



Guidelines for Medical Services provisions at Rowing Australia conducted events

(updated 2015)

Aim of these guidelines:

1. Assist organizing committees to identify, mitigate and plan for possible medical risks
2. Ensure prompt and adequate response to medical emergencies, on & off the water
3. Ensure timely first aid services to facilitate the well-being and performance of competitors at RA sanctioned events
4. Ensure adequate resources to minimise the burden on local community health resources
5. Set workable examples of best practice for medical coverage at rowing regattas in Australia

Limitations

These guidelines are limited to Rowing Australia conducted events. It is recommended that State Associations consider these guidelines and the referenced resources in assessing their own requirements for their events. Hosts of Rowing Australia events are encouraged to seek additional advice regarding medical coverage.

Table of Contents

Medical Risk Classification Tool	Page 3
Rowing Specific Considerations	Page 4
Summary of minimum level of service	Page 5
Definition of a paramedic	Page 6
Identifying risks and formulating mitigation or management plan	Page 7
Detailed Planning Information	Page 8
Medical Facilities and Services	Page 9
Appendix 1: Anti-Doping Control	Page 11
Appendix 2: Lifesaving and Safety	Page 13
Appendix 3: RA Regatta Medical Emergency Plan Checklist & timeline	Page 16
Appendix 4: Event assessment tool	Page 17
Appendix 5: Example of medical contact sheet	Page 18

Medical Risk Classification tool

A number of Medical Risk Classification tools are available for events conducted in the community. These comply with the Australian Standard AS43360:2004. The example below is from the “Medical Risk Classification for Mass Gatherings” produced by the Department of Health in Western Australia.

	Example #1: Nationals		Example #2: Selection trials	
Event description	Festivals / major sporting event	4	Festivals / major sporting event	4
Number of people	10,000 - 50,000	8	< 2,000	1
Type of people attending	Competitors	3	Competitors	3
Age group	All ages	4	16 - 30	4
Event location / confinement	Outside - open area	1	Outside - open area	1
Available health resources	Regional / general hospital	2	Regional / general hospital	2
Distance to local health resources	< 10km	1	< 10km	1
Distance to tertiary health resources	< 30 mins	1	< 30 mins	1
Duration of event	8 - 12 hrs	4	4 - 8 hrs	3
Alcohol	Readily available	4	None	1
Probability of drugs	None	1	None	1
Time of event	All day	4	All day	4
Date of event	Summer	2	Summer	2
Aggregate Score		35		28

Using the Medical Risk Classification tool both events would be medium risk (14 - 49):

Planning required for a medium risk event:

- Notification of Emergency Department of local hospital
- Notify Department Preparedness & Management Unit (eg for WA events, or similar department, depending on State event is being held in)
- Minimum notification period of 10 weeks
- Provision of transport arrangement
- Provision of first aiders
- Provision of first aid centre
- Public information and health notices

Rowing specific considerations

Course design	Is there a warm up lake	Requires coverage by Surf Life Savers
	Are the warm up & cool down lanes close to racing lanes	Risk of collision
	Is there a dedicated warm up loop	Risk of collision
	Is there ease of access to all water areas by car	Different between man made and natural courses
Environment	Possible weather or climatic challenges	Heat
		Cold
		Lightening
	Drinking water provision	Should be free and not bottled
	Is there appropriate shade or protection from the environment	How will the OC supplement this if required
	Is the venue equipped with adequate hazard & warning system	Evacuation notices (lightening, public emergency)
Competitors	Very old or very young competitors	Increased risk of environmental illness
	Outcome rated as “high” for athletes	Olympic Selection trials
	Elite & beginner crews potentially on water at same time	Differences in boat speeds and skills
	Athletes with a disability	Eg capsize of an arms & shoulders single scull
Spectators	Vehicle access during training & racing	Potential for “interaction” of bikes and cars
	Parking & vehicle zones in close proximity to athletes / spectators	Are there safe lanes for movement of pedestrians
	Size of spectator crowds	Is separate first aid required
	Is alcohol available	Increased risk of accidents
	Are VIPs attending	Are they spectating from a separate zone
	Is there other “entertainment” occurring during or post racing	Increased alcohol consumption
Medical considerations	Is there a permanent medical center	
	Is it possible to secure a temporary medical center	
	Are there zoned areas that limit access for medical staff	Fences or natural geographical barriers
	Are athletes and teams self catered or is there a general caterer for all meals	Risk of gastrointestinal infection outbreak

Summary of minimum level of service

Although the Medical Risk Classification for Mass Gatherings tool (reference WA paper) determines that a rowing regatta would be medium risk, the sports specific considerations identified by Rowing Australia have resulted in the following recommendations as a minimum level of service for all RA events:

Staff	Supplies	Support	Qualifications
Event Medical Officer	Diagnostic kit Script book	Pharmacy Local General Practice (suturing etc)	Registered with Australian Health Practitioners Regulation Agency Indemnified to \$20,000,000
Paramedic Minimum 1, increase depending on athlete numbers	All resuscitation equipment & drugs First aid supplies	Local hospital Emergency Department Public Ambulance	Professional indemnity Public liability Work Cover certificate
Surf Life Savers 2 boats in training 3 - 4 boats +/- jet-ski in racing	Rescue boat & / or jet-ski Rescue & flotation equipment	Event Medical Officer & Paramedic	Bronze Medallion / Certificate II in public safety (aquatic rescue)
First Aid Provider	May be provided at RA and OC discretion dependent on estimated participant & spectator numbers		
Physiotherapy	Maybe provided at RA selection events as determined by High Performance Director, Principal Medical Officer and RA Lead Physiotherapist May be provided at other events at a cost to competitors		

Medical service provision across regatta - <500 competitors (eg. Selection event):

	Training	Racing
Rescue boats	2 rescue boats	3 rescue boats (+/- jet-ski), plus 1 boat allocated to the warm up area if separate to racing course
Medical	1 Doctor - located in medical center, close to finish line	1 Doctor- located in medical center and covering finish / victory pontoon
Paramedic / Ambulance	1 Paramedic and ambulance or service vehicle Located at finish pontoon, but able to drive to in / out pontoon, first aid center and access course easily	
First Aid	Nil	Nil

Medical service provision across regatta - 500 to 1,500 competitors (eg. Australian Masters Rowing Championships event):

	Training	Racing
Rescue boats	2 rescue boats	3 rescue boats (+/- jet-ski), plus 1 boat allocated to the warm up area if separate to racing course
Medical	1 Doctor - located in medical center, close to finish line	1 Doctor- located in medical center and covering finish / victory pontoon
Paramedic / Ambulance	1 Paramedic and ambulance or service vehicle Located at finish pontoon, but able to drive to in / out pontoon, first aid center and access course easily	
First Aid	Nil	1 first aid provider if medical centre not in Finish Area

Medical service provision across regatta - >1,500 competitors (eg. Australian Rowing Championships event):

	Training	Racing
Rescue boats	2 rescue boats	3 rescue boats (+/- jet-ski), plus 1 boat allocated to the warm up area if separate to racing course
Medical	1 Doctor - located in medical center, close to finish line	1 Doctor- located in medical center and covering finish / victory pontoon
Paramedic / Ambulance	2 Paramedics and ambulance or service vehicle Located at finish pontoon, but able to drive to in / out pontoon, first aid center and access course easily	
First Aid	Nil	< 5,000 spectators & competitors = 1 first aider
		> 5,000 spectators & competitors - 2 first aiders

Definition of a Paramedic

Any paramedic appointed following the medical service provision must have qualifications as per the *Health Practitioner Regulation National Law (South Australia) Act 2010* protection of title. Specifically, the prescribed qualifications are:

- a degree in paramedicine from a university in Australia or New Zealand with successful completion of an internship with a prescribed paramedic service, or;
- a diploma or advanced diploma in paramedical science obtained prior to 1 February 2017 from a registered training organization in Australia, or recognized industry training organization in New Zealand, or;
- qualifications leading to registration as a paramedic with the:
 - Health and Care Professions Council (UK)
 - Health Professions Council of South Africa
 - Pre-hospital Emergency Care Council (Ireland)

Identifying risks and formulating mitigation or management plan

Reference (Vic Sport Help Sheet 7 - Case study, Triathlon race)

The Event Doctor (ED) and organising committee (OC) should identify medical risks and ensure that their medical emergency plan includes an action to mitigate identified risks and a procedure for managing risks. Previous experience dictates that the following should be considered, but the ED & OC may identify additional considerations based on previous experience and location.

Location	Scenario	Rating [probability of occurrence, severity of damages]	Event specific action determined by Event Doctor and OC
On water	Single athlete emergency	Moderate	Eg: SLS staff, paramedic & event MO, practiced response
	Multiple patient emergency		
On land	Unconscious collapse		
	Conscious collapse		
	Major injury (eg fracture)		
	Acute allergic reaction		
	Chest pain		
	Respiratory distress		
	Environmental illness - hyper or hypothermia		
	Multiple casualty emergency (eg MVA, push bike pile up, building or platform collapse)		

Important rowing specific regions to consider in planning of emergency medical response

- Warm up area and competition course
- In / out pontoon
- Victory pontoon
- Crowds, stands & spectator areas

Detailed planning information for RA event medical coverage

Prior to event

The event Medical Officer (MO) should liaise with local medical facilities, determining their location and opening times

- General Practice
- Pharmacy
- Medical Imaging
- Emergency Departments both private and public
- A summary sheet of these contacts should be developed for distribution to appropriate patients [see example in Appendix 5]

Patients assessed as safe for private transport could be directed to these local facilities pending open hours. This will reduce the burden on the local emergency department for non-urgent conditions.

Patients deemed to require ambulance transport should be directed to the nearest Emergency Department.

Engaging support for on-site medical services

- Notification of Emergency Department of local hospital
- Minimum notification period of 10 weeks
- Liaison with local General Practice
- Identification of local Pharmacies
- Identification of local Physiotherapy providers
- Public information and health notices

The OC should ensure adequate welfare & amenities will be available:

- Shade
- Free drinking water provision in large quantities
- Adequate toilet to patron ratio (as per local council guidelines)
- Adequate venue and toilet access for disabled persons

The event area should be zoned according to:

- Zone 1: competition lake
- Zone 2: training, warm-up & cool-down areas
- Zone 3: boat house & boat park

Communications:

The OC will provide adequate radio's and radio channels to conduct the event.

There will be at least four dedicated channels:

1. Field of play - Medical, Officials, Rescue & Marshals
2. Venue operations - cleaning and waste, transport, spectator services, catering
3. Spare channel - used by ASADA, medal presentations etc as required
4. Chat channel for longer conversations so as not to block up other channels

Medical facilities & services

Overall medical services are responsibility of the OC. This includes

- Appointment of an event Doctor and an additional regatta Doctor as required (may be the same person) to provide sufficient coverage (ie in a week-long event the coordinating ED may not be available everyday and therefore may appoint a regatta Doctor)
- Appropriate level of medical services for competitors and officials
- A first aid service for competitors, officials and spectators
- On water rescue services during training and racing
- Medical facilities and a medical center

Medical Center

- Either a permanent or temporary facility (permanent preferred)
- Must have free and easy access from centre to public roads
- Ideally air-conditioned
- Should contain:
 - Treatment room
 - Waiting room
 - Washing basin with hot and cold running water
 - Toilet either in the facility or near-by
 - Small fridge
 - Ramp or wide steps to front door, and sufficient width in front door to accommodate a stretcher.

Equipment

- Resuscitation equipment should be supplied by the paramedic provider (eg AED, Oxygen, Intubation equipment)
- The paramedic or first aid provider should supply the basic requirements to provide primary care service (eg dressings and simple analgesia)
- The Doctor should supply a diagnostic kit (stethoscopy, otoscope) and a script book
- A resuscitation trolley should be available to move heavy athletes from the medical centre to the ambulance
- A reliable and regular supply of ice for the treatment of hyperthermia and musculoskeletal injuries
- A telephone or two way radio should be available for communication with regatta control, President of the Jury, regional hospitals and other emergency organisations

Operation of medical service for the regatta

- Prior to the official opening of the venue the OC is not responsible for the safety of competitors training at the venue
- Following the official opening date and time for the venue medical and rescue services will be provided for competitors, spectators and workforce.

During training

All medical staff should have a meeting to review the risk management plan developed by the event MO and OC. Scenarios should be discussed, including:

- the physical whereabouts of all emergency equipment
- protocols for calling an emergency ambulance
- protocols for managing common rowing medical emergencies
- evacuation plans

Rescue services shall carry out rehearsals of a competitor collapsing in a boat to ensure that they understand the problems of working with racing boats and with the latest technologies. The RA technical delegate and regatta medical director should observe the rehearsal.

It is recommended that training also be conducted regarding the handling, lifting and transporting of adaptive athletes in and out of the water.

During competition

All medical staff should meet briefly at the commencement of each day to review:

- Introductions - ensure all service providers know who they are working with & the designated daily roles
- Expected weather conditions and challenges for the day of racing
- Any issues from the previous day to ensure that an appropriate response can be delivered

Para-rowing racing

- Two rescue boats will follow all para-rowing races, traveling behind the umpire boat & ready to react if a capsizes occurs

Victory pontoon

- The Regatta Doctor will pay attention to the athletes and teams as they land on the Victory pontoon and as they walk / wait on the Victory dias
- It is important to ensure that an adequate supply of bottled water, shade and seating is available in this location

Appendix 1: Anti-Doping control (Australian Sports Anti-Doping Agency ASADA-Drug Testing)

Anti-doping requirements for Selection and Nationals events

The event and regatta Doctors must be familiar with the World Anti Doping Agency (WADA) code requirements for athletes subject to drug testing.

Further information, including how to complete a Therapeutic Use Exemption for medication can be found on the ASADA website

<https://www.asada.gov.au/substances>

Doping control may not be required at all RA events. The OC should liaise directly with RA to determine if the following requirements are relevant to their event.

Location□

The Doping Control Testing Centre could be located either:

- In a permanent building in the Boathouse Area.
- In a prefabricated, air-conditioned container, located in the Boathouse Area and if possible □close to the “In” pontoons.
- It must be accessible by one door only and that door should be kept locked and secured □when testing is not being conducted or when doping control officials are absent.
- A sign outside of the Doping Control Centre should provide a clear description of the facility. □

Facilities and Equipment □

Note: The OC shall liaise with the relevant State or National Australian Sports Anti Doping Agency (ASADA) Coordinator, to ensure the facility (and procedures) to be provided meets ASADA requirements.

The OC will provide:

- One Doctor’s room, complete with a table, four chairs, a fridge and a sink
- Two separate toilets, (with hot and cold water, sinks, towels and soap), adjacent to the □Doctor’s room.
- Two Doping processing rooms
- Large waiting room - with comfortable chairs, a TV set showing the racing and with direct □access to the examination room and toilets.
- Plentiful supplies of bottled (and sealed) liquids such as fruit juices, soft drinks, spring and □mineral water (not beer or alcoholic beverages) must be made available. (Some athletes can □be up to 4 hours in the doping centre).
- The drinks for the competitors must be kept in a separate lockable fridge from the one □holding the samples.
- The OC will provide a minimum of 2 radios for Doping Control officers/chaperones □

* Radios are not to be used for discussions on dope testing problems or procedures.
□

Operation □

Full details of the requirements and procedures for the doping control are to be found in the RA Rule Book. However, during the preparation phase and on site, the ASADA Coordinator will advise the OC and the MO of all Anti Doping related requirements for the event. □

It is vital that all of the details are complied with 'to the letter'; otherwise the validity of the testing procedure could be challenged. □

The OC shall liaise with the RA Anti Doping Coordinator to ensure that an early contact and relationship is formed between ASADA and the OC - in order for the event requirements to be fully adhered to.

Appendix 2: Lifesaving & Safety

Both during official training and during racing there should be a fully proficient team of lifesavers provided for the rescue service for athletes on the water.

In these recommendations there are two types of boats involved in water safety. One; Rescue boats (water rescue with lifesaving qualified staff) and two; Marshal boats (traffic control).

- A Lifesaver is qualified in a minimum of 'Advanced Resuscitation Techniques, Bronze Medallion or Certificate II in public safety (aquatic rescue), or similar award -
- Awarded by Surf Life Saving Australia or one of its member State organisations
- The OC must appoint a Rescue Officer who will coordinate the rescue services and be the central contact for information distribution for the OC regarding schedules, management issues, etc.
- This individual will be in radio contact with the Medical Director, the Regatta Doctor and other rescue and ambulance staff.

Operation plan for on-water safety

- The rescue officer and Field of Play Coordinator should develop an operations plan including the positions of launches, ambulances, rescue personnel and actions to be taken in case of rescue.
- This plan should be submitted to the RA Technical Delegate(s) for approval prior to the start of the regatta.
- The rescue landing area (in cases of emergency) in most cases is to be located beyond the Finish line and close to the Finish tower or other area agreed between the OC and Technical Delegate(s).
- The finish area is always the area with the highest risk for the competitors
- There must be a clear landing area or ramp provided for the rescue boats. This area must be kept clear and reserved exclusively for the use of the rescue boats and medical staff.
- The ceremonies pontoon is often the best option for this location during a regatta. □
- Note: The location of the medical centre becomes critical here - as the distance from the rescue landing area and the medical centre and the ambulance parking area - should be as small as possible.

On Water Operations - General

- Each 'rescue boat' should be manned by at least one qualified lifesaver and will be located at strategic locations deemed to be high risk for athlete welfare
- The driver will also have lifesaving qualifications. The Technical Delegate may, at his/her discretion, allow the driver to not hold lifesaving qualifications however in such situations also be an experienced boat driver with local knowledge of water conditions (eg former coach).
- Each rescue boat should have a radio that is on the same radio channel as the rescue officer and the medical doctor.
- The rescue boats should also regularly monitor the traffic on the water.
- The Rescue Officer can operate a shift system throughout the long training days.

On Water Operations - Emergency

- The rescue teams shall carry out rehearsals of a competitor collapsing in a boat to ensure that they all understand the problems of working with racing boats and with the latest technologies.
- This rehearsal shall be observed by the RA Technical Delegate(s) and the Regatta Medical Director.
- It is also recommended that training also be conducted regarding the handling, lifting and transporting of adaptive athletes both in and out of the water.
- In an emergency the first priority of the rescue boats must be to get the patient to the rescue pontoon at the Finish as quickly as possible.
- Where available and logistically possible, the ambulance or paramedic may arrange by radio to meet the rescue boat and patient at location closer to the incident (eg 1,000m mark) - if that is deemed to be faster and more effective.

On Water Operations - Selection trials

- For National Selection Regattas and Trials undertaken during the national selection week (not time trials conducted by State Associations), where the 'standard' of athletes is high and the numbers of actual athletes on the water at any one time may vary widely and where close attention to athletes on the water is undertaken by the National Selectors, a regular assessment of the needs in relation to rescue (and marshal) services should be undertaken by the RA Technical Delegate in consultation with the National High Performance Director (or delegate) and the President of the Jury. As such, numbers of Rescue and Marshal boats outlined below, may vary.

On Water Operations - Training

- During Training □ Prior to the official opening of the Regatta Venue - rescue services will not be provided by the OC.
- This must be clearly stated by the OC in Regatta Bulletins.
- Following the official opening of the venue and according to the operational plan, rescue boats should patrol in the neutral lane (vacant lane between crews travelling to the start, and those travelling to the finish).
- The same boats could be used for observing the Traffic rules. □
- During the official training periods, two rescue boats should be slowly patrolling (and also observing the Traffic rules) in the neutral lane during the official daily opening times of the Course.
- The Rescue Officer in consultation with the FoP Coordinator may remove these boats from operation if there are no rowers training on the water - provided that they return as athletes enter the water.

On Water Operation - During Racing

- During racing periods - Rescue boats should be stationed as follows:
 - One at the 100m start zone
 - Two boats beyond the Finish line (no more than 50 meters).
 - If additional rescue boats required, they should be located at intermediate points roughly 500 meters apart, near to the bank or to a distance marker - monitoring the races as well as the Warming up

- and Cooling down areas (if located near there).
- A Jet Ski (with floating stretcher) is an ideal vehicle to be located at the start given the distance to be covered to the finish area and medical centre.
- If the Warming up/Cooling down areas are organised on a separate water area/lake away from the rowing course (eg SIRC), at least one marshal boat must also be provided in these areas.
 - One Rescue boat will have a clear understanding that they will divert to any accident in that area if requested by the Marshall boat.
 - Normally, this is the rescue boat nearest the warm up lake access route (eg; 1,000m at SIRC)
- The rescue teams should be highly alert at all times during the racing periods.
- At the finish of the race, the rescue boats at the finish should circulate slowly behind the crews to see whether assistance is required.
- The life-savers in the launches should all understand the importance of instructing competitors "sit up and keep moving" after the finish of the race (allowing athletes to lie down backwards in the boat immediately after the race is potentially life threatening - should the boat capsize).

The rescue teams must be trained to be 'always ready to move' at a moment's notice but to move carefully (to avoid creating large waves) when they are required to act. Once a rescue has been completed it is equally important that they move back into position with care and consideration for the crews in the following race.

Marshal boats (traffic control)

The FoP Coordinator will liaise with the RA Technical Delegate(s) to ensure that the whole water course is observed with an adequate number of marshal boats - or marshals who may operate from a land location, are in operation. Note; Marshals in boats are not rescue boats.

The role of a Marshall is to provide command and control of crews and athletes on the water in strategic locations deemed to be at risk of accidents on the water (eg: warm-up/ cool-down zones, or the start turning area).

All Marshals shall be in radio contact with other rescue and medical staff and carry a megaphone or whistle to attract attention. Marshals should ideally have some basic First aid training.

At least one dedicated Marshall boat/person shall operate in the warm up areas, where this location is separate from the competition lake (eg; SIRC).

Water Supplies

The rescue boats should not routinely provide water to crews after races because:□

- water bottles take up space potentially needed for athlete rescue and
- water delivery distracts rescue crews from monitoring safety on the water.
- Sealed (and free), water bottles should be available for the athletes at the Victory Ceremony pontoon following finals races.
- A small supply of water is required for athletes in obvious distress - rather than those who are 'thirsty' following the exertion of the race.

Appendix 3: Rowing Australia Regatta Medical Emergency Plan Checklist & timeline

Time from regatta	Task	Completed
	OC to appoint Event Medical Officer	
	Event Medical Officer to conduct assessment of medical risk classification and plan accordingly	
	OC to engage Event Doctor, plus additional regatta doctors as required	
	OC to engage Paramedic and Surf Life Saving providers + / - First Aid provider & ensure registered and adequately insured	
	Event medical facilities arranged	
	Event Medical Officer/Event Doctor to liaise with local Emergency Department, General Practice, Pharmacy & Physiotherapy (if none provided on-site)	
	Event Doctor to be familiar with the WADA code and ASADA requirements for Therapeutic Use Exemptions, completion of ASADA learning modules 1 & 2 recommended	
	Medical Team meeting to review possible rowing specific scenarios and regatta response	
	SLS and Marshall boats involved in simulated rescue, with attendance of Event Doctor	
	Daily meeting of Medical Team to perform introduction, review weather and recent presentations	

Appendix 4: Event assessment tool

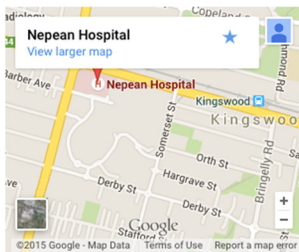
	Current event assessment	
Event description		
Number of people		
Type of people attending		
Age group		
Event location / confinement		
Available health resources		
Distance to local health resources		
Distance to tertiary health resources		
Duration of event		
Alcohol		
Probability of drugs		
Time of event		
Date of event		
Aggregate Score		

Appendix 5: Example of medical contact sheet for distribution by Regatta Doctor

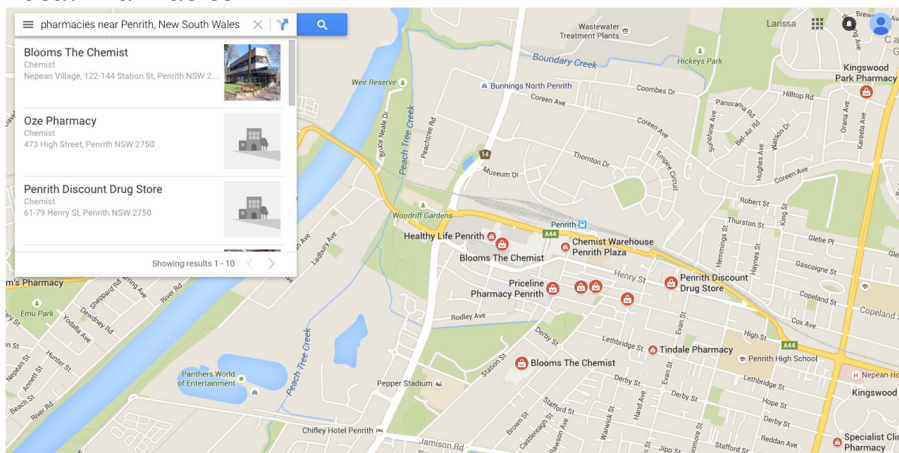
Local Emergency Department

Nepean Emergency Information

Nepean Hospital Contact Details	
Street Address	Derby St, Kingswood, NSW 2747
Main Telephone	(02) 4734 2000
Emergency Department	(02) 4734 2000 please ask to be put through to the Emergency Department
Patient Enquiries	1800 253 511
Bookings and Admissions	1800 253 511
Postal Address	PO Box 63, Penrith, NSW 2751
Hours of Service	24hrs/day, 7 days/week
Emergency Services	Emergency Department (street map and contact numbers)
Community Health Facilities	Link
Website	Go to Nepean Hospital Homepage



Local Pharmacies



Local General Practice Clinics

