

News

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UTHSCD visiting professor to
provide medical expertise
at Dallas Grand Prix.

DALLAS--When the Dallas Grand Prix circuit hits town there will be tight regulations governing not only the drivers and races, but the health care team as well.

Dr. Aubrey Bristow of London, a visiting assistant professor of Anesthesiology at the University of Texas Health Science Center, will be volunteering his medical expertise at the first-time Dallas racing spectacular. Bristow has worked in the national Grand Prix circuit in the United Kingdom. His background is in paramedic training and pre-hospital care.

Due to the inherent dangers in motor car racing, 21 physicians will be present every day during the four-day event, according to Dr. Leonard Riggs, co-medical director of the Dallas Grand Prix. The overall medical coverage will be supervised by racing officials and veteran medical staffers of previous races.

Stringent rules are set up for Formula One races, the ultimate in motor races where the top automobiles are built to precise construction standards and engine size. Sanctioning organizations are the Federation International Sport Automobile and Sports Car Club of America.

One requirement is that a physician be at the scene of any accident within 30 seconds, says Riggs. "All the doctors are volunteering because of their interest in racing. They must have experience caring for severely injured patients. And they must be accustomed to general emergencies that would occur in a crowd."

Injuries that occur most frequently in racers are leg, head and neck injuries. Entrapment of a driver in his car is another possibility.

"Drivers are lying almost flat surrounded by fuel tanks, so it is quite difficult to get someone with multiple injuries out," explains Bristow.

Such occurrences are rare; however, physicians must be prepared to handle everything from heat-related illness to severe injuries.

Health care will be provided to spectators, participants and crews. "The real reason we're there is for the drivers," explains Bristow. "But the circuit, the cars and drivers are a lot safer than they were a few

(over)

years ago."

Roll over bars, on-board fire extinguishers, flame-proof overalls and a steady oxygen supply built into helmets are standard equipment. "On this race course drivers will be approaching speeds of 200 mph and then slowing down to 40 mph for the hairpin turns. That's what makes it so exciting," says Riggs.

A team effort is required of both the drivers and officials sponsoring the race, says Bristow. "Other cars going around the track have to understand what the problems are and be able to work with the people running the race." For instance, if the race is stopped during an accident, drivers need to know where to park their own cars.

During the Grand Prix, physicians will be situated around the track on mobile emergency rescue vehicles (MERVS). Ambulances will also be disbursed around the race track should accidents require transport. Baylor Medical Center and Parkland Memorial Hospital are the back-up hospitals during the race. A helicopter and a back-up Care-Flight helicopter will be circling the event should burn injuries require immediate delivery to the Parkland Burn Center.

Co-Medical Director of the Dallas Grand Prix Dr. Ronald Crome is an emergency physician in Detroit. He has run similar races in Detroit in 1982 and 1983, according to Riggs. "During those races, they had 100 to 150 visits to the first-aid stations over a three-day period. Only 10 or 15 people needed to go to the hospital; and only three of those required admission to the hospital," he says.

Grand Prix medical provisions differ in every country, says Bristow. In Germany, two or three physicians continuously patrol outside the track in fast vehicles. In the United Kingdom, many more doctors are on foot at track side and run to any accident. They then decide whether it is necessary to obtain additional medical equipment from nearby cars, says Bristow.

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