

MEDICAL COMMITTEE

Attend Host Town Meeting in Des Moines on March 10.

Break-out session with RAGBRAI Medical Director at Meeting in morning.

Chairperson's Role & Responsibilities

Advice from previous committee chairpersons of RAGBRAI overnight towns varies, but the top recommendation from all is to read the chapter pertaining to your committee. Familiarize yourself and your Co-chair (if you have one) with all the duties and responsibilities discussed in the handbook. Then educate your volunteers and co-workers about the content in your chapter. Reading the entire book is also recommended to eliminate duplication of effort among committees. Set up a budget immediately and establish a game plan. Then develop a timeline with specific completion dates for critical steps.

Keep these points in mind when conducting committee meetings:

- Have an agenda
- Keep meetings short, no longer than one hour
- Take minutes at each meeting
- Ask the Co-chairs to attend
- Prepare for contingencies ... "What if?"

These are the overall responsibilities of a committee chairperson. And above all else-

DON'T LET GREED BE THE MOTIVATOR. YOU SHOULD GET ALL AGREEMENTS IN WRITING. A COPY OF ALL AGREEMENTS SHOULD BE FORWARDED TO THE TREASURER.

RAGBRAI provides four ambulances staffed with at least eight medical professionals (paramedics, nurses and resident doctors) and at least one (usually two) first responder/EMS on motorcycle who patrol the bike route from early morning until the majority of riders are in. There is also a mobile ER stationed in the meeting town on the route each day. Because of their long hours, they're not normally set up in the overnight campgrounds unless they need to back up local officials in an emergency situation.

What to Expect

When there are 10,000 or more people on bicycles and you add sun, physical activity, strange water and eating habits, the results can be broken bones, heat and sun stroke, pulled muscles, sore knees, road rash, upset stomachs and other maladies.

Many of these ailments are treated on the road, but each overnight community will need to provide emergency medical service in the campground and possibly one in your downtown. Remind your medical volunteers to check for medic alert bracelets/necklaces before treating anyone. This simple step could save a lot of extra work.

Heat, humidity and wind are usually very big contributing factors during the ride!

In 2012, the temperatures topped 100 degrees for three straight days causing many heat related illnesses. Over 300 people were treated on the Monday in Lake View due to the extreme heat that riders experienced.

SUPPLIES

Most communities solicit donations of medical supplies and/or funds to purchase them for the first aid station. Here are some supplies the RAGBRAI medical coordinators recommend you have available:

<input type="checkbox"/> Caladryl	1 bottle
<input type="checkbox"/> Solarcaine	2-4 large cans
<input type="checkbox"/> Sunscreen	2 bottles
<input type="checkbox"/> Zinc oxide	1 large tube
<input type="checkbox"/> Neosporin	2 medium tubes
<input type="checkbox"/> Sterile water	1500 ml
<input type="checkbox"/> Hibiclens/Dawn dish soap	4 oz
<input type="checkbox"/> Eyewash solution	1-2 bottles
<input type="checkbox"/> 1 inch tape	6 rolls
<input type="checkbox"/> 4x4 (non-sterile) pads	1 loaf
<input type="checkbox"/> Thermometers	12 each
<input type="checkbox"/> Alcohol wipes	6 boxes
<input type="checkbox"/> Band-aids 1"	
<input type="checkbox"/> Knee Band-aids	100
<input type="checkbox"/> Kling roll gauze	2-3 dozen
<input type="checkbox"/> Telfa pads	2-6 dozen
<input type="checkbox"/> Elastic (coban) wraps	1 dozen
<input type="checkbox"/> Ziplock plastic bags	100
<input type="checkbox"/> Q-tips	100
<input type="checkbox"/> 1 small box tongue blades	12 sterile 12 non-sterile

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- Rest cots/lawn chairs 1 dozen
- Ice bags 20 large bags
- Solo drinking cups
- Adequate supply of drinking water
- Gatorade
- Steri-strips
- Advil * (** Not to be used as a pharmacy*)
- Tylenol * (** Not to be used as a pharmacy*)
- Benadryl* (** Not to be used as a pharmacy*)
- Pepto-Bismol or Imodium
- Maxi pads/tampons
- Blankets
- Fans

If your RAGBRAI Committee obtains non-profit status, medical supply companies may be able to write off their donation as a tax-deductible donation.

First Aid Station Location

If possible, try to locate your first aid station in an air-conditioned building or a tent in a shady area with plenty of fans. Your first aid station should be located near your main Information Center with easy access to the general campgrounds.



The station should be well marked with signage. Many communities use Red Cross flags to identify the location. The First Aid Station should also be identified on your town maps so guests can easily find the location when in need of care.

You should plan to operate beginning at 8:00 a.m. on the day riders arrive in your town until about 1-2 hours after the main activities are finished that evening. Riders should be directed to the emergency room if the first aid station is closed. Plan to re-open the next morning at 5:00 a.m.

FYI: Anyone seeking treatment must have a RAGBRAI wristband and be a registered participant in order to be covered by the appropriate release forms.

Make sure you get complete information from all participants, especially non-registered participants. Make sure that non-registered participants sign the appropriate release forms. The RAGBRAI Medical Director will provide these forms prior to the event.

The RAGBRAI Medical Director is Bob Libby. You will have a breakout session with Bob and the other Medical Chairs at the Overnight Town Meeting on March 10 in Des Moines to help with your planning.

The RAGBRAI Medical Director can be reached at:
Care Ambulance
PO BOX 261
Iowa City, IA 52246-0261
email: bob@careambulance.us
phone: 319-330-3655

By the end of May, the medical director would appreciate receiving a town map with the easiest accessible route marked to your hospital. The map is distributed to the four ambulance crews, other RAGBRAI personnel, the Iowa State Patrol and the County Sheriff's Department.

The Medical Committee Chairperson will work closely with the RAGBRAI Director and the RAGBRAI Medical Director while RAGBRAI is in your community.

The Medical Committee should have a transportation person on-call for patient releases from your local hospital. The RAGBRAI staff will pick up patients released from hospitals along the route outside of your community. Some of the RAGBRAI crew leaves for the next town in the evening, making it difficult to pick-up released patients after 7:00 pm. Please inform the RAGBRAI staff, in advance, of your contact and their phone number for late night pick-ups.

You will be given our emergency cell phone numbers prior to the ride so you can communicate with us. You will have 24-hour contact information for the RAGBRAI Director and the RAGBRAI Medical Director.

Please forward the RAGBRAI contact information to your Emergency Room Director and ask that they speak to a RAGBRAI Crew member directly to confirm pick-up of a released patient. (Cell phone voice mail messages are often difficult to retrieve)

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MEDICAL COMMITTEE TIMELINE & CHECKLIST

This is a schedule that worked for a town last year. Set a timeline that is reasonable for your community.

MARCH2022

- Determine how many volunteers you will need
- Meet with Electrical Committee regarding needs
- Budgets due to Budget/Fundraising Committee
- Attend the Overnight Town meeting in Des Moines and attend the break-out session for Medical Chairs with the RAGBRAI Medical Director

APRIL2022

- Determine how many First Aid Station(s) will be needed
- Meet with Campground Committee
- Determine locations of First Aid Stations

MAY2022

- Maps of community to RAGBRAI Medical Director
- Meet with Communications Committee
- Order needed medical supplies

JUNE2022

- Meet with Information Center Committee
- Staff assignments
- Inform the RAGBRAI staff of your contact and their cell phone number for late night pick-ups

JULY2022

- Training of medical team
- Volunteer orientation and training meeting

AFTER RAGBRAI

- Send out thank you notes
- Complete surveys
- Final meeting with RAGBRAI Staff

**RAGBRAI® MEDICAL BUDGET
GLENWOOD, IOWA (JULY 24, 2016)**

REVENUE

Medical Income	Budgeted	In-Kind	Actual
Sponsorship	0.00	1,000.00	0.00
<hr/>			
TOTAL REVENUE	\$0.00	\$1,000.00	\$0.00

EXPENSES

Medical Expenditures	Budgeted	In-Kind	Actual
Medical Staff T-shirts & Hats	0.00	0.00	289.80
Tent Rental (Red Cross)	0.00	500.00	0.00
Medical Supplies	1,000.00	500.00	224.70
Miscellaneous	0.00	0.00	0.00
<hr/>			
TOTAL EXPENSES	\$1,000.00	\$1,000.00	\$514.50

	Budgeted	In-Kind	Actual
Total Revenue	\$0.00	\$1,000.00	\$0.00
Total Expenses	\$1,000.00	\$1,000.00	\$514.50
TOTAL PROFIT/LOSS	-\$1,000.00	\$0.00	-\$514.50

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TO: All Hospitals along the RAGBRAI® Route

FROM: RAGBRAI® Medical Coordinator

SUBJECT: The Register's Annual Great Bicycle Ride Across Iowa

In the interest of insuring adequate, timely and appropriate medical care to RAGBRAI riders, we offer the following information and welcome you to one of the most demanding weeks as RAGBRAI stops in your community.

The goal of the RAGBRAI Medical Service is to provide coverage on the route while working in unison with all local services and personnel and making RAGBRAI another great success. Our intent is not to intrude on the services you provide.

WHO and WHAT is RAGBRAI MEDICAL SERVICE?

- 4 fully authorized Advanced Life Support level ambulances.
- Comprised of Doctors, Nurses, and Paramedics.
- Contracted by The Des Moines Register to provide care along the RAGBRAI specified route.
- On duty from 6:00 am to 6:00 pm.
- Radio call numbers: **R-2, R-3, R-4, R-5.**

COMMUNICATIONS

- **Law Enforcement-** Able to be reached using V LAW **155.475**
- **Ambulance/Hospital-** Able to be reached using V MED **155.340** or V LAW.
- **Dispatch-** Communicate using the V LAW frequency.
- **Dispatchers-** Ambulance call for "**ANY RAGBRAI AMBULANCE**"
- If no response call **319-512-8811** which is a cell phone that will be with the RAGBRAI ambulances.
- If still no response, call your local service to respond.
- Remember to notify the rider that the RAGBRAI Information Trailers located in the Downtown and Campgrounds will have answers to their questions and to try there first.

RESPONSE OF LOCAL SERVICE TO CALLS

- Your service to your local community is first priority.
- If RAGBRAI riders are involved we would like to have RAGBRAI AMBULANCES dispatched.
- RAGBRAI Medical Services does not respond to support group routes unless Mutual Aid is requested by the local service.

319.512.8811 • P.O. Box 261 Iowa City, IA 52244 • care@careambulance.us



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CARE AMBULANCE SERVICE



TRANSPORTING

- Our units will be transporting to the nearest local facility.
- Recommend Hospitals be staffed with a minimum of 2 RN's in the Emergency Room.
- Common bottle neck areas are Registration, X-ray, and Physician waiting time.
- Recommend to have a pool of people to be "On Call" if needed.
- Our ambulances are willing to help if we are not busy along the route. Don't be afraid to ask for the extra set of hands.

INFORMATION

- After discharge of a **registered RAGBRAI rider**, have them contact T.J. Juskiewicz, Director of RAGBRAI at 515 -371-3369 for a ride to the overnight town.
- We complete our charts as soon as possible during the day. Most of the time it is difficult for us to deliver our charts to your ER until the week following RAGBRAI.
- Information we request from you are two items: 1) What phone number we can call to direct patient reports to without going through your hospital operator? 2) What is your fax number and what name should we put on the fax cover sheet to ensure our reports are confidential but still meeting the state required continuation of patient care? Please email this information to care@careambulance.us prior to the start of RAGBRAI.

END STATISTICS

- We ask that you take the time to better equip us for the future by sending us your end stats. Use the enclosed medical log form. Examples: Number of patients treated in the first aid and ER, the conditions most treated, etc.
- You may send them to: **Care Ambulance, PO Box 261, Iowa City IA 52244.**
- Or email us at care@careambulance.us.

If you have any further questions or comments, please don't hesitate to call.

LAST BUT NOT LEAST: HAVE FUN!!

Thank you all in advance for your support in making RAGBRAI XLI a safe and successful ride across Iowa.

Sincerely,

Bob Libby
RAGBRAI Medical Coordinator

319.512.8811 • P.O. Box 261 Iowa City, IA 52244 • care@careambulance.us



CARE  **AMBULANCE SERVICE**



TO: Law Enforcement Professionals & Dispatch Centers
FROM: RAGBRAI® Medical Coordinator
SUBJECT: The Register's Annual Great Bicycle Ride Across Iowa

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PAGE, WOLFBERG & WIRTH, LLC SAMPLE EMS "INFORMED DECISION-MAKING" FORM – Version 1.4

PATIENT ASSESSMENT

Patient Name: _____ Date: _____

(A) LEGAL CAPACITY

NOTE: If answer to at least one of the questions in this section is "YES," the patient may sign this form in most states. If "NO" to all, signature of legally authorized decisionmaker required. Check your state law for other exceptions.

Patient over 18? Yes___ No___ If minor, is patient married? Yes___ No___ If minor, is patient pregnant? Yes___ No___

Comments/Quotes/Observations: _____

(B) MENTAL CAPACITY

NOTE: If "YES" to any question in (B), Patient *may* lack capacity to refuse care, though this is a fact-specific determination and consultation with medical command is encouraged. Do not release Patient or allow to sign Form unless explanation noted or, if Patient is less than 18 years of age, the Form is signed by Parent or legal guardian.

Disoriented to: Person? Yes___ No___ Possible ETOH/drug use? Yes___ No___ Odor of ETOH? Yes___ No___
Place? Yes___ No___ Admitted by Patient? Yes___ No___ Unsteady gait? Yes___ No___
Time? Yes___ No___ Slurred speech? Yes___ No___

Comments/Quotes/Observations: _____

(C) MEDICAL CAPACITY

NOTE: If "YES" to any question in (C), Patient *may* lack capacity to refuse care, though this is a fact-specific determination and consultation with medical command is encouraged. Do not release Patient or allow to sign Form unless explanation noted or, if Patient is less than 18 years of age, the Form is signed by Parent or legal guardian.

Head injury? Yes___ No___ ALOC? Yes___ No___ Abnormal glucose? Yes___ No___ READING: _____
Abnormal pupils? Yes___ No___ Severe SOB? Yes___ No___ Abnormal SAO2? Yes___ No___ READING: _____

Comments/Quotes/Observations: _____

(D) MEDICAL COMMAND Physician name: _____ Contacted by: phone _____ radio _____ on scene _____
Orders: Release Patient _____ Use Reasonable Force/Restraint to Treat _____ Transport _____

Comments/Quotes/Observations: _____

(E) DESTINATION/DIVERT Diverted by: _____ Diverted to: _____
Reason: _____
Destination instructions voiced by patient: _____

(F) PROVIDER SIGNATURE Crew Member Signature _____ ID. No. _____

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PATIENT ADVICE

PATIENT NAME: _____ DATE: _____

This form is being provided to me because I have: (check all that apply)

- REFUSED ASSESSMENT REFUSED TREATMENT REFUSED TRANSPORT
- INSISTED ON BEING TRANSPORTED TO A HOSPITAL OTHER THAN THAT WHICH THE EMS PERSONNEL RECOMMEND

I understand that the EMS personnel are not physicians and are not qualified or authorized to make a diagnosis and that their care is not a substitute for that of a physician. I recognize that I may have a serious injury or illness which could get worse without medical attention even though I (or the patient on whose behalf I legally sign this document) may feel fine at the present time.

I understand that I may change my mind and call 9-1-1 if treatment or assistance is needed later. I also understand that treatment is available at an emergency department 24 hours a day or from my physician. If I have insisted on being transported to a destination other than that recommended by the EMS personnel, I understand and have been informed that there may be a significant delay in receiving care at the emergency room, that the emergency room may lack the staff, equipment, beds or resources to care for me promptly, and/or that I might not be able to be admitted to that hospital.

I acknowledge that this advice has been explained to me by the ambulance crew and that I have read this form completely and understand its provisions. I agree, on my own behalf (and on behalf of the patient for whom I legally sign this document), to release, indemnify and hold harmless the ambulance service and its officers, members, employees or other agents, and the medical command physician and medical command facility, from any and all claims, actions, causes of action, damages, or legal liabilities of any kind arising out of my decision, or from any act or omission of the ambulance service or its crew, or the medical command physician or medical command facility.

I also acknowledge receipt of the ambulance service’s Notice of Privacy Practices.

OTHER SPECIFIC INSTRUCTIONS TO PATIENT: _____

Signature of: Patient Parent Legal Guardian

_____ Date

Witness Signature

IF PATIENT REFUSES TO SIGN: I attest that the patient has refused care and/or transportation by the emergency medical services providers. The patient was informed of the risks of this refusal and refused to sign this form when asked by the EMS providers.

Witness Signature

Print Name

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