

# Pro Forma Medical Response Plan

## B: Checklist



This form is for:

- Off Road events (Club, Multi-Club, State level)
- Rally events (Club, Multi-Club, State level)
- Regularity Trials (Club level)
- Drifting Events (Multi-Club, State Level)
- Touring Road Events

Please return completed form to:

**Motorsport Australia Permits**  
permits@motorsport.org.au  
or, P.O Box 172 Canterbury LPO, VIC 3126

### Event Details

**NAME OF CLUB/  
PROMOTER**

**DETAIL/S OF EVENT**

**DATE OF EVENT**                    —                    —

**TYPE OF EVENT**

**EVENT VENUE**

**EVENT STATUS**

**NATIONAL**

**STATE**

**MULTI CLUB**

**CLUB**

**TOPCAR**

### 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 manner in which those resources will be brought into play and to provide vital information for communication in the case of an emergency.

### Personnel

The nominated person to be in charge of 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:

(i.e. Doctor/Nurse, First Aid Officer, etc.)

Number available:

Position:

(i.e. Doctor/Nurse, First Aid Officer, etc.)

Number available:

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

### Venue and Response Details

The venue has a permanent building that is or can be used as a designated medical centre?                    **YES**                    **NO**

A Patient Transport vehicle will be provided?                    **YES**                    **NO**

The above vehicle is authorised to transport on public roads under emergency conditions?                    **YES**                    **NO**

The above vehicle will also act as the medical centre for this event?                    **YES**                    **NO**

The venue has mobile phone coverage?                    **YES**                    **NO**

A mobile phone will be used for emergency contact?                    **YES**                    **NO**

The location of the medical centre (if one exists) is:

The location of the Patient Transport Vehicle (if applicable) is:

### 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 Practitioner 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:

Motorsport Australia Emergency Contact:

Mobile phone:

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