FIM Medical Code

FIM

MEDICAL

EDITION 2022

updated 28 December 2021

CONTENTS

Articles amended are in bold type

Any references to the male gender in this document are made solely for the purpose of simplicity and refer also to the female gender except when the context requires otherwise.

APPENDIX 09 - MEDICAL CODE

MEDICAL CODE

a) The Medical Code contains guidelines, standards and requirements for the following: medical fitness in order to obtain a rider's license (09.1 - 09.3), medical services at events (09.4 - 09.7), procedure in the event of an injured rider (09.8), insurance (09.9), professional confidence (09.10), statistics (09.11), Data Privacy (09.12) and documentation (Appendices A, B, C, D, E, F, G, H1, H2, L, M and N).

b) The requirements of the Medical Code must be met at all FIM events and are recommended for all other competitions.

c) In circumstances not covered explicitly by the FIM Medical Code, a binding decision will be taken by the FIM International Medical Commission (CMI) after internal consultation by the CMI Bureau.

d) If such a situation occurs during a FIM event, a binding decision will be made by mutual agreement between the CMO, Medical Director, FIM WSBK Medical Director, FIM Medical Officer (GP) and FIM Medical Representative, if present.

e) Any amendments to the GP Medical Code must be approved by the GP Commission.

f) Any amendments to the WSBK Medical Code must be approved by the WSBK Commission.

g) The FIM Circuit Racing Grand Prix World Championships: Moto3, Moto2 and MotoGP will be herein collectively referred to as "GP".

h) The Superbike & Supersport World Championships will be herein collectively referred to as "WSBK" (WorldSBK).

09.1 MEDICAL CERTIFICATE AND EXAMINATION

a) Every rider taking part in motorcycle competition events must be medically fit. For this reason a satisfactory medical history and examination are essential. It is the responsibility of the rider to immediately inform the relevant FIM Medical Officer, FIM WSBK Medical Director, FIM Medical Director, FIM Medical Representative and the CMO of any state of health or medical condition or any deterioration in their health or medical condition that may adversely affect their ability to ride or compete safely. Failure to do so will result in an immediate exclusion from competition and may lead to further sanctions.

b) The medical certificate is valid for not more than one year. In the event of serious injury or illness occurring following the issue of a medical certificate, a further examination and medical certificate are necessary.

c) In addition to the medical examination, an applicant for any license in Cross-Country Rallies (World Championship, FIM Prize, international events) must undergo and pass successfully an echocardiogram once in his/her lifetime prior to the issuing of the license. An exercise tolerance electrocardiogram must be conducted and successfully passed with this echocardiogram and is then required every three years.

d) Regarding the duration of convalescence after injury please refer to Appendix D.

09.1.1 GUIDELINES FOR THE EXAMINING DOCTOR

The examination should be performed by a doctor familiar with the applicant’s medical history. The examining doctor must be aware that the person to be examined is applying for a license to participate in motorcycle events. The purpose of the examination is to determine whether the applicant is physically and mentally fit to control a motorcycle in order to ensure the safety of other riders, officials and spectators during an event, having regard to the type of event for which the rider is applying.

Certain disabilities exclude the granting of a license.

The FMN of every rider issuing the license shall possess a certificate confirming the rider is medically fit or unfit to participate in FIM competitions after verifying the rider has undergone the following medical assessment:

A) LIMBS

The applicants should have sufficient function of their limbs to permit full control of their machine during events. In the case of loss or functional impairment of all or part of a limb or limbs the applicant must be referred for the opinion of the medical commission of his FMN and of the FIM, if necessary.

B) EYESIGHT

a) For all disciplines except trial, the minimum corrected visual acuity must be 6/6 [10/10] with both eyes open together. The minimum field should measure 160 degrees, 30 degrees vertical.

b) For Trial, the minimum corrected visual acuity must be 6/6 [10/10] with one or both eyes open together. The minimum field should measure 160 degrees, (120 degrees for monocular vision with 60 degrees each side) 30 degrees vertical.

c) For all disciplines, spectacles, if required, should be fitted with shatterproof lenses and contact lenses, if worn, should be of the “soft” variety.

d) Satisfactory judgement of distance and wearing double protection when competing would be required for all riders with vision in only one eye.

e) Double vision is not compatible with the issuing of a competition license.

f) The applicant, for any event except Trial, must have normal colour vision, in that they can distinguish the primary colours of red and green. If there is any doubt, a simple practical test is recommended under conditions similar to those of a race.

C) HEARING AND BALANCE

A license can be issued to an applicant with impaired hearing but not to an applicant with a disturbance of balance.

A rider with impaired hearing must be accompanied at the riders briefing by a person with normal hearing who can communicate the information either by signing or in writing. The rider must wear a clearly visible tag that identifies him/her as hearing-impaired to the marshals and medical personnel in case of an accident/incident. The rider must also comply with the requirements of Article 09.3.4 of the FIM Medical Code.

D) DIABETES

In general, it is not considered advisable for diabetics to enter motorcycle events.

However, a well-controlled diabetic not subject to hypoglycaemic or hyperglycaemic attacks, and having no neuropathy nor any ophthalmoscopic evidence of vascular complications, may be passed as fit to compete.

E) CARDIO-VASCULAR SYSTEM

In general, a history of myocardial infarction or serious cardio-vascular disease would normally exclude a rider. Special attention should be paid to blood pressure and cardiac rhythm disorders. In such cases a certificate from a cardiologist including the results of any test the cardiologist considers necessary, must be submitted with the medical examination form.

With the exception of Trial any rider of fifty years and over must have an exercise tolerance electrocardiogram performed, and the result must be favourable. In Trial, an exercise tolerance electrocardiogram is required for any rider of 50 years and over if there are known significant risk factors for or history of cardiac disease.

F) NEUROLOGICAL AND PSYCHIATRIC DISORDERS

In general, applicants with a serious neurological or psychiatric disorder will not be granted a license.

G) FITS OR UNEXPLAINED ATTACKS OF LOSS OF CONSCIOUSNESS

A license will not be issued if the applicant suffers from epilepsy, has suffered a single epileptic fit, or has suffered any episodes of unexplained sudden loss of consciousness during a period of 5 (five) years. If no other epileptic fit or other unexplained sudden loss of consciousness has occurred during these 5 (five) years, the applicant may be granted a license.

H) USE OF WADA PROHIBITED SUBSTANCES

Applicants using substances included in the WADA Prohibited List will not be accepted except with a valid Therapeutic Use Exemption (TUE) approved by the FIM.

I) ALCOHOL

1. Applicants with an alcohol addiction will not be accepted.
2. For safety reasons riders must not participate in competition if they are found to have a blood alcohol concentration superior to the threshold of 0.10 g/L.
3. The presence of alcohol in concentration higher than the threshold and the consumption/use of alcohol (ethanol) are prohibited in motorcycling sport during the *in-competition period and will be considered as a violation of the Medical Code.
4. Such violation(s) of the Medical Code will be sanctioned as follows:
   - The riders will be immediately excluded and disqualified from the relevant event by the FIM Stewards. Further sanctions will be applied in accordance with the FIM Disciplinary & Arbitration Code and/or the relevant Sporting Regulations.
5. For the purpose of the alcohol testing procedure, the in-competition* period is defined as the period commencing 12 hours before the rider rides his bike for the first time during the event**, ending thirty (30) minutes after the end of the last race*** in his class and category. This is the minimum period of time that riders should abstain from alcohol prior to competition for safety reasons.

6) For the avoidance of doubt the possession, use and consumption of alcohol during the podium ceremony is not considered a violation under the FIM Medical Code providing that the podium ceremony takes place at the end of the event.

7) Detection will be conducted by analysis of breath and/or blood. The alcohol violation threshold is equivalent to a blood alcohol concentration of 0.10 g/L.

8) Riders may be subject to alcohol breath and/or blood testing at any time in-competition.

** Event is a single sporting event composed, depending on the discipline, of practice sessions, qualifying practice sessions and race(s), rounds, legs, heats or stages.

*** or round, leg, heat or stage.

J) MEDICATION & DRUGS

Applicants will not be accepted if they are using medication including those legitimately prescribed with potentially adverse side effects that could pose a risk to the safety of the rider or others during competition. This includes drugs that cause sedation, blurred vision, psychomotor retardation or other side effects that can adversely affect their ability to have full and complete control of a motorcycle in competition.

K) TREATMENT WITH PROHIBITED SUBSTANCES OR METHODS AT EVENTS

Any treatment requiring a prohibited substance or method to be used by any doctor to treat a rider during an event must be discussed and agreed with the FIM Medical Officer (GP), FIM WSBK Medical Director, FIM Medical Director or FIM Medical Representative, if present. If this is required a TUE must be submitted immediately for retroactive approval to be received by the FIM no later than the following day after the event.

L) ANAESTHESIA

Riders will not be permitted to participate in practice or competition until at least 48 hours have elapsed following any general, epidural, spinal or regional anaesthesia.

See also 09.3.3 b) and appendix D.

M) CONCUSSION

Assessment of the injured rider and return to competition should be in accordance with the guidelines for the assessment and management of concussion as contained within the Consensus Statement On Concussion In Sport - The 5th International Conference On Concussion in Sport held in Berlin, October 2016.

See also Art. 09.3.3 and appendix M.

In the event of a suspected concussion the rider should be assessed using a recognised assessment tool such as SCAT5 or similar (see appendix M). If the assessment confirms a concussion the rider should immediately be excluded from competition for at least the rest of the event. Prior to returning to competition the rider should be assessed for and provide documentary evidence of a return to normal neuro-psychological function using for example the IMPACT system, functional MRI scan or similar in accordance with the current International Consensus Statement on Concussion in Sport.

N) PROCEDURE IN CASE OF DOUBT OF MEDICAL FITNESS

The examining doctor may not feel able to approve an applicant on medical grounds. In such a case he should complete the certificate, having ticked the relevant box, sign it, and then send it to the applicant's FMN with his observations, including past history. If necessary, he should request that the applicant be examined by a member of the medical committee of the FMN or a doctor appointed by the FMN.

If, following the rider being assessed as being medically fit to participate in competition evidence emerges of a medical condition that represents a significant risk to the rider and/or other competitors, the Medical Director, FIM Medical Director/ Officer together with other relevant parties such as the CMO and FMN doctor have the right to withdraw the riders' license at any time until further assessment of the rider is undertaken and a subsequent satisfactory medical report is provided to the FMN and FIM Medical Director/Officer/Representative.

O) THE USE OF INTRAVENOUS FLUIDS

In accordance with Section M2.2 of the **2022** WADA Prohibited List Intravenous infusions and/or injections of more than a total of 100 mL per 12 hour period are prohibited except for those legitimately received in the course of hospital treatments, surgical procedures or clinical diagnostic investigations.

Intravenous fluids must therefore not be administered to any competitor during any event from the official start time of the event until the official event end time unless by the official FIM approved medical service for the event. In all cases there should be a formal medical need for the fluids demonstrated by documented assessment of the rider's medical condition including their vital signs. Rehydration should be sufficient to return vital signs to normal and no more. If the rider's medical condition is such that treatment requiring the use of intravenous fluids is necessary during an event he will not be permitted to compete for at least the remainder of that day. Return to competition will require a further medical assessment to ensure he is medically fit to do so.

P) ORAL HYDRATION

Where the temperature is sufficient to cause significant risk of dehydration as assessed by the CMO or Medical Director or FIM Medical Representative, the organiser must make drinking water available along the route at appropriate points in sufficient quantities for all competitors and officials as soon as possible and within a time frame to address the risk. Where possible the need for water should be assessed before the event start.

Q) COST OF MEDICAL EXAMINATION

Any fee arising from the examination or completion of the medical certificate is the responsibility of the applicant.

09.2 AGE OF RIDERS, DRIVERS AND PASSENGERS

Licenses for riders, drivers and passengers are issued for FIM World Championships and Prizes, as well as for international meetings, only when the minimum age has been attained as below:

A. <u>FIM World Championships</u>

Circuit Racing

	Min.	Max.
• FIM WC GP: Moto3 class: In the Moto3 class, an exemption applies to the winner of the FIM **JuniorGP™ World Championship World** Championship or the **FIM MotoGP** Rookies Cup to compete in the Moto3 class of the FIM World Championship Grand Prix **at 17 years**. Max. age Moto3: 23 years for new contracted riders participating in the Moto3 **World Championship** Grand Prix for the first time and for wild cards) at the 1st of January of the corresponding Championship year.	16 years	28 years
• **Red Bull MotoGP Rookies Cup**	**14 years**	**21 years**
• FIM Supersport 300cc World Championship:	**16 years**	28 years
• FIM Junior Moto3 World Championship:	**15 years**	23 years
• FIM WC GP: Moto2 class:	16 years	
• FIM WC GP: MotoGP class:	18 years	
• FIM Superbike WC:	18 years	
• FIM Supersport WC:	16 years	
• FIM Sidecar WC: drivers:	18 years	
• FIM Sidecar WC: passengers:	**18 years**	
• FIM Endurance WC:	18 years	
• **ETC, NTC, ATC, BTC (Continental Championships)**	**13 years**	

Motocross

	Min.	Max.
• FIM MXGP Motocross WC:	16 years	50 years
• FIM MX2 Motocross WC:	15 years	23 years
• FIM Motocross of Nations: min. as per MXGP, MX2:		50 years
• FIM Sidecar Motocross WC: drivers:	16 years	50 years
• FIM Sidecar Motocross WC: passengers:	16 years	50 years
• FIM Junior Motocross WC: 85cc class:	12 years	14 years
• FIM Junior Motocross WC: 125cc class:	13 years	17 years
• AMA Supercross, an FIM WC:	16 years	
• FIM SuperMoto S1GP WC:	15 years	50 years
• FIM SuperMoto of Nations:	15 years	50 years
• FIM SnowCross WC:	16 years	50 years
• FIM FreeStyle Motocross WC:	16 years	50 years
• FIM Women's Motocross WC:	15 years	50 years

Trial

• FIM Trial WC: TrialGP/Trial2:	16 years	
• FIM Women's Trial WC: TrialGP Women:	16 years	
• FIM Trial des Nations: World Championship:	16 years	
• FIM 125 cc Trial World Championship:	14 years	21 years
• FIM Women's Trial des Nations: If the event is not held on a closed circuit	14 years Holder of a valid driver's license	
• FIM X-Trial WC:	16 years	

Enduro

• FIM International Six Days' Enduro:	Holder of a valid driver's license
• FIM Enduro WC:	Holder of a valid driver's license
• FIM SuperEnduro WC:	18 years (Prestige)
• FIM Junior Enduro WC:	Holder of a valid driver's license and under 23 years
• FIM Youth Enduro WC:	Holder of a valid driver's license
• **FIM Hard Enduro WC:**	**16 years**
• **FIM Women's Enduro WC:**	**Holder of a valid driver's license**

Cross-Country Rally

• FIM Cross-country Rallies WC:	Holder of a valid driver's license

Track racing

	Min.	Max.
• FIM Speedway Grand Prix WC and Qualification meetings:	16 years	
• FIM Speedway of Nations:	16 years	
• FIM World Speedway League:	16 years	
• FIM Speedway Best Pairs:	16 years	
• FIM Ice Speedway WC:	16 years	
• FIM Ice Speedway of Nations:	16 years	
• FIM Long Track WC:	16 years	
• FIM Long Track of Nations:	16 years	
• FIM Speedway under 21 WC:	16 years	21 years
• FIM Team Speedway under 21 WC:	16 years	21 years
• FIM Speedway Youth WC:	13 years	16 years

B. <u>FIM Prizes</u>

Circuit Racing

• FIM MotoGP Rookies Cup:	13 years	18 years
• FIM Endurance WCup:	18 years	
• FIM Dragbike WCup:	16 years	
• FIM World Record Attempt: 50 ≤ cc ≤ 125cc:	14 years	
• FIM World Record Attempt: 125 < cc ≤ 300cc:	16 years	
• FIM World Record Attempt: 300 < cc ≤ 500cc:	15 years	
• FIM World Record Attempt: 500 < cc ≤ 600cc:	16 years	
• FIM World Record Attempt: 600 < cc ≤ 3000cc:	18 years	
• FIM MotoE:	**16 years**	

Motocross

	Min.	Max.
• FIM Veteran Motocross World Cup:	40 years	55 years
• FIM Junior Motocross WCup: 65cc class:	10 years	12 years
• FIM Women's SnowCross World Cup:	16 years	50 years
• FIM Vintage Motocross World Cup:	40 years	65 years

Trial

- FIM Trial des Nations - International Trophy: 14 years
- FIM Women's Trial2 Cup: 14 years
  If the event is not held on a closed circuit: Holder of a valid driver's license
- FIM X-Trial des Nations: 16 years

Enduro

- FIM Junior SuperEnduro World Cup: Age min: 16 years / Max: 23 years
- FIM Women's Enduro World Cup: Holder of a valid driver's license
- FIM Women's SuperEnduro World Cup: Age min. 16 years

  /or age limit imposed by the laws and regulations of the FMNR)
- **FIM Enduro Vintage Veteran Trophy Team: 50 years**
- **FIM Enduro Vintage Silver Vase Club Team: 40 years**
- **FIM Enduro Vintage Individual Trophy: -**
- **FIM Enduro Vintage World Cup: -**
- **FIM Hard Enduro World Cup: 16 years**
- **FIM Enduro Vintage Women Club Team: 25 years**

Cross-Country Rally

• FIM Cross-country Rallies World Cup – Women:	Holder of a valid driver's license
• FIM Bajas World Cup – 450cc/over 450cc – Women - Quad- Junior:	Holder of a valid driver's license
• FIM Cross-country Rallies World Cup – Quads:	Holder of a valid driver's license
• FIM Cross-country Rallies World Cup - Junior:	Holder of a valid driver's license
• FIM Cross-country Rallies World Cup - Veteran:	Holder of a valid driver's license Age min. 45 years
• FIM Cross-Country Rallies World Cup – SSV:	Holder of a valid driver's license
• FIM Bajas World Cup - SSV:	Holder of a valid driver's license
• FIM Bajas World Cup - Veteran:	Holder of a valid driver's license Age min. 45 years

Sand Race

	Min.	Max.
• FIM Sand Race World Cup - Motorcycle:	18 years	
• FIM Sand Race World Cup - Veterans:	38 years	
• FIM Sand Race World Cup - Juniors: up to 125cc 2-stroke:	13 years	17 years
• FIM Sand Race World Cup - Juniors: up to 250cc 4-stroke:	15 years	17 years
• FIM Sand Race World Cup - Quads:	18 years	
• FIM Sand Race World Cup - Quads Junior:	15 years	17 years

Track racing

• FIM Speedway Youth Gold Trophy:	12 years	15 years
• FIM Track Racing Youth Gold Trophy:	12 years	16 years
• FIM Flat Track Cup:	16 years	-
• FIM Speedway Sidecar World Cup:	17 years	-
• FIM Long Track Youth World Cup:	13 years	16 years

E-Bike

- **FIM E-Bike Cross World Cup: 10 years**
- **FIM E-Bike Enduro World Cup: 14 years**
- **FIM E-XPLORER World Cup: 16 years**
  (or age limit imposed by the laws and regulations of the FMNR)

C. <u>For Type VII – Solar/Electric Power bike</u>

- FIM World Record Attempt - kg ≤ 150: 16 years
- FIM World Record Attempt – 150 < kg ≤ 300: 18 years

D. <u>International events</u>

Circuit/Road Racing

- International events: classes up to 125cc, 2 strokes: 12 years
- International events: classes up to 250cc, 4 strokes, 1 cylinder: 12 years
- International events: over 125cc, 2 strokes and over 250cc, 4 strokes: 12 years
- International Hill climbs Races: 16 years
- International Drag Races: 16 years
- FIM MiniGP World Series: 10 years

Motocross

- International events: 85cc class: 12 years
- International events: 125cc and 250cc classes: 15 years
- International events: 500cc class: 15 years
- Sidecar Motocross International events: drivers: 16 years
- Sidecar Motocross International events: passengers: 16 years
- International Supercross events: 15 years
- International SnowCross Races: 16 years
- International FreeStyle Motocross: 15 years
- International SuperMoto Races: 15 years

Trial

- International Indoor Trial: 12 years
- International Trial: 12 years
  (The Supplementary Regulations must state the actual restrictions on age, respecting national legislation and stipulating any requirements for holding a driving license).

Enduro

- Quads international events: Holder of a valid driver's license
- International Indoor Enduro: 14 years
- International Enduro events: Holder of a valid driver's license

Cross-Country Rally & Baja

- International Cross-country rallies: Holder of a valid driver's license

Track racing

- International Speedway: 16 years
- International Speedway League meetings: 16 years
- International Ice Racing meetings: 16 years
- International Long & Grass Track Races: 16 years
- International Motoball Events: 16 years

E-Bike

- **E-Bike Cross: 10 years**
- **E-Bike Enduro: 14 years**
  (or age limit imposed by the laws and regulations of the FMNR)

The minimum ages for each and every discipline and category of events start on the riders' minimum age birthday.

09.2.1 APPLICANTS AGED 50 YEARS AND OVER

Applicants aged 50 and over except in Trial must attach to their rider's license request a certificate of medical fitness including a normal exercise tolerance electrocardiogram which is required at least every 3 years. In Trial an exercise tolerance electrocardiogram is also required if there are known significant risk factors for or history of cardiac disease.

(Refer to the respective appendices for the maximum age limits that apply to certain FIM World Championships and Prizes)

The limit for the maximum age in Circuit Racing GP and WSBK World Championships finishes at the end of the year in which the rider reaches the age of 50.

09.3 SPECIAL MEDICAL EXAMINATION

At any time during an event a special medical examination (this may include urine dipstick testing for drugs) may be carried out by an official doctor or by another doctor nominated by the Chief Medical Officer (CMO) at the request of the Race Director, Medical Director, FIM Medical Officer (GP), FIM WSBK Medical Director, FIM Medical Director, Jury President, Chief Steward or the FIM Medical Representative.

09.3.1 REFUSAL TO UNDERGO SPECIAL MEDICAL EXAMINATION

Any rider who refuses to submit himself to such a special medical examination will be excluded from the event, and notified to his FMN, the Race Direction and the FIM.

09.3.2 LIST OF MEDICALLY UNFIT RIDERS (APPENDIX G)

The CMO shall examine all riders listed as medically unfit who wish to compete in order to assess their medical fitness to do so the day before they use a motorcycle on the track. The list of medically unfit riders shall be supplied by the Medical Director and/or FIM Medical Officer, FIM WSBK Medical Director, FIM Medical Director who will attend this examination. The information provided on this list must be treated in the strictest confidence and must be only made available to the FIM Medical Director/ FIM Medical Officer/FIM Medical Delegate and the CMO at the event. It is the rider's responsibility to inform the CMO, Medical Director, FIM WSBK Medical Director, FIM Medical Director and FIM Medical Officer of any injury or illness sustained between events for inclusion in the list.

09.3.3 MEDICAL FITNESS TO RACE

a) A rider must be sufficiently medically fit to control his motorcycle safely at all times. There must be no underlying medical disorder, injury or medication that may prevent such control or place other riders at risk. Failure of a rider to disclose such a condition may lead to the application of sanctions.

b) Riders will not be permitted to participate in practice or competition until at least 48 hours have elapsed following any general, epidural, spinal or regional anaesthesia.

c) In the event of a suspected concussion the rider should be assessed and managed in accordance with the guidelines for the assessment and management of concussion as contained within the Consensus Statement On Concussion In Sport - The 5th International Conference On Concussion in Sport held in Berlin, October 2016. The rider should be assessed using a recognised assessment tool such as SCAT5 or similar. If the assessment confirms a concussion the rider should immediately be excluded from competition for at least the rest of the event.

d) Prior to returning to competition the rider should be assessed for and provide documentary evidence of a return to normal neuro-psychological function using for example the IMPACT system, a functional MRI or similar in accordance with the current International Consensus Statement on Concussion in Sport.

e) **Following injury or illness,** the decision regarding medical fitness to **return to competition** is normally at the discretion of the CMO. The **decision should be made on an individual case by case assessment and informed by relevant medical reports from** the practitioner treating the rider including details of X-rays, scans, analyses, other investigations and any interventions **which must be provided to the CMO, if available** before assessing a rider's fitness to return to competition. As necessary and appropriate decisions regarding fitness to compete should be made in consultation with the Medical Director, FIM WSBK Medical Director, FIM Medical Officer, FIM Medical Director and/or FIM Medical Representative, if present.

09.3.4 RIDERS WITH SPECIAL MEDICAL REQUIREMENTS

Riders with certain medical conditions and who may require special treatment in the event of injury, who have been in hospital during the previous 12 months or who are being treated for any medical conditions are responsible for informing the CMO, Medical Director, FIM WSBK Medical Director, FIM Medical Officer and FIM Medical Director before the event regarding their condition and that they may require such special treatment.

09.4 MEDICAL SERVICES AT EVENTS

a) Any treatment at the circuit during an event is free of charge to the riders. The costs for transferring an injured rider to a hospital designated by the CMO are the responsibility of the organiser of the event.

b) Medical services must guarantee assistance to all riders as well as any other authorised persons injured or taken ill at the circuit during event.

c) A medical service for the public, separate from the above services must be provided by the event organisers. This service is not described in this code but must conform to any regulation enforced by the relevant country and reflect the size of crowd expected. This service must be controlled by a deputy CMO or other doctor but not directly by the CMO.

d) Unless otherwise authorised by the rider the CMO, the Medical Director, the FIM WSBK Medical Director, the FIM Medical Director, the FIM Medical Officer and the Clinica Mobile and other members of the medical services, are not authorised to make statements to any third party, other than immediate relatives, about the condition of injured riders, without reference to and authorisation from the FIM and the promoter.

e) All doctors must adhere to their professional ethics and medical codes of practice at all times.

f) Appropriate medical services must be available continuously, from at least one hour before the start of the first practice for the event, until at least one hour after the last rider has finished.

However for FIM Circuit Racing WC GP and WSBK events:

Appropriate medical services should be available continuously when teams and officials are present at the circuit and in the paddock, that is normally, from at least 08:00hrs on the Monday before the race until at least 20:00hrs on the Monday after the race. In any case the CMO will consult with the FIM Medical Officer before stopping any service provision at the medical centre.

g) Appropriate medical services are defined as follows:

1. During all official track activity a fully functional medical services, including medical centre, ground posts, vehicles, helicopter and personnel in accordance with the circuit medical homologation.

2. During the days with track activity as well as the day before it begins the Medical Centre must be fully staffed in accordance with the medical homologation from 08:00hrs or at least 1 hour before the track activity commences until 20:00hrs or at least three hours after the end of the last race or track activity.

3. In MotoGP, the CMO, Medical Intervention Team (MIT) personnel, Medical Centre personnel and the FIM Medical Officer must attend the simulation and training on the day prior to the event. All appropriate medical vehicles, equipment and devices must also be available.

4. At all other times when there is no official track activity as above from 08:00hrs on the Monday before the event until 20:00hrs on the day after the event there must always be a doctor and a nurse/ paramedic with an ambulance available at the Medical Centre.

h) At events where no one sleeps in the paddock overnight it may be permissible following consultation with the FIM Medical Director/ Representative to not have any medical staff available from 23:00hrs to 07:00hrs.

i) The full Medical service available for FIM events must remain in place for any national or supporting races that occur during FIM events and that the FIM procedure in case of serious/fatal accidents must be followed.

09.4.1 THE CHIEF MEDICAL OFFICER (CMO)

The CMO:

1. Is a holder of the corresponding official's license in relevant disciplines (see Art. 09.4.2); this license is valid for a maximum term of three years (one years for the GP & WSBK CMOs Superlicense) and shall be issued by the FIM.

2. Is appointed by the FMNR/ Organiser.

3. Should be the same throughout the event.

4. Must be able to communicate in at least one of the FIM official languages, either English or French.

5. Should be familiar with the FIM Medical Code and FIM Anti-Doping Code.

6. Must be named in the Supplementary Regulations/event information.

7. Must be a fully registered medical practitioner authorised to practice in the relevant country or state in which the event is taking place.

8. Must have malpractice insurance appropriate to the relevant country or state, where the event is being held.

9. Must have attended and successfully completed an FIM CMO seminar in the past 3 years before the license will be issued, (every year for the Superlicense of GP & WSBK CMOs).

10. Must be familiar with the circuit and the organisation of the medical services at which he is appointed.

11. Must be familiar with the principles of emergency medical care and the associated organisational requirements necessary for a circuit medical service to deliver effective emergency medical interventions to injured riders in keeping with current accepted best practice.

12. Is responsible for the positioning of medical and paramedical personnel and vehicles under his control.

13. Must complete the FIM CIRCUIT CMO QUESTIONNAIRE (Appendix F) and return it to the FIM, Medical Director, FIM WSBK Medical Director, FIM Medical Director and FIM Medical Officer at least 60 days prior to the event. Failure to comply with this deadline may result in sanctions being applied. The Circuit CMO Questionnaire must be accompanied by:

    a) A medical plan and maps of the medical service including the position and number of all of the medical resources including all personnel and vehicles.

    b) A plan of the circuit medical centre.

    c) A map showing the location, distances and routes to the designated hospitals.

    d) A list of the doctors including a brief professional curriculum vitae of their experience and qualification relevant to the provision of out of hospital emergency medical care (only in Circuit Racing). For the other disciplines: a list of doctors with their speciality. This should be presented at the latest on the day before the event following the initial track safety inspection.

14. No alterations to the questionnaire and associated medical plan and circuit map showing the position of the medical personnel and vehicles, are permitted without previous consultation with the Medical Director and/or FIM Medical Officer/FIM WSBK Medical Director, FIM Medical Director and FIM Medical Representative.

15. Must contact, in writing, at least 60 days before the event, hospitals in the vicinity of the event that are able to provide the following specialist services and include them in the questionnaire:

    a) CT Scan
    b) MRI
    c) Trauma resuscitation
    d) Neurosurgery
    e) General surgery
    f) Vascular surgery
    g) Trauma and orthopaedic surgery
    h) Cardio-thoracic surgery
    i) Intensive care
    j) Burns and plastic surgery

16. Must send copies electronically to the FIM and Medical Director, FIM WSBK Medical Director, FIM Medical Director, FIM Medical Officer at least 30 days before the event and have available at the event the letters they have written to the hospitals and copies of the letters of confirmation that every hospital to be used for treatment of injured persons is aware that the event is taking place and is prepared to accept and treat injured riders with minimum delay. The letter of confirmation of every hospital must mention its equipment (x-ray, scanner etc.) the name (and telephone numbers) of the doctor in charge for each day and a map showing the quickest route from the circuit to the hospital.

17. Any change to the above mentioned information must be immediately forwarded to the FIM, Medical Director, FIM WSBK Medical Director, FIM Medical Director and FIM Medical Officer.

18. Should attend the meetings of the International Jury, Event Management Committee or Race Direction.

19. Must attend the safety/track inspection together with the Clerk of the Course and the Race Director/Direction one day prior to the first practice session.

20. Will collaborate with the Medical Director, FIM WSBK Medical Director, FIM Medical Officer and FIM Medical Representative to organize a simulation of a medical intervention on track on the day prior to the first practice session.

21. Must brief the medical personnel prior to the start of the first practice session of the event, as well as debrief the personnel after the event.

    a) This briefing should include practical scenario-based examples of incident responses.

    b) Compulsory scenario-based demonstration and training in the initial response to and management of an injured rider should take place on the day before the event and be attended by the CMO, Medical Director, FIM WSBK Medical Director, FIM Medical Director, FIM Medical Officer and the FIM Medical Representative (only for Circuit Racing).

    c) To inspect the circuit with the Medical Director, FIM WSBK Medical director, FIM Medical Officer, FIM Medical Director, Clerk of the Course and Race Director the day before the first practice session. A further check will be made no later than 30 minutes before the first practice session or race each day to ensure that all medical facilities and staff, including the Medical Centre are ready to function and in accordance with the agreed medical plan and the Medical Code, and to report any shortcomings to the Medical Director, FIM Medical Officer, FIM WSBK Medical Director, FIM Medical Director, Race Director and FIM Safety Officer.

22. When motorcycles are on the track the CMO:

    a) must be stationed in Race Control.

    b) must be in close proximity to and liaise directly with the Medical Director (in MXGP), FIM WSBK Medical Director, FIM Medical Officer (in GP), FIM Medical Representative, Clerk of the Course and Race Director.

c) must be in direct communication with the medical ground posts, ambulances, medical vehicles and medical centre at all times, and test this communication at the start of each day before or during the medical assessment.

d) provide immediate updates from trackside medical personnel to the Medical Director, FIM Medical Officer, FIM WSBK Medical Director, FIM Medical Director and Race Direction regarding the condition of any injured rider in order to facilitate the most appropriate medical response to their condition.

e) participate with the Medical Director (in MXGP), FIM WSBK Medical Director, FIM Medical Officer (in GP) and Race Direction in the immediate deployment of appropriate medical resources to injured riders.

23. Must recommend to the Race Director/Clerk of the Course that a practice session or a race be stopped if:

a) There is danger to life or of further injury to a rider or officials attending an injured rider if other riders continue to circulate.

b) The Medical personnel are unable to reach or treat a rider for any reason.

c) If a rider is unconscious, or suspected of having a spinal or other serious injuries and will require prolonged trackside medical intervention. Such information must be communicated immediately to the CMO by ground post personnel.

d) There is a risk of physiological harm to riders or of inability by riders to control their motorcycle, due to extreme weather conditions. In such circumstances of actual or potential harm from extreme weather conditions such as extreme heat the CMO and Medical Director or FIM Medical Officer should consider and recommend to the Race Direction that the race distance and length of sessions be adjusted accordingly with the provision of adequate periods for rest, recovery and rehydration. If necessary and appropriate the CMO, Medical Director and FIM Medical Officer can recommend that the race be stopped.

24. Must inform and update the Medical Director, FIM WSBK Medical Director, FIM Medical Officer, FIM Medical Director, regarding the condition of injured riders and liaise with the relevant hospitals to ascertain and report the progress of their condition and treatment.

25. Will prepare a list of injured riders (Medically Unfit List) to be given to the Medical Director, FIM WSBK Medical Director, FIM Medical Director, FIM Medical Officer and FIM Medical Representative.

26. Shall ascertain that fallen riders during practice are medically fit to continue in competition. All riders injured during an event who refuse or avoid a Special Medical Examination must be placed on the Medically Unfit List.

27. In accordance with normal medical practice will complete a clinical record of all medical examinations and assessments. A copy of the clinical record should be provided to the rider or their nominated representative to facilitate ongoing treatment after the event and referral to the rider's medical insurance provider.

28. Will meet with the Medical Director and/or the FIM Medical Officer, FIM WSBK Medical Director, FIM Medical Director, FIM Medical Representative every morning after the medical review, and every afternoon after the official activity has ended to discuss the medical interventions and the status of any injured riders. Evaluation of the interventions should include video of the performance of the medical activity. Such evaluation will then be included in and inform the subsequent briefing of the medical personnel by the CMO.

29. To participate with the Medical Director, FIM Medical Officer and FIM Medical Representative if present in decisions regarding riders who have been injured and who wish to compete.

30. Must ensure an interpreter in English is available in the hospital permanently when an injured rider is there.

31. Must send electronically the completed forms Appendices A and L to the FIM Medical Department at cmi@fim.ch by the day following the event. (The forms are available as from the FIM Medical Department).

32. Must liaise with the Medical Director and/or FIM Medical Officer, FIM WSBK Medical Director, FIM Medical Director and FIM Medical Representative during the year before the event to manage and improve the medical service in any way necessary and ensure the requirements of the FIM Medical Code are completely respected.

09.4.2 FIM WORLD CHAMPIONSHIPS & PRIZES REQUIRING A LICENSED CMO

A CMO, who must be a holder of the corresponding license, is required for the following events/meetings:

a) FIM Circuit Racing World Championship Grand Prix (Superlicense)
b) FIM WorldSBK & Supersport World Championships (Superlicense)
c) FIM Sidecar World Championship
d) FIM Endurance World Championship; (24 hours races: 2 CMOs)
e) FIM **JuniorGP™** World Championship
f) FIM Motocross World Championship (MXGP, MX2, Women, Junior)
g) FIM Motocross of Nations
h) FIM Sidecar Motocross World Championship
i) FIM SuperMoto S1GP World Championship
j) FIM SuperMoto of Nations
k) FIM Enduro World Championship
l) FIM International Six Days' Enduro
m) FIM Speedway World Championship Grand Prix
n) FIM Cross Country Rallies World Championship
o) FIM Dragbike World Cup
p) FIM Speedway des Nations
q) FIM Trial & X-Trial WC

09.4.3 MEDICAL DIRECTOR (GP)

The Medical Director will be appointed by the contractual partner.

In FIM Circuit Racing WC GP his duties shall be:

1. The CMO's point of reference for all medical aspects during the week of the race, as well as the months before during its preparation in collaboration with the FIM Medical Officer.

2. To ensure that all aspects of the medical service including the local medical service, the Clinica Mobile and the FIM Medical Intervention Team are to the required standards.

3. To be able to communicate at all times with all elements of the medical service in order to be fully informed of any medical issues.

4. To inspect the circuit with the CMO, FIM Medical Officer, Clerk of the Course and Race Director the day before the first practice session. A further check will be made no later than 30 minutes before the first practice session or race each day to ensure that all medical facilities and staff including the Medical Centre are ready to function and in accordance with the agreed medical plan and the Medical Code, and to report any shortcomings to the CMO, FIM Medical Officer, Race Director and FIM Safety Officer.

5. To receive from the CMO a signed copy of the FIM Circuit Medical Report Form and the medical plan as agreed during the FIM Medical Homologation and to ensure that the facilities comply with it.

6. To ensure in collaboration with the FIM Medical Officer and CMO that all necessary steps are taken to address any deficiencies in the medical plan or performance of the medical responses.

7. To inform the Race Director in consultation with the FIM Medical Officer and CMO of any situations where it may be necessary to stop the event in order to deploy the medical intervention vehicles.

8. To in conjunction with the FIM Medical Officer and CMO ensure that the intervention in the event of an injured rider is adequate, timely and appropriate.

9. To participate as necessary with the CMO and the FIM Medical Officer in decisions regarding riders who have been injured and who wish to compete and there is uncertainty as to their medical fitness to do so.

10. To assist the FIM Medical Officer in ensuring the requirements of the FIM Medical code are met.

11. To meet with the CMO and the FIM Medical Officer every morning after the medical review, and every afternoon after the official activity has ended to discuss the medical interventions and the status of any injured riders. Evaluation of the interventions should include video of the performance of the medical activity. Such evaluation will then be included in and inform the subsequent briefing of the medical personnel by the CMO.

12. To visit the designated hospital for a first event or if there is a change in the designated hospital to ensure the services provided are in accordance with the FIM Medical Code.

13. Must liaise with the FIM Medical Officer and CMO during the year before the event to manage and improve the medical service in any way necessary and ensure the requirements of the FIM Medical Code are completely respected.

09.4.4 FIM WSBK MEDICAL DIRECTOR

The FIM WSBK Medical Director will be a member of the FIM Medical Commission appointed by the FIM in consultation with the Contractual Partner.

The duties of the FIM WSBK Director shall be:

1. The CMO’s point of reference for all medical aspects during the week of the race, as well as the months before during its preparation.

2. To ensure that all aspects of the medical service including the local medical service, the Clinica Mobile are to the required standards.

3. To be able to communicate at all times with all elements of the medical service in order to be fully informed of any medical issues.

4. To inspect the circuit with the CMO, Clerk of the Course and Race Director the day before the first practice session. A further check will be made no later than 30 minutes before the first practice session or race each day to ensure that all medical facilities and staff including the Medical Centre are ready to function are in accordance with the agreed medical plan and the Medical Code, and to report any shortcomings to the CMO, Race Director, FIM Safety Officer, and FIM Medical Representative.

5. To receive from the CMO a signed copy of FIM Circuit Medical Report Form, and the medical plan as agreed during the FIM Medical Homologation and to ensure that the facilities comply with it.
6. To ensure in collaboration with the FIM Medical Representative and CMO that all necessary steps are taken to address any deficiencies in the medical plan or performance of the medical responses.
7. To be present in Race Control when motorcycles are on the track to observe the performance of the medical responses and to direct and advise the CMO and Race Direction accordingly.
8. To inform the Race Director in consultation with the CMO of any situations where it may be necessary to stop the event in order to deploy the medical intervention vehicles.
9. To ensure in conjunction with the CMO that the intervention in the event of an injured rider is adequate, timely and appropriate.
10. To participate as necessary with the CMO and the FIM Medical Representative in decisions regarding riders who have been injured and who wish to compete and there is uncertainty as to their medical fitness to do so.
11. To attend Event Management Committee meetings.
12. To assist the FIM Medical Representative in ensuring the requirements of the FIM Medical code are met.
13. To obtain from the CMO at the end of each practice session or race a list of fallen riders and to ensure that the list of medically unfit riders held by the CMO is up to date to ensure medically unfit riders are not allowed on the circuit.
14. To meet with the CMO every morning after the medical review, and every afternoon after the official activity has ended to discuss the medical interventions and the status of any injured riders. Evaluation of the interventions should include video of the performance of the medical activity. Such evaluation will then be included in and inform the subsequent briefing of the medical personnel by the CMO.

15. To visit the designated hospital for a first event or if there is a change in the designated hospital to ensure the services provided are in accordance with the FIM Medical Code.

16. To receive from the CMO the List of Medically Unfit riders and forward it to the CMO of the next event.

17. To provide a full written report to the FIM regarding the performance of the medical service and the status of the medical homologation with if necessary any recommendations required for improvement.

18. Must liaise with CMO during the year before the event to manage and improve the medical service in any way necessary and ensure the requirements of the FIM Medical Code are completely respected.

09.4.5 FIM MEDICAL OFFICER (GP)

The FIM Medical Officer at an event will be a member of the FIM Medical Commission.

The duties of the FIM Medical Officer will be:

1. The CMO's point of reference for all medical aspects during the week of the race, as well as the months before during its preparation in collaboration with the Medical Director.

2. To represent and be responsible to the FIM and the FIM International Medical Commission.

3. To undertake as required medical assessments for the FIM Medical Homologation of the circuit and to make relevant recommendations accordingly.

4. To visit the designated hospital for a first event or if there is a change in the designated hospital to ensure the services provided are in accordance with the FIM Medical Code.

5. To receive and review the CMO Medical Questionnaire in advance of the event to confirm it is in compliance with the FIM Medical Homologation and the FIM Medical Code.

6. To ensure the medical service provision is in accordance with the requirements of the FIM Medical Code.

7. To inspect the circuit with the CMO, Medical Director, Clerk of the Course and Race Director the day before the first practice session. A further check will be made no later than 30 minutes before the first practice session or race each day to ensure that all medical facilities and staff including the Medical Centre are ready to function and in accordance with the agreed medical plan and the Medical Code, and to report any shortcomings to the CMO, Medical Director, Race Director and FIM Safety Officer.
8. To be present in Race Control when motorcycles are on the track to observe the performance of the medical responses and to direct and advise the CMO and Race Direction accordingly.
9. To liaise with the CMO and the Clinica Mobile during medical interventions and when medical care is being provided to riders.
10. To obtain from the CMO at the end of each practice session or race a list of fallen riders and to ensure that the list of medically unfit riders held by the CMO is up to date to ensure medically unfit riders are not allowed on the circuit.
11. To be in direct communication with the members of the FIM Medical Intervention Team, as well as the drivers of these vehicles.
12. To inform the Race Director in consultation with the CMO of any situations where it may be necessary to stop the event in order to deploy the medical intervention vehicles.
13. To observe and advise the application of the FIM Medical Code and make recommendations accordingly.
14. To inform the Chief Steward, the FIM Medical Commission, the Medical Director and if necessary the Race Direction of any medical arrangement that contravenes the FIM Medical Code.
15. To participate with the Medical Director and CMO in the daily medical reviews of the track to ensure that medical facilities are in accordance with the agreed medical plan and Medical Code and to report any shortcomings to the Race Director, FIM Safety Officer, Medical Director and CMO as appropriate.

16. To ensure in collaboration with the Medical Director and CMO the response of the medical service is fit for purpose and to the required standard on the track and in the medical centre through direct observation and in Race Control.
17. To ensure in collaboration with the Medical Director and CMO that all necessary steps are taken to address any deficiencies in the medical plan or performance of the medical responses.
18. To in conjunction with the Medical Director and CMO ensure that the intervention in the event of an injured rider is adequate, timely and appropriate
19. To assist the Medical Director and CMO in ensuring the medical service provision is to the required operational standard
20. To participate as necessary with the CMO and the Medical Director in decisions regarding riders who have been injured and who wish to compete and there is uncertainty as to their medical fitness to do so.
21. To attend Event Management Committee meetings.
22. Will meet with the CMO and Medical Director every morning after the medical reviews, and every afternoon after the official activity has ended to discuss the medical interventions and the status of any injured riders. Evaluation of the interventions should include video of the performance of the medical activity. Such evaluation will then be included in and inform the subsequent briefing of the medical personnel by the CMO.
23. To provide a full written report to the FIM regarding the performance of the medical service and the status of the medical homologation with if necessary any recommendations required for improvement.
24. To provide a full written report to the CMO with an evaluation of the Medical Service during the weekend. The report should include aspects requiring improvement prior to the next race and reflect good practice by the medical service during the event.

25. To receive from the CMO the List of Medically Unfit riders and forward it to the CMO of the next event.

26. Must liaise with the Medical Director and CMO during the year before the event to manage and improve the medical service in any way necessary and ensure the requirements of the FIM Medical Code are completely respected.

09.4.6 FIM JUNIORGP™ MEDICAL DIRECTOR

The FIM **JuniorGP™** Medical Director will be a member of the FIM Medical Commission appointed by the FIM in consultation with the Contractual Partner.

The duties of the FIM **JuniorGP™** Medical Director shall be:

1. The CMO's point of reference for all medical aspects during the week of the race, as well as the months before during its preparation.

2. To ensure that all aspects of the medical service are to the required standards.

3. To be able to communicate at all times with all elements of the medical service in order to be fully informed of any medical issues.

4. To inspect the circuit with the CMO, Clerk of the Course and Race Director no later than 30 minutes before the first official practice session or race each day to ensure that all medical facilities and staff including the Medical Centre are ready to function in accordance with the agreed medical plan and the Medical Code, and to report any shortcomings to the CMO, Race Director, FIM Safety Officer and FIM Stewards.

5. To receive from the CMO a signed copy of FIM Circuit Medical Report Form, and the medical plan as agreed during the FIM Medical Homologation and to ensure that the facilities comply with it.

6. To ensure in collaboration with the CMO that all necessary steps are taken to address any deficiencies in the medical plan or performance of the medical responses.

7. To be present in Race Control to observe the performance of the medical responses and to direct and advise the CMO and Race Direction accordingly unless required elsewhere for example in the Medical Centre to observe and if necessary and appropriate to assist in the assessment and management of injured riders.
8. To inform the Race Director in consultation with the CMO of any situations where it may be necessary to stop the event in order to deploy the medical intervention vehicles.
9. To ensure in conjunction with the CMO that the intervention in the event of an injured rider is adequate, timely and appropriate.
10. To participate as necessary with the CMO in decisions regarding riders who have been injured and who wish to compete and there is uncertainty as to their medical fitness to do so.
11. To attend Event Management Committee and Race Direction meetings.
12. To assist in ensuring the requirements of the FIM Medical Code are met.
13. To obtain from the CMO at the end of each practice session or race a list of fallen riders and to ensure that the list of medically unfit riders held by the CMO is up to date to ensure medically unfit riders are not allowed on the circuit.
14. To meet with the CMO every morning after the medical review, and every afternoon after the official activity has ended to discuss the medical interventions and the status of any injured riders. Evaluation of the interventions should include video of the performance of the medical activity. Such evaluation will then be included in and inform the subsequent briefing of the medical personnel by the CMO.
15. To visit the designated hospital for a first event or if there is a change in the designated hospital to ensure the services provided are in accordance with the FIM Medical Code requirements.

16. To receive from the CMO the List of Medically Unfit riders and forward it to the CMO of the next event.

17. To provide a full written report to the FIM regarding the performance of the medical service and the status of the medical homologation with if necessary any recommendations required for improvement.

18. Must liaise with CMO during the year before the event to manage and improve the medical service in any way necessary and ensure the requirements of the FIM Medical Code are completely respected.

19. To communicate with and forward lists of unfit riders to the FIM Medical Directors and Medical Officers in other FIM championships in which the riders also compete.

09.4.7 FIM MEDICAL REPRESENTATIVE

The FIM Medical Representative at an event will be a member of the FIM Medical Commission.

The duties of the FIM Medical Representative will be:

1. To represent and be responsible to the FIM and the FIM International Medical Commission.

2. To inspect the circuit with the CMO, Medical Director, Clerk of the Course and Race Director the day before the first practice session. A further check will be made no later than 30 minutes before the first practice session or race each day to ensure that all medical facilities and staff including the Medical Centre are ready to function and in accordance with the agreed medical plan and the Medical Code, and to report any shortcomings to the CMO, Medical Director, Race Director and FIM Safety Officer.

3. To visit the designated hospital for a first event or if there is a change in the designated hospital to ensure the services provided are in accordance with the FIM Medical Code.

4. To receive and review the CMO Medical Questionnaire in advance of the event to confirm it is in compliance with the FIM Medical Homologation and the FIM Medical Code.

5. To ensure the medical service provision is in accordance with the requirements of the FIM Medical Code.
6. To observe and advise the application of the FIM Medical Code and make recommendations accordingly.
7. To inform the Chief Steward, the International Jury, the FIM Medical Commission, the Medical Director, and if necessary the Race Direction of any medical arrangement that contravenes the FIM Medical Code.
8. To participate with the Medical Director, and CMO in the daily medical reviews of the track to ensure that medical facilities are in accordance with the agreed medical plan and Medical Code and to report any shortcomings to the Race Director, FIM Safety Officer, Medical Director and CMO as appropriate.
9. To ensure in collaboration with the Medical Director and CMO the response of the medical service is fit for purpose and to the required standard on the track and in the medical centre through direct observation and in Race Control.
10. To ensure in collaboration with the Medical Director and CMO that all necessary steps are taken to address any deficiencies in the medical plan or performance of the medical responses.
11. To in conjunction with the Medical Director and CMO ensure that the intervention in the event of an injured rider is adequate, timely and appropriate.
12. To assist the Medical Director and the CMO in ensuring the medical service provision is to the required operational standard.
13. To participate as necessary with the CMO and the Medical Director in decisions regarding riders who have been injured and who wish to compete and there is uncertainty as to their medical fitness to do so.
14. To attend Event Management Committee, and International Jury meetings.
15. To provide a full written report to the FIM regarding the performance of the medical service and the status of the medical homologation with if necessary any recommendations required for improvement.

See also Article 09.6

09.4.8 FIM MEDICAL DIRECTOR IN FIM MXGP & MX2 EVENTS

The FIM Medical Director at an event will be a member of the FIM Medical Commission and is appointed by the Director of the Medical Commission in consultation with the Director of the Motocross Commission.

A. Overall Role and Responsibilities

The duties of the FIM Medical Director at an MX event shall be:

1. To receive from the CMO a signed copy of the Circuit CMO Questionnaire (appendix F) and to ensure that the facilities comply with it.

2. To inspect the circuit with the CMO and Race Director the day before the first practice session. A further check will be made no later than 30 minutes before the first practice session and at least 15 minutes before the start of subsequent session or race each day to ensure that all medical facilities and staff including the Medical Centre are ready to function and in accordance with the agreed medical plan and the Medical Code, and to report any shortcomings to the CMO, Race Director and FIM Delegate.

3. To obtain from the CMO at the end of each practice session or race a list of injured competitors and to ensure that the list of unfit competitors established by the Medical Director is up to date to ensure unfit competitors are not allowed on the circuit.

4. To attend serious incidents with the CMO or his nominated deputy and render such assistance as may be necessary and to deal with any issues with the medical service around the circuit. A motorcycle or quad if possible should be provided to facilitate this.

5. To observe the promptness and appropriateness of rescue actions and interventions during the event. Whenever possible the Medical Director should be able to watch each race on television with the Race Director to ensure maximum coverage and facilitate rapid decision making.

6. To examine with CMO all competitors listed as injured (Unfit Competitors/Riders List) who wish to compete and to assess and agree their fitness to do so.

7. To attend meetings of the Race Direction.

8. To observe and advise regarding the appropriate application of the Medical Code.

9. To inform the Race Direction, and if necessary the FIM Medical Commission of any medical arrangement that contravenes the FIM Medical Code.

10. To advise regarding the fitness to compete, or otherwise, of an injured competitor.

B. Rules of engagement

1. The Medical Director will work in co-operation with the Race Director and FIM Delegate.

2. The Medical Director will report to the Race Director and FIM Delegate any necessary interventions regarding the medical service.

3. The Medical Director is the final arbiter in relation to medical issues at the event.

4. The Medical Director is independent of the promoter, the organizer and the teams.

5. The Medical Director is a member of the FIM International Medical Commission.

6. The Medical Director is responsible to the FIM.

7. The Medical Director is not responsible for the treatments of the medical service but will ensure that it is sufficient, appropriate and in accordance with the FIM Medical Code.

8. The Medical Director will report any concerns or deficiencies relating to the event medical service provision to the Race Director and FIM Delegate and present proposals to resolve such concerns.

9. In extreme circumstances the Medical Director may in collaboration with the Race Director propose to the Event Management to delay the practice sessions or races or in exceptional circumstances recommend its cancellation.

10. The CMO has the overall responsibility for the medical service.

11. In any case of uncertainty the Medical Director will contact the Director of the FIM Medical Commission or a medical colleague of the Bureau of the FIM Medical Commission.

12. The Medical Director will send the list of fit and unfit riders to the Medical Commission Coordinator and other relevant officials for onward transmission to the CMO at the following event.
13. The Medical Director will be provided with accident and injury statistics from each event and forward these to the CMI Coordinator for collation.
14. The Medical Director will provide a report to the CMS & CMI Coordinators, CMI Director, CMS Director, Race Director and the Promoter following each event.
15. The Medical Director is available for medical questions and advice for riders, teams and the Promoter and other and will liaise with the CMO and the local medical services on their behalf.
16. The Medical Director will if necessary attend the hospital to ensure the prompt and appropriate treatment of riders and officials if required and to ascertain the arrangements for repatriation.
17. The Medical Director will ensure that arrangements are in place to receive information and updates from the hospitals regarding the condition of injured riders.
18. The Medical Director will provide advice regarding anti-doping requirements to the riders, their doctors, their teams and the CMO.

The overall aim of the Medical Director is to ensure that all participants are provided with rapid, appropriate and all necessary medical care of the highest standard at each event.

This list is not exhaustive and also includes any other duties that are required to ensure the safety and wellbeing of the participants and to ensure the event medical service is in accordance with the FIM Medical Code.

C. Other Duties, Roles and Responsibilities Before and During an Event

1. Prior to the event the Medical Director must receive the CMO Questionnaire as required by and in accordance with the FIM Medical Code.

2. Any injured rider must first be seen and assessed by the official event medical service and CMO for emergency treatment and be declared fit or unfit to compete as appropriate. He may then attend any other doctor of his choice. If the CMO advises against this, the rider must sign a declaration that he is seeking other advice and treatment (Appendix C). If necessary the Medical Director is able to overrule the CMO.

3. Any rider, who, after treatment by a doctor not part of the event medical service, wishes to ride, must first obtain authorization for this from the CMO of the event or his deputy, who should consider any recommendation by the doctor treating him. A full report has to be given in writing to the Medical Director.

D. Friday

The following times may be subject to change

a) 14:00 hours: meeting between CMO and Medical Director.

b) 15:00 hours: participate in inspection of the track.

c) 16.30 hours: hold final meeting and pre-briefing with CMO.

d) 17:00 hours: attend organizers meeting.

e) 17:30 hours: control of medically unfit riders.

f) 18:00 hours: visit local hospitals (if necessary).

g) To review the FIM Circuit Medical Report Form and ensure the medical service provision is in compliance (app. F).

h) To check Medical Centre, equipment, facilities and personnel.

i) To check equipment of Ground Posts (radio communication, type of stretcher, cervical immobilization equipment etc.).

j) To check types of ambulances and their equipment.

k) To check anti-doping facilities.

l) To check circuit and route maps and evacuation roads.

m) To check “List of Medically Unfit Riders”.

n) To remind CMO of requirements of FIM Medical Code.

o) To confirm all arrangements with the hospitals are in place and confirmed.

p) To report any shortcomings to the Race Director and FIM Officials.

q) To be present at and participate in the meeting with organizer.

r) To check the helicopter landing area.

E. Saturday

a) Together with CMO attend briefing for medical personnel.

b) Inspect the ground posts, ambulances and Medical Center at least 30 minutes before the start of the first session.

c) If necessary brief CMO to make final changes on the track.

d) Final checks made by Medical Director during practice.

e) CMO to inform the Medical Director about any incidents and interventions at the track and in the Medical Center and any referrals to hospital.

f) The Medical Director will join all Race Direction meetings during the day.

g) To examine with CMO all riders listed as injured, who wish to compete to assess and advise regarding their medical fitness to do so.

h) To obtain from the CMO at the end of each day a list of injured riders.

i) To attend serious incidents with CMO.

j) To receive copy of “List of Medically Unfit Riders” from CMO.

F. Sunday

a) Together with CMO attend briefing for medical personnel.

b) Inspect the ground posts, ambulances and Medical Center at least 30 minutes before the start of the first session.

c) If necessary brief CMO to make final changes on the track.

d) Final checks made by Medical Director during practice.

e) CMO to inform the Medical Director about any incidents and interventions at the track and in the Medical Center and any referrals to hospital.

f) The Medical Director will join all Race Direction meetings during the day.

g) To examine with CMO all riders listed as injured, who wish to compete to assess and advise regarding their medical fitness to do so.

h) To obtain from the CMO at the end of each day a list of injured riders.

i) To attend serious incidents with CMO.

j) To receive copy of “List of Medically Unfit Riders” from CMO.

k) The Medical Director will receive a list of unfit riders during the final meeting of Race Direction from the CMO.

l) The Medical Director will forward the “List of Unfit riders” to the CMO and Medical Director of the next event.

09.4.9 SPEEDWAY GRAND PRIX FIM MEDICAL DELEGATE - DUTIES

Beside their usual FIM duties (verification of the medical facilities, ambulances and anti-doping facilities at the stadium and hospital), the SGP Medical Delegate who is appointed by the FIM must:

a) Attend all the Jury Meetings and wear FIM clothing.

b) Work in close collaboration with the FMNR Medical staff during the practice and the competition inside the medical rooms or at medical points.

c) Be present at all the riders briefings, MUST speak ENGLISH.

d) Be the Anti-doping Site Coordinator if needed.

e) Be available for the SGP riders anytime from the signing on until the validation of the results for any questions related to the medical / doping issues or health matters.

f) Be present in the pits during the practice and race in order to be reachable by the riders or Medical delegates.

g) Observe and advise the Medical Team (CMO) when there is a crash (Practice/Race).

h) Observe and advise on the application of the Medical Code and STRC (red book), please refer to 079.8.1 and 079.8.2.

i) If necessary, make a written report to the CMI director and the CCP director regarding the event visited, report on how he felt the local Medical staff handled the different situations, suggest future improvements to be made.

09.4.10 FIM ENDURANCE MEDICAL DIRECTOR

The FIM Endurance Medical Director at an event will be a member of the FIM Medical Commission.

1. The responsibilities of the FIM Endurance Medical Director will be:

   a) To represent and be responsible to the FIM and the FIM International Medical Commission.

b) To work in co-operation with the Race Director and other FIM Officials including the FIM Safety Officer, FIM Jury President, FIM Jury Members, FIM Technical Director and FIM Stewards

c) To report to the Race Director and FIM Officials any necessary interventions regarding the medical service.

d) To be responsible for liaison with the appointed CMO for the event to ensure compliance with the Medical Code.

e) To be the final arbiter in relation to medical issues at the event.

f) To ensure that all aspects of the medical service including the local medical service are to the required standards.

g) To ensure the medical service provision is in accordance with the requirements of the FIM Medical Code.

h) To observe and advise the application of the FIM Medical Code and make recommendations accordingly.

i) To inform the Chief Steward, the International Jury, the FIM Medical Commission, and if necessary the Race Direction of any medical arrangement that contravenes the FIM Medical Code.

j) To assist the CMO in ensuring the medical service provision is to the required operational standard.

k) To attend Event Management Committee and International Jury meetings.

l) To provide a full written report to the FIM regarding the performance of the medical service and the status of the medical homologation with if necessary any recommendations required for improvement.

2. The duties of the FIM Endurance Medical Director will be:

a) The CMO’s point of reference for all medical aspects during the week of the race, as well as the months before during its preparation.

b) To be able to communicate at all times with all elements of the medical service in order to be fully informed of any medical issues.

c) To inspect the circuit with the CMO, Clerk of the Course and Race Director the day before the first practice session. A further check will be made no later than 30 minutes before the first practice session or race each day to ensure that all medical facilities and staff including the Medical Centre are ready to function are in accordance with the agreed medical plan and the Medical Code, and to report any shortcomings to the CMO, Race Director and FIM Safety Officer.

d) To receive from the CMO a signed copy of FIM Circuit Medical Report Form, and the medical plan as agreed during the FIM Medical Homologation and to ensure that the facilities comply with it.

e) To ensure in collaboration with the CMO that all necessary steps are taken to address any deficiencies in the medical plan or performance of the medical responses.

f) To be present in Race Control when motorcycles are on the track to observe the performance of the medical responses and to direct and advise the CMO and Race Direction accordingly.

g) To inform the Race Director in consultation with the CMO of any situations where it may be necessary to stop the event in order to deploy the medical intervention vehicles.

h) To ensure in conjunction with the CMO that the intervention in the event of an injured rider is adequate, timely and appropriate.

i) To participate as necessary with the CMO in decisions regarding riders who have been injured and who wish to compete and there is uncertainty as to their medical fitness to do so.

j) To obtain from the CMO at the end of each practice session or race a list of fallen riders and to ensure that the list of medically unfit riders held by the CMO is up to date to ensure medically unfit riders are not allowed on the circuit.

k) To meet with the CMO every morning after the medical review and every afternoon after the official activity has ended to discuss the medical interventions and the status of any injured riders. Evaluation of the interventions should include video of the performance of the medical activity. Such evaluation will then be included in and inform the subsequent briefing of the medical personnel by the CMO.

l) To visit the designated hospital for a first event or if there is a change in the designated hospital to ensure the services provided are in accordance with the FIM Medical Code.

m) To receive from the CMO the List of Medically Unfit riders and forward it to the CMO of the next event.

n) Must liaise with CMO during the year before the event to manage and improve the medical service in any way necessary and ensure the requirements of the FIM Medical Code are completely respected.

09.4.11 OTHER DOCTORS

a) Any injured rider must first be seen and assessed by the official event medical personnel for emergency treatment and be declared medically fit or unfit to compete as appropriate. He may then attend any other doctor of his choice. If the CMO advises against this, the rider must sign a declaration that he is seeking other advice and treatment (Appendix C).

b) Any rider, who, after treatment by a doctor not part of the event team, wishes to compete, must first obtain authorisation for this from the CMO of the event or his deputy, who should be provided with a report of any investigations or interventions and consider any recommendation by the doctor treating the rider.

09.4.12 MEDICAL INTERVENTION TEAM (GP)

a) In order to ensure the highest standard of immediate medical care to injured riders two vehicles type A (Medical Intervention Vehicles) with a professional driver will be provided by the promoter at all races. Their role will be the provision of immediate trackside medical assistance in the event of serious injury, until transfer to the medical centre or hospital. These vehicles must be in position for any session to start.

b) The personnel of these vehicles must be present the day before the start of the event for the track inspection as well as the scenario based demonstration and training. The personnel of these vehicles will be in direct communication with the CMO, Medical Director and/or FIM Medical Officer throughout the event.

09.4.12.1 FIM MEDICAL INTERVENTION TEAM PERSONNEL (GP)

Each FIM Medical intervention vehicle will have:

a) A doctor with a FIM Medical Intervention Team doctor license, which will only be granted to doctors who:

1. are fully qualified, registered and licensed medical practitioners.
2. have a specialist qualification in a relevant medical specialty such as anaesthetics (anaesthesiology), intensive care medicine, emergency medicine, pre-hospital emergency care, trauma medicine etc.
3. have a minimum of 5 years relevant specialist experience and training.
4. have appropriate medical malpractice insurance for the country in which the event is taking place.
5. can provide evidence of ongoing involvement in resuscitation and provision of emergency and acute care to patients with significant trauma in a hospital or out of hospital environment.
6. can provide evidence of ongoing professional development and training in the management of patients with polytrauma.

7. can communicate in English.
8. must participate in the Medical Intervention Simulation and training following the track inspection on the day prior to the first practice session of the event in which they will take part.

b) A nurse or paramedic with a FIM Intervention Team License, which will only be granted to nurses or paramedics who:

1. are fully professionally qualified and registered.
2. have a specialist qualification in a relevant specialty such as anaesthetics (anaesthesiology), intensive care medicine, emergency medicine, pre-hospital emergency care, trauma medicine etc.
3. have a minimum of 5 years experience in a relevant speciality.
4. have appropriate medical malpractice insurance for the country in which the event is taking place.
5. can provide evidence of ongoing involvement in resuscitation and provision of emergency and acute care to patients with significant trauma in a hospital or out of hospital environment.
6. can provide evidence of ongoing professional development and training in the management of patients with polytrauma.
7. can communicate in English.
8. must participate in the Medical Intervention Simulation and training following the track inspection on the day prior to the first practice session of the event in which they will take part.

09.4.12.2 DEPLOYMENT OF FIM MEDICAL INTERVENTION VEHICLES (GP)

a) The FIM Medical Intervention vehicles will be deployed by the Race Director when the race or practice session is interrupted following the display of the red flag on the recommendation of and in consultation with the CMO, FIM Medical Officer or Clerk of the Course.

b) When a rider is unconscious, or suspected of having a spinal or other serious injuries and will require prolonged trackside medical intervention such information must be immediately communicated by ground post personnel to the CMO who will immediately inform the Race Director that a red flag is required. Once the red flag has been established in a situation as described above the FIM Medical Intervention Vehicles will always be deployed by the Race Director.

c) When the FIM Medical Intervention Vehicles are deployed, the ground post staff will provide treatment without moving or transferring the rider. Once the FIM Medical Intervention Vehicles have arrived, the ground post staff will provide assistance to the FIM Medical Intervention Team.

09.4.13 CLINICA MOBILE

For many years the CLINICA MOBILE, and its personnel, has attended GP and WSBK events and has gained a considerable reputation among riders and support personnel.

The CLINICA MOBILE has treatment facilities and its personnel have considerable experience in treating riders' injuries and illnesses. Many riders prefer treatment by the CLINICA MOBILE personnel to treatment by others. The parties involved in the FIM Circuit Racing World Championship GP and WSBK World Championships fully support the CLINICA MOBILE personnel and the CLINICA MOBILE will be in attendance at events with the full co-operation of event organisers and CMOs.

The CLINICA MOBILE personnel will treat those riders who wish to be treated by them only after they have been seen by the CMO or their nominated deputy. The CMO should declare riders medically fit or unfit as normal, after which they may go to the CLINICA MOBILE if they wish. The CLINICA MOBILE personnel will give a medical report to the CMO, Medical Director, FIM WSBK Medical Director and FIM Medical Officer after assessment and treatment. A rider who has been declared medically unfit to compete, who after treatment by the CLINICA MOBILE personnel then wishes to race, must present himself back to the CMO for re-examination.

A rider who prefers treatment by the CLINICA MOBILE personnel when advised by the CMO otherwise is entitled to take his own course of action, but should sign a form indicating it was against local medical advice, (see Appendix C). If the rider decides he wishes to be treated in a hospital of his own choice, the CMO, using the means at his disposal at the circuit (ambulance, helicopter, etc.), must allow the rider to reach such hospital: i.e. the rider must be allowed to be transported by ambulance or helicopter from the circuit to the nearest airport.

One doctor from the CLINICA MOBILE will normally be present in the Medical Centre to observe when a rider is being assessed and treated. Similarly a doctor from the CLINICA MOBILE may, when necessary and feasible, accompany an injured rider to hospital.

When it is not feasible to accompany a rider, a doctor from the CLINICA MOBILE may follow the rider to hospital.

09.4.14 CENTRE MEDICAL MOBILE

The CENTRE MEDICAL MOBILE and its personnel have attended Motocross events and have gained a considerable reputation over many years among riders and support staff.

The CENTRE MEDICAL MOBILE has X-Ray, ultrasound and treatment facilities. Its staff has considerable experience in treating riders' injuries and illnesses. Many riders may prefer treatment by the CENTRE MEDICALE MOBILE staff to treatment by others.

The parties involved in the FIM MXGP & MX2 World Championships fully support the CENTRE MEDICAL MOBILE staff and the CENTRE MEDICAL MOBILE will be in attendance at events with the full co-operation of the FIM, event organisers and CMOs.

The CMO must declare riders medically fit or unfit. The CENTRE MEDICAL MOBILE staff will treat those riders who wish to be treated by them.

The CENTRE MEDICAL MOBILE staff will give a medical report to the CMO after assessment and treatment. A rider who has been declared medically unfit to race, who after treatment by the CENTRE MEDICAL MOBILE staff then wishes to compete, must present himself back to the CMO for re-examination.

09.4.15 QUALIFICATION OF MEDICAL PERSONNEL

09.4.15.1 QUALIFICATION OF DOCTORS

Any doctor participating at a motorcycle event who will provide initial medical interventions to an injured rider either at the trackside, in the Medical Centre or during transport to hospital:

1. Must be a fully qualified and registered medical practitioner.
2. Must be authorised to practice in the relevant country or state, (see also art. 09.4.1).
3. Must be qualified in and able to carry out emergency treatment and resuscitation.

09.4.15.2 QUALIFICATION OF PARAMEDICS (OR EQUIVALENT)

Any paramedic (or equivalent) participating at a motorcycle event:

1. Must be fully qualified and registered as required by the relevant country or state.
2. Must be experienced in emergency care.

09.4.15.3 IDENTIFICATION OF MEDICAL PERSONNEL

a) All medical personnel must be clearly identified.

b) All doctors and paramedics must wear a garment clearly marked with “DOCTOR” or “DOCTEUR” and “MEDICAL” respectively, preferred in red on a white background on the back and on the front.

09.5 MEDICAL EQUIPMENT

09.5.1 VEHICLES

09.5.1.1 DEFINITION OF VEHICLES

Vehicles are defined as follows:

Type A: A vehicle for rapid intervention at accident areas to give the injured immediate assistance for respiratory and cardio-circulatory resuscitation. This vehicle should have “MEDICAL” clearly marked on it in large letters. The type of vehicle used should be appropriate for this purpose in the relevant discipline.

Type B: A highly specialised vehicle for the provision of advanced treatment, transport and can serve as a mobile resuscitation centre.

Type C: A vehicle capable of transporting an injured person on a stretcher in reasonable conditions.

09.5.1.2 EQUIPMENT FOR VEHICLE TYPE A (MEDICAL INTERVENTION VEHICLE)

A. Personnel:

Type A1:

1. a driver, experienced in driving the Type A vehicle and familiar with the course.
2. a doctor, experienced in emergency care.
3. a second doctor or paramedic (or equivalent), experienced in emergency care.

Type A2:

1. a driver, experienced in driving the Type A vehicle and familiar with the course.
2. paramedics (or equivalent) experienced in emergency care.

B. Medical equipment:

1. Portable oxygen supply
2. Manual ventilator
3. Intubation equipment
4. Suction equipment
5. Intravenous infusion equipment
6. Equipment to immobilise limbs and spine (including cervical spine)
7. Sterile dressings
8. ECG monitor and defibrillator
9. Drugs for resuscitation and analgesia /IV fluids
10. Sphygmomanometer and stethoscope

C. Other equipment:

1. A method e.g. protective canvas / tarpaulins in order to screen the rider or the accident scene from public view.

   Equipment should be easily identified and stored in such a way that it can be used at ground level at the trackside.

D. Technical equipment:

1. Radio communication with Race Control and the CMO
2. Visible and audible signals
3. Equipment to remove suits and helmets

<u>For GP and WSBK World Championships</u>:

The minimum number of medical intervention vehicles is 2. In the case of an accident during the warm up lap or first lap of the race, the medical intervention vehicles should not stop unless instructed to do so by the Race Director.

09.5.1.3 FIM MEDICAL INTERVENTION TEAM (GP)

The promoter will provide type A vehicles with a professional driver, for which the local medical service will provide the personnel and equipment.

A. Personnel:

1. a driver experienced in driving the vehicle will be provided by the promoter.
2. a doctor experienced in resuscitation and the provision of immediate emergency care and a holder of the relevant FIM Medical Intervention Team License. Refer to 09.4.11.1 above.
3. a nurse or paramedic experienced in resuscitation and the provision of immediate emergency care and a holder of the relevant FIM Medical Intervention Team License. Refer to 09.4.11.1 above.

B. Medical equipment:

1. Portable oxygen supply
2. Basic and Advanced Airway Management including intubation and surgical airway interventions
3. Suction equipment
4. Manual ventilator such as BVM and associated equipment
5. Equipment for chest decompression
6. Equipment for vascular access, infusion, circulatory support and haemorrhage control
7. Cardiac Monitor and Defibrillator
8. Blood pressure monitoring equipment
9. Equipment to immobilise limbs and spine (including cervical spine)
10. Sterile dressings
11. Drugs for resuscitation, intubation, anaesthesia, sedation, analgesia and intravenous fluids
12. Equipment to remove race suits and helmets

13. The provision of necessary medications and equipment will be the responsibility of the local medical service.
14. Only material necessary for the provision of medical care is permitted in FIM Medical Intervention Team vehicles. Other materials such as food etc. is not permitted at any time.
15. Equipment should be easily identified, portable and stored in such a way that it can be used at ground level at the trackside.
16. The equipment must be presented for review and familiarisation during the afternoon following the track safety inspection.

C. Technical equipment:

1. Radio communication with Race Control, the CMO and Medical Director
2. Visible and audible signals

09.5.1.4 EQUIPMENT FOR VEHICLE TYPE B

A. Personnel:

Type B1:

1. A driver
2. A doctor experienced in emergency care
3. Paramedics or equivalent

Type B2:

1. A driver
2. Two paramedics or equivalent experienced in emergency care

B. Medical equipment:

1. Portable oxygen supply
2. Manual and an automatic ventilator
3. Intubation equipment
4. Suction equipment

5. Intravenous infusion equipment
6. Equipment to immobilise limbs and spine (including cervical spine)
7. Sterile dressings
8. Thoracic drainage / chest decompression equipment
9. Tracheotomy / surgical airway equipment
10. Sphygmomanometer and stethoscope
11. Stretcher
12. Scoop stretcher
13. ECG monitor and defibrillator
14. Pulse oximeter
15. Drugs for resuscitation, analgesia and IV fluids

C. Technical equipment:

1. Radio communication with Race Control and the CMO
2. Visible and audible signals
3. Equipment to remove suits and helmets
4. Air conditioning and refrigerator are recommended

<u>For FIM GP and WSBK World Championships:</u>

1 such ambulance must be on stand by at the medical centre.

09.5.1.5 EQUIPMENT FOR VEHICLE TYPE C

A. Personnel:

1. Two ambulance personnel or paramedics of whom one would be the driver and the other would be a person capable of giving first aid.

B. Medical equipment:

1. Stretcher
2. Oxygen supply
3. Equipment to immobilise limbs and spine (including cervical spine)
4. First aid medicaments and materials

C. Technical equipment:

1. Radio communication with Race Control and the CMO
2. Visible and audible signals

09.5.2 HELICOPTER

a) A helicopter, which is normally required, must be fully equipped with adequate personnel and equipment and be appropriately licensed for the relevant country and flown by an experienced pilot familiar with medical air evacuation and the potential landing sites. The medical personnel - doctor and paramedic(s) or equivalent - should be qualified in and able to carry out emergency treatment and resuscitation. The helicopter should be of a design and size that will allow continuing resuscitation of an injured rider during the journey. It should be positioned close to the Medical Centre such that an ambulance journey between Medical Centre and helicopter is not necessary (compulsory in FIM Circuit Racing GP, WSBK World Championships, Endurance WC and ISDE) or depending on the legislation of the relevant country and the location of the event be available “on call” 20 minutes or less away from call time to landing at the venue.

b) By exception, in WSBK Championship following consultation between the CMO, FIM WSBK Medical Director and FIM Medical Representative if there is a hospital which has been accepted by the FIM for the management of significant trauma with an agreement in place to treat injured riders 20 minutes or less by road under emergency driving conditions from the circuit, a helicopter may not be required to be present for that event providing adequate vehicles type B are available.

c) In FIM Circuit Racing GP, WSBK WC, it is permissible for the helicopter to leave the circuit to transfer an injured rider to hospital without the need to stop the event with the agreement of the Chief Medical Officer, Medical Director, FIM WSBK Medical Director, FIM Medical Officer and Race Director providing that it will have returned to the circuit within the time required to prepare a further rider for transfer by helicopter. If the distance to hospital by air or severe weather does not permit this a further helicopter “on site” may be required.

d) In these circumstances or if the weather conditions or other factors prevent the use of the helicopter after consultation between the CMO, Medical Director, FIM WSBK Medical Director, FIM Medical Officer and FIM Medical Representative further transfers may be undertaken by road by emergency ambulance providing the hospital is in reasonable distance. The designated hospital should normally be within 20 minutes by air and 45 minutes by road.

e) If the hospital is not within a reasonable distance of the event and transfer by helicopter is not possible, consideration should be given to stopping the event.

f) To ensure the availability of a helicopter at all times during the event, it is recommended that 2 helicopters be available.

g) At some events and disciplines, such as cross country rallies a helicopter can be used as a type A vehicle in which case the numbers should be sufficient to provide assistance with the minimum of delay.

09.5.3 MEDICAL GROUND POSTS

a) These are placed at suitable locations and in sufficient numbers around the circuit to provide rapid medical intervention and if appropriate evacuation of the rider from danger with the minimum of delay. The personnel must have sufficient training and experience to take action autonomously and immediately in case of an accident.

b) For protection of riders and the ground post staff, the ground post should be equipped with easily movable safety barriers and if possible protective canvas/tarpaulins in order to screen the rider or the accident scene from public view.

A. Personnel:

1. There should be a minimum of three personnel at each medical ground post at least one of which should be a doctor or paramedic or equivalent experienced in emergency care with the others to assist them, carry equipment and act as stretcher bearers.

Type GP1:

1. A doctor experienced in resuscitation and the pre-hospital management of trauma and
2. First aiders or stretcher bearers

Type GP2:

1. At least one paramedic or equivalent experienced in resuscitation and the pre-hospital management of trauma and
2. Two first aiders or stretcher bearers

B. Medical equipment: for all disciplines

1. Equipment for initiating resuscitation and emergency treatment including:
2. Initial airway management
3. Ventilatory support
4. Haemorrhage control & circulatory support
5. Cervical collar
6. Extrication device – This should be a Scoop stretcher or if not available a spinal board or equivalent.
7. Devices such as “NATO” or other canvas stretchers that require the rider to be lifted on to them are no longer acceptable.

C. Technical Equipment: for all disciplines

1. Radio communication with Race Control and the CMO
2. Adequate shelter for staff and equipment should be available.

09.5.4 PIT LANE GROUND POST (CIRCUIT RACING ONLY)

A. Personnel:

1. A doctor and paramedic (or equivalent) experienced in emergency care must be positioned in the pit lane.
2. One or more pit lane ground posts, depending on the length of the pit lane are required.

B. Medical equipment:

1. Airway management and intubation equipment
2. Drugs for resuscitation and analgesia/ IV fluids
3. Cervical collars
4. Manual respiration system
5. Intravenous infusion equipment
6. First aid equipment
7. Scoop stretcher or if not available a spinal board or equivalent

C. Technical equipment:

1. Radio communication with Race Control and the CMO

09.5.5 MEDICAL CENTRE

a) Depending on the discipline, event and location, a medical centre should be available.

b) This may be a permanent (compulsory at Circuit Racing) or temporary structure with adequate space to treat injured riders for both major and minor injuries.

c) A hospital outside the circuit is not an alternative to the medical centre at an event.

d) For Circuit Racing WC events, please refer to Art. 13.3 of the FIM Standards for Circuit Racing (SRC).

09.5.5.1 THE MEDICAL CENTRE FACILITIES & EQUIPMENT

Depending on the discipline, event and location, the medical centre should provide:

1. A secure environment from which the media and public can be excluded
2. An area for easy access, parking and exit of First Aid vehicles, preferably with a covered unloading area
3. A helicopter landing area nearby
4. One or two rooms large enough to allow resuscitation of at least two severely injured riders simultaneously (resuscitation area)
5. A permanent or portable digital X-ray machine, appropriate to detect usual bone injuries encountered in motorcycle sport, must be available at Circuit Racing World Championship events (GP, WSBK**, Moto3 Junior** and Endurance) and is recommended for all other events provided it is not prohibited by national legislation.
6. A room large enough to treat more than one rider with minor injuries simultaneously. It is advisable to have temporary separation available in this area, e.g. curtains or screens
7. A reception and waiting area
8. A doctor’s room
9. A toilet and shower room with disabled access
10. A personnel changing room with male and female toilets
11. A medical personnel room for a minimum of 12 persons
12. Radio communication with Race Control, the CMO, ambulances and ground posts
13. If the medical centre has a normal electric power supply, it must also be permanently connected to its own U.P.S. (Uninterruptible Power Supply)
14. A water supply, heating, air-conditioning and sanitation appropriate to the country
15. Closed circuit TV monitor

16. Office facilities
17. A dirty utility room
18. Equipment storage
19. A security fence
20. Telephones
21. A security guard
22. Parking for ambulances

09.5.5.2 ROOM REQUIREMENTS

1. 1 resuscitation room

   or

2. 2 resuscitation rooms with a separate entrance away from the general public entrance
3. Minor treatment room
4. X-ray room
5. Medical personnel room
6. Wide corridors and doors to move patients on trolleys
7. Sample drawings of medical centre models (Appendices I and J) are available from the FIM Executive Secretariat for reference.

09.5.5.3 EQUIPMENT FOR RESUSCITATION AREAS

1. Equipment for endotracheal intubation, tracheotomy and ventilatory support, including suction, oxygen and anaesthetic agents.
2. Equipment for intravenous access including cut-down and central venous cannulation and fluids including colloid plasma expanders and crystalloid solutions.
3. Intercostal drainage equipment and sufficient surgical instruments to perform an emergency thoracotomy to control haemorrhage.

4. Equipment for cardiac monitoring and resuscitation, including blood pressure and ECG monitors and a defibrillator.
5. Equipment for immobilising the spine at all levels.
6. Equipment for the splinting of limb fractures.
7. Drugs/IV fluids including analgesic, sedating agents, anticonvulsants, paralysing and anaesthetic agents, cardiac resuscitation drugs/IV fluids.
8. Equipment for the management of electrical and chemical burns such as showers and burns dressing.
9. Tetanus toxoid and broad spectrum antibiotics are recommended.
10. Equipment for diagnostic ultrasound.
11. A permanent or portable digital X-ray machine, appropriate to detect usual bone fractures in motorcycle sport, must be available at World Championship Circuit Racing events (GP, WSBK**, Moto3 Junior** and Endurance) and is recommended for all other events provided it is not prohibited by national legislation.

09.5.5.4 EQUIPMENT FOR MINOR INJURIES AREA

The area must have beds, dressings, suture equipment and fluids sufficient to treat up to three riders with minor injuries simultaneously. 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.

09.5.5.5 STAFF OF MEDICAL CENTRE

The following specialists should be immediately available in the medical centre at World Championship Circuit Racing events (GP and WSBK) and are recommended for all other events:

1. Trauma resuscitation specialist (e.g. Anaesthetist, Accident and emergency specialist, Intensive care specialist);
2. Surgeon experienced in trauma**.**

3. Medical personnel, nurses and paramedics (or equivalent) should be present in a sufficient number and should be experienced in resuscitation, diagnosis and treatment of seriously injured patients.

09.5.5.6 DOPING TEST FACILITIES

See Anti-Doping Code, art. 5.9.10 or 13.3.2.3 of the Standards for Circuit Racing.

09.6 MEDICAL HOMOLOGATION OF CIRCUITS (ONLY CIRCUIT RACING GP / WSBK / ENDURANCE / SIDECAR AND MXGP / MX2 / MOTOCROSS OF NATIONS) / SPEEDWAY GP / MEDICAL ASSESSMENT OF EVENTS

- Circuits at which Circuits Racing FIM GP & WSBK World Championships, FIM Endurance, FIM MXGP, FIM MXoN, FIM Speedway GP WC events take place require medical assessment and homologation in order to hold FIM World Championship events.
- Circuits in other FIM World Championship events may be medically assessed and to homologated upon decision and request of the FIM CMI and/or related FIM Sport Commissions.
- The specific requirement for each circuit will be decided by the Assessor appointed by the FIM CMI in collaboration with the Circuit CMO, who has to be present, according to the requirements of the championships' organisers/promoters and with reference to the FIM Medical Code. A medical assessment report will be issued by the FIM Medical Assessor.
- Sample drawings of Medical Centre models (appendices I and J) are available from the FIM Administration for reference.
- The FIM also reserves the right to review such a homologation at any time. For details of the procedure, see appendix H.

- In those disciplines where a FIM Medical Director/Officer/Representative is normally present (currently FIM Circuit Racing GP, WSBK, Endurance, MXGP, MXoN and SGP WC) the medical homologation is an integral part of the overall circuit assessment and an assessment will be undertaken jointly with the relevant sporting commission representatives.
- For all other events at which a FIM Medical Representative is not normally present the FMNR must ensure that the CMO Questionnaire and medical plan are provided to the FIM at least 60 days prior to the event for consideration by a relevant member of the FIM Medical Commission who will provide advice concerning the proposed medical facilities for the event.

09.6.1 GRADING OF CIRCUIT ASSESSMENTS AND HOMOLOGATIONS FOR GP / WSBK / ENDURANCE / MXGP / MXON / SGP

The medical assessment and homologation will be graded as follows:

A: 1 year

A medical assessment and medical homologation report will be issued.

B: Further improvements to the medical service are required and a further medical assessment is compulsory the following year.

Medical assessment may be required prior to next event

In the event of two successive assessments resulting in grade B, the circuit will automatically be downgraded to grade C as defined below.

C: The medical service provision does not comply with the requirements of the FIM Medical Code and further medical assessments are compulsory prior to any FIM event taking place.

Further medical assessment is required before any FIM event can take place until the circuit obtains at least a grade B.

09.6.2 GRADING OF ASSESSMENT AND HOMOLOGATIONS OF EVENTS FOR ALL FIM WC EVENTS (EXCEPT FIM GP / WSBK / ENDURANCE / MXGP / MXoN / SGP)

The medical assessment and homologation will be graded as follows:

A: 3 years

A medical assessment and homologation report will be issued.

B: Further improvements to the medical service are required and a further medical assessment may be carried out at the following year.

Medical assessment may be carried out before the next event.

In the event of two successive assessment resulting in grade B, the circuit will automatically be downgraded to grade C as defined below.

C: The medical service provision does not comply with the requirements of the FIM Medical Code and further medical assessment are compulsory prior to any FIM event taking place.

Further medical assessment is required before any FIM event can take place until the circuit obtains at least a grade B.

09.7 MINIMUM MEDICAL REQUIREMENTS FOR EVENTS

- The medical service comprising of equipment, vehicles and personnel must be organised in such a way and in sufficient number to ensure that an injured rider can be provided with appropriate and all necessary emergency treatment with the minimum of delay and to facilitate their rapid transfer to further medical treatment in an appropriately equipped medical centre or definitive medical care in a hospital with the necessary facilities to deal with their injuries or illness should this be required.
- The CMO will therefore determine the number, location and type of vehicles, helicopter, equipment and personnel that are required to achieve this for a specific event taking into consideration the circuit and event location.
- The minimum medical requirements will be subject to confirmation and agreement following assessment and review by the FIM Medical Representative/Medical Director/FIM WSBK Medical Director/FIM Medical Officer).
- A doctor or doctors must be available to provide initial medical intervention directly or following initial assessment and treatment by the paramedic teams.
- In all cases the medical equipment and personnel must be capable of providing treatment for both serious and minor injuries in optimal conditions and with consideration for climatic conditions.
- In all cases, the transfer of an injured rider to a medical centre or hospital either by ambulance or by helicopter must not interfere with the event and the CMO must plan to have sufficient replacement equipment and personnel available to allow the event to continue.
- The following are recommended minimum requirements for the medical services at various events and disciplines subject to the above requirements:

09.7 Minimum Medical Requirements

Equipment	Circuit Racing (Art. 09.7.1)	Hill climbs (Art. 09.7.2)	Dragbike (Art. 09.7.3)	Road Racing Rallies (Art. 09.7.4)	Motocross (Art. 09.7.5)	Supercross SuperMoto SnowCross (Art. 09.7.6)	Motocross FreeStyle (Art. 09.7.7)
Vehicle Type A	X	X (art. 09.7.2)		1	1	recommended Supercross	
Vehicle Type B	X	**2**	2	1	2	2	1
Vehicle Type C	X			1			1
Pit lane ground post	X				X (MXGP/MX2/MXoN)		
Evacuation Route	X				X		
Ground Post	X				X	X	
Medical centre	compulsory				Recommended (Compulsory in MXGP-MX2+MXoN)		
Helicopter	If required (compulsory in GP + SBK + ISDE)				Art. 09.5.2		

	Motoball (Art. 09.7.8)	Track racing (Art. 09.7.9)	Trial (Art. 09.7.10)	X-Trial (Art. 09.7.11)	Enduro (Art. 09.7.12)	Cross-Country Rallies&Bajas (Art. 09.7.13)	Indoor Enduro (Art. 09.7.14)
Vehicle Type A			1		X placed at specifically difficult points	X 1 doctor 1 paramedic (or equivalent)	1
Vehicle Type B	1	2	2	2	1		1
Vehicle Type C					1		1
Pit lane ground post							
Ground Post							
Medical Centre		1 (medical room)		Art. 09.7.11	only ISDE		
Helicopter					only ISDE with a winch	X + 1 doctor	
Doctors		1	1x CMO	1x CMO	1x CMO		

X= number as per medical homologation / per layout or length of the track

09.7 Minimum Medical Requirements

	FIM Sand Race (Art. 09.7.15)	MotoE (Art. 09.7.16)	FIM Land Speed World Records (Art. 09.7.17)	E-BIKES (Art. 09.7.18)	OFFICIAL TESTING (GP & WSBK) (Art. 09.7.19)
Vehicle Type A	X placed at specifically difficult points	X		1	1
Vehicle Type B	1	X	**1a) = 1** **2a) = 2**	2	2
Vehicle Type C	1	X			
Pit lane ground post		X			
Ground Post	X	X			
Medical Centre	X	Compulsory			Compulsory
Helicopter		Compulsory	Compulsory		
Doctors	X + 1 CMO	X + 1 CMO	X + 1 CMO **recom.**	X + 1 CMO	X + 1 CMO

X= number as per medical homologation / per layout or length of the track

09.7.1 CIRCUIT RACING

a) Vehicles type A (number and position as per the FIM medical homologation) are to be placed in such a way and in such numbers that a fallen rider can be reached by them within the minimum of delay from their deployment by Race Control.

b) In GP: two FIM Medical Intervention vehicles (type A) will be provided by the promoter and must be placed in such a way that a fallen rider can be reached by them with the minimum of delay from their deployment by Race Control. One should be located at the end of pit lane, and will serve as a medical car during the first lap of the races. The second should be located in the service road with an asphalt entry to the track, at approximately half the track's distance.

c) Vehicle(s) type B (number and position as per the FIM Medical Homologation) are to be placed in such a way that a fallen rider can be reached and transported with minimum delay after coming to rest with ongoing treatment being provided during transport.

d) Vehicle(s) type C (number and position as per the FIM Medical Homologation) are to be placed in such a way that a fallen rider can be transported with minimum delay after coming to rest only if no treatment is required.

e) Medical Ground posts (number and position as per FIM Medical Homologation) are to be placed in such a way that a fallen rider can be reached and initial assessment and treatment commenced with the minimum of delay.

f) Pit lane ground post

g) A medical centre

h) A helicopter, if required (compulsory for FIM GP & WSBK)

N.B. the only amendment permitted to this in principle is that a vehicle type C may be replaced by a vehicle type B.

09.7.2 HILL CLIMBS

a) 1 vehicle type A if the course can be covered by the medical vehicles in less than three minutes. If the entire course cannot be covered by the medical vehicles in less than three minutes then more vehicles type A, one placed at the start and others placed at suitable intervals, are required.

b) 2 vehicles type B

09.7.3 DRAGBIKE

a) 2 vehicles type B

b) 1 CMO with a license

09.7.4 ROAD RACING RALLIES

a) 1 Vehicle type A

b) 1 Vehicle type B

c) 1 Vehicle type C

09.7.5 MOTOCROSS

a) 1 vehicle type A

b) 2 vehicles type B

c) Ground posts including a pit-lane ground post in FIM MXGP/MX2 WC and MXoN.

d) A route to evacuate the injured rider from the inside to the outside of the track, via a road, a tunnel or a bridge to avoid the need to cross the track during racing.

e) A helicopter is recommended but in certain circumstances may be compulsory. A designated helicopter landing area is required. In FIM MXGP/MX2 WC and MXoN the starting area should not be used as the designated helicopter landing area.

f) A medical centre is recommended but compulsory in FIM MXGP/MX2 WC and MXoN. The medical centre must be of a size and suitably equipped to provide treatment to two significantly injured riders simultaneously.

09.7.6 SUPERCROSS, SUPERMOTO AND SNOWCROSS

a) 1 vehicle type A recommended for Supercross

b) 2 vehicles type B

c) Ground posts

09.7.7 MOTOCROSS FREESTYLE

a) 1 vehicle type B

b) 1 vehicle type C

09.7.8 MOTOBALL

a) 1 vehicle type B

09.7.9 TRACK RACING

a) 2 type B vehicles (highly specialised vehicle for the provision of advanced treatment, transport and can serve as a mobile resuscitation centre).

b) 1 medical room for minor treatment, observation, examination and assessment of a rider

c) 1 CMO

09.7.10 TRIAL

a) 1 vehicle type A

b) 2 vehicles type B

c) 1 CMO

N.B. If there is a considerable distance between the sections, there should be additional doctors with adequate emergency equipment.

09.7.11 X-TRIAL

a) 2 vehicles type B and/ or an equivalent medical centre with the appropriate personnel

b) 1 CMO

09.7.12 ENDURO

a) Vehicles type A placed at specifically difficult points

b) 1 vehicle type B

c) 1 vehicle type C

d) 1 CMO

e) A medical centre and a helicopter with a winch is compulsory for an ISDE event

f) For Each Enduro tests and each cross tests in Enduro, when the riders start simultaneously from a grid, the requirements are the same for Motocross events.

g) For Enduro tests, when the rider starts individually, the minimum requirements are 1x type A and 1x type B vehicle for each.

09.7.13 CROSS-COUNTRY RALLIES & BAJAS

a) The presence of at least one helicopter equipped with a stretcher and resuscitation equipment for a special race of up to 350 kilometres, and two helicopters for two close special races when they exceed 350 kilometres combined, equipped with evacuation equipment and used solely for medical assistance is compulsory. The helicopter must be equipped with a winch if necessary depending on the terrain. In this helicopter, the presence of a doctor for resuscitation is required. This helicopter will be in addition to ground equipment (Medical intervention vehicles). It must be in permanent radio HF contact with the Clerk of the Course or a check-point organisation (radio, standard C, standard M etc.).

b) A Medical intervention vehicle with one doctor and one paramedic (or equivalent) experienced in driving an all-terrain vehicle in permanent radio contact with the Clerk of the Course or with a check-point organisation must be provided for special races at the following points:

   a) start,
   b) start of the selective sector,
   c) every 100 kilometres,
   d) finish of the selective sector,
   e) and at the camp site.

09.7.14 INDOOR ENDURO

a) 1 vehicle type A

b) 1 vehicle type B

c) 1 vehicle type C

09.7.15 SAND RACE

a) Vehicles type A placed at specifically difficult points

b) 1 vehicle type B

c) 1 vehicle type C

d) 1 CMO

e) Medical ground posts

f) Medical Centre

09.7.16 MOTO-E

As this discipline is currently organised as part of a FIM Circuit Racing World Championship Grand Prix event, the medical service requirements are those as per the medical homologation for that event.

09.7.17 FIM LAND SPEED WORLD RECORDS

1. For a private event with two or less, riders the minimum medical requirements are the following:

   a) 1 vehicle type B (conf. Art. 09.5.1.4 of Medical Code)

   b) 1 doctor (or CMO, Chief Medical Officer)

2. For a private event with more than two riders or a public event, the minimum medical requirements are the following:

   a) 2 vehicles type B (conf. Art. 09.5.1.4 of Medical Code)

   b) 1 doctor (or CMO, Chief Medical Officer), CMO recommended

For all events, the minimum medical requirements in addition to those listed above are the following:

c) Coordination with and location (including a map) of the nearest suitable hospital that meets FIM requirements

d) Coordination with a Helicopter Medical Service if there is not a hospital that meets FIM requirements located within 20 minutes by road.

09.7.18 E-BIKES

a) 1 Type A

b) 2 Type B

c) 1 CMO

When this event takes place during an FIM WC other than in MotoGP such as MX GP or Enduro GP the medical requirements are those as homologated for that event.

09.7.19 OFFICIAL TESTING (GP & WSBK)

a) 1 Type A

b) 2 Type B

c) 1 CMO

d) Medical Centre

09.7.20 MAINTENANCE OF MEDICAL COVER AT EVENT

If at any time the minimum number of vehicles and/or doctors is not present, e.g. during the evacuation of a rider to a hospital or at the start of the event, the event must be stopped until the minimum number is available.

09.8 PROCEDURE IN THE EVENT OF AN INJURED RIDER

09.8.1 FIM CIRCUIT RACING WC GP

The management of an injured rider is under the control of the CMO and should be the following:

a) A fallen rider must be reached by a doctor or paramedic who can begin treatment with the minimum of delay of the rider coming to rest. If the rider is injured, the CMO must be informed by radio so that further procedures can be initiated.

b) The CMO must be stationed in Race Control with the Medical Director and/or FIM Medical Officer, with access to closed circuit television to monitor the situation. Upon request by the CMO any medical vehicle can be dispatched to the scene of the incident, only the Race Director can authorize entry onto, or response via track. Similarly, interruption or cessation of racing or practice session can only be authorized by the Race Director. It is the responsibility of the CMO, Medical Director and FIM Medical Officer to advise the Race Director of incidences where access to a fallen rider(s) necessitates this.

c) Response codes are:

Code 0 No medical intervention required

a) Confirmation by radio and CCTV to CMO and FIM Medical Officer that no medical intervention required

b) Rider gets up unassisted

Code 1 Short rescue

Confirmation by radio and CCTV to CMO and FIM Medical Officer and that:

a) Rider able to walk with assistance

b) Rider will be cleared from track in less than 1 minute

Code 2 Long rescue

a) Confirmation by radio and CCTV to CMO and FIM Medical Officer that the rider is conscious and no spinal injury is suspected

b) Rider can be safely evacuated by scoop stretcher or spinal board

c) Rider will be cleared from track in less than 2 minutes and transferred directly to the medical centre.

Code 3 Prolonged rescue

a) Confirmation by radio and CCTV to CMO and FIM Medical Officer that the rider(s) is (are) unconscious, a spinal injury is suspected or the rider is otherwise seriously injured

b) Rider requires immobilisation and/or stabilisation before being moved

c) Rescue will take longer than 3 minutes

d) Medical intervention required on track

e) In GP FIM Medical Intervention Team & vehicles will be deployed in which case the rider(s) should not be moved or transferred until their arrival. (See Art. 09.5.1.3)

09.8.2 FIM WorldSBK CHAMPIONSHIP

The management of an injured rider is under the control of the CMO and should be the following:

a) A fallen rider must be reached by a doctor or paramedic who can begin treatment with the minimum of delay of the rider coming to rest. If the rider is injured, the CMO must be informed by radio so that further procedures can be initiated.

b) The CMO must be stationed in Race Control with the FIM WSBK Medical Director with access to closed circuit television to monitor the situation. Upon request by the CMO any medical vehicle can be dispatched to the scene of the incident, only the Race Director can authorize entry onto, or response via track. Similarly, interruption or cessation of racing or practice session can only be authorized by the Race Director. It is the responsibility of the CMO and FIM WSBK Medical Director to advise the Race Director of incidences where access to a fallen rider(s) necessitates this.

c) Response codes are:

Code 0 No medical intervention required

a) Confirmation by radio and CCTV to CMO and FIM WSBK Medical Director that no medical intervention required

b) Rider gets up unassisted

Code 1 Short rescue

Confirmation by radio and CCTV to CMO and FIM WSBK Medical Director and that:

a) Rider able to walk with assistance

b) Rider will be cleared from track in less than 1 minute

Code 2 Long rescue

a) Confirmation by radio and CCTV to CMO and FIM WSBK Medical Director that the rider is conscious and no spinal injury is suspected

b) Rider can be safely evacuated by scoop stretcher or spinal board

c) Rider will be cleared from track in less than 2 minutes and transferred directly to the medical centre.

Code 3 Prolonged rescue

a) Confirmation by radio and CCTV to CMO and FIM WSBK Medical Director that the rider(s) is (are) unconscious, a spinal injury is suspected or the rider is otherwise seriously injured

b) Rider requires immobilisation and/or stabilisation before being moved

c) Rescue will take longer than 3 minutes

d) Medical intervention required on track

09.8.3 FIM MXGP (RECOMMENDED FOR ALL OTHER DISCIPLINES)

The management of an injured rider is under the control of the CMO and should be the following:

a) A fallen rider must be reached by a doctor or paramedic who can begin treatment with the minimum of delay of the rider coming to rest. If the rider is injured, the CMO must be informed by radio so that further procedures can be initiated.

b) The CMO must be stationed nearby the Clerk of the Course or Race Director with the FIM MXGP Medical Director when motorcycles are on the track with access to closed circuit television to monitor the situation. Upon request by the CMO any medical vehicle can be dispatched to the scene of the incident, only the Race Director can authorize entry onto, or response via track. Similarly, interruption or cessation of racing or practice session can only be authorized by the Race Director. It is the responsibility of the CMO and FIM MXGP Medical Director to advise the Race Director of incidences where access to a fallen rider(s) necessitates this.

c) Response codes are:

Code 0 No medical intervention required

a) Confirmation by radio (and CCTV) to CMO and FIM MXGP Medical Director that no medical intervention required

b) Rider gets up unassisted

Code 1 Short rescue

Confirmation by radio (and CCTV) to CMO and FIM MXGP Medical Director and that:

a) Rider able to walk with assistance

b) Rider will be cleared from track in less than 1 minute

Code 2 Long rescue

a) Confirmation by radio (and CCTV) to CMO and FIM MXGP Medical Director that the rider is conscious and no spinal injury is suspected

b) Rider can be safely evacuated by scoop stretcher or spinal board

c) Rider will be cleared from track in less than 2 minutes and transferred directly to the medical centre.

Code 3 Prolonged rescue

a) Confirmation by radio and CCTV to CMO and FIM MXGP Medical Director that the rider(s) is (are) unconscious, a spinal injury is suspected or the rider is otherwise seriously injured

b) Rider requires immobilisation and/or stabilisation before being moved

c) Rescue will take longer than 3 minutes

d) Medical intervention required on track

09.8.4 TRANSFER TO THE MEDICAL CENTRE (ALL DISCIPLINES)

a) The injured rider will be transferred to the medical centre when his condition permits. The CMO shall decide the time and method of transfer. Rarely, at the discretion of the CMO only a rider may be transferred to hospital directly from the trackside.

b) The vehicle used to transfer the rider must be on the scene of the accident with minimum delay following the order to intervene.

09.8.5 MEDICAL CENTRE (ALL DISCIPLINES)

a) At the medical centre, medical personnel will be available to treat the rider. The CMO remains responsible for the treatment of the rider.

b) If the rider is unconscious, he will be treated by the medical centre staff under the responsibility of the CMO. The rider’s personal doctor may observe the treatment in the medical centre and may accompany the rider to the hospital.

c) A rider who is conscious may choose the medical personnel by whom he wishes to be treated. A rider who does not wish to be treated by the medical centre staff against their advice must sign a “Rider Self Discharge form” (appendix C).

d) Refer also to the SCAT5™ document (appendix M) which is a standardised tool for evaluating injured athletes for concussion.

e) The helmets of all riders taken to the medical centre for assessment following a crash must be retained by the medical personnel or CMO for control by the Technical Director or Technical Stewards before being returned to the rider or the team manager.

f) In cases of head injury including concussion or loss of consciousness, unless a specific provision of a national law advises otherwise, the helmet must be forwarded to the FIM Laboratory at the University of Zaragoza for expert examination and non-destructive analysis. After inspection, the helmet can be returned to the rider, team or manufacturer.

09.8.6 TRANSFER TO HOSPITAL (ALL DISCIPLINES)

The CMO shall decide the time of transfer, the mode of transfer and the destination of an injured rider. Having made the decision, it is his responsibility to ensure that the receiving hospital and appropriate specialists are informed of the estimated time of arrival and the nature of injuries. It is also the responsibility of the CMO to ensure appropriately skilled and equipped staff accompany the rider.

In FIM GP & WSBK: a doctor of the Clinica Mobile will accompany the rider.

09.9 MEDICAL MALPRACTICE INSURANCE

All doctors and other medical personnel at an event must have adequate medical malpractice insurance cover.

09.10 PROFESSIONAL CONFIDENCE OF MEDICAL PERSONNEL

a) The rider's right to medical confidentiality regarding their medical information, injuries and treatment must be respected at all times by the CMO, their medical service personnel and the FIM Medical Director/FIM Medical Officer/FIM Medical Delegate. The rider's express consent must be obtained to disclose any medical information related to the rider.

   If the rider is unable to consent to share their information through illness or injury, the CMO must only provide appropriate and strictly necessary information to the rider's nominated representative/s and those healthcare professionals directly involved in the rider's treatment or in decisions regarding their fitness to compete including the FIM Medical Director or FIM Medical Officer, FIM Medical Representative. The FIM Medical Director/FIM Medical Officer/FIM Medical Delegate at the event will also respect the confidentiality of this information and must only provide it to those healthcare professionals directly involved in the rider's treatment or in decisions regarding their fitness to compete, such as the CMO and FIM Medical Director/FIM Medical Officer/FIM Medical Delegate of the next event at which the rider wishes to compete. Other than in exceptional circumstances such as a fatal injury or serious injury that is potentially life-threatening the Race Direction or other officials should only be provided with sufficient information regarding the rider's fitness or otherwise to compete.

b) Any breach of confidentiality by the CMO, members of the medical team, FIM Medical Directors, FIM Medical Officer, FIM Medical representatives or other officials holding FIM licenses may result in withdrawal of their FIM license.

c) In any other circumstances, it is forbidden for the CMO or any other medical personnel to disclose any information to the media or other information services without the authorisation of the FIM and the promoters.

d) All doctors must adhere to their professional ethics and medical codes of practice at all times.

09.11 ACCIDENT STATISTICS

The CMO, FIM WSBK Medical Director, FIM Medical Officer, FIM Medical Director, FIM Medical Representative and FMNs will provide statistics to the FIM concerning accidents and injuries that occur during events within their jurisdiction using appendix A. This information must be anonymised except in relation to the provision of medical information to other doctors involved in the on-going medical assessment and treatment of the rider including the CMOs at subsequent events who will assess the rider for their fitness to return to competition (appendix G). All fatal accidents occurring during an FIM event will be reported to the FIM Medical Department at cmi@fim.ch (appendix L) immediately as per the procedure in case of fatal accidents.

09.12 DATA PRIVACY

Every FIM Medical Director, FIM Medical Officer, CMO, FIM Medical Delegate, CMI Coordinator, FIM Medical Representative and Medical Director pursuant to Art. 09.4.3, may store, process or disclose personal information relating to Riders when necessary and appropriate to conduct their activities under the Medical Code. They are also responsible for ensuring that Personal Data and Sensitive Personal Data they process is protected as required by data protection and privacy laws in force by applying all necessary security safeguards.

Every FIM Medical Director, FIM Medical Officer, CMO, FIM Medical Delegate, CMI Coordinator, FIM Medical Representative and Medical Director pursuant to Art. 09.4.3, shall not disclose any of the Rider's Personal Data or Sensitive Personal Data except where such disclosures are strictly necessary in order to fulfill their obligations under the FIM Medical Code.

Every FIM Medical Director, FIM Medical Officer, CMO, FIM Medical Delegate, CMI Coordinator, FIM Medical Representative and Medical Director pursuant to Art. 09.4.3, shall ensure that Personal Data and Sensitive Personal Data is only retained when it remains relevant to fulfilling their obligations under the FIM Medical Code. Once it no longer serves the above-mentioned purposes, it shall be deleted, destroyed or permanently anonymised. As a general rule, retaining Sensitive Personal Data requires stronger or more compelling reasons than for Personal Data.

Any Rider who submits information including Personal Data and Personal Sensitive Data in order to obtain a FIM license shall be deemed to have agreed, pursuant to applicable data protection laws and otherwise, that such information be collected, processed, disclosed and used for the purposes of the implementation of the FIM Medical Code by any FIM Medical Director, FIM Medical Officer, CMO, FIM Medical Delegate, CMI Coordinator, FIM Medical Representative and Medical Director pursuant to Art. 09.4.3, in accordance with data protection laws (including specifically the International Standard for the Protection of Privacy and Personal Information).

Riders shall be entitled to request to erase, rectify or obtain any Personal Data or Sensitive Personal Data that the FIM holds about them in accordance with the FIM Medical Code by sending a written request to gdpr-medical@fim.ch.

09.13 GLOSSARY

Centre Medical Mobile: Mobile equipment for treatment at FIM MXGP/MX2 World Championship events

Clinica Mobile: Mobile equipment for treatment only at FIM GP & WSBK World Championships events

CMI: International Medical Commission of the FIM

CMO: Chief Medical Officer

FIM WSBK Medical Director: Member of the CMI appointed by the CMI in consultation with the promotor

FIM Medical Director in MXGP & MX2: See art. 09.4.7

FIM Medical Officer: Member of the CMI in MotoGP

FIM Medical Representative: Member of the CMI at all other events, except in MotoGP, WSBK, Endurance, MXGP/MX2 and Speedway GP

FMN: National Motorcycle Federation affiliated to the FIM

Medical Director: Medical representative of the contractual partner

Medical examination: Prerequisite to receive a rider's license

Medical homologation: Homologation of medical services of the circuits

Personal Data: Any information that relates to an identified or identifiable living rider

Rider: Competitors, including riders, drivers and passengers

Sensitive Personal Data: Personal data relating to the physical or mental health of a rider, including the provision of health care services, which reveal information about his health status

SGP FIM Medical Delegate: Member of the CMI, appointed in Speedway Grand Prix FIM

APPENDIX A

ACCIDENT STATISTIC FORM

To be completed by the CMO
to be sent to the FIM Medical Department at cmi@fim.ch

Name of event:

Date of event:

Name of CMO :

Day	**= D**	**W**	**= Weather**	**A.S.=**	**Accident Statistic**	**Assessment**
Thursday	= 0	S	= Sunny	N =	Rider OK	**F**= fit
Friday	= 1	R	= Rain	T =	Treated & discharged	**U**= unfit
Saturday	= 2	C	= Cloudy	H =	Transported to hospital	**R**= to be reviewed
Sunday	= 3					

Day	W	Time	Class	A.S.	NATURE INJURY	Assessment

APPENDIX B

MEDICAL ASSESSEMENT REPORT FORM

HIGHLY CONFIDENTIAL
To be completed by the CMO
To be strictly shared only with: FIM Medical Representative
FIM Medical Officer - Race Direction

Name of event:

Date of event: **IMN :**

Name of CMO :

Day	**= D**
Thursday	= 0
Friday	= 1
Saturday	= 2
Sunday	= 3

A.S.=	**Accident Statistic**
N =	Rider OK
T =	Treated & discharged
H =	Transported to hospital

						Assessment		
Day	Time	Class	N°	FAMILY NAME	A.S.	FIT	UNFIT	TO BE REVIEWED

MEDICAL ASSESSEMENT REPORT FORM

HIGHLY CONFIDENTIAL
To be completed by the CMO
To be strictly shared only with: FIM Medical Representative
FIM Medical Officer - Race Direction

Name of event:

Date of event: **IMN :**

Name of CMO :

The CMO, FIM Medical Representative, FIM Medical Director and members of the Race Direction are bound to ensure that this Personal Data and Sensitive Personal Data they process is protected as required by the data protection and privacy laws in force by applying all necessary security safeguards.
This information shall not be disclosed to any other person except when strictly necessary in order to fulfil their obligations under the FIM Medical Code and in accordance with its Art. 09.12.

Signature of CMO: **Date of completion:**

APPENDIX C

RIDER SELF DISCHARGE FORM

PART 1 (to be completed by the rider)

I,_____ rider no_____

in the _____class, discharge myself against local medical advice

and understand the possible consequences of such action that have been explained to me by Dr _____

I confirm to have agreed pursuant to applicable data protection laws and otherwise that my medical information be collected, processed, disclosed and used for the purposes of the implementation of the FIM Medical Code by any FIM Medical Director, FIM Medical Officer, CMO, FIM Medical Delegate, CMI Coordinator, FIM Medical Representative and Medical Director pursuant to Art. 09.4.3 of the Medical Code.

I am entitled to request to erase, rectify or obtain any Personal Data or Sensitive Personal Data the FIM holds about myself in accordance with the FIM Medical Code by sending a written request to gdpr-medical@fim.ch.

Signed:_____Date:_____Time:_____

PART 2 (To be completed by the Chief Medical Officer-CMO)

I, Dr_____, CMO at the

_____circuit, confirm that I have explained the possible consequences of the rider discharging himself/herself against my advice.

In view of the language difficulties, this explanation was given through an interpreter

(delete as appropriate).

Signed:_____Date:_____Time:_____

TO: CMO, Rider, FIM Medical **Representative**

APPENDIX D

DURATION OF CONVALESCENCE

FIM Medical Panel document establishing the general evaluation principles for resumption of motorcycling competition after an accident

INTRODUCTION

The decision to consider a rider fit or unfit for continued engagement in motorcycling competition after an incapacitating accident falls within the competence of the CMO.

The increasing professionalism of all parties concerned in the various championships often places riders under contractual commitments that accustom them to a professional reality which is sometimes dehumanised and on which the CMI must keep a watchful eye.

OBJECTIVES

The development of new medical techniques, which are less invasive and, consequently, less physically disruptive for the patient, permit shorter periods of hospitalisation and earlier rehabilitation.

However, this technological adaptation cannot also shorten the periods of cicatrisation and bone consolidation and thereby invalidate all the histophysiological concepts.
Hence, while the rider's overall recuperation might be accelerated in this way, allowing him to envisage the wildest sporting feats, the physicians authorized to issue the medical certificate of fitness for the resumption of competition will have to ascertain whether the rider would be able to face unforeseen situations in order to avoid jeopardizing not only his safety but also that of his fellow riders and other parties involved.

MEANS

The criteria to be defined should be based on the following requirements:

1. Assurance of the immediate personal safety of the rider
2. Maintenance of a balance between the immediate and long-term physical well being of the rider.
3. Assurance of the immediate safety of the riders in all the collective motorcycling disciplines.

4. Assurance of the immediate safety of the other parties involved, such as stewards, paramedics, first-aid workers, physicians, mechanics, etc.

It would not be feasible to list in this document all the pathological situations encountered in the practice of motorcycling sport.
We will therefore give an overall perspective of the situations that are common to most injuries.

However, three points are worth emphasizing due to the frequency of the problems encountered in these situations:

1. Cutaneous cicatrisation needs time to be accommodated by the body as a whole. In principle, stitches should be removed when a wound has healed before any resumption of competition.
2. With regards to osteosyntheses using percutaneous pins of the Kirschner type, while the duration of the fracture consolidation is classic and agreed by most authors, we must emphasize that, in such a case, the resumption of competition is contraindicated due to the risk of displacement of such pins.
3. The resumption of competition is also contraindicated in the presence of means of immobilization such as ortheses or plaster cast designed to stabilize a lesion. In fact, the materials used, being less elastic than human body tissue, could pose a threat to the competitor in the event of a further accident.

Hence, on the whole, injuries suffered during the practice of motorcycling sport follow a common pattern: treatment of the lesion, cicatrisation and consolidation and, finally, rehabilitation and re-adaptation to the sporting discipline.

The internationally recognized periods of time needed for bone consolidation are therefore 4-8 weeks for an upper limb and 4-12 weeks for a lower limb, depending on the site of the fracture.

These minimum periods would, of course, be adjusted in the light of the follow-up of the bony callus, but the stress to which it would be subjected by the rider’s activity would also be taken into account.

In order to maximize the safety not only of the rider but also of his entourage in competitions, the CMO should be able to carry out a set of simple, easily reproducible and effective tests to assess the motorcyclist’s new physical capacities before he resumes competition.

Tests for lesions of a lower limb:

1. Mobility equivalent to or exceeding 50% of the physiological articular amplitude of the hip and knee joints.
2. Stand on one foot, both left and right, for at least 5 seconds.
3. Cover a distance of 20m unaided in a maximum time of 15 seconds.
4. Climb up and down 10 steps in a maximum time of 20 seconds.

Tests for lesions of a upper limb:

- To carry out 5 push ups

HEAD INJURIES

Assessment of the injured rider and return to competition should be in accordance with the guidelines for the assessment and management of concussion as contained within the Consensus Statement On Concussion In Sport — The 5th International Conference On Concussion in Sport held in Berlin, October 2016.

In the event of a suspected concussion the rider should be assessed using a recognised assessment tool such as SCAT5 or similar (see appendix M). If the assessment confirms a concussion the rider should immediately be excluded from competition for at least the rest of the event. Prior to returning to competition the rider should be assessed for and provide documentary evidence of a return to normal neuro-psychological function using for example the IMPACT system, functional MRI scan or similar in accordance with the current International Consensus Statement on Concussion in Sport.

ABDOMINAL SURGERY

In the event of any abdominal surgery, with or without incision of the peritoneum, the period of unfitness for competition would range from 15 days to one month.

CONCLUSION

Provided that the various periods of cicatrisation, and particularly bone consolidation, are respected by their therapists, injured riders should be able to undergo these fitness tests without danger so that they can all resume competition in conditions of optimal safety.

APPENDIX E

Licence Nr. (will be filled in by FIM/CMI)

Curriculum Vitae

Name: First Name: Title:

DoB: (Date of Birth) FMN:

Specialization:

Address:

Phone - office FAX-office

Phone- home FAX-home

E- Mail Address:

Work place:

☐ Office ☐ Hospital ☐ Other

I started as doctor in motorcycling sport in: (year)

Activities as doctor in motorcycling sport in the last 3 years:

Event	Function	Year

Date:

Return to the FIM Medical Department at cmi@fim.ch

APPLICATION FOR A CMO LICENCE
BULLETIN D'INSCRIPTION POUR UNE LICENCE CSM

Name/*Nom* :_____ First name/*Prénom* :_____

Adress/*Adresse* :_____ No tél. :_____

_____ No fax :_____

_____ E-mail :_____

The undersigned confirms that :
Le soussigné confirme :

☐ I am familiar with the FIM MEDICAL & ANTI-DOPING CODE
Je connais le CODE MEDICAL & ANTIDOPAGE FIM

☐ I have attended a FIM CMO seminar in……..., date…….
J'ai participé au séminaire CSM à ……, date…….

☐ I am experienced at motor sport events and have attended at least two national or continental or international events as a doctor.

Je dispose d'expérience dans les manifestations motorisées et ai assisté à au moins deux manifestations nationales ou continentales ou internationales à titre de médecin.

☐ I am familiar with the circuit at which I will be CMO
Je connais le circuit pour lequel je serai le CSM

☐ I am experienced in the provision of emergency medical care
J'ai de l' expérience dans les soins médicaux d'urgence

☐ I am a fully registered and appropriately qualified medical practitioner
Je suis inscrit à l'ordre des médecins et j'ai l'expérience en tant que praticien

☐ I enclose my completed professional and motorsport C.V.
Je joins mon complet C.V. professionnel et celui du sport motocycliste

Date :_____ Participant Signature
Signature du participant :_____

Licence N°: _____ (to be completed by the FIM/CMI)
(à remplir par la FIM/CMI)

APPENDIX E

CMO CURRICULUM VITAE

&

APPLICATION FOR A CMO LICENCE

Data Privacy

The CMO expressly consents that such information be collected, processed, disclosed and used for the purposes of the implementation of the FIM Medical Code in accordance with data protection laws.

CMOs shall be entitled to request the FIM to erase, rectify or obtain any Personal Data the FIM holds about them in accordance with the FIM Medical Code by sending a written request to gdpr-medical@fim.ch

APPENDIX F
Circuit Racing

Fédération Internationale de Motocyclisme
11, route Suisse - CH-1295 Mies (Suisse)
E-mail: cmi@fim.ch

CIRCUIT CMO QUESTIONNAIRE

(Form to be used by CMO)

This questionnaire has to be completed by the CMO (in accordance with Art. 09.6.1 of the FIM Medical Code) and returned to the FIM by e-mail 60 days prior to the event with the following attachments:

1) A plan of the medical centre

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

3) A map of the circuit indicating the routes for urgent evacuation

4) Written confirmation that the necessary personnel is available during practice and racing

A copy of this form has to be handed over the Medical Director before the first track inspection (Art. 09.6.2 of the FIM Medical Code)

Discipline		**IMN No.**	
Circuit		**Date**	
Country			
CHIEF MEDICAL OFFICER			
		LIC. N°	

Discipline _____ **IMN No.** _____

		YES	NO
1 a)	**Are all medical services under the control of the Chief Medical Officer**		
1 b)	**Is the medical service for the general public under the control of a deputy CMO or other doctor than the CMO himself**		

2) Total personnel (medical centre, track) (please fill in the number)

	day	0	1	2	3	4
Doctor (including CMO)	number					
Nurses						
Paramedic or equivalent						
Other Medical personnel						
Stretcher bearer						
Driver						
Other (e.g.Pilot)						
Total						

0 Thursday
1 Friday
2 Saturday
3 Sunday
4 Monday

3) Medical Intervention Vehicle (type A1) **Number** _____

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

Medical Intervention Vehicle (Type A2) **Number** _____

	YES	NO
Do positions conform to map of circuit/ posts?		
Doctor as per Medical Code		
Nurse, Paramedic or equivalent as per Medical Code		
Driver as per Medical Code		
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		
Other equipment		
Protective canvas/tarpaulins		
Technical Equipment		
Radio communication with Race Control and CMO/Medical Director		
Visible and audible signals		
Equipment to remove suits and helmets		
Type of vehicle		

Quad
Ambulance
other

Bike
Car

Discipline _____ **IMN No.** _____

4) Vehicles Type B1 **Number** _____

	YES	NO
Do positions conform to map of circuit/ posts?		
Doctor as per Medical Code		
Paramedics or equivalent as per Medical Code		

Vehicles Type B2 **Number** _____

Do positions conform to map of circuit/ posts?		
Doctor as per Medical Code		
Paramedics or equivalent as per Medical Code		

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 / Chest decompression equipment		
Tracheostomy equipment /Surgical aiway equipment		
Sphygmomanometer and stethoscope		
Stretcher		
Scoop stretcher		
ECG monitor and defibrillator		
Pulse oximeter		
Drugs for resuscitation and analgesia/ IV fluids		

Technical Equipment

Radio communication with Race Control and CMO		
Visible and audible signals		
Equipment to remove suits and helmets		
Air conditioning and refrigerator (recommended)		

Type of vehicle _____

5) Vehicles Type C **Number** _____

	YES	NO
Do positions conform to map of circuit/ posts?		
Personnel as per Medical Code		

Medical Equipment

Stretcher		
Oxygen supply		
Equipment to immobilise limbs and spine (including cervical spine)		
First Aid medicaments and materials		

Technical Equipment

Radio communication with Race Control and CMO		
Visible and audible signals		

Type of vehicle _____

Discipline _____ **IMN No.** _____

6a) Medical Ground posts **Number** ___

	YES	NO
Do positions conform to map of circuit/ posts?	☐	☐
GP1 Personnel		
Doctor experienced in resuscitation and the pre-hospital management of trauma	☐	☐
First aiders or stretcher bearers	☐	☐
GP2 Personnel		
Paramedic or equivalent experienced in resuscitation and pre-hospital management of trauma	☐	☐
Two first aiders or stretcher bearers	☐	☐
Medical Equipment		
Equipment for initiating resuscitation and emergency treatment	☐	☐
Initial airway management	☐	☐
Ventilatory support	☐	☐
Haemorrhage control & circulatory support	☐	☐
Cervical collar	☐	☐
Extrication device - Scoop stretcher or spinal board or equivalent	☐	☐
Technical Equipment		
Radio communication with Race Control and CMO	☐	☐
Adequate shelter for staff and equipment and ground post staff	☐	☐
Other equipment		
Protective canvas / tarpaulins	☐	☐

6b) Pit lane ground posts **Number** _____

	YES	NO
Do positions conform to map of circuit/ posts?	☐	☐
Personnel		
Doctor, Paramedic or equivalent experienced in emergency care	☐	☐
Stretcher bearer	☐	☐
Medical Equipment		
Airway management and intubation equipment	☐	☐
Drugs for resuscitation and analgesia/ IV fluids	☐	☐
Cervical collars	☐	☐
Manual respiration system	☐	☐
Intravenous infusion equipment	☐	☐
First Aid equipment	☐	☐
Scoop stretcher or spinal board or equivalent	☐	☐
Technical Equipment		
Radio communication with Race Control and CMO	☐	☐

7) Medical Centre

Is a medical centre available at this circuit as per Medical Code? (compulsory at GP, SBK, Endurance WC) if "**NO**" go to **7d)**	☐	☐
Is it a permanent structure?	☐	☐
Is it less than 10 mins from any part of the circuit?	☐	☐
Refer to Art. 13.3 of the FIM Standards for Circuits		
Number of rooms	☐	

Discipline _____ **IMN No.** _____

Secure environment from which media and public can be excluded	☐	☐
Area easily accessible by First Aid vehicles	☐	☐
Helicopter landing area nearby	☐	☐
One or two rooms large enough to allow resuscitation of at least two severely injured riders simultaneously (resuscitation area)	☐	☐
X-ray room or portable digital X-ray machine	☐	☐
A room large enough to treat more than one rider with minor injuries simultaneously	☐	☐
Temporary separation in this area, e.g. curtains or screens	☐	☐
	YES	**NO**
Reception and waiting area	☐	☐
Doctor's room	☐	☐
Toilet and shower room with disabled access	☐	☐
A staff changing room with male and female toilets	☐	☐
Medical staff room for 12 or more persons	☐	☐
Radio communication with Race Control, the CMO, ambulances and ground posts	☐	☐
If the Medical Centre has normal electric power supply, it must also be permanently connected to its own U.P.S. (Uninterruptible Power Supply)	☐	☐
Water supply, heating, air-conditioning and sanitation appropriate to the country	☐	☐
Closed Circuit TV	☐	☐
Office facilities	☐	☐
Dirty utility room	☐	☐
Equipment storage	☐	☐
Security fence	☐	☐
Telephones	☐	☐
Security Guard	☐	☐
Parking for ambulances	☐	☐

7a) Room requirements

1 resuscitation room	☐	☐
or		
2 resuscitation rooms	☐	☐
Entrance separate to entrance for general public	☐	☐
Minor treatment room	☐	☐
X-ray room	☐	☐
Medical staff room	☐	☐
Wide corridors and doors to move patients on trolleys	☐	☐

7b) Equipment for resuscitation areas

Equipment for endotracheal intubation, tracheostomy and ventilation support including suction, oxygen and anaesthetic agents	☐	☐
Equipment for intravenous access including cut down and central venous cannulation and fluids including colloid plasma expanders and crystalloid solutions	☐	☐
Intercostal drainage equipment	☐	☐
Equipment for cardiac monitoring and resuscitation, including ECG monitoring, defibrillation and blood pressure measurement	☐	☐
Equipment for immobilising the spine at all levels	☐	☐
Equipment for the splinting of limb fractures	☐	☐
Drugs/ IV fluids including analgesia, sedating agents, anticonvulsants,		

Discipline _____ **IMN No.** _____

paralysing and anaesthetic agents, cardiac resuscitation drugs/ IV fluids	☐	☐
Tetanus toxoid and broad spectrum antibiotics (recommended)	☐	☐
Equipment for diagnostic ultrasound	☐	☐
Digital X-Ray (compulsory for GP, Superbike and Endurance WC) recommended for all other events provided it is not prohibited by national legislation)	☐	☐

7c) Equipment for minor injuries area

The area must have beds, dressings, suture equipment and fluids to treat up to three riders with minor injuries simultaneously. 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	☐	☐

7d) Is there another facility for treatment of injured riders-

Room, container or tent (please describe/specify) - only to be filled in if there is no Medical Centre	☐	☐

7e) Personnel (please fill in the number)

Doctor	
Nurses	
Paramedic or equivalent	
Other medical	
Stretcher bearer	
Driver	
Other	
Total	

0 Thursday
1 Friday
2 Saturday
3 Sunday
4 Monday

day	0	1	2	3	4
number					

Specialists at medical centre (mentioning specialty)

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

Other Specialists

3.
4.

7f) Doping facilities (refer to Art. 13.3.2.3 of FIM Standards for Circuits) **YES** ☐ **NO** ☐

8) Vehicles for transport to hospital **Number** ☐☐☐☐☐

9) Helicopter

Helicopter with medical equipment **Number** ☐☐☐

Discipline _____ **IMN No.** _____

	YES	NO
Fluids and drugs		
Respirator		
Oxygen		
ECG/defibrillator		

Personnel (specify)

Doctor	
Nurse, Paramedic or equivalent	
Pilot	

0 Thursday
1 Friday
2 Saturday
3 Sunday
4 Monday

day	0	1	2	3	4
Number					

10) Clothing of medical personnel as per Medical Code

	YES	NO
Doctor		
Nurse, Paramedics or equivalent		

11) Closed Circuit TV ☐ YES ☐ NO

12) Radio Operator (Medical Service) ☐ YES ☐ NO

13) Hospitals

Type of hospital	Name of Hospital	Time to Hospital Road (min)	Time to Hospital Air (min)	Distance (km)
a) Local hospital				
b) General Surgery				
c) Orthopaedic/Trauma				
d) Neurosurgery				
e) Spinal Injuries				
f) Cardio/Thoracic Surgery				
g) Burns/Plastic Surgery				
h) Vascular Surgery				
i) Micro Surgery				

A route map to the hospitals is enclosed ☐ YES ☐ NO

Discipline _____ **IMN No.** _____

14) 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 is an asterix (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 GP 1												
Pit lane ground post												
Medical Centre/ Art. 7d)												

Doctor (number)		11	12	13	14	15	16	17	18	19	20
Race Control											
other place											
Type A1*											
Type B1*											
Medical GP 1											
Pit lane ground post											
Medical Centre/ Art. 7d)											

The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO **YES** ☐ **NO** ☐

Remarks:

CMO signature: **Date of completion :**

APPENDIX F
MX

Fédération Internationale de Motocyclisme
11, route Suisse - CH-1295 Mies (Suisse)

Please complete and send to: evelyne.magnin@fim.ch

CIRCUIT CMO QUESTIONNAIRE

MOTOCROSS / SUPERMOTO

(Form only to be used by CMO)

This questionnaire has to be completed by the CMO (in accordance with Art. 09.4.1 of the Medical Code) and returned to the FIM by e-mail 2 months prior to the event

1) A map of the circuit including medical groundposts, medical centre, ambulances, helicopter landing area etc.

2) A map of the circuit indicating the routes for urgent evacuation

3) Confirmation from all involved hospitals

4) Written confirmation about availablility of medical staff during practice and racing

A copy of this form has to be handed over before the first track inspection to the FIM Medical Director , if present

CLASS		**IMN No.**	
CIRCUIT		**DATE**	
COUNTRY			
CHIEF MEDICAL OFFICER			
		LIC.-No.	

CLASS _____ **IMN No.** _____

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

2) Total personnel (Medical Centre, track, spectators) (please fill in the number)

	day	0	1	2	3
Doctor (CMO included)	number				
Nurse					
Paramedic or equivalent					
Medical Personnel					
Stretcher bearer					
Driver					
Other					
Med. Personnel (in total)					

0 Thursday
1 Friday
2 Saturday
3 Sunday

3) Vehicles Type A = Medical Intervention Vehicle **Number** _____

	YES	NO
Do positions conform to map of circuit/ posts?		
Doctor as per Medical Code		
Second doctor,nurses, paramedic or equivalent as per Medical Code		
Driver as per Medical Code		
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		
Technical equipment		
Radio communication		
Visible and audible signals		
Equipment to remove suits and helmets		

Type of vehicle _____

Other equipment		
Protective canvas/Tarpaulins		

4) Vehicles Type B **Number** _____

	YES	NO
Do positions conform to map of circuit/ posts?		
Doctor as per Medical Code		
Staff as per Medical Code		

CLASS ☐ **IMN No.** ☐

Medical equipment	**YES**	**NO**
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 equipment	☐	☐
Tracheostomy equipment/Surgical aiway equipment	☐	☐
Sphygmomanometer and stethoscope	☐	☐
Stretcher	☐	☐
Scoop stretcher	☐	☐
ECG monitor and defibrillator	☐	☐
Pulse oximeter	☐	☐
Drugs for resuscitation and analgesia/ IV fluids	☐	☐
Technical equipment		
Radio communication with the Race Direction and CMO	☐	☐
Visible and audible signals	☐	☐
Equipment to remove suits and helmets	☐	☐

Type of vehicle ☐

5) Medical Ground posts **Number** ☐

Do positions conform to map of circuit/ posts?	☐	☐
Doctor	☐	☐
First aiders or stretcher bearers	☐	☐
Paramedic or equivalent experienced in resuscitation and pre-hospital management of trauma	☐	☐
Two first aiders or stretcher bearers	☐	☐
Medical Equipment		
Equipment for initiating resuscitation and emergency treatment including:		
Initial airway management	☐	☐
Ventilatory support	☐	☐
Haemorrhage control &	☐	☐
Cervical collar	☐	☐
Extrication device - This should be a Scoop stretcher or if not available	☐	
a spinal board or equivalent	☐	☐
Devices such as “NATO” or other canvas stretchers that require the rider to be lifted on to them are no longer acceptable.	☐	☐
Medical equipment		
Equipment for initiating resuscitation and emergency treatment	☐	☐
Cervical collar	☐	☐
Scoop stretcher or spinal board or equivalent	☐	☐
Technical equipment		
Radio communication with CMO	☐	☐
Other equipment		
Protective canvas/Tarpaulins	☐	☐

CLASS _____ **IMN No.** _____

6) Medical centre

Is it a permanent structure?	☐ ☐
Number of rooms	☐
Area in **sq.m.**	☐

	YES	NO
Secure environment from which media and public can be excluded	☐	☐
Area easily accessible by First Aid vehicles	☐	☐
Helicopter landing area nearby	☐	☐
Water supply, heating, air-conditioning and sanitation appropriate to		
Parking for ambulances	☐	☐

7a) Minimum room dimensions and requirements

1 resuscitation room	☐	☐
or		
2 resuscitation rooms	☐	☐

7b) Equipment for resuscitation areas	**YES**	**NO**
Equipment for endotracheal intubation, tracheostomy and ventilation support including suction, oxygen and anaesthetic agents	☐	☐
Equipment for intravenous access including cut down and central venous cannulation and fluids including colloid plasma expanders and crystalloid solutions	☐	☐
Intercostal drainage equipment	☐	☐
Equipment for cardiac monitoring and resuscitation, including ECG monitoring, defibrillation and blood pressure measurement	☐	☐
Equipment for immobilising the spine at all levels	☐	☐
Equipment for the splinting of limb fractures	☐	☐
Drugs/ IV fluids including analgesia, sedating agents, anticonvulsants, paralysing and anaesthetic agents, cardiac resuscitation drugs/ IV fluids	☐	☐
Staff are appropriately trained & skilled	☐	☐

7c) Is there another facility for treatment of injured riders-

Room, container or tent (please describe/specify) - only to be filled in if there is no Medical Centre	☐	☐

CLASS | **IMN No.**

7d) Personnel of Medical Centre

(please fill in the number)

	day	0	1	2	3
Doctor	number				
Nurse					
Paramedic					
First Aider					
Stretcher Bearer					
Driver					
Other					
Med. Personnel (in total)					

0 Thursday
1 Friday
2 Saturday
3 Sunday

Specialists at medical centre (mentioning specialty)

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

Other Specialists

3.	
4.	

8) Vehicles for transport to hospital **Number**

9) Ways to cross the track during racing

	YES	NO
Tunnel		
Bridge		

10) Helicopter

Helicopter with medical equipment	**Number**	
Fluids and drugs		
Respirator		
Oxygen		
ECG/defibrillator		

Personnel (specify)

	day	0	1	2	3
Doctor	Number				
Paramedic or equivalent					
Pilot					

0 Thursday
1 Friday
2 Saturday
3 Sunday

11) Clothing of Medical Personnel as per Medical Code

	YES	NO
Doctor		
Nurses, paramedics or equivalent		

12) Is there separate Medical Personnel for Spectators

Personnel (specify)

(please fill in the number)

	day	0	1	2	3
Doctor	Number				
Nurse					
Paramedic					
First Aider					
Stretcher Bearer					
Driver					
Other					
Med. Personnel (in total)					

0 Thursday
1 Friday
2 Saturday
3 Sunday

CLASS | **IMN No.**

13) Facilities for doping controls — YES / NO

14) Hospitals

Type of hospital	Name of Hospital	GPS coordinates	Time to Hospital Road (min)	Time to Hospital Air (min)	Distance (km)
a) Local hospital					
b) General Surgery					
c) Orthopaedic/Trauma					
d) Neurosurgery					
e) Spinal Injuries					
f) Cardio/Thoracic Surgery					
g) Burns/Plastic Surgery					
h) Vascular Surgery					
i) Micro Surgery					

A route map to the hospitals is enclosed — YES / NO

The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO — YES / NO

Remarks:

Date:

Signature of the CMO:

APPENDIX F
Trial

Fédération Internationale de Motocyclisme
11, route Suisse - CH-1295 Mies (Suisse)
E-mail: cmi@fim.ch

CIRCUIT CMO QUESTIONNAIRE
TRIAL

(Form only to be used by the CMO (Chief Medical Officer)

This questionnaire must be completed by the Medical Doctor
(in accordance with art. 09.4.1 of the FIM Medical code)
and returned to the FIM by e-mail, **TWO months prior** to the event with the following attachments:

1) A map of the sections including medical overview of medical personal, ambulances and fire service
2) A map of the sections indicating the routes for urgent evacuation
3) Written confirmation from all involved hospitals
4) Written confirmation of CMO/doctor about availability of medical staff during the event
5) Road map to hospital(s)

A copy of this form has to be handed over before the first inspection of the sections to the FIM Medical Representative (FIM Medical Code art. 09.4.1)

Discipline		**IMN No.**	
Circuit		**Date**	
Country			
CMO			
	N° Lic. (if existing)		

1) Are all medical services under the control of the CMO

YES	NO

2) Total personnel during event

	day 1	day 2
Doctor(s)		
Nurses		
Paramedic or equivalent		
Other Medical personnel		
Driver		
Total		

NOTE: If there is a considerable distance between the sections,
there should be additional doctors with adequate emergency equipment.

3) Vehicles Type A (Medical Rapid Intervention Vehicle) **Number**

Type of vehicle

	YES	NO
Doctor(s) as per Medical Code art. 09.5		
Nurse, paramedics as per Medical Code		
Driver as per Medical Code		
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		
Equipment (Technical)		
Radio communication		
Visible and audible signals		
Equipment to remove clothing and helmets		

4) **Vehicles Type B** Number
Type of vehicle

	YES	NO
Do positions conform to map of circuit/ posts?		
Doctor as per Medical Code		
Staff as per Medical Code		
Medical & Technical Equipment as per Medical Code, Art. 09.5.1.4		

5) Medical Ground posts (if necessary) Number

	YES	**NO**
Do positions conform to map of section?		
Personnel		
Doctor/ paramedic or equivalent experienced in emergency care		
Stretcher bearer		
Equipment (Medical)		
Equipment for initiating resuscitation and emergency treatment		
Cervical collar		
Scoop stretcher		
Equipment (Technical)		
Radio communication with Medical Doctor in charge		

	YES	**NO**
6) Is a facility available for treatment of injured competitors?		

Room, container or tent (please describe/specify)
if there is no Medical Centre

7) Vehicles for transport to hospital **Number** ☐

8) Clothing of medical personnel as per Medical Code

	YES	NO
Doctor	☐	☐
Paramedics or equivalent	☐	☐

9) Hospitals

Type of hospital	Name of Hospital	Distance km
a) Local hospital		
b) General Surgery		
c) Orthopaedic/Trauma		

	YES	NO
The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO, medical service is in accordance with the Medical Code.	☐	☐

Remarks:

Date:

Signature of the CMO:

APPENDIX F
Enduro

Fédération Internationale de Motocyclisme
11, route Suisse - CH-1295 Mies (Suisse)
Fax (+41-22) 950 950 1

CIRCUIT CMO QUESTIONNAIRE
Enduro
(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		**IMN No.**	
Circuit		**Date**	
Country			
CHIEF MEDICAL OFFICER			
		LIC.-No.	

Discipline _____ **IMN No.** _____

1) Are all medical services under the control of the Chief Medical Officer — **YES** ☐ **NO** ☐

2) Total personnel (please fill in the number)

			day	0	1	2	3	4
Doctor (including CMO)	0	Thursday	number					
Nurse	1	Friday						
Paramedic or equivalent	2	Saturday						
Other Medical personnel	3	Sunday						
Stretcher bearer	4	Monday						
Driver								
Other (e.g.Pilot)								
Total								

3) Vehicles Type A1 = Medical Intervention Vehicle **Number** ☐

	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	☐	☐

Vehicles Type A2 = Medical Intervention Vehicle **Number** ☐

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

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	☐	☐

Technical Equipment

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

Type of vehicle	Quad	☐	Bike	☐
	Ambulance	☐	Car	☐
	other	☐		

Other equipment

Protective canvas / Tarpaulins	☐	☐

Discipline _____ **IMN No.** _____

4) **Vehicles Type B1** **Number** _____

	YES	NO
Do positions conform to map of circuit/ posts?	☐	☐
Doctor as per Medical Code	☐	☐
Personnel as per Medical Code	☐	☐

Vehicles Type B2 **Number** _____

	YES	NO
Do positions conform to map of circuit/ posts?	☐	☐
Doctor as per Medical Code	☐	☐
Personnel as per Medical Code	☐	☐

Medical Equipment

	YES	NO
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	☐	☐
Tracheostomy equipment	☐	☐
Sphygmomanometer and stethoscope	☐	☐
Stretcher	☐	☐
Scoop stretcher	☐	☐
ECG monitor and defibrillator	☐	☐
Pulse oximeter	☐	☐
Drugs for resuscitation and analgesia/ IV fluids	☐	☐

Technical Equipment

	YES	NO
Radio communication with Race Control and CMO	☐	☐
Visible and audible signals	☐	☐
Equipment to remove suits and helmets	☐	☐
Air conditioning and refrigerator (recommended)	☐	☐

Type of vehicle _____

5) **Vehicles Type C** **Number** _____

	YES	NO
Do positions conform to map of circuit/ posts?	☐	☐
Personnel as per Medical Code	☐	☐

Medical Equipment

	YES	NO
Stretcher	☐	☐
Oxygen supply	☐	☐
Equipment to immobilise limbs and spine	☐	☐
First Aid medicaments and materials	☐	☐

Technical Equipment

	YES	NO
Radio communication	☐	☐
Visible and audible signals	☐	☐

Type of vehicle _____

Discipline | **IMN No.**

		YES	NO
6a)	**Personnel**		
	Doctor, nurse, paramedic or equivalent experienced in emergency care		
	Stretcher bearer		
6b)	**Medical Equipment**		
	Equipment for initiating resuscitation and emergency treatment		
	Cervical collar		
	Scoop stretcher		
	Technical Equipment		
	Radio communication with Race Control and CMO		

7) Vehicles for transport to hospital — **Number**

8)	**Clothing of medical personnel as per Medical Code**				
	Doctor				
	Paramedics or equivalent				

9) Hospitals :

Type of hospital	Name of Hospital	Time to Hospital Road min	Time to Hospital Air min	Distance km
a) Local hospital				
b) General Surgery				

Discipline		**IMN No.**	

Type of hospital	**Name of Hospital**	Time to Hospital Road **min**	Time to Hospital Air **min**	Distance **km**
c) Orthopaedic/Trauma				
d) Neurosurgery				
e) Spinal Injuries				
f) Cardio/Thoracic Surgery				
g) Burns/Plastic Surgery				
h) Vascular Surgery				
i) Micro Surgery				

	YES	**NO**
9) A route map to the hospitals is enclosed		

10) 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 is an asterix (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*												

Discipline | **IMN No.**

	YES	NO
11) **The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO**		

Remarks:

12) **Date of completion :**

CMO signature:

APPENDIX F
6 Days Enduro

Fédération Internationale de Motocyclisme
11, route Suisse - CH-1295 Mies (Suisse)
Fax (+41-22) 950 950 1

CIRCUIT CMO QUESTIONNAIRE
6 Days Enduro

(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		**IMN No.**	
Circuit		**Date**	
Country			
CHIEF MEDICAL OFFICER			
		LIC.-No.	

Discipline _____ **IMN No.** _____

1) **Are all medical services under the control of the Chief Medical Officer** — YES ☐ NO ☐

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

(please fill in the number)

	day	1	2	3	4	5	6
Doctor (including CMO)	number						
Nurse							
Paramedic or equivalent							
Other Medical personnel							
Stretcher bearer							
Driver							
Other (e.g.Pilot)							
Total							

1 Tuesday
2 Wedneday
3 Thursday
4 Friday
5 Saturday
6 Sunday

3) **Vehicles Type A1 = Medical Intervention Vehicle** **Number** _____

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

Vehicles Type A2 = Medical Intervention Vehicle **Number** _____

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

	YES	NO
Other equipment		
Protective canvas / tarpaulins	☐	☐

Discipline _____ **IMN No.** _____

4) Vehicles Type B1 **Number** _____

Do positions conform to map of circuit/ posts?	☐	☐
Doctor as per Medical Code	☐	☐
Personnel as per Medical Code	☐	☐

Vehicles Type B2 **Number** _____

Do positions conform to map of circuit/ posts?	☐	☐
Doctor as per Medical Code	☐	☐
Personnel as per Medical Code	☐	☐

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	☐	☐

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 _____

5) Vehicles Type C **Number** _____

Do positions conform to map of circuit/ posts?	☐	☐
Personnel 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 and audible signals	☐	☐

Type of vehicle _____

Discipline ☐ **IMN No.** ☐

6a) Personnel

Doctor/ paramedic or equivalent experienced in emergency care	☐
Stretcher bearer	☐

6b) Medical Equipment

Equipment for initiating resuscitation and emergency treatment	☐
Cervical collar	☐
Scoop stretcher	☐

Technical Equipment

Radio communication with Race Control and CMO	☐

7) Medical Centre (Mandatory in 6 days Enduro)

	YES	NO
Is a medical centre available as per Medical Code?	☐	☐
Secure environment from which media and public can be excluded	☐	☐
Area easily accessible by First Aid vehicles	☐	☐
Helicopter landing area nearby	☐	☐
A room large enough to treat more than one rider with minor injurie simultaneously	☐	☐
Temporary separation in this area, e.g. curtains or screens	☐	☐
Radio communication with Race Control, CMO, ambulances & ground posts	☐	☐
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)	☐	☐
Water supply, heating, air-conditioning and sanitation appropriate to the country	☐	☐
Office facilities	☐	☐
Dirty utility container	☐	☐
Equipment storage	☐	☐
Parking for ambulances	☐	☐

7a) Medical Equipment

Equipment for resuscitation

Equipment for endotracheal intubation, tracheostomy and ventilation support including suction, oxygen and anaesthetic agents	☐
Equipment for intravenous access including cut down and central venous cannulation	☐
Fluids including colloid plasma epanders and crystalloid solutions	☐
Intercostal drainage equipment	☐
Equipment for cardiac monitoring and resuscitation, including ECG monitoring, defibrillation and blood pressure measurement	☐
Equipment for immobilising the spine at all levels	☐
Equipment for the splinting of limb fractures	☐
Drugs/ IV fluids including analgesia, sedating agents, anticonvulsants, paralysing and anaesthetic agents, cardiac resuscitation drugs/ IV fluids	☐

Equipment for minor injuries

The area must have beds, dressings, suture equipment and fluids to treat up to three riders with minor injuries simultaneously.	☐
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	☐

Discipline _____ **IMN No.** _____

7b) Personnel

(please fill in the number)

	day	1	2	3	4	5	6
Doctor	number						
Nurses							
Paramedic or equivalent							
Stretcher bearer							
Driver							
Other							
Total							

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

Specialists at medical centre (mentioning specialty)

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

Other Specialists

3.
4.

7c) Anti-Doping facilities — **YES** ☐ **NO** ☐

7d) Vehicles for transport to hospital **Number** _____

8) Helicopter

8a) Helicopter with medical equipment **Number** _____

	YES	NO
Fluids and drugs		
Respirator		
Oxygen		
ECG/defibrillator		

8b) Personnel (specify)

	day	1	2	3	4	5	6
Doctor	Number						
Nurse, paramedic or equivalent							
Pilot							
Total							

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

8c) Clothing of medical personnel as per Medical Code — **YES** ☐ **NO** ☐

Doctor
Paramedics or equivalent

9) Hospitals :

Type of hospital	**Name of Hospital**	GPS Coordinates	Time to hospital Route **min**	Time to hospital Air **min**	Distance **km**
a) Local hospital					
b) General Surgery					

Discipline _____ **IMN No.** _____

Type of hospital	Name of Hospital	GPS Coordinates	Time to hospital Route min	Time to hospital Air min	Distance km
c) Orthopaedic/Trauma					
d) Neurosurgery					
e) Spinal Injuries					
f) Cardio/Thoracic Surgery					
g) Burns/Plastic Surgery					
h) Vascular Surgery					
i) Micro Surgery					

A route map to the hospitals is enclosed **YES** ☐ **NO** ☐

10) 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 asterix (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.**

	YES	NO
11) The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO		

Remarks:

12) Date of completion :

CMO signature:

APPENDIX F
Speedway

Fédération Internationale de Motocyclisme
11, route Suisse - CH-1295 Mies (Suisse)
E-mail: cmi@fim.ch

CIRCUIT CMO QUESTIONNAIRE SPEEDWAY

(Form only to be used by CMO)

This questionnaire has to be completed by the CMO
(in accordance with art. 09.4.1 of the FIM Medical code)
and returned to the FIM by e-mail, **TWO months** prior to the event with the following attachments:

1) A map of the track including medical overview of medical personal, ambulances and fire service
2) A map of the track indicating the routes for urgent evacuation
3) Written confirmation of CMO about availability of medical staff during the event
4) Written confirmation of all hospitals involved
5) Road map to hospital(s)

A copy of this form has to be handed over before the first inspection
to the FIM Medical Representative

Discipline		**IMN No.**	
Circuit		**Date**	
Country			
CHIEF MEDICAL OFFICER			
		LIC.-No.	

1) Are all medical services under the control of the Chief Medical Officer

YES	NO
☐	☐

2) Total personnel during event

	day	1	2
Doctor (including CMO)	number		
Nurses			
Paramedic or equivalent			
Other Medical personnel			
Driver			
Total			

3) Vehicles Type B1 **Number** ☐☐
Vehicles Type B2 **Number** ☐☐

	YES	NO
Do positions conform to map of sections?	☐	☐
Doctor as per Medical Code	☐	☐
Peronnel as per Medical Code	☐	☐
Medical Equipment		
Stretcher	☐	☐
Oxygen supply	☐	☐
Equipment to immobilise limbs and spine	☐	☐
First Aid medicaments and materials	☐	☐
Technical Equipment		
Radio communication with the Race Director and CMO (if applicable)	☐	☐
Visible and audible signals	☐	☐

4) Medical Ground Post **Number** ☐

Do positions conform to map of section?	☐	☐
Personnel		
Doctor, nurse, paramedic or equivalent experienced in emergency care	☐	☐
Stretcher bearer	☐	☐
Medical Equipment		
Equipment for initiating resuscitation and emergency treatment	☐	☐
Cervical collar	☐	☐
Scoop stretcher	☐	☐
Technical Equipment		
Radio communication with Race Director (if applicable) and CMO	☐	☐

5) Is a facility available for treatment of injured competitors ☐ ☐

Room, container or tent (please describe/specify) -
to complete if there ir no Medical Centre

6) Vehicles for transport to hospital **Type C** **Number** ☐

7) Clothing of medical personnel as per Medical Code

	YES	NON
Doctor	☐	☐
Paramedics or equivalent	☐	☐

8) Anti-doping facilities ☐ ☐

9) Hospitals

Type of hospital	Name of Hospital	Time to hospital Route	Air	Distance
		min	min	km
a) Local hospital		☐	☐	
b) General Surgery		☐	☐	
c) Orthopaedic/Trauma		☐	☐	

The CIRCUIT CMO QUESTIONNAIRE has been completed by the CMO, medical service is in accordance with art. 09.7.6 of the Medical Code. **YES** ☐ **NO** ☐

Remarks:

Date:

CMO Signature:

HIGHLY CONFIDENTIAL
LIST OF MEDICALLY UNFIT RIDERS FOR DOCTORS ONLY
To be completed by the Chief Medical Officer
To: FIM Medical Directors/FIM Medical Officer/FIM Medical Delegate: MotoGP, WSBK, Endurance, MXGP, Speedway GP ONLY

To the Chief Medical Officer at _____Circuit
for event IMN N° _____(the next event in the series)

The following riders were rendered medically **unfit** to ride at

Event IMN N°

Date of event:

NAME	RIDING N°	CLASS	DATE OF INJURY	NATURE OF INJURY / ILLNESS

HIGHLY CONFIDENTIAL
LIST OF MEDICALLY UNFIT RIDERS FOR DOCTORS ONLY
To be completed by the Chief Medical Officer
To: FIM Medical Directors/FIM Medical Officer/FIM Medical Delegate: MotoGP, WSBK, Endurance, MXGP, Speedway GP ONLY

The following riders were included on a previous "List of Medically Unfit Riders" and have not yet been passed as "medically fit to ride".

NAME	RIDING N°	CLASS	DATE OF INJURY	NATURE OF INJURY / ILLNESS

Date _____ Signature of Chief Medical Officer _____

Any rider on these lists wishing to compete must have a Medical Examination to determine their medical fitness to ride in accordance the FIM Medical Code before they next compete at an event. The list must also include any rider who has been treated by a doctor other than the official doctors of the event. At the end of an event this form must be completed by the CMO to include any rider who has been injured. The form must then be **given directly to the relevant FIM Medical Director/Officer/Delegate as above, for delivery to the CMO of the next event in an envelope marked "Highly Confidential". The information contained in this form must be treated in the strictest confidence and is for the FIM Medical Director/FIM Medical Officer/FIM Medical Delegate and CMO only.**

HIGHLY CONFIDENTIAL
LIST OF MEDICALLY UNFIT RIDERS FOR DOCTORS ONLY
To be completed by the Chief Medical Officer
To: FIM Medical Directors/FIM Medical Officer/FIM Medical Delegate: MotoGP, WSBK, Endurance, MXGP, Speedway GP ONLY

Data Privacy

The CMO, FIM Medical Officer, FIM Medical Director, FIM WSBK Medical Director, FIM Endurance, MXGP Medical Directors, FIM Speedway GP Medical Delegate shall not disclose this Rider's Personal Data or Sensitive Personal Data except where such disclosures are strictly necessary in order to fulfil their obligations under the FIM Medical Code. They shall ensure that this Personal Data and Sensitive Personal Data is only retained when it remains relevant to fulfilling their obligations under the FIM Medical Code. Once it no longer serves the above-mentioned purposes, it shall be deleted, destroyed or permanently anonymised. As a general rule, retaining Sensitive Personal Data requires stronger or more compelling reasons than for Personal Data.

Any rider going through Medical Examination and therefore submitting this information including Personal Data and Personal Sensitive Data to be able to compete, shall be deemed to have agreed pursuant to applicable data protection laws and otherwise that such information be collected, processed, disclosed and used for the purposes of the implementation of the FIM Medical Code by the CMO, FIM Medical Officer, FIM Medical Director, FIM WSBK Medical Director, FIM Endurance Medical Director, FIM MXGP Medical Director and FIM Speedway GP Medical Delegate.

A rider or his authorised representative shall be entitled to request to erase, rectify or obtain any Personal Data or Sensitive Personal Data the FIM holds about him in accordance with the FIM Medical Code by sending a written request to gdpr-medical@fim.ch.

APPENDIX H1

CIRCUIT RACING GP, WSBK, ENDURANCE, MXGP, MxoN, SGP CIRCUITS

PROCEDURE FOR A MEDICAL ASSESSMENT AND HOMOLOGATION FOR CIRCUIT RACING GP, WSBK, ENDURANCE, MXGP, MXoN, SGP CIRCUITS

Medical Assessment

A medical assessment is a visit by an FIM Medical Assessor (FIM Medical Representative) during an event following receipt of the CMO questionnaire of the relevant circuit in order to:

- establish the level of the medical facilities and the medical centre of the circuit in order to ensure the highest standard of services for the safety of the riders and to establish their conformity with the FIM Medical Code and make recommendations as necessary with a view to a medical homologation based on the CMO questionnaire previously received and reviewed by the FIM Medical Assessor.

and

- verify all medical facilities and the medical centre together with the services required to provide appropriate and necessary medical interventions.

and

- issue a medical assessment and homologation report for the circuit.

An initial medical assessment before the event (Medical Pre-assessment) may be compulsory:

- To determine the minimum medical requirements and facilities for any new circuit to be used for the first time. Such an assessment may be followed by a further medical pre-assessment if necessary but will be followed by a compulsory medical review during the event to confirm the provision and appropriateness of these medical services.

An intermediate medical assessment before the event may be required for:

a) existing circuits that have already been used and received a grade A but have undergone significant changes in the layout of the circuit or the medical centre.

b) existing circuits which have received a grade B or C in the previous assessment.

A medical assessment during the event is compulsory for:

a) any new circuit to be used for the first time.

b) existing circuits which have received a grade B or C in the previous assessment.

c) existing circuits that have already been used and received a grade A but have undergone significant changes in the layout of the circuit or the medical centre.

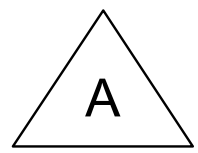
d) the circuits for which the previous medical homologation has expired.

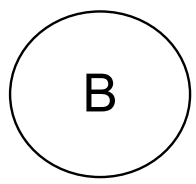
Assessment requests

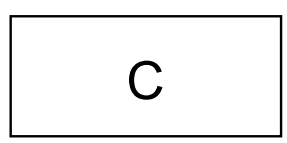
- The FMN can request a medical assessment, but the FIM reserves the right to review a medical homologation and require a medical assessment at any time.
- In the event of inadequate medical facilities or work to be carried out to the medical centre, the medical assessor may decide to carry out one or more further intermediate medical reviews, if necessary.
- The medical homologation becomes effective only after a FINAL medical assessment resulting in a grade A or B as defined below.
- The CMI will appoint the FIM Medical Assessor.

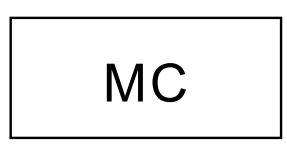
Documents to be submitted for a medical assessment to be returned to the FIM at least 2 months prior to the medical assessment.

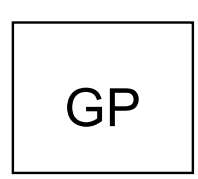
- The FIM Circuit CMO Questionnaire to be completed by the Chief Medical Officer (CMO) (see Appendix F of the FIM Medical Code).
- Two (2) copies of a map of the circuit medical services, one in hard copy and the other in electronic format to a minimum scale of 1:2000 indicating the positions.

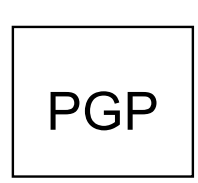
- ✓ vehicle type A in red with 

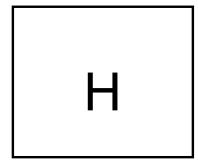
- ✓ vehicle type B in blue with 

- ✓ vehicle type C in green with 

- ✓ medical centre in green with 

- ✓ ground post in yellow with 

- ✓ pit lane ground post in yellow with 

- ✓ helicopter landing area in orange with 

  - o and routes for urgent evacuation
- ✓ Plan of the circuit medical centre.

Medical assessment procedure

At all medical assessments, it shall be the duty of the FIM Medical Assessor to examine all the medical facilities at the circuit and make recommendations when required to ensure that these conform to the FIM Medical Code.

During the medical assessment, the presence of the Chief Medical Officer (CMO), the Clerk of the Course and/or a responsible representative of the circuit is required.

Grading of circuit medical assessment and homologations

The medical assessment and homologation will be graded as follows:

A: 1 year

A medical assessment and medical homologation report will be issued.

B: Further improvements to the medical service are required and a further medical assessment is compulsory the following year.

In the event of two successive assessments resulting in grade B, the circuit will automatically be downgraded to grade C as defined below.

C: The medical service provision does not comply with the requirements of the FIM Medical Code and a further detailed medical review is compulsory prior to any FIM event taking place.

Further medical assessment is required before any FIM event can take place until the circuit obtains at least a grade B.

Expenses for medical assessment/homologations

The costs of transport and accommodation of the Medical Assessor for final medical assessment of track or circuits resulting in a grade A, are borne by the FIM.

When the medical assessment results in a grade B or C requiring further assessment and takes place before the date of the event, these costs are invoiced to the FMNR, by way of the quarterly invoice of amounts payable by the FMNR. Following a grade C, an intermediate assessment is compulsory before the next event takes place. In this case, the costs of such an assessment will be borne by the FMNR.

When a track or circuit is assessed without a race being included in the calendar of the current or the coming year, the costs are also later invoiced to the FMNR, even if the circuit obtains a grade A.

The costs pertaining to a medical assessment during the event obtaining grade A are included in the inscription fees. Nevertheless, the costs of assessments obtaining grade B or C must be borne by the FMNR concerned and are, thus, not included in these inscription fees.

APPENDIX H2
FOR ALL DISCIPLINES
EXCEPT FOR CIRCUIT RACING GP, WSBK, ENDURANCE, MXGP, MXoN, GP SPEEDWAY

PROCEDURE FOR A CIRCUIT MEDICAL ASSESSMENT AND HOMOLOGATION FOR ALL DISCIPLINES EXCEPT FOR CIRCUIT RACING GP, WSBK, ENDURANCE, MXGP, MXoN, GP SPEEDWAY

Medical Assessment

A medical assessment is a visit by an FIM Medical Assessor (FIM Medical Representative) during an event in order to:

- establish the level of the medical facilities and the medical centre of the circuit in order to ensure the highest standard of services for the safety of the riders and to establish their conformity with the FIM Medical Code and make recommendations as necessary with a view to a medical homologation based on the CMO questionnaire previously received and reviewed by the FIM Medical Assessor.

and

- verify all medical facilities and the medical centre together with the services required to provide appropriate and necessary medical interventions

and

- issue a medical assessment and homologation report for the circuit.

In the case of no FIM Medical Representative being appointed to the event and no assessment being carried out during the event, the FIM Medical Assessor will review the CMO questionnaire received at least 60 days prior to the event and will forward their advice and recommendations in writing to the CMO and FMNR.

An initial medical assessment before the event (Medical Pre-assessment) may be required:

- To determine the minimum medical requirements and facilities for any new circuit to be used for an FIM Championship or Prize event for the first time. Such an assessment may be followed by a further Medical Pre-assessment if necessary and may be followed by a Medical review during the event to confirm the provision and appropriateness of these medical services.

An intermediate medical assessment before the event may be required for:

a) existing circuits that have already been used for an FIM Championship and Prize event and received a grade A but have undergone significant changes in the layout of the circuit or the medical centre.

b) existing circuits which have received a grade B or C in the previous assessment.

A medical assessment during the event may be compulsory for:

a) any new circuit to be used for an FIM Championship or Prize event for the first time.

b) existing circuits which have received a grade B or C in the previous assessment.

c) existing circuits that have already been used for an FIM Championship and Prize event and received a grade A but have undergone significant changes in the layout of the circuit or the medical centre.

d) the circuits for which the previous medical homologation has expired.

Assessment requests

- The FMN can request a medical assessment, but the FIM reserves the right to review a medical homologation and require a medical assessment at any time.

- In the event of inadequate medical facilities or work to be carried out to the medical centre, the FIM Medical Assessor may decide to carry out one or more further intermediate medical reviews, if necessary.

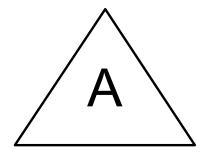
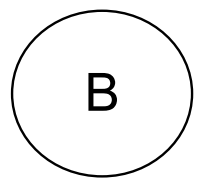
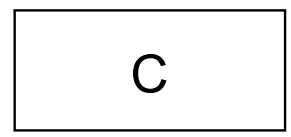
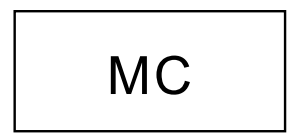
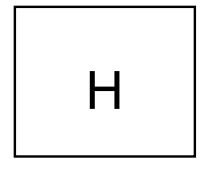
- The medical homologation becomes effective only after a FINAL medical assessment resulting in a grade A or B as defined below.

- The CMI will appoint the FIM Medical Assessor.

Documents to be submitted for a medical assessment to be returned to the FIM at least 2 months prior to the medical assessment.

- The FIM Circuit CMO Questionnaire to be completed by the Chief Medical Officer (CMO) (see Appendix F of the FIM Medical Code).

- Two (2) copies of a map of the circuit medical services, one in hard copy and the other in electronic format to a minimum scale of 1:2000 indicating the positions.

✓ vehicle type A	in red with	
✓ vehicle type B	in blue with	
✓ vehicle type C	in green with	
✓ medical centre	in green with	
✓ ground post	in yellow with	
✓ pit lane ground post	in yellow with	
✓ helicopter landing area	in orange with	

  - and routes for urgent evacuation

- ✓ Plan of the circuit medical centre.

Medical assessment procedure

At all medical assessments, it shall be the duty of the FIM Medical Assessor to examine all the medical facilities at the circuit and make recommendations when required to ensure that these conform to the FIM Medical Code.

During the medical assessment, the presence of the Chief Medical Officer (CMO), the Clerk of the Course and/or a responsible representative of the circuit is required.

Grading of circuit medical assessments and homologations

The medical assessment and homologation will be graded as follows:

A: 3 years.

A medical assessment and homologation report will be issued.

B: Further improvements to the medical service are required and a further medical assessment may be carried out at the following year.

Medical assessment may be carried out before the next event.

In the event of two successive assessments resulting in grade B, the circuit will automatically be downgraded to grade C as defined below.

C: The medical service provision does not comply with the requirements of the FIM Medical Code and a further detailed medical review is compulsory prior to FIM events taking place.

Further medical assessment is required before any FIM event can take until the circuit obtains at least a grade B.

Costs for medical assessments /homologations

The costs of transport and accommodation of the FIM Medical Assessor for final medical assessments of track or circuits resulting in a grade A, are borne by the FIM.

When the medical assessment results in a grade B or C requiring further assessments before the date of the event, these costs are invoiced to the FMNR, by way of the quarterly invoice of amounts payable by the FMNR. Following a grade C, an intermediate assessment is compulsory before the next event takes place. In this case, the costs of such an assessment will be borne by the FMNR.

When a track or circuit is assessed without a race being included in the calendar of the current or the coming year, the costs are also later invoiced to the FMNR, even if the circuit obtains a grade A.

The costs pertaining to a medical assessment during the event obtaining grade A are included in the inscription fees. Nevertheless, the costs of assessments obtaining grade B or C must be borne by the FMNR concerned and are, thus, not included in these inscription fees.

APPENDIX L

HIGHLY CONFIDENTIAL

Fédération Internationale de Motocyclisme
11, route Suisse - CH-1295 Mies (Suisse)
to return to: cmi@fim.ch only

Confidentiality note: The data and information contained in this questionnaire are strictly confidential
This information is intended only for use of the FIM

QUESTIONNAIRE FATAL ACCIDENT

1) **FMNR** ☐

2) **DISCIPLINE** ☐

3) **EVENT** National ☐ International ☐ FIM ☐

4) **CIRCUIT** ☐ **VENUE** ☐

PRACTICE ☐ RACE ☐ Lap N° ☐

Track ☐ Paddock ☐ Outside

Ground post N° ☐ Turn N° ☐

5) **CMO** ☐

6) **DIAGNOSES**

1 ☐

2 ☐

3 ☐

4 ☐

7) **DATE of ACCIDENT** ☐

8) **TIME of ACCIDENT** ☐

9) **PROTECTIVE DEVICES WORN BY THE RIDER:**

Neckbrace: YES ☐ NO ☐

Type: ☐

Brand: ☐

Other protective devices:
(Please specify) ☐

10) **TIME of DEATH** ☐

11) **DEATH** immediate ☐ evacuation ☐ hospital

12) **TIME of ARRIVAL of the FIRST AIDERS** ☐

13) **TIME of START RESUSCITATION** ☐

14) **THERAPY** ☐

15) **AUTOPSY** YES ☐ NO ☐

16) **RESULT of the AUTOPSY**

17) **REMARKS** oil ☐ dry track ☐ wet track

collision ☐ fall ☐

other

18) **DOCUMENTS** videos ☐ pictures ☐ magazines

other

19) **COMMENTS**

Data Privacy
The CMO shall not disclose this Rider's Personal Data or Sensitive Personal Data except where such disclosures are strictly necessary in order to fulfil his obligations under the FIM Medical Code. He shall ensure that this Personal Data and Sensitive Personal Data is only retained when it remains relevant to fulfilling his obligations under the FIM Medical Code. Once it no longer serves the above-mentioned purposes, it shall be deleted, destroyed and permanently anonymised. As a general rule, retaining Sensitive Personal Data requires stronger or more compelling reasons than for Personal Data.

Any rider going through Medical Examination and therefore submitting this information including Personal Data and Personal Sensitive Data to be able to compete, shall be deemed to have agreed pursuant to applicable data protection laws and otherwise that such information be collected, processed, disclosed and used for the purposes of the implementation of the FIM Medical Code by the CMO.

A rider or his authorised representative shall be entitled to request to erase, rectify or obtain any Personal Data or Sensitive Personal Data the FIM holds about him in accordance with the FIM Medical Code by sending a written request to gdpr-medical@fim.ch.

20) **SIGNATURE of CMO of the EVENT:**

NAME of the CMO:

DATE:

SCAT5©

SPORT CONCUSSION ASSESSMENT TOOL — 5TH EDITION

DEVELOPED BY THE CONCUSSION IN SPORT GROUP
FOR USE BY MEDICAL PROFESSIONALS ONLY

supported by

Patient details

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date of Injury: _____ Time: _____

WHAT IS THE SCAT5?

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals[1]. The SCAT5 cannot be performed correctly in less than 10 minutes.

If you are not a physician or licensed healthcare professional, please use the Concussion Recognition Tool 5 (CRT5). The SCAT5 is to be used for evaluating athletes aged 13 years and older. For children aged 12 years or younger, please use the Child SCAT5.

Preseason SCAT5 baseline testing can be useful for interpreting post-injury test scores, but is not required for that purpose.Detailed instructions for use of the SCAT5 are provided on page 7. Please read through these instructions carefully before testing the athlete. Brief verbal instructions for each test are given in italics. The only equipment required for the tester is a watch or timer.

This tool may be freely copied in its current form for distribution to individuals, teams, groups and organizations. It should not be altered in any way, re-branded or sold for commercial gain. Any revision, translation or reproduction in a digital form requires specific approval by the Concussion in Sport Group.

Recognise and Remove

A head impact by either a direct blow or indirect transmission of force can be associated with a serious and potentially fatal brain injury. If there are significant concerns, including any of the red flags listed in Box 1, then activation of emergency procedures and urgent transport to the nearest hospital should be arranged.

Key points

- Any athlete with suspected concussion should be REMOVED FROM PLAY, medically assessed and monitored for deterioration. No athlete diagnosed with concussion should be returned to play on the day of injury.
- If an athlete is suspected of having a concussion and medical personnel are not immediately available, the athlete should be referred to a medical facility for urgent assessment.
- Athletes with suspected concussion should not drink alcohol, use recreational drugs and should not drive a motor vehicle until cleared to do so by a medical professional.
- Concussion signs and symptoms evolve over time and it is important to consider repeat evaluation in the assessment of concussion.
- The diagnosis of a concussion is a clinical judgment, made by a medical professional. The SCAT5 should NOT be used by itself to make, or exclude, the diagnosis of concussion. An athlete may have a concussion even if their SCAT5 is “normal”.

Remember:

- The basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the athlete (other than that required for airway management) unless trained to do so.
- Assessment for a spinal cord injury is a critical part of the initial on-field assessment.
- Do not remove a helmet or any other equipment unless trained to do so safely.

© Concussion in Sport Group 2017

Davis GA, *et al. Br J Sports Med* 2017;**0**:1–8. doi:10.1136/bjsports-2017-097506SCAT5

Copyright Article author (or their employer) 2017. Produced by BMJ Publishing Group Ltd under licence.

1

IMMEDIATE OR ON-FIELD ASSESSMENT

The following elements should be assessed for all athletes who are suspected of having a concussion prior to proceeding to the neurocognitive assessment and ideally should be done on-field after the first first aid / emergency care priorities are completed.

If any of the "Red Flags" or observable signs are noted after a direct or indirect blow to the head, the athlete should be immediately and safely removed from participation and evaluated by a physician or licensed healthcare professional.

Consideration of transportation to a medical facility should be at the discretion of the physician or licensed healthcare professional.

The GCS is important as a standard measure for all patients and can be done serially if necessary in the event of deterioration in conscious state. The Maddocks questions and cervical spine exam are critical steps of the immediate assessment; however, these do not need to be done serially.

STEP 1: RED FLAGS

RED FLAGS:

- **Neck pain or tenderness**
- **Double vision**
- **Weakness or tingling/ burning in arms or legs**
- **Severe or increasing headache**
- **Seizure or convulsion**
- **Loss of consciousness**
- **Deteriorating conscious state**
- **Vomiting**
- **Increasingly restless, agitated or combative**

STEP 2: OBSERVABLE SIGNS

Witnessed ☐ Observed on Video ☐

Lying motionless on the playing surface	Y	N
Balance / gait difficulties / motor incoordination: stumbling, slow / laboured movements	Y	N
Disorientation or confusion, or an inability to respond appropriately to questions	Y	N
Blank or vacant look	Y	N
Facial injury after head trauma	Y	N

STEP 3: MEMORY ASSESSMENT MADDOCKS QUESTIONS[2]

"I am going to ask you a few questions, please listen carefully and give your best effort. First, tell me what happened?"

Mark Y for correct answer / N for incorrect

What venue are we at today?	Y	N
Which half is it now?	Y	N
Who scored last in this match?	Y	N
What team did you play last week / game?	Y	N
Did your team win the last game?	Y	N

Note: Appropriate sport-specific questions may be substituted.

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

STEP 4: EXAMINATION GLASGOW COMA SCALE (GCS)[3]

Time of assessment			
Date of assessment			
Best eye response (E)			
No eye opening	1	1	1
Eye opening in response to pain	2	2	2
Eye opening to speech	3	3	3
Eyes opening spontaneously	4	4	4
Best verbal response (V)			
No verbal response	1	1	1
Incomprehensible sounds	2	2	2
Inappropriate words	3	3	3
Confused	4	4	4
Oriented	5	5	5
Best motor response (M)			
No motor response	1	1	1
Extension to pain	2	2	2
Abnormal flexion to pain	3	3	3
Flexion / Withdrawal to pain	4	4	4
Localizes to pain	5	5	5
Obeys commands	6	6	6
Glasgow Coma score (E + V + M)			

CERVICAL SPINE ASSESSMENT

Does the athlete report that their neck is pain free at rest?	Y	N
If there is NO neck pain at rest, does the athlete have a full range of ACTIVE pain free movement?	Y	N
Is the limb strength and sensation normal?	Y	N

In a patient who is not lucid or fully conscious, a cervical spine injury should be assumed until proven otherwise.

© Concussion in Sport Group 2017

Davis GA, *et al. Br J Sports Med* 2017;**0**:1–8. doi:10.1136/bjsports-2017-097506SCAT5

OFFICE OR OFF-FIELD ASSESSMENT

Please note that the neurocognitive assessment should be done in a distraction-free environment with the athlete in a resting state.

STEP 1: ATHLETE BACKGROUND

Sport / team / school: _____

Date / time of injury: _____

Years of education completed: _____

Age: _____

Gender: M / F / Other

Dominant hand: left / neither / right

How many diagnosed concussions has the athlete had in the past?: _____

When was the most recent concussion?: _____

How long was the recovery (time to being cleared to play) from the most recent concussion?: _____ (days)

Has the athlete ever been:

Hospitalized for a head injury?	Yes	No
Diagnosed / treated for headache disorder or migraines?	Yes	No
Diagnosed with a learning disability / dyslexia?	Yes	No
Diagnosed with ADD / ADHD?	Yes	No
Diagnosed with depression, anxiety or other psychiatric disorder?	Yes	No

Current medications? If yes, please list:

_____

_____

_____

_____

_____

_____

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

2

STEP 2: SYMPTOM EVALUATION

The athlete should be given the symptom form and asked to read this instruction paragraph out loud then complete the symptom scale. For the baseline assessment, the athlete should rate his/her symptoms based on how he/she typically feels and for the post injury assessment the athlete should rate their symptoms at this point in time.

Please Check: ☐ **Baseline** ☐ **Post-Injury**

Please hand the form to the athlete

	none	mild		moderate		severe	
Headache	0	1	2	3	4	5	6
"Pressure in head"	0	1	2	3	4	5	6
Neck Pain	0	1	2	3	4	5	6
Nausea or vomiting	0	1	2	3	4	5	6
Dizziness	0	1	2	3	4	5	6
Blurred vision	0	1	2	3	4	5	6
Balance problems	0	1	2	3	4	5	6
Sensitivity to light	0	1	2	3	4	5	6
Sensitivity to noise	0	1	2	3	4	5	6
Feeling slowed down	0	1	2	3	4	5	6
Feeling like "in a fog"	0	1	2	3	4	5	6
"Don't feel right"	0	1	2	3	4	5	6
Difficulty concentrating	0	1	2	3	4	5	6
Difficulty remembering	0	1	2	3	4	5	6
Fatigue or low energy	0	1	2	3	4	5	6
Confusion	0	1	2	3	4	5	6
Drowsiness	0	1	2	3	4	5	6
More emotional	0	1	2	3	4	5	6
Irritability	0	1	2	3	4	5	6
Sadness	0	1	2	3	4	5	6
Nervous or Anxious	0	1	2	3	4	5	6
Trouble falling asleep (if applicable)	0	1	2	3	4	5	6
Total number of symptoms:							of 22
Symptom severity score:							of 132
Do your symptoms get worse with physical activity?						Y	N
Do your symptoms get worse with mental activity?						Y	N
If 100% is feeling perfectly normal, what percent of normal do you feel?							

If not 100%, why?

_____

_____

_____

Please hand form back to examiner

© Concussion in Sport Group 2017

Davis GA, *et al. Br J Sports Med* 2017;**0**:1–8. doi:10.1136/bjsports-2017-097506SCAT5

3

STEP 3: COGNITIVE SCREENING

Standardised Assessment of Concussion (SAC)[4]

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

ORIENTATION

What month is it?	0	1
What is the date today?	0	1
What is the day of the week?	0	1
What year is it?	0	1
What time is it right now? (within 1 hour)	0	1
Orientation score		of 5

IMMEDIATE MEMORY

The Immediate Memory component can be completed using the traditional 5-word per trial list or optionally using 10-words per trial to minimise any ceiling effect. All 3 trials must be administered irrespective of the number correct on the first trial. Administer at the rate of one word per second.

Please choose EITHER the 5 or 10 word list groups and circle the specific word list chosen for this test.

I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order. For Trials 2 & 3: I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before.

List	Alternate 5 word lists					Score (of 5) Trial 1	Trial 2	Trial 3
A	Finger	Penny	Blanket	Lemon	Insect			
B	Candle	Paper	Sugar	Sandwich	Wagon			
C	Baby	Monkey	Perfume	Sunset	Iron			
D	Elbow	Apple	Carpet	Saddle	Bubble			
E	Jacket	Arrow	Pepper	Cotton	Movie			
F	Dollar	Honey	Mirror	Saddle	Anchor			
					Immediate Memory Score			of 15
					Time that last trial was completed			

List	Alternate 10 word lists					Score (of 10) Trial 1	Trial 2	Trial 3
G	Finger Candle	Penny Paper	Blanket Sugar	Lemon Sandwich	Insect Wagon			
H	Baby Elbow	Monkey Apple	Perfume Carpet	Sunset Saddle	Iron Bubble			
I	Jacket Dollar	Arrow Honey	Pepper Mirror	Cotton Saddle	Movie Anchor			
					Immediate Memory Score			of 30
					Time that last trial was completed			

CONCENTRATION

DIGITS BACKWARDS

Please circle the Digit list chosen (A, B, C, D, E, F). Administer at the rate of one digit per second reading DOWN the selected column.

I am going to read a string of numbers and when I am done, you repeat them back to me in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7.

Concentration Number Lists (circle one)					
List A	List B	List C			
4-9-3	5-2-6	1-4-2	Y	N	0
6-2-9	4-1-5	6-5-8	Y	N	1
3-8-1-4	1-7-9-5	6-8-3-1	Y	N	0
3-2-7-9	4-9-6-8	3-4-8-1	Y	N	1
6-2-9-7-1	4-8-5-2-7	4-9-1-5-3	Y	N	0
1-5-2-8-6	6-1-8-4-3	6-8-2-5-1	Y	N	1
7-1-8-4-6-2	8-3-1-9-6-4	3-7-6-5-1-9	Y	N	0
5-3-9-1-4-8	7-2-4-8-5-6	9-2-6-5-1-4	Y	N	1
List D	List E	List F			
7-8-2	3-8-2	2-7-1	Y	N	0
9-2-6	5-1-8	4-7-9	Y	N	1
4-1-8-3	2-7-9-3	1-6-8-3	Y	N	0
9-7-2-3	2-1-6-9	3-9-2-4	Y	N	1
1-7-9-2-6	4-1-8-6-9	2-4-7-5-8	Y	N	0
4-1-7-5-2	9-4-1-7-5	8-3-9-6-4	Y	N	1
2-6-4-8-1-7	6-9-7-3-8-2	5-8-6-2-4-9	Y	N	0
8-4-1-9-3-5	4-2-7-9-3-8	3-1-7-8-2-6	Y	N	1
			Digits Score:		of 4

MONTHS IN REVERSE ORDER

Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November. Go ahead.

Dec - Nov - Oct - Sept - Aug - Jul - Jun - May - Apr - Mar - Feb - Jan	0 1
Months Score	of 1
Concentration Total Score (Digits + Months)	of 5

© Concussion in Sport Group 2017

Davis GA, *et al. Br J Sports Med* 2017;**0**:1–8. doi:10.1136/bjsports-2017-097506SCAT5

4

STEP 4: NEUROLOGICAL SCREEN

See the instruction sheet (page 7) for details of test administration and scoring of the tests.

Can the patient read aloud (e.g. symptom check-list) and follow instructions without difficulty?	Y	N
Does the patient have a full range of pain-free PASSIVE cervical spine movement?	Y	N
Without moving their head or neck, can the patient look side-to-side and up-and-down without double vision?	Y	N
Can the patient perform the finger nose coordination test normally?	Y	N
Can the patient perform tandem gait normally?	Y	N

BALANCE EXAMINATION

Modified Balance Error Scoring System (mBESS) testing[5]

Which foot was tested (i.e. which is the non-dominant foot) ☐ Left ☐ Right

Testing surface (hard floor, field, etc.) _____

Footwear (shoes, barefoot, braces, tape, etc.) _____

Condition	Errors
Double leg stance	of 10
Single leg stance (non-dominant foot)	of 10
Tandem stance (non-dominant foot at the back)	of 10
Total Errors	of 30

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

5

STEP 5: DELAYED RECALL:

The delayed recall should be performed after 5 minutes have elapsed since the end of the Immediate Recall section. Score 1 pt. for each correct response.

Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order.

Time Started

Please record each word correctly recalled. Total score equals number of words recalled.

_____

_____

_____

Total number of words recalled accurately: of 5 or of 10

6

STEP 6: DECISION

Domain	Date & time of assessment:		
Symptom number (of 22)			
Symptom severity score (of 132)			
Orientation (of 5)			
Immediate memory	of 15 of 30	of 15 of 30	of 15 of 30
Concentration (of 5)			
Neuro exam	Normal Abnormal	Normal Abnormal	Normal Abnormal
Balance errors (of 30)			
Delayed Recall	of 5 of 10	of 5 of 10	of 5 of 10

Date and time of injury: _____

If the athlete is known to you prior to their injury, are they different from their usual self?
☐ **Yes** ☐ **No** ☐ **Unsure** ☐ **Not Applicable**
(If different, describe why in the clinical notes section)

Concussion Diagnosed?
☐ **Yes** ☐ **No** ☐ **Unsure** ☐ **Not Applicable**

If re-testing, has the athlete improved?
☐ **Yes** ☐ **No** ☐ **Unsure** ☐ **Not Applicable**

I am a physician or licensed healthcare professional and I have personally administered or supervised the administration of this SCAT5.

Signature: _____

Name: _____

Title: _____

Registration number (if applicable): _____

Date: _____

SCORING ON THE SCAT5 SHOULD NOT BE USED AS A STAND-ALONE METHOD TO DIAGNOSE CONCUSSION, MEASURE RECOVERY OR MAKE DECISIONS ABOUT AN ATHLETE'S READINESS TO RETURN TO COMPETITION AFTER CONCUSSION.

© Concussion in Sport Group 2017

Davis GA, *et al. Br J Sports Med* 2017;**0**:1–8. doi:10.1136/bjsports-2017-097506SCAT5

CLINICAL NOTES:

Name: _____

DOB: _____

Address: _____

ID number: _____

Examiner: _____

Date: _____

CONCUSSION INJURY ADVICE

(To be given to the person monitoring the concussed athlete)

This patient has received an injury to the head. A careful medical examination has been carried out and no sign of any serious complications has been found. Recovery time is variable across individuals and the patient will need monitoring for a further period by a responsible adult. Your treating physician will provide guidance as to this timeframe.

If you notice any change in behaviour, vomiting, worsening headache, double vision or excessive drowsiness, please telephone your doctor or the nearest hospital emergency department immediately.

Other important points:

Initial rest: Limit physical activity to routine daily activities (avoid exercise, training, sports) and limit activities such as school, work, and screen time to a level that does not worsen symptoms.

1) Avoid alcohol

2) Avoid prescription or non-prescription drugs without medical supervision. Specifically:

   a) Avoid sleeping tablets

   b) Do not use aspirin, anti-inflammatory medication or stronger pain medications such as narcotics

3) Do not drive until cleared by a healthcare professional.

4) Return to play/sport requires clearance by a healthcare professional.

Clinic phone number: _____

Patient's name: _____

Date / time of injury: _____

Date / time of medical review: _____

Healthcare Provider: _____

© Concussion in Sport Group 2017

Contact details or stamp

Davis GA, *et al. Br J Sports Med* 2017;**0**:1–8. doi:10.1136/bjsports-2017-097506SCAT5

INSTRUCTIONS

Words in *Italics* throughout the SCAT5 are the instructions given to the athlete by the clinician

Symptom Scale

The time frame for symptoms should be based on the type of test being administered. At baseline it is advantageous to assess how an athlete "typically" feels whereas during the acute/post-acute stage it is best to ask how the athlete feels at the time of testing.

The symptom scale should be completed by the athlete, not by the examiner. In situations where the symptom scale is being completed after exercise, it should be done in a resting state, generally by approximating his/her resting heart rate.

For total number of symptoms, maximum possible is 22 except immediately post injury, if sleep item is omitted, which then creates a maximum of 21.

For Symptom severity score, add all scores in table, maximum possible is 22 x 6 = 132, except immediately post injury if sleep item is omitted, which then creates a maximum of 21x6=126.

Immediate Memory

The Immediate Memory component can be completed using the traditional 5-word per trial list or, optionally, using 10-words per trial. The literature suggests that the Immediate Memory has a notable ceiling effect when a 5-word list is used. In settings where this ceiling is prominent, the examiner may wish to make the task more difficult by incorporating two 5–word groups for a total of 10 words per trial. In this case, the maximum score per trial is 10 with a total trial maximum of 30.

Choose one of the word lists (either 5 or 10). Then perform 3 trials of immediate memory using this list.

Complete all 3 trials regardless of score on previous trials.

"I am going to test your memory. I will read you a list of words and when I am done, repeat back as many words as you can remember, in any order." The words must be read at a rate of one word per second.

Trials 2 & 3 MUST be completed regardless of score on trial 1 & 2.

Trials 2 & 3:

"I am going to repeat the same list again. Repeat back as many words as you can remember in any order, even if you said the word before."

Score 1 pt. for each correct response. Total score equals sum across all 3 trials. Do NOT inform the athlete that delayed recall will be tested.

Concentration

Digits backward

Choose one column of digits from lists A, B, C, D, E or F and administer those digits as follows:

Say: *"I am going to read a string of numbers and when I am done, you repeat them back to me in reverse order of how I read them to you. For example, if I say 7-1-9, you would say 9-1-7."*

Begin with first 3 digit string.

If correct, circle "Y" for correct and go to next string length. If incorrect, circle "N" for the first string length and read trial 2 in the same string length. One point possible for each string length. Stop after incorrect on both trials (2 N's) in a string length. The digits should be read at the rate of one per second.

Months in reverse order

"Now tell me the months of the year in reverse order. Start with the last month and go backward. So you'll say December, November ... Go ahead"

1 pt. for entire sequence correct

Delayed Recall

The delayed recall should be performed after 5 minutes have elapsed since the end of the Immediate Recall section.

"Do you remember that list of words I read a few times earlier? Tell me as many words from the list as you can remember in any order."

Score 1 pt. for each correct response

Modified Balance Error Scoring System (mBESS)[5] testing

This balance testing is based on a modified version of the Balance Error Scoring System (BESS)[5]. A timing device is required for this testing.

Each of 20-second trial/stance is scored by counting the number of errors. The examiner will begin counting errors only after the athlete has assumed the proper start position. The modified BESS is calculated by adding one error point for each error during the three 20-second tests. The maximum number of errors for any single condition is 10. If the athlete commits multiple errors simultaneously, only one error is recorded but the athlete should quickly return to the testing position, and counting should resume once the athlete is set. Athletes that are unable to maintain the testing procedure for a minimum of five seconds at the start are assigned the highest possible score, ten, for that testing condition.

OPTION: For further assessment, the same 3 stances can be performed on a surface of medium density foam (e.g., approximately 50cm x 40cm x 6cm).

Balance testing – types of errors

1. Hands lifted off iliac crest
2. Opening eyes
3. Step, stumble, or fall
4. Moving hip into > 30 degrees abduction
5. Lifting forefoot or heel
6. Remaining out of test position > 5 sec

"I am now going to test your balance. Please take your shoes off (if applicable), roll up your pant legs above ankle (if applicable), and remove any ankle taping (if applicable). This test will consist of three twenty second tests with different stances."

(a) Double leg stance:

"The first stance is standing with your feet together with your hands on your hips and with your eyes closed. You should try to maintain stability in that position for 20 seconds. I will be counting the number of times you move out of this position. I will start timing when you are set and have closed your eyes."

(b) Single leg stance:

"If you were to kick a ball, which foot would you use? [This will be the dominant foot] *Now stand on your non-dominant foot. The dominant leg should be held in approximately 30 degrees of hip flexion and 45 degrees of knee flexion. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."*

(c) Tandem stance:

"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. Again, you should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

Tandem Gait

Participants are instructed to stand with their feet together behind a starting line (the test is best done with footwear removed). Then, they walk in a forward direction as quickly and as accurately as possible along a 38mm wide (sports tape), 3 metre line with an alternate foot heel-to-toe gait ensuring that they approximate their heel and toe on each step. Once they cross the end of the 3m line, they turn 180 degrees and return to the starting point using the same gait. Athletes fail the test if they step off the line, have a separation between their heel and toe, or if they touch or grab the examiner or an object.

Finger to Nose

"I am going to test your coordination now. Please sit comfortably on the chair with your eyes open and your arm (either right or left) outstretched (shoulder flexed to 90 degrees and elbow and fingers extended), pointing in front of you. When I give a start signal, I would like you to perform five successive finger to nose repetitions using your index finger to touch the tip of the nose, and then return to the starting position, as quickly and as accurately as possible."

References

1. McCrory et al. Consensus Statement On Concussion In Sport – The 5th International Conference On Concussion In Sport Held In Berlin, October 2016. British Journal of Sports Medicine 2017 (available at www.bjsm.bmj.com)
2. Maddocks, DL; Dicker, GD; Saling, MM. The assessment of orientation following concussion in athletes. Clinical Journal of Sport Medicine 1995; 5: 32-33
3. Jennett, B., Bond, M. Assessment of outcome after severe brain damage: a practical scale. Lancet 1975; i: 480-484
4. McCrea M. Standardized mental status testing of acute concussion. Clinical Journal of Sport Medicine. 2001; 11: 176-181
5. Guskiewicz KM. Assessment of postural stability following sport-related concussion. Current Sports Medicine Reports. 2003; 2: 24-30

© Concussion in Sport Group 2017

CONCUSSION INFORMATION

Any athlete suspected of having a concussion should be removed from play and seek medical evaluation.

Signs to watch for

Problems could arise over the first 24-48 hours. The athlete should not be left alone and must go to a hospital at once if they experience:

- Worsening headache
- Drowsiness or inability to be awakened
- Inability to recognize people or places
- Repeated vomiting
- Unusual behaviour or confusion or irritable
- Seizures (arms and legs jerk uncontrollably)
- Weakness or numbness in arms or legs
- Unsteadiness on their feet.
- Slurred speech

Consult your physician or licensed healthcare professional after a suspected concussion. Remember, it is better to be safe.

Rest & Rehabilitation

After a concussion, the athlete should have physical rest and relative cognitive rest for a few days to allow their symptoms to improve. In most cases, after no more than a few days of rest, the athlete should gradually increase their daily activity level as long as their symptoms do not worsen. Once the athlete is able to complete their usual daily activities without concussion-related symptoms, the second step of the return to play/sport progression can be started. The athlete should not return to play/sport until their concussion-related symptoms have resolved and the athlete has successfully returned to full school/learning activities.

When returning to play/sport, the athlete should follow a stepwise, **medically managed exercise progression, with increasing amounts of exercise.** For example:

Graduated Return to Sport Strategy

Exercise step	Functional exercise at each step	Goal of each step
1. Symptom-limited activity	Daily activities that do not provoke symptoms.	Gradual reintroduction of work/school activities.
2. Light aerobic exercise	Walking or stationary cycling at slow to medium pace. No resistance training.	Increase heart rate.
3. Sport-specific exercise	Running or skating drills. No head impact activities.	Add movement.
4. Non-contact training drills	Harder training drills, e.g., passing drills. May start progressive resistance training.	Exercise, coordination, and increased thinking.
5. Full contact practice	Following medical clearance, participate in normal training activities.	Restore confidence and assess functional skills by coaching staff.
6. Return to play/sport	Normal game play.	

In this example, it would be typical to have 24 hours (or longer) for each step of the progression. If any symptoms worsen while exercising, the athlete should go back to the previous step. Resistance training should be added only in the later stages (Stage 3 or 4 at the earliest).

Written clearance should be provided by a healthcare professional before return to play/sport as directed by local laws and regulations.

Graduated Return to School Strategy

Concussion may affect the ability to learn at school. The athlete may need to miss a few days of school after a concussion. When going back to school, some athletes may need to go back gradually and may need to have some changes made to their schedule so that concussion symptoms do not get worse. If a particular activity makes symptoms worse, then the athlete should stop that activity and rest until symptoms get better. To make sure that the athlete can get back to school without problems, it is important that the healthcare provider, parents, caregivers and teachers talk to each other so that everyone knows what the plan is for the athlete to go back to school.

Note: If mental activity does not cause any symptoms, the athlete may be able to skip step 2 and return to school part-time before doing school activities at home first.

Mental Activity	Activity at each step	Goal of each step
1. Daily activities that do not give the athlete symptoms	Typical activities that the athlete does during the day as long as they do not increase symptoms (e.g. reading, texting, screen time). Start with 5-15 minutes at a time and gradually build up.	Gradual return to typical activities.
2. School activities	Homework, reading or other cognitive activities outside of the classroom.	Increase tolerance to cognitive work.
3. Return to school part-time	Gradual introduction of school-work. May need to start with a partial school day or with increased breaks during the day.	Increase academic activities.
4. Return to school full-time	Gradually progress school activities until a full day can be tolerated.	Return to full academic activities and catch up on missed work.

If the athlete continues to have symptoms with mental activity, some other accomodations that can help with return to school may include:

- Starting school later, only going for half days, or going only to certain classes
- More time to finish assignments/tests
- Quiet room to finish assignments/tests
- Not going to noisy areas like the cafeteria, assembly halls, sporting events, music class, shop class, etc.
- Taking lots of breaks during class, homework, tests
- No more than one exam/day
- Shorter assignments
- Repetition/memory cues
- Use of a student helper/tutor
- Reassurance from teachers that the child will be supported while getting better

The athlete should not go back to sports until they are back to school/learning, without symptoms getting significantly worse and no longer needing any changes to their schedule.

© Concussion in Sport Group 2017

Davis GA, *et al. Br J Sports Med* 2017;**0**:1–8. doi:10.1136/bjsports-2017-097506SCAT5

BJSM

Sport concussion assessment tool - 5th edition

Br J Sports Med published online April 26, 2017

Updated information and services can be found at:
http://bjsm.bmj.com/content/early/2017/04/26/bjsports-2017-097506SCAT5.citation

These include:

Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/

APPENDIX N

FIM Alcohol Testing Procedure

Riders participating in any FIM World Championship, FIM Prize or International events will be subject to alcohol breath and/or blood testing at any time in-competition* in accordance with the following procedure:

*In-Competition = for the purpose of the alcohol testing procedure, the in-competition period is defined as the period commencing 12 hours before the rider rides his bike for the first time during the event**, ending thirty (30) minutes after the end of the last race*** in his/her class and category. This is the minimum period of time that riders should abstain from alcohol prior to competition for safety reasons.

**Event: an event is defined as a single sporting event (composed, depending on the discipline, of practice sessions, qualifying practice sessions and race(s), rounds, legs, heats or stages).

*** or round, leg, heat or stage.

1. Such testing will be undertaken by an FIM Official at the event using an FIM approved testing device. At certain events, for example, those involving the use of public roads, the police may undertake such testing.
2. Testing will be undertaken at the event by an FIM Official who is trained in the use of the alcohol testing device.
3. Testing will be performed with no prior notice.
4. Riders will be selected randomly by ballot or at the discretion of the FIM Chief Steward, FIM Jury President, FIM Delegate or the FIM Medical Representative.
5. At least three riders will be tested at each event.
6. At any time in-competition* alcohol testing may be included as part of a special medical examination conducted at the request of the CMO, Race Director, Clerk of the Course, Medical Director, Jury President, Chief Steward or the FIM Medical Representative in accordance with the FIM Medical Code.
7. Following notification of selection for alcohol testing, the rider must immediately attend the designated location for testing.
8. A refusal to undergo alcohol testing will be regarded for the purpose of the application of sanctions as identical to a test reading above the permitted threshold.
9. Any rider who refuses to submit himself to alcohol testing will be automatically and immediately excluded from further participation in, and disqualified from the event by the disciplinary body responsible for applying disciplinary sanctions at the event.

Such decision is final and may not be appealed against. Such automatic and immediate decision may not under any circumstances give rise to any claim from the rider or any other affected party. The details of the case will be notified immediately to the FIM Legal Department (legal@fim.ch) by the disciplinary body responsible for applying disciplinary sanctions at the event.

The rider will also be automatically provisionally barred by the FIM (Provisional Suspension) from participating in any competitions sanctioned by the FIM, its CONUs and its FMNs until further notice and without any further notification. Such automatic Provisional Suspension may not under any circumstances give rise to any claim from the rider or any other affected party.

10. Alcohol testing will normally take place in a location that maintains rider confidentiality, is secure with restricted access, and is in a suitable location with adequate facilities such as light and ventilation.
11. Each rider will be tested individually and in private.
12. The alcohol testing device will be determined and provided by the FIM.
13. The device will be calibrated in accordance with the manufacturer's instructions.
14. The alcohol test procedure will take place where possible in the presence of a witness.
15. The testing procedure and use of the device will be explained to the rider.
16. The rider will be allowed to select an individual mouthpiece from a selection of individually sealed mouthpieces for their individual use and attach it to the device.
17. The rider will blow steadily into the mouthpiece until the device indicates that an adequate sample of breath has been obtained.
18. The test result displayed on the device will be shown to the rider and recorded on the test record documentation.
19. The time of each test will also be recorded on the documentation.
20. The documentation will then be signed by the rider and officials present at the test. Any refusal by a rider to sign the documentation will be duly noted and recorded on the documentation but will not invalidate the result of the test.
21. The results and associated documentation will be forwarded to the FIM Administration.
22. If the test reading is greater than the permitted threshold of 0.10g/L, a confirmatory test will be performed following a waiting period of at least a fifteen minutes starting after the first result of the first test has been recorded. If the first test reading is below or equal to 0.00g/L, no further test will be conducted.
23. As part of this confirmatory test the rider will again be asked to select a further mouthpiece from a selection of sealed mouthpieces. (The purpose of conducting a confirmatory test after a period of fifteen minutes in the event of a positive test is to ensure that any residual alcohol in the rider's mouth from food, mouth wash etc. is no longer present in order to limit false positive results).
24. If the result of the confirmatory test is above the permitted threshold the rider will be automatically and immediately excluded from further participation in, and disqualified from the event by the disciplinary body responsible for applying disciplinary sanctions at the event.

Such decision is final and may not be appealed against. Such automatic and immediate decision may not under any circumstances give rise to any claim from the rider or any other affected party. The details of the case will be notified immediately by the disciplinary body responsible for applying disciplinary sanctions at the event to the FIM Legal Department (legal@fim.ch).

The rider will also be automatically provisionally barred by the FIM (Provisional Suspension) from participating in any competitions sanctioned by the FIM, its CONUs and its FMNs until further notice and without any further notification. Such automatic Provisional Suspension may not under any circumstances give rise to any claim from the rider or any other affected party.

25. Following notification of the case to the FIM Legal Department (legal@fim.ch), first-instance proceedings will be opened ex officio before the International Disciplinary Court (CDI) for consideration of the handing down of a suspension which shall range from a minimum of 9 (nine) months to a maximum of 18 (eighteen). The length of the suspension shall be decided on the riders' degree of fault and on any aggravating (e.g. recidivism) and/or mitigating factors. Riders and other persons shall receive credit for a Provisional Suspension against any period of Ineligibility which is ultimately imposed. In addition, further sanction(s) in accordance with the FIM Disciplinary & Arbitration Code (Article 3.1.3) and/or the relevant Sporting Regulations may be imposed on the rider. If the rider establishes that he bears no fault (i.e. no negligent or intentional failure; e.g. no negligence), no suspension or other sanctions may be imposed on him.
26. If the result of the confirmatory test is below the permitted threshold no further action will be taken.
27. A rider provisionally suspended as per Article 9 or Article 24 above may petition the CDI to have his provisional suspension lifted. The request, in writing and with reasons, must be received within 15 days of the date of the beginning of the provisional suspension to the rider.

    The proceedings before the CDI on a request for lifting of the provisional suspension will be conducted exclusively on the basis of written submissions. Any oral or ungrounded request will be found inadmissible. The CDI shall consider only whether the Provisional Suspension shall be maintained until the full consideration of the case on the merits by the CDI in the framework of a final Hearing.

    The Provisional Suspension shall not be lifted unless the rider establishes that: (a) the assertion of an alcohol rule violation has no reasonable prospect of being upheld (e.g., because of a patent flaw in the case against the rider); or (b) the rider has a strong arguable case that he/she bears No Fault (i.e. no negligent or intentional failure; e.g. no negligence) for the alcohol rule violation(s) asserted, so that any period of suspension that might otherwise be imposed for such a violation is likely to be completely eliminated by application of Article 25 above; or (c) some other facts exist that make it clearly unfair, in all of the circumstances, to maintain a Provisional Suspension prior to a final hearing before the CDI.

    NB: This last ground is to be construed narrowly, and applied only in very exceptional circumstances. For example, the fact that the Provisional Suspension would prevent the rider participating in a particular event shall not qualify as exceptional circumstances.

    Neither a Provisional Suspension imposed by the FIM nor any decision taken by the CDI in connection with a Provisional Decision will prejudge the question as to whether an alcohol rule

violation has actually been committed (the existence of an alcohol rule violation and of a disciplinary responsibility of the rider is to be addressed by the CDI when the latter adjudicates on the merits of the case in the framework of a final Hearing; nor will any such Provisional Suspension or decision give rise under any circumstances to any claim (from the rider or any other affected party), should such violation not be upheld at a later stage in the procedure.

The CDI's decision on a request lodged by the rider to have his provisional suspension lifted may be appealed against before the Court of Arbitration of Sport (CAS) within 5 (five) days of receipt of the notification of the reasoned decision of the CDI. The Code of Sports-related Arbitration shall be applicable. In particular, irrespective of the fact that at least one of the three above mentioned conditions shall in all cases be established by the rider, the cumulative fulfilment of the three factors (i.e. "likelihood of success", irreparable harm" and "balance of interest" tests) set out under R37 of the Code of Sports-related Arbitration shall also be met in favour of the rider in order for the CAS to be enabled to lift the rider's provisional suspension.

APPENDIX N
HIGHLY CONFIDENTIAL
BREATH ALCOHOL TEST

Rider's name, first name: Riding Number:

Title of the event: FIM

Venue: Country: Date:

FMNR: IMN N°:

FIM Jury Pres. or Race Direction member or FIM Official:

Witness 1: (if any) Position:

Witness 2: (if any) Position:

Other (if present) Position:

Other (if present): Position:

In accordance with the FIM Medical Code, the following rider must take part of the control (Breath Alcohol Test). The Alcohol control can take place anytime during the event.

The undersigned certifies to have tested the above-mentioned rider with the following results (N.B Positive Test means >0.10g/L):

Test 1: Positive ☐ Negative ☐ Result: .g/L Time:

Test 2: Positive ☐ Negative ☐ Result: .g/L Time:

Data Privacy

The FIM Jury President, members of the Race Direction and appointed FIM Officials shall not disclose this Personal Data or Sensitive Personal Data of the riders except where such disclosures are strictly necessary in order to fulfil their obligations under the FIM Medical Code. They shall ensure that this Personal Data and Sensitive Personal Data is only retained when it remains relevant to fulfilling their obligations under the FIM Medical Code. Once it no longer serves the above-mentioned purposes, it shall be deleted, destroyed and permanently anonymised. As a general rule, retaining Sensitive Personal Data requires stronger or more compelling reasons than for Personal Data.

APPENDIX N
HIGHLY CONFIDENTIAL
BREATH ALCOHOL TEST

Any rider going through breath alcohol tests and therefore submitting this information including Personal Data and Personal Sensitive Data to be able to compete shall be deemed to have agreed, pursuant to applicable data protection laws and otherwise, that such information be collected, processed, disclosed and used for the purposes of the implementation of the FIM Medical Code by the FIM Jury President, members of the Race Direction and appointed FIM Officials.

Riders or their authorised representative shall be entitled to request to erase, rectify or obtain any Personal Data or Sensitive Personal Data the FIM holds about them in accordance with the FIM Medical Code by sending a written request to gdpr-medical@fim.ch.

Rider's signature:

Date: Time:

FIM Jury Pres. or Race Direction member or Appointed FIM Official signature:

Witness 2: signature: (if any)

Witness 1: signature: (if any)

Other person present: signature:

Other person present: signature:

*** Original of this document must be sent to the FIM **Medical Department: cmi@fim.ch** ***

***Copy of this document must be given to the rider ***