

MEDICAL ACTION PLAN (MAP)

Instructions and template form

INSTRUCTION ON COMPLETING MEDICAL ACTION PLAN

Medical Capabilities

1. Rescue Rib

- a) Location: *fill in location of Rescue Boat in the venue (which Field of Play (FOP) if there are more than one)*
- b) Personnel on board: *who is working on the Rescue Boat i.e.: paramedic, Medical Officer (MO) – fill in their names*
- c) Medical supplies: *what medical supplies are there? ie: medical kits and pharmaceuticals as recommended in Appendix 2, Rescue Stretcher, Scramble Net, Jason's Cradle, oxygen, cooling equipment – ice, heating pads, etc.*
- d) Communication capability: *list if there are radios or phones what the numbers are or what channel the radio is on. What code name is to be used for the Rescue Boat*
- e) Responsible: *responsibility for first response, immediate management, extraction from the water, retrieval to land*

2. Ambulance

- a) Location: *fill in location in the sailing venue where the ambulance car and medical personnel will be located, respecting the distance stated in Appendix 1*
- b) Personnel: *note the number of personnel, identification and what are the skills of the persons at ambulance car, i.e.: paramedic, Medical Officer (MO).*
- c) Equipment: *emergency medical bags, ALS equipment, AED, oxygen, airway and cardiovascular equipment, spine board, C collar bleeding pack, cooling and heating equipment.*
- d) Communication: *define it, such as radios or phones; call sign for ambulance car; radios or telephone numbers; communication capability to Rescue Boats, security, Event Director, Chief Medical Officer (CMO).*
- e) Responsible: *for athletes, surrounding sailing venue; traumatic emergencies to officials, coaches, accredited persons.*

3. Hospital

- a) Location: *fill in location where the ambulance car will transport injured persons for definitive medical care respecting the transport target time as stated in Appendix 1*
- b) Capability: *fill in if hospital's capability respecting requests stated in Appendix 1: trauma capability, Emergency department, Intensive care unit, Neurosurgery, Vascular surgery.*
- c) Communication: *define it, such as radios or phones;*
- d) Responsible: *for athletes, surrounding sailing venue; traumatic emergencies to officials, coaches, accredited persons.*

4. Communications

- a) Phone or radio: *define communication between medical teams in Rescue Boats and ambulance car - via phone or radio, if radio - assign call signs and channel, if phones - list phone numbers*
- b) Radio channel to Event Director *ensure radio to Event Director is working and document channel and call sign; ensure ambulance car staff and referee are familiar with on the water emergency*
- c) Chief Medical Officer (CMO) name and number: *Chief Medical Officer (CMO) name and telephone number*

5. Phone numbers:

Fill in as outlined

MEDICAL ACTION PLAN TEMPLATE (MAP)

Event Name: _____

Venue: _____

Date of Event: _____

Event hours: _____

Medical Capabilities

1. Rescue RIB

- a) Location: _____
- b) Personnel on board: _____
- c) Medical supplies: _____
- d) Communication capability: _____
- e) Responsible for: _____

2. Ambulance

- a. Location: _____
- b. Personnel: _____
- c. Equipment: _____
- d. Communication: _____
- e. Responsible: _____

3. Hospital

- a. Name: _____
- b. Location: _____
- c. Target time for transport from the venue: _____
- d. Resources: _____
- e. Communication: _____
- f. Responsible: _____

4. Communications

- a. Phone or radio: _____
- b. Radio channel to Chief Organizer

c. CMO name and number: _____

5. Phone numbers

a. On the water

Rescue RIB MO				
Safety RIB				
Race Committee Boat				
SAR / Coastal Guard				

b. On shore

Ambulance car MO		
Hospital		
Police		
Fire		
Dentist		

Managing Emergency Procedure

1. Rescue RIB

- a. Initial assessment of emergency on the FOP
- b. If injured person does not require emergency transport to shore, initiate immediate management and communicate this to the Chief Organizer?
- c. If requires emergency evacuation:
 - i. Contact Ambulance car medical officer at _____ (insert number here)
 - ii. Notify Ambulance car medical officer that you are at the _____ (insert name of the FOP), the age, gender, and nature of the athlete's medical emergency

- iii. Notify Ambulance car MO how far you are from the designated RIB docking site where they should take the injured person
- iv. If there is truly an emergency requiring immediate Advanced Life Support (ALS), request the Ambulance car personnel via communication established to bring the ER kit to the RIB docking site
- d. After transport, notify CMO at _____ (insert number here)

2. Ambulance car

- a. In case of emergency requiring transport to a higher level of care, contact the designated hospital on _____ (insert number)
- b. Notify the designated Hospital where you are located, the age, gender and nature of the medical emergency
- c. If there is truly an emergency, requiring immediate ALS request the hospital ER to prepare appropriate intervention

Emergency plan

Obtain the details of the venue emergency plan and insert your medical personnel in the appropriate positions.

Discuss this scenario at the highest Event Management Meeting (involving risk assessment; safety and medical matters).

CMO signature

Chief Organizer signature

