



## MOUNT CRAWFORD DRESSAGE CLUB

### INCIDENT REPORT FORM AND CONCUSSION PROTOCOL

Each incident must be recorded on the day of the accident/incident.

The EA Concussion Protocol (on Page 2) must also be followed.

Date of accident:    /    /	Time of accident:
Person completing the form:	
Position:	

#### ABOUT THE INJURED PERSON:

Name:		Postal Address:  _____  _____  _____  Postcode    _____
Age:	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Telephone: Home - Mobile -		
Horses name:		

#### ABOUT THE INJURIES AND TREATMENT:

Injuries received (ensure you record where the injury was suffered, whether upper or lower or left or right):

Treatment given:	
Treatment given by: _____  Doctor <input type="checkbox"/> Paramedic <input type="checkbox"/> First Aider <input type="checkbox"/> (Tick where applicable.)	Referred to hospital: Yes <input type="checkbox"/> No <input type="checkbox"/>  Which hospital: _____
Did horse and rider continue? Yes <input type="checkbox"/> No <input type="checkbox"/>	Transported by: Ambulance/Own transport.

**EA CONCUSSION PROTOCOL:**

The "Concussion Recognition Tool 5" (located in the office) MUST be utilised and followed by the Medical/First Aid Officer for ALL incidences at ANY event.

If a concussion is suspected, the injured person will be removed from further competition/participation. A "Person Monitoring" must be identified and alternate transport arrangements made (injured persons suspected of concussion must not drive).

The EA must also be advised ASAP using the following email: [reporting@equestrian.org.au](mailto:reporting@equestrian.org.au)

The "Person Monitoring" the injured person must be provided with a "Concussion Advice Card". A copy of the EA Protocol must also be emailed to the injured person and the EA cc'ed in. The injured person must seek medical advice before returning to any activity and will be suspended from riding until they have written clearance to return by a medical practitioner.

Has the EA Concussion Recognition Tool 5 been followed? Yes ☐ No ☐

Was the injured person suspected of having a Concussion? Yes ☐ No ☐

If Yes, who is the "Person Monitoring"? \_\_\_\_\_

Have they been provided with a "Concussion Advice Card"? Yes ☐ No ☐

Has the Injured Person been sent a copy of the protocol and the EA been notified and copied into the correspondence? Yes ☐ No ☐

Signed by person completing the form: \_\_\_\_\_ Date/Time: \_\_\_\_\_

## ABOUT THE ACCIDENT:

Did the horse slip:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Ground conditions:	Deep <input type="checkbox"/>	Heavy <input type="checkbox"/>	Slippery <input type="checkbox"/>	Good to soft <input type="checkbox"/>
	Good <input type="checkbox"/>	Good to firm <input type="checkbox"/>	Hard <input type="checkbox"/>	Rough/rutted <input type="checkbox"/>
Weather:	Fine <input type="checkbox"/>	Raining <input type="checkbox"/>	Cloudy <input type="checkbox"/>	Hot <input type="checkbox"/>
Windy:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Poor visibility (fog, smoke, mist, etc):		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Description of accident:				

Description of accident - continued (continue on a separate sheet if needed and attach):

Witnesses (Name, contact phone number and signature):

Outcome of accident:

Signed (by person filling in form):

Date     /     /     .

**FOLLOW UP ACTIONS:**

Risk assessment officers report completed?	Yes <input style="width: 40px;" type="checkbox"/>	No <input style="width: 40px;" type="checkbox"/>
Date form completed and reported to committee:     /     /		
Remedial action recommended:		
Signed by Risk Assessment Officer and/or Chairperson:		Date:     /     /

**PLEASE ENSURE THAT A COPY OF THIS FORM IS TABLED AT THE NEXT MCDC COMMITTEE MEETING AND SENT TO THE INSURER FOR THEIR RECORDS.**

**IF A CONCUSSION IS SUSPECTED, THE EA MUST BE NOTIFIED ASAP ON:**

[reporting@equestrian.org.au](mailto:reporting@equestrian.org.au)

**THE “PERSON MONITORING” THE INJURED PERSON MUST BE PROVIDED WITH A “CONCUSSION ADVICE CARD”.**

**THE INJURED PERSON MUST BE EMAILED THE CONCUSSION PROTOCOL, AND A COPY OF THE EMAIL ALSO SENT TO THE EA.**