

MEDICAL PLAN

Gaucho Trail Motor Challenge 2026

EMERGENCY PROCEDURES:

1. Emergency Contact Numbers:

1.1 Argentina:

- Integrated Emergency Services Number: **911**
- Ambulance: **107**
- Fire: **100**
- Police: **101**
- Civil Defence: **103**

Operational Note: Dialling 911 will connect to the integrated emergency services system and can be used for all emergency services. Direct dial to specific emergency services are also shown above.

1.2 Brazil:

- Ambulance: **192**
- Fire: **193**
- Police: **190**
- Federal Highway Police: **191**
- Civil Defence: **199**

1.3 Chile:

- Ambulance: **131**
- Fire: **132**
- Police: **133**
- Mountain Rescue **136**

1.4 Paraguay:

- Integrated Emergency Services Number: **911**
- Ambulance: **141**
- Fire: **132**
- Police: **911**

Operational Note: Dialling 911 will connect to the integrated emergency services system and can be used for all emergency services. Direct dial to specific emergency services are also shown above.

1.5 Uruguay:

- Integrated Emergency Services Number: **911**
- Ambulance: **105**
- Fire: **104**
- Police: **911**

Operational Note: Dialling 911 will connect to the integrated emergency services system and can be used for all emergency services. Direct dial to specific emergency services are also shown above.

EMERGENCY PROCEDURES:

2. Actions in an Emergency:

In case of emergency and you need call for help, use the **Emergency Contact Numbers** shown at (1.).

2.1 **Dynamic Risk Assessment:** STOP! Undertake a dynamic risk assessment and do not proceed unless it is safe to do so. Do this first before any other actions. Maintain enhanced situational awareness throughout and withdrawal if the situation changes and becomes unsafe. If unable to proceed due to safety concerns, use the Emergency Contact Numbers to call for help and observe from a safe distance.

2.2 **RTC Self-Extrication:** For road traffic collision (RTC), assess whether the casualty is conscious and able to self-extricate from the vehicle, for example: not physically trapped and physically able to self-extricate. If able to do so, ask the casualty to step out of the vehicle (self-extrication) and move to a safe area. Assess using the DR MARCH Primary Survey and call emergency services if required using the Emergency Contact Numbers.

2.3 **RTC Snatch Rescue**: If the casualty is unable to self-extricate due to injury but they are not trapped by the vehicle, you may need to remove the casualty (snatch rescue) in case of fire. After a dynamic risk assessment, perform a snatch rescue and move the casualty to a safe area. Assess using the DR MARCH Primary Survey and call emergency services using the Emergency Contact Numbers.

2.4 **RTC Trapped – Stable Vehicle**: If the casualty is unable to self-extricate and is trapped due to vehicle damage, undertake a dynamic risk assessment. If the vehicle is stable and safe to approach, assess the casualty in the vehicle using the DR MARCH Primary Survey and call emergency services using the Emergency Contact Numbers.

2.5 **RTC Trapped – Unstable Vehicle**: If the vehicle is unstable and not safe to approach, call emergency services using the Emergency Contact Numbers, do not approach the vehicle and observe remotely. Please be aware that unstable vehicles may roll and cause further casualties. If in doubt, do not approach and wait for emergency services.

2.6 **Cardiac Arrest**: If the casualty is unresponsive and not breathing / not breathing normally, they are in cardiac arrest. Immediately begin CPR (30 compressions to 2 breaths) and locate the nearest automated external defibrillator (AED). Ensure emergency services are contacted immediately using the Emergency Contact Numbers.

2.7 **Anaphylaxis**: If a person has a known severe allergy and has been exposed to a trigger, locate the person's adrenaline auto inject (EPI / JEXT), and administer as per the instructions on the injector. Ensure emergency services are contacted immediately using the Emergency Contact Numbers.

2.8 **Other Traumatic / Medical Emergencies**: Always undertake a dynamic risk assessment before proceeding. If it is safe to approach the casualty, assess using the DR MARCH Primary Survey. Contact the emergency services using the Emergency Contact Numbers

2.9 **HERO-ERA / Medical Team Escalation Procedures:**

- Your priority during an emergency is to ensure your own safety and call the emergency services using the Emergency Contact Numbers.
- Once done, you should escalate the emergency to HERO-ERA / Medical Team using the Medical Team and Escalation Contact Details (5).

EMERGENCY PROCEDURES:

3. Calling for Help:

Call for help using the **Emergency Contact Numbers** and give as much detail of the incident as possible.

3.1 Identifying Your Location:

- Exact address or nearest road / intersection
- If on a motorway / major road, specify which direction / carriageway
- Nearest identifiable landmark
- Town or province
- Latitude / Longitude (Decimal Degrees format (DD))
- What 3 Words (W3W) location

3.2 Details of the Emergency: Give as much detail regarding the emergency as possible, for example:

- What happened?
- Number of casualties?
- Type of injuries – major bleeding, unresponsive, not-breathing?
- CPR in progress?
- Hazards at the site?

3.3 Communicating Using Latitude / Longitude:

Communicating Latitude / Longitude:	
Coordinate System:	WGS 84 latitude / longitude in decimal degrees (DD)
Order:	Latitude first, longitude second
Cardinal Direction:	Both coordinates will normally be negative: south latitude and west longitude
Precision:	Give at least five digits after the decimal point
Example:	-34.60372, -58.38159 Say: *'latitude minus three four point six zero three seven two. Longitude minus five eight point three eight one five nine'*
Confirm:	Ask the operator to read the coordinates back. Correct any errors. Take the operator's name and timestamp the call
If Sending a Runner:	Write the coordinates and incident details down. The runner must report the incident and take the name of the recipient and timestamp when delivered.

EMERGENCY PROCEDURES:

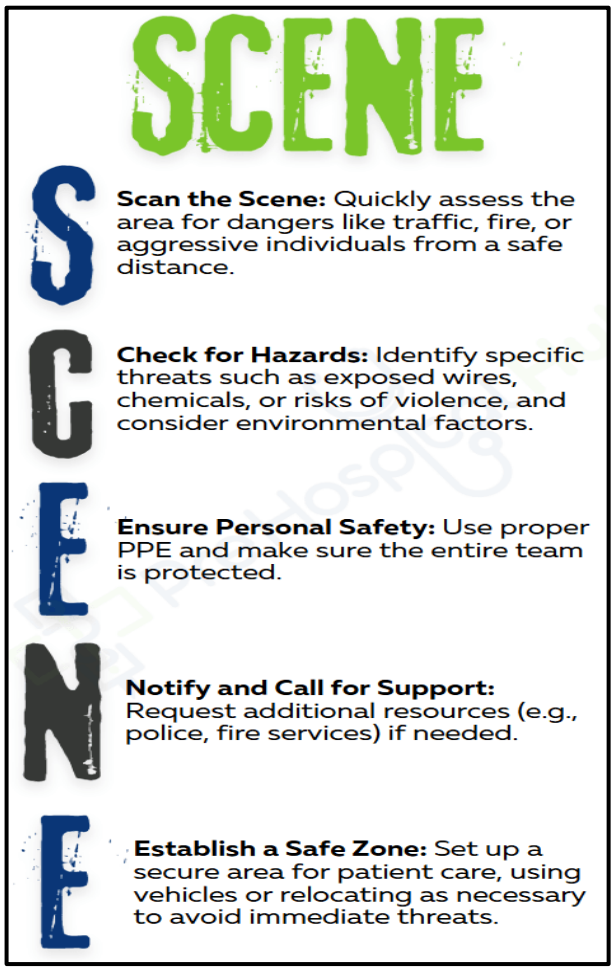
4. FIRST AID – DR MARCH Primary Survey:

Primary Survey: A system to identify and treat life-threatening injuries and illnesses.

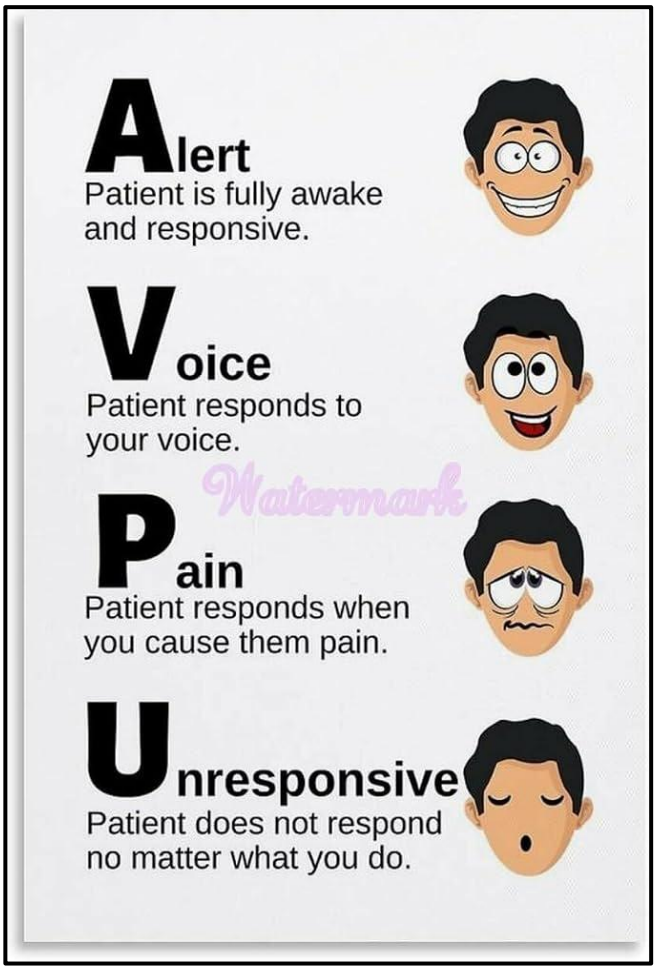
4.1 **D – Dynamic Risk Assessment / SCENE Safety**: STOP! Undertake a dynamic risk assessment and do not proceed unless it is safe to do so.

4.2 **R – Response**: Check the casualty's response using the A V P U scale:

Dynamic Risk Assessment (SCENE):



Response:



4.3 DR MARCH Primary Survey:

DR MARCH Primary Survey

D R — Dynamic Risk Assessment / Check Response:

D	**Dynamic Risk Assessment**	STOP! Do not proceed unless it is safe to do so. Assess SCENE safety
R	**Response**	Use the AVPU scale (Alert, Voice, Pain, Unresponsive) to check responses

M — MASSIVE HAEMORRHAGE / LIFE-THREATENING BLEEDING:

D	**Direct Pressure**	Direct pressure using fingers, hands, bandages
H	**Haemostatic Gauze**	Pack wounds using haemostatic gauze combined with targeted direct pressure
T	**Tourniquets**	Use Co-TCCC recommended tourniquets

A — AIRWAY:

C	**Consider C-Spine**	Does the mechanism suggest a potential neck injury?
O	**Open**	Open the airway without moving the head
L	**Look Inside**	Look inside for obstructions and clear using postural drainage, suction etc
M	**Manual Manoeuvres**	Use head-tilt-chin-lift or jaw thrust. Jaw thrust if you have C-spine concerns
A	**Adjuncts**	NPA and OPA
S	**Supraglottic / Surgical Airway**	I-Gel or other supraglottic airways. Surgical airway as an airway of last resort

R — RESPIRATORY:

R	**Rate**	Goalposts of Life (10 – 30 RPM)
V	**Volume**	Effort of breathing (assessor muscle use, recessions etc
F	**Feel**	Feel the chest wall for crepitus and other injuries and symmetry
L	**Look**	Look for injuries
A	**Armpits**	Check the junctional areas for penetrating injuries and wounds
P	**Press**	Press the chest for signs of pain or discomfort
S	**Sides and Back**	Ensure you check the sides and back for hidden penetrating injuries or wounds
W	**Wounds**	Check the junctional areas for penetrating injuries and wounds
E	**Emphysema**	Look for signs of air leaking into the surrounding tissue
T	**Tracheal Deviation**	Tracheal deviation is a late-stage sign of a tension pneumothorax

C — CIRCULATION:

P	**Pulse**	Goalposts of Life (40 – 120 BPM)
C	**Capillary Refill Time**	Press for 5 seconds and monitor for return of circulation in <2 seconds
B	**Blood on the Floor**	Blood on the floor plus 4 more – chest, abdomen, pelvis and long bone check

H — HEAD / HYPOTHERMIA / HEAT:

R	**Response**	Use the AVPU scale (Alert, Voice, Pain, Unresponsive) to re-check responses
P	**Pupils**	Check pupils using PEARL in head injury
W	**Wounds**	Check the head for wounds, racoon eyes, battle sign, leaking CFS
B	**Blood Glucose**	Any neurological deficit – check blood glucose level (4 -8 mmol)
P	**Protection**	Protect the casualty from the environment – hypothermia is a killer in trauma
P	**Prolonged Field Care**	PFC delayed or compromised evacuation – revaluation and improvised care
E	**Evacuation**	Prepare for evacuation – packaging, documentation and handover

ALWAYS WORK AT YOUR SKILL LEVEL AND WITHIN YOUR SCOPE OF PRACTICE

Contents

Section 1 – EMERGENCY PROCEDURES:

1. Emergency Contact Numbers 2

2. Actions in an Emergency 4

3. Calling for Help 6

4. First Aid 8

Section 2 – General Information:

5. Medical Team and Escalation Contact Details 10

6. Event Overview 11

7. Medical Planning 12

8. Evacuation and Rescue 13

9. Communications Plan 15

Section 3 – Risk Register:

10. Risk Register 17

11. Minor Injury and Medical Problems 20

12. Notes 24

5. Medical Team and Escalation Contact Details:

5.1 Medical Team 1:

Jason Wing
+44 (0) 7977 483 515
Jason.wing@iqarus.com

5.2 Medic Team 2:

Nicholas Stronge (Nick)
+44 (0) 7872 880 216

5.3 Chief Medical Officer (Telemedicine):

Professor Mansoor Khan
+44 (0) 7446 101 912
manskhan@doctors.org.uk

5.4 HERO-ERA Gaucho Trail Medical Channel:



5.5 Clerk of the Course:

Kim Bannister
+44 (0) 7887 556 088

5.6 Deputy Clerk of the Course:

James Philips
+44 (0) 7970 723 460

6. Event Overview:

6.1 Event Overview: HERO-ERA Gaucho Trail Motor Challenge 2026:

The HERO-ERA Gaucho Trail Motor Challenge 2026 is a long-distance historic endurance rally organised by HERO-ERA, taking place between 2 and 28 November 2026. The event covers approximately 11,000 km over 28 days, traversing South America and visiting Uruguay, Brazil, Paraguay, Argentina and Chile before returning to Uruguay.

The rally is designed as a navigation and endurance challenge for historic vehicles rather than a speed event. Participants travel on a mixture of public roads and remote routes, passing through a wide range of geographical environments including grasslands, mountain regions, forests, deserts and remote rural communities

6.2 Route Summary:

The rally begins and ends in Montevideo, Uruguay. The route summary is shown below:



7. Medical Planning:

7.1 Mission Aim:

Provide immediate on-scene assessment, treatment, and stabilisation. Coordinate rapid evacuation and link-up with local emergency services and definitive care facilities.

7.2 Key Threats and Risks:

- High-Impact: Road traffic collisions, minor trauma hospital attendance.
- Environmental**:** Heat illness and sun exposure, fatigue, altitude.
- Clinical**:** Travellers' Diarrhoea and exacerbation of pre-existing conditions.

7.3 Critical Operational Constraints:

- Delayed Care: Definitive medical care *will* be delayed by remote mountain / rural terrain, border crossings, and communication dropouts.
- Complications**:** Expect local language barriers to impact emergency service coordination.

7.4 Medical Team and Capability:

- Field Crew: 2 x medics (1 x Paramedic: 1 x EMT)
- Trauma and Basic Life Support Medical Pack
- Reach-back Support**:** Chief Medical Officer (CMO) via telemedicine

7.5 Trauma and Basic Life Support Medical Pack:

- 1 x LifePak 1000 Automatic External Defibrillator (AED)
- Trauma pack containing haemorrhage control kit (tourniquets, haemostatic gauze, trauma bandages)
- Pelvic and traction splints
- Supplemental oxygen and masks (O2 to be sourced in-country)
- Environmental protection (Blizzard blankets)
- Adrenaline auto injector (JEXT) plus adrenaline ampules
- Fluid resuscitation
- Various dressings and bandages
- Over the counter (OTC) pain relief
- Basic monitoring kit (SPO2 monitor, blood pressure cuff, tympanic, blood glucose monitor)

8. Evacuation and Rescue:

8.1 In case of emergency and you need call for help, Refer to the Emergency Procedures in Section 1.

8.2 Below is a list of hospitals along the route.

Day	Country	Location	Emergency Department / Hospital	Address / Contact
-2 to 0	Uruguay	Montevideo	Hospital Maciel	25 de Mayo 174, Montevideo. Tel: +598 2915 3000
1	Uruguay	Rivera	Hospital Departamental de Rivera Dr. Andres Toriani	Bv. Presidente Viera s/n, Rivera. Tel: +598 4622 3307
2	Brazil	Santa Cruz do Sul	Hospital Santa Cruz Emergency Department	Rua Fernando Abott 174, Santa Cruz do Sul. Tel: +55 51 3713-7400
3	Brazil	Chapeco	Hospital Regional do Oeste (HRO)	Rua Florianopolis 1448-E, Chapeco. Tel: +55 49 3321-6500
4 & 5	Brazil	Foz do Iguacu / Iguazu Falls	Hospital Itamed (formerly Hospital Ministro Costa Cavalcanti)	Av. Gramado 580, Foz do Iguaçu. Tel: +55 45 3576-8000
6	Paraguay	Asuncion	Hospital de Trauma Prof. Dr. Manuel Giagni	Av. General Santos y Teodoro Mongelos, Asuncion
7	Argentina	Posadas	Hospital Escuela de Agudos Dr. Ramón Madariaga	Av. Marconi 3736, Posadas. Emergency: +54 376 4443777
8	Argentina	Resistencia	Hospital Julio C. Perrando	Av. 9 de Julio 1100, Resistencia
9	Argentina	Santiago del Estero	Hospital Regional Dr. Ramon Carrillo	Av. Belgrano Sur 2273, Santiago del Estero
10 & 11	Argentina	Salta	Hospital San Bernardo	Av. Jose Tobias 69, Salta. Tel: +54 387 4320300
12	Argentina	Cafayate	Hospital Nuestra Senora del Rosario	12 de Octubre & Gral. Paz, Cafayate. Tel: +54 3868 42-2011
13	Argentina	La Rioja	Hospital Regional Enrique Vera Barros	Olta y Madre Teresa de Calcuta, La Rioja
14	Argentina	San Juan	Hospital Dr. Guillermo Rawson	Av. Guillermo Rawson 494 Sur, San Juan. Tel: +54 264 4294700

15 & 16	Chile	Vina del Mar	Hospital Gustavo Fricke	Alvarez 1532, Vina del Mar
17	Chile	Chillan	Hospital Clínico Herminda Martín	Francisco Ramírez 10, Chillán
18	Chile	Pucon	Hospital San Francisco de Pucón	Uruguay 325, Pucón, Araucanía, Chile. Tel: +56 45 2441177
19	Argentina	Villa La Angostura	Hospital Dr. Oscar Arraiz	Boulevard Nahuel Huapi 1107, Villa La Angostura, Neuquén
20	Argentina	Zapala	Hospital Zapala Dr. Jorge Juan Pose	Luis Monti 155, Zapala, Neuquén. Tel: +54 2942 431555
21	Argentina	Malargue	Hospital Regional Malargüe	Av. Gral. Roca y Aldao, Malargüe, Mendoza. Tel: +54 260 4471858
22 & 23	Argentina	Mendoza	Hospital Central de Mendoza	Av. Alem 3050, Mendoza
24	Argentina	Villa Carlos Paz	Hospital Municipal Dr. Gumersindo Sayago	Av. Presidente Juan D. Perón y Brasil, Villa Carlos Paz, Córdoba. Tel: +54 3541 436447
25	Argentina	Santa Fe	Hospital Jose Maria Cullen	Av. Freyre 2150, Santa Fe
26	Uruguay	Salto	Hospital Regional Salto	Cervantes y José Pedro Varela, Salto, Uruguay. Tel: +598 4733 3333 / 4733 2155
27	Uruguay	Montevideo	Hospital Maciel	25 de Mayo 174, Montevideo

9. Communications Plan:

9.1 PACE Plan:

A PACE plan is a communications resilience framework that sets out four progressively less-preferred ways to communicate:

P – Primary: the normal, preferred method.

A – Alternate: the next method used if the primary option is unavailable or unsuitable.

C – Contingency: a less convenient but workable backup.

E – Emergency: the last-resort method used when the other systems have failed.

Level	Communications Method	Intended Use
Primary	Mobile Phone (voice)	Urgent operational coordination, incidents, breakdowns, route changes, welfare concerns
Alternative	Mobile Phone (data)	Routine reports, locations, photographs, non-urgent coordination. Text and voice messages may transmit when coverage returns. Examples: What's App / Signal
Contingency	Hotel Wi-Fi	Arrival confirmation, detailed evening reports, route and weather reports and downloads, administration and contacts with home and office
Emergency	Runner / In-Person	Life-threatening emergency, prolonged loss of communications Send a runner to nearest vehicle, control point, hotel, public place, emergency services etc. Ensure full details are emergency are carried including location, casualties etc

9.2 Signalling for Help:

If you find yourself in a communications black spot and need help. Signal for help using one of the following methods so that passing vehicles can see you and assist:

- Stand in a prominent high position near your vehicle and wave your arms above your head.
- If you have a whistle, use the international distress signal:
  - Distress call: 3 short sharp whistle blasts every minute.
  - Rescuer Response: Respond with 3 whistle blasts.
  - You should continue the distress call even if you have a response so that the rescuer can focus in and find your location.
  - Alternatively, if still functional, use your vehicle horn
  - In darkness hours, if still functional, use your vehicle headlights to flash the distress signal.

9.3 Gaucho Trail Medical Channel:



9.4 Language barriers:

Where language barriers exist, communication can be facilitated through translation technology or by utilising the local language capabilities and cultural insights of other event participants.

10. Risk Register:

10.1 Summary Risk Register (with mitigations):

Hazard	Likelihood	Severity	Score	Risk Level
Delayed Access to Emergency Care	3	4	12	**Medium**
Road Traffic Collision	2	4	8	**Low**
Major Trauma	2	4	8	**Low**
Medical Emergency	2	4	8	**Low**
Anaphylaxis	2	4	8	**Low**
Language Barrier During Emergency Call	2	4	8	**Low**
Vector Borne Disease	2	4	8	**Low**
Heat Related Illness	2	3	6	**Low**
Fatigue	2	3	6	**Low**
Communication Failure	3	2	6	**Low**
Travellers' Diarrhoea	3	3	6	**Low**
Altitude Related Illness	2	3	6	**Low**
Minor Trauma, Cuts and Grazes	2	2	4	**Low**

10.2 Detailed Risk Register:

Hazard	L	S	R	Mitigation	L	S	R
Delayed Access to Emergency Care	4	5	20	• Medical Plan > Emergency Procedures • Early call for help • Comms PACE Plan • Hospital directory • Daily route planning • GPS tracking • Sweeper vehicles (medics / mechanics)	3	4	**12**
Road Traffic Collision	3	5	15	• Pre-event vehicle scrutiny • Daily vehicle inspections • Driver briefings • Adherence to speed limits / traffic laws • Use of seatbelts • Fatigue management • Medical Plan > dynamic risk assessment • Medical Plan > DR MARCH • Medical Plan > Emergency Procedures • Sweeper vehicles (medics / mechanics) • Embedded medical team • Sweeper vehicles (medics / mechanics)	2	4	**8**
Major Trauma	3	5	15	• Medical Plan > dynamic risk assessment • Medical Plan > DR MARCH • Medical Plan > Emergency Procedures • Embedded medical Team • Trauma pack / IFAK • Sweeper vehicles (medics / mechanics)	2	4	**8**
Medical Emergency	3	4	12	• Pre-deployment Medical Questionnaire • Medical Plan > DR MARCH • Medical Plan > Emergency Procedures • Embedded medical Team • Medical pack • Health surveillance • AED availability • Early recognition and pathway • Nearest hospital identification	2	4	**8**
Anaphylaxis	2	5	10	• Pre-deployment Medical Questionnaire • Medical Plan > DR MARCH • Medical Plan > Emergency Procedures • Embedded medical Team • 'At risk' competitors to carry own AAI • Medical pack	2	4	8
Language Barrier During Emergency Call	3	5	15	• Translation technology (Google Translate) • Use local language capability of competitors • Useful phrases	2	4	8
Vector Borne Diseases	3	4	12	• Pre-deployment Medical Questionnaire • Pre-deployment travel risk assessment • Up to date routine vaccinations and boosters • Embedded medical team • Medical Plan > DR MARCH • Medical Plan > Emergency Procedures • Prevention strategies (A, B, C, D) • Health Surveillance • Early recognition and isolation	2	4	8
Heat Related Illness	3	3	9	• Pre-deployment Medical Questionnaire • Medical Plan > DR MARCH	2	3	**6**

				• Medical Plan > Emergency Procedures • Embedded medical Team • Health surveillance • Shade stops • Cooling facilities • Use of sun cream • Electrolyte replacement			
Fatigue	3	3	9	• Vehicle 2-up • Route planning • Well detailed route maps and navigation • High-quality accommodation • Health surveillance • Scheduled rest days • Sweeper vehicles (medics / mechanics)	2	3	6
Travellers' Diarrhoea	3	3	9	• Quality of hotel • Not consuming street food • Health surveillance • Embedded medical team • Personal hygiene • Early recognition and isolation • Standby antibiotics (TBC) • Oral rehydration therapy	2	3	6
Acute Altitude Illness	3	3	9	• Pre-deployment health questionnaire • Route planning • Limiting height at altitude • Medical Plan > DR MARCH • Medical Plan > Emergency Procedures • Embedded medical team • Medical pack (supplemental oxygen) • Health surveillance (SPO2, HR, Lake Louise score) • Descent in emergency	2	2	4
Minor Trauma, Cuts and Grazes	3	2	6	• Pre-deployment health questionnaire • Medical Plan > DR MARCH • Medical Plan > Emergency Procedures • Embedded medical team • Medical pack (minor injury pack) • Health surveillance	2	2	4



11. Minor Injury and Medical Problems:

11.1 Minor Injury and Medical Problems:

Daily physical exertion, changing environments, and minor accidents during a rally frequently lead to superficial injuries or localised discomforts. Left unmanaged, minor issues like small cuts or blisters can become infected and complicate travel. Risk factors include poor hygiene in field environments, improper footwear, and lack of sun protection.

Most minor injuries can be treated with personal IFAK

- **Skin & Soft Tissue Injuries**: Blisters, minor abrasions and cuts, and friction burns caused by manual tool use, vehicle maintenance, or repetitive physical handling.
- **Environmental Irritations**: Sunburn, windburn, dry skin cracks, and mild heat rashes caused by extended exposure to the elements inside or outside the vehicle.
- **Mild Musculoskeletal Discomfort**: Muscle strains, minor sprains, or general body stiffness resulting from long driving stints over rough terrain.

Preventing complications requires proactive hygiene and immediate attention to minor ailments using individual first-aid kits. Wash all minor wounds immediately with clean water, then cover them with sterile dressings to clean. Manage sunburns with cool compresses and aloe vera, and use simple over-the-counter pain relief or topical anti-inflammatory gels for muscle aches. Monitor all minor injuries closely; seek professional medical evaluation if a minor wound develops increasing redness, swelling, heat, throbbing pain and you feel generally unwell.

11.2 Heat-related illness:

Heat-related illness ranging from heat exhaustion to life-threatening heat stroke, are primarily caused by prolonged exertion in high temperatures. Symptoms typically appear during or immediately after long exposed stages in cars without air conditioning.

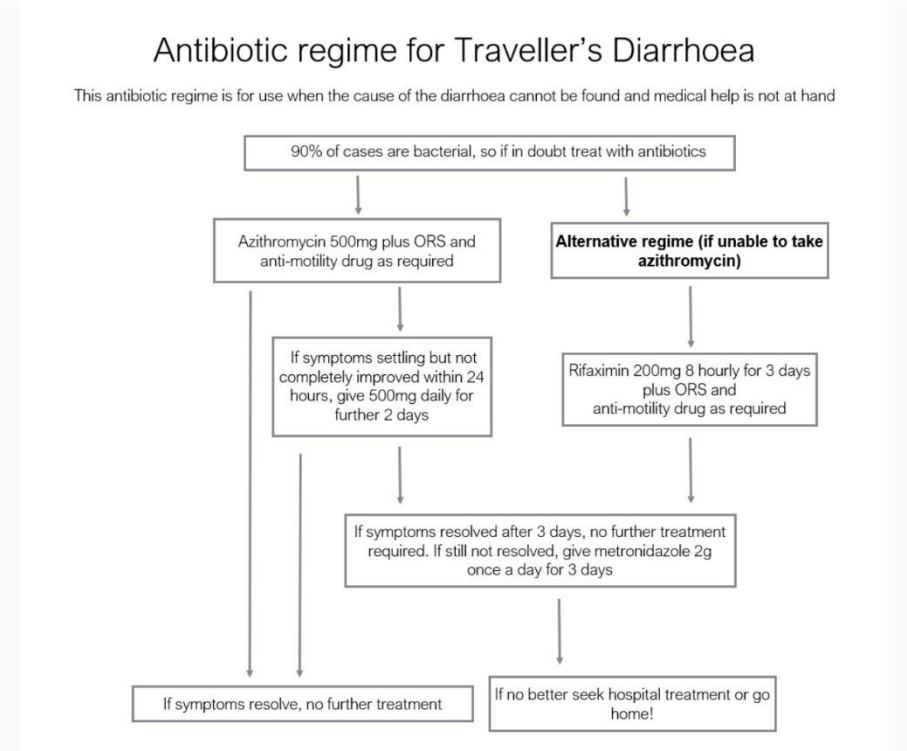
Managing these risks requires ‘appropriate’ hydration with electrolytes, maximising vehicle ventilation, wearing lightweight clothing, taking breaks in the shade and wearing suntan lotion. Mild heat illness is easily managed with standard supportive care, such as resting in the shade and active cooling with water sprays / damp cloths and fanning / air conditioning. If confusion or altered consciousness is present, prioritise immediate emergency cooling using cold running water where possible and call for help using the Emergency Procedures in Section 1.

11.3 Travellers' Diarrhoea:

Ingesting food or water contaminated with bacteria, viruses, or parasites is the primary cause of Travellers' Diarrhoea (TD). Symptoms typically onset suddenly during or shortly after travel. Risk factors include travelling to regions with limited sanitation infrastructure, eating street food, close proximity to affected people, and poor personal hygiene.

While the rally route may pass through regions with varying sanitation standards, risk can be minimized by practicing strict hand hygiene and drinking only bottled water (carbonated preferred). The primary emergency treatment for all forms of TD is fluid replacement using Oral Rehydration Salts (ORS). Mild to moderate watery diarrhoea can be treated with over-the-counter anti-motility medications like loperamide (Imodium), but severe or bloody cases may require medical evaluation and standby antibiotics.

Standby Antibiotic Strategy:



11.4 Altitude:

Traveling above 2,500m (8,202ft) increases the risk of Acute Altitude Illness (AAI) for unacclimatized people. Symptoms can onset within 6 hours and range from mild to life-threatening. Risk factors include rapid ascent, higher elevations, genetics, and pre-existing medical conditions.

While the rally route exceeds 2,500m during the Argentina-Chile border crossing on Day 15 (El Paso Internacional Los Liberadores Pass - 3,200m / 10,498ft), the group will only be at this altitude for 3 to 4 hours before descending. Because of this short duration, preventative medication (prophylaxis) is not required. The primary emergency treatment for any suspected AAI is immediate descent.

Health surveillance:

- Health surveillance includes monitoring trends in oxygen saturation levels (SPO2).
- Monitor heart rate
- Use Lake Louise scoring for early warning of AAI

11.5 Vector-Borne Diseases:

Bites from insects like mosquitoes, ticks, or midges are the primary cause of Vector-Borne Diseases (VBDs). Examples of VBDs include malaria, dengue and lime disease. Symptoms generally appear a few days to a couple of weeks after a bite. The risk slightly increases during periods of higher humidity and seasonal rainfall, such as in November.

Because November sees an increase in seasonal insect activity, managing risks requires consistent use of DEET repellent, wearing long sleeves, avoiding stagnant water and using air conditioning in hotel rooms. Most seasonal viral illnesses are managed easily with standard supportive care like rest, fluids, and paracetamol. Avoid aspirin or ibuprofen entirely if an insect bite is suspected, as they can interfere with blood clotting and worsen certain conditions like Dengue.

A, B, C, D Prevention Strategy:

- **A – Awareness of risk:** Research the travel area and have an awareness of area specific endemic diseases.
- **B – Bite avoidance**: Wear long sleeves and trousers even during daytime hours, use DEET-based insect repellents, avoid stagnant still water, use nets and window screens and use air conditioning in hotel rooms.
- **C – chemoprophylaxis:** Visit your GP and / travel clinic prior to deployment to undertake a travel risk assessment and ensure vaccinations and booster are in date. Discuss any required chemoprophylaxis
- **D – Diagnosis**: Recognise symptoms of VBDs. Any sudden increase in temperature should be treated with suspicion especially if you have been bitten in endemic areas.

NOTES: