

For many years, an experienced team of rescuers from the Extremum voluntary rescue squad from St. Petersburg (Russia) has been working at major HMB events held by the Buhurt League and HMBIA. Thanks to their well-coordinated work, high-quality and timely assistance was provided to thousands of HMB fighters. The squad specialists, led by their leader, Dmitry Golubev, are ready to help tournament organizers and give very practical advice on how to properly arrange a medical aid station and rescue teams during the HMB tournament. The squad has lots of experience in assisting high-risk events. We have collected as much advice as possible to ensure the safety of knightly battles of any kind.

Be prepared, this is a lot of information to take in. But it is very important to know! First of all, please note that a rescuer working in a zone of mass battles must clearly realize that he is working in a dangerous (red) zone; any mistake can cause injury to the rescuer himself. Directly near the lists we find the most prepared and physically strong members of the squad.

- **General principles of preparation**

1. Every rescuer must have medical insurance covering all types of trauma care.
2. Uniform (clothing / equipment) should be bright and contrast, visually distinguishing the lifeguard from the spectators and fighters. Symbols and / or inscriptions must unambiguously identify members of the squad as rescuers.
3. Allocated only for rescuers frequency must be configured at all. It is desirable to use the DCS / CTSS coding when working on the LPD-band (there is less probability to get on the air on crane operators / taxi drivers, etc.).
4. The use of closed headsets (in-ear) is recommended. Less noise for others while the actual messages are better heard and surrounding noise is cancelled out.

**The shift supervisor must have information about the resources for providing medical care, including:**

1. Coordinates and phone numbers of ambulance services
2. Telephone numbers and the address of the nearest organization (hospital) providing emergency trauma care in an outpatient mode (emergency department, emergency room, an ambulance station, out-patient department, etc.). Patients who are mobile and able to take care of themselves are sent there. It is a good idea to make "business

cards” in advance with these contacts in order not to waste time trying to give information, but to give them out to these victims so they can receive the care they need as soon as possible.

3. Address and phone numbers of the nearest hospital where victims can be delivered in cases of lack or shortage of emergency services

- **At the preparatory stage, it is necessary to communicate and negotiate with the participants of the event, including:**

1. **With team captains:**

2. Find out if the team has its own medical team or medical professional and get in touch with them. Contraindications, past injuries and allergies need be registered. explain the rescuers work scheme. Make sure they know who to talk to and how to act when they fear for a fighter’s safety.
3. Make sure any medical professional is aware they are required to report immediately when a fighter from their team is is evacuated from the list. He or she should know how the fighter’s armour works and how it can be removed.
4. Stress once again that the medical professional has the right to ban a fighter from returning to the fight if his or her life or health is in danger.
5. Find out if there are cultural factors in place. For some teams, having certain elements of equipment removed in the list is a thing of shame.

- **With marshals / judges of fights:**

Rescuers can stop the fight in the case of a threat to life or the risk of causing serious harm to health, if there is no other way to prevent it.

1. It should be clear to all participants and marshals before the fights how such an interruption is communicated; what words are used, what signs, who stops the fight etc.
2. Given the inevitable noise, the intensity at the time of the fight and the distance at the lists, the order by the team should be as loud as possible, clearly distinguishable and short.
3. Rescuers can conduct a medical examination of any fighter and remove him from continuing to fight for medical reasons, including outside the lists.

4. During the work of rescuers on the lists the course of the fight is suspended. Rescuers will make every effort to ensure that this suspension is the shortest, but cannot guarantee this in difficult cases.
5. Rescuers can change the placement of stands, benches or other areas from which the audience watches the fight if the positioning does not explicitly guarantee their safety.
6. When a victim is to be evacuated from the list, the following actions need to be taken (in order):
  1. Removal of any barriers between the site and the medical tent.
  2. Creating an evacuation corridor through the crowd
  3. Help with the removal of victims (with or without stretchers)
7. Make sure it is clear to everyone what the safety boundary is for and who is allowed to go in it. (accredited photographers, technical workers from the organizers and teams, spare fighters, marshals)

- **Before the first fight starts:**

1. Set up a medical center as close as possible to the list but at the same time accessible for an ambulance in case of an evacuation.
2. Make sure the medical center is well stocked on consumable goods for all necessary types of medical assistance.
3. Define escape routes and make sure a stretcher can be moved through it without hindrance. Make sure the escape route is still freely available with a large number of spectators at the event. Preferably, make sure the escape route goes through an area where unauthorized visitors don't go. Evacuation routes include the path from the list to the medical tent and from the medical tent to the ambulance transfer point.
4. Make sure the medical centre or medical tent is manned by at least two rescuers at all time.
5. Make sure there is a radio frequency for the rescuers, as well as a spare communication method

- **Immediately before the start of the fighting organizers should**

1. Make sure rescuers have optimal positions around the list. At a minimum, rescuers are positioned at the corners of the ring / lists, and with a bigger list - additionally on the side lines. The most experienced rescuers are located close to the exits.
2. Decide on primary and additional observation zones for the rescuers. Additional zones are usually opposite sides of the lists at the

observation point. This is because the fighting fighters can cover the entire field by themselves when they fight near the most rescuers. The additional zone serves as a safety net of the partner in this case.

3. Identify a zone that is dangerous for non-combatants. At a minimum, it should be the length of the longest weapon used in combat + 0.5 meter. The security zone of spectators should be visibly limited by any available means. When an unauthorised person enters the safety zone, marshals need to be notified and the person needs to be removed immediately. If the programme includes fights on horseback, the safety zone should be at least 2 meters wider.
4. Determine the personal escape route for rescuers in case of danger to their lives. It should be known that none of the fencing used is absolutely reliable and any fencing can be broken during the battle.
5. Make sure the radio works at all time.
6. Check the availability of personal equipment for the rescuers at the lists. We recommend they are equipped with at least:
  1. Cryotherapy: cooling aerosol cans, cold packs, a spray dispenser spraying water with a fine jet, etc.
  2. Turnstile hemostatic
  3. A well stocked first aid kit and at least a minimum stock of dressing material
  4. Lifeguard's scissors (Leatherman Raptor are very good), providing the means to easily cut through thick clothing, padded items, leather, canvas fabrics etc.
7. Ensure the presence of at least two stretchers at each lists in opposite corners, of which at least one must be outfitted with a transport shield or rigid stretchers to evacuate victims with the need to immobilize (head injuries, spine, pelvis).
8. Agree on a set of manual signs "help needed", "stretcher required", "no help needed" understandable to all rescuers, usually with their hands over their heads

- **At the time of the battle it is necessary to**

1. Continuously monitor the progress of the battle from a dedicated sector. Pay special attention to fighters who fell after being hit, especially upward facing; not raised from the ground at the end of the battle; having a characteristic loss of consciousness remember:
  1. The most frequent injuries include injuries of the joints and ligament tears, dissection in areas of loose fitting parts of armor and head injuries.

2. The most serious injuries include blows to the back of the head, blows to the neck and kidneys. Extreme danger is represented by blows to the face through the slits of the helmet.
  3. There is a risk of weapon breakage. Flying pieces can hit bystanders, including viewers, at a considerable distance.
  2. Be prepared to stop the fight in all cases when emergency assistance is needed.
1. Enter the list only after a marshal stopped the fight
  2. After the end of the fight, rescuers must check the status of all fighters from their observation zone.
  3. Immediately call an evacuation team if you suspect a serious fighter injury
  4. Conduct a primary inspection of the victim on the spot, before loading on a stretcher!
  5. To organize the evacuation of the victims while engaging the rest of the participants - so that the maximum number of rescuers remain in the battle zone. In addition, at least one rescuer must accompany each victim on a stretcher.
  6. Actively interrogate and inspect fighters leaving the ring. Periodically inspect fighters relaxing between fights / after a fight. Pay attention to the need to replenish water / electrolytes (there are teams that come to the ring without any water at all).
  7. At the time of the battle, absolutely all the fighters are in a very excited state, which can mask serious injuries. Take their reports of their own well-being with this in the back of your mind.
  8. At the end of the fighting, you should go around the camp, interviewing team captains, their doctors and / or fighters about injuries and / or status.

- **Individual recommendations**

1. In case of mild injury that allows to continue fighting, you should check with the fighter whether he plans to continue participation. Depending on this, it makes sense to adjust the type of bandage or even its position to prepare for an increase in weight.
2. In female battles, hysteria is not uncommon after injury to a fighter. An attempt to quickly find out the status in this situation will lead to nothing, you should first reassure the fighter and only then try to determine his/her condition.

3. When a fighter receives an injury (any), first of all it is necessary to remove the helmet, thereby ensuring air flow and eliminating hypoxia, as well as allowing the fighter to cool down
4. Immediately after the end of the battle, hypoxia is observed in almost 90% of the fighters within 1-2 minutes, due to the characteristics of the helmets, this should be taken into account

It is known that HMB is a tough and hard sport, so the rescue team just needs to have the dressings (bandages and other things to cover a wound) equipment with it. So take a look at the **general list**:

- bactericidal adhesive plaster of different sizes
- a roll of adhesive plaster like OmniFix
- regular, elastic and self-locking bandages - various sizes
- sterile wipes of different sizes
- cooling bags and sprays
- antiseptics
- Cervical immobilizer
- spatula wooden sterile
- fixing collars
- leather ties
- absorbent diaper

#### **Medicines:**

- ammonia solution or wipes to stimulate breathing
- painkillers
- antihistamines
- anti-inflammatory medication

This is just a basic set of first aid medication. Other medications can be added at the doctor's discretion. Please do take notice of the laws of the country in which the event is held, as some drugs may be prohibited.

#### **Equipment:**

- Blood glucose meter
- pulse oximeter
- tonometer
- phonendoscope
- thermometer

We also **remind** you that you must work with **local ambulance** teams and medical institutions of the cities where the tournament is held!