

Preparing Emergency Medical Services for World Motor-Sporting Events: Experiences at the World Motorcycle Grand Prix and the Formula-One World Championships 1999, Sepang International Circuit, Malaysia

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Malaysia experienced its first ever opportunity of hosting two world motor-sporting events in 1999: the World Motorcycle Grand Prix and the Formula-One in April and October respectively. The venue was a newly built motor circuit in Sepang that has a Grandstand capacity of 30,000 and open-air ground seating capacity of around 100,090. Included in the set-up was a well-designed medical centre equipped with resuscitation, radiology, and operating theatre services.

The emergency medical services for both events were planned and provided by the Malaysian Armed Forces Health Services with immediate support from the National University Hospital of Malaysia, the nearest and most advanced tertiary emergency and trauma centre. With a decade's experience organising local motorcycle grand prix but none for the Formula One Championships, planning and preparations for these world-class events at the brand new circuit, however, were extensive.

This paper presents the preparations undertaken and challenges encountered, with a view to sharing our experiences and assisting other organisations in preparing for similar motor-sporting events.

Keywords: emergency medical services; Formula One; grand prix; management; motorcycle; motorsports; preparedness

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Disaster Management Evaluation: The Current Status of the Standardised Protocol in the Utstein Style

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Since the first publication as a Disaster Research Template in 1996,¹ its refinement has progressed substantially. The process used and the product itself have been presented at different workshops and congresses, including the previous Nordic Congress in Kuopio.² This process became necessary in order to widen the scope for feedback and discussion during its development and to ensure its long-term dissemination. The process now is formally tied to the World Association of Disaster and Emergency Medicine (WADEM), since the General Assembly at the World Congress in Osaka in 1999 endorsed the Executive Summary.³ This summer, the World Health Organisation (Department for Emergency and Humanitarian Action) has signalled a wish to participate more actively, both in the ongoing development and also in the active use of the protocol as basis for research and teaching. The Task Force on Quality Control of Disaster Management (TFQCDM) remains, however, an independent body as previously outlined.²

For comparative research, disasters will be divided into identifiable phases, each described exclusively by its properties and not by time. It should facilitate comparisons regardless of the type of event that is responsible for the disaster. For example, the impact phase may vary from seconds (earthquakes) to weeks (flooding) to years (droughts), but still is the same phase. Furthermore, any or all of the Basic Societal Functions that together constitute a society may be followed through each of the defined phases of disaster, as well as how the functional status of each changes, depending on the kind of assistance provided or not provided. In this context the concept of "Best Outcome Without Assistance" (BOWA) will become crucial.³

Since the previous presentation at the 11th. World Congress on Disaster and Emergency Medicine in Osaka in 1999, further elements and concepts have been discussed in more detail. The formula that can be used to analyse all of the elements that lead to a disaster has been refined to provide a better instrument for achieving an understanding of the elements that together constitute the Damage Probability. The ultimate goal of the project, is to identify and modify the key factors responsible for turning an event into a disaster.

The Guidelines provide the instruments required to analyse not only how a disaster is handled, but also how pre-event activities may prove crucial to reduce damage in a cost-beneficial way. To analyse is to evaluate. To evaluate is to attribute a value.

We need to identify proper sets of Indicators of Effectiveness so that each activity can be performed with