

PRO FORMA MEDICAL/CHECKLIST RESPONSE PLAN FORM 2

This form is for use by the Organiser of an Event with more than 100 but less than 200 expected Entries at the close of Entries

Refer to: General Rules, Chapter 6, Rule 2.

IS THIS A COMMON MEDICAL RESPONSE PLAN?

YES NO

Please return the completed form at the time of submitting the Supplementary Regulations for the Event, to the organisation - either the SKA or KA, that will be issuing the Organising Permit for the Event.

Note: If an Organiser plans to conduct more than one Event of the same status at the same venue, they may lodge a **common Medical Response Plan** if the contents of that plan, following review at suitable intervals, remains unchanged during a calendar year.

EVENT DETAILS

NAME OF CLUB/ ORGANISER:

DETAILS OF EVENT: Name Number of Days

DATE OF EVENT:

EVENT VENUE:

EVENT STATUS: National State Zonal Club

PURPOSE

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

FIRST AID PERSONNEL

The nominated person to oversee emergency medical services, and who will be responsible to the Clerk of the Course is: Name

Position

During the event, the above person will be stationed at:

In addition, the following personnel will be available to provide support: (Note - this section is optional)

Position: Number Available:

(i.e. Paramedic, Doctor/Nurse, First Aid)

During the event, the above person will be stationed at:

VENUE AND RESPONSE DETAILS

The venue has a permanent medical facility.	Yes	No
The venue has a permanent building that can be used as a designated medical facility.	Yes	No
The location of the medical facility (if one exists) is:		
A Patient Transport vehicle will be provided.	Yes	No
The location of the Patient Transport Vehicle (if applicable) is:		
The above vehicle will also act as the medical facility for this event.	Yes	No
The above vehicle is authorised to transport on public roads under emergency conditions.	Yes	No
The venue has mobile phone coverage.	Yes	No
A mobile phone will be used for emergency contact.	Yes	No

COMMUNICATION

The method of communication between the Clerk of the Course and the nominated person in charge of emergency medical services will be:

The method of communication to the personnel manning the Patient Transport Vehicle (if applicable) will be:

OPERATION

When an incident occurs, the Clerk of the Course will make an assessment as to the requirement for medical attendance and will advise the Chief Medical Officer accordingly. Following initial assessment of the casualty, the Patient Transport Vehicle may be dispatched to the scene to provide further assistance. At this stage, further assistance may be requested from resources outside the venue (eg. 000).

OTHER DETAILS

The venue is approximately	minutes by road to the nearest Hospital:			
Name of hospital:				
Address:				
Telephone number:				
The nearest qualified Medical Practition	er is:	located at:		
Address:				
Telephone number:				
EMERGENCY TELEPHONE NUMBERS				
The following contact numbers are required to be noted in the space provided.				
Ambulance, Police, Fire Services:	000			
Nearest Hospital with emergency facilities	ies:			
SKA Emergency Contact:				
Mobile Phone:				
Widdle Fridrie.				
Karting Australia Emergency Contact:				

PLEASE RETURN THE COMPLETED FORM ALONG WITH THE SUPPLEMENTARY REGULATIONS FOR THE EVENT TO THE KARTING ORGANISATION THAT WILL ISSUE THE ORGANISING PERMIT FOR THE EVENT.IT WILL BE EITHER YOUR STATE KARTING ASSOCIATION OR KARTING AUSTRALIA (FOR A NATIONAL LEVEL EVENT.)