



2018 Phillip Island Motorcycle Grand Prix

Medical Team Handbook

Official's

Name: _____

Notes:

Welcome

Welcome to the medical team for the 2018 Phillip Island Motorcycle Grand Prix. This is a unique opportunity to be intimately involved at the top level of motorcycle racing in the world.

This handbook will cover key aspects of your involvement including:

- Event information
 - Dates
 - What's covered / supplied
 - Credentials
 - What's involved
 - What's required of you
- How the Medical Team works
- Track craft:
 - How an average day plays out
 - Equipment
 - Track Inspection
 - Specific information depending on your role
 - Radio protocols
 - What to do when a rider falls
- Track Safety:
- Flags
- Shoes & personal equipment
- Hazards
- Appendix A: a map of the circuit with Medical Team deployment
- Appendix B: a description of race modification flags used at motorcycling events
- Appendix C: a description of key terms used in this manual and during motorcycling events.

The contents of this manual will be supported by information, demonstration, and practice at training sessions and with newsletters from the circuit and the Chief Medical Officer (CMO) in the lead up to the event.

This document has been compiled from contributions by Dr Joe Perry, Dr Brent May, Ron Lazones, Jodie Howes, Dr Carl Le and Carina Soldani. We thank them for their efforts.

Introduction

Dates:

Friday 26th October to Sunday 28th October 2018.

It is suggested that you get to Phillip Island Thursday (25th October) as it is an early start on Friday (see below under “what’s required of you”).

What’s involved:

If you’ve ever watched motorcycle racing and seen the people who run out to attend to fallen riders you’ve got the basics of what’s involved. As medical crew it is our job to respond to fallen riders and provide first intervention as required. You may be positioned at a “**Track Post**” (standing on top of the tyre walls), in a “**Victor**” (Medical Intervention Vehicle [MIV]) parked in an access point, in an “**Alpha**” (track patient transport vehicle), or in the **TMC** (Track Medical Centre). Your allocation will be in keeping with your clinical skills and any previous experience at motor sport events. In a nutshell, the medical team’s primary purpose is to provide immediate medical response to fallen riders wherever they may fall.

The most common level of response is to attend to a rider who has fallen but appears uninjured and is able to walk to you. This is known as a “Code 0”. The Medical Response Codes used are the time (in minutes) that it will take to rescue the rider off the track. This is explained in detail later in this manual. The next level of response is to a fallen rider who is able to get up and walk, but may have an injury (e.g. broken collar bone). This would be a “Code 1” or a “Code 2”. The highest level of response is to an unconscious rider; a “Code 3”.

For all levels, the concept is to “**scoop and run**”. That is to get the rider and yourselves back behind the tyre barriers prior to administering any advanced medical intervention. By that time, the next level of support – whether it is a Track Alpha and/or an MIV will have arrived. All levels of intervention, how to respond, response codes, and use of equipment, are covered in more detail later in this handbook and at pre-event training sessions. You may find yourself working in the TMC. This functions just the same as a peripheral Emergency Department and has all levels of care from full resuscitation to putting bandaids on small cuts.

What you get:

All medical team officials get free entry to the circuit as well as a guest pass that can be given to anyone. The guest pass allows free general admission (no grandstand seat) for all three days, as well as access to the infield after racing on the Saturday for the Officials’ BBQ. All marshals get a lunch pack each day that includes a sandwich and a roll, a drink and snacks. There are ‘drink-runs’ throughout the day to ensure you stay adequately hydrated. It is advised that you bring snacks to augment the lunch if you’re a big eater or you have a particular like or need (vegetarian lunches are available).

There will be a medical team dinner on the Friday night at the Track Medical Centre, and an Officials' BBQ (for all track officials) at the circuit on Saturday night after on-track activities have concluded. You & your guest are welcome to attend the official's BBQ on the Saturday night. Dinner on other evenings (Thursday & Sunday) is to be covered by you. You need to supply your own breakfast and it is suggested that you bring your own provisions as the accommodation has full kitchen facilities. There is a cafe at the track but it can be slow going due to heavy demands. Don't forget you need to be at the medical centre no later than **7AM**.

Medical Team personnel get free camping for themselves and TWO guests. You also get two Guest passes giving them access to the track. Officials camping is in a separate area to the rest of the crowds and there is a shuttle bus in the mornings and evenings for the campground

There is also limited accommodation provided from the Thursday night to Sunday morning. There is also very limited accommodation available on Sunday night (please let the Team Coordinator know if you will need accommodation on Sunday night). The accommodation is at the Phillip Island Ramada Resort, 2128 Phillip Island Rd, Cowes. Each unit has three bedrooms and a lounge/kitchen area. Linen and towels are included. **This accommodation is strictly for medical team members only and is extremely limited with preference to those from interstate, can't camp or are have been with the team for an extended period.** If you want to stay with the person using your guest passes you must apply for the free camping option attached to the application form, or make your own arrangements. If you do not need a bed with the medical team please let the Team Coordinator or CMO know ASAP.

A training session on what's involved, the use of equipment, and how to respond to situations etc. will be held prior to the event. This training is held in Melbourne and it is mandatory for all new team members. Details of the time and location will be advised in a separate newsletter. A repeat of this training will be held at the Phillip Island RSL Club in Cowes on the Thursday night before the event.

The team uniform for trackside medical officials is green overalls with a 'Medical' tabard worn over the top. These are both supplied. The overalls are to be returned at the end of the event so you will need to bring a change of clothes on Sunday to change into when you can return the overalls. The overalls will be available at pre-event training session for collection, and at the Track Medical Centre from Thursday onwards. You will receive a guest pass, credentials tabard, green (Medical Team) event cap, official program, event poster, and a minute-by-minute booklet that are yours to keep.

All equipment to undertake your role is supplied. However, if you have personal equipment that you wish to bring and use (e.g. stethoscope, personal protective equipment, neuro torch, etc.) please make sure it is

appropriately labelled. On Friday evening marshals can buy official event merchandise at a special discounted rate and attend a marshal's only session of the MotoGP Expo.

Credentials:

Credentials can be collected from the credentials office at the circuit from Thursday morning. The exact opening times of the credentials office will be included in information mailed to you from the circuit. The credentials office is accessed via Gate 1A. If you're approaching the track along Back Beach Road from San Remo towards the Nobbies, it's the first gate on your left. The entry for credentials will be well signposted. Your credentials, cap, guest pass, event program, minute-by-minute booklet, camping pass (if you're camping), and car parking pass (if you've applied for one) will be packaged together for collection on arrival unless you are given them at a training session.

Your credentials will be a plastic card on a lanyard or be a tabard. The credentials give you access to the circuit as well as the infield and **must be worn at all times while at the circuit. Credentials cannot be replaced easily if lost** so keep them secure and ensure you always have them with you when at the track.

There is a service at the credentials office for leaving guest passes for guests. If you are not intending to give your pass to anyone, please let a senior medical team member know, collect it, and then give it to the administration staff at the track medical centre. These passes are given to sponsors & guests of the medical team. If you need extra passes please let a senior team member know.

It is recommended that you get to Phillip Island in time to collect your credentials on Thursday. Otherwise please get to the credentials office by **6am on Friday** morning to allow time to collect your credentials and still make the **7am briefing** at the track medical centre. It is very busy at the credentials hut on Friday morning so you need to allow plenty of time.

Parking:

It is suggested that you car-pool when travelling to and from the circuit / Ramada Resort. If you have applied for a car parking pass, it allows entry to the special officials' car park. You will need to walk from here to the TMC at the north end of the paddock (area behind the garages). It is approximately a 10 -15 minute walk from the car parking area to the TMC. Motorcycle parking is also provided in a designated official's motorcycle parking area. Note that there is limited space for secure storage of gear at the track medical centre.

What's required of you:

You need to be available for all three days of the event (i.e. Friday to Sunday) and need to get to and from Phillip Island under your own steam. Car-pooling is encouraged. Please let the Chief Medical Officer (Dr Brent May) know if you are travelling with other team members to Phillip Island &/or to the track. It is recommended that you get to Phillip Island on Thursday night because **you**

must be at the TMC by 7am every day of the event (including Friday). There will also be a training session on the Thursday night for new team members unable to make previous training or those who want to reinforce what they've learned already. This will be held in the function room at the Phillip Island RSL Club in Cowes.

You will be standing for long periods in all types of weather and therefore need to be fit enough to do so. You also need to be fit and agile enough to respond to fallen riders over all types of terrain. It is best if you are able to help lift a rider on a spine-board although it is not essential as there will be other marshals who can help to carry fallen riders. You will also need to be able to bend or squat to attend a rider who is on the ground.

How the Medical Team works

(This section is covered in more detail in the Medical Plan available on the Team Medical Australia web site)

The Track Medical Response is comprised of:

- Trackposts
- Pit lane post
- Patient Transport Vehicles – Alpha Vehicles
- FIM Medical Intervention Vehicles – Medical Car 1 & 2
- Track medical Centre
- Ambulance Vehicles
- Medical Helicopter
- Race Control

Medical personnel will be allocated to trackposts, in vehicles, in the medical centre and in Race Control.

The MotoGP medical team will provide a 'basic' medical service from approximately 09.00am on Thursday October 25th, and a full service from 8.00am on Friday October 26th, until approximately 5.00pm Sunday October 28th, 2018.

Members of the public will be referred to a first-aid post or to Ambulance Victoria (AV) resources in the spectator areas unless otherwise agreed between the Clerk-Of-Course and the CMO. Members of the public who are located on the infield and who require medical attention will be directed to a first-aid post in the first instance. The CMO has many responsibilities including organisation and operation of the track medical service, assessing the fitness of competitors to take part in events, advising the Clerk of Course on the appropriate medical response to competitors who may be injured during practice and racing. The CMO is ultimately responsible for all aspects of the operation of the medical team. The medical seniors have extensive motor sports experience. Their role includes ongoing training and support of the Medical Team (trackside officials) and staffing of MIVs 8 and 12.

Track Medical Centre nurses, inclusive of the Medical Centre Manager (MCM), triage patients as they arrive at the TMC, prepare resuscitation

equipment, assist the doctors with patient management, and assist with the escort of patients during transfers to hospitals as directed by the MCM. There will be 17 track posts strategically placed around the circuit that will each be staffed by a minimum of two officials (Paramedic, Nurse, or First-aider). The deployment positions are shown in Appendix A. Track Post staff will be trained and equipped to provide immediate first-aid to an injured rider. When an incident occurs, the track post staff will respond as required whilst maintaining communication with Race Control. **A response time of thirty seconds is desired.**

The primary aim of the track post staff is to safely remove the rider and themselves from the track (this includes the run-off area) to a safe position behind the tyre-wall.

A spine board and cervical collar should be carried to the scene. Track post staff should respond in synergy with other track marshals and put their own, personal safety first. The other track marshals may set up hay bale barriers as necessary and can be asked for assistance with the care or transport of a rider off the track.

The point of entry and exit from the track should be the closest point from the tyre wall to the incident scene (i.e. Track post staff should proceed along behind the tyre wall for as long as is practicable, and enter the track perpendicular to the rider's position). There will be 5 Medical Cars (Callsign "Chase") and Medical Intervention Vehicles (MIVs, callsign "Victor") around the circuit placed as shown in Appendix A. These will be four-door vehicles capable of rapid response to a racing incident, as directed by Race Control. The cars (Chase 1 & 2, MIV 2, 6, 8 & 12) will carry:

- A Driver, with headset communication to Race Control
- A Doctor
- A Paramedical officer or Critical Care Nurse

Portable equipment will include:

- Oxygen
- Airway equipment
- Resuscitation equipment
- Cervical collars
- Monitoring/defibrillators
- Medications for resuscitation and analgesia
- Trauma equipment (dressings, burn management, thoracocentesis equipment)

An MIV will respond (when directed by Race Control) to riders who have the potential for serious injuries. At the scene of the incident, the Doctor will assume responsibility for patient management. There will be 4 Type C 'Alphas' placed on the circuit (as shown in Appendix A) to provide transport for riders who have been injured, following assessment by Ground Post staff and/or the Doctor from an MIV. These Track Alphas will only respond on the direction of Race Control. The Track Alphas will carry two paramedical staff, oxygen, a stretcher and BLS equipment.

There will be 4 Type B 'Alphas' placed on the circuit (as shown in Appendix A). Each Type B vehicle will be staffed by 4 officials including (at least) one doctor.

The Track Alphas will function as both first responders and transport for riders who have been injured. The staffing allows the vehicle to be responded to other areas leaving behind a track post of two officials. These Track Alphas will carry:

- Two Paramedical staff
- One doctor
- One driver
- Trauma kit (dressings, burns management, thoracocentesis equipment)
- Resuscitation kit (drugs, fluids, airway equipment)
- Medication for resuscitation and analgesia
- Monitoring/defibrillators
- Oxygen
- Spine board
- Cervical collar
- Patient trolley

In all cases, the Track Alphas (both Type C & B) will travel to the scene off the track (via internal or external roads) to the nearest access point. The patient will be brought to the Track Alpha on a spine board. The patient will be transported to the TMC off the track (via internal or external roads). Following a Red Flag incident, the track alpha may be required to enter the circuit, but **ONLY** as directed by the Race Control. There will be two Ambulance Victoria ambulances based at the TMC. These will transport patients from the TMC to the designated receiving hospital as directed by the Medical Centre Director (MCD). These vehicles will be licensed to transport under emergency conditions.

A Medical Evacuation Helicopter will be used to transport time-critical patients to the designated receiving hospital, as directed by the MCD. The medical flight crew will consist of:

- The Pilot
- One Doctor +/- a second doctor as required

The Helicopter will be fully equipped with oxygen and equipment for resuscitation.

Track Safety & Track Craft

Your health is very important to us. This section highlights a few ways in which you can protect yourself and your health.

- Make sure your health is optimised before the event – see your GP. Everybody should have a GP who they see regularly.
- Bring your medications and take them as prescribed.

- If you have any significant medical problems, or multiple medications, bring a summary from your GP and carry it with you at the event.
- If you have any injury or illness that may prevent you from performing a particular role or function, please let us know prior to the event.

What to bring:

It is imperative for your own safety and comfort to be adequately prepared for **ALL** types of weather. It is important to remember the days are long and you will be exposed to the elements including extremes of temperature in the one day (e.g. a cold morning followed by a warm day). It is very common for it to rain at Phillip Island.

- Layering is the best option. Polar-fleece-type jumpers are good and thermal tops & leggings are good for under the overalls if it is going to be cold.
- **Waterproof jackets and waterproof pants are a must.**
- Please note that waterproof gear should not be predominantly yellow or red as apparently it can be mistaken by riders for red or yellow flags.
- Your medical tabard needs to be worn as the outermost garment at all times (i.e. over your rain jacket if it's raining).
- Make sure you have **sturdy but comfortable footwear**. The ground can be uneven and it is often very wet &/or muddy. Hiking or leather boots are best but sports shoes may be worn if it is not too wet. Waterproof footwear is ideal if you have it.
- Gloves to keep your hands warm &/or dry are worth considering.
- Non-sterile, latex or latex free gloves are supplied for your protection while attending incidents.
- If you are concerned that you won't have enough to eat, bring some snacks to augment the lunch that's supplied.
- **A fold up chair** for breaks in the on-track action is very handy. It's a long day to be standing and the ground may not be the best place to sit if it is wet &/or muddy.
- You should bring and apply **sunscreen** no matter how sunny or hot it is because you will be in the elements for most of the daylight hours.
- A list of other, general things to bring will be sent to you prior to the event.

Cameras:

- Cameras can be used judiciously while at the circuit. It is possible to take the odd, discrete photo but marshals abusing the privilege will be asked to desist. Marshals are not meant to be taking photos while on duty; particularly during the international events. Photo &/or autograph 'hunting' is actively discouraged.

General and Health & Safety considerations:

- Exposure to heat or cold can lead to serious illness. You must be aware of the temperature and the environment and how to protect

yourself from it. It is easier to prevent exposure than trying to deal with it once you are already suffering from its effects.

- Keep your fluids up; even on cold days. Watch out for drink runs between events and make a habit of getting drinks for yourself and other marshals at these times. Even if you still have water and are not thirsty, it may be a while til the next run.
- If you run out of drinks or need anything else, radio it in and one of the medical seniors and they may be able to bring it to you.
- Watch out for the well-being of other marshals; especially if the weather is particularly warm, cold or wet.
- If you or one of the other marshals are beginning to struggle with the conditions or begin to feel unwell, radio it in to Race Control and a medical senior will be sent to assess the situation. **Do not wait til you or another is close to collapse before calling it in.**
- Keep a close eye on the minute-by-minute and plan toilet breaks. You need to negotiate these with your partner, radio them in, and make sure you're back in position when the bikes are on the track.
- You must be standing and watching the bikes when they are on the track unless you are unable to do so. If this is the case it is possible you're not up to track point duty at this time. Radio it in and wait for direction from Race Control.
- Take turns with the radio.
- Don't get distracted by the crowd, the big screens, and the general circus of the place.
- Have fun and take in the sights but stay attentive to on-track action.
- Make the most of being in front of hospitality tents if you're lucky enough to score one of these spots but you cannot drink alcohol while on duty.

Look after yourself and your colleagues, have fun, keep safe, and enjoy the spectacle. Make sure you get plenty of sleep, sustenance, hydration and rest. Prevention is better than a cure!

If you consider any situation, procedure, or environment is unsafe you should immediately report it to your medical senior or via Race Control. Your safety is our priority.

How an average day plays out:

All medical team members must be at the Medical Centre **no later than 7AM** for a roll-call, allocation of role for the day and medical briefing. If you have a preference for a particular location, role or want to be partnered with a particular person please let Brent know as early as possible before the allocations are made.

After the briefing you need to attend to the following before leaving the TMC for your post:

- Group briefing specific to role (e.g. Track post, Alpha crew, Medical Centre staff).

- Gather and check equipment specific to your role (e.g. radio, spine board & collar, equipment box, for a track post crew).

Getting to your track position and getting started.

- Find the Alpha that's stationed nearest to your track point so you can get a lift. Most Alpha's have a similar designation to the track post they are near (i.e. Alpha 8 is stationed near Track Posts 8 & 8A). If in doubt, ask a senior once you have your allocation.
- When you get there, introduce yourself to the other marshals. Flag and track marshals work the same point for the entire meeting so they know each other pretty well by day 2. However medical crew rotate.
- Make sure you introduce yourself to the sector marshal. They are the kingpin and are ultimately responsible for what happens in their sector.
- Even though the sector marshal is 'in charge' the medical crew have a certain degree of autonomy over and above the sector marshal's control. This includes:
 - Do not cross a closed track even if a sector marshal tells you to.
 - Radio in incidents and wait for direction from race control.
 - Do not wait for the sector marshal to say it's OK to approach a rider.
- Practice what to do if a rider falls and needs assistance to be removed from the track. Physically practice putting someone on the spine board with the other marshals.
- Check out the layout of the track position.
- Work out which way the bikes will be coming and try to estimate which way they're likely to go when they come off. This is commonly on the outside of the corner and also in line with the apex of the turn. However; each corner is different. If you have not been to a particular turn before, ask the other marshals where the riders usually end up. Position yourself parallel to the most likely trajectory the bikes and riders will take. **DO NOT PUT YOURSELF IN THE LINE OF FIRE.** The sign designating the track point position is usually pretty close to the best spot to stand. You need to be as close to this sign as possible while also considering the previous points. If you are not able to be close to this sign let race control know why. Race control may send a medical senior to investigate. You may be instructed by a medical senior to alter your position.
- Check out how you will get down off the tyre wall so you can reach the riders. Look for the location of the 'duck boards' and position them close to where you think you will need to get down. Do not put them on the tyre wall in readiness but rather NEAR the tyre wall. A duck board resting on a tyre wall is a hazard if a rider should hit the wall at that point. Your spine board can also be used as a duck board if necessary.
- Look for the exit points from the gravel trap. These are marked with diagonal green and white stripes.
- Practice getting up and down from the tyre wall at a couple of different points.
- Go out into the gravel trap near where you think riders are likely to end up so you can gauge your visibility to riders and also check your line of

- sight to the track. Squat down in the gravel trap to do this (because that's the position you'll be in when attending a rider who's down).
- Have a look for any other hazards in the area that may trip you up (eg, uneven ground, metal pegs/poles that have been used to secure the tyre wall, chains used to secure the tyre wall, there are lots of cables for various aspects of infrastructure that can also become a trips hazard).
 - Organise an escape route if a rider, bike or debris should be heading in your direction.
 - Organise your equipment so you can see it and reach it easily (in front of you is best) but also so it won't be in your way if you need to move fast. Do not put it directly behind you because you could trip over it. Also do not put anything near the fence that's between you and the public. The paying public are magpies and will 'souvenir' anything that's not nailed down.
 - If there is a marshal's tent in your area, put your personal gear in this tent.
 - Be ready for track inspection (described next).
 - Get ready for the action.

Morning track inspections.

Before the commencement of on-track activities each day there is a track inspection. There are two levels of responsibility for ensuring that all services are in place. The Clerk of Course must ensure all marshals are in position for any on-track activity (domestic &/or international) and the FIM must ensure the same prior to any International activity. Consequently, there may be one or two inspections each day. Keep an eye on your minute-by-minute for when the track inspection is to be held and be ready.

Race Control will tell you when to be track-side for the inspection, what you need to have with you, and when to stand down via the radio. The sector marshal will also instruct you when the inspection is going to be held and when to stand down. When directed, all medical team officials are required to be standing on the white line at the edge of the bitumen holding their spine board with the collar attached. Vehicle crews are to have the vehicle running with beacons on, and also to be standing on the track edge.

What to do if a rider falls

- Remember what you learned at the pre-event training.
- WAIT to see what happens.
- Remember, even though the sector marshal is 'in charge' the medical crew have a certain degree of autonomy over and above the sector marshal's control. This includes:
 - Do not cross a closed track even if a sector marshal tells you to.
 - Radio in the incident and wait for direction from race control.
 - Do not wait for the sector marshal to say it's OK to approach a rider.
 - Do not approach a fallen rider unless you deem it safe to do so.

- Start moving towards the rider **along the top of the tyre wall** so you can assess his or her condition and likely time required to clear him or her from the track. Even walking riders need to be assessed for injuries. Both track post personnel should move towards the rider and take the spine board with you because the rider's condition might change.
- Call it in along with the code as you see it at the time. You can always change the code depending on whether the rider gets worse or if they are not as hurt as they appeared to be at first.
- **Medical officials are the only people who should assist an injured rider.** Therefore, if a rider looks hurt, even if they're walking, get them to come to you as quickly as possible so you can assess and assist them.
- **Remember your own safety.** It may be quicker and safer to put a limping rider on the spine board and carry them behind the tyre wall. Race Control may instruct you do this if they believe it is taking too long to clear a rider. Many riders will refuse this type of assistance. Be firm but professional. **Any rider who refuses to follow instruction will be reported and will be followed up. Race control may ask for details such as the bike number in this event.**
- In the event of a downed rider who needs assistance in the gravel trap or on the track, the medical crew take control of that aspect of the retrieval INCLUDING coordinating track marshals to facilitate the extrication.
- **Watch for other riders falling off.** If one has come off then others can too.
- **Never take your eyes off the traffic.** When you're walking out of the gravel trap walk backwards so you can see the traffic. If you need to have your back to the traffic then make sure there is a 'lookout' posted.
- **Only attend a downed rider if it is safe to do so. NEVER PUT YOURSELF IN DANGER in order to attend a rider. It is your call as to the appropriateness of attending a rider in their current position. You may be pressured to do so by other marshals or the public but be firm.** If the rider is in a position such that you believe attending them is too dangerous, radio it in and wait for direction from race control.
- **If a rider needs assistance get them behind the tyre wall before attending any injuries.** This includes not taking their helmet off until you have them safely behind the tyre wall. **An exception to this may be when a rider is unconscious or severely injured requiring immediate on-track treatment.**
- When you're dealing with a downed rider, face the track (i.e. don't have your back to the track if possible). Keep the rider between you and the track.
- Keep race control up to date with how things are going and the condition of all downed riders via the radio. It's better to give too much information rather than not enough but give due consideration to other radio traffic and what else is going on. Race control will ask for updates if they need more information than you're giving them.

- There may be more than one incident at a time. Be careful with radio traffic in this instance. Put in a call and wait for a reply if this is the case. If you think the need is there, be insistent in getting attention but don't talk over others.
- **NEVER CROSS A CLOSED TRACK.** It is best not to cross the track at all. It is very unlikely that you will have cause to do so as all facilities are available on both sides of the track (e.g. toilets). **If you must cross the track**, carry your radio and be aware of when the track is going to be closed so you don't get stranded on the wrong side.

Example crash scenario:

More detailed descriptions of specific responses are presented later in this handbook. For the purposes of this section, an incident that involves most of the roles described above is described here:

1. A rider falls heavily and is not moving
2. The **track post** radios in the incident to Race Control as a 'Code 3'; rider not moving.
3. The track post personnel assess that it is safe to respond to the rider with their spineboard and collar.
4. On arrival the rider is conscious and breathing and cooperative but disorientated to time and place.
5. Race Control sends the nearest Alpha and/or MIV to the incident.
6. While the vehicles are en route, the track post crew place the rider on the spine board and move him behind the tyre wall as quickly and as safely as possible with the assistance of the other marshals.
7. Once behind the tyre wall, the rider's helmet is removed and the hard collar is fitted.
8. The MIV arrives as the collar is fitted and the doctor from the MIV is now on hand. The rider is still conscious and is now orientated to time, place and person.
9. The doctor takes control of the incident and lets race control know the rider's condition and that they need immediate transport to the Track Medical Centre.
10. The rider is loaded into the Alpha. The doctor remains with the patient and therefore goes with him in the back of the Alpha. The track post crew take a spine board and collar out of the Alpha before it departs to replace those being used by the rider.
11. The rider is transferred to the Track Medical Centre & the track post crew return to their original position.
12. On arrival at the Track Medical Centre the rider is handed over to the Track Medical Centre medical and nursing crew. Unless needed, the doctor is returned to the MIV and the Alpha returns to its original post. A spine board and collar are loaded into the Alpha to replace the one taken by the track post crew.
13. The rider is assessed further and stabilised in the Track Medical Centre. The MCD is consulted regarding transport of the rider to a receiving hospital because he has a fluctuating conscious state. The decision is made to airlift the rider to expedite appropriate care. The

rider is airlifted by helicopter and attended by appropriately trained staff from the Medical Team for the journey.

14. The helicopter and staff return once the rider is handed over to the receiving hospital.

More detailed information:

Track Posts:

All track posts and Alphas are supplied with the following basic equipment:

- A spineboard for removing fallen riders unable to walk from the track and transferring riders into and out of Alphas, and onto trolleys in the Track Medical Centre.
- A multifix / adjustable cervical (hard) collar.
- A foam block or towel to place under the head of a rider on a spine board. Most riders have an aerodynamic 'hump' on the back of their leathers. The foam block prevents their head falling backwards; with consequent risk of neck injury, when the rider is lying on his or her back.
- A basic resuscitation box containing I.V equipment, syringes, and fluids for I.V therapy, airway equipment, basic dressings, adhesive tapes, bandages, personal protective equipment (i.e. eye protection and non-sterile gloves), and paracetamol.
- Extra non-sterile gloves should be carried by each crew member and used when attending a fallen rider.
- A radio for communicating with Race Control

Each crew should check their equipment for completeness and to make sure it is working each day PRIOR to leaving the Track Medical Centre.

Track Alphas:

Commencement of each day

- Complete vehicle checklist
- Ensure correct Track Post members are in your vehicle for transport to their track positions
- Transport Track Posts and their equipment to their designated track position
- Familiarise yourself with your local area checking access roads to be used when responding to an incident or transporting a patient to the Track Medical Centre
- Reverse the vehicle into your allocated track position and close the gate (where appropriate)

During the day

- Start the vehicle periodically to ensure the battery doesn't go flat. This should be done prior to each session at a minimum

Completion of each day

- Ensure all equipment is in the vehicle

- Collect the Track Posts you transported in the morning, with their equipment, and return to the Track Medical Centre
- Clean out vehicle interior at the Track Medical Centre
- Lock the vehicle in the designated medical vehicles parking area
- Return the vehicle keys to the medical Chief Equipment Officer or Designated Medical Senior

Response to an incident & transport to the Track Medical Centre

- Response to incidences should always be under the direction of Race Control
- MIV and Track Alpha team members are expected to respond on foot to a fallen rider in your area – as per Track Posts
- The nominated driver should be the only driver
- When responding to incidences – both on track and off – your Headlights and Beacons should be ON
- SIRENS are NOT to be used
- Use the horn with discretion to clear spectators as required
- Only use internal and external access roads unless otherwise directed by Race Control
- DO NOT ENTER THE TRACK unless otherwise directed by Race Control
- Swap your spine board and cervical collar with the Track Post crew if theirs is being used in your vehicle
- When transporting to Track Medical Centre, give a brief, confirmed patient condition update when loaded (e.g. “Race Control this is Alpha 1, loaded with a conscious patient with a leg injury”)
- Track Alpha vehicles will get priority access through the tunnel when using their Beacons and Headlights
- As soon as the patient is off your stretcher, restock your vehicle as required, and return to your designated track position with beacons off and advise Race Control when you are clear of med’ centre and when you are back in your designated position.

MIVs

If a rider is seriously injured, Race Control will ‘scramble’ the nearest MIV to the incident. This may be on the track, or off the track via the access roads. The MIV will have a suitably qualified driver, doctor and nurse. The call sign for MIVs is ‘Victor’.

MIV driver’s role:

- **The medical intervention vehicle driver is the Team Leader of that vehicle until the crew arrives at the scene where the most senior and appropriate medical official takes charge of the scene and the clinical management of that patient.**
- **MIV’s may respond to incidents on the track; hence your MIV driver will have a full understanding of race protocols.**

Vehicle responses:

- MIV crews must be ready to respond via their MIVs within seconds of being scrambled by Race Control
- Crews may stand outside the vehicle but should be within 3 meters of the vehicle whilst the track is hot/closed
- The MIV driver should ensure that all officials around them are aware of the primary routes that will be taken to get to an incident. The MIV driver will inform the Sector Marshal so that they can brief their track officials

Radio Protocols

Radio response codes are based on an estimate of how long it will take to clear the rider from the track. The response codes are as follows:

- Code 0:** No medical intervention required
Rider gets up unassisted
- Code 1:** Short Rescue
Rider able to walk with assistance
Rider will be cleared from scene in < 1 minute
- Code 2:** Long Rescue
Rider requires stretcher
Rider will be cleared from scene in 2 - 3 minutes
- Code 3:** Prolonged Rescue
Rider seriously injured - includes all unconscious riders
Rider requires stretcher
Rescue may take longer than 3 minutes

Using the radio

Listen to your radio before pressing the button. Wait for a break in radio traffic before speaking. Remember the delay; **wait one second after pushing the button before you speak**. Talking over each other makes communication difficult or impossible. All calls should start with the phrase “Race Control this is...” followed by the call sign of the receiver – i.e. Race Control – then the call sign of the caller. There is a short delay when using the radio so starting with “Race control...” ensures Race Control hears who is calling.

e.g. “Race Control this is Track Post 1”. Race Control would respond with “Go ahead Track Post 1”

Key points for using the radio include:

- Don't be afraid to use it
- Pick your moments
- Be clear and concise
- Don't shout
- Remember the delay
- Remember the codes
- Don't forget your post number
- Also know your turn number
- Let Race Control know if the rider is on “Riders right or left”

- Keep Race Control informed as events unfold
- Avoid the urge to chat over the radio.
- Watch where the push to talk button is. Some radios have two. Work out how yours works so you can communicate quickly and effectively when necessary.
- Be careful not to push the button or lean on it accidentally. This will 'jam' the radio system and means no-one else can speak. It can also be very embarrassing depending on what you're discussing at the time!
- You'll be surprised how quickly you pick up how to use the radio and get comfortable with 'radio speak'.

Examples of calls during incidents:

Scenario 1 - A rider falls at Turn 4 and is crawling away from his bike to safety.

Track Post 4: "Race Control this is Track Post 4"
 Race Control: "Go Ahead Track Post 4"
 Track Post 4: "Track Post 4, rider down, rider's left, Code 2. We are responding."

Scenario 2 - Two riders fall at Turn 2, one lies face down in the grass, the other one walks away unaided

Track Post 2A: "Race Control this is Track Post 2A"
 Race Control: "Go Ahead Track Post 2A"
 Track Post 2A: "Track Post 2A, two riders down, rider's right. One rider is up, Code 0. The other rider is still down, Code 3, we are responding"

Scenario 3 – A rider falls at Turn 9 and does not move, he is unconscious.

Track post 9A: "Race Control this is Track Post 9A"
 Race Control: "Go ahead Track Post 9A"
 Track post 9A: "Track Post 9A, we have a rider down, riders right, Code 3, he is not moving, we are responding"
 Race Control: "Track Post 9A, can we please have an update on that rider"
 Track Post 9A: "Track Post 9A, rider is a Code 3, rider is unconscious, but breathing"

*In this circumstance the race will then become **red flagged** and immediately ensures other resources are sent to the incident location. Once the race has been red flagged there is no need to rush and you are safe to remain on scene and treat the rider.*

Concentrate on removing the riders helmet and placing a collar on. Work with your track marshals and get them to bring your orange medical box to you. Begin providing airway support to the rider – jaw thrust and chin lift. In most circumstances like these additional medical resources will have already arrived on site to help you prior to removing the riders helmet. It is also important to remember that Race Control will still be communicating to you over the radio and asking for updates on the riders condition. Remember to breath and talk clearly.

Race Control: “Track Post 9A, can we get an update on the riders condition”

Track Post 9A: “Track Post 9A, rider is still unconscious and still breathing”

Lastly, it is usually not necessary to ‘call in’ Code 0 incidents. Only do so if there is no other radio traffic and no other incidents occurring at the same time.

What to do in specific situations

Code 0 (zero)

- Watch the crash
- WAIT.....
- Both track post crew should begin to respond by moving along the top of the tyre wall towards the rider
- Have your spine board and collar with you
- *If the rider looks uninjured **STOP** responding and remain or move back behind the tyre wall*
- Assess the rider if they do not rejoin the session/race
- If the rider is unhurt allow them to leave on a boundary rider
- Ensure the rider clears the track as quickly as possible
- Only call it in if there is no other radio traffic
- Race control may ask you to assess the rider or ask for a situation report.

Code 1

- Respond only once it is safe to do so.
- Watch the incident unfold, and then radio the Response Code to race control. A response time of thirty seconds is desired. Maintain communication with race control at all times.
- A spineboard and a cervical collar should be carried to the scene.
- Track Posts should respond together with the other track marshals, and put their own personal safety first.
- The point of entry and exit from the track should be the closest point from the tyre wall to the scene of the incident.
- Track Posts should proceed along behind the tyre wall for as long as is practicable and enter the track perpendicular to the incident if necessary.

- Signal a walking rider to come to you if possible; otherwise, approach their position along the top of the tyre wall.
- If the rider is taking a long time to clear the scene, and it is safe to do so, approach the rider and walk him or her to the nearest exit point.
- Do not touch the rider if he or she can walk unassisted. If you need to direct a rider, use hand signals or gestures as well as verbal instruction. Many of the international riders do not speak English.
- Walk so you can see the track at all times while inside the tyre wall. This may mean walking backwards when leaving the scene; be careful not to trip.
- Update Race Control with the rider's condition and how he or she can be cleared from the scene (i.e. boundary rider or Alpha), and whether the rider needs to go to the Medical Centre.
- Injuries are not always immediately evident (e.g. strains or sprains). Take time to assess the rider fully.
- Boundary riders can be instructed to take a rider to the Medical Centre if necessary.
- The rider will be keen to return to the pits if it is a practice session. Be firm in not allowing the rider to leave until you have assessed them. Do not take too long with this but you need to be confident the rider is fit to ride. If unsure, get the rider taken to the Medical Centre for further assessment. If the rider refuses to go to the Medical Centre, let Race Control know and a Medical Marshal will be sent to the rider's garage to assess any potential injury.
- Boundary riders are instructed not to leave a scene with a fallen rider unless they are given clearance by the Medical Team. If a boundary rider leaves without clearance, inform race control of the *racer's* number.

Code 2 & 3

- **Call in the incident and the code to Race Control.**
- **Respond only once it is safe to do so. If it is a Code 3, inform Race Control that you are responding immediately.**
- **Respond to the rider with your spine board and cervical collar**
- **Place the rider on the spine board as quickly and as safely as possible.**
- **For a Code 2, do not remove the rider's helmet or administer any treatment at this time.**
- **Clear the rider and others from danger (behind the tyre wall) as quickly and safely as possible.**
- **Provide manual neck support while clearing the rider behind the tyre wall.**
- **Once you're clear of danger (behind the tyre wall):**
 - **Remove the helmet**
 - **Fit the hard collar**
 - **Attend to the "A.B.C" of first aid**
 - **Clear the rider to med-centre**
- **Keep Race control informed of the retrieval and the rider's status (i.e. conscious or unconscious, breathing or not breathing, any obvious**

injury). Race control need to be told when the rider is clear of the track, and clear of the scene. Vehicles sent to the scene will also inform race control when they are en route, arrive, have left the scene, and arrived at the Medical Centre.

- If there is more than one crew on scene (e.g. the track post crew and an Alpha crew) a single person should be identified as the radio person. This person then relays information to and from Race Control.
- For Code 3 incidents or where a rider is still on the racing surface (bitumen), the session may be **red flagged**. **In this instance it is safe to stay on site to remove the helmet, apply collar and begin treatment.**

Multiple riders fall at the same time

- Watch & wait for the dust to settle (literally)
- Assess / triage
- Radio in the location, the number of riders, and the codes
- Attend to the rider most in need of assistance
- Help will arrive **much quicker than you expect**. There is commonly more than one crew stationed at points where crashes happen frequently (e.g. Track post 2 & 2A, along with Victor 2). Get riders who can walk to clear the area as quickly as possible while you attend riders who cannot walk. You can get non-medical marshals to escort walking riders to behind the tyre wall if you are busy with another rider but don't forget you need help to carry the spine board.
- Keep Race Control informed!

Many non-medical officials will have incorrect opinions on what you should do. Remember what to do from your training and act as instructed by Senior Medical Officials. If in doubt about what you're being told, ASK!

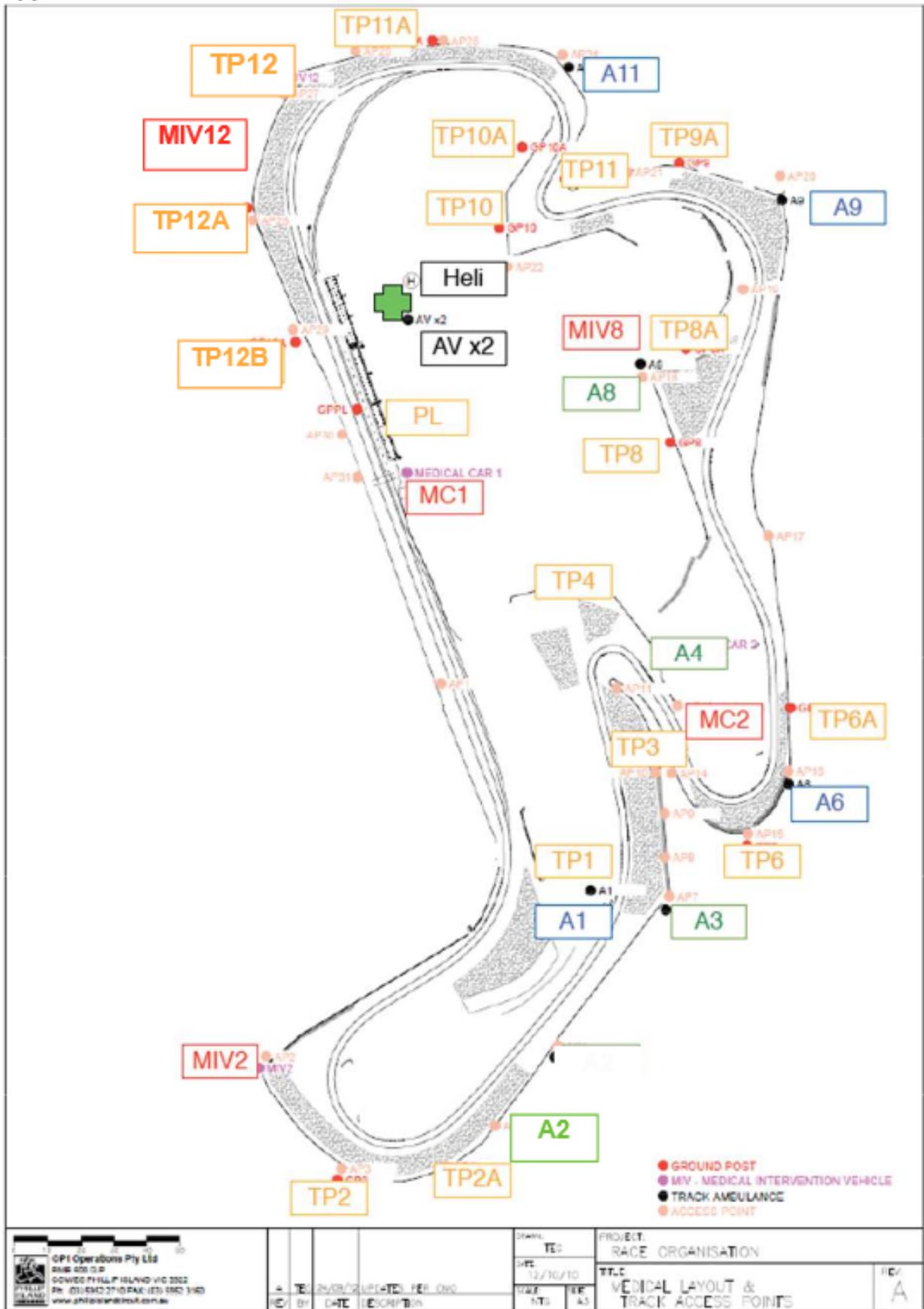
The reality...

- **The days are long**
- **You spend a lot of time on your feet**
- **Crashes don't tend to happen very often**
- **They don't happen according to the script**
- **You may not get any crashes some days; or at all**
- **HOWEVER; be ready, remember what you've been taught, and trust your judgment.**
- **DON'T BE AFRAID TO ASK QUESTIONS**

We hope you enjoy your experience at The World Superbikes. If you have any comments, suggestions, or questions please do not hesitate to contact or approach any of the senior members of the team listed below.

WE LOOK FORWARD TO SEEING YOU AT THE ISLAND!

Appendix A: Medical Team Position



Appendix B: Race Modification Flags

	SIGNAL	MANNER USED	MEANING OF SIGNAL
	Red Flag	Displayed	Race or session stopped and rider/s must stop racing and immediately return to their garages with the utmost care and attention. Compulsory for everyone.
	Yellow Flag	Waved	Immediate danger, slow down, overtaking forbidden.
	Yellow Flag with Red Stripes	Held Stationary	Deterioration of adhesion of the track (e.g. oil on track).
	White Flag	Waved	Slow moving emergency vehicle on track.
	White Flag with Red Diagonal Cross	Waved	Indicates to rider that there is rain on that part of the track
	Blue Flag	Held Stationary	Overtaking signal warning that the rider is SOON TO BE overtaken.

	Green Flag	Waved	Course Clear. Resume racing
	Black and White Chequered Flag	Waved	Finish of Race

Appendix C: Key terms and phrases.

GENERAL:

- **The Circuit** refers to the whole event area (i.e. the Phillip Island Grand Prix Circuit)
- **The Track** refers to all areas in front of the first line of protection (the tyre wall). The Track consists of the Bitumen and the Run-off areas
- **The Bitumen** refers to the actual surface that the bikes race on.
- **The Run-off areas** are grass and gravel trap areas. This is where most fallen riders and their bikes end up.
- **Off the Track** implies any area away from the track, behind the first line of protection (e.g. tyre wall).
- **Boundary riders** are riders on scooters or dirtbikes that roam the track to collect fallen riders – off the track – who are uninjured or have minor, superficial injuries. If you believe that the fallen rider may be injured and needs further assessment, you are empowered to tell the boundary rider so and they should not allow the fallen rider onto their bike. At the same time, please advise Race Control.
- The **Orange Box/Initial management box** refers to the orange tackle box that contains basic resuscitation equipment such as IV equipment and general wound care supplies. A detailed list of the equipment is kept in each box. The Orange Boxes are part of the equipment carried by track posts and Alphas.

HOT AND COLD TRACKS:

The Course Car will pass with:

- **Red Lights On:** The Track is **Closed/Hot**.
- **Green Lights On:** The Track is **Open/Cold**.

Track Officials may move onto the track when it is **Open/Cold** for checking, sweeping, etc. There should NEVER be a need for you to cross the track (unless in exceptional circumstances, and under the direction or authorization of Race Control).

“MOTORSPORTISMS”:

There will be a number of motorsport terms you will hear over the radio.

The Black Stuff = the bitumen surface of the track

WD = Wrong Direction

Scramble = your vehicle (MIV, Alpha) should move safely from its position as directed by race control

Infield = the area inside of the track

Outfield = the area outside of the track

Victor = Call sign for a Medical Intervention Vehicle (MIV)

Alpha = Call sign for a track patient transport vehicle

Chase = Call sign for the medical chase car

Code 10 = the code used to request a toilet break. These should only be requested in between on track sessions

Hold/Stand by = Wait until you are asked to continue with your radio transmission. Usually this means something more urgent is occurring.

Priority or urgent = Use this term only if you have an emergency and need to transmit to Race Control. E.g. a code 3 rider that you have been asked to “standby. Begin with “Race Control this is track 2A priority”.

Minute-By-Minute = Program that literally lists what is scheduled to happen every minute (i.e. minute by minute) of the four days of the event (Thursday to Sunday). It is your bible and should be referred to frequently to keep abreast of what’s happening etc. It should also be consulted when planning Code 10 toilet breaks.

Medical alert = A significant incident has occurred that the medical team is dealing with. Please only use the radio for URGENT messages until told otherwise.

Critical Incident = A death or serious incident has occurred. Only absolutely necessary radio use should occur.