

Common Regulations for Emergency and Medical Services (Units and Equipment)

| | |
|----|-----------------------------------|
| 00 | General |
| 00 | Rescue Units |
| 00 | Stage Safety Unit |
| 00 | Rally/Cross Country Recovery Unit |
| 00 | Actions at an Incident |
| 00 | Crew Requirements |
| 00 | Medical |
| 00 | Eligible Paramedics |

General

1. All emergency vehicles are licensed based on their suitability for the particular tasks required of them and the equipment carried as detailed in the appropriate sections. These vehicles, when licensed, are only acceptable at Events when crewed by appropriately licensed crew members.

Rescue Units

2. All Licensed Rescue Units are required to carry the appropriate equipment listed in the tables on pages 9 to 11. Where possible or practicable, the recommended positioning of Emergency Vehicles will be indicated on the Track/Venue Licence or in the Event Regulations.

3. Organisers using Emergency Vehicles should satisfy themselves that they operate with Licensed Vehicles and crews that are correct for the type and status of their events. Rescue Units should at all times be kept clean, tidy and in a hygienic condition. It is important that equipment from one Rescue Unit be compatible, as far as possible, with that on others. At major incidents where extra equipment is required, interchangeability is essential.

Purpose

4. Rescue Units are required to transport licensed crew and equipment and provide medical and extrication facilities at the scene of an accident within

Note: Throughout these sections an asterisk (*) indicates a requirement for additional information to be printed in the Supplementary Regulations (SRs).

Text shown in Italics indicate a Regulation which may be amended in the SRs.

approximately 90 seconds of leaving the stand-by location when operating at a licensed venue (and as appropriate at other venues). Additional licensed vehicles can be specified on the Track Licence if deemed necessary to ensure response times are maintained.

Type of Vehicle

5. The vehicle should be of a type that is safe and appropriate to drive on a competition course while competition is in progress. A suitably modified van or estate car capable of carrying crew and equipment in safety at speeds of 70–80 mph is appropriate for sealed surface courses. For non-sealed surface courses a lower speed requirement is permitted, but with the ability to maintain traction over such terrain is required.

Identification

6. Vehicles should be clearly marked “RESCUE” and “AMBULANCE” as required and carry blue flashing beacons.

Crew

7. The crew will include one Doctor, or MSA-registered Paramedic [36, 37] and a minimum of three fully licensed crew members. For Speed events only, the minimum requirement is for two fully licensed crew members with a Doctor or MSA-registered Paramedic. For Rally events the minimum requirement is two fully licensed crew members. The Doctor or MSA-registered Paramedic may attend independently. At no time may there be more than two trainees on a Licensed Rescue Unit.

Stage Safety Unit

Purpose

8. Stage Safety Units transport licensed crew and equipment to an incident to render the scene safe and to render First Aid and spinal immobilisation until the Rescue Unit arrives, if required.

Type of Vehicle

9. The vehicle should be a car, an estate car or a car-derived van with suitable tyres and underbody protection.

Identification

10. The vehicle should be clearly marked “STAGE SAFETY UNIT”.

Crew

11. The crew will consist of a minimum of two fully

licensed crew members, one of which may be replaced by a Doctor or MSA-registered Paramedic (i.e. two crew or one crew plus Doctor/Paramedic).

Rally/Cross Country Recovery Unit

Purpose

12. These Units provide for the recovery of vehicles only.

Types of vehicle

13. For light recovery, a four wheel drive vehicle is recommended with a two ton winch. For heavy recovery, a four wheel drive with a rear jib and two ton capacity is required.

Identification

14. The vehicle should be clearly marked "RECOVERY" and carry yellow flashing beacons.

Crew

15. The crew must consist of a minimum of two licensed operators, at least one of whom must hold a full licence.

Actions at an Incident

16. Where Rescue Units or Stage Safety Units are involved, once the risk of fire has been covered, medical control will be established by the Doctor or MSA-Registered Paramedic who will co-ordinate the extrication of any casualties without causing further harm or injury.

17. It is important that the crew are fully familiar with the medical equipment carried on the Units. They should be able to identify and assemble apparatus to assist the Doctor or MSA-registered Paramedic. Crew members must be familiar with and know the location of all other equipment carried on the Rescue Units; they must be capable of operating, maintaining and servicing it.

Crew Requirements

18. Systems of acceptance and upgrading:

- Acceptance for Trainees
- Trainee acceptance for full licence assessment
- Acceptance for full licence assessment
- Maintaining of full licence.

(See table 18)

Training

19. All Emergency Vehicle Crew members should attend at least two training sessions a year, as well as several MSA-permitted events to maintain their efficiency and status. Licensed Crew Members will not be automatically re-licensed on the basis of attending assessment days only.

20. Training sessions are organised from time to time

by Clubs and the MSA, and these may be accepted as counting towards the number of signatures required. There are a number of appointed MSA Regional Trainers who can be contacted via the MSA.

Documentation and Information

21. Application Forms for Trainee and Full Licences, together with signature record cards, can be obtained from the MSA. Details of Approved Training and Licence Assessment will be notified to licence holders.

Medical

Race Medical Centre

22. The circuit Medical Committee should ensure that the Medical Centre is properly equipped and maintained. It is essential that proper patient records are kept and that procedures for the safe disposal of potentially hazardous waste material, including dressings, contaminated clothing, syringes, needles and sharps, are in place. The risk of cross-infection must be addressed (e.g. by wearing gloves, aprons and goggles). Disposable equipment should be used where possible and sterility ensured at all times.

23. Records must be kept of the use of all drugs and fluids (including quantities and expiry dates) and equipment maintained according to appropriate service schedules.

24. The following list of equipment, fluids, drugs, dressings etc. is considered to be the minimum requirement for a Medical centre. However it is essential that individual doctors equip themselves with the drugs and equipment they judge necessary. All equipment must be checked, serviced and stored according to the manufacturer's recommendations. There should be sufficient equipment and drugs for the immediate resuscitation of a minimum of two patients.

Equipment and Drugs

24.1. Resuscitation

- Oropharyngeal airways (eight assorted sizes 2, 3 and 4)
- Pocket mask or similar device with non re-breathing valve and O2 inlet
- Suction apparatus mains, battery, hand or foot-operated capable of 300mm Hg suction with reservoir not less than 350ml or overflow system with catheters and wide bore suction
- Self-inflating manual resuscitator with facemask and O2 reservoir
- O2 supply (min size F1360 litres) and spare with reducing valves, flowmeters as necessary
- O2 tubing and masks
- Laryngoscopes x 2 with spare batteries and bulbs
- Endotracheal tubes cuffed x 6 (sizes 6.0mm to 9.0mm)
- Nasopharyngeal tubes x 3 (assorted sizes)
- Entonox with appropriate on demand delivery system (NB storage regulations)

- IV cannulae (six assorted sizes 1.0 to 2.0mm)
- IV administration sets x 6.
- Hartmanns Solution (1000ml x 6): under the direction of a Medical Officer
- Haemaccel or equivalent (500ml x 8): under the direction of a Medical Officer
- Pressure infusor
- Assorted syringes and needles.

24.2. Monitoring and diagnostic

- Sphygmomanometer aneroid/mercury (for latter consider regulations re Hg spillage)
- Non-invasive Blood Pressure Monitor
- Pulse oximeter. Defibrillator with leads, electrodes pads/gel
- ECG
- Thermometer
- Blood glucose estimation kit.

24.3. Splints and Dressings

- Large field dressings x 10
- Bandages and adhesive tape in assorted sizes
- Sterile non-adhesive and adhesive wound dressings
- Burn dressings and supply of sterile transparent bags assorted sizes
- Semi rigid cervical collars (assorted x 4).
- Splints.

24.4. Drugs: it is mandatory that the following be available as a minimum requirement.

- Cardiac arrest drugs according to the European and UK Resuscitation Council Guidelines (1992)
- A supply of parenteral analgesics.

24.5. Surgical

- Chest drainage kit
- Cricothyrotomy kit
- Minor op sterile pack with needle holder, scissors, artery forceps, scalpel and blades
- Suture materials
- Skin Antiseptic
- Small autoclave (recommended).

24.6. Miscellaneous

- Scoop stretcher.
- Casualty immobiliser (vacuum mattress)
- Stretcher for ambulance

Kart Circuit Medical Centre

25. This must comprise a room large enough to accommodate a single bed for the observation and treatment of a single casualty. As a minimum it must be equipped with first aid equipment as required under HSE Code of Practice ACOP 1997 for organisations of 21 to 50 people, including an eye wash station with 2 x 500ml of sterile saline solution, a set of stiff neck extraction collars, including paediatric sizes, and portable resuscitation equipment.

Medical Response Unit (Race Meetings)

26. A suitable saloon or estate car identified both sides with 'Medical Response Unit' and equipped with roof mounted flashing blue light(s) equipped as follows:

- Spring centre punch or similar
- Oropharyngeal airways (2 x size 4, 1 x 3, 1 x size 2)
- Pocket mask or similar device with non-breathing valve and O2 inlet
- Portable suction apparatus (battery, manual of foot operated capable of 300 Hg vacuum) with a selection of catheters and wide bore suction
- Self inflating manual resuscitator with facemask with O2 reservoir
- Laryngoscope with spare batteries and bulb
- Endotracheal tubes cuffed (7.0mm x 1, 8.0mm x 1)
- Nasopharyngeal tubes (6.0mm and 7.0mm)
- A cylinder with oxygen with reducing valves and flowmeter (equivalent to size D in volume)
- O2 tubing and facemask
- Entonox with demand valve apparatus
- Hartmanns Solution (or equivalent) (500ml x 2)
- IV cannulae (1.4mm, 1.7mm and 2.0mm x 2)
- IV administration sets x 2
- Adhesive tape
- Needles and syringes assorted
- Disposable sharps container and plastic bag (for clinical waste)
- Rigid cervical collar, adjustable x 2
- Burns dressings x 3 (large, leg and arm size). Large field dressings x 5. Non absorbent wound dressings x 5
- Heavy duty scissors
- Chest drain kit
- Sphygmomanometer aneroid
- Stethoscope
- Surgical gloves

27. Drugs are not listed, however it is essential that resuscitation drugs conforming to Resuscitation Council Guidelines and a supply of parenteral analgesics be available. Any further drugs and equipment that may be deemed appropriate by way of a specialist expertise is the responsibility of the individual doctor

- All equipment must be regularly checked, serviced as necessary and stored according to the manufacturer's recommendations
- Minimum Crew Requirements: One Doctor, plus either, one paramedic, or one fully licensed Rescue Crew member, or a second Doctor.

Basic first aid kit – Rally Doctors

28. The following items are recommended to be carried by Rally Doctors in an appropriately assembled portable kit:

- As listed in 26 excluding chest drain kit and the following additional items:

- Sterile eyewash 2 sachets
- Protective goggles
- Survival blanket x 2
- Woollen blanket x 2
- In addition a flashing green beacon, identifying tabard, appropriate protective clothing, incident report forms (x10) and a powerful torch are considered necessary.

29. A comprehensive list of drugs is not listed, however the individual Doctor is expected to carry those drugs that they feel are necessary and a supply of analgesic drugs for parenteral and oral administration. Any further drugs and equipment that may be deemed to be appropriate by way of specialist expertise are the responsibility of the individual Doctor.

30. It is recommended that any doctor regularly involved in Rally medicine should seriously consider acquiring an MSA frequency radio set.

Duties of the Chief Medical Officer

31. Chief Medical Officers at all events will:

31.1. Prepare a duty roster in liaison with the Chief Incident Officer and the Clerk of the Course, deploying their team so that principal danger areas are under supervision, and particularly ensuring that at least one doctor is always on call in the pit or paddock area

31.2. Allocate duties to all available doctors after ensuring that each is adequately equipped with oropharyngeal airway, large field dressings or the equivalent, and is familiar with the venue, the means of access to all points in the area under their charge, and the method of summoning assistance and of disposing of casualties. Each doctor should make a point of introducing themselves to adjacent Marshals, and in particular to those through whom Race Control will be informed of ambulance movements

31.3. Identify with the Clerk of the Course the locations specified for ambulances at the venue

31.4. Settle with the leader of first-aid personnel the locations of their team, and the arrangements for relief

31.5. Satisfy themselves that all first-aid posts and ambulances are adequately equipped

31.6. Ensure that all first-aid personnel are aware of the method of calling aid and of disposing of casualties, and that an ambulance may depart from the meeting only on the instructions of the CMO in consultation with the Clerk of the Course

31.7. Ensure that the Drivers of ambulances and rescue units are fully aware of the need at all times to preserve free access for their vehicles to the track and/or internal roads; that the latter should always be preferred except in dire emergency; that an ambulance may not cross or proceed on to the track until instructed to do so by a doctor with the approval of the Clerk of the Course. When on the track, an ambulance must always obey Marshals' signals and travel only in the direction in which the event is being run; and that the ambulance Drivers know the appropriate route to the hospital chosen for that meeting (Drivers should be instructed to return to the circuit as quickly as possible after delivering a casualty)

31.8. Assure themselves in conjunction with the Clerk

of the Course that at points where ambulances may have to cross the track all personnel concerned are prepared to handle such a situation safely and efficiently

31.9. If appropriate, see that the Medical HQ is open and staffed as a casualty station

31.10. Determine the location of a Telecom phone, provide themselves with the necessary coinage or charge card, and note telephone numbers of the hospital in use and of the ambulance pool if known.

31.11. Report to the Clerk of the Course when the above points have received attention and they are satisfied that the medical organisation is adequate for practice or competition to begin.

32. In the event of an accident involving injury to a Competitor, the Chief Medical Officer in consultation with the Clerk of the Course must enter on the Competitor's Licence or Medical Certificate details of injuries suffered, and either clear the Driver for further racing or retain the Licence/Certificate and return it to the MSA to hold until such time as the Driver has been cleared medically.

33. Medical examinations leading to the issue of a MSA Medical Certificate are not permitted at an event [C(a)-26]. The appropriate local hospital authorities must be notified by the Organisers of a meeting as to the time and date of the meeting, including practice.

34. Where regulations call for an Ambulance, the vehicle should be large enough so that the Doctor, MSA-registered Paramedic or Crew Member to operate equipment without restriction of movement. Low roofed vehicles should be avoided.

35. The Chief Medical Officer at Speed and Kart Race Events should satisfy themselves that they have available adequate equipment and materials to enable them to carry out duties within their training and experience.

Eligible Paramedics

36. Eligible Paramedics, may be used as detailed in the Specific Regulations. Any Paramedic registered with the Health Professions Council (HPC) attending a motor sport meeting as a result of a commercial contract between the meeting Organisers and their employers, will be considered as being an MSA-registered Paramedic for the duration of that specific meeting.

37. To be MSA registered, applicants must be currently certified by the Health Profession's Council (HPC) as being a paramedic and be in possession of adequate valid malpractice insurance. Anyone who ceases to be certified as a paramedic with the HPC will be removed from the register.

38. All registered Paramedics must carry a malpractice insurance. They must 'sign-on' and where appropriate [37] produce their MSA Paramedic Registration card at any event at which they are officiating. They shall remain under the control of the Clerk of the Course at all times.

39. An MSA accident form must be completed for each and every incident treated.

Table 18 – Crew Requirements – Systems of acceptance and upgrading

| Discipline | Acceptance for Training | Trainee Period & Requirements | Licence Acceptance | Maintenance of Licence |
|--|---|--|---|--|
| <p>2-7 Rescue</p> | <p>Race/Trackside/Stage Rally experience</p> <p>Attend one approved Marshal training day including fire training and radio procedure training</p> <p>Possession of a valid First Aid Certificate is recommended</p> <p>Gain endorsement of Crew Chief on existing Rescue Unit</p> <p>Minimum age 18</p> | <p>Hold a Trainee Licence, complete modular training programme detailed on the training record card, with signatures</p> <p>Collect 10 signatures from an Instructor or Crew Chief for attendance at:</p> <p>8 Race, Rally or Speed Events with at least 3 from each of two of these disciplines</p> <p>2 Training Days</p> <p>all 10 within 2 years</p> | <p>Attend Approved MSA</p> <p>Rescue Licence Assessment.</p> <p>Demonstrate to assessors full familiarity and competence in the operation of all equipment also identification and preparation of medical equipment</p> | <p>Attend and pass 3 yearly Assessments.</p> <p>Satisfy Crew Chief that Training attendances and updates have been completed between assessments</p> |
| <p>12-15 Rally/Cross Country Recovery</p> | <p>Gain endorsement of Crew Chief on existing Recovery Unit</p> <p>Attend one approved Rally Training day including radio procedure and fire training within two years of application</p> <p>Minimum age 18</p> | <p>Hold a Trainee Licence</p> <p>Collect 6 signatures from Crew Chief or Rally Official and attend two approved recovery training days, all within 2 years</p> | <p>Attend Approved MSA</p> <p>Recovery Licence Assessment.</p> <p>Demonstrate to assessors full familiarity and competence in the operation of all equipment</p> | <p>Attend and pass 3 yearly Assessments.</p> <p>Satisfy Crew Chief that Training attendances and updates have been completed between assessments</p> |

Rescue Units and Equipment

| | Rescue | Stage Safety Unit | Rally/Cross Country Recovery |
|--|--------|-------------------|------------------------------|
| General | | | |
| Beacons | B | Y | Y |
| Radio Race 169.3375MHz FM Rally 81.575MHz FM (the supply of equipment using alternative radio frequencies is the responsibility of the organising club) | * | * | * |
| Personal protective equipment for each crew member | * | * | * |
| Fire resistant blanket (1m x 1m minimum) | * | * | |
| 1 x 20lb (9kg) dry powder extinguishers | * | * | * |
| 1 x 2 gallon (9 litre) light water/AFFF fire extinguishers | * | * | * |
| 2 survival blankets | * | * | * |
| 1 Warning triangle | * | * | * |
| Vehicle powered portable lighting and torches | * | * | * |
| Suitable cutters for harness, straps, etc | * | * | * |
| 1 gallon (5 litre) clean, fresh tap water | * | * | * |
| | | | |
| Tools | | | |
| 1 pair side cutters | * | * | |
| 1 pair pliers | * | * | |
| 2 hacksaws and supply of blades | * | * | * |
| 1 small bow saw | * | * | * |
| 1 small axe | * | | * |
| 1 pair tin snips | * | | |
| 1 1m crowbar | * | * | * |
| 1 pair bolt croppers | * | | * |
| 1 pair mole grips | * | * | |
| 1 general tool kit to include AF and metric spanners, sockets, allen keys, "Torex" and other drivers etc to aid access to vehicle. | * | * | * |

| | Rescue | Stage Safety Unit | Rally/Cross Country Recovery |
|---|--------|-------------------|------------------------------|
| 1 glass breaker (ie, Spring Centre Punch) | * | * | |
| 2 hammers, large and small | * | * | * |
| Selection of flat, Phillips and Pozidrive screwdrivers | * | * | |
| 3 suitable ropes (1500kg SWL) | | | * |
| 1 spade | | | * |
| Cold chisels/Bolster chisels | | | * |
| Selection of coupling hardware | | | * |
| Equipment suitable for securing/stabilising and towing vehicles | * | * | * |
| 1 sheet suitable for covering vehicle | * | * | * |
| Powered Tools | | | |
| 1 powered metal cutting saw with an adequate selection of blades | * | | |
| 1 helmet cutting saw, oscillating (electric, air or hydraulic) | * | | |
| 1 pedal cutter 3cm minimum jaw opening | * | | |
| 1 large spreader 750kg (may be combined with large shear) | * | | |
| 1 large shear to cut A, B, C pillars (may be combined with large spreader) | * | | |
| 1 crash rescue kit (expansion) 8/10 ton capacity/powered hydraulic equipment including small spreader (wedge) | * | | |
| 1 trolley jack 1015kg or High lift jack or air jack system. | * | * | * |

Note: There should be adequate compressed air supply (bottled or from compressor) and hydraulic power supply for powering the range of equipment carried on the vehicle. Where equipment power source is electrical battery an adequate supply of charged batteries to be available.

| | Rescue | Stage Safety Unit | Rally/Cross Country Recovery |
|--|--------|-------------------|------------------------------|
| Medical | | | |
| 1 Resuscitator with Oxygen Reservoir and Mask | * | * | |
| 4 oropharyngeal airways to include nos. 2, 3, 4 | * | * | |
| Note: it is strongly recommended that some device is carried which allows the operator to perform resuscitation whilst isolated from the casualty's oral secretions | * | | |
| 1 laryngoscope plus spare batteries and bulb | * | * | |
| 6 cuffed endotracheal tubes (2 x 7.0, 2 x 8.0, 2 x 9.0) with syringes to inflate | * | * | |
| 1 portable suction machine (able to obtain 300mm Mercury vacuum) | * | * | |
| Full selection of suction catheters including yankeurs | * | * | |
| 1 portable entonox set (1 spare entonox cylinder) | * | | |
| 1 portable oxygen set (900 litres in not more than 3 cylinders). Regulator to be capable of delivering 15/min | * | | |
| Supply of non re-breathing masks | * | | |
| 2 adult sets of extrication collars or 2 adult adjustable extrication collars | * | * | |
| 2 Spinal Immobilisers (eg, KED, RED, TED) | * | | |
| 1 chest drain kit | * | | |
| 1 pair heavy duty scissors | * | * | |
| Scalpels, blades and artery forceps | * | | |
| Cricothyrotomy kit (or "mini track") | * | | |
| 1 sphygmomanometer | * | | |
| 1 stethoscope | * | | |
| 6 intravenous giving sets | * | * | |
| 9 intravenous cannulae (three each 14, 16, 18) | * | * | |
| 12 x 500ml hartmann's solution 6 x 500ml (SSU) | * | * | |
| A comprehensive selection of dressings including large sizes (eg 20cm x 40cm) and bandages | * | * | |
| A supply of burn dressings (including 'watergel' type dressings) which should include unused clean plastic bags | * | * | * |
| A sterile solution for eye irrigation | * | | * |
| Selection of splints | * | * | |
| 1 stretcher (York cot type) | * | | |
| 1 scoop stretcher | * | | |
| 1 Long Board c/w head immobilisation system and straps | * | | |
| Disposable surgical gloves | * | * | |
| Disposable sharps container and plastic bag for clinical waste | * | | |
| Report cards | * | * | * |

BASIC FIRST AID KIT

| | | | |
|---|---|---|---|
| First Aid Kit in compliance with requirements for 11–20 employees as detailed by HSE code of practice (ACOP 1997) | * | * | * |
|---|---|---|---|