



ORCV Medical Incident Form

SI CAT-1 OCEAN+
ADDITIONAL REQUIREMENTS

Melbourne Osaka Cup

A14 Notifying a Medical Incident to Race Management

A14.1 The duties of the attendant First Aid Officer are as follows:

- (1) Assess, stabilise and treat the casualty – “DRSABCD”
- (2) Complete the ORCV Medical Incident Form as accurately as possible, including the boat’s position and confirm your current communication channels.
- (3) An image of the Medical Incident form should be sent to the RD via email.
- (4) Make contact with the Race Director by Satellite phone who will contact the Race Medical Officer (RMO)
- (5) Race Medical Officer will contact the boat’s First Aid Officer to confirm or obtain the recorded details on the Medical Incident Form and transcribe them to the RMO copy.
- (6) Race Medical Officer will assess and advise a course of action. The instructions given must be recorded on the boat’s copy of the Incident form including any medication given and recorded on the Boat’s Drug Register for S4 and S8 drugs if prescribed.
- (7) A call back time to be agreed to follow up progress and for Medical Incident forms and actions again to be updated by both parties.
- (8) Information obtained may be shared with Search and Rescue authorities and other members of the ORCV Incident Management team to be able to enact decisions made.
- (9) The Medical Incident Form must be kept with the Ship’s Log.

ORCV Medical Incident Form

Patient.....DOB.....

Patient Details					
Family Name		Other Names		DOB / /	
Allergies /Alerts				Weight kg	
				Male Female	
NOK name		Contact details			
Yacht Name		Call Sign		Crew contact name	
Position <i>Lat/Lon</i>				<i>Nearby</i>	
Mobile		Satphone		HF freq	VHF ch

IMT Contact Details				
Duty Officer <small>for medical incidents</small>		Location <i>Lat/lon or nearby</i>		
Mobile	Satphone		HF freq	VHF ch

Accident Date		/ /		Accident / Injury Notes eg Mechanism and site of injury	
Accident Time		: hrs			
First call		: hrs			
Follow up call		: hrs			
Completion Date & Time		/ / : hrs		Treated onsite Treated after arrival onshore Emergency evacuation Hospitalised	

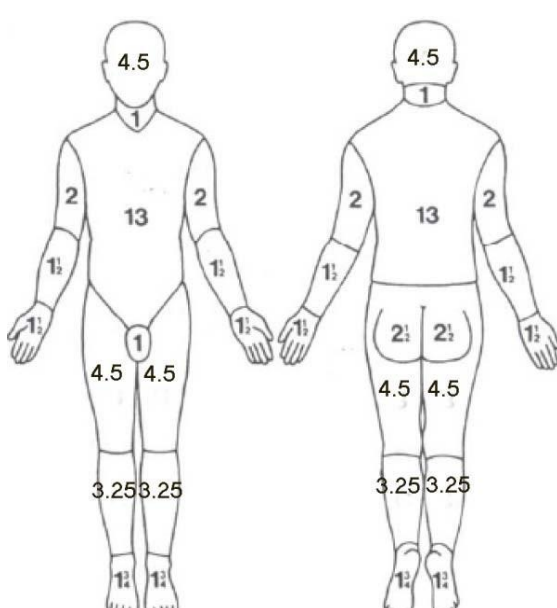
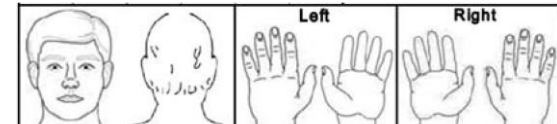
Time : hrs		Primary Survey				
Airway		Clear Obstructed				
c-spine Collar		Yes No Other:				
Breathing		Spontaneous Laboured Absent Stridor Assisted			Resp Rate: /min	
Circulation		Pulse present Pink Cyanosed Warm Cool Sweaty			Pulse Rate: /min	Pulse rhythm: regular /irregular
Haemorrhage (Bleeding)		Controlled Yes No				
Disability (Neurological) <small>See below</small>		AVPU Scale Alert Respond to Voice Respond to pain Unresponsive Notes:			R Pupil: Reacting? Size mm	L Pupil: Reacting? Size mm
Exposure		Expose for physical examination Notes:		Protect from environment - keep warm/cool		

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Patient.....DOB.....

	AVPU Scale	Description	Yes/No
A	ALERT	Patient is aware of the environment and opening eyes spontaneously	
V	VERBAL	Eyes do not open spontaneously, but open in response to a verbal stimulus directed towards them.	
P	PAIN	Eyes do not open spontaneously or to verbal stimuli. Patient will only respond to painful stimuli directed towards them	
U	UNRESPONSIVE	Patient not responding spontaneously, or to verbal or painful stimuli	

Time : hrs		Secondary Survey				Mark all injuries/burns on the diagrams below	
Head		Normal	Abrasion	Laceration	Swelling	Pain	
Neck		Normal Notes:					
Chest		Symmetrical	Asymmetrical	Injury			
		Sounds R					
		Sounds L					
Abdomen		Normal	Soft	Firm	Distended	Injury	Pain
Back		Normal	Injury	Pain	LOG ROLL required		
Extremities		Movement	Sensation	Strength	Pulse		
Arm	R						
	L						
Leg	R						
	L						
Key for Notes: A = Abrasion B = Burn D = Deformity F = Fracture H = Haematoma L = Laceration N = Numbness P = Pain S = Swelling							

Relevant History / Medical History

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Patient.....DOB.....

Examination

Possible Diagnosis:

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Other Doctors/ Agencies (eg AMSA, JRCC) Consulted

Agency	Contact Name	Role	Phone	Email	Action

Observations

Time	Pulse Rate	Resp Rate	Oxygen % sats	Temp	L Pupil Size	React	R Pupil Size	React	Notes

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Patient.....DOB.....

Treatment / Drugs / Fluids/ Urine Output/ Medical Advice given

Date Time		Dose/Vol (Fluid in / fluid out)	Route	Sign (initial)

Additional Notes:

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Patient.....DOB.....