**2024 SAFETY & MEDICAL QUESTIONNAIRE**

**(TO BE FILLED UP including Annexure 1 AND SUBMITTED ALONG WITH PERMIT APPLICATION AND SR)**

**1. GENERAL**

**1.1 EVENT DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Name of the event |  | | Dates / Venue of the event |  | | Name of the organizer/s |  | | Status of the event |  | | Category (2W/4W/Karting) |  | |

NATURE OF THE EVENT:

|  |
| --- |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *discipline* | Circuit | Rally | Cross-Country Rally | Hill-Climb | Off-Road / Autocross | Drag Racing |
| *level of competition* |
| Closed |  |  |  |  |  |  |
| Closed Inv |  |  |  |  |  |  |
| Open |  |  |  |  |  |  |
| Cups, Challenge, Series |  |  |  |  |  |  |
| National |  |  |  |  |  |  |
| Championship |  |  |  |  |  |  |
| National Championship |  |  |  |  |  |  |

**1.2 NAME, function and contacts of the Doctor responsible for editing the present document:**

|  |  |
| --- | --- |
| Name |  |
| Qualification (Allopathy only) |  |
| Experience in Emergency medicine |  |
| Telephone n° |  |
| Mobile telephone n° |  |
| E-mail address |  |

**1.3 For an event registered in the FMSCI calendar:**

|  |  |  |
| --- | --- | --- |
| Are you in conformity with your *national regulations?* | yes | no |
|  |  |

**2. ORGANISATION AND FIRST-AID**

**2.1**

|  |  |  |
| --- | --- | --- |
|  | yes | no |
| ***Is there a Chief Medical Officer?*** |  |  |
| * ***Beneficiary of the ASN approval?*** |  |  |
| * ***Chosen by the organiser?*** |  |  |
| ***Is just one doctor foreseen on site during the competition?*** |  |  |

**2.2**

|  |  |  |
| --- | --- | --- |
| ***Do you provide a medical service for the paying spectators?*** | yes | no |
|  |  |

**2.3**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | yes | no |
| **Do you have adequate communication equipment:** | |  |  |
| * To be informed? | |  |  |
| * To issue your instructions? | |  |  |
| * Through a dedicated network? | |  |  |
| * Another network? | |  |  |
| * + If yes, which? |  | | |

**2.4 For hill-climbs and circuits:**

|  |  |  |  |
| --- | --- | --- | --- |
| * ***Do you use one or more approved extrication teams?*** | | yes | no |
|  |  |
| * + ***If yes, how many?*** |  | | |

**2.5 For rallies:**

|  |  |  |
| --- | --- | --- |
| Do you have, for each special stage,***one or more teams of at least 3 people trained in extrication and in handling the technical material*?** | yes | no |
|  |  |

**2.6 If you have to intervene, do you think that you have the capability:**

|  |  |  |
| --- | --- | --- |
|  | yes | no |
| * ***to secure the upper airways?*** |  |  |
| * ***to assure ventilation?*** |  |  |
| * ***to assure circulatory assistance?*** |  |  |
| * ***to assure the appropriate coverage of medications?*** |  |  |

**2.7**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | yes | no |
| **Do you have *at least one doctor experienced in the pre-hospital treatment of accident victims, someone who can be reached at any time by radio or mobile phone and who, as he moves around, has the appropriate material?*** | |  |  |
| * ***Just one?*** | |  |  |
| * ***several?*** | |  |  |
| ***If yes, how many?*** |  | | |

***2.8***

|  |  |  |
| --- | --- | --- |
| Do you use paramedics trained in administering emergency aid on site in place of doctors? | yes | no |
|  |  |

If so, and if your event is a rally: please complete the table below

|  |  |
| --- | --- |
| * Totally, for all the special stages |  |
| * Totally, for a certain number of special stages |  |
| * *At the intermediate point, with a doctor stationed earlier on for all the special stages* |  |
| * *At the intermediate point, with a doctor stationed earlier on for a certain number of special stages* |  |

***2.9* Should the need arise, and in particular when just one doctor is covering an event:**

|  |  |  |
| --- | --- | --- |
| **Do you have the possibility to *call upon, within around 30 minutes, competent medical reinforcements* belonging to a public or private organisation?** | yes | no |
|  |  |

**2.10**

|  |  |  |
| --- | --- | --- |
| ***Should there be a major accident, are you in telephone contact or in any other kind of contact with a person in charge appointed in advance?*** | yes | no |
|  |  |

**2.11 According to the nature of your event, its importance and its fame, the terrain and the distance, do you have ,TO INTERVENE ON SITE, one or more vehicles for medical or mixed use:**

|  |  |  |
| --- | --- | --- |
|  | yes | no |
| * ***Normal ambulance?*** |  |  |
| * ***Intensive care ambulance?*** |  |  |
| * ***Exclusive use intervention car?*** |  |  |
| * ***Mixed use intervention car, technical and medical?*** |  |  |
| * ***Vehicle for the extrication team(circuits and hill-climbs)*?** |  |  |

**2.12For every event off the circuit, where do you place the vehicles that will intervene, together or alone:**

|  |  |
| --- | --- |
| * ***Gathered at the start?*** |  |
| * **Dispersed?** |  |

**If your route needs intermediate points, do you place them:**

|  |  |
| --- | --- |
| * **In accordance with the kilometres?** |  |
| * ***In accordance with the travelling time*?** |  |

**2.13 How, and whatever the terrain, does the first intervening doctor reach the site of an accident (more than one answer possible):**

|  |  |
| --- | --- |
| * ***In a medical intervention car equipped in advance and exclusive?*** |  |
| * ***In a vehicle equipped in advance but for mixed use?*** |  |
| * **In an official car, for example with the Clerk of the Course or of the special stage where he puts his intervention KIT?** |  |
| * ***In another vehicle where he places his intervention KIT?*** |  |
| * **In a resuscitation ambulance or an ambulance equipped with a resuscitation KIT?** |  |
| * **By helicopter?** |  |

**3. PROCEDURE FOR TREATMENT AND EVACUATION**

**How, by whom, and with what are you going to continue to administer the treatment of a casualty and in particular that *of the vital functions, whether neurological, ventilator or circulatory*** (**consult for information Supplements 3 and 4 of Appendix H of the FIA International Sporting Code)**

**3.1**

|  |  |  |
| --- | --- | --- |
| ***Do you have:*** | yes | no |
| * ***A medical centre?  (for circuits, drag racing, hill climbs)*** |  |  |
| * ***an equivalent medical structure (bivouac for off-road rallies)?*** |  |  |
| * ***In these two cases, are at least one surgeon and an anaesthetist trained in pre-hospital treatment present?*** |  |  |
| * ***Resuscitation ambulance(s) equipped as it has to be, with the presence of a resuscitation expert or an emergency doctor experienced in the pre-hospital treatment of accident victims?*** |  |  |

**3.2**

|  |  |  |
| --- | --- | --- |
| **If not, in the absence of a resuscitation vehicle and in particular when the medical support at an event is only one doctor could you use *a normal ambulance by placing your intensive care KIT in it?*** | yes | no |
|  |  |

**3.3 After stabilisation, *any life-threatening conditions will require a transfer, by a fully equipped transport, to a proper hospital* (see box).**

|  |  |  |
| --- | --- | --- |
|  | yes | no |
| * ***Do you have on site the appropriate material (terrestrial or airborne ambulance; helicopter/fixed-wing medical aircraft equipped for intensive care or capable of being on site)?*** |  |  |
| * ***Do you have on site the appropriate medical staff (qualified anaesthetist)?*** |  |  |

***3.4***

|  |  |  |
| --- | --- | --- |
| ***If not, do you have the possibility of calling upon, within around 30 minutes, a resuscitation ambulance (or a helicopter equipped for this), belonging to a public or private organisation with at least one qualified doctor anaesthetist on board?*** | yes | no |
|  |  |

**3.5**

|  |  |  |
| --- | --- | --- |
| **To evacuate a casualty not requiring intensive care, can you use a normal ambulance?** | yes | no |
|  |  |

***3.*6**

|  |  |  |
| --- | --- | --- |
| ***Have you contacted one or more of outside hospitals where serious casualties will be transferred?*** | yes | no |
|  |  |

**4. MISCELLANEOUS**

|  |  |  |
| --- | --- | --- |
| Do you have a location, on site or nearby, in which it would be possible to perform a doping control in acceptable conditions? | yes | no |
|  |  |

***Chief Medical Officer- Name and Signature Clerk of the Course- Name and Signature***

**Annexure 1**

|  |  |  |
| --- | --- | --- |
| 1. **Are all medical services under the control of the chief medical officer** | Yes | No |
|  |  |

1. **Total Personnel (Medical Centre, Track)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Thu** | **Fri** | **Sat** | **Sun** | **Mon** |
| Doctor (including CMO) |  |  |  |  |  |
| Paramedic or equivalent |  |  |  |  |  |
| Other Medical Personnel |  |  |  |  |  |
| Stretcher bearer |  |  |  |  |  |
| Driver |  |  |  |  |  |
| Other (e.g. Pilot) |  |  |  |  |  |
| Total |  |  |  |  |  |

1. **Vehicles type A1=Medical Rapid Intervention Vehicle**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number | **THU** | **FRI** | **SAT** | **SUN** | **MON** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | **Yes** | | **No** |
| Do positions conform to map of circuit / posts ? | | | | | | | |  | |  |
| Doctor as per medical code | | | | | | | |  | |  |
| Second doctor, paramedic or equivalent as per Medical Code | | | | | | | |  | |  |
| Driver as per Medical Code | | | | | | | |  | |  |
| **Equipment (Medical)** | | | | | | | | | | |
| Portable Oxygen supply | | | | | | | |  | |  |
| Manual ventilator | | | | | | | |  | |  |
| Intubation equipment | | | | | | | |  | |  |
| Suction equipment | | | | | | | |  | |  |
| Intravenous infusion equipment | | | | | | | |  | |  |
| Equipment to immobilise limbs and spine (including cervical spine) (full spine board & short spine board) | | | | | | | |  | |  |
| Sterile dressings | | | | | | | |  | |  |
| ECG monitor and defibrillator | | | | | | | |  | |  |
| Drugs for resuscitation and analgesia / IV fluids | | | | | | | |  | |  |
| Sphygmomamanometer and stethoscope | | | | | | | |  | |  |
| **Equipment (Technical)** | | | | | | | | | | |
| Radio Communication | | | | | | | |  | |  |
| Visible audiles and signals | | | | | | | |  | |  |
| Equipment to remove suits and helmets | | | | | | | |  | |  |
| Type of vehicle | Quad |  | Bike |  | Amublance |  | Car | |  | |

1. **Vehicles Type B1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number | **THU** | **FRI** | **SAT** | **SUN** | **MON** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| Do positions conform to map of circuit / posts ? | |  |  |
| Doctor as per medical code | |  |  |
| Personnel as per medical code | |  |  |
| **Equipment (Medical)** | | | |
| Portable Oxygen Supply | |  |  |
| Manual and automatic ventilator | |  |  |
| Intubation equipment | |  |  |
| Suction equipment | |  |  |
| Intravenous infusion equipment | |  |  |
| Equipment to immobilise limbs and spine (including Cervical Spine) | |  |  |
| Thoracic drainage equipment | |  |  |
| Tracgeostomy equipment | |  |  |
| Sphygmomamanometer and sthethescope | |  |  |
| Stretcher | |  |  |
| Scoop Stretcher | |  |  |
| ECG monitor and defibrillator | |  |  |
| Pulse oximeter | |  |  |
| Drugs for resuscitation and analgesia / IV fluids | |  |  |
| **Equipment (Technical)** | | | |
| Radio Communication | |  |  |
| Visible audibles and signals | |  |  |
| Equipment to remove suits and helmets | |  |  |
| Air conditioning and refrigerator (recommended) | |  |  |
| Type of Vehicle |  | | |

1. **Vehicles Type C**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number | **THU** | **FRI** | **SAT** | **SUN** | **MON** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Yes** | **No** |
| Do positions conform to map of circuit / posts ? | |  |  |
| Doctor as per medical code | |  |  |
| **Equipment (Medical)** | | | |
| Stretcher | |  |  |
| Oxygen supply | |  |  |
| Equipment to immobilise limbs and spine | |  |  |
| First Aid medicaments and materials | |  |  |
| **Equipment (Technical)** | | | |
| Radio communication | |  |  |
| Visible audibles and signals | |  |  |
| Type of Vehicle |  | | |

1. **(a) Medical Ground posts**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number | **THU** | **FRI** | **SAT** | **SUN** | **MON** |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Do positions conform to map of circuit / posts ? |  |  |
| **Personnel** | | |
| Doctor / Paramedic of equivalent experience in emergency care |  |  |
| Stretcher bearer |  |  |
| **Equipment (Technical)** | | |
| Equipment for initiating resuscitation and emergency treatment |  |  |
| Cervical collar |  |  |
| Scoop Stretcher |  |  |
| **Equipment (Technical)** | | |
| Radio communication with CMO |  |  |
| Easily movable safety barriers, for protection of riders and ground post staff (Road Racing only) |  |  |

1. **(e) Personnel**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Thu** | **Fri** | **Sat** | **Sun** | **Mon** |
| Doctor |  |  |  |  |  |
| Paramedic or equivalent |  |  |  |  |  |
| Other Medical Personnel |  |  |  |  |  |
| Stretcher bearer |  |  |  |  |  |
| Driver |  |  |  |  |  |
| Other (e.g. Pilot) |  |  |  |  |  |
| Total |  |  |  |  |  |

Specialists at medical centre (mentioning speciality)

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Surgeon experience in trauma |  |  |
| 1. Trauma resuscitation specialist |  |  |
| 1. OTHER SPECIALISTS MENTION |  |  |
| 1. OTHER SPECIALISTS MENTION |  |  |
| 7f Doping facilities |  |  |

1. **Vehicle for transport to hospital**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Number | **THU** | **FRI** | **SAT** | **SUN** | **MON** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Hospital | Name of Hospital | Time to Hospital | | Distance  kms |
|  |  | Road | Air |  |
| a) Local Hospital |  |  |  |  |
| b) General Surgery |  |  |  |  |
| c) Orthopaedic / Trauma |  |  |  |  |
| d) Neurosurgery |  |  |  |  |
| e) Spinal injuries |  |  |  |  |
| f) Cario / Thoracic Surgery |  |  |  |  |
| g) Burns / Plastic surgery |  |  |  |  |
| h) Vascular surgery |  |  |  |  |
| i) Micro surgery |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| A route map to the hospitals is enclosed |  |  |

**NAME  NAME **

***Chief Medical Officer- Name, Signature & Seal Clerk of the Course- Name and Signature***