



## FIA MEDICAL INFORMATION NOTE

<b>To:</b>	All ASNs, CMOs and DCMOs, FIA Sporting Departments		
<b>From:</b>	Prof. Gérard SAILLANT	<b>Ref:</b>	FIAMIN-2018-01
<b>Date:</b>	Geneva, 17 January 2018	<b>Pages:</b>	3
<b>Subject:</b>	Regulatory changes in Appendices H and L - December WMSC decisions		

Dear Sir or Madam,

We would like to inform you of the following decisions taken by the World Motor Sport Council of 6 December 2017:

**1) Creation of an FIA accreditation for World Championship Chief and Deputy Chief Medical Officer (Appendix H)**

All World Championship CMOs and DCMOs will have to be accredited from 2018 with the aim of harmonising, maintaining and perfecting the quality of the medical services in these championships.

**For new CMOs and DCMOs**, this will mean following a **theoretical and practical training**, choosing either to specialise (Circuits or Rallies categories), or to train in both fields (Circuits + Rallies categories).

**For currently serving CMOs and DCMOs**, this will mean participating in a **mandatory refresher training session (held over one (half-)day) on the occasion of each biennial FIA CMO Seminar**.

As the next FIA CMO Seminar will be held in December 2018, **the currently serving CMOs and DCMOs will be granted a derogation authorising them to exercise in 2018** the role that they already exercised in 2016 and/or 2017 without having yet been accredited.

*Amendments to Appendix H, Supplement 2 (completely rewritten) and Articles 2.7.2.1, 3.3.2, 5.3.2.*

**2) Clarification and simplification of the post-accident procedure (Appendix L)**

It has been decided to thoroughly review this procedure to **make it more straightforward for the drivers and all other stakeholders**.

This has been done by:

- Splitting of the article between **“In-competition” procedure and “Out-of-competition” procedure**.
- Organising the article by clearly **listing the responsibilities of each stakeholder at each chronological step**.

In the former regulations, there were also specific procedures dependent on whether the incapacity following the accident lasted fewer than 10 days or if it lasted 10 days or longer. This distinction has been removed.

In addition, **sanctions** by the Stewards (on-site or at a future competition) have been implemented **in case of failure to comply on the part of the driver**.

*Regulatory amendments: merging of Articles 2.2, 2.3 and 3 of Appendix L, Chapter II into a single Article 2.2 renamed “Procedure following an accident, physical disorder or any health problem”.*

### 3) Update of medical centre requirements (Appendix H)

- **Dispensation concerning the medical centre when the referral hospital in charge of polytrauma is close enough to the circuit:**

The dispensation request should be sent to the FIA at least six months prior to the competition concerned. If the dispensation is granted, it is for the duration of the homologation of the circuit, and the presence of a basic medical unit intended for drivers and for first aid for the track personnel is nevertheless mandatory on site.

*Amendments to Appendix H, Articles 2.7.3.4, 2.7.3.8, 3.3.1, 3.3.2, Supplements 5 and 6.*

- **Clarification of the wording and content of Supplement 6:**
  - o The term permanent refers to solid infrastructure only (walls, flooring, etc.).
  - o In all cases, a medical centre must always be in a position to simultaneously treat two patients in intensive care, and is primarily intended for “at risk” persons (drivers, mechanics, etc.).
  - o Clarification of the requirements for:
    - WorldRX and international competitions on a Grade 5 or 6 circuit;
    - International competitions (except World Championships) on a Grade 1, 2, 3 or 4 circuit.
  - o **For temporary circuits, the possibility to create a simplified medical centre** based on what is required for WorldRX.

### 4) More pragmatic and efficient evacuation procedures for World Championships on circuits (Appendix H)

- **Ahead of the competition:**

**No change:** maintenance of the requirement of a maximum flight time of 20 minutes between the competition venue and the referral hospitals, apart from serious burns, in order to avoid the building of circuits far away from hospitals that comply with FIA requirements.

- **During the competition:**

**In the former regulations**, a timed session had to be interrupted if the helicopter had left the circuit, no other helicopter was available, and a transfer by ambulance to the referral hospital was longer than 20 minutes, bearing in mind the weather and road traffic conditions.

**In the updated regulations, the maximum time of 20 minutes for the ambulance transfer has been removed.** This will give more flexibility to the CMO, Race Director and FIA Medical Delegate in deciding whether to allow a timed session to start, continue or resume when the circuit is deprived of the use of a helicopter, either because the helicopter has left for a casualty transfer, or due to weather conditions, or in case of force majeure.

- **Exemption from the presence of a helicopter on site:**

**In the former regulations**, for permanent circuits, the exemption was valid only for the current year, while the exemption was renewed by tacit agreement for non-permanent circuits.

**In the updated regulations**, the same treatment is applicable to permanent and non-permanent circuits: all circuits must ask for an exemption every year.

*Amendments to Appendix H, Article 2.7.3.8.*

### 5) Clearer and more comprehensive recommendations concerning testing for FIA competitions (Appendix H)

- Complete overhaul of Supplement 1.
- More detailed recommendations so as to make them easier to understand and apply.
- For greater clarity, distinction between medical, circuit and general safety recommendations.

**6) International single-seater races open to drivers with disabilities under certain conditions**

Lifting of the ban, for drivers with disabilities, to apply for a dispensation allowing them to take part in international single-seater races providing that they comply with the requirements specified in Article 10.1 of Appendix L, Chapter I. It would also be required that their request is approved by the FIA Safety and Medical Commissions, as stipulated in Article 11.2 of Appendix L, Chapter I.

*Amendments to Appendix L, Chapter I, Article 11.2.*

**7) Other minor amendments made to Appendices H and L**

- **Cardiovascular aptitude examination for drivers over 45** (or younger if necessary): **instead of imposing a stress ECG test every two years**, the new requirement will be **a consultation with a cardiologist every three years**, and further investigation if necessary.

*Amendment to Appendix L, Chapter II, Article 1.2*

- Mention of **Attention Deficit Hyperactivity Disorder (ADHD)** in the list of illnesses or disabilities requiring a medical assessment by a body approved by the ASN.

*Amendment to Appendix L, Chapter II, Article 1.5.3*

- **More specific requirements for F1, WEC and WorldRX extrication teams** (*Appendix H, Supplement 7*):

- o The leader of each extrication team must be named in the medical questionnaire of the event.
- o The six people who make up the team are to be placed in the same vehicle.
- o An exercise to assess all the teams must take place before the start of the first practice session.

- Medical centre team for F1, WEC and WorldRX: one specialist must be proficient in the **initial management of concussion**. (*Appendix H, Articles 2.7.3.5 and 3.3.2*)

- Inclusion of **an intraosseous access kit** in the basic equipment for resuscitation areas (*Appendix H, Supplement 4 under 2. iii) Circulatory Support*)

- Moving of the regulations concerning the **prohibition of wearing piercings** within Appendix L (from Chapter II to Chapter III).

We remain at your disposal for any further information you may require.

Yours faithfully,



Gérard Saillant  
President of the Medical Commission