



SAFETY COORDINATOR MANUAL

United States Eventing Association

Safety Committee

Guidelines for Emergency Medical Planning at Events

Published by the United States Eventing Association

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N.B. In the event of a conflict between this manual and the United States Equestrian Federation Rules, the United States Equestrian Federation Rules shall take precedence, and shall apply at all United States Equestrian Federation-recognized/endorsed competitions.

Introduction for Organizers

On December 1, 2001, the United States Equestrian Federation adopted the rules below. They are current as of April, 2011:

Article EV 113. Medical Requirements

1. ACCIDENTS INVOLVING COMPETITORS.

a. 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 take part in another test, ride another horse, 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.

b. Competitors who fail or refuse to follow the advice of the medical personnel regarding treatment following such a fall may be subject to disqualification at the discretion of the Ground Jury.

2. In conjunction with GR1217, the following apply in the case of a fall/accident or other injury likely to cause concussion (as determined by qualified medical personnel):

a. No loss of consciousness and no sign of concussion – No Mandatory suspension;

b. No loss of consciousness but with brief symptoms of concussion must have resolved within 15 minutes both at rest and exercise) – minimum 21 days mandatory suspension. The day of injury counts as the first day of the suspension period.

c. Any loss of consciousness, however brief, or symptoms of concussion persisting after 15 minutes – minimum 21 days mandatory suspension. The day of injury counts as the first day of the suspension period.

d. Notwithstanding the above, riders who have established a baseline neurocognitive skills level through a Federation approved testing program e.g. IMPACT test may return to competition upon submission to the Federation of certification that they have passed an exam establishing that they have suffered no impairment of that level. In addition, they must submit clearance as required under GR1317.6.

e. All other riders may, at the expiration of the mandatory suspension period, return to competition by complying with the requirements of GR1317.5

3. **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. It must include any relevant medical history, injury (particularly to the head), drug allergies and current medication. Athletes are responsible to record all injuries on the card. Failure to wear one's own medical card shall be penalized by a fine of \$100. (Payable to the Organizing Committee)

4. **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.

5. **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.

6. 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 manual 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 judgment.

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 Safety Coordinator (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 The United States Equestrian Federation Rules for Eventing, the requirement for hands on medical care is an EMT/Paramedic equipped with the appropriate medical equipment (see The United States Equestrian Federation Rule EV 113.4, 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 travelling, 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 the United States Equestrian Federation 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

United States Equestrian Federation Rules:

Article EV 113 Medical Requirements

1. ACCIDENTS INVOLVING COMPETITORS.

- a. 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 take part in another test, ride another horse, 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.
- b. Competitors who fail or refuse to follow the advice of the medical personnel regarding treatment following such a fall may be subject to disqualification at the discretion of the Ground Jury.

Article EV 141 Cross-Country Scoring.

1. FAULTS AT OBSTACLES:

- b. (4) First fall of competitor Elimination

The above rule stipulates that any rider who falls at an obstacle is eliminated. 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. They must then leave the course and walk home. Falls on the flat between fences are not penalized by elimination. If a fall on the flat is seen to occur as a result of slipping and injury is suspected then it is appropriate to make an assessment of the rider. 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 are disoriented from a seemingly mild head injury, and then sustain a life-threatening catastrophe, a disaster has occurred.

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 an assessment must be made as to whether the rider is fit to walk back to the stables or will need assistance. 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 ARE 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 the 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

EV 154 Eliminations

EV 154. 2.x Fall of competitor or horse ***during the round*** (See **EV150.9** for definition of fall in jumping and **EV153.3** for explanation regarding falls before going through the start flags.)

RIDER DOWN

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

Rider gets up tentatively. No loss of consciousness.

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

DRESSAGE DAYS:

- 1) One ALS ambulance on site or one 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 the United States Equestrian Federation 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.



Safety Coordinator Manual

Appendices

Appendix 1	Suitable Medical Equipment
Appendix 2	<i>Worksheet:</i> Vehicles for Three Phases
Appendix 3	<i>Worksheet:</i> Pre-Event Evaluation of Local Resources
Appendix 4	<i>Worksheet:</i> Medical Guidelines for Jump Judges
Appendix 5	<i>Sample:</i> Contract for Provision of an Ambulance and EMT/Paramedics
Appendix 6	<i>Form:</i> Brief Evaluation of Injured Competitor (Example form)
Appendix 7	USEF Rules for Returning to Competition
Appendix 8	Sample Medical Consent Form (Optional)
Appendix 9	Consent to Emergency Care <i>Form:</i> USEF Equine Accident/Injury Report <i>Form:</i> USEF Eventing Human Accident/Injury Report
Appendix 10	Medical Volunteer List

Appendix 1

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

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: _____

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 No.: _____

LOCATION: _____

DAY: _____

Hours of Service: _____

Appendix 3

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 United States Equestrian Federation requirements of an EMT/Paramedic on site)

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 NEAREST LEVEL I TRAUMA CENTER EMERGENCY ROOM INFORMING THEM OF THE DATE, NATURE OF THE EVENT, AND NUMBER OF PEOPLE EXPECTED.

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

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:

CALL FOR MEDICAL HELP - RIDER DOWN, FENCE # _____, REQUEST SAFETY OFFICER AND 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

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

For agreed compensation,

will provide (event) a fully equipped ALS ambulance and two EMT/Paramedics who have training and certification as required by the United States Equestrian Federation Safety Rule Article EV 112.4.

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

BRIEF MEDICAL EVALUATION OF INJURED COMPETITOR

(Example Form)

DATE: _____

PHASE: (circle one) Dressage XC Show Jumping (other) _____

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 only if the fall was not in conjunction with an obstacle.

Remain for complete exam (use “long form” protocol)

Stop competition

Transport to hospital

Signature _____ (Paramedic, EMT, M.D.,)

Appendix 7

SUBCHAPTER 13-E RETURN TO COMPETITION

Effective 4/1/09

GR1317 Accidents Involving Competitors.

1. This rule pertains to accidents involving competitors in schooling or competition areas at Federation-Licensed or endorsed competitions.
2. In the event of a fall/accident where the competitor is apparently unconscious or concussed, he/she is precluded from competing until evaluated by qualified medical personnel as defined in GR1211.5. If the competitor refuses to be evaluated, he is disqualified from the competition.
3. A Time-Out may be called under paragraph 2 above in accordance with applicable division rules.

COMPETITION PARTICIPANTS AND ASSOCIATED INDIVIDUALS

4. Unconsciousness/Concussion. If qualified medical personnel determines that a competitor has sustained unconsciousness or a concussion; he/she must be precluded from competing until cleared to compete under paragraph 6 below.
5. Medical Suspension. Any competitor who is determined ineligible to compete under any of the preceding paragraphs will be placed on the Federation's website.
6. Return to Competition. In the event that a competitor is determined ineligible to compete under one of the preceding paragraphs, the competitor shall submit to the Federation, a signed release, which includes criteria established by the Federation from time to time, completed by a licensed medical professional in order to be eligible to once again compete in Federation-Licensed or endorsed competitions.
7. For all competitors evaluated pursuant to this rule, the Steward or Technical Delegate shall submit a properly completed Accident/Injury Form, and if applicable, any corresponding signed release to the Federation Director of Competitions by 6:00 p.m. on the day following the last day of the competition.
8. Refusal of Entry. Competitions shall refuse entries of any competitor who is on the Federation Medical Suspension List unless he submits to the Federation a properly signed release as described in paragraph 6 above. Any competitor on the Federation Medical Suspension List is responsible for not competing in any further Federation-Licensed or endorsed competition until they are removed from the medical suspension list.
9. Substitution. Notwithstanding any other provisions of the rules herein, If an entry is accepted prior to the time the competitor was added to the Federation Medical Suspension List, a substitute competitor may be named.
10. Refund. Notwithstanding any other provisions of the rules herein, for any competitor who appears on the Federation Medical Suspension List, a Federation-Licensed or endorsed competition shall refund the entry fees and Jumper nominating fee, if applicable, less office fee.

Appendix 8

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 9

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 : _____

Telephone : _____

Individuals attending Event with you:

Name : _____

Relationship: _____ Local Tel : _____

Name : _____

Relationship: _____ Local Tel : _____



Accident/Injury/Collapse Report Form
for all breeds and disciplines
Submit form to: safety@usef.org
or fax 859.231.6662

2017 EQUINE ACCIDENT/INJURY/COLLAPSE REPORT FORM

This section is to be completed by the Steward/Technical Delegate who should note the circumstances as indicated on the form and also provide information regarding responders, veterinary providers, and the veterinary facility transported to (if applicable) so that the medical records can be located if required.

URGENT - - CONTACT USEF IMMEDIATELY AND INCLUDE A COPY OF THE ENTRY FORM WITH REPORT! WEEKEND EMERGENCY NUMBER IS 859.312.5186

Please check if: FATALITY SERIOUS INJURY COLLAPSE

Please also contact Rob Burke at 571.340.1553 (cell) and Joanie Morris at 484.459.2045 as soon as possible, and fax a copy of the report to USEA headquarters within 24 hours.
USEA fax: 703.779.0550 (Eventing Only)

INCIDENT DESCRIPTION

OTHER INJURY

1. Competition Name: _____ USEF Competition #: _____

Incident Date: _____ Time: _____ AM PM

2. Horse's Name: _____ USEF Membership #: _____

Age: _____ Sex: Mare Gelding Stallion Colt Filly

USEF# _____ Owner's Name: _____ Phone #: _____

USEF# _____ Trainer's Name: _____ Phone #: _____

USEF# _____ Rider's Name: _____ Phone #: _____

3. Location where incident occurred: Cross-Country Course Show Ring Dressage Warm-up Ring Stabling Parking Other: _____

4. Name and type of class (must complete if accident happened during or in preparation for a class): _____

5. If over fences (must complete if applicable) specify: type of **JUMP** _____ and **HEIGHT** _____

6. Fence Safety Features: Safety cups? Yes No N/A Frangible (cross-country) Yes No N/A Rotational Fall: Yes No

7. Footing: Indoor Outdoor Sand Dirt Grass Artificial Natural Other: _____

Footing Condition: Deep Heavy Slippery Good Firm Hard Rough/ Rugged Other: _____

Weather: Sunny Cloudy Raining Windy Foggy Snowing Extreme Temp. Artificial Light

8. Describe nature of incident/narrative: _____

9. Before the collapse or fatality, did the horse exhibit signs of illness/injury on competition grounds? If so, when did the horse first exhibit signs? Yes No N/A

Date: _____ Time: _____

10. Name of witness (other than Steward/TD): _____ Phone #: _____

This section completed by: _____ Date: _____

Horse's Name: _____ Date: _____

LOCATION/VETERINARY ATTENTION

This section to be completed by the Steward/Technical Delegate, or veterinary personnel who treated the horse.

- 11. Treatment: On-site Transported (other) None Refused Transport Refused Treatment
- 12. Treated by: Veterinarian Trainer Owner Rider Spectator Official Other: _____
- 13. **BEFORE COLLAPSE/FATALITY:** Medications, procedures, and/or treatments (if any) given by veterinarian to horse on competitions grounds: _____

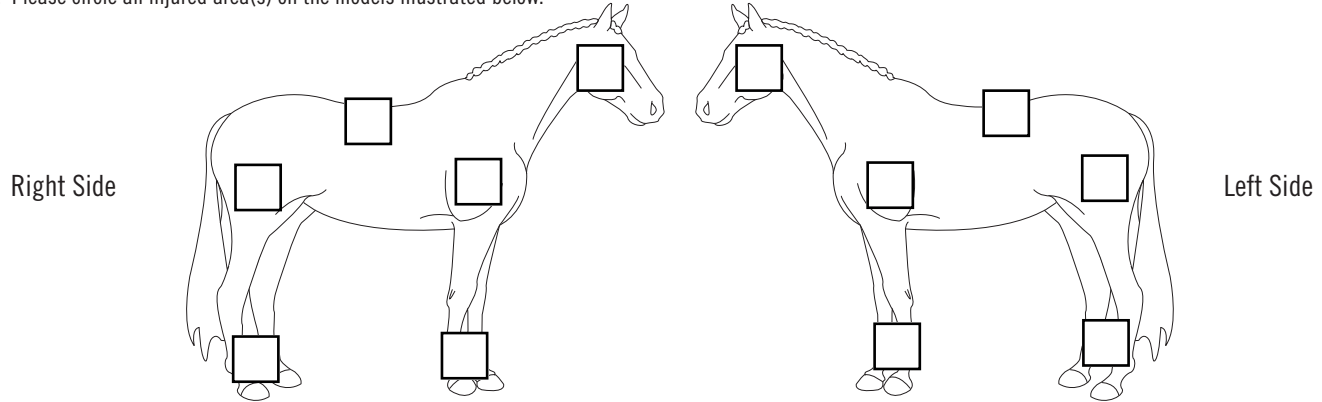
- 14. What veterinarian(s) attended to horse on competition grounds **before** collapse/fatality?
Name(s): _____ Phone: _____
- 15. Medications, procedures, and/or treatments (if any) given by non-veterinarian to horse on competition grounds **before** collapse/fatality: _____

- 16. Name of non-Veterinarian: _____ Phone: _____
- 17. **AFTER COLLAPSE/FATALITY:** Medications, procedures, and/or treatments (if any) given by veterinarian to horse on competitions grounds: _____

- 18. What veterinarian(s) attended to horse on competition grounds **after** collapse/fatality?
Name(s): _____ Phone: _____
- 19. Facility or location where horse transported to (dead or alive) after collapse/fatality: Name(s): _____ Phone #: _____
- 20. **NECROPSY:** Veterinarian(s) who performed a necropsy: Name(s): _____ Phone #: _____
- 21. **ABUSE OR NEGLECT:** Was collapse or death in any way related to abuse or neglect?: Yes No N/A (Details and witnesses) _____

INJURY/INCIDENT INFORMATION

- 22. Suspected type of injury/incident: None Fractures and Bone Stress Joint (Non-Bone) and Ligament Muscle and Tendon Contusions
 Neurological Colic Disease Cardio/Pulmonary Lacerations and Skin Lesions Other: _____
- 23. Please circle all injured area(s) on the models illustrated below.



ADDITIONAL MATERIALS

- Did you obtain eyewitness reports? Yes (*please attach*) No
- Did you call report in to USEF? Yes No N/A
- If yes, date and time called in: _____ To whom: _____
- Steward/Technical Delegate's name: _____ USEF Number: _____
- Steward/Technical Delegate's signature: _____ Date: _____
- Did the Steward/TD witness the incident? Yes No
- Safety Officer/Coordinator's name: _____ Phone Number: _____
- Safety Officer/Coordinator's signature: _____ Date: _____



2017 EVENTING HUMAN ACCIDENT/INJURY REPORT FORM

This section is to be completed by the Technical Delegate who should note the circumstances as indicated on the form and also provide information regarding responders, EMS providers, and the medical facility transported to (if applicable) so that the medical records can be located if required.

URGENT - CONTACT USEF IMMEDIATELY AND INCLUDE A COPY OF THE ENTRY FORM WITH REPORT! WEEKEND EMERGENCY NUMBER IS 859.312.5186.

Please check if: FATALITY SERIOUS INJURY

Please also contact Rob Burk at 571.340.1553 (cell) and Joanie Morris at 484.459.2045 as soon as possible, and fax a copy of the report to USEA headquarters within 24 hours.
USEA fax: 703.779.0550 (Eventing Only)

INCIDENT DESCRIPTION

APPARENT CONCUSSION OR LOSS OF CONSCIOUSNESS Submit report by 6pm the day following the end of the competition. OTHER INJURY

1. Competition Name: _____ USEF Competition #: _____

Accident Date: _____ Time: _____ AM PM Age: Junior Senior Sex of Person: F M

Person's Name: _____ USEF Membership #: _____

Category of Participation: Rider Handler Groom Spectator Official Visitor Volunteer Ring/Jump Crew Other: _____

Emergency Contact Name: _____ Relationship: _____ Phone#: _____

2. Horse's Name (if involved in incident): _____ USEF Membership #: _____

Age: _____ Sex: Mare Gelding Stallion Colt Filly

3. Location where incident occurred: Cross-Country Course Show Ring Dressage Warm-up Ring Stabling Parking Other: _____

4. Level and division (must complete if accident happened during or in preparation for a class): _____

5. If fence-related fences (must complete if applicable) specify: type of JUMP _____ and HEIGHT _____

6. Fence Safety Features: Safety cups? Yes No N/A Frangible (cross-country) Yes No N/A Rotational Fall: Yes No N/A

7. Footing: Indoor Outdoor Sand Dirt Grass Artificial Natural Other: _____

Footing Condition: Deep Heavy Slippery Good Firm Hard Rough/Rugged Other: _____

Weather: Sunny Cloudy Raining Windy Foggy Snowing Extreme Temp. Artificial Light

8. Protective Equipment Worn: ASTM/SEI Helmet: Yes No Unapproved Helmet: Yes No

Body Protecting Vest: Yes No N/A Inflatable Vest: Yes No N/A Other: _____

9. Describe nature of incident/narrative: _____

10. Name of witness (other than TD): _____ Phone #: _____

This section completed by: _____ Date: _____

TREATMENT INFORMATION

This section to be completed by the Technical Delegate, or medical personnel who treated the patient.

11. Treatment: On-site Transported (Ambulance) Transported (other) None Refused Transport Refused Treatment

12. Treated by: EMT/ Paramedic Physician trained in pre-hospital trauma care Nurse trained in pre-hospital trauma care Spectator Official

Other: _____

13. Describe treatment: _____

Person's Name: _____ Date: _____

MANDATORY SUSPENSION

14. Apparent Concussion or Loss of Consciousness: Yes No If yes:
- No loss of consciousness and no sign of concussion = No mandatory suspension
 - No loss of consciousness but with brief symptoms of concussion (e.g. confusion, loss of memory, altered mental state) which resolve within 15 minutes (both at rest and exercise) = Minimum 7 day mandatory suspension
 - Any loss of consciousness, however brief, or symptoms of concussion persisting after 15 minutes = Minimum 21 day mandatory suspension

This section must be completed and signed by the qualified medical personnel to document the mandatory suspension period.

Name of on-site qualified medical personnel: _____

Certification/License #: _____ Issuing Body (e.g. State): _____ Contact Phone #s: _____

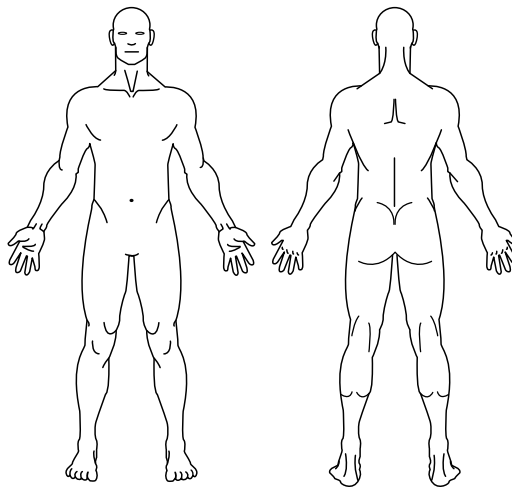
NOTE:

- All mandatory suspension periods count the day of injury as the first day of the suspension period.
- Upon the expiration of the mandatory suspension period, the competitor may return to competition by submitting a medical release note as required by GR1316.

Any competitor who has established a baseline cognitive skills level (e.g. ImPact Test) may return to competition upon submission to the Federation confirmation that they have passed an exam establishing that they have suffered no impairment of that level, in addition to the medical release as required in GR1316.

OTHER INJURY/INCIDENT INFORMATION

15. Suspected type of injury/incident: None Fractures and Bone Stress Joint (Non-Bone) and Ligament Muscle and Tendon Contusions
- Lacerations and Skin Lesions Medical Condition: _____ Other: _____
16. Name of On-site treating EMS personnel (if applicable): _____ Phone #: _____
17. Name of EMS Provider(s) (Ambulance, Helicopter, etc.): _____ Phone #: _____
18. Facility patient transported to: _____ Phone #: _____
19. Please circle all injured area(s) on the models illustrated below.



ADDITIONAL MATERIALS

- Did you obtain eyewitness reports? Yes (please attach) No
- Include clearance to return to competition, if applicable? Yes (please attach) No N/A
- Did you call report in to USEF? Yes No N/A
- If yes, date and time called in: _____ To whom: _____
- Technical Delegate's name: _____ USEF Number: _____
- Did the TD witness the incident? Yes No
- Safety Officer/Coordinator's name: _____ Phone Number: _____

Appendix 10

MEDICAL VOLUNTEER LIST

AREAS:

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II

III

IV

V

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VII

VIII

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Guidelines for Veterinary Services and Emergency Medical Planning at Events

This is intended to serve as a guideline for organizers when planning an event and for veterinarians who are asked to work at an event. Many basic practices mentioned here are already followed at Horse Trials and FEI Event competitions throughout the US. Hopefully this can serve as a “checklist” for events that are ongoing, and as a help when planning new events.

USEF Rule EV176 - Veterinarians:

1. PERSONNEL AND QUALIFICATIONS

a. At Horse Trials, a veterinarian appointed by the Organizing Committee shall be present on the grounds during the Cross-Country and Jumping Tests. He shall be a graduate veterinarian who has experience in treating or riding, or is familiar with, horses in Eventing Competitions.

FEI Veterinary Regulations, 2017 (Excerpt)

Article 1003 – Categories of FEI Veterinarians

FEI Veterinarians:

1003.6.a. Permitted Treating Veterinarians:

Veterinary Services Manager (VSM)- may be the Treating Veterinarian (TV) for the event.

Veterinary Control Officer (VCO)

Treating Veterinarian (TV)-appointed by the Organizing Committee (OC)

Team Veterinarian

Athletes Private Veterinarian (PTV)

Holding Box Veterinarian- may be a TV appointed by the OC at Events where 1 VD is present.

1003.6.b. Official Veterinarians:

Veterinary Delegate/ Foreign Veterinary Delegate (VD/FVD)

Assistant Veterinary Delegate (AVD)

Testing Veterinarian

Holding Box Veterinarian-appointed by the OC when needed.

Roles of Veterinarians during FEI Events:

Permitted Treating Veterinarians- Articles 1008-1012

VSM- appointed by the OC, this may be the TV. The VSM is responsible for the Veterinary Services Operation Plan which includes procedures for veterinary emergencies, organizing additional veterinarians to be

present on the Field of Play (XC) and provide emergency services afterhours. The VSM must maintain contact with the VD/FVD at all times and liaise closely with them.

VCO- Events that involve large areas of Play may have a VCO appointed by the VSM. The VCO liaises with the VD/FVD, VSM and GJ during competition to communicate emergency response, if needed. Radio and cell phone contact with all veterinarians present at the competition must be maintained/provided.

TV- may be on the field of Play to respond to emergencies, or be in the stable to treat horses, as necessary.

Official Veterinarians- Article 1013,1014

1013-VD/FVD/Veterinary Commissions, Assistant/Additional Veterinary Delegates:

These Veterinarians work closely with the VSM to insure that all aspects of emergency planning has been addressed.

Refer to Veterinary Regs for definitions of these roles that are unassociated to emergency planning and response.

Veterinarian

The veterinarian asked to work at the Event as a Treating Veterinarian should be familiar with horses and with the eventing discipline. The veterinarian should also be licensed in the state in which the event is occurring. The Veterinarian should be contacted at least six months in advance of the competition so that she/he can be sure his schedule will accommodate the time commitment. Provide the exact dates you wish the vet to work, provide a contract with the hours and payment amounts in writing and get it signed and returned to the show secretary or organizer.

The veterinarian must be able to provide emergency services at the competition. They must have a vehicle that can get around a cross-country course (in the best or worst weather), have the equipment and drugs needed for all types of emergencies. This would include the drugs and ability to euthanize a horse, if needed.

What are the duties of the Veterinarian?

The primary responsibility of the veterinarian is to insure the health and welfare of the horses at the competition.

Duties include:

- As the rules read, be available at the competition during the required times. Also, be on-call or have a clearly designated veterinarian on call that is close to the show facility when a veterinarian is not physically present on the grounds. A referral hospital should be identified and contacted ahead of the event dates to let them know that your competition may have a need to refer a horse that needs more care than can be provided at the event site. In addition, should a horse fatality occur at an event, identify a diagnostic laboratory (a facility with a pathologist on duty) that can perform a postmortem exam on a weekend. If a diagnostic lab is not available, perhaps the referral hospital will agree to perform a postmortem exam.
- Check with the organizer to have a truck and trailer available and parked in an accessible place to serve as a horse ambulance. A person at the event should be identified ahead of time as the designated driver of the

ambulance, if needed. They should have keys and have ready access to the vehicle during the competition. The trailer itself should ideally have a ramp and be large enough to accommodate a down horse, if needed. There are many different types of skids made. They are very useful when loading a down horse. The organizer and the jump builder should plan to have a skid system that works for their event available during the competition, along with screens, a winch, and other equipment that may be helpful to load a down horse.

- Identify the means of communication the veterinarian will have with the event staff during all phases of the competition. Be sure the veterinarian is in contact with the cross-country controller and also other medical personnel during the competition.
- The veterinarian should know how to navigate the show grounds in his/her vehicle, including the cross-country course. He should know the quickest routes off the property to the referral hospital.

Pre- Event Planning for the Organizer and the Veterinarian

The Veterinarian should arrive at the competition well before it starts. Ideally, the vet should stop by the competition grounds the day before the event starts. Introduce yourself to the organizer, the Safety coordinator, the course builder and jump crew that will be on Cross-Country during the competition.

The Veterinarian should:

- Get a course map from the show office, go out on course, either on your own or with a person familiar with the grounds (jump builder, TD, Organizer) and learn how to drive to all the obstacles in the shortest route possible. Know where the stabling and warm-up rings are located. Get a copy of the show schedule. Some competitions may have several phases of the competition going at the same time.
- Decide where you will be parked for the competition, usually this is in a location that is central to the course and in communication with the control tower. If other veterinarians will also be on course, decide their locations, as well.
- Have your vehicle stocked with the appropriate equipment and supplies to treat all types of emergencies, big and small. (i.e., suture for lacerations, splints, fluids and IV catheter supplies, meds for colic, hives, myositis).
- Review the communications system and the expectations for the event. This is usually via radios on the grounds and a controller who is in charge on cross-country day. The veterinarian is usually on the same channel as the other safety personnel. Cell phones are also used. Make sure you have reception at the grounds and that your batteries are fully charged for the day.
- Decide where the horse ambulance will be parked and make sure the organizer has a person assigned to the trailer for the cross-country phase of the competition.
- Discuss the logistics of removing a horse from a ditch, or a horse that is trapped in an obstacle. Usually a jump crew will be there to assist you with jump remodeling/destruction. Ask who will have the screens and who is in charge of setting them up if there is an injured horse that needs attention and privacy.

- Know the drug rules this competition is working under, USEF or FEI. Get a copy and familiarize yourself with the rules if you are not current.
- Attend any Safety meeting that may be held during the competition. These meetings are very useful as they identify the personnel and protocol that will be used should an emergency occur.

The Day of the Event

- The veterinarian should arrive early, go to the show office, pick up a course and showground's map(if you don't already have one), ask for a radio if this will be your form of communication and make sure it works. Usually the controller will do a radio check prior to the first horse on course.
- Be in position when the competition starts and pay attention; listen to the radio with the volume turned up! It is very easy to visit with a friend and turn the radio down or leave it on the bumper of your truck and not be listening when something important happens! If you are examining an injured horse, have your means of communication (radio or cell phone) with you. Do not leave it in your vehicle!
- If a horse is injured on course, the goal of the veterinarian is to quickly assess the injury (triage) and treat in the most time efficient manner possible. If the horse has a laceration—move them off the galloping track, quickly assess, bandage the area and have the competitor walk the horse to the stable for further treatment. If the horse is in need of a ride back to the stable, alert the controller to send the horse ambulance to give the horse a ride. Obviously, if a horse is severely injured or caught in an obstacle, there will be a hold on course until the situation is handled.
- If a horse is seriously injured or dies, take care of the immediate needs for the horse and the owner of the horse. Help to organize transport of the horse to the referral hospital or diagnostic facility. Ask if the horse is insured and notify the referral hospital of this. If the horse has died and is insured, a postmortem exam is usually required and permission must be obtained from the owner of the horse. The USEA and FEI now require that a Post Mortem exam be done on all deceased horses. In addition, the FEI requires that a deceased horse have blood and urine samples taken and submitted for medication control testing. The USEA has had a longstanding opinion that it is better for all involved if a postmortem exam is performed and is now funding such exams. In this way, we all learn about the cause of sudden deaths in horses competing in Eventing. The Veterinarian should have and use a euthanasia consent form. A form is provided later in this document.
- Very Important: If there is a serious injury of horse or rider, do not speculate about the incident to people that ask for your opinion. Your response should be that the incident is being investigated (there is a committee of people at the event just for this purpose) and a press release will be issued later. The Event Organizers try to issue a press release as soon as possible so that everyone knows what happened. It is for this reason that a postmortem exam of the horse is best done on the day of the accident, if possible.
- If a horse is referred or dies, act as a liaison for the event to the owner, rider, insurance company, or others.

Much of this information is intuitive to the equine veterinarian who is involved in horse sports. As said at the beginning, this should serve as a reminder and checklist of what is expected of attending veterinarians at eventing competitions.

Notes

Notes
