

CHAPTER 9 MEDICAL, INCLUDING MEDICAL CARDS, FALLS AND MEDICAL CHECKS, PROHIBITED SUBSTANCES, MEDICAL TEAM AND EQUIPMENT

9.1 Medical Cards.

It is advisable that competitors to wear a BE medical card during all cross country phases. The card should list name, date of birth, next of kin, contact numbers, allergies and medical conditions that may impact on the delivery of care in the case of an emergencies and regular conditions.

9.2 Rider Falls and Medical Checks.

A Competitor who has fallen from a Horse must follow the procedure set out below. Failure by a Competitor to ensure compliance with these Rules is likely to incur a disciplinary sanction.

- If he has been examined by an Event Doctor after the fall, he must follow the directions of that doctor. If the doctor has not allowed him to continue on that or any other horse, he must withdraw that horse from the competition and if he has other rides at that event, those horses must also be withdrawn (see Rule 4.9) or other arrangements made;
- If the doctor imposes any conditions before a Competitor may continue on other horses which may have time implications, the Competitor must immediately inform and liaise with the relevant event officials.
- If the Competitor has not been examined by an Event Doctor after the fall, he must not take part in any further phase until he has been examined and allowed to continue.
- Under no circumstances must a Competitor leave the Event site after a fall until he has been examined by an Event Doctor. A Competitor who does so will be automatically medically suspended and must follow the procedure set out in Rule 9.3.2.3.
- It is the responsibility of the Competitor to ensure compliance with these rules. Failure to do so is likely to incur a disciplinary sanction.

9.3 Medical Reports and Medical Suspensions.

9.3.1 Medical Reports.

- The Event Doctor will complete a confidential Medical Report form (MOR) for every injured Competitor examined and will record uninjured Competitors on the Uninjured Fallers Record (UFR) sheet.
- The TA will forward these reports to the Risk Management Coordinator at the BE office without delay.
- Documents to be sent to BE by Competitors under these Rules should be emailed to medical@britisheventing.com, Risk Management Coordinator at the BE Office address

9.3.2 Medical Suspensions

- 9.3.2.1 Head injuries and concussion.** If the Event Doctor records in the MOR a finding of concussion, suspected concussion, head injury or other injury likely to result in concussion, the Competitor will be automatically medically suspended for 21 days.

- 9.3.2.2 Other Injuries.** If the Event Doctor records on the MOR that he has:
- imposed a stated minimum period of suspension, or
 - advised a Competitor to attend hospital for assessment or treatment
- That Competitor will be immediately medically suspended.

9.3.2.3 All Competitors suspended under **Rules 9.2, 9.3.2.1 and 9.3.2.2** will receive written guidance from BE headquarters on the management on Concussion and how to be cleared to return to play. For further details on the concussion process, please contact the BE Office.

9.3.2.4 Competitors Suspended Under Rule 9.3.2

Competitors who have been suspended under this rule need to provide the BE Office with a formal report from a registered medical practitioner who has been involved with their care stating they are fit to compete or a discharge summary from hospital or clinic which indicates all treatment related to the injury has been completed. If the therapy required has been physiotherapy, the registered physiotherapist may provide this evidence. All these cases will be reviewed by the Sport Team and where appropriate the Chief Medical Officer.

9.4 Prohibited Substances for Human Athletes.

9.4.1 By becoming a member of British Eventing the member, their support personnel (as defined by the UK Anti-Doping Rules) and Owners shall be deemed to have:

- a) made themselves familiar with and agreed to be bound by the UK Anti-Doping Rules and all other human anti-doping codes of conduct, regulations, rules and policies published by the BEF and/or UKAD from time to time;
- b) agreed to submit to the authority of the BEF and/or UKAD in the application and enforcement of the UK Anti-Doping Rules;
- c) agreed to provide all requested assistance to the BEF and UKAD (or any other competent body) in the application and enforcement of the UK Anti-doping Rules including (without limitation) cooperating fully with any testing, investigation, results management and/ or proceedings being conducted pursuant to those Rules in relation to any potential anti-doping rule violation.
- d) agreed to submit to the exclusive jurisdiction of any first instance tribunal convened under those Rules to hear and determine charges and related issues arising under those Rules;
- e) agreed to submit to the exclusive jurisdiction of any appeal tribunal and/or Court of Arbitration for Sport (CAS) Panel convened under those Rules to hear and determine appeals made pursuant to those Rules
- f) agreed not to bring any proceedings in any court or other forum that are inconsistent with the foregoing submission to the jurisdiction of the first instance tribunal, the appeal tribunal and CAS

The UK Anti-Doping Rules apply to all members and participants in affiliated competition for a minimum period of 12 months from the commencement of membership or 12 months from the date the individual participated on day pass or day ticket, in accordance with the Rules of British Eventing (whether or not the member is a citizen of, or resident in, the UK).

All members, their support personnel and owners must cooperate fully with any anti-doping investigations or proceedings, whether conducted by UK Anti-Doping or any other competent body. Failure to do so without acceptable justification may be treated as misconduct and may be sanctioned accordingly.

In the event that a person who is subject to the BEF's jurisdiction commits an act of misconduct that relates to anti-doping but does not amount to a violation of the UK Anti-Doping Rules or BEFAR, the BEF may bring disciplinary proceedings against that person for such misconduct under the BEF's Regulations and they may be sanctioned accordingly.

Officials, riders and support staff agree to cooperate fully with any human or equine anti-doping investigations or proceedings, whether conducted by UK Anti-Doping or any other competent body. Failure to do so without acceptable justification may be treated as misconduct and may be sanctioned accordingly.

An act of misconduct by a person who is subject to the BEF's jurisdiction that relates to anti-doping under the human or equine Anti-Doping Rules but which does not amount to an anti-doping rule violation may result in a charge of misconduct under the BEF and/or British Eventing disciplinary rules.

A copy of the rules can be found on the BEF website at www.britishequestrian.org.uk and the human prohibited substances list can be viewed via the BEF website at <https://www.britishequestrian.org.uk/competitors/human-anti-doping>

The status of all human medications prescribed or purchased in the UK can be checked using the Global Drug Reference Online at www.globaldro.com.

9.4.2 Therapeutic Use Exemptions (TUE) – National Events.

9.4.3 Competitors can apply for a Therapeutic Use Exemption if it is absolutely necessary for them to use a substance that is included on the Prohibited List. Competitors wishing to compete in national Events must apply for a TUE within five days of notification by UKAD of an Adverse Analytical Finding. In that instance, the application must be made to UK Anti-Doping (www.ukad.org.uk). Athletes on the UK Sport Lottery funded World Class Podium Squad must apply to UKAD for a TUE in advance of testing, unless they already hold an FEI TUE.

9.4.4 Therapeutic Use Exemptions (TUE) – International Events.

Competitors can apply for a Therapeutic Use Exemption if it is absolutely necessary for them to use a substance on the Prohibited List. Competitors wishing to compete in international Events (i.e. all CCI classes in the UK and abroad) must apply to the FEI for a TUE in advance of competing. More details on FEI TUEs can be found at www.feicleansport.org. A TUE granted by the FEI will suffice for national purposes, but a UKAD TUE will not be recognised by the FEI.

9.5 Medical Team.

9.5.1 The Event Doctor(s), appointed by the Organiser, must be registered with the GMC (www.gmc-uk.co.uk), hold a current Licence to Practice and have appropriate medical indemnity. They must have up to date certificate in a nationally recognised trauma course and undertake yearly moulage updates.

9.5.2 The **Paramedics** engaged by the Organiser must be on the national register (www.hcpc-uk.org) and be current in their trauma training.

9.5.3 **Ambulance personnel** engaged by the Organiser must be appropriately qualified for the roles required.

9.5.4 All ambulance providers engaged by the Organiser must meet the requirements of Rule 9.7 and provide details of their governance processes.

9.6 Medical attendance during the Event.

Notwithstanding the requirements for the individual phases (9.6.1, 9.6.2, 9.6.3), the minimum personnel required to be on site at the event while the cross country phase is running concurrently with other phases is two doctors and one paramedic or one doctor plus at least two paramedics.

- 9.6.1 Dressage.** A doctor, or suitably qualified ambulance technician, with portable resuscitation equipment and oxygen must be present and must be in radio communication with at least the secretary's office or cross country control throughout this phase. A registered Paramedic and a response vehicle must be in attendance at the event 30 minutes prior to the start of dressage and that a doctor must be in attendance at the event at the start of the dressage.
- 9.6.2 Show Jumping.** A doctor, registered Paramedic and an appropriately manned ambulance, that meets the requirements of Rule 9.7 must be present at the Event throughout this phase. The paramedic and ambulance must be collocated with Show Jumping but can move to cover dressage if required.
- 9.6.3 Cross Country.** A minimum of one doctor and a Paramedic with appropriately manned 4WD Ambulance (see 9.7.1) or Emergency/Fast Response Vehicle (see 9.7.2) must be strategically positioned on the course so as to ensure maximum efficient coverage and response times. They must be in contact with Cross country control at all times.
- 9.6.4** If any Doctor, **Paramedic** or ambulance has to leave the site the competition may only continue provided that the BE Steward, in consultation with the Doctor, is satisfied that the remaining medical cover is sufficient.
- 9.6.5 End of Event Medical Cover.** A doctor and Paramedic and Ambulance ~~with qualified driver crew~~ must remain in place for 30 minutes after the last Horse has completed and must be stood down by the BE Steward.
- 9.6.6** Any Other Attractions, Competitions or Activities at the same location will require additional first aid provision as set out by governing bodies or the Green Guide.
- 9.7 Medical Equipment.**
- 9.7.1** An **Ambulance** is a designated vehicle, appropriately marked and easily identifiable. It must conform to current national regulations for the transportation of injured or seriously ill patients on the public highway. It must contain all appropriate resuscitation, immobilisation and transportation drugs and equipment. The stretcher must be capable of being fully secured. The suction must be powered.
- 4WD Ambulance. As above and capable of travelling across country terrain but not for transfer of patient to Hospital.
 - Road Ambulance. As above and be able to traverse tarmac, track and some unmade roads and able to transfer a patient to Hospital.
- 9.7.2 Emergency/Fast Response Vehicle** is a 4WD vehicle manned by a paramedic or doctor containing all the equipment, as stipulated in Rule 9.7.3. that enables personnel to arrive at scene quickly. The stretcher must be capable of being fully secured.
- 9.7.3 Doctor's vehicle.** This must be clearly marked to identify it as an Emergency vehicle and should be capable of reaching all areas of the stables, horse box areas and cross country. If necessary provision should be made to use an Emergency/Fast response vehicle.

9.7.4 Equipment to be carried in each ambulance (unless stated otherwise).

This is a minimum requirement.

Additional equipment may be carried. **Items marked with a * may be carried by just one of the ambulances.**

Airway – basic	Oxygen 2 CD size portable cylinders Oxygen tubing and mask Self-inflating bag/valve/mask with reservoir bag. Adult and Junior sizes Powered suction device (battery operated and portable) Yankauer suction device Nasopharangeal airways (sizes 6,7,8,9) Oropharangeal airways (sizes 1,2,3,4)
Airway – advanced	Supraglottic airway device (laryngeal mask or I-gel) Magill forceps. Laryngoscope, blades, spare bulbs & batteries. Tracheal tubes, (sizes 5-89) connectors, introducer/bougie Crico-thyrotomy set. (scalpel, forceps, ET tube and tape) * Lubricant. Adhesive tape Ventilator (optional) Chest seal- eg ashermans Chest decompression needle Emergency Chest Drain kit*
Circulation	Rapid application tourniquet Field Dressing Haemostatic dressing Intravenous cannulas Sizes 14-22 gauge Intravenous giving sets Intraosseous needles(manual or automated systems) * Syringes and needles- various sizes Dressings and gauze Clingfilm (for burns dressing)
Immobilisation	Pelvic binder Traction splint (femur) Box or vacuum splints for distal limbs Scoop stretcher Head Blocks and straps Securing straps and bandages Rigid cervical collars Vacuum mattress -optional
Monitoring	Defibrillator(manual or AED) Pulse oximeter Syhgnomanometer (manual or auto) Torch Stethoscope 12 lead monitoring * CO2 monitor Glucometer Thermometer

Medication to be carried by the Ambulance

Resuscitation	Adrenaline 1:1000 x2 & 1:10000 x5. Amiodarone 300mg x2. * Chlorpheniramine 10mg. x2 Hydrocortisone 100mg x2 vials Crystalloid infusion 1000mls x2
Medication for injection	10% Dextrose Diazemuls or Midazolam. * Anti-emetic e.g. Ondansetron Paracetamol. Opiate analgesia (e.g. morphine). Naloxone. Tranexamic acid 1g.
Oral medication and/or inhaled	Aspirin 300mg GTN spray Paracetamol Ibuprofen Chlorpheniramine Prednisolone
Inhaled medications	Entonox or pentrox Salbutamol inhaler and nebuliser

9.7.5 Equipment to be carried by the doctor, independent of the ambulances (although may be supplied by the ambulance providers). This is a minimum requirement. Additional medication and equipment may be carried.

- Tourniquet
- Field dressing
- Hand held suction device
- Nasopharyngeal airways (Sizes 7&8)
- Oropharyngeal airway (Sizes 2,3,4)
- Self inflating bag/valve mask with reservoir bag
- Chest decompression device
- Chest seal dressing e.g. Asherman

NOTE: Competitors may be from age 11 years to adult (spectators are of all ages)

It is essential that all equipment has been checked to be in working order and that all drugs are known to be within their expiry date. Their use must only be by suitably qualified medical personnel. The onus of responsibility lies with the medical organisation or person supplying the cover and equipment, in accordance with the contract between them and the Organiser. Confirmation that equipment, drugs and means of communication are in order, must be made by the responsible medical officer to the BE Steward or Organiser before the start of the competition.