them to the 911 ambulance for transport to the hospital. This is not as inconvenient as it seems as your private ambulance can then return to duty at your event and not be delayed by having to transport the patient all the way to the hospital and then come back. Competition can also resume immediately. If your plan includes this scenario, then you should formally designate and mark an exchange point. This is the procedure used at Rolex and seems to have worked very well for them.

### **Familiarity with Vehicle Operation:**

Gators and four wheelers can be dangerous themselves and medical personnel are not always the best drivers nor are they always exactly sure how to maneuver these machines. Have someone competent check out every driver and make sure the equipment is securely fastened onto the vehicle. In Atlanta, during the 1995 test event for the Pentathlon, a cooler full of ice slipped off the seat of a medical golf cart, rammed the gas pedal and sent the unmanned vehicle flying into several rows of spectators watching the event.

### **Movement of Vehicles around Cross-Country Course and Show Jumping Area:**

All medical vehicles should remain stationary during competition unless they are responding to a call or transporting a patient. **DO NOT USE SIRENS DURING MOVEMENT OF VEHICLES.**

## **EMERGENCY EXIT ROUTES AND TRANSPORTATION**

When the cross-country course track and location is set, the SC should walk or ride it with the Cross-Country Steward to plan assignments and routes for ambulance travel. In addition, they should work out alternate routes should the condition of the track change after excessive rain or other inclement weather. On a particularly hilly course, there may be areas where it is not safe for a regular ambulance to follow a direct route to a downed rider. This needs to be addressed in advance and alternatives discussed. Any taping off of spectator or galloping lanes needs to address primary and alternative ambulance routes, leaving gaps where they need be.

Routes to the nearest hospital should be established, in consultation with any local law enforcement personnel that will be present. If traffic is a problem then a designated route may have to be closed off to non-emergency personnel.

## **HELICOPTERS**

Generally transport by ground ambulance is the most efficient for ranges up to 30 miles. When a severely traumatized rider needs transport to a Level I Trauma Center that is more than 20 minutes away by ground then a helicopter is a great expeditor. Consult with your local EMS provider to see how air transport is routinely handled in your area.

**LANDING SITE** should be selected well before competition and reviewed by the pilots. It is best situated away from the competition area to avoid spooking horses and further disrupting competition. The rider can be transported from the scene of injury to the helicopter-landing site by ground ambulance.

Discuss with the TD and Organizer how the landing site is to be flagged. Remember that the landing site for helicopters must be free of overhead cables and all loose objects secured.

**OFF SITE HELICOPTER BACKUP** You need to discuss with the service director the estimated startup time plus travel time to determine how long it will take to get to your site. If it is going to take them more than 20 minutes to get there you may be better off sending the patient by ground ambulance.

**SELECTING A SERVICE** Few regions have more than 2 services in their areas but get recommendations from your local EMS director. Sometimes you can arrange to have them remain on site for the duration of competition but many services only have one helicopter so if they get another call they may leave you uncovered, you have to then have a backup service or choose one that has more than one helicopter.

**WEATHER** is always a problem if you depend heavily on helicopter service. Ask to have status reports faxed to the Secretary's office starting on a daily basis 2 days before competition and keep an eye on the weather reports. (see attached).

### **WHAT SITUATIONS SHOULD CAUSE YOU TO CONSIDER HELICOPTER TRANSPORT?**

- 1) obvious spinal cord injury, patient needs nearest Level I Trauma center with specialty spinal injury unit
- 2) head injury and victim still unconscious—needs Level I Trauma center with immediate neurosurgical care
- 3) trauma with severe blood loss
- 4) airway difficulty

### **HELICOPTER PROTOCOL**

Never approach a helicopter from a downhill slope. Always approach from the 10 o'clock – 2 o'clock position as seen by the pilot. Keep the injured rider away from the immediate vicinity of the landing site.

**INSERT MAP SHOWING EMERGENCY VEHICLE ROUTE TO HOSPITAL AND HELICOPTER LANDING SITE:**

## **WEATHER**

**CHECK WEATHER REPORTS BEFORE AND DURING YOUR EVENT** and be aware of potentially severe weather including:

### **SEVERE LIGHTNING AND THUNDERSTORMS**

Certainly may affect how ambulances can get to certain areas on your competition site.

Be aware of the possibility of impending thunderstorms by tuning in to a weather radio if bad weather is a good possibility. If you are within 10 miles of a bad storm you should make preparations to evacuate the cross-country course. Advise the show announcer. The announcer should ask riders to take cover in barns and spectators to return to their cars.

If caught in the open during lightning get off high areas but do not go into low-lying areas especially streams. The lower 1/3 of a sloping hill is the best place to be. Get behind a rock not a tree. Do not seek shelter under any tall solitary objects, stand near water or hold a radio. Avoid anything metal.

Crouch down with your hands and arms around your knees, not touching the ground.

Do not stand out in the open holding or riding a horse.

### **EXTREME HEAT**

Heat related illnesses account for a disproportionate number of visits to the First Aid stations at equestrian events. If the heat index is high prepare to expand your medical coverage. Plan for water breaks and encourage riders and spectators alike to increase fluid intake. By the time you are thirsty you are already probably dehydrated. Riding coats should be removed any time the Heat Index is in the critical zone.

**BY MAKING PERIODIC INFORMATIVE AND REASSURING ANNOUNCEMENTS, THE ANNOUNCER CAN FORESTALL MANY PROBLEMS IN ADVERSE WEATHER CONDITIONS.**

## PRE-EVENT MEETING

Prior to the start of the competition the SC must meet with all persons who are going to serve in any medical capacity at the event (this includes the anesthesiologist who is going to be a jump judge).

This should be set well in advance of the event in order to have time to correct any weaknesses in procedure.

At a smaller event, if the SC has completed a satisfactory medical plan, this conceivably could be the morning of the start of the jumping phase—but for most events of any size at least one or two meetings are required. You must be sure that every person knows his or her role in the event of an emergency.

- Acquaint them with the sport if they are not familiar with the type of injuries as well as the mechanism of those injuries. Until the USEA puts out their own video, the Thrills and Spills video (produced by Equestrian Vision and sold in tack catalogues) gives non-equestrian medical personnel an excellent overview of the mechanism of injury of many serious rider accidents.
- Review the layout of the competition site, drive the cross-country course and review all obstacles to determine accessibility and extrication dilemmas.
- Each medical person should know where he/she will be stationed, and how to get to every area in his/her assigned sector.
- Discuss scheduled lunch and bathroom breaks and procedures.
- Go over what supplies (for both personal needs as well as medical equipment each should bring).
- Review all vehicle access routes, establish what route to the hospital, etc. will be used (see questions under hospital care).
- Make sure each team member knows the location of all warm-up sites and stabling, parking plans for spectators, routes around the parking lots and any areas, which will be blocked the day of competition.
- Review communication systems, including operation of radios and cell phones and make sure everyone knows WHO IS GOING TO CALL FOR AN AMBULANCE.
- Introduce each medical team member, either in person or by description to the TD and members of the Ground Jury. The medical team should be fully aware that the members of the Ground jury are their backup if they have to stop a competitor for medical reasons.
- Establish the protocol for handling transportation of injured riders with or without an ambulance on site
- Review location of any ambulance or medical vehicle on course
- Discuss logistics of attending injured riders in ditches, on steep hills, in water, riders trapped underneath horses and /or in jumping obstacles
- Review the individual responsibilities of each person: who will support the neck, maintain the airway, start IVs, direct the scene, communicate with the hospital.
- Review the medical assessment forms and discuss how to evaluate the injured rider who still wants to compete.

- Give the EMT/Paramedics a complete list of competitors with their name address, DOB, etc. This saves time in filling out forms and helps assess a rider for possible concussion.
- Review schedule to see if jumping phases are going on simultaneously at two sites, cross-country course and show jumping for example.
- What will happen if another rider is injured after one has gone to the hospital? Who is the backup?
- How will they handle cases in which the horse is injured also? Will the vet be on our communication network—if a horse is down on top of a rider?
- Review tow truck or tractor location and response time if the ambulance or another rescue vehicle gets stuck.
- Who will disassemble a jump if rider and or horse are trapped?
- Give maps and copies of the medical plan and all procedures to all team members.
- What should a medical team member do if a medical person who is not a designated team member offers to help?
- Check the weather forecast
- Where will each person be stationed, who should the medical team member report to on arrival, will there be transportation to their assigned station or will a long walk be in store for them?
- How will vehicles move around the course?

**IMPORTANT: STEP by STEP.** Go through every process of how your team will respond to a critically injured rider and go over your worst case scenario. It is often helpful to actually act out a practice trauma code so that everyone feels comfortable with their role.

- Discuss how you will maintain patient confidentiality and privacy in a very public area, using crowd control measures and at larger events, rolls of drape material that can be held around the patient by non-medical personnel.

**INSERT MAP OF COMPETITION SITE HERE**

Make sure all areas clearly labeled both on map and on the actual site

**INSERT MAP OF CROSS-COUNTRY COURSE HERE:**

## **MEDICAL PROCEDURES FOR EVENTING**

### **MEDICAL PROVIDERS PROTOCOL for CROSS-COUNTRY COURSE**

Upon arrival at assigned area:

- 1) find and introduce yourself to the jump judges in your assigned areas
- 2) find and introduce yourself to the competition steward or member of the Ground Jury in your area
- 3) find the appropriate ambulance serving your area. If you are to relay a 911 call for an injury in your assigned area, make sure you understand it.
- 4) Await and listen for the pre-event test radio transmission from SC to you
- 5) Test transmission of your cell phone (if you have one)
- 6) Review again your procedure for moving a patient from any place in your area that may be difficult to access by vehicle.
- 7) Review the pertinent aspects of exam on the "Short Form" evaluation.

#### **Rider Down:**

Upon arrival:

- 1) Institute ABC protocols and immobilize as indicated
- 2) Listen for mechanism of injury and info as to loss of consciousness from jump judge or first responder
- 3) Assess patient quickly and call for ambulance if necessary.
- 4) Move the patient to the side of the course as soon as you can without compromising patient care.

**REMEMBER:** If you do not know horses, be careful not to step behind them or attempt to catch a loose horse—that job is assigned to others. If a horse is down on top of a rider, make sure the vet and repair crews have been called. Be careful, horses struggle a lot when they are getting up and it is not unusual at all for them to strike out with a steel clad foot and hit someone standing near them. The horse usually gets up with the front end first and a struggling horse's head can be a lethal weapon. We do not want to be sending an ambulance to get you!

**HELMET REMOVAL:** Riding helmets rarely prohibit access to the airway. Usually you can leave it on until you immobilize the patient and cut the strap with scissors.

**HEAD INJURIES IN RIDERS:** Head injury is the usual cause of the most serious and fatal horse related injuries, even with the reduction in risk that safety helmets provide. Even a mild head injury may result in subtle brain damage and repeated head injuries, even so called mild ones, can result in fatalities or significant brain dysfunction if they occur over a short time period. Consequently, a fall in which a rider has been concussed according to USA Equestrian rules, requires that medical personnel examine a rider. A **CONCUSSION** is defined as any alteration in mental status following a blow to the head. A rider may have sustained a concussion without actually losing consciousness.

## **ASSESSMENT OF THE INJURED RIDER WHO WANTS TO OR ATTEMPTS TO CONTINUE:**

USA Equestrian Rules:

### **Article 1711. Medical Requirements** *BOD 1/14/01 Effective 12/1/01*

1.1 ACCIDENTS INVOLVING COMPETITORS. In the event of an accident in which a competitor is apparently injured or concussed, they must be examined by designated medical personnel to determine if they may resume riding or if they are capable of leaving the grounds. Refusal to be examined shall be penalized by a fine of \$100. (Payable to the Organizing Committee) at the discretion of the Ground Jury.

1.2 If such a fall occurs during the cross-country test, the time during which the competitor is held and examined shall be recorded and deducted from his total time if he is permitted to continue.

Most event riders are tough, competitive athletes who are highly motivated to continue the competition even with some painful injury. The medical person's job is not to stop the rider with a few bruised ribs or a sprained finger from continuing on to complete the course. However a person who has sustained a neck or head injury should under no circumstances be allowed to continue. If they go on to jump the next fence with a cervical compression fracture or disoriented from a seemingly mild head injury, and then sustain a life-threatening catastrophe, a disaster has occurred. The time clock will be stopped while you make a quick evaluation.

If the rider can easily ambulate, without risk of further injury, allow them to walk to the side of the course and perform a brief exam, according to the guidelines noted in the "Short Form" medical assessment.

### **SIDELINE EVALUATION OF RIDER - Most Important**

- 1) Does the jump judge report a significant impact to the head as a mechanism of injury?
- 2) Was there a loss of consciousness?
- 3) Is the rider confused, complaining of dizziness, headaches or nausea?

If any of the above exist or have occurred, then automatically the rider should not be allowed to continue. Any problems, call for the Safety Coordinator and the GROUND JURY.

**REMEMBER** a person does not actually have to lose consciousness to have sustained a concussion.

**INJURED RIDERS MAY BE RELEASED TO CONTINUE RIDING OR ELIMINATED AND TAKEN TO ONE OF THE AMBULANCES FOR OBSERVATION AND TREATMENT OR TRANSPORTED TO A HOSPITAL FOR TREATMENT.**

Any rider who refuses a medically recommended transport to or evaluation at a hospital should not be allowed to continue competing.

## COMMUNICATIONS

No matter how well trained and equipped your personnel, they are useless unless they can deliver the appropriate service to the correct location at the right time. This means a well thought out communication system and the SO must be an integral part of this system, including the Announcer and the Cross Country Controller. At some events, the Announcer is the Cross Country Controller on cross country and stadium days; at others, a separate person (Cross Country Controller) may work in conjunction with the announcer, coordinating and forwarding medical and repair information. Sometimes the jump judge may hold the radio but often a separate radio person will accompany the jump judge. Whatever the plan, assignments of medical personnel as well as their locations must be mapped out and given to all involved personnel well in advance of cross-country day. This includes but is not limited to the Announcer, Cross Country Controller, Chief Radio Operator, and Technical Delegate.

**EVERY EVENT OFFICIAL AND VOLUNTEER SHOULD BE EDUCATED AS TO HOW TO CALL FOR MEDICAL HELP AND KNOW THE VENUE LOCATION OF THE NEAREST OFFICIAL WHO HAS A RADIO.**

The key elements of an adequate communication system are:

1) **DISCOVERY** of an **INCIDENT** and the **RESPONSE**. Ex. a jump judge witnesses a fall and sees a rider down. If the rider is not immediately up the judge should call for help and approach the victim following the attached general guidelines for first response. Establish **WHO CALLS FOR HELP and HOW THEY CALL FOR HELP**.

2) **DISPATCH**. You must establish clearly who dispatches the EMT/Paramedic team to the correct jump and who calls for an ambulance. If an ambulance is not on the scene, clearly establish who will call 911. All of these protocols must be clearly laid out in advance and explained carefully to non-medical personnel.

**ANNOUNCERS** should periodically notify spectators as to how they should notify medical personnel in case of an emergency.

**DEVELOP SOME EMERGENCY CODE WORDS FOR YOUR EVENT AND INFORM ALL PERSONNEL.** Do not use commonly known phrases such as "Code Blue" or "Code Red".

You need one for rider down and critically injured, dead horse, etc.

### **EQUIPMENT:**

The SC and each medical team should have a radio. The SC must be able to communicate directly with any ambulance on site so each ambulance will **ALSO HAVE TO HAVE AN EVENT RADIO**. Do not count on them having a radio that will link in with the event system, as this would be very unusual. If there is not an ambulance on site then every SC should have a **CELL PHONE** with them at all times in order to call 911.

If you can budget for it, the 800-900 MHz radios have the "talk group" capability allowing medical personnel to talk confidentially on one channel.

### **EQUIPMENT CHECK**

When medical personnel are at their assigned position there should be a test period where the SC calls each person to test the transmission of their radio.

Be sure to also test the cellular capabilities at various sites on the venue and carry extra charged batteries.

If you plan on calling 911 from a cell phone make sure that you will actually contact the nearest 911 EMS group.

Sometimes with cell phones the call is routed by computer through a way station which actually puts you in touch with the 911 system closest to that relay station not the one physically closest to the one from which you are calling. Test it by dialing 911 from different sites on the course. If this is a problem you may have to request a direct dial in number instead of actually dialing 911.

Advise all personnel to carry their radios with them at all times, even to the bathroom and when examining patients. Do not leave the radio in your response vehicle.

Heed any sign of low battery charge.

Ideally a headset with lapel microphone ensures that the radio and medical person do not become separated plus it helps preserve confidentiality.

## **SPECIAL SITUATIONS:**

**RIDER REFUSES A MEDICAL EVALUATION OR HOSPITAL TRANSPORT:** Every state has regulations addressing this concern. If a person is felt to be able to reasonably make a decision about his/her medical care then he/she can refuse to be transported to a hospital for treatment. To be able to make a reasonable decision the person must not be intoxicated, under the influence of drugs, or have sustained a head injury. All of these situations may have resulted in impairment of their ability to think reasonably. If a person has lost consciousness from a head injury and are confused then they are not assumed to be able to think reasonably and can be transported to a hospital for evaluation without their consent. A person who has sustained a concussion with or without loss of consciousness should never be allowed to continue on course, whether or not they allow transport to the hospital. The TD/Ground Jury members have the authority to enforce this rule and will back you up. Make sure all medical personnel understand this—doctors too!

Suggested script for medical personnel to use for a rider who refuses necessary evaluation, treatment or hospital transport. "I think it is important that you accept (an evaluation, treatment, transport) for your own well being as well as that of your horse. The time it takes is being recorded and deducted from your cross-country time. If you refuse, I have no choice but to notify the Ground Jury and you may be eliminated from ALL competition today on a medical basis."

## **MEDICAL ARMBANDS:**

The medical armbands contain pertinent medical and personal information, which will be needed by the paramedics as well as emergency room personnel. If it is removed at the scene of the accident, someone needs to personally hand it to the transporting paramedics. If clothes are removed in transport it may get lost. Be sure they know what it is, where it is and what it contains, including frequently the rider's insurance card.

## **PROCEDURE FOR MEDICAL CARE IN SHOW JUMPING PHASE**

**MEDICAL PERSONNEL MUST BE WATCHING THE COMPETITION**, stay alert for falls—not at refreshment stand—after watching the 22nd Novice show jumping round!

Identify access route to arena and maintain clear approach.

### **RIDER DOWN**

No loss of consciousness or obvious injury. Gets up immediately and remounts. No medical attention required.

Rider gets up tentatively. No loss of consciousness. Can quickly assess rider and if ok, can remount and continue.

Rider slow to get up or doesn't get up immediately. Assigned person goes on foot to evaluate quickly. If no loss of consciousness or if mechanism of injury does not suggest a spinal injury then rider may be able to walk out of the ring or be taken out in a golf cart or 4 WD car. Ambulances can get easily stuck in soft sandy footing—do a test drive in yours before competition starts.

Rider with obvious severe injury? EMT/Paramedic team member responds on foot immediately.

A second member drives ambulance into arena if indicated.

## **ISSUES FOR LARGER EVENTS AND THREE-DAY COMPETITIONS**

### **CROSS-COUNTRY DAY:**

- 1) Divide the course into geographic areas (corresponding to those areas assigned to each Area Steward) and assign a medical team to each of these areas. Within each area place an EMT/Paramedic paired with a physician, an EMT/Basic, an ER RN or other qualified person on or in a 4wd vehicle. These teams will be the immediate first responders to an injured rider in their area. They should be able to reach any jump in their area within one minute. They will begin treatment and stabilization of the patient until the ambulance arrives. Make sure any other medical person who may be assigned to that area in another capacity (for example, radio person) is properly identified and knows any role that they might have in the care of the patient.
- 2) At least one ALS ambulance should be on site. They should be located where they can move quickly and easily out of the venue. Depending on terrain and size of the event, they may travel to the patient or the First Responder medical team may transport the patient to the ambulance.
- 3) Locate a helicopter landing site and make arrangements for service.
- 4) Some type of First Aid Station should be present for Spectators. It can be very simple unless you are expecting a large number of people and if heat and humidity are going to be a factor.
- 5) Spectator Down Protocol - Decide who will respond and how you will transport them. If you use one of your ALS ambulances then you are going to remove one from service for the potentially injured rider. This is a scenario when you might want to have the local 911 service meet your ambulance on the property and let them take the spectator to the hospital.
- 6) Steeplechase Phase - a separate team can cover this phase and then move in to assist with spectator care or as relief for another team when steeplechase completed.
- 7) Roads & Tracks - don't forget how to plan access to these more remote areas.
- 8) Stable area

### **SHOW JUMPING:**

- 1) 1 ALS ambulance
- 2) 1 4wd medical response vehicle with EMT/Paramedic to back them up so competition can continue if transport required.

### **DRESSAGE DAYS:**

- 1) 1 ALS ambulance on site or 1 4wd medical response vehicle with EMT/Paramedic (if ALS ambulance available on 911) will usually be adequate.

### **VET INSPECTION:**

- 1) Accidents are not infrequent where horses and people mix closely together. Needs same coverage as dressage.

## **ALL LARGE EVENTS SHOULD DEVELOP A PLAN TO COVER MAJOR INCIDENTS**

## **INFECTION/UNIVERSAL PRECAUTIONS**

All medical personnel including volunteers must follow uniform universal precautions including the use of gloves and CPR protector masks.

## **MEDICAL WASTE**

Medical waste is microbiological waste, pathologic waste, blood and sharps. All medical waste except sharps should be discarded in a medical waste bag located either in the ambulance, medical response vehicle or first aid station. Sharps should be disposed of in puncture proof containers and must be provided in the barns per USA Equestrian rules.

## **FIRST AID STATIONS**

Any event of a significant size, especially if you expect over a thousand spectators, should have a First Aid Station. If you do not have one, spectators will tie up your trauma personnel with routine requests.

At moderately sized events, the station does not have to be particularly complex. Most visits are for very minor problems. The ideal staff is an ER RN, Paramedic or at larger events an ER Physician.

The First Aid Station can serve as a base for the medical team and should be equipped with a cell phone and/or radio. It should be clearly identified and in a central location.

## **SUGGESTED FIRST AID STATION SUPPLY LIST**

Ice  
Fluids and candy bars  
Band-Aids  
Tylenol/Aspirin  
Sun screen  
Antiseptic solution  
Antibiotic ointment  
BP cuff  
Stethoscope  
Penlight  
Safety Pins  
Bandage supplies, Kling, gauze pads, etc.  
Bee sting kits, including epinephrine vials 1:000. Syringes. Solumedrol and Benadryl  
Saline eye drops  
Bandage scissors  
Steristrips  
See contents of "MD Fanny Pack"

Larger events need at least one AED or defibrillator

## **TREATMENT in the FIRST AID STATION**

Person identified with complaint on the log – ex. "Needs Sunscreen"

If patient needs to be seen by a physician – ex. complains of "Chest Pains" and you have a doctor present then the MD will complete a medical encounter form (see attached) including a consent to treatment.

For complaints or injuries that require further attention (ex. a sprained ankle) but are not emergent then it is best to solicit a family member or volunteer to drive them to the local hospital. Very large events may want to have a courtesy car or driver to take a patient like this to the hospital.

## **AFTER COMPETITION HOURS MEDICAL CARE**

At night or early morning hours, medical care is routinely through the 911 system; however, the following should be available:

**TELEPHONES** easily identifiable and locations noted on the maps given to each competitor.

**MAPS** posted next to each telephone showing present location within the site, stating clearly the address of the competition site, telephone numbers of the fire department, EMS system and number of organizer's designated person of who to contact in case of an emergency.

**FIRST AID KITS** consider one for each barn.

## **SUGGESTED HUMAN FIRST AID KIT CONTENTS**

Assorted Band-Aids  
Gauze pads  
Kling wrap  
Triangular bandages  
Antiseptic solution  
Antibiotic ointment  
Safety pins  
Chemical cold packs  
Bandage scissors  
Sting-Eze  
Disposable gloves  
Sunscreen

## **SPECTATOR CARDIAC ARREST**

If you have a large number of spectators, you should have a separate response team just for the spectators so that competition can continue in the event of a spectator down. If not, then you must designate specific personnel that can respond, immediately contacting an ambulance for backup. If you are at a small event, then you may simply have to stop the riders while the medical personnel respond to the spectator.

This is when the 911 system should be immediately contacted especially if you do not have an ambulance on site. You must start CPR and get a defibrillator to that person as quickly as possible.

## Appendix 1

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**SUITABLE MEDICAL EQUIPMENT** for use by EMT/Paramedic as required by their certifying state or EMS Region must be present.

**MOST IMPORTANT:** A CELL PHONE or direct access (by radio) to someone PERMANENTLY stationed next to a phone.

Map of cross-country course with crossing sites, jumps, and helicopter landing zone marked.

Card with phone numbers of designated hospitals (nearest hospital ER plus nearest Level I Trauma Center ER), including emergency room with ambulance medical control, 911 ambulance, helicopter service, National Weather Service Hotline, Fire Department and local law enforcement numbers.

## Appendix 2

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### WORKSHEET: VEHICLES FOR THREE PHASES VEHICLES ON COURSE FOR ENDURANCE PHASE

#### AMBULANCES

Number on course: \_\_\_\_\_

Locations:

**#1**

**#2**

#### **Ambulance #1**

DAY: \_\_\_\_\_

Hours of Service: \_\_\_\_\_

#### **Ambulance #2**

DAY: \_\_\_\_\_

Hours of Service: \_\_\_\_\_

**Total ambulance hours of service:** \_\_\_\_\_

Contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

**SET UP TIME FOR PRE-EVENT MEETING** with Ambulance Personnel who will actually be working that day:

#### OTHER MEDICAL VEHICLES

4WD Medical Response Vehicles

NO \_\_\_\_\_

Location on course and who assigned

To:

## Appendix 2 continued

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### DRESSAGE DAYS

AMBULANCE No. \_\_\_\_\_

LOCATION: \_\_\_\_\_

Day 1: \_\_\_\_\_

Hours of Service: \_\_\_\_\_

Day 2: \_\_\_\_\_

Hours of Service: \_\_\_\_\_

### SHOW JUMPING DAY

AMBULANCE No.: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DAY: \_\_\_\_\_

Hours of Service: \_\_\_\_\_

4WD Vehicle: \_\_\_\_\_

Location: \_\_\_\_\_

### VET INSPECTION:

AMBULANCE: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DAY: \_\_\_\_\_

Hours of Service: \_\_\_\_\_

## Appendix 3

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### WORKSHEET for PRE-EVENT EVALUATION OF LOCAL RESOURCES

This includes knowing local, county and regional procedures and protocols for handling trauma and other life threatening injuries and what resources are available.

Dates of Event:

Dressage \_\_\_\_\_  
(include est. times)

Cross-country \_\_\_\_\_

Show Jumping \_\_\_\_\_

Pre-Competition Dates (vet inspections, large spectator parties that may need special medical coverage) \_\_\_\_\_

ADDRESS of Competition Site: \_\_\_\_\_

COUNTY: \_\_\_\_\_

NAME OF FIRE CHIEF: \_\_\_\_\_ TEL: \_\_\_\_\_

911 Provider for County in which Event is Held: \_\_\_\_\_

Name of Medical Director: \_\_\_\_\_ TEL: \_\_\_\_\_

Name of Administrative Director: \_\_\_\_\_ TEL: \_\_\_\_\_

Conversation / Date: \_\_\_\_\_

(Get info from them about how 911 calls are handled in the competition area, explain to them the nature of the sport and that there is a risk of significant head and spine trauma. You must also inform them of USA Equestrian requirements of an EMT/Paramedic on site)

## Appendix 3 continued

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Will they provide an EMT/Paramedic for the event? Yes No

Cost per hour? \_\_\_\_\_

Will they give the EMT/Paramedic the appropriate basic equipment to accompany them?  
(see attached list) Yes No

Can they provide a dedicated Advanced Life Support Ambulance for the event staffed by at least one  
EMT/Paramedic? Yes No

Cost/ hour for ambulance plus the 2 personnel? \_\_\_\_\_ (expect \$70 - \$90/per hour)

If they are unable to provide either of the above can they refer you to private ambulance services which serve this  
area?

Private Ambulance #1 \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone Number \_\_\_\_\_

EMT/Paramedic with appropriate equipment, cost per hour \_\_\_\_\_

Advanced life Support Ambulance staffed by at least one EMT/Paramedic, cost per hour \_\_\_\_\_

Private Ambulance # 2 \_\_\_\_\_

Contact person \_\_\_\_\_

Phone Number \_\_\_\_\_

EMT/Paramedic with minimum equipment, cost per hour \_\_\_\_\_

Advanced life Support Ambulance staffed by at least one EMT/Paramedic, cost per hour \_\_\_\_\_

Questions you need to ask of all private ambulance services:

Can they transport these patients to hospitals in the area or will they have to "hand off "to the local 911 service  
when they leave the competition property?

Are there any special arrangements with the local fire department as to how these calls are handled?  
Do they have a helicopter service?

DO YOU HAVE A VOLUNTEER EMT/PARAMEDIC WHO MIGHT SERVE WITHIN THE VENUE?

If not check the resource list for each area in the back of this section.

ONE MONTH PRIOR TO YOUR EVENT IT IS ADVISABLE TO WRITE A LETTER TO LOCAL LAW  
ENFORCEMENT, EMS OFFICIALS, THE NEAREST HOSPITAL EMERGENCY ROOM, AND THE NEAR-  
EST LEVEL I TRAUMA CENTER EMERGENCY ROOM INFORMING THEM OF THE DATE, NATURE OF  
THE EVENT, AND NUMBER OF PEOPLE EXPECTED.

## Appendix 3 continued

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Name of HOSPITAL NEAREST to the Event:

ADDRESS:

DIRECTIONS FROM EVENT:

ER PHONE NUMBER:

CONTACT PERSON:

IN ER:

Notified of Event? Yes No

TRANSPORT TIME FROM EVENT to NEAREST HOSPITAL by Ground Ambulance

Is this hospital a LEVEL I TRAUMA CENTER? Yes No  
(must have NEUROSURGICAL capabilities)

If no, then what is the nearest LEVEL I TRAUMA CENTER?:

ADDRESS:

DIRECTIONS FROM EVENT:

ER PHONE NUMBER:

CONTACT PERSON:

Notified Of Event? Yes No

TRANSPORT TIME FROM EVENT TO NEAREST LEVEL I TRAUMA CENTER by ground ambulance:

IF GREATER THAN 20 MINUTES BY GROUND AMBULANCE then make arrangements for helicopter back up.

## Appendix 4

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### MEDICAL GUIDELINES FOR JUMP JUDGES

When an event occurs (a rider down), the jump judge's primary responsibilities are to CALL FOR HELP, STOP THE NEXT HORSE and maintain SCENE SAFETY/CROWD CONTROL thereby preventing further injury.

Fence judge or radio person at the fence calls communication immediately

RIDER DOWN and does not immediately jump up and remount:

CALL FOR MEDICAL HELP - RIDER DOWN, FENCE \_\_\_\_, REQUEST SAFETY OFFICER & MEDICAL TEAM. Appropriate circumstances may add request for fence crew and vet.

Alert for a possible hold on course. Quick assistance to rider (see below).

IF EMT/Paramedic is in close proximity to the fence with the injury, then he/she provides immediate care and makes the decision to call for an ambulance if they themselves do not have transport capability. If a medical team is covering a cluster of fences then communications will dispatch the team and the SO to the correct fence.

MEDICAL TEAM # 4 NEEDED AT FENCE 7, RIDER DOWN.

IF EMT/Paramedic in route to jump, then jump judge goes to down rider. Jump judge should keep person in position found unless it is life threatening, i.e. face down in water. If jump judge trained in CPR or First Aid provide initial stabilizing care to the limit of their certification, until relieved by the EMT/Paramedic or a person trained to a higher level.

#### DO's

Follow the ABC's if trained

Do note any loss of consciousness, confusion, back or neck complaints (report to EMS personnel)

Cover patient/or try to keep shaded.

Talk to the patient reassuring them that help is on the way.

Avoid moving the patient. If face down in water, log roll the patient onto their back supporting head and neck.

Await EMT's arrival to remove patient from the water.

#### DON'TS

Don't move the rider

Don't realign their position

Don't remove their helmet

Don't remove clothing

Don't give them anything to eat or drink.

#### SCENE SAFETY AND CONTROL

Look immediately for hazards causing possible further injury: HORSE running loose into crowd, towards other riders?

On top of the rider? Within kicking distance of the rider?

#### BYSTANDERS

Have any been injured? Are they helping victim or interfering?

WATER Are the horse and rider down in water?

MECHANICAL Is the horse or rider trapped by the jump?

SCENE CONTROL May need a bullhorn to direct people and make announcements.

- Assign tasks to your assistants or other bystanders if necessary
- Radio cross-country control to stop the next horse
- Crowd control. Keep bystanders away from scene.
- Avoid confrontations with the rider, trainer, and spectators.

**Appendix 5**

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**SAMPLE CONTRACT FOR PROVISION OF AN AMBULANCE AND  
2 EMT/PARAMEDICS FOR AN EVENT**

For agreed compensation,

will provide \_\_\_\_\_ (event) a fully equipped ALS ambulance and 2 EMT/Paramedics who have training and certification as required by USA Equestrian Safety Rule Article 1711.4. These personnel will work with the safety officer to provide medical coverage as deemed necessary

Supplies will include standard equipment for the management and stabilization of traumatic injuries including (but not limited to) cervical spine immobilization, iv fluids, wound management supplies, extremity splints, standard ACLS medications and defibrillator as well as oxygen and intubation equipment.

DATES and COVERAGE HOURS:

Signed \_\_\_\_\_ (EMS Service Representative)

Signed \_\_\_\_\_ (Event Representative)

## Appendix 6

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### BRIEF MEDICAL EVALUATION OF INJURED COMPETITOR (Example Form)

DATE: \_\_\_\_\_

PHASE: Dressage    XC    Show Jumping    (circle one) \_\_\_\_\_

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

Time exam started: \_\_\_\_\_ Time finished: \_\_\_\_\_

Is patient awake alert and with no obvious serious injury? Do quick assessment as below and proceed as indicated.  
IF AN OBVIOUS SERIOUS INJURY HAS OCCURRED, CALL FOR YOUR BACKUP AND USE Local EMS Form to record your evaluation and treatment of the rider.

Does the rider have neck or back pain? Yes    No

Does the rider complain of headache or appear obviously confused? Yes    No

Obvious bleeding site externally or complaint of extreme pain? Yes    No

Abdominal pain? Yes    No

Palpate radial pulse \_\_\_\_\_ rate

Clear and equal breath sounds? Yes    No

Head Injury? Yes    No

Loss of Consciousness? Yes    No

If the answer to any of the above questions are abnormal or if heart rate less than 50 or above 140 then proceed to full examination and explain to the rider that they will be held on course until a full exam can be completed.

Mini Mental Status Exam: (call for a translator if rider does not speak English well)

Ask the rider:

Name                      DOB                      Hometown

Date and year

Country and state he/she is in

What is the last jump they jumped?

Where is the next jump on course?

What dressage test did they ride?

If the rider passes the above quick exam then they can, in some cases, be allowed to continue the competition— unless the mechanism of injury was such as to indicate a high likelihood of serious injury. (ex. horse fell directly on rider, rider’s head struck a fixed object with significant force, helmet shell broken when rider hit ground, etc.)  
MECHANISM OF INJURY (Give brief description as described by witnesses)

MEDICAL RECOMMENDATIONS TO OFFICIALS AND RIDER: (circle one)

Remount and continue

Remain for complete exam (use "long form" protocol)

Stop competition

Transport to hospital

Signature\_\_\_\_\_ (Paramedic, M.D.,)

## Appendix 7

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### SAMPLE MEDICAL CONSENT FORM (optional)

#### Medical Information and Consent to Emergency Care

You will not be allowed to start if this form is not completely filled out. If you choose not to sign the consent portion, you will be required to meet with the Safety Officer to establish an emergency medical procedure before you start.

NAME of Competitor :

Birth Date:

ALLERGIES :

CURRENT MEDICATIONS :

MEDICAL PROBLEMS FOR WHICH YOU ARE BEING TREATED:

IS YOUR HEARING NORMAL? :

SURGERIES YOU HAVE HAD:

PAST RIDING INJURIES & DATES :

Please check the appropriate box regarding your medical history and specify details where you answer yes.

Yes	No	Have you ever sustained the following ?
{ }	{ }	Head Injury _____
{ }	{ }	Concussion ( How many? ) _____
{ }	{ }	Neck Injury_____
{ }	{ }	Back Injury_____
{ }	{ }	Chest Injury_____
{ }	{ }	Abdominal Injury_____
{ }	{ }	Arm or Leg Injury _____

LAST TETANUS IMMUNIZATION: \_\_\_\_\_

MEDICAL INSURANCE CO. : \_\_\_\_\_ POLICY NO.: \_\_\_\_\_

PHYSICIAN : \_\_\_\_\_ TEL.: \_\_\_\_\_

# Appendix 8

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## CONSENT TO EMERGENCY CARE

If emergency medical care is required in conjunction with \_\_\_\_\_ Event, and if I and/or the individuals listed below are unable to or are unavailable to grant timely consent, the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment. I understand that if medical personnel recommend that I receive a medical evaluation at a hospital and I elect not to do so that I will not be allowed to continue competition.

"The undersigned hereby releases all emergency medical personnel, physicians and medical facilities providing emergency care pursuant to this consent from liability."

Signed : \_\_\_\_\_ Date : \_\_\_\_\_

If Emergency Medical Care Is Required, Please Contact The Individual (S) Listed Below

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_

Address : \_\_\_\_\_

Tel : \_\_\_\_\_

Individuals Attending Event With You:

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Local Tel : \_\_\_\_\_

Name : \_\_\_\_\_ Relationship: \_\_\_\_\_ Local Tel : \_\_\_\_\_



# Injury Report

United States Eventing Association

**1) GENERAL INFORMATION:** (Please circle appropriate answers)

**Competition:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Injured Party:** Name \_\_\_\_\_ Telephone: \_\_\_\_\_

**Age:** \_\_\_\_\_ **Sex:** M F

**Participation Category:** Rider ( Pinny # \_\_\_\_\_ ), Groom, Spectator, Other \_\_\_\_\_

**Level or/Division in which injury occurred:** A I P T N BN Other \_\_\_\_\_

**2) LOCATION ON GROUNDS, WHERE INJURY OCCURRED:** (circle one)

Parking, Stabling, Dressage, Show Jumping, X-C (Fence # \_\_\_\_\_ ), Other \_\_\_\_\_

**3) INCIDENT DESCRIPTION:** Describe what happened: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

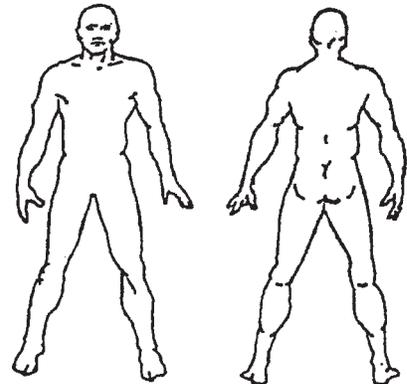
Were you a witness to the incident? Yes No

If not who reported this to you? Name: \_\_\_\_\_ Phone : \_\_\_\_\_

**4) NATURE OF INJURY:**

Apparent Injury (Describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**5) TREATMENT:** Onsite Transported None Refused

**By Whom:** EMT/Paramedic; MD; Spectator; Official; Other  
**Name:** \_\_\_\_\_

(person treating injured party)

**6) FOLLOW UP:** (if appropriate i.e. hospital report, xray) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Report completed by:* \_\_\_\_\_ *Date:* \_\_\_\_\_

## Appendix 9

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### MEDICAL VOLUNTEER LIST

AREAS:

I

II

III

IV

V

VI

VII

VIII

IX

X

# Notes: