

Summary notes for the FIA Serious Accident Study Group meeting in Singapore, October 2014.

Matthew Mac Partlin. @rollcagemedic

15 of 19 ASNs represented

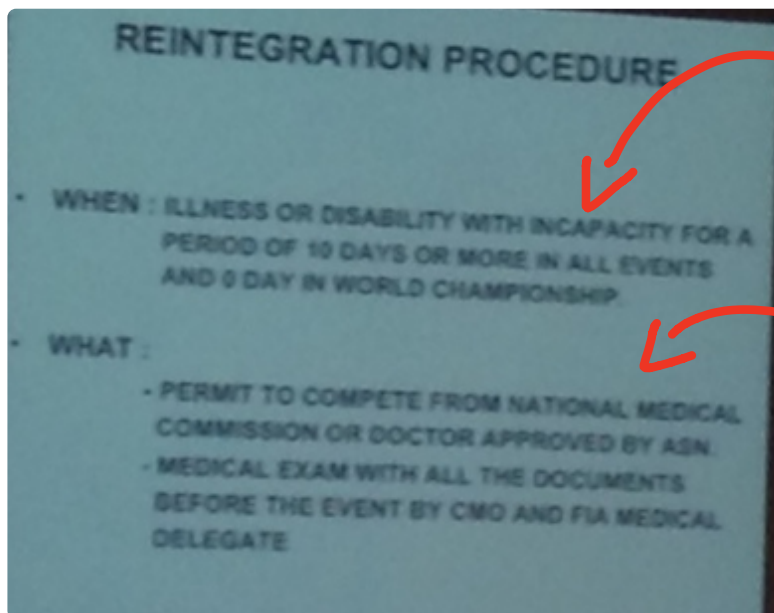
Focus on rally events

Annexe H (Jean Duby)

Pre event preparation

- Begins months (year) in advance of event
- Stage plans for each special stage
- Competitor first aid training
- Medical and rescue training - extrication and medical intervention
- Vehicle positioning at start and mid points

CMO proactively follows up all injured competitors, regardless of need for intervention.



Medical exam to ensure fitness to return to competition required if

Requires

Medical questionnaire

Key components

- Safety plan. Include spectator safety guidelines.
- Hospital location & contact details
- Key official and medical team contact details
- Medical team skill mix meets Appendix H requirements
- Response to mass casualty event
- Medical and rescue vehicle details, including helo
- Service park med centre
- Anti-doping procedure

Resource planning (Rik)

MIV & Rescue vehicle

- Suitable for terrain
- Equipment
- Safe and comfortable
- Identifying signage
- Aus: MIVs + ICV x 2

Ambulances

- Must be able to access and drive on stage
- Crewed & equipped to high standard
- Signage
- Licensed to travel public roads lights and sirens
- Work space suitable layout and climate control

Hospital

- Role delineation with appropriate services
- Methods of evacuation and transport - Road versus air
- Plans for public road disruption or poor flying conditions

Resident assistance

- Event liason officer in preceding months
- Role of the ICP
- Have police and local public ambulance service on side
- Very important for public relations and sustainability of event

Equipment

- Clinical
- Disincarceration & Extrication
- Personal protection

Medical centre

- Competitors, team crew, officials, spectators
- Emergencies and general practice capacity
- Access & egress route and planning
- Medpod

Communication

- Must cover whole event footprint
- Vehicles, med centre, rally/race control,
- In-car & mobile hand radios, satellite phones, mobile phones

Hospital & counter disaster planning (Michael)

- Requires careful logistics planning
- Hospital skill and capacity
- Route and transport planning, within the event and to get to relevant hospitals
- Key contact details
- Likely mechanisms and patterns of injury
- Germany: RTTLS - Race Track Trauma and Life Support
- Disaster plan:
 - Clear algorithms,
 - Clear lines of communication, command and control,
 - Disaster plan document with contact details, codes & algorithms
 - Pre-event discussion and planning with area police, ambulance, emergency services, key hospitals and government office. Form a reliable network, so that unexpected events can be rapidly managed. Tabletop exercises.
 - Not just terrorism. Grandstand collapse, fire, anything that overwhelms resources.

Role of the CMO (Rik)

Planning

Know the event

- Layout & route - Drive it!
- Danger spots: dangerous corners, spectator points, fuel points, protestors, communication black spots, locked in residents
- Medical & rescue team skill mix and capacity
- Competitor PMHx, meds & allergies

Medical team

- Skill mix
- Registration to practice
- Indemnity
- Movement schedule: Arrival, accommodation, meals and water including during event, departure
- Reimbursement - financial, travel & accommodation
- Uniform & equipment
- Training day

Equipment

- Clinical & rescue for vehicles and med centre
- Communications

Administration

- Medical questionnaire
- Hospitals
- Safety plan
- Counter disaster plan
- Race control set up, including communications coordinator
- Event access passes and vehicle signage
- Printed event schedule for medical team

Run over all of these details in weeks before event to check everything is or will be in place

On the day

- Check all components

- Team briefing
 - Command structure
 - Itinerary
 - Incident response
 - Communication
 - Personal responsibilities
 - Media and photography (generally not allowed but useful for incident review)
- Training exercise
- Response to an incident from race control
- Daily team debrief
- Follow up of injured competitors

After the event

- Debrief team
- Collate feedback
- Write event report
- Oversee decommissioning and storage of medical team equipment
- Feedback to hospitals and emergency & government services

Role of DCMO

- As per Appendix H - Rally
- Needs to know what CMO knows as may be distant from race control and may need to step in for CMO in crisis.

During the event (Michael)

Race control

- Circuit versus rally
- Key players and structure (hierarchy of information flow)
- Situational awareness
- Efficient, calm decision making

Accident management in the field - Rally (Jean Duby)

Rally: Surfaces, distances, geographical features and weather highly variable

compared to circuit racing. Affects recognising, initiating and effecting medical & rescue response to an incident.

First on scene at rallies are often competitors

Duties

- Ideally park in a fend off position to protect site
- Red cross / SOS or OK sign
- Place warning triangles
- Push in-car emergency warning red button (SIT, RallySafe)
- Assess injured and provide first aid
- Second arriving car proceeds to next SOS point with details of incident

This should be part of the competitors' briefing before each competitive event

Attraction & retention of medical team

- CME
- Incentives: event passes, driver meetings, discounted merchandise
- Pre-season RTTLS invitation to hospitals
 - Track rides
 - Facility tour
 - Meet the drivers
- Asia-Pacific ASN network



Emergency rescue (Duby)

Vehicles

- Appropriately equipped
- MIC +/- rescue
- Ambulance
- Helicopter
- Appendix H

Resuscitation (Rik)

DRS.ABCDE - Medical focus

DR.SCAB.DE - Trauma focus: Circulation before Airway and Breathing

ALS Algorithm - Basic and civilian focussed.

Motorsport context requires adaptation

- Environmental influences
- Competitor safety gear
- Scene hazards: Fire, glass, carbon fibre splinters, weather
- Limitations of space and weight mean choosing what equipment to bring rather than having everything available

Target life/limb/vision threat and predictable injury patterns.

S - Seek help

- Info flow with race control
- ETHANE sit-rep
- Codes 1-4

Disincarceration (Michael)

Know the car

Early discussions with series director +/- team owners/engineers for leads on idiosyncrasies of different makes

Make no assumptions in training

Go over basics

Challenge team with scenarios

Flight case for equipment packing that can be rapidly installed into majority of cars, including rental cars



Extrication

Closed cockpit developments - roof hatch, moveable seat (DTM, Porsche GT3)

First on scene (Rik)

Rally versus circuit differences regarding discovery of and response to incident

- SOS points

- GPS Live tracking
- In-car radio

First on scene in rally is often following competitor

- First arrival renders assistance
- Second arrival continues on to next SOS point

First aid training for competitors and officials

FIA First Aid Training course for drivers and co-drivers (Duby)

Theory + Practical

Give competitors confidence (empower) to stay calm and render assistance -
"May save a life"

General concepts

- Airway - open
- Check response. Check for Concussion (pre-season baseline ImPACT test) - identification
- Spine injury with focus on cervical and lumbar (common sites of injury) - awareness of potential. Do not move unless necessary (eg. fire)
- Thoracic - cover open Ptx. Competitors unlikely to be able to meaningfully assist with other thoracic injury types
- Fractures - immobilise
- Protect scene - fend off parking, SOS sign, warning triangles
- Non medical officials - ways they can help - notification, crowd control
- Fire - get competitor out as quickly & safely as possible. Fire suppression.
- Bleeding - compression
- CPR, in line with current ALS guidelines
- Rescue breathing
- Recovery position

Scenarios to consider approach

- Out of car + Conscious + not injured / injured
- Out of car + Unconscious

- In car + Conscious + not injured / injured
- In car + Unconscious

Emergency extrication - Rautek

Hand over to medical crew

Q&A at end

Practical session

- RAUTEK
- Airway opening manouvres
- CPR 100bpm, 30:2, "Ignore the sound of cracking ribs"
- Recovery position

Asia-Pacific motorsport medical association



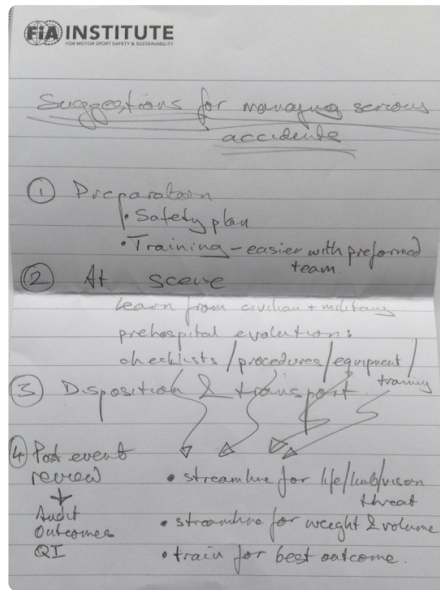
1) Set up newsgroup with document and file sharing facility. Permanent documents similar to FAQ on core topics, eg. injury codes, first response approach. Therefore able to standardise approach across Asia-Pacific; shared language and understanding.

2) Website later if felt to be useful.

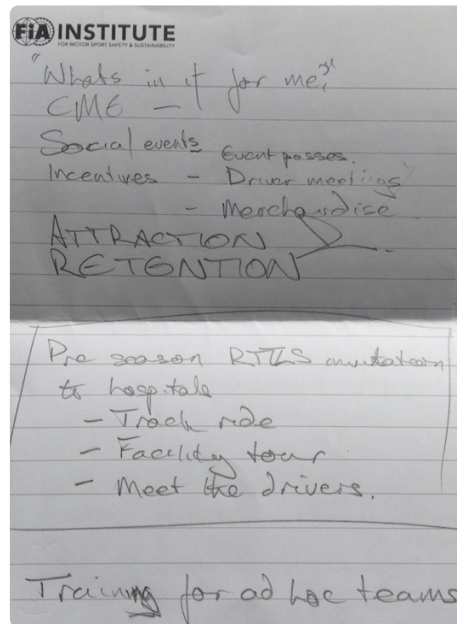
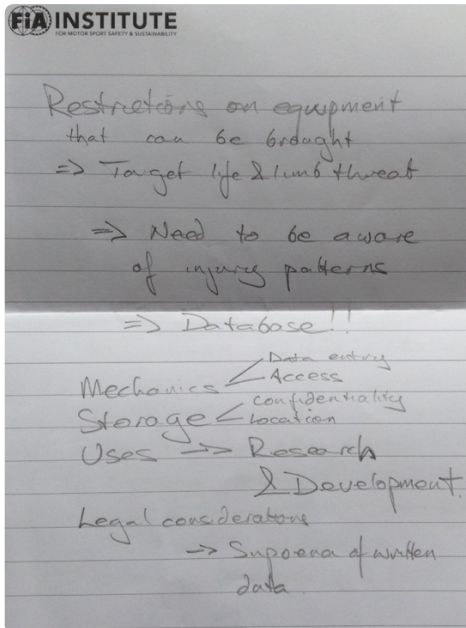
Event QI analysis grid.

Prof Saillant

	Event admin.	Medical team.	Driver.	Conditions.
Pre-event				
During				
After				



Other thoughts



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