



Fédération Internationale de Motocyclisme
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CIRCUIT CMO QUESTIONNAIRE International Six Days of Enduro / ISDE

(Form to be used by CMO)

The following questionnaire is to be completed and returned to the FIM 2 months prior to the event with

1) A map of the circuit/ posts indicating the medical services

2) Written confirmation that the hospitals are aware of the time of practice and racing and that injured riders will be treated with minimum delay

This form must also be given to the FIM Medical Inspector at the time of the inspection

Discipline	<input type="text"/>	IMN No.	<input type="text"/>
Circuit	<input type="text"/>	Date	<input type="text"/>
Country	<input type="text"/>		
CHIEF MEDICAL OFFICER	<input type="text"/>		
	LIC.-No.	<input type="text"/>	

Discipline

IMN No.

3) **Are all medical services under the control of the Chief Medical Officer** YES NO

4) **Total personnel (medical centre, track)**

Doctor (including CMO)
Nurse
Paramedic or equivalent
Other Medical personnel
Stretcher bearer
Driver
Other (e.g.Pilot)
Total

- 1 Tuesday
- 2 Wednesday
- 3 Thursday
- 4 Friday
- 5 Saturday
- 6 Sunday

(please fill in the number)

day	1	2	3	4	5	6
number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5a) **Vehicles Type A1 = Medical Intervention Vehicle** Number

Do positions conform to map of circuit/ posts? YES NO
 Doctor as per Medical Code
 Second doctor, nurse, paramedic or equivalent as per Medical Code
 Driver as per Medical Code

5b) **Vehicles Type A2 = Medical Intervention Vehicle** Number

Do positions conform to map of circuit/ posts? YES NO
 Doctor as per Medical Code
 Nurse, paramedic or equivalent as per Medical Code
 Driver as per Medical Code

5c) **Medical Equipment**

Portable oxygen supply
 Manual ventilator
 Intubation equipment
 Suction equipment
 Intravenous infusion equipment
 Equipment to immobilise limbs and spine (including cervical spine)
 Sterile dressings
 ECG monitor and defibrillator
 Drugs for resuscitation and analgesia/IV fluids
 Sphygmomanometer and stethoscope

5d) **Technical Equipment**

Radio communication with Race Director and CMO
 Visible and audible signals
 Equipment to remove suits and helmets

Type of vehicle Quad Bike
Ambulance Car
other

5e) **Other equipment**

Protective canvas / tarpaulins

Discipline		IMN No.		
6a) Vehicles Type B1	Number			
Do positions conform to map of circuit/ posts?				
Doctor as per Medical Code				
Personnel as per Medical Code				
6b) Vehicles Type B2	Number			
Do positions conform to map of circuit/ posts?				
Doctor as per Medical Code				
Personnel as per Medical Code				
6c) Medical Equipment				
Portable oxygen supply				
Manual and automatic ventilator				
Intubation equipment				
Suction equipment				
Intravenous infusion equipment				
Equipment to immobilise limbs and spine (including cervical spine)				
Sterile dressings				
Thoracic drainage equipment/Chest decompression equipmen				
Tracheostomy equipment/Surgical airway equipment				
Sphygmomanometer and stethoscope				
Stretcher				
Scoop stretcher				
ECG monitor and defibrillator				
Pulse oximeter				
Drugs for resuscitation and analgesia/ IV fluids				
6d) Technical Equipment				
Radio communication with Race Director and CMO				
Visible and audible signals				
Equipment to remove suits and helmets				
Air conditioning and refrigerator (recommended)				
Type of vehicle				
7) Vehicles Type C	Number			
Do positions conform to map of circuit/ posts?				
Personnel as per Medical Code				
7a) Equipment (Medical)				
Stretcher				
Oxygen supply				
Equipment to immobilise limbs and spine				
First Aid medicaments and materials				
7b) Equipment (Technical)				
Radio communication				
Visible and audible signals				
Type of vehicle				

Discipline	<input type="text"/>	IMN No.	<input type="text"/>	
7c) Personnel				
Doctor/ paramedic or equivalent experienced in emergency care			<input type="checkbox"/>	<input type="checkbox"/>
Stretcher bearer			<input type="checkbox"/>	<input type="checkbox"/>
7d) Medical Equipment				
Equipment for initiating resuscitation and emergency treatment			<input type="checkbox"/>	<input type="checkbox"/>
Cervical collar			<input type="checkbox"/>	<input type="checkbox"/>
Scoop stretcher			<input type="checkbox"/>	<input type="checkbox"/>
7e) Technical Equipment				
Radio communication with Race Control and CMO			<input type="checkbox"/>	<input type="checkbox"/>
8) Medical Centre	(Mandatory in 6 days Enduro)			
			YES	NO
Is a medical centre available as per Medical Code?			<input type="checkbox"/>	<input type="checkbox"/>
Secure environment from which media and public can be excluded			<input type="checkbox"/>	<input type="checkbox"/>
Area easily accessible by First Aid vehicles			<input type="checkbox"/>	<input type="checkbox"/>
Helicopter landing area nearby			<input type="checkbox"/>	<input type="checkbox"/>
A room large enough to treat more than one rider with minor injuries simultaneously			<input type="checkbox"/>	<input type="checkbox"/>
Temporary separation in this area, e.g. curtains or screens			<input type="checkbox"/>	<input type="checkbox"/>
Radio communication with Race Control, CMO, ambulances & ground posts			<input type="checkbox"/>	<input type="checkbox"/>
If the Medical Centre is fed by normal power electric supply, it must also be permanently connected to its own U.P.S. (Uninterruptible Power Supply)			<input type="checkbox"/>	<input type="checkbox"/>
Water supply, heating, air-conditioning and sanitation appropriate to the country			<input type="checkbox"/>	<input type="checkbox"/>
Office facilities			<input type="checkbox"/>	<input type="checkbox"/>
Dirty utility container			<input type="checkbox"/>	<input type="checkbox"/>
Equipment storage			<input type="checkbox"/>	<input type="checkbox"/>
Parking for ambulances			<input type="checkbox"/>	<input type="checkbox"/>
8a) Medical Equipment				
8b) Equipment for resuscitation				
Equipment for endotracheal intubation, tracheostomy and ventilation support including suction, oxygen and anaesthetic agents			<input type="checkbox"/>	<input type="checkbox"/>
Equipment for intravenous access including cut down and central venous cannulation			<input type="checkbox"/>	<input type="checkbox"/>
Fluids including colloid plasma expanders and crystalloid solutions			<input type="checkbox"/>	<input type="checkbox"/>
Intercostal drainage equipment			<input type="checkbox"/>	<input type="checkbox"/>
Equipment for cardiac monitoring and resuscitation, including ECG monitoring, defibrillation and blood pressure measurement			<input type="checkbox"/>	<input type="checkbox"/>
Equipment for immobilising the spine at all levels			<input type="checkbox"/>	<input type="checkbox"/>
Equipment for the splinting of limb fractures			<input type="checkbox"/>	<input type="checkbox"/>
Drugs/ IV fluids including analgesia, sedating agents, anticonvulsants, paralysing and anaesthetic agents, cardiac resuscitation drugs/ IV fluids			<input type="checkbox"/>	<input type="checkbox"/>
8c) Equipment for minor injuries				
The area must have beds, dressings, suture equipment and fluids to treat up to three riders with minor injuries simultaneously.			<input type="checkbox"/>	<input type="checkbox"/>
Sufficient stocks to replenish the area during the event must be available and sufficient doctors, nurses and paramedics or equivalent experienced in treating trauma must be available			<input type="checkbox"/>	<input type="checkbox"/>

Discipline

IMN No.

8d) Personnel

Doctor
Nurses
Paramedic or equivalent
Stretcher bearer
Driver
Other
Total

- 1 Tuesday
- 2 Wednesday
- 3 Thursday
- 4 Friday
- 5 Saturday
- 6 Sunday

(please fill in the number)

day	1	2	3	4	5	6
number						

Specialists at medical centre (mentioning specialty)

			yes	no
1. Surgeon experienced in trauma				
2. Trauma resuscitation specialist				

Other Specialists

3.
4.

9) Anti-Doping facilities

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>

10) Vehicles for transport to hospital

Number

11) Helicopter

11a) Helicopter with medical equipment

Number

- Fluids and drugs
- Respirator
- Oxygen
- ECG/defibrillator

11b) Personnel (specify)

Doctor
Nurse, paramedic or equivalent
Pilot
Total

- 1 Tuesday
- 2 Wednesday
- 3 Thursday
- 4 Friday
- 5 Saturday
- 6 Sunday

day	1	2	3	4	5	6
Number						

12) Clothing of medical personnel as per Medical Code

- Doctor
- Paramedics or equivalent

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

13) Hospitals :

Type of hospital	Name of Hospital	GPS Coordinates	Time to hospital		Distance km
			Route min	Air min	
a) Local hospital			<input type="text"/>	<input type="text"/>	<input type="text"/>
b) General Surgery			<input type="text"/>	<input type="text"/>	<input type="text"/>

Discipline		IMN No.		Time to hospital		Distance
Type of hospital	Name of Hospital	GPS Coordinates		Route	Air	km
				min	min	
c) Orthopaedic/Trauma						
d) Neurosurgery						
e) Spinal Injuries						
f) Cardio/Thoracic Surgery						
g) Burns/Plastic Surgery						
h) Vascular Surgery						
i) Micro Surgery						

14) A route map to the hospitals is enclosed YES NO

15) Trackside positions of Doctors

Please enter for every doctor (CMO,2,3,...) where he/she will be stationed. Remember to enter only one x in each column (except where there is an asterisk (Type A1 and B1), please enter the post n°)

Doctor (number)	CMO	1	2	3	4	5	6	7	8	9	10
Race Control											
other place											
Type A1*											
Type B1*											
Medical Centre/ Art. 7d)											

Discipline

IMN No.

16) The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO

YES

NO

Remarks:

Date of completion :

CMO signature: