



# **MEDICAL SERVICES GUIDELINES**

***For Motorcycling Australia –  
Permitted Events***

**3<sup>rd</sup> Edition – August 2023**



## Table of Contents

<b>Application and Scope</b> .....	<b>3</b>
<b>Disclaimer</b> .....	<b>3</b>
<b>1. Definitions</b> .....	<b>4</b>
<b>2. Information for Promoters</b> .....	<b>8</b>
2.1 Medical Services for Spectators and the Public .....	8
2.2 Event specific considerations .....	9
2.3 Medical Matrix .....	9
<b>3. Basic Care</b> .....	<b>11</b>
3.1 Personnel .....	11
3.2 Vehicles .....	11
3.3 Facilities .....	11
<b>4. Intermediate Care</b> .....	<b>12</b>
4.1 Personnel .....	12
4.2 Vehicles .....	12
4.3 Facilities .....	12
<b>5. Advanced Care</b> .....	<b>13</b>
5.1 Personnel .....	13
5.2 Vehicle .....	13
5.3 Facilities .....	13
<b>6. Critical Care</b> .....	<b>14</b>
6.1 Personnel .....	14
6.2 Vehicles .....	14
6.3 Facilities .....	15
<b>7. Non-Emergency Medical Service Providers</b> .....	<b>16</b>
7.1 Non-emergency medical service .....	16
<b>8. Information for Private and Volunteer Medical Service Providers</b> .....	<b>17</b>
8.1 Roles & Responsibilities .....	17
8.1.1 The Chief Medical Officer/Medical Services Coordinator .....	17
8.1.2 Training for Medical Personnel .....	18
<b>9. Appendix 1 – Minimum First Aid Supplies</b> .....	<b>19</b>
<b>10. Appendix 2 – Minimum Medical Equipment Requirements</b> .....	<b>20</b>
<b>11. Appendix 2 – Medical Response Plan</b> .....	<b>21</b>

## Application and Scope

The inherently dangerous nature of motorcycle sport makes access to suitable medical services a major national issue for MA, its SCBs and Promoters.

These guidelines have been formulated following consultation by a panel of representatives from SCBs, within the sport including venue operators and a cross section of both volunteer and commercial medical service providers from around the country.

These guidelines are intended only to be used by Promoters when planning MA permitted events and as a reference for MA and the SCB's when assessing the suitability of First Aid and Medical Services Providers and Medical Response Plans. Whilst these guidelines aim to provide information and guidance about suitable medical services for MA permitted events, it remains the Promoters' responsibility to produce a Medical Response Plan for the event which offers the best solution to participants and the wider community.

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

These guidelines do not apply to international events. Promoters planning to stage international events are referred to the FIM Medical Code.

## Disclaimer

These guidelines are intended for use only within the scope described above. MA, the SCBs and their subsidiaries or related entities do not accept responsibility or liability for the unauthorized use of information contained in these guidelines.

Nothing in these guidelines affects the RCB's absolute discretion as to whether or not to issue an event permit.

Neither these guidelines nor any related documents or information, whether written or oral, produced by or exchanged between the RCB and/or a Promoter for the purpose of obtaining an event permit, may be:

- Published, distributed or disseminated to any third party other than any proposed Medical Service Provider without the express authority of MA;
- Provided to any local, state, territory or federal legal or regulatory agency, authority or department unless required by law;
- Relied upon for any other purpose; or
- Construed as advice about legal or regulatory compliance which always remains the responsibility of the Promoter.

The event permit issued by a RCB is only valid for the purpose of accessing insurance coverage under the MAIL scheme. For detailed information regarding the issuing of an event permit and for full details of the MAIL scheme, contact the RCB.

# 1. Definitions

For the purposes of interpreting these guidelines, the following definitions apply:

- 1.01    Advanced Care                    means the ability to deliver lifesaving treatments and interventions such as provided by a Paramedic or Registered Nurse.
- 1.02    Advanced Responder                means a person who holds a current Certificate III in Basic Health Care. Preferably with competencies in:
- 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
  - Provide pain management
- 1.03    Audit                                        means the review for an event, including of the Medical Services Provider for compliance with MA policies, by-laws or guidelines.
- 1.04    Basic Care                                means care provided by a track official or other person who is qualified with a recognised certificate to provide first aid and basic life support.
- 1.05    CMO                                         means Chief Medical Officer being a Medical Officer nominated by the Promoter to be responsible for creating and implementing the Medical Response Plan. The Promoter is responsible for ensuring the CMO has appropriate malpractice insurance.
- The CMO is responsible to the Clerk of the Course (or Referee).
- 1.06    Critical Care                             means the ability to deliver a wide range of intensive care treatments and procedures such as might conceivably be provided by a Medical Officer, Intensive Care Paramedic or Critical Care Nurse.
- 1.07    Critical Incident                        means a:
- a participant is killed or is seriously injured; or
  - a member of the public or other non-participant is injured or killed; or
  - a safety barrier is breached, even though no members of the public may have been injured.
- 1.08    Emergency Ambulance                Means a vehicle that is licenced 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 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 insurance covering their contracted service

1.09	FIM	Fédération Internationale de Motorcyclisme
1.10	First Aider	<p>means a person who holds a current Apply First Aid certificate equivalent or higher-level qualification.</p> <p>This may include:</p> <ul style="list-style-type: none"><li>• Club volunteer first aid officers <b>or</b></li><li>• Nurses who are not registered nurses <b>or</b></li><li>• Emergency Medical Technicians (EMTs) <b>or</b></li><li>• Paramedical and Medical Students <b>or</b></li><li>• Medic.</li></ul> <p>A First Aider attending a motorcycle sports event should have the following competencies:</p> <ul style="list-style-type: none"><li>• Management of an unconscious patient</li><li>• CPR (Cardio-pulmonary resuscitation) and use of an AED (Automated External Defibrillator)</li><li>• Management of bleeding wounds</li><li>• Management of potential spinal injuries</li></ul>
1.11	First Responder	<p>means a person who holds a current Certificate II in Medical Service First Response.</p> <p>A first responder attending an MA permitted event should have the following competencies:</p> <ul style="list-style-type: none"><li>• Management of an unconscious patient</li><li>• CPR (Cardio-pulmonary resuscitation) and use of an AED (Automated External Defibrillator)</li><li>• Management of bleeding wounds</li><li>• Management of potential spinal injuries</li><li>• Pain management</li></ul>
1.12	GPS	Global Positioning System
1.13	Helicopter	means a helicopter, equipped with personnel and equipment equivalent to a PTV and licensed for aeromedical evacuation. A Helicopter may be required for certain events (e.g. in remote areas).
1.14	Hospital	means a hospital that has an Emergency Department, capable of accepting patients, both by ambulance and by private means.
1.15	Intermediate Care	means implies skills beyond a basic first aid certificate level and includes competencies of casualty assessment, spinal immobilisation, pain relief and defibrillation.

1.18	International Event	means any MA permitted event inscribed in the FIM calendar where licence holders from one or more FIM recognised national motorcycle federation other than MA participate,
1.19	Key Officials	means Steward (or Referee), Race Director, Clerks of Course, Race Secretary.
1.20	Key Medical Personnel	means: <ul style="list-style-type: none"> <li>• Advanced Responder,</li> <li>• First Responder,</li> <li>• Paramedic,</li> <li>• Registered Nurse,</li> <li>• Registered Doctor or</li> <li>• Medical Officer</li> </ul>
1.21	MA	Motorcycling Australia Limited
1.22	MAIL	M A Insurance Ltd
1.23	MIV	means a Medical Intervention Vehicle being a vehicle capable of conveying medical personnel and equipment to the scene of an incident where a medical response may be required and driven by a suitably skilled experienced driver.  A MIV should be equipped to enable the medical personnel to communicate with Race Control (radio is recommended) and with the Trackside Medical Centre.
1.25	Medical Officer	A Medical Officer is defined as a currently registered medical practitioner by the Australian Health Practitioner Regulation Agency.  It is expected that medical officers attending motor sport events should be experienced in the management of trauma and resuscitation.  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.
1.26	Medical Response Plan	means a plan created by the Promoter in consultation with the medical service provider, addressing the matters set out in Appendix 3 hereto, to ensure that proper planning and forethought have been undertaken prior to an event to guide the response to an incident resulting in injury that may occur during the event.
1.27	Medical Service Provider	means a medical services organization providing medical services in accordance with a Medical Services Plan at an event.
1.28	Paramedic	means a person qualified in Advanced Life Support authorized by a statutory authority to provide Advanced Care, administer pain relief medication, including intravenous morphine and are operating under the governance of that statutory authority.

- 1.29 PTV means a Patient Transport Vehicle being a vehicle which is staffed and equipped to deliver medical care and assistance to injured riders and capable of conveying an injured rider from the scene of an incident to the Trackside Medical Centre or whilst awaiting transport to hospital.
- 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.
- 1.30 Promoter means the holder of an MA event permit.
- 1.31 RCB means Relevant Controlling Body being MA or SCB having responsibility for administering an event.
- 1.32 Registered Nurse means a person listed with the Australian Health Practitioner Regulation Agency as a Registered Nurse.
- 1.33 SCB means State Controlling Body affiliated to and recognised by MA as its sole delegate and the RCB within the SCB's State or Territorial borders.
- 1.34 Suitable vehicle means 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.
- 1.35 Suspended Riders List means the list maintained on the MA database (Ridernet) of riders who having been transported from a MA event to Hospital, or recommended to attend Hospital or is advised by a Medical Services Provider that they require a medical clearance before resuming competition, have had their MA licence suspended pending their providing a medical clearance to MA, or their SCB or to a Key Official at a MA permitted event.
- 1.36 Trackside Medical Centre means a tent, shelter or designated structure appropriate for the specific use of providing first aid and further patient treatment.
- 1.37 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

The Promoter is responsible for providing appropriate medical services at the event as set out in the Medical Response Plan.

It is accepted that different events present varying degrees of likely injury requiring different levels of care. For ease of reference, these guidelines describe four levels of care as follows:

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 deciding the appropriate level of care to be provided at an event, it is important that the following four phases of medical intervention are addressed:

Phase 1 – Respond to an incident

Phase 2 – Transport the injured to an area for stabilisation

Phase 3 – Stabilisation of the injured

Phase 4 – Transport away from the event

The RCB may, in its absolute discretion, request that the Promoter modify the medical services planned for the event.

Notwithstanding any such request for modification, MA does not assume any responsibility, including any liability, for the Medical Services Providers or the medical services they provide (other than for Volunteer Medical Professionals), and Promoters 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.

Choosing remains the responsibility the Medical Services Provider to provide the appropriate level of care at an event remains the responsibility of the Promoter. Promoters are encouraged to take cautious approach to choosing the provider including requesting written proof of competencies, and to deciding the appropriate level of care of the event.

### 2.1 Medical Services for Spectators and the Public

It is always the Promoter's responsibility to comply with federal, state, territory and/or local government law and regulation.



## 2.2 Event specific considerations

Promoters should, in taking a cautious approach to deciding the appropriate level of care for the event, take into account circumstances specific to the event venue such as the distance to the nearest Hospital, available mobile phone coverage, forecast weather conditions, etc. It is recommended that if an event is being held more than 30mins from the nearest Hospital, or where there is no/limited mobile coverage, or where it is reasonably likely that a State Ambulance Service will not be immediately available or capable of being at the scene of an incident within 30 mins, then the Promoter should plan to provide a higher level of care.

## 2.3 Medical Matrix

The medical matrix table below summaries what is involved in providing for each level of care, and which are elaborated upon in the following chapters:

Level of Care Required	Personnel required	Vehicles	Facilities	Chapter #
<b>Basic Care</b>	(1-40 active participants) 1 x First Aider  (41 + active participants) 2 x First Aider	Suitable vehicle	Trackside Medical Centre	3
<b>Intermediate Care</b>	1 x Key Medical Personnel + 1 x First Aider	Suitable vehicle Eg. Patient Transport Vehicle	Trackside Medical Centre	4
<b>Advanced Care</b>	2 x Key Medical Personnel + 1 x First Aider	Suitable vehicle Eg. Patient Transport Vehicle	Trackside Medical Centre	5
<b>Critical Care</b>	A Doctor + Doctor, paramedic or registered nurse + Paramedic or registered nurse +/- MIV Driver	MIV + Emergency Ambulance	Trackside Medical Centre	6

- ✓ Promoters need to be aware of the need to have additional crowd-focused medical personnel under applicable state and territory legislation and regulation where more than 500 spectators are expected to attend the event.

	Road Racing	Motocross	Arenacross (or any derivative of)	Stadium Motocross & Supercross	Speedway	Dirt Track & Track	Supermoto	Moto Trials	Enduro & Reliability Trials	FIMX	Minskana
Events Requiring an IMN number	FIM	FIM	FIM	FIM	FIM	FIM	FIM	FIM	FIM	FIM	NA
National Championship events (including competitive practices)	C	C	C	C	A	A	A	A	A	A	NA
Racing activities: State events (including competitive practices)	A	A*	C	C	A	A	A	I	A	A	I
Racing activities: Interclub or Open events (including competitive practices)	I	I	C	C	I	I	I	B	I	I	B
Racing activities: Club events (including competitive practices)	B	B	A	NA	B	B	B	B	B	I	B
Non-Competitive activities: trail pass, social and recreational**	B	B	NA	NA	B	B	B	B	B	B	B
Coaching activities	As per MA National Coaching Guidelines										

\* Includes Australian Classic MX, ATV MX Nationals and Australian Jnr MX Championships

\*\* This does not include non-riding permits, coaching and RPA days (please view the RPA Guidelines for medical requirements)

NA	Not Available
B	Basic Care
I	Intermediate Care
A	Advanced Care
C	Critical Care
FIM	FIM Medical Code

The RCB 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.

### 3. Basic Care

Promoters should be aware of state/territory-specific laws that govern medical services including as relating to the scope of practice of paramedics, first aid personnel and registered nurses, and authority to transport injured persons from the event to Hospital.

#### Basic Care

Personnel	<ul style="list-style-type: none"><li>• 1 x First Aider (1 – 40 active participants)</li><li>• 2 x First Aider (41+ active participants)</li></ul>
Communication	<ul style="list-style-type: none"><li>• Medical personnel to be equipped with fit for purpose audio devices to enable communications with key officials and/or race control.</li></ul>
Vehicle	<ul style="list-style-type: none"><li>• A suitable vehicle</li></ul>
Facilities	<ul style="list-style-type: none"><li>• Trackside Medical Centre to accommodate First Aider</li></ul>

#### 3.1 Personnel

Personnel should have sufficient qualifications, training and experience to take action autonomously and immediately in case of an accident and NOT be allocated a key role official at the event.

#### 3.2 Vehicles

It is the Promoter's responsibility to ensure PTVs and Suitable Vehicles used at MA-permitted events be fit for purpose as defined herein. Such vehicle's warning lights and devices should be in operation whenever its use presents a hazard to riders or officials.

#### 3.3 Facilities

The Trackside Medical Centre should:

- be readily accessible from the competition area;
- ensure patient security and privacy;
- offer adequate space to treat injured riders for both major and minor injuries;
- be equipped with sufficient first aid supplies and equipment (as per Appendix 1) for the whole event including to treat two riders simultaneously;
- have a stretcher;
- have an automatic external defibrillation (AED) (recommended);
- be a non-smoking and alcohol-free zone.

*Note: a Hospital in close proximity to the event is not a substitute to having appropriate medical services at the event.*

## 4. Intermediate Care

Promoters should be aware of state/territory-specific laws that govern medical services including as relating to the scope of practice of paramedics, first aid personnel and registered nurses, and authority to transport injured persons from the event to Hospital.

<b>Intermediate Care</b>	
Personnel	<ul style="list-style-type: none"><li>• One key Medical Personnel experienced in emergency care, supplemented by a First Aider.</li></ul>
Communication	<ul style="list-style-type: none"><li>• Medical personnel to be equipped with fit for purpose audio devices to enable communications with key officials and/or race control.</li></ul>
Vehicle	<ul style="list-style-type: none"><li>• PTV / A suitable vehicle</li></ul>
Facilities	<ul style="list-style-type: none"><li>• Trackside Medical Centre to accommodate all medical personnel</li></ul>

### 4.1 Personnel

Personnel should have sufficient qualifications, training and experience to take action legally, autonomously and immediately in case of an accident and NOT be allocated a key official role at the event.

### 4.2 Vehicles

It is the Promoter's responsibility to ensure PTVs and Suitable Vehicles used at MA-permitted events be fit for purpose as defined herein. Such vehicle's warning lights and devices should be in operation whenever its use presents a hazard to riders or officials.

### 4.3 Facilities

The Trackside Medical Centre should;

- 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;
- offer adequate space for treatment of major and minor injuries; be equipped with sufficient first aid and trauma supplies and equipment (as per Appendix 1 and 2) for the whole of the event including to treat two injured persons simultaneously; and
- be a non-smoking and alcohol-free zone.

*Note: a Hospital in close proximity to the event is not a substitute to having appropriate medical services at the event.*

## 5. Advanced Care

Promoters should be aware of state/territory-specific laws that govern medical services including as relating to the scope of practice of paramedics, first aid personnel and registered nurses, and authority to transport injured persons from the event to Hospital.

### Advanced Care

Personnel	<ul style="list-style-type: none"><li>• 2 x Key Medical Personnel experienced in emergency care and advanced life support and able to administer pain relief; plus</li><li>• a First Aider,</li><li>• either one of whom should be competent to drive the PTV and is familiar with the track /course.</li></ul>
Communication	<ul style="list-style-type: none"><li>• Medical personnel to be equipped with fit for purpose audio devices to enable communications with key officials and/or race control.</li></ul>
Vehicle	<ul style="list-style-type: none"><li>• PTV</li></ul>
Facilities	<ul style="list-style-type: none"><li>• Trackside Medical Centre to accommodate all medical personnel</li></ul>

#### 5.1 Personnel

Personnel should have sufficient qualifications, training and experience to take action legally, autonomously and immediately in case of an accident and NOT be allocated a key official role at the event.

#### 5.2 Vehicle

It is the Promoter's responsibility to ensure PTVs and Suitable Vehicles used at MA-permitted events be fit for purpose as defined herein. Such vehicle's warning lights and devices should be in operation whenever its use presents a hazard to riders or officials.

#### 5.3 Facilities

The Trackside Medical Centre should;

- 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;
- offer adequate space for treatment of major and minor injuries;
- be equipped with sufficient first aid and trauma supplies and equipment (as per Appendix 1 and 2) for the whole of the event including to treat two injured persons simultaneously
- be staffed whenever it is in operation;
- be a non-smoking and alcohol-free zone.

*Note: a Hospital in close proximity to the event is not a substitute to having appropriate medical services at the event.*

# 6. Critical Care

Promoters should be aware of state/territory-specific laws that govern medical services including as relating to the scope of practice of paramedics, first aid personnel and registered nurses, and authority to transport injured persons from the event to Hospital.

<i>Critical Care</i>	
Personnel	<ul style="list-style-type: none"> <li>• A Medical Officer experienced in trauma, supplemented by a second Medical Officer, Registered Nurse or Paramedic;</li> <li>• plus a further Paramedic or Registered Nurse</li> <li>• any one of whom should be competent to drive the MIV and is familiar with the track/course</li> </ul>
Communication	<ul style="list-style-type: none"> <li>• Medical personnel to be equipped with fit for purpose audio devices to enable communications with key officials and/or race control.</li> </ul>
Vehicle	<ul style="list-style-type: none"> <li>• Emergency Ambulance or other vehicle that is authorized to transport patients under emergency conditions on public roads and that is willing to be present at all times during practice and racing plus;</li> <li>• An MIV</li> <li>• A helicopter is recommended for events in remote locations</li> </ul>
Facilities	<ul style="list-style-type: none"> <li>• Trackside Medical Centre to accommodate all medical personnel</li> </ul>

## 6.1 Personnel

Personnel should have sufficient qualifications, training and experience to take action legally, autonomously and immediately in case of an accident and NOT be allocated a key official role at the event.

## 6.2 Vehicles

It is the Promoter’s responsibility to ensure PTVs and Suitable Vehicles used at MA-permitted events be fit for purpose as defined herein. Such vehicle’s warning lights and devices should be in operation whenever its use presents a hazard to riders or officials. The vehicles be equipped to allow communication with the CMO (if appointed), Medical Services Coordinator and Race Control.

It is intended that an Emergency Ambulance be in attendance at all times during the event which means that if the Emergency Ambulance leaves the venue, then subject to the Steward’s discretion it should be replaced by another Emergency Ambulance before competition resumes.

### Medical Intervention Vehicle *(be equipped with)*

- Well stocked first aid kit that complies with the [Appendix 1](#);
- Cervical collars to fit the range of competitors;
- A scoop stretcher or spinal board which enables a person 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;
- Advanced Airway Management equipment, including Laryngeal Mask Airways, Laryngoscopes and Endotracheal tubes;
- Equipment for intravenous access, fluid therapy and administration of medications;
- Scheduled medications;
- A defibrillator which can monitor an ECG rhythm.

### Emergency Ambulance *(be equipped with)*

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

## 6.3 Facilities

The Trackside Medical Centre should;

- 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;
- offer adequate space for treatment of major and minor injuries;
- be equipped with sufficient first aid and trauma supplies and equipment (as per Appendix 1 and 2) for the whole of the event including to treat two injured persons simultaneously
- be staffed whenever it is in operation;
- be a non-smoking and alcohol-free zone.

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

### Trackside Medical Centre *(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, paralyzing 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. Non-Emergency Medical Service Providers

There are currently three recognised service providers:

- Emergency Ambulance – see Definitions
- Non-emergency medical services
- Volunteer medical personnel – see Definitions

### 7.1 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 able to administer pain relief and comfort until the Emergency Ambulance or Helicopter arrives.

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.

MA recognises that the Medical Service Provider will have internal operational procedures to follow, however in addition to these procedures. Medical Providers should be able to:

- evidence their insurances relating to their contracted services including:
  - Workers compensation as required by law;
  - Public liability with a limit of liability of not less than \$20 million; and
  - Professional Indemnity / Medical Malpractice with a limit of liability not less than \$2 million
- evidence their Authority to Practice;
- provide a satisfactory Medical Response Plan;
- provide licenses or evidence of authorisation to carry and/or administer analgesia;
- confirm type of analgesia to be used;
- ensure the contracted service level is maintained throughout the events;
- ensure their personnel hold the required qualifications and credentials;
- ensure their personnel are able to communicate with state Ambulance as necessary;
- ensure that all personnel are appropriately attired for duty;
- ensure their personnel are familiar with the MA Anti-Doping Policy, MA's Drug and Alcohol Policy, 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.





## 8. Information for Private and Volunteer Medical Service Providers

Medical Services Providers will have operational procedures to follow, however in addition the following should be seen as priorities;

- Maintaining the agreed service level throughout the event;
- Personnel hold the agreed qualifications and credentials;
- Personnel be able to communicate with the state Ambulance as necessary;
- All personnel are appropriately attired for duty;
- Personnel are familiar with the MA Anti-Doping Policy, MA's Drug and Alcohol Policy, the FIM Medical Code (if required), and the FIM Anti-Doping Code (if required); and
- The Promoter is provided with contact details for the Medical Service Coordinator and/or CMO.

### 8.1 Roles & Responsibilities

#### 8.1.1 *The Chief Medical Officer/Medical Services Coordinator*

The CMO/MSD should:

- 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 Drug and Alcohol Policy, the FIM Medical Code (if required), the FIM Anti-Doping Code (if required), and these Medical Guidelines.
- 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

The CMO/MSD is responsible for:

- In consultation with the Clerk of Course, the positioning of medical and paramedical personnel and vehicles under their control,
- 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 are medically fit to continue in competition.
- Advise the Race Secretary of all injured riders who are not medically fit to continue in competition (riders to be placed on the Suspended Riders List).
- 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.

### 8.1.2 *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.

## 9. Appendix 1 – First Aid Supplies

First aid supplies in a portable bag or case should contain:

- Resuscitation Mask x 1
- Fabric or Plastic Dressings (bandaids) x 20
- Hypo-Allergenic Adhesive Tape x 1
- Scissors x 1
- Tweezers x 1
- Safety Pins 12pk x 1
- Disposable Gloves x 3 Pairs
- Sterile Gauze Swabs x 10
- Sterile Saline x 5
- Antiseptic Swab x 10
- Eye Pads x 2
- Non-adherent Dressing 5cm x 2
- Non-adherent Dressing 10cm x 2
- Combine Dressing 10cm x 5
- Combine Dressing 20cm x 1
- Crepe Bandage 5cm x 2
- Crepe Bandage 7.5cm x 2
- Crepe Bandage 10cm x 1
- Triangular Bandage x 1
- Instant Disposable Ice Pack x 2 (or access to ice at event)



*Contents should be checked to ensure they have not expired.*

## 10. Appendix 2 – Medical Equipment Requirements

- 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 ensures 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;
- Advance 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.



*Equipment should be checked to ensure they are within code and not expired.*

# 11. Appendix 3 – Medical Response Plan

A Medical Response Plan (MRP) should be submitted by the Promoter to the RCB upon request.

Usually, the Medical Services Provider will be able to help facilitate the creation of this document.

The MRP should 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 insurances relating to their contracted services (certificate of currency):
  - Public liability insurance with a limit liability of not less than of \$20 million
  - Professional Indemnity / Medical Malpractice insurance with a limit of liability of not less than \$2 million
- 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 should be submitted to the RCB for approval prior to the granting of an event permit.