



MEDICAL RULE EXEMPTION PROCESS

*For Motorcycling Australia Permitted
Events*

1st Edition – February 2015



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Introduction

The General Competition Rules state that it is the promoters' responsibility to ensure an ambulance is provided for Motorcycling (MA) permitted events:

4.2.9.1 Responsibilities of Promoters

- e) *Where MA is the Relevant Controlling Body, at any event where speed is the determining factor, provide an ambulance which is:*
- i) Legally authorised by its relevant State / Territory Government Authority to transport on public roads, under emergency conditions (lights and sirens) by any persons to hospital, and*
 - ii) Staffed by at least two Paramedics who are able to provide advanced life support inclusive of providing analgesia.*

As we know, motor sport is inherently dangerous. Access to affordable and appropriate medical services has been a major issue for MA, its State Controlling Bodies (SCBs) Promoters and affiliated clubs. MA recognises the difficulties in obtaining affordable and appropriate medical services. To ensure the sport has a viable future, MA has consulted with stakeholders to formulate a process where an exemption to the above mentioned rule may be considered on the provision that due diligence is undertaken and the level of care proposed exceeds the current requirements.

Different disciplines and events present different potentials for injury to participants. It is acknowledged that the promoter must provide a suitable level of medical response and treatment appropriate to service the risk profile of the event. For example, it is acknowledged that generally a ride day may require less medical response than competition events. Additionally, an increase in the number of riders or competitors may increase the risk and therefore may require a higher level of response and treatment.

This exemption process is designed to ensure a consistent basis for rule exemption requests in relation to the medical rule (4.2.9.1). This document is to be used by promoters and event organisers (Promoters) when considering staging MA permitted events and activities. The document is also intended to provide a reference for MA and the SCB's when assessing the suitability and endorsement of First Aid and Medical Service Providers.

Whilst this guideline aims to provide information regarding medical services related to the MA permitted events and activities, it is the promoters' responsibility to undertake relevant research with the support of MA and the SCB's to produce a medical response plan for the event which offers the best solution to competitors and the general public.

Event organisers and promoters are referred to the Australian Standard AS/NZ ISO 31000:2009 – Risk management – Principles and guidelines, which details a generic framework for establishing the context, identification, analysis, evaluation, treatment (management controls), monitoring, recording and communication of risks.

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1. Definitions

For the purpose of this document, the following definitions apply:

- 1.01 Advanced Care Advanced Care includes the ability to deliver lifesaving treatments and interventions. The clinician is a suitably qualified health care professional, like an ambulance paramedic or registered nurse.
- 1.02 Audit An audit of an event, including the Medical Service Providers to ensure compliance with MA requirements.
- 1.03 Basic Care Basic Care is that care provided by a track official or other person who is qualified with a recognised certificate to provide first aid and Basic Life Support.
- 1.04 Chief Medical Officer
 - A Chief Medical Officer (CMO) is a medical officer (see medical officer) who is nominated by the event Organiser / Promoter to be the CMO.
 - The CMO should be responsible for the development/design of the Track Medical Service, and is responsible for its implementation.
 - The CMO must have malpractice insurance appropriate to the relevant State, where the event is being held.
 - The CMO is responsible to the Clerk of the Course (or Referee).
- 1.05 Critical Care Critical care implies the ability to deliver a wide range of intensive care treatments and procedures. Such care could conceivably be provided by a doctor, or an appropriately authorised intensive care paramedic or critical care nurse.
- 1.06 Critical Incident Critical Incident means a critical on-track incident resulting from the motorcycle racing component of the Event which results in:
a) serious injury to any person which is, in the opinion of the Medical Service Provider, likely to result in death or has the potential to cause death;
b) death; or
c) an incident which is otherwise determined to be of such significance that the response outlined in a critical incident procedure is considered appropriate.
- 1.07 Doctor See Chief Medical Officer.
- 1.08 Emergency Ambulance An emergency ambulance is defined as a vehicle that is licensed to transport an injured patient on public roads under emergency conditions - in the state or territory in which the event is being held.
The following are the official state emergency ambulance services:
 - ACT Ambulance Service
 - Ambulance Victoria
 - Ambulance Service of New South Wales
 - Queensland Ambulance Service
 - South Australian Ambulance Service
 - St John Ambulance Western Australia
 - St John Ambulance Northern Territory
 - Ambulance TasmaniaIt is acknowledged that organisations may exist which are not listed above which may have the authority to transport on public roads under emergency conditions. It is the responsibility of the event promoter to ensure that any such organisations contracted to an event provide:
 - Written confirmation and full details of their ability to transport on public roads under emergency conditions
 - Evidence of the necessary professional and public liability indemnity for their contracted service

1.09	Event Organiser	See Promoter
1.10	Exempt Provider	Agencies that are recognised by MA to be appropriate medical services. Exempt providers are listed on the register, but are typically limited to statutory emergency ambulance services, FIM accredited Chief Medical Officers and Volunteer first aid officers.
1.11	First Intervention Vehicles	See Medical Intervention Vehicle (MIV)
1.12	FIM	Fédération Internationale de Motorcyclisme – the international motorcycle federation.
1.13	First Aider	<p>For the purposes of these Standards, a First Aider is defined as a medical official who holds a current HLTF311A Apply First Aid certificate equivalent, or higher-level qualification.</p> <p>This may include:</p> <ul style="list-style-type: none"> • Club Volunteer first aid officers • Nurses (with the exception of a registered nurse) • Emergency Medical Technicians (EMTs) • Paramedical Students • Medical Students • Medic • First Responder <p>A first aider attending motorcycle sport events should have the following competencies:</p> <ul style="list-style-type: none"> • Management of an unconscious patient • CPR (Cardio-pulmonary resuscitation) and use of an AED (Automated External Defibrillator) • Management of bleeding wounds • Management of potential spinal injuries <p><i>NB: There are many organisations that provide first aid training. Examples of Health Training Package HLTF311A compliant certificates include St John Ambulance Service and Red Cross Australia's Senior First Aid certificates.</i></p>
1.14	GPS	Global Positioning System.
1.15	Helicopter	A helicopter, if required, must be fully equipped with adequate personnel and equipment and be appropriately licensed for the aeromedical evacuation and the potential landing sites. The medical personnel and equipment should be equivalent to the staffing and equipment of a Patient Transport Ambulance. A helicopter may be required for certain events (i.e. remote events).
1.16	Hospital	A Hospital – when referenced in this document - is defined as one that has an Emergency Department, capable of accepting patients, both by ambulance and by private means. If a doctor is not present at the hospital then it does not meet this definition.
1.17	Intermediate Care	Intermediate Care implies skills beyond a basic first aid certificate level and includes casualty assessment, spinal immobilisation, pain relief and defibrillation.
1.18	International Event	A motor cycle event which may be conducted according to international rules and track standards as determined by the FIM and involving competitors from more than one Nation.

1.19	IMN	International Meeting Number - an FIM assigned number for an International Event
1.20	Key Officials	Stewards (or Referees), Race directors, Clerks of Course, Race Secretaries.
1.21	MA	Motorcycling Australia Limited
1.22	May/should	Indicates a recommendation only.
1.23	Medical Centre	Or Trackside Medical Centre. A tent, shelter or designated structure for the specific use of providing first aid and further patient treatment. It must be appropriate for the purpose and the environment.
1.24	Medical Ground Posts	Temporary medical posts in which Medical Service personnel can respond onto the track where a vehicle response would constitute an unacceptable delay. Ground posts, if used, are to be placed at suitable locations and in sufficient numbers around the circuit to provide rapid intervention and evacuation of the rider from danger with the minimum of delay.
1.25	Medical Intervention Vehicle	<p>A Medical Intervention Vehicle (MIV) is a vehicle used to convey medical personnel and equipment to the scene of any incident where a medical response may be required. The MIV must be suitable to be driven on the track during competition and must be driven by a suitably skilled and experienced driver. MIVs generally should not be driven on a track during competition.</p> <p>Each MIV must be able to communicate with Race Control (radio is recommended) and with the First Aid Facilities.</p>
1.26	Medical Officer	<p>A Medical Officer is defined as a currently registered medical practitioner by the Australian Health Practitioner Regulation Agency.</p> <p>It is expected that medical officers attending motor sport events should be experienced in the management of trauma and resuscitation.</p> <p>Medical officers attending motorcycle sport events must have access to the necessary medical equipment to function. A medical officer has the ability to assess and certify a rider's fitness to compete, as well as the overall clinical governance of medical officials.</p>
1.27	Medical Response Plan	A Plan created by the Promoter in consultation with the medical service provider, to ensure that proper planning and forethought have been undertaken prior to the conduct of an event and to guide the practical response to any incident resulting from injury that may occur during the event.
1.28	Medical Service Coordinator	If a Chief Medical Officer is not appointed, then a Medical Service Coordinator (MSC) will be appointed by the Medical Service.
1.29	Medical Service Provider	A medical services organisation providing medical services at an Event.
1.30	Must/will	A mandatory requirement under these Standards.
1.31	Paramedic	Qualified in Advanced Life Support, who are authorised by a Statutory Authority to initiate advanced life support treatments including administer pain relief medication, including intravenous morphine and are operating under the governance of that Authority. Paramedics are not authorised to determine medical fitness to compete.

1.32	Patient Transport Vehicle	<p>A Patient Transport Vehicle (PTV) is a vehicle which is staffed and equipped to deliver medical care and assistance to injured riders whilst transporting them safely to the track medical centre or whilst awaiting transport to hospital. The PTV must be designed to access all points of the course, which may require all-terrain or four-wheel drive.</p> <p>A PTV may be able to transport a patient on public roads NOT under emergency conditions if they are a registered 'Non-Emergency Patient Transport' provider within the state or territory in which the event is being held.</p>
1.33	Promoter	The holder of an event or competition Permit issued by MA or the RCB. A promoter includes event organisers such as clubs.
1.34	RCB	Relevant Controlling Body. This is the body, either MA or an affiliated State Controlling Body, with jurisdiction to issue a Permit for an event or competition or to issue a Track Licence.
1.35	Registered Nurse	<p>A registered nurse practising at a Motorcycling Australia event must:</p> <ul style="list-style-type: none"> (a) Be currently registered with the Australian Health Practitioner Regulation Agency; (b) Be fully indemnified for any treatment or advice provided; and (c) Act within their current scope of practice.
1.36	SCB	State Controlling Body
1.37	Suitable vehicle	Vehicles used at Motorcycling Australia Events must be safe and appropriate for the purpose and enable the personnel to reach the scene anywhere at the event. The vehicle must be able to contain a stretcher and transport the patient safely to the track first aid room or whilst awaiting transport to hospital.
1.38	Suspended Riders List	Any rider who is transported to Hospital, recommended to attend hospital or is advised by a medical practitioner that they require a medical clearance will have their licence suspended until such time as they supply a medical clearance to MA, their SCB or a Key Official at a MA/SCB permitted event
1.39	Trackside Medical Centre	Please refer to Medical Centre.
1.40	Trauma Centre	A Trauma Centre is defined as a designated as a hospital with specialist trauma services inclusive of Orthopaedics, Neurosurgery, Plastic Surgery and Burns unit.
1.41	Volunteer Medical Professional	A Volunteer Medical Professional or a volunteer medical team is defined as an individual who volunteers or a team of volunteers - who are not paid for their duties.

2. Information for promoters

At each meeting there must be a medical service which is able to provide appropriately skilled personnel and equipment to assess and treat any injured or potentially injured competitor or official.

It is accepted that different events present varying levels of potential injury. There are four levels of care which provide specific requirements for determining the services depending on the type and risk associated with a given event. These are determined on a case by case scenario during the exemption process.

The levels of care are defined as the following:

Level of Care Required		
Rank	Level of Care	Description of Care
Low	Basic Care	Basic Care is that care provided by a track official or other person who is qualified with a recognised certificate to provide first aid and Basic Life Support.
Moderate	Intermediate Care	Intermediate Care implies skills beyond a basic first aid certificate level (casualty assessment, spinal immobilisation, pain relief, oxygen, defibrillation).
High	Advanced Care	Advanced Care includes the ability to deliver lifesaving treatments and interventions.
Extreme	Critical Care	Critical care implies the ability to deliver a wide range of intensive care treatments and procedures.

Note, the levels of care will be outlined more specifically in individual chapters.

In considering the level of medical services to be provided, it is important that the following four phases of medical intervention are addressed:

Phase 1 – Respond to a fallen rider

Phase 2 – Transport the fallen rider to an area for stabilisation

Phase 3 – Stabilisation of an injured rider

Phase 4 – Transport away from the event

The medical services must be to the satisfaction of the Relevant Controlling Body (RCB) permitting the event. The RCB may request the promoter to modify their medical service requirements if they deem necessary.

MA does not assume responsibility for Medical Service Providers and promoters and event organisers should take all reasonable care to undertake their own due diligence to ensure they are satisfied with the level of care to be provided to their event.

Compliance with the minimum requirements remains the responsibility of the promoter or event organiser of whom the event permit is given. Event Promoters are encouraged to exceed the minimum required level of Medical Service for events where possible.

It is important that the level of medical service defined in an approved Medical Response Plan (see 8.4 Medical Response Plan) is implemented in full at the event as a requirement of the event permit. The Medical Response Plan is also given to the Steward to ensure compliance.

Promoters may also reasonably request medical service providers to demonstrate compliance in writing. For example qualifications, permits and authorisations given to carry and administer analgesia.

MA or the SCB will assess each request on an individual basis and may provide dispensation from the medical matrix based on factors such as proximity to local ambulance and hospital services or other relevant factors.

2.1 Medical Services for Spectators and the Public

Clubs and promoters must consider the provision of medical care for their spectators and officials. Large gatherings of one thousand spectators are known to have an increased medical workload; this is even more pronounced where alcohol is available.

Clubs and promoters should ensure that appropriate medical services are provided for the crowd. In some cases, it may be appropriate to utilise track medical resources including medical vehicles, personnel and facilities, on the understanding that this may delay racing. At large events, where crowds are expected to exceed 500, additional crowd-specific personnel are required. This could be provided by the same medical service provider supplying services for the event by simply increasing personnel numbers (or outsourcing), or engaging an independent service provider to focus on spectator medical care.

2.2 Event specific considerations

Clubs and promoters should also consider the distance to the nearest major hospital and other factors i.e. media events which attract significant numbers, isolated events, weather conditions etc when considering the medical requirements appropriate for the event. For example, if a minor or moderate event was being held in a remote area, the Promoter should consider increasing their level of care and/or medical resources available.

For events that are being held greater than 30mins from the nearest hospital, or that it is reasonably likely that a State Ambulance Service will not be immediately available and at the scene of an incident within 30 mins, then the next higher Care Level should be met.

2.3 Medical Matrix

The medical summary table summarises the requirements for each level of care. These levels will be elaborated upon in the following chapters:

Level of Care Required	Personnel required	Vehicles	Facilities	Chapter #
Basic Care	(1-50 active participants) 1 x First Aider	Suitable vehicle	First Aid Room / First Aid Facilities	3
	(50 + active participants) 2 x First Aider			
Intermediate Care	1 x Paramedic + Paramedic or registered nurse	Patient Transport Vehicle	First Aid Room / First Aid Facilities	4
Advanced Care	2 x Paramedic + Paramedic or registered nurse + First Aider (spectators) +/- MIV Driver	Patient Transport Vehicle	Trackside Medical Centre	5
Critical Care	A Doctor + Doctor, paramedic or registered nurse + Paramedic or registered nurse +/- MIV Driver	MIV + Emergency Ambulance	Trackside Medical Centre	6

- ✓ For events that are being held greater than 30mins from the nearest hospital, or that it is reasonably likely that a State Ambulance Service will not be immediately available and at the scene of an incident within 30 mins, then the next higher Care Level should be met.
- ✓ For meetings with an IMN, then the next higher Care Level should be applied.
- ✓ For events where crowds are expected to exceed 500, additional crowd-specific medical personnel are required.
- ✓ Other events: Any other motorcycle event must apply to the RCB for consideration.

MA Medical Matrix

	Road Racing	Motocross / Stadium Motocross & Supercross	Speedway (Solo)	Speedway (Sidecar)	Dirt Track & Track	Supermoto	Moto Trials	Enduro & Reliability Trials	FMX	Minikhana
International	FIM	FIM	FIM	FIM	FIM	FIM	FIM	FIM	FIM	FIM
National Championship events	C	C	A	A	A	A	A	A	A	I
Racing activities: Open events	A	A*	I**	A	A	A	I	A	A	I
Non racing, recreational riding or practice activities	B	B	n/a	B	B	B	B	B	B	B

* Includes Australian Classic MX and Australian Jnr MX Championships

** Where more than 500 spectators are expected the next higher care must be met (Advanced).

B	Basic Care
I	Intermediate Care
A	Advanced Care
C	Critical Care
FIM	FIM Medical Code

3. Basic Care - Minimum Requirements

Clubs and promoters should be aware of state-specific legislation which governs Medical Services including scope of practice of paramedics, first aid personnel and registered nurses, and the ability to transport from the event.

Basic Care Minimum Requirements

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|-----------|--|
| Personnel | <ul style="list-style-type: none">• 1 x First Aider (1 – 50 active participants)• 2 x First Aiders (51 + active participants) |
|-----------|--|

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- | | |
|---------|--|
| Vehicle | <ul style="list-style-type: none">• A suitable vehicle to enable the personnel to reach the scene anywhere at the event. |
|---------|--|

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- | | |
|------------|---|
| Facilities | <ul style="list-style-type: none">• First Aid Room / First Aid Facilities |
|------------|---|
-

3.1 Personnel

Personnel must have sufficient qualifications, training and experience to take action autonomously and immediately in case of an accident.

3.2 Vehicles

Vehicles used at Motorcycling Australia Events must be safe and appropriate for the purpose. The vehicle must be able to contain a stretcher and transport the patient safely to the track first aid room or whilst awaiting transport to hospital.

All drivers must be experienced in driving the vehicle and be familiar with the course. The drivers may be inclusive of or additional to the individual personnel requirements listed for each level of care.

3.3 Facilities

The First aid room must be:

- Be readily accessible from the competition area;
- Ensure patient security and privacy;
- Be a permanent or temporary structure with adequate space to treat injured riders for both major and minor injuries;
- Have first aid supplies to treat two riders simultaneously, as well as sufficient stock for the whole event;
- Be a non-smoking zone.

Note: a hospital outside the circuit is not an alternative to a first aid room at an event.

First Aid Room (to be equipped with)

- Well stocked first aid kit that complies with Appendix 1;
 - Stretcher;
 - Automatic external defibrillation (AED) (recommended);
 - Equipment for Basic Life Support.
-

4. Intermediate Care - Minimum Requirements

Clubs and promoters should be aware of state-specific legislation which governs Medical Services including scope of practice of paramedics, first aid personnel and registered nurses, and the ability to transport from the event.

Intermediate Care Minimum Requirements

Personnel	<ul style="list-style-type: none">• A paramedic experienced in emergency care, supplemented by a second paramedic or registered nurse.
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Vehicles	<ul style="list-style-type: none">• A Patient Transport Vehicle (PTV)
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Facilities	<ul style="list-style-type: none">• Trackside Medical Centre, First Aid Room
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4.1 Personnel

Personnel must have sufficient qualifications, training and experience to take action legally, autonomously and immediately in case of an accident.

4.2 Vehicles

Vehicles used at Motorcycling Australia Events must be safe and appropriate for the purpose. All drivers must be experienced in driving the vehicle, and be familiar with the course. The drivers may be inclusive of or additional to the individual personnel requirements listed for each level of care.

4.3 Facilities

The trackside medical centre or first aid room must:

- Be readily accessible from the competition area;
- Ensure patient security and privacy;
- Be a permanent or temporary structure with adequate space to treat injured riders for both major and minor injuries;
- Ensure sufficient trauma and first aid supplies to treat two riders simultaneously, as well as sufficient stock for the whole event;
- Be a non-smoking zone.

Note: a hospital outside the circuit is not an alternative to a first aid room at an event.

Track Medical Centre / First Aid Room (to be equipped with)

- Well stocked first aid kit that complies with the [Appendix 1](#);
- Cervical collars to fit the range of competitors (ie an adult and paediatric multi-size collar, or a set of collars of different sizes);
- A scoop stretcher or spinal board which enables a casualty to be immobilized and moved in an emergency;
- Equipment for airway management, and ventilation;
- Medical oxygen, with masks suitable for therapeutic oxygen administration, and a bag mask resuscitator suitable for emergency resuscitation;
- Equipment for cardiac monitoring and resuscitation, including blood pressure and ECG monitors and a defibrillator, which may be semi-automatic;
- Regionally appropriate drugs including inhaled analgesia.

5. Advanced Care - Minimum Requirements

Clubs and promoters should be aware of state-specific legislation which governs Medical Services including scope of practice of paramedics, first aid personnel and registered nurses, and the ability to transport from the event.

Advanced Care Minimum Requirements

Personnel	<ul style="list-style-type: none">• 2 x paramedics (advanced life support and able to administer pain relief) , supplemented by a third paramedic or registered nurse; and• A driver, experienced in driving the vehicle who has first aid skills and is familiar with the track / course. This may be inclusive of, or additional to the above personnel needs.
Vehicles	<ul style="list-style-type: none">• Patient Transport Vehicle (PTV)
Facilities	<ul style="list-style-type: none">• Trackside Medical Centre

5.1 Personnel

Personnel must have sufficient qualifications, training and experience to take action legally, autonomously and immediately in case of an accident.

5.2 Vehicle

Medical vehicles used at Motorcycling Australia Events must be mechanically sound. The vehicles must be fitted with visual warning devices which must be operated when the vehicle presents a hazard to riders or officials. The vehicles must be equipped to communicate with the Chief Medical Officer (if appointed), Medical Services Coordinator and Race Control.

All drivers must be experienced in driving the vehicle, who has first aid skills and is familiar with the course. The drivers may be inclusive of or additional to the individual personnel requirements listed for each level of care.

5.2.1 Patient Transport Vehicle (PTV)

A Patient Transport Vehicle (PTV) is a vehicle or ATV which is staffed and equipped to deliver medical care and assistance to injured riders whilst transporting them safely to the track medical centre or whilst awaiting transport to hospital. The PTV must be designed to access all points of the course, which may require all-terrain or four-wheel drive.

Patient Transport Vehicle *(to be equipped with)*

- Portable oxygen supply and manual ventilator (Self Inflating Bag)
- Skill-appropriate Airway Management equipment including End-Tidal CO2 detector
- Equipment for Emergency Chest Decompression (Needle or Catheter)
- Suction equipment
- Immobilisation (Limb and Spine) Equipment including a Scoop Stretcher or spinal board.
- Sterile dressings and first aid supplies.
- Cardiac Monitor – Defibrillator
- Drugs for Resuscitation and Analgesia
- Intravenous infusion equipment and IV Fluid
- Pulse Oximeter, Sphygmomanometer and Stethoscope
- Stretcher (suitably restrained in the vehicle).

5.3 Facilities

The Track Side Medical Centre must:

- Be readily accessible from the competition area and have ready access to public roads for subsequent transport of patients to hospital;
- Ensure patient security and privacy;
- Be a permanent or temporary structure with adequate space to treat injured riders for both major and minor injuries.
- Have staff in proximity at all times (if operated);
- Be a non-smoking zone;
- Ensure sufficient trauma and first aid supplies to treat two riders simultaneously, as well as sufficient stock for the whole event.

Note: a hospital outside the circuit is not an alternative to the medical centre at an event.

Trackside Medical Centre *(to be equipped with)*

- Well stocked first aid kit that complies with the [Appendix 1](#);
- Cervical collars to fit the range of competitors (ie an adult and paediatric multi-size collar, or a set of collars of different sizes with spares);
- A scoop stretcher or spinal board which enables a casualty to be immobilised and moved in an emergency;
- Portable medical oxygen, with masks suitable for therapeutic oxygen administration, and a bag mask resuscitator suitable for emergency resuscitation; a suction pump must be available;
- Advanced Airway Management equipment;
- Equipment for intravenous access, fluid therapy and administration of medications;
- Medications, including Analgesics - Paracetamol, NSAIDs, Methoxyflurane, Morphine Resuscitation - Adrenaline, Glucagon, Atropine, Naloxone;
- Miscellaneous - Aspirin, Glyceryl Trinitrate, Salbutamol, Midazolam;
- Equipment for cardiac monitoring and resuscitation, including blood pressure and ECG monitors and a defibrillator; and
- Regionally appropriate drugs and intravenous fluids including injectable and inhaled analgesia, anticonvulsants, cardiac resuscitation drugs and resuscitation fluids.

6. Critical Care - Minimum Requirements

Clubs and promoters should be aware of state-specific legislation which governs Medical Services including scope of practice of paramedics, first aid personnel and registered nurses, and the ability to transport from the event.

Critical Care Minimum Requirements

Personnel	<ul style="list-style-type: none">• A doctor experienced in trauma, supplemented by a second doctor, registered nurse or paramedic; supplemented by a further paramedic or registered nurse.• A driver, experienced in driving the vehicle who has first aid skills and is familiar with the track / course. This may be inclusive of, or additional to the above personnel requirements.
Vehicles	<ul style="list-style-type: none">• Emergency ambulance or vehicle that is authorised to transport patients under emergency conditions on public roads and that is willing to be present at all times during practice and racing; and• An additional vehicle that is suitable to retrieve an injured patient from the track such as an MIV.
Facilities	<ul style="list-style-type: none">• Trackside Medical Centre

6.1 Personnel

Personnel must have sufficient qualifications, training and experience to take action legally, autonomously and immediately in case of an accident.

6.2 Vehicles

Medical vehicles used at Motorcycling Australia Events must be roadworthy. The vehicles must be fitted with beacons which must be operated when the vehicle presents a hazard to riders or officials. The vehicles must be equipped to communicate with the Chief Medical Officer (if appointed), Medical Services Coordinator and Race Control.

All drivers must be experienced in driving the vehicle, who has first aid skills and is familiar with the course. The drivers may be inclusive of or additional to the individual personnel requirements listed for each level of care.

If the emergency ambulance leaves the circuit or is unavailable (i.e. treating a patient), it must be replaced by another emergency ambulance before any competition activity is resumed.

6.2.1 Medical Intervention Vehicle (MIV)

A Medical Intervention Vehicle (MIV) is a vehicle used to convey medical personnel and equipment to the scene of any incident where a medical response may be required. The MIV must be suitable to be driven on the track during competition and must be driven by a suitably skilled and experienced driver.

Where more than one MIV is necessary to ensure adequate response times to any scene at the Track they should be positioned in consultation with Senior Officials and the CMO (if appointed).

Each MIV must be able to communicate with Race Control (radio is recommended) and with the Trackside Medical Centre.

6.2.2 Emergency Ambulance

Under State legislation, an Emergency Ambulance is an ambulance vehicle which is lawfully allowed to transport injured riders on public roads under emergency conditions. It should be staffed by two ALS certified paramedics at a minimum.

6.2.3 Helicopter (Emergency Air Transport)

A helicopter is recommended for events being staged in remote locations.

Medical Intervention Vehicle *(to be equipped with)*

- Well stocked first aid kit that complies with the [Appendix 1](#);
- Cervical collars to fit the range of competitors (ie an adult and paediatric multi-size collar, or a set of collars of different sizes with spares);
- A scoop stretcher or spinal board which enables a casualty to be immobilised and moved in an emergency;
- Portable medical oxygen, with masks suitable for therapeutic oxygen administration, and a self-inflating bag suitable for emergency resuscitation; a suction pump must be available;
- Advanced Airway Management equipment, including Laryngeal Mask Airways, Laryngoscopes and Endotracheal tubes as a minimum;
- Equipment for intravenous access, fluid therapy and administration of medications;
- Scheduled medications;
- A defibrillator which can monitor an ECG rhythm.

Emergency Ambulance *(to be equipped with)*

- Equipment as per Ambulance standards for the state in which the event is held

6.3 Facilities

The Track Side Medical Centre must:

- Be readily accessible from the competition area and have ready access to public roads for subsequent transport of patients to hospital;
- Ensure patient security and privacy;
- Be a permanent or temporary structure with adequate space to treat injured riders for both major and minor injuries;
- Have staff in proximity at all times (if operated);
- Be a non-smoking zone;
- Ensure sufficient trauma and first aid supplies to treat two riders simultaneously, as well as sufficient stock for the whole event;
- Ensure the equipment should be of a level appropriate to those that are using it.

Note: a hospital outside the circuit is not an alternative to the medical centre at an event.

Trackside Medical Centre *(to be equipped with)*

- Well stocked first aid kit that complies with the [Appendix 1](#);
- Equipment for advanced airway management, including endotracheal intubation, surgical airway and ventilation, including suction, oxygen and anaesthetic agents;
- Equipment for intravenous access and fluids including crystalloid solutions;
- Equipment for thoracic decompression by tube or needle thoracostomy and drainage;
- Equipment for cardiac monitoring and resuscitation, including blood pressure and ECG monitors and a defibrillator;
- Equipment for immobilising the spine at all levels and for the splinting of limb fractures;
- Drugs including analgesia, anticonvulsants, paralysing and anaesthetic agents, cardiac resuscitation drugs and resuscitation fluids;
- Broad spectrum antibiotics are recommended;
- Equipment for diagnostic ultrasound is strongly recommended (if the medical staff are trained in its use).

7. Types of Medical Service Providers

There are currently three recognised service providers:

- Emergency ambulance
- Non-emergency medical services
- Volunteer medical personnel

7.1 Emergency ambulance

An emergency ambulance is defined as a vehicle that is licensed to transport an injured patient on public roads under emergency conditions - in the state or territory in which the event is being held.

The following are the official state emergency ambulance services:

- ACT Ambulance Service
- Ambulance Victoria
- Ambulance Service of New South Wales
- Queensland Ambulance Service
- South Australian Ambulance Service
- St John Ambulance Western Australia
- St John Ambulance Northern Territory
- Ambulance Tasmania

It is acknowledged that organisations may exist which are not listed above which may have the authority to transport on public roads under emergency conditions. It is the responsibility of the event promoter to ensure that any such organisations contracted to an event provide:

- Written confirmation and full details of their ability to transport on public roads under emergency conditions;
- Evidence of the necessary professional and public liability indemnity for their contracted service

The engagement of a State emergency ambulance does not need to undertake the rule exemption process, nor do they have to provide a Medical Response Plan.



7.1.1 Helicopter (Emergency air transport)

A helicopter, if required, must be fully equipped with adequate personnel and equipment and be appropriately licensed for the aeromedical evacuation and the potential landing sites. The medical personnel and equipment should be equivalent to the staffing and equipment of a Track Ambulance. A helicopter is recommended for events being staged in remote locations.

7.2 Non-emergency medical service

The non-emergency medical service (also known as the non-emergency patient transport industry) has a wider variety of participants including private companies that provide qualified medical personnel and equipment which are able to administer pain relief and comfort until the emergency patient transport services arrive.

The non-emergency patient transport industry is regulated by law and managed by the human services departments of state and territory governments. Providers are licensed and accredited and must observe relevant clinical practice protocols.

It is recognised the Medical Service Provider will have internal operational procedures to follow, however in addition to these procedures Medical Providers must:

- Provide evidence of the necessary professional and public liability indemnity for their contracted service:
 - Workers compensation as required by law;
 - Public liability insurance to a value of \$20 million; and
 - Professional Indemnity / Medical Indemnity to be \$2 million Limit of indemnity and \$3 million Maximum Aggregate limit of indemnity as a minimum.
- Evidence of Authority to Practice;
- Provide a Medical Response Plan to the satisfaction of the RCB;
- Licenses or evidence to carry and/or administer analgesia;
- Confirm type of analgesia to be used;
- Ensure the contracted service level is maintained during events at all times;
- All Doctors must have and need to supply their own Professional Indemnity and be registered nationally if they wish to practice;
- Ensure Personnel hold the required qualifications and credentials;
- Ensure Personnel have a telephone for communicating with state Ambulance at all times, a dedicated satellite phone is required for isolated areas;
- Ensure that all personnel are appropriately attired for duty;
- Ensure their Personnel are familiar with the MA Anti-Doping Policy, MA's Safety Policy regarding Drug and Alcohol Testing, the FIM Medical Code (if required), and the FIM Anti-Doping Code (if required); and
- Ensure the Promoter is provided with contact details for the Medical Service Coordinator and/or CMO.



7.3 Volunteer Medical Personnel

A Volunteer Medical Professional or a volunteer medical team is defined as an individual that volunteers or a team of volunteers - who are not paid for their duties. All medical volunteers should sign the MA indemnity form as any other volunteer official to ensure they are covered in the case of injury. The medical personnel must have a Chief Medical Officer to authorise the use of any drugs and collaborate on policies, procedures and establishes benchmarks in the provision of medical and trackside services to motorsport.

Please note, medical teams must have professional indemnity for their volunteer Paramedics.

8. Rule exemption application process

8.1 Background

MA recognises that risk is inherent in our sporting activities and that every member of the MA community manages risk. Over several years formal and systematic approaches have evolved to manage risks and are regarded as good management practice. MA follows the systems based on the Standards Australia AS/NZS ISO 31000:2009 – Risk Management. As a result of this system MA promotes the adoption of a culture which embraces a strategic and formal approach to risk management which improves decision-making and enhances outcomes and accountability.

The Risk Management procedures are designed to assist Relevant Controlling Bodies to pro-actively manage their event medical needs. This systematic approach to risk management has assisted in understanding the environment in which MA operates and allowed MA to anticipate and manage issues that may impact on providing adequate medical care for permitted events.

Utilising principles of risk management, risks have been assessed by evaluating a hazard's likelihood of occurring and its potential consequences. Based on this approach, the medical service matrix has been established, however event organisers should also assess their requirements as these guidelines offer a minimum level of care needed.

The medical review panel considered the importance of community and rider expectations in providing medical care when assessing the above categories.

For the purposes of assessing the risks at MA permitted events the following issues have been considered:

- Discipline
- Type of event
- Number of active participants
- Frequency and severity of injury
- Proximity to ambulance and hospital services

8.2 Step 1: Obtain a quote from the State Emergency Service Ambulance

The promoter must obtain a quote from the State Emergency Ambulance. This quote must be provided with the promoter's exemption application to Motorcycling Australia. In situations where the quote is not financially viable or the emergency service is not available then step two can be undertaken.

8.3 Step 2: Obtain quotes from non-emergency medical services

When the promoter contacts the non-emergency medical service they should review the medical matrix and request a quote based on the number of personnel, vehicles and facilities required for their event.



Note: If you are unsure what level of care you should be providing please contact MA: 03 9684 0500 otherwise you may have to obtain another quote!

8.4 Step 3: Medical Response Plan

A Medical Response Plan (MRP) should be submitted by the Promoter to MA with the exemption request. Usually the Medical Services will be able to help facilitate the creation of this document.

The objective of the plan is to ensure that proper planning and forethought have been undertaken prior to the conduct of an event and to guide the practical response to any incident resulting in injury that may occur during an event.

The MRP must detail the medical services which will be provided for the event including:

- Number and qualifications of personnel to be employed including authority to practice (if required)
- Number and type of vehicles
- Description of permanent or temporary medical facilities including equipment
- Pain relief to be administered
- Contact details for key persons and organisations involved
- How the organisation will communicate
- Where the medical services will be located
- Details of receiving hospitals (including proximity)
- Details of local ambulance depot (including proximity and estimated response time)
- Emergency contact details
- Critical incident procedure
- Evidence of the necessary professional and public liability indemnity for their contracted service (certificate of currency):
 - Public liability insurance to a value of \$20 million
 - Professional Indemnity / Medical Indemnity to be \$2 million Limit of indemnity and \$3 million Maximum Aggregate limit of indemnity as a minimum.
- Written confirmation and full details of their ability to transport on public road under emergency conditions (if applicable)
- Confirmation of the process that will be undertaken should a medical resource be actively treating a seriously injured person or persons. I.e. if the event may need to be stopped until such time that the medical resource becomes available to respond to further incidents.

The MRP must be approved by MA prior to the granting of an exemption.

8.5 Step 3: Apply to MA for a Rule Exemption

An email request can be sent to the Events Officer eventsadmin@ma.org.au requesting an exemption of the MoMS:

4.2.9.1 Responsibilities of Promoters

- e) *Where MA is the Relevant Controlling Body, at any event where speed is the determining factor, provide an ambulance which is:*
- i) *Legally authorised by its relevant State / Territory Government Authority to transport on public roads, under emergency conditions (lights and sirens) by any persons to hospital, and*
 - ii) *Staffed by at least two Paramedics who are able to provide advanced life support inclusive of providing analgesia.*

The email should include information about the event including number of expected competitors, spectators and if spectators will be charged an entrance fee.

The following should also be attached:

- State Emergency Service Ambulance quote
- Business overview for medical service provider
- Medical Service Provider quote (allows MA to confirm the correct care level is being applied)
- Medical Service Providers Certificate of Public Liability insurance (\$20 million)
- Medical Service Providers Certificate of Professional Indemnity / Medical Indemnity (\$2 million limit of indemnity and \$3 million maximum aggregate limit of indemnity as a minimum).
- Comprehensive Medical Response Plan

8.6 Step 4: Exemptions

If the exemption is not granted the promoter will either have to engage the Emergency Ambulance or obtain further information for the Board to consider. This information will be supplied to you.

Once an exemption is granted, a promoter's role does not stop at engaging a suitable medical service. It is their responsibility to ensure the services comply with the minimum standards as agreed with the RCB

8.7 Notification

The promoters must contact the nearest police station and the nearest hospital to the event to notify them that the event is to take place. This notification must be given at least 21 days before the event.

Notification to hospital example letter:

Dear Doctor,

On the 14 – 15 June 2014, The Motocross Club (MCC) is proud to be hosting Round 9 & 10 of the State Off-road motorcycle event which will be located at 123 Alpha Street, Melbourne (MX Park).

Event Medical Services have been appointed as the medical service provider for this event and will be onsite to provide to medical services to the riders, spectators and event personnel.

The Event Medical Services team will include Paramedics, registered nurses and First Aid responders, all of which have extensive experience in the motorcycle racing environment.

The Medical Team will be lead onsite by the event Medical Services Coordinator – John Doe who can be contacted on 0404444441.

On behalf of the event, I write to formally notify you of the activities and that should a serious injury occur during the event that your facility will be used as receiving hospital for these competitors.

We know from previous experience that the ABC Hospital will be able to provide first class care to our competitors.

I invite you and your staff to contact us if you have any questions and welcome open communications between our organisations. We invite you to contact myself or John Doe prior to or during the event if you have any questions about our role or the State Off-road Championship.

Please do not hesitate to contact us if you have any questions or enquiries.

8.8 Promoters Checklist

Promoters may utilise the following checklist as a prompt regarding their responsibilities.

Emergency Ambulance Service:

Arrange emergency Ambulance services for the event.	<input type="checkbox"/>
Ensure the name of the Medical Service Provider and other relevant details are included in the Supplementary Regulations and Indemnity form	<input type="checkbox"/>
Notify the Police and local Hospital Emergency Department of the event(s).	<input type="checkbox"/>
Ensure the Emergency Ambulance has a reliable means of communicating with Key Officials.	<input type="checkbox"/>
Provide Emergency Ambulance with a schedule of activities.	<input type="checkbox"/>
Take reasonable steps to ensure the Emergency Ambulance is able to access all parts of the track at all times (the race may be stopped if access is restricted).	<input type="checkbox"/>
Ensure that only marshals and the Medical personnel are allowed access to the track in the event of an incident.	<input type="checkbox"/>
Ensure that access to the medical room or medical facilities is secure and privacy ensured	<input type="checkbox"/>

Non-emergency medical services

Obtain quote from Emergency Ambulance Service	<input type="checkbox"/>
Obtain Quote, Certificates of Currencies, Medical Response Plan, Business Overview information, Authorities/ Licences for Non-Emergency medical service	<input type="checkbox"/>
Contact MA to request exemption and provide the following information: Event: Date of event: Anticipated number of Spectators: Anticipated number of competitors: Spectator entrance fee: <input type="checkbox"/> Attach quote from State Emergency Service Ambulance <input type="checkbox"/> Attached Business overview for medical service provider <input type="checkbox"/> Attach quote from Medical Service provider <input type="checkbox"/> Attached Certificate of Public Liability insurance (\$20 million) <input type="checkbox"/> Attached Certificate of Professional Indemnity / Medical Indemnity (\$2 million limit of indemnity and \$3 million maximum aggregate limit of indemnity as a minimum). <input type="checkbox"/> Attached Medical Response Plan	<input type="checkbox"/>
Arrange emergency Ambulance services for the event.	<input type="checkbox"/>
Ensure the name of the Medical Service Provider is included in the Supplementary regulations and Indemnity forms	<input type="checkbox"/>
Notify the state Ambulance service, Police and local Hospital Emergency Department of the event(s).	<input type="checkbox"/>
Provide the Medical Service Provider with a reliable means of communicating with Key Officials.	<input type="checkbox"/>
Provide the Medical Service Provider with a schedule of activities.	<input type="checkbox"/>
Take reasonable steps to ensure the Medical Service Provider is able to access all parts of the track at all times (the race may be stopped if access is restricted).	<input type="checkbox"/>
Ensure that only marshals and the Medical personnel are allowed access to the track in the event of an incident.	<input type="checkbox"/>
Ensure that access to the medical room or medical facilities is secure and privacy ensured	<input type="checkbox"/>

9. Information for private medical service providers

The following information has been prepared for independent Medical Services Providers or volunteer medical professionals who are considering providing medical services to Motorcycling Australia (MA) permitted events and activities.

If selected by a promoter to provide medical services it is recognised the Medical Service Provider will have internal operational procedures to follow, however in addition to these procedures Medical Providers must ensure that:

- The agreed service level is maintained during events at all times;
- Personnel hold the required qualifications and credentials;
- Personnel have an ability to communicate with the state Ambulance at all times, a dedicated Satellite phone is required for isolated areas;
- All personnel are appropriately attired for duty;
- Personnel are familiar with the MA Anti-Doping Policy, MA's Safety Policy regarding Drug and Alcohol Testing, the FIM Medical Code (if required), the FIM Anti-Doping Code (if required), and these Standards;
- The Promoter is provided with contact details for the Medical Service Coordinator and/or CMO.

The process of accepting medical service proposals and medical response plans is an internal process to support MA affiliated Clubs and promoters in providing suitable medical services for their permitted activities and events.

Promoters are encouraged to take all reasonable care to undertake their own due diligence to ensure they are stratified with the level of care to be provided to their event. Promoters may also reasonably request medical service providers to demonstrate compliance with this guideline in writing.

The medical services must be to the satisfaction of the Relevant Controlling Body (RCB) permitting the event. The RCB may request the promoter to enhance their medical service requirements if they deem necessary.

9.1 Roles & Responsibilities

9.1.1 *The Chief Medical Officer*

The term "Chief Medical Officer" is an internationally recognised term for the official designated as head of medical services. The CMO will be a medical practitioner who is registered in Australia and will be appointed and on duty during track activity where required.

In some instances, the Promoter will appoint the Chief Medical Officer. All other events, the Medical Service Provider will identify the most senior medical team member to be the Medical Services Coordinator (see 9.2.1).

Mandatory Requirements

The Chief Medical Officer must:

- Hold the appropriate licences and accreditations.
- Be experienced in emergency care
- Be able to communicate adequately in English.
- Be a Nationally registered medical practitioner.
- Be familiar with the MA Anti-Doping Policy, MA's Safety Policy regarding Drug and Alcohol Testing, the FIM Medical Code (if required), the FIM Anti-Doping Code (if required), and these Standards.

- Provide contact details to the Promoter and remain contactable during the event.
- Have malpractice insurance appropriate to the relevant State, where the event is being held*

Powers and Responsibilities

The CMO is responsible for:

- The positioning of medical and paramedical personnel and vehicles under their control, in conjunction with the clerk of course.
- Brief the medical personnel prior to the start of the first practice session of the event, as well as debrief the personnel after the event.
- Ascertaining if fallen riders during practice are medically fit to continue in competition.
- Advise the necessary Senior Official of all injured riders who do not have a clearance following a medical examination (riders to be placed on the Suspended Riders List).
- Update the Senior Officials regarding injured riders.
- Recommend to Senior Officials that a race be stopped if there is danger to life or of further injury to a rider or officials.

9.2.1 Medical Services Coordinator (MSC)

If a Chief Medical Officer is not appointed, then a Medical Services Coordinator (MSC) must be appointed by the Medical Service. Medical Service Providers will have internal processes regarding the tasks required by their personnel.

Powers and Responsibilities

In the absence of a Chief Medical Officer, the Medical Services Coordinator is responsible for:

- The positioning of medical and paramedical personnel and vehicles under their control in conjunction with the clerk of course.
- Brief the medical personnel prior to the start of the first practice session of the event, as well as debrief the personnel after the event.
- Advise the necessary Senior Official of all injured riders who do not have a clearance following a medical examination (riders to be placed on the Suspended Riders List). Note, MSCs are not CMOs and are not able to issue medical clearances.
- Update the Key Officials regarding injured riders.
- Recommend to Key Officials that a race be stopped if there is danger to life or of further injury to a rider or officials.

9.3.1 Training for Medical Personnel

MA recognises the unique nature of delivering medical services at motorcycling events. There are particular challenges and hazards associated with motorcycling sport. Organisations providing Medical Services at Motorcycling Australia events are encouraged to develop a regular training program encompassing:

- The roles and responsibilities of the medical service, track officials and other personnel at an event, as well as the use of flag signals and race communications;
- Education relating to the specific hazards associated with motorcycle events include trackside patient care, as well as procedures to mitigate these risks;
- Procedures for the safe removal of injured riders from the track including application of cervical collars and use of scoop stretchers as well as the safe removal of helmets, neck braces and body armour.

10. Appendix 1 – Minimum equipment for first aid kit

A first aid kit in a portable bag or case should contain the following as a minimum:

- Resuscitation Mask x 1
- Fabric or Plastic Dressings (bandaids) x 20
- Adhesive Tape x 1
- Scissors x 1
- Tweezers x 1
- Disposable Gloves x 3 Pairs
- Sterile Gauze Swabs x 10
- Sterile Saline x 5
- Non-adherent Dressing 5cm x 2
- Non-adherent Dressing 10cm x 2
- Crepe Bandage 5cm x 2
- Crepe Bandage 7.5cm x 2
- Crepe Bandage 10cm x 1
- Triangular Bandage x 1
- Combine Dressing 10cm x 5
- Combine Dressing 20cm x 1
- Instant Disposable Ice Pack x 2 (or access to ice at event)



Contents must be checked to ensure they have not expired.



By law, the first aid kit must not contain scheduled medications.