



## FEDERATION INTERNATIONALE DE L'AUTOMOBILE

### MEDICAL SERVICES QUESTIONNAIRE

EVENTS OF THE FIA CHAMPIONSHIPS ON CIRCUITS - F1 - F3000 - GT - SPORTSCAR

FOR THE EVENT : GRAND PRIX OF XXX, XXX 2002

The following questionnaire is to be completed and returned to the FIA 2 MONTHS prior to the event (for the attention of Dr. J.J. ISSERMANN):

**NB : 1 copy of this questionnaire must also be sent directly to Professor E.S. WATKINS - Princess Grace Hospital – 42-52 Nottingham Place – LONDON W1M 3FD (Great Britain).**

*The following must imperatively be enclosed with the questionnaire:*

- i. A circuit plan, clearly showing:
  - a) the location of:
    - intervention vehicles with doctor on board;
    - normal or intensive care ambulances with doctor;
    - rescue vehicles;
    - extrication teams;
    - trackside doctors on foot or with a light vehicle;
    - ambulances without doctors.
  - b) routes to be used for emergency evacuations.
- ii. Written confirmation that the hospitals are fully aware of race and practice time schedules.
- iii. Written confirmation that the required personnel will be present from the start of the first practice session until the end of the race.
- iv. A copy of the rescue plan (see FIA medical regulations 9.1.2.6).



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**Note :** Send only **i a), i b)** and **iv)**:

- if your circuit is new or has been modified, or if you are filling in this questionnaire for the first time,
- if you have modified your rescue service this year.



## DETAILS REQUIRED:

### 1. CIRCUIT:

.....

### 2. DATE OF THE RACE:

.....

### 3. NAMES OF THE OFFICIALS:

a) Clerk of the  
Course.....

Address:.....  
.....

Telephone n°:..... Fax n°:..... e-  
mail.....

b) Circuit  
Director.....

Address:.....  
.....

Telephone n°:..... Fax n°:..... e-  
mail.....

c) Chief Medical  
Officer.....

Address:.....  
.....

Telephone n°:..... Fax n°:..... e-  
mail.....

### 4. MEDICAL CENTRE:

YES

NO

a) Permanent.....

b) Total number of rooms:

· reserved for resuscitation.....

- Number of beds.....

· reserved for current treatment.....

- number of beds.....



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- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| c) Floor space.....  | sq. m.                   |  |                          |
| d) Electric lighting.....                                    | <input type="checkbox"/> |  | <input type="checkbox"/> |
| e) Electric power.....                                       | <input type="checkbox"/> |  | <input type="checkbox"/> |
| f) Water supply.....   | <input type="checkbox"/> |  | <input type="checkbox"/> |
| g) Hot water supply.....                                     | <input type="checkbox"/> |  | <input type="checkbox"/> |
| h) Heating/Air conditioning.....                             | <input type="checkbox"/> |  | <input type="checkbox"/> |
| i) Direct telephone.....                                     | <input type="checkbox"/> |  | <input type="checkbox"/> |
| j) Radio links.....  | <input type="checkbox"/> |  | <input type="checkbox"/> |
| k) Shower.....   | <input type="checkbox"/> |  | <input type="checkbox"/> |
| l) Refrigerator.....   | <input type="checkbox"/> |  | <input type="checkbox"/> |
| m) Security fence/Guard.....                                 | <input type="checkbox"/> |  | <input type="checkbox"/> |
| n) Ambulance parking.....                                    | <input type="checkbox"/> |  | <input type="checkbox"/> |
| o) Helicopter pad.....                                       | <input type="checkbox"/> |  | <input type="checkbox"/> |
| p) Number of ambulances stationed at the medical centre..... |                          |  |                          |
| q) Is the centre reserved exclusively for the track ?.....   | <input type="checkbox"/> |  | <input type="checkbox"/> |
| r) Does the centre have direct access to the track ?.....    | <input type="checkbox"/> |  | <input type="checkbox"/> |

Further information:

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| - Security service for the paddock (recommended hours:7a.m. to 11p.m.)..... |                          |  |                          |
| - Time telephone (Tel n°.....)  | <input type="checkbox"/> |  | <input type="checkbox"/> |
| - Medical service for the public.....                                       | <input type="checkbox"/> |  | <input type="checkbox"/> |
| - Same organisation as for the track.....                                   | <input type="checkbox"/> |  | <input type="checkbox"/> |
| - Different organisation.....   | <input type="checkbox"/> |  | <input type="checkbox"/> |

**5. EQUIPMENT STOCKED AT THE MEDICAL CENTRE:**

- a) Compulsory FIA list, in sufficient quantity to equip two resuscitation beds:

**QUANTITY YES NO**

- |                    |                          |  |                          |
|--------------------|--------------------------|--|--------------------------|
| - Stethoscope..... | <input type="checkbox"/> |  | <input type="checkbox"/> |
|--------------------|--------------------------|--|--------------------------|



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- Tensiometer.....
- Otoscope.....
- Manual ventilation.....
- Mechanical ventilation.....
- Reserve of oxygen.....
- Suction apparatus.....
- Casualty immobiliser (bean bag).....
- Intubation unit.....
- Tracheotomy unit.....
- Unit containing sterilised surgical instruments including  
vascular clamps.....
- Sterile burn dressings.....
- Unit for central or peripheral venous infusion.....

**(IF POSSIBLE, ATTACH A PLAN OR PHOTOGRAPHS)**

- Apparatus for thoracostomic drainage.....
- First aid medical box including antibiotics and anti-  
inflammatories.....
- Various crystalloid solutions and solutions containing large  
molecules (plasma expanders).....
- Defibrillation unit.....
- Unit for checking the functioning of the heart (possibility  
of remote transmission).....
- Inflatable devices for the setting and retention of fractures .....
- Cervical collar.....

Optional :

- Inflatable anti-shock suit.....
- Cervical traction apparatus.....



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b) Equipment "not on the list", for additional or other examinations, and foreseen stocks:

.....  
 .....  
 .....

**6. TRACKSIDE EQUIPMENT:**

	QUANTITY	YES	NO
a) At least one is compulsory:			
. KED au RED type vertebral immobilising extractor.....		<input type="checkbox"/>	<input type="checkbox"/>
b) In all cases it is compulsory for the following to be brought to an injured person:			
. Intervention box for resuscitation.....		<input type="checkbox"/>	<input type="checkbox"/>
. Casualty immobiliser.....			<input type="checkbox"/> <input type="checkbox"/>
. Surgical cervical collar.....			<input type="checkbox"/> <input type="checkbox"/>
c) Other trackside equipment (not compulsory) :			
. Cardioscope/defibrillator.....		<input type="checkbox"/>	<input type="checkbox"/>
. Scoop stretcher.....		<input type="checkbox"/>	<input type="checkbox"/>
. Backboard.....		<input type="checkbox"/>	<input type="checkbox"/>
. Other.....		<input type="checkbox"/>	<input type="checkbox"/>

**7. MEDICAL CENTRE PERSONNEL:**

A) Compulsory medical specialists:

**(From here on, answer only YES or NO)**

Prior to the 1st practice session, hand the nominal list to the FIA Medical Delegate for F.1;  
 For F.3000, in the absence of a Medical Delegate, hand the nominal list to the FIA Adviser.

	1st Practice day	2nd Practice day	RACE
a) at least 2 Anaesthetists:	.....	.....	.....
	.....	.....	.....

b) at least 2 surgeons competent in the treatment of spinal injuries and trauma. One of the 4 specialists designated must be skilled in the emergency treatment of serious burns:



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.....                      .....

.....                      .....

B) Paramedical : (Indicate only the number and speciality):

.....

.....

.....

**8. TRACKSIDE MEDICAL OFFICERS:**

Competence in resuscitation is required for the intervention vehicles, and recommended for the extrication teams. For the others, competence in emergency aid is required.

**(From here on, indicate the post numbers and place a cross for each corresponding heading)**  
 Prior to the 1st practice session, hand the nominal list to the FIA Medical Delegate.

Post n°	1st Day Name & qualification	2nd Day Name & qualification	Race Name & qualification
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**a)** Doctors "on foot":


**b)** Doctors with a vehicle (apart from intervention vehicles):


**c)** Fast intervention vehicle doctors:

**In the FIA medical car, in addition to the doctor who has been designated (by the FIA), there must be a doctor skilled in resuscitation and authorised to practise medicine in the organising country (Appendix H).**

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**d)** Doctors with ambulances:


**e)** Doctors with an extrication team:


For F.1, at least 2 doctors on foot and 2 paramedics are necessary for the pit area. All the doctors a), b), c) and the extrication teams e) must wear regulation medical overalls; for d) and the doctors in the medical centre, "Hospital" type clothing is sufficient. For the specialists in the medical centre, the wearing of an identification badge mentioning the name and speciality is recommended.





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<b>Orthopaedic</b>					

\* In the event of helicopter transport requiring transfer, indicate the total real time required.

**For simple check-up examinations (X-ray, scanner), an ambulant patients agreement should be made with a public or private establishment.**

**11. MEDICAL HELICOPTERS (must be present for FIA inspection at least 60 minutes before the start of practice):**

a) Number provided..... Practice days..... Race day.....

b) Type..... Number of personnel.....

c) Number of patients able to be transported lying down.....

d) Equipment:

	1st YES/NO	2nd YES/NO
- IV Drip.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
- Ventilator.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
- ECG/Defibrillator.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
- Oxygen.....	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
- Other		

.....  
.....

.....  
.....

. Carried permanently on board the helicopter:.....

. Brought on site in case of accident:.....

**12. EXTRICATION TEAM (compulsory):**

- Number of extrication teams made up of at least 6 persons, including a doctor: .....

- For each team, is the entire team located in one single vehicle ?      YES      NO







**MEDICAL COMMISSION**

## **INTERNAL REGULATIONS FOR PERMANENT MEDICAL CENTRES**

### ARTICLE I :

The Permanent Medical Centre is under the responsibility of the Chief Medical Officer of the circuit who may, however, nominate another person to be more specifically in charge of this Centre.

If this nominee is not a member of the Medical Profession, a Surgeon or a Resuscitation Doctor must be appointed to hold medical responsibility for the Centre.

### ARTICLE II :

The person responsible for the Permanent Medical Centre must :

- a)** Check, if need be with the person holding medical responsibility, that the minimum amount of material imposed by Appendix H of the International Sporting Code is in place in the Medical Centre. He must also check on the dates of validity of the material and of the pharmaceutical products,
- b)** See to it that the air-conditioning, where necessary, is adequate,
- c)** See to it that the premises where treatment is given are kept clean and the disinfection carried out according to the norms laid down by the organising country concerning premises admitting persons injured or taken ill,
- d)** Make sure that the medical and paramedical staff foreseen by the organiser are present for the duration of the event,
- e)** Check that all communication, fluid distribution apparatus and electrical circuits are in good working order,
- f)** See to it that there is a sufficient number of beds in conformity, and a reserve of stretchers.

### ARTICLE III :

Only the medical and para-medical staff appointed by the organiser are to be admitted to the Permanent Medical Centre.

Persons who are not members of the medical staff shall only be admitted with the authorisation of the person responsible for the Permanent Medical Centre.



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## ARTICLE IV :

Treatment administered in the Permanent Medical Centre is free of charge.

Treatment may only be administered by personnel possessing the qualifications required by the organising country.

A register must be kept of the admission and discharge of sick and injured persons.

A written report on all medical or paramedical interventions must be entered in a register.

Toxic or prescription-only pharmaceutical products must be stored under lock and key and on entry made in a register whenever one of these products is dispensed.

## ARTICLE V :

The local health authorities may check the premises of the Permanent Medical Centre and require the organiser to comply with the norms existing in the country.

The inspecting physician designated by the FIA may check the premises as well as the equipment and may possibly ask the organiser to bring the Permanent Medical Centre into line with the prescriptions of Appendix H of the International Sporting Code.

## ARTICLE VI :

The Permanent Medical Centre must be in a state of readiness and operational one hour before practice for the meeting.

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