

International Commission for Alpine Rescue

ICAR MEDCOM Internal Regulations

20191010-MED Intl. Commission for Mountain Emergency Medicine

Based on the 2004 internal regulations and the 2013 Organisational rules of ICAR (ICAR Organization Rules 20130831 E), this document was amended by John Ellerton and Alison Sheets. It was presented to ICAR Executive Board on 19th Jan 2019 and ICAR Medcom in October 2018 and October 2019. It became an appendix to the 2013 Organisational rules and operational on 10th October 2019.

The International Commission for Mountain Emergency Medicine (ICAR Medcom) is a subcommission of the International Commission for Alpine Rescue (ICAR). ICAR statutes, bylaws, rules and recommendations (as determined by the Assembly of Delegates or Executive Board of ICAR) take priority over the Internal regulations of ICAR Medcom.

1. Goals

The goals of ICAR Medcom are:

- To act as a forum for mountain emergency medicine.
- To establish and publish statements, recommendations and guidelines concerning the medical aspects of mountain rescue, with the aim of improving patient outcomes.
- To provide preventive strategies in collaboration with the Medical Commission of the International Mountaineering and Climbing Federation (UIAA Medcom) and other organisations.
- To support educational and training of Health Care Professionals in the mountain rescue organisations and mountain rescuers of ICAR members.

2. Language

The official language of meetings, oral discussions, publications and correspondence is English.

3. Participants

Attendance and participation in ICAR Medcom meetings are open to all ICAR members.

3.1. Members of ICAR Medcom consist of Delegates and Non-Delegate Members.

3.1.1. Delegates

Member organisations of ICAR can nominate one person to be a Delegate to ICAR Medcom. They have voting rights in the Medcom with the same weight as their Member organisation has at the Assembly of Delegates. Member organisations are requested to nominate Delegates that can contribute in the Medcom for at least four years. On request of the President of ICAR Medcom, Member organisations of ICAR must confirm the identity of their Medcom Delegate.



3.1.2. Non-Delegate Members

A Non-Delegate Member is:

- 1) an active or experienced mountain rescue health care professional who is a member of a mountain rescue service allied to an ICAR Member organisation.
- 2) a member of ICAR organisation but not their delegate.
- 3) an ICAR Board or Honorary member, or the past-President (see 6.5).
- 4) Their membership is decided by ICAR Medcom with reference to ICAR Statute 4.5.3 in that the number of members of the technical committees shall be only as large as necessary to enable efficient work. They can contribute to the work of ICAR Medcom but have no voting rights. ICAR Membership rights are according to ICAR statutes and organisational rules.

3.2. Other participants

3.2.1. Experts

The President of ICAR Medcom can co-opt Experts and invite them to attend ICAR Medcom meetings. They can contribute to the work of ICAR Medcom but have no voting rights and no right to ICAR membership benefits.

3.2.2. Observers

Admittance to ICAR Medcom meetings is open to all persons registered at an ICAR Congress or registered with the organiser of a stand-alone meeting. They can contribute to the work of ICAR Medcom at the discretion of the President.

4. Rights and duties

All participants must inform the President of ICAR Medcom of any potential conflict of interest before attending a meeting. All participants with a conflict of interest relevant to the subject matter being discussed must inform the meeting before contributing.

4.1. Additional duties of Members

All members should be familiar with spoken and written English language and should be reachable by electronic mail. No financial benefit is allowed in the name of ICAR membership. All members have a right to address a meeting. All members can use the affiliation "member of ICAR Medcom" for publications.

4.2. Additional duties of Delegates

If a Delegate cannot attend at least one ICAR Medcom meeting in a year, they should arrange for a substitute to attend in agreement with the member's organisation. The President can inform the respective organisation when a Delegate does not join the meetings without apology. Delegates who do not attend for 2 years should be replaced by their organisation.

Delegates should represent ICAR Medcom in their home organisation concerning the medical aspects of mountain rescue. They should ensure that official ICAR Medcom statements, recommendations and guidelines are translated into their language and are made available to their home organisation.

5. Finances

5.1. Annual Commission administrative budget (ICAR Statute 6.4).

The President can request payment of expenses from the Executive Board of ICAR. These expenses can include non-reimbursed ICAR Medcom expenses of the President, his deputy and an Expert attending an ICAR Medcom meeting. They can also be other ICAR Medcom expenses such as internet costs. The rules on expenses such as class of travel is determined by the ICAR Expenses regulations.



- 5.2. Requests to ICAR to pay the expenses of Members against the previous ICAR Medcom bank account are to be made by the President following a discussion and majority approval of the ICAR Medcom Delegates at an ICAR Congress.
- 5.3. The expenses incurred by participants to attend an ICAR Medcom meeting are the responsibility of the attending person. It is hoped that the ICAR member organisation will reimburse a Delegate's expenses.
- 5.4. Organisers of meetings can receive money to reduce the cost of the meeting. As far as practical, such contributions should be shared equally between all participants. The President must be informed of all such payments before they are accepted and be satisfied that any commercial support fulfils ICAR statutes and Organisational rules, as well as ICAR Medcom Commercial Support internal regulations (see 9). All contributions must be listed in the minutes of the meeting.
- 6. Election and Term of Office of the Chairman/President of ICAR Medcom
 The President of ICAR Medcom is elected by the Assembly of Delegates. The period of
 Presidency lasts four years. The President may be re-elected twice (ICAR Statute 4.3.1).
- 6.1. Without removing the rights of ICAR organisation members to nominate a President of a Technical Commission, ICAR Medcom Delegates at an ICAR Annual Congress will ordinarily propose a President from within the ICAR Medcom Members. (ICAR Organisational Rules 6.6.1). Support from the ICAR Organisation of presidential candidate is required.
- 6.2. ICAR Medcom Delegates must discuss and consider any other candidates for the Presidency at its Annual meeting immediately preceding the Assembly of Delegates where the sitting President steps down or is being re-elected. This should occur whether the President wishes to stay in post or when a President-elect had been appointed previously.
- 6.3. Should more than one candidate be proposed for the post of Presidency by ICAR Medcom Delegates a vote of the ICAR Medcom Delegates should be taken. This can be a 'secret' vote should any Delegate wish. If more than one candidate attracts more than one third of the eligible votes, a second vote may take place of the leading two candidates. If a two thirds majority is not achieved in this vote, both candidates should be presented to the Assembly of Delegates for them to decide. The Assembly of Delegates decision is final.
- 6.4. In order to ensure continuity in chairing the Commission, two years before the appointment of a new President, the ICAR MedCom delegates should identify a President-elect that has ICAR member organisation support. They should be a possible successor to the current President and work closely with the President to ensure that a smooth transition occurs.
- 6.5. The Past President, i.e. the predecessor of the actual President, should remain in the Commission for at least two years following the appointment of a new President.





7. Other posts

ICAR Medcom should appoint one or two Vice-Presidents. The appointment and procedure that should be followed is the same as that outlined in (6) - the election of the President. The appointment does not need to be approved by the Assembly of Delegates. The Vice-President substitutes for the President in case of his or her absence and can represent ICAR Medcom at the conferences and congresses. The President may assign specific areas of responsibility to a Vice-President. The Commission may appoint a General Secretary. The General Secretary supports the President in all administrative matters and writes the minutes of the meetings.

8. Meetings

The President normally calls two meetings a year. The dates should be fixed at least six months in advance. The invitation must be posted at least one month before the meeting takes place. It can be sent out by ordinary and/or electronic mail.

- 8.1. One meeting must be held during the General Assembly of ICAR.
- 8.2. A second 'stand-alone' meeting is usually organised by a member of the Commission. Joint meetings with UIAA Medcom and other organisations dealing with mountain medicine should be considered (International Society for Mountain Medicine ISMM, Wilderness Medical Society WMS, National Societies for Mountain Medicine or local rescue services). The meeting can also be favourably affiliated to national or international conferences.

9. Commercial support

Financial support from commercial organisations can be accepted at any ICAR Medcom meeting. The support must be recorded in the minutes of the meeting. It must be proportionate, fair and within the relevant industry rules. Financial support must not jeopardise the impartiality of ICAR as set out in its Statues or the ability of ICAR Medcom to publish its work. In general, presentations by commercial organisations should not occur within the Agenda of meetings. ICAR Medcom members may acquire assistance in the way of a demonstration by a commercial organisation during a presentation. The member should specifically consider whether his/her presentation is balanced and has covered areas of controversy and other options. Any member with a conflict of interest must declare it at the meeting and this must be recorded in the minutes.

10. Recommendations, Statements and Guidelines

ICAR Medcom statements, recommendations and guidelines should be published as open access documents and free of charge. They should be developed in a way compliant with the Process Recommendation 20160827-BOA-REC0006. Recommendations, Statements and Guidelines are developed by consensus. Usually this will involve review, discussion and an almost universal agreement of ICAR Medcom Delegates during an ICAR General Assembly. Strenuous efforts should be made to achieve unanimous agreement. ICAR Medcom recommendations should progress to become ICAR recommendations by an affirmative vote of the Assembly of Delegates.

11. Endorsement and Certification

11.1. ICAR Medcom can endorse guidelines or papers written by others. In general, an endorsement of the content of a guideline or paper requires the consensus of ICAR Medcom Delegates at an ICAR General Assembly. An endorsement of the educational value to emergency mountain medicine of a guideline or paper can be made by the President following discussion with appropriate ICAR Medcom members and experts.





- 11.2. The Diploma in Mountain Medicine and Diploma in Emergency Mountain Medicine is managed and promoted by ICAR Medcom in conjunction with the UIAA Medcom and the International Society of Mountain Medicine, ICAR Medcom endorses and certifies courses leading to the Diploma in Mountain Medicine/ Emergency Mountain Medicine. The administrative body of the Diploma make these decisions. The President of ICAR MedCom is usually a member of the administrative body. The ICAR Medcom Delegates decide which other ICAR Medcom members represent ICAR on the administrative body.
- 11.3. ICAR Medcom does not certify or endorse other courses but can advertise them to its members and on its website.

