

Medical Manual



Thank you for volunteering to be on the Medical Team at the 2017 British round of MotoGP at Silverstone.

You are an integral part of the medical and marshalling team for this international event. You will be stationed on a corner with a paramedic or doctor and will be responsible in helping them with helmet removal, log rolling and scoop carrying as they give immediate medical care of any rider that falls and does not get to their feet and leave the track straight away. With you will be a team of marshals who will take care of the bike and any track debris but can also give you assistance if needed, as they have training in helmet removal and log rolling.

There are a lot of people in the medical team and this manual is aimed at helping you know the organisation of the medical team as well as what medical assistance duties will be expected of you so that you can have a safe and enjoyable meeting.

Latest news and announcements will be on our webpage:

<http://www.bsbmedical.co.uk/fantastico.html>

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1 Before the event

1.1 Personal equipment

You will be standing out, on track, from 8am in the morning until the evening. It being the end of the British summer, the weather can range from full sun to torrential downpours. It might be hot, it might be quite cold – particularly in the wind (and Silverstone is a flat, ex-airfield, so it is exposed and can get a little breezy). You might have to run across wet grass or through gravel. The best way to have a pleasant day and enjoy the racing, is to be to be ready for everything!

We suggest bringing:

- Warm clothing – in layers, so you can remove items as necessary
- Windproof and waterproof jacket that will fit over jumpers and overalls
 - red, orange or dark colours are all suitable
 - avoid fluorescent colours or yellow if you can
- Sturdy boots that are waterproof – trainers are not recommended
- Hat – woolly for warmth and/or with brim for shade
- Gloves
- Suncream
- Belt (to hold overalls up)

You may consider:

- Folding chair – if you want to sit down between sessions
- Umbrella – to avoid rain or sun between sessions

Waterbottle and/or thermos mug – the BSB nurses get in tea, coffee and milk available at the medical centre at the beginning of the day, to make hot drinks – 50p per day donation, please, so that they aren't paying for it out of their own pocket.

Snacks. A basic lunch pack of sandwich, crisps, biscuit, piece of fruit and drink is provided, but you may want a few more nibbles.

If you are camping & eating communally:

- Folding chair
- Plate, knife, fork, glass and whatever cold beverages you prefer for evening

1.2 Camping

follow the road round to the right

take right turn up a tarmac road with speed humps



Our campsite is the Marshal Campsite behind Copse Corner.

1.2.1 Directions.

The way into the campsite is from Silverstone village.

From the A43, take the turning off for Silverstone circuit but go away from the circuit direction (if you are coming from the M1, the circuit is on your left, you need to turn right onto the bridge to cross the dual carriageway). Follow the road round as it bends right and take the third turn on the right up a tarmac road with speed humps. It should be signposted 'Marshal Campsite' and often has a sign stating that there is no access to the circuit. After another bridge back over the dual carriageway, keep to the left and the campsite is in the field at the end of the road, on the left.

Occasionally, Silverstone will decide not to use this route into the campsite. In this case the way in will be from the circuit's main gate. If this does happen, this will be posted on our webpage – check it before you set off.

1.2.2 Campsite Facilities

The campsite has water, toilets and showers (portacabins), electricity supply and chemical waste disposal. The electricity supply is from generators and you will need a male Commando connector to connect to the generator boxes. You can buy them in B&Q or other similar store.



John and Paul are in charge of the campsite and will allocate the medical team to one of the rows. Please try to fit in with any requests that they make of you. In particular, they need the caravans to be a certain distance away from each other and no cars, tents or vans should protrude into the lanes between rows as these are fire lanes.

For ease of finding the medical team, one of our caravans will have a red flag with white lettering "Keep calm and carry on" and a lit-up snake coiled up the flag pole.

1.2.3 Campsite Rules

The campsite has a noise curfew of 11pm. Please do not start engines or make loud noise/play loud music after this time. There is no problem drinking alcohol in the evening, but please do not overdo it, not only due to potential unruly behaviour but also because you will have to be fit to work early the next day. It goes without saying that the use of illegal drugs is not acceptable.

1.2.4 Guests

Your guest is allowed to stay on the marshals campsite provided that they stay in your tent / caravan. Please don't leave children to play round the campsite unattended (including teenagers during daytime, there have been attempted thefts in the past and they will be asked who they are and why they are there).

1.2.5 Evening Meals

The team will arrange communal food on Friday and Saturday evenings, as we do for ourselves at British Superbike meetings. We have volunteer cooks, so please let me know before the event if you want to be included in the numbers. The cost is £5 per night – staple the appropriately-sized note to the meal sheet that will arrive with your passes and hand it in when you sign on (if you've ordered food prior to the meeting and don't eat, you will still have to pay as they will have catered for you). Also let me know if you are vegetarian or have any food allergies.

There may be a Hogroast (pulled pork sandwiches) with the marshals on Saturday night, followed band in the marquee, but we have learnt from experience in previous years that that it is not enough to count as a full meal.

1.3 Parking

Those people who are camping can usually leave their cars near their tent or caravan. However, sometimes they will ask us to park our cars further along the campsite so that other people have the chance to camp on the flatter ground rather than on the sloping part of the field.

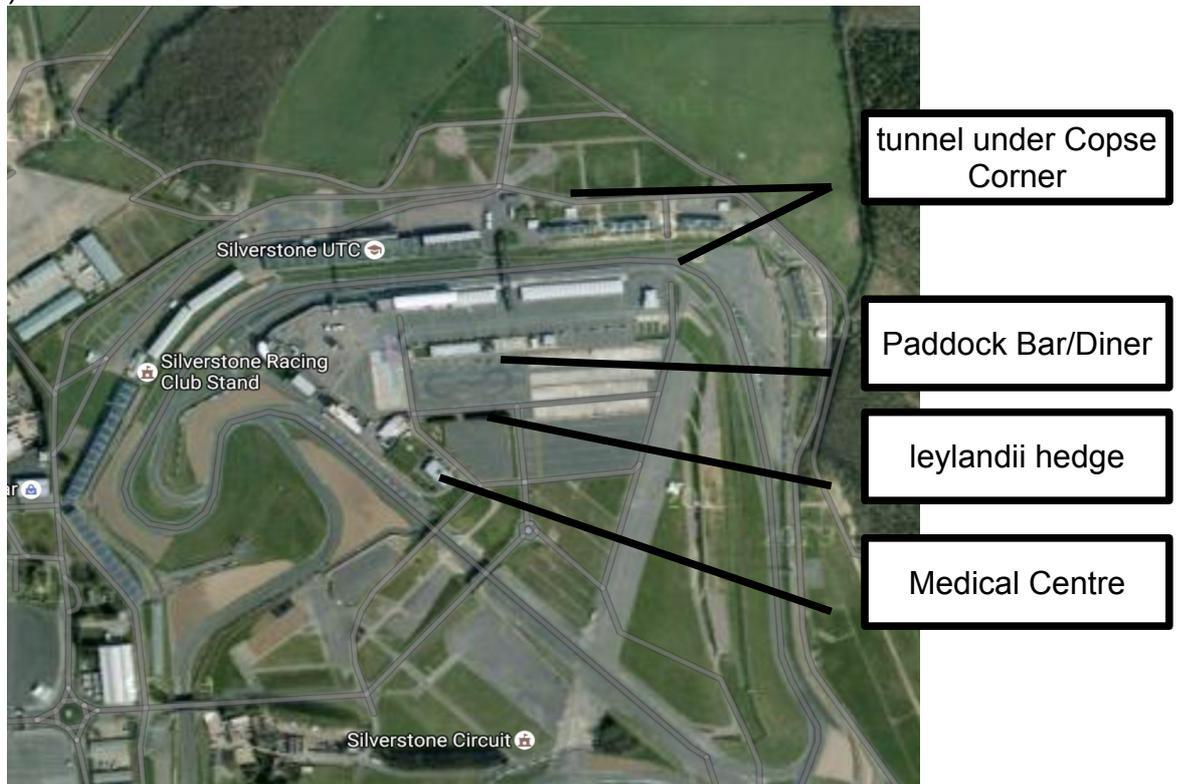
Daily parking is on the campsite. Please follow the directions to the campsite and leave yourself enough time to get from there to the Medical Centre (15 - 20 mins).

Security at Silverstone has been stepped up, in line with national security levels, so there may be a lot more checks at gates than in previous years.

1.4 Directions from Campsite/Parking to Medical Centre

Leave the campsite at the entrance and continue towards the circuit in front of you. You will need to show your wristband to get into the circuit.

Go through the Copse Tunnel (ahead and slightly to the left as you walk away from the gate)



As you come out of the tunnel, turn right and walk past the Paddock Bar/Diner, then turn left. The Medical Centre is ahead of you, behind the tall leylandii fir tree hedge.

1.5 Passes

You need to wear your Worker's Wristband at all times. Your guest will need to wear the wrist band for the appropriate day. This will allow them access into the normal public areas. It does not allow them to go trackside with you. Your guest does not have to come into the circuit at the same time as you (and, lucky them, can have a lie in).

2 At the beginning of the day

2.1 Sign on time

Sign on is at the **Medical Centre** between **7 and 7.30am**. You will be signing on with the medical team – not with the marshals who sign on in the marquee on the campsite. This means that you will have to be leaving the campsite/parking by 7am. Check the web page for your allocation – it is best to check on the morning and double check the paper allocations that will be on the walls of the staff room and the portacabin behind the Medical Centre.

2.2 Check list of what to bring from your car / the campsite

1. **Waterproof jacket** / coat, umbrella, chair, thermos
2. Sheet with your Friday evening **food order** and money stapled to it (see above)
3. Extra water / food
4. Suncream
5. Hat
6. Belt to hold up the overalls
7. Bag with enough space to get lunch pack in as well
8. (second and third days) Breakfast and lunch vouchers (see below)

2.3 Signing on

You need to complete the 'sign on sheet' in the Burns Room inside the Medical Centre. It states:

You must read and agree to the following in order to act as an official/marshal at this event. Please sign if you agree.

* I agree that I will act as an official at this event, in whatever capacity is requested of me by the organiser, and I confirm that I am competent.

* I confirm that I will inform the organiser immediately should any change in my condition occur which I have reason to or ought to have reason to believe would effect my ability to carry out my duties.

* I will inform the organisers immediately should I be asked to officiate in a position or capacity, which I do not feel confident or qualified to fulfil for any reason.

* I can confirm that I have familiarised myself with the track and the facilities thereof, and declare acceptance for the purpose of my duties. I have read and understood the manual and am competent to perform the duties outlined therein.

* I acknowledge that as an official I may be exposed to the risk of injury or death and accept such risks and I will undertake my duties with their associated risks with due and proper regard to my own safety

I will observe and obey all instructions given to me by the organisers.

Signing this form also means that you are included on the organiser's insurance

You will be given a pair of loan overalls in the size that you have told us. These must be returned at the end of the meeting.

You will also be given a MotoGP medical bib to wear over the overalls (and coat when you have it on). These should be returned on Friday or Saturday evening if you are not working the following day. After Sunday they are yours to keep. If you are not working on Sunday but would like to have a bib as a memento, please let Kat or Heike know and we will send you one at the end of the meeting but unfortunately we do need them all on Sunday and don't have spares to give away during the event.

Please note, the bibs are only to be worn by people who are signed on and working trackside. **Do not give your bib to anyone else** during the meeting.

2.4 Equipment

The paramedic or doctor on your corner will collect the ground post bag and radio. The scoop will be already delivered to the corner. You do not have to provide any medical equipment.

2.5 Food

A bacon or sausage or (for vegetarians) egg buttie is provided for each person each morning. A packed lunch of sandwich, crisps/biscuit, fruit and drink is provided. Given some people's enthusiasm to sample more than one or take "one for my friend" (mythical friend) in the past, you will have a sheet of breakfast and lunch vouchers for each day in your pack handed out at sign-on. Although this is inconvenient, it does mean that if you are last in the queue, you won't miss out because all the food has disappeared. (It doesn't mean that you will get your choice of butty or sandwich, so it's still worth being there early). Please remember to **bring your food vouchers** with you on the second and third days to exchange for the appropriate item.

2.6 Travel to the corner

Find the ambulance and paramedic or doctor that you are on post with.

Some corners are close by and you can walk to them.

For most corners, you will be able to get a lift "out to post" by ambulance. Please check the allocation to find out which ambulance to take. The colour coding indicates which ambulance you should take to get out on post. Most ambulances are lined up behind the medical centre on the old pit lane but some might be parked up in front of the centre.

3 On track

When you get out to post, introduce yourselves to the marshals and the Incident Officer (marshal in charge of the corner).

Check the scoop, that it is out to length (two stops out), and where you are best positioned.

3.1 Safety (with acknowledgement to the Racesafe Marshals Training Manual)

Your number one priority is always **your own safety** - you are no use to an injured rider if you are also injured and may take the medical resources away from them.

Things that go wrong are usually because basic, simple rules have been forgotten. Some good rules are:

Overalls should be fastened and sleeves down at the start of a session

Stay standing when bikes are on track, behind the protection (barrier)

Face the track and the direction of traffic

No smoking whilst bikes are on track

Don't use a camera, iphone, portable TV or anything that will distract you and potentially put you in danger. Not only does it look totally unprofessional (and you may well be seen on TV), it is impossible to maintain your personal safety whilst looking through a camera lens or at a screen.

When someone falls off:

Watch and assess an incident and see if the rider immediately starts getting to their feet or if there are other riders falling off behind them – you don't necessarily have to go out if they are already on their feet and moving towards the barrier and you don't want to be hit by a second bike

Don't go over the barrier protection before the marshals (or medic if you are a medical marshal),

Check the flags are out and remember to take the scoop stretcher

Always try to face the traffic

Get back behind the barriers as quickly as possible

You can't eliminate all risks but planning and good management can minimise them.

With the corner medic/medical marshal and the corner marshals, talk through your plan for any injuries – who will take the scoop, who will hold the head, who will be looking out for any dangers, who goes out if the rider starts to get to his feet.

Remember target fixation – you often get a second faller who is distracted by the action (same as people rubber necking when passing motorway crashes) and know that if you hear a whistle or someone pulls on the back of your collar, you need to move fast out of the way.

Remember, there are TV cameras and spectators all over the circuit. Not only should you stay safe, you should also look professional.

What is your opinion on this medic? (and yes, he was like this whilst bikes were on track, photo taken at end of session)



3.2 General marshal knowledge

Your role is to work with the corner medic to look after the rider. You are not expected to help with the bike or the track.

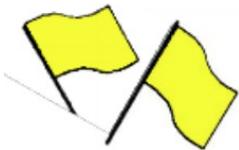
The following flag signals are for your information. If you are on track and “in imminent danger”, the marshals will wave a yellow flag to warn riders. This is your main protection although the marshals will bring out a hay bale to put between you and the track.

4.7 Standard Flags and their Meaning



Yellow (Waved): Danger, incident in this sector.

Yellow (Static): Caution incident ahead.



Double Yellow (Waved): Danger, there is a hazard wholly or partially blocking the track or other high risk situation. (Hazard will be between the track perimeter white lines)



White (Waved): There is a slow moving car, ambulance or similar vehicle on the track.

This flag indicates that the rider will encounter the vehicle in the current (or next) section of the track.

(Display in the 2 sectors preceding the vehicle)

(Add waved Yellow Flag where the vehicle stops)



Blue (Waved): Allow lapping rider to overtake.

This flag indicates to a rider they are about to be overtaken.



Green (Waved): All clear after incident.

Also shown at all flag posts on first lap of every practice and qualifying session and the sighting and warm up laps of races.

NOTE: The GREEN Flag must not be shown with any other flag.



Yellow with Red Stripes (Static): Surface Flag

Used to warn riders that they are approaching a section where adhesion has been reduced due to rain, oil, fuel etc or if there is some obstruction on the track (this could include rider, bike, debris and wreckage, gravel, dead animals etc).



Red (Waved): Stop Racing.

USE OF ALL OTHER FLAGS REMAINS VALID EXCEPT GREEN AND BLUE.

For example if your section is already displaying a waved yellow and stationary surface flag, then these flags must continue to be displayed until the incident is cleared. The red flag should also be shown, but may be given the lowest priority at the actual incident site, since it will already have been displayed by all other posts.

There are a few other flags that might be displayed – don't be frightened to ask the marshals why they are using that flag and what it means.

3.3 Medical duties

What injuries do you expect to see if a rider falls from their bike?

Most common are:

none (rider gets up unaided – and probably vaults the barrier better than you can) ...

you do not need to go over the barrier to help them

or/ minor (they require some help to get to behind the barrier)

The marshals use signals to indicate when medical assistance is required:



← raised arm
with clenched fist
– medical
assistance
required



→ arms swept
in and out at hip
level – scoop
stretcher needed

There should be two medical marshals with each corner paramedic or doctor. If there is one or no medical marshal, Racesafe marshals will be seconded. Please make sure they wear a medical bib and stand with you for inspection. All the Racesafe marshals have been trained in neck immobilisation, assistance in helmet removal and logrolling.

3.3.1 Minor injuries

The scoop stretchers are used to transport patients to a place of safety. Around the race track we do not use them for immobilisation and we do not split them – they are just a straightforward way of transporting someone who can't walk quickly and where, from watching the mechanism of injury, we are not concerned about head or spinal injuries.

If the rider **does not get to his feet** without assistance by the time that you are at his side with the scoop, ask him to get onto it so that you can lift it and get him and you out of danger. By all means be verbally firm but do not push or physically drag them onto the scoop.

If the rider does start getting to their feet but are unsteady, do not put one of their arms over your shoulders and half drag them through the gravel trap – use the scoop. If they **are able to walk**, just walk alongside them but not holding them. Some of the MotoGP riders have been manhandled at other events and they prefer the no-touch technique. Make sure to take the scoop and any bags back with you.

When transporting a rider on the scoop hold on to the wider parts of the scoop, where the main part of the body weight is, and walk with the rider's feet first. If you try to run you will fall over. If you go head first, the third person, holding the scoop at the head end, will be walking backwards and invariably will fall over. The embarrassment of having thousands of people see you do this from the grandstands and on TV is one thing, more importantly, you will drop the rider and take longer to get all of you to a safe place.

Once the rider is behind the barrier and assessed further, they can be declared Kilo 19 (no apparent injury) or, if there is an injury or any doubt, send them to the medical centre using an ambulance that can get to you using the non-track (infield) roads. Minor injuries include sprains, fractures of arms and legs or undetermined but the rider is limping or holding an arm.

3.3.2 Major injuries and medical cars

If a rider is unconscious, partially conscious or spinal or major injuries are suspected, the race will be stopped (red flagged). When this happens, you should continue to give immediate medical treatment. Do not move the rider off the track.

The medical cars, each with a British doctor and paramedic and members of the elite Spanish medical team, will come to the scene and join your groundpost team to fully assess the rider, stabilise and move them. The British medics in these 'Dorna cars' are Suzie, Simon, Anita and Paul.

3.3.3 Helmet removal

Helmet removal needs to be carried out by two people. Below are the instructions that Racesafe marshals are given in how to remove a helmet. Training helmets will be available on the campsite in the evenings and at the medical centre in the mornings if you want to practice removal. Keeping the neck still is paramount.

This procedure requires two marshals: designated Marshal 1 and Marshal 2:

- Marshal 1 positions themselves behind the rider's head so that they can grasp the crash helmet on each side to immobilise the helmet and head. Marshal 2, positioned at the rider's side, should then open the visor and remove any spectacles and any other obstruction to the airway e.g. gravel.
- Marshal 2 should then undo the helmet strap. Having done this Marshal 2 should immobilise the rider's head and neck by placing one hand at the back of the head and the other hand on the front of the face on the cheekbones. The aim is to safely support the skull front and back. Once Marshal 2 has established a firm hold they tell Marshal 1 that the head is held securely. (If it is not possible to reach the cheekbones at first, helmet removal is paused by both marshals in order that the front hand can be repositioned)
- Marshal 1 should then grasp the two helmet straps and, pulling outwards to flatten the padding; gently and slowly remove the helmet. Tilting the helmet backwards helps to clear the casualty's nose but care must be taken not to move the head. Throughout this procedure Marshal 2 must maintain a firm hold to prevent any head movement without restricting the rider's airway and must communicate if there is any movement or if they need to reposition their hands.
- Once the helmet is removed the head must still be supported by Marshal 2 until control is passed securely to another marshal or medic. To support the head, it is normally best to kneel behind the head so that the weight of the head rests on your knees with your hands either side of the head to prevent sideways movement. If the rider is conscious, try to avoid covering the ears. Whoever is holding the head and preventing neck movement must continue to do so until the neck is stabilised with cervical collar and side blocks and the head and body are secured on a board or scoop. Sometimes a medic will decide to hold the head rather than securing to board or scoop. This is called manual in-line stabilisation.

3.3.4 Log rolling

The aim of 'log rolling' a casualty is to keep the spine in a straight line with no twisting or bending that might damage the spinal cord and nerves more than has already happened. It is possible that someone can fracture their spine but break only the bones and not damage the nerves. Below are the instructions that Racesafe marshals are given in how to log roll:

If a spinal injury is suspected you may be asked to assist in log-rolling the rider onto a board or trackside scoop. The “3 hands under, 3 hands over” arrangement is used. Three marshals position themselves alongside the patient. The marshal at the head end places one hand over the rider onto the opposite shoulder and the other hand near the hip. The middle marshal places one hand over the hip and the other hand under the knee. The marshal at the foot end puts one hand under the thigh and the other hand under the lower leg/ankle. If you cross your hand over the hand of the marshal next to you, it is easier to move together, but this is not mandatory. The middle and foot-end marshals in the picture below show hands being crossed.



Another marshal will position the scoop stretcher on the other side of the rider, ready to put in place once the rider is rolled.

The person (normally the medic) holding the rider's head will issue the words of command. This, the 'head person', is in charge and is the only person who should be talking.

They will make sure that everyone is ready and tell the team what command words will be used to move, usually:

- “Ready”,
- “Brace”,
- “Roll”, “Up”, “Down” depending on move

Different medics may use different commands and the important thing is to **listen closely to the instructions**. Other commonly used commands are “Ready, Steady, Roll” and “1”, “2”, “3”, “Roll” or just “1”, “2”, “3”.

On the instructed command, the team work together to roll the rider onto their side keeping the spine straight and not twisted. When the rider is on their side the scoop stretcher is positioned in as close as possible, touching the rider's back.

3.3.5 Scoop stretcher

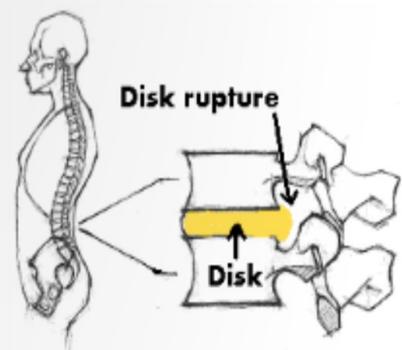
The scoop stretchers that are on your corner are purely to pick up a rider with minor injuries in order to carry him quickly and safely to and across the barrier. They should not be split as gravel and other debris tend to get into the closing mechanism and they can't be shut again easily or quickly. (There are examples on TV of teams thinking that they've closed their scoop and it opening and dropping the rider halfway across the gravel trap.)

In riders who have suffered a major injury or such is suspected, there will be a red flag and the attending ambulance will have a scoop. If you are on the tarmac or grass, the medical car personnel may decide to split the scoop, on gravel they may prefer not to.

3.3.6 Manual Handling

Riders can be heavy. Think about your, and the rider's, safety and bend your knees when lifting, not your back. The advice for Racesafe marshals in lifting bikes is exactly the same for us when lifting riders on scoops.

The use of Team Lifting Techniques is essential when moving bikes to reduce the risks associated with Manual Handling. However, the lower back and the spine are often the first areas to suffer as the result of improper manual handling and the effects can be cumulative. The small disc (seen here) can wear away and also be dislodged if incorrect lifting techniques are used. Always position yourself so that you can lift using your leg muscles and NOT your back.



3.4 Photos, Facebook and social media

Photos should not be taken while you are working and are banned whilst bikes are on track as taking photos will distract you. By the same token, using Facebook, Twitter etc during sessions will take your attention away from the track.

It is absolutely fine to use social media to say how lucky you are to be at MotoGP but please think about whether any other information is appropriate to share. Respect rider's and colleagues' confidentiality. If you have a complaint about any aspect of the event, please let me know rather than sharing it with the world first. Any photos of people acting daft will reflect on the event and them and it should be made clear that this did not occur whilst on duty. Please do not tag people in photos or posts unless you have their permission.

If in doubt about a post or a tweet don't

4 Conclusion

This manual has been written to inform people new to the event about the organisation and what is expected of them. As there are nearly 150 people in the medical team and a limited time each morning, it is very easy to feel quite disorientated in what appears to be a confusion of red, orange and green overalls, bags, cars and ambulances. Hopefully, this manual will let you know what is happening and what is expected of you, so that you can relax and eat your bacon buttie, secure in the knowledge that you have everything you need, know how to get out to post and what to expect there and that you are looking forward to a good day on track.

Some of these things mentioned here might seem too obvious to say, particularly to those who have been on a race track before. In fact, all of the things mentioned as 'not to do', have all been done by other people in the past. If you find errors or omissions in this manual, please let me know so that I can update it.

Please don't be afraid to ask about anything that you don't understand, or to practice helmet removal, neck immobilisation and log rolling either at the campsite, medical centre or behind the Armco barrier on track. And ask the marshals as well as medics – some of them have years of experience and are always willing to help us.

I hope that you have a good time during MotoGP and that we will see you again in future years.

Heike

Dr HC Romer
Chief Medical Officer, British round of motoGP

mobile (for urgent contact during the event) 07710 146787