

5. MEDICAL CODE

5.1 INTRODUCTION

The new FIM Anti-Doping Code (included in these rule book) came into force on 1 July 2004.

5.2 SPECIAL MEDICAL EXAMINATION

At any time during an event a special medical examination 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 or Medical Director.

5.2.1 Refusal to undergo Special Medical Examination

Any rider who refuses to submit himself to such special medical examination must be excluded from the event, and his case notified to the FIM.

5.2.2 List of medically Unfit Riders

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 shall be supplied by the Medical Director who may attend this examination.

5.2.3 Riders with Special Medical Requirements

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

5.3 MEDICAL SERVICES AT EVENTS

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 or promoter of the event.

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

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.

Both medical services must be controlled by a single CMO.

Adequate medical services should be available continuously, from at least 08.00 hrs. on the day the paddock opens for the teams, until at least 20.00 hrs. on the race day.

5.3.1 Terms of reference of the CMO:

The CMO:

- **Is holder of the corresponding official's licence.**
- **Is appointed by the FMNR/Organiser.**
- Should be the same throughout the event.
- Must be able to communicate in at least one of the FIM official languages, either English or French.
- Should be familiar with the FIM Medical Code and FIM Anti- Doping Code.
- Must be named in the event information.
- Must be a fully registered medical practitioner **authorised to practice in the relevant country or state.**
- Must have malpractice insurance appropriate to the relevant country or state, where the event is being held.
- Is responsible for the positioning of medical and paramedical staff and vehicles under his control.
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- Must brief the medical staff prior to the start of the first practice session of the event, as well as debrief the staff after the event.
- Must provide the Medical Director with a circuit map showing the position of the medical personnel and vehicles.
- Must with the Medical Director and FIM Medical Observer (if present) inspect all medical services not less than 30 minutes before the start of practice and racing each day of the event to ensure that all services and staff are in their correct place and ready to function, including the Medical Centre.
- Must inform and update the Medical Director and the Race Director regarding the condition of injured riders who are in the hospital.
- Will prepare a list of injured riders (MEDICALLY UNFIT LIST) to be given to the Medical Director and FIM Medical Observer (if present).
- Shall ascertain that fallen riders during practice are medically fit to continue in competition. All riders injured during an event who avoid a Medical examination must be placed on the medically unfit list.

- Can recommend to the Race Director/Clerk of the Course that a race be stopped if:
 - There is a risk of physiological damage to riders or of inability by riders to control their machines, due to extreme weather conditions.
 - **The Medical staff is** unable to reach or treat a rider for any reason.
- Must be stationed in race control, whenever bikes are on the track.
- Must complete the FIM CIRCUIT CMO QUESTIONNAIRE (Appendix F) and return it to the FIM at least 60 days prior to the event.
- 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:
 - Trauma resuscitation
 - Neurosurgery
 - General surgery
 - Vascular surgery
 - Trauma and Orthopaedic surgery
 - Cardio-Thoracic surgery
 - Intensive Care
 - Burns and plastic surgery
- Must send copies to the Medical Director and to the FIM at least 30 days before the event by FAX or E-MAIL of 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 shortest way from the circuit to the hospital. Any change to the above mentioned information must be immediately forwarded to the Medical Director and to the FIM.
- An interpreter in English must be available in the hospital permanently when an injured rider is there.
- Must make every effort to ensure that a rider may be released from the hospital when he wishes by signing an official self discharge form.
- May attend the meetings of the Event Management Committee.

5.3.1.1 Licence for Chief Medical Officer (CMO)

All Chief Medical Officers (CMOs) and Deputy Chief Medical Officers must be licensed. The licence is valid for a **maximum term of three** years and **shall** be issued by the FIM.

5.3.1.2 Conditions, Criteria and Procedure for obtaining a CMO licence

Prospective candidates should apply in writing through their FMN to the FIM including their professional and motor sport **c.v.** and evidence **of the following conditions and** criteria:

- Be a fully registered and appropriately qualified medical practitioner.
- Be experienced in the provision of emergency medical care.
- **Be experienced in treating injured riders at motorcycle or motor sport races.**
- Be experienced in **motor sport** events and have attended at least **two** national **or** continental or international events, **and whenever possible at one FIM World Championship event as a doctor with corresponding attestation from his FMN.**
- Be familiar with the circuit at which the candidate will be CMO.
- Have attended and successfully completed a FIM CMO Seminar **and test** in the past 3 years.
- Be familiar with the FIM Medical & Anti-doping Code.

5.3.2 Medical Director

The Medical Director will be appointed by the Contractual Partner.

His duties shall be:

- To receive from the CMO a signed copy of the FIM Circuit Medical Report Form and to ensure that the facilities comply with it.
- To inspect the circuit with the CMO the day before the first practice session. A further check will be made no later than 30 minutes before each days practice session or race to ensure that medical facilities are in accordance with this code, and to report any shortcomings to the Race Director and FIM Safety Officer.
- 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 Medical Director is up to date to ensure medically unfit riders are not allowed on the circuit.
- To attend serious incidents with the CMO or his nominated deputy and render such assistance as may be necessary. A car should be available in the pit lane near the Race Control to allow this.

- To examine with CMO all riders listed as injured (Unfit Riders List) who wish to compete to assess their medical fitness to do so.
- To attend Event Management Committee Meetings.

5.3.3 FIM Medical Observer

The FIM Medical Observer at an event will be a member of the FIM Medical Panel.

The duties of the FIM Medical Observer at an event will be:

- To observe and advise the application of the Medical Code
- To inform the Medical Director and if necessary the Race Direction of any medical arrangement that contravenes the Medical Code.

5.3.4 Other Doctors

Any injured rider must first be seen and assessed by the official event medical staff 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.

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 consider any recommendation by the doctor treating him.

5.3.5 CLINICA MOBILE

For many years the CLINICA MOBILE, or its personnel, under the direction of Dr. Claudio Costa, has attended Grand Prix events and has gained a considerable reputation among riders and support staff.

The CLINICA MOBILE has X-Ray and treatment facilities and its staff have considerable experience in treating riders' injuries and illness. Many riders prefer treatment by the CLINICA MOBILE staff to treatment by others. The parties involved in the Championship fully support the CLINICA MOBILE staff and the CLINICA MOBILE will be in attendance at events with the full co-operation of event organisers and CMOs.

The CLINICA MOBILE staff will treat those riders who wish to be treated by them only after they have been seen by the CMO. 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 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 CLINICA MOBILE staff then wishes to race, must present himself back to the CMO for re-examination.

A rider who prefers treatment by the CLINICA MOBILE staff 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. 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.

In case of transfer to the hospital a doctor of the CLINICA MOBILE will accompany the rider.

5.3.6 Qualification of Medical Personnel

5.3.6.1 Qualification of Doctors

Any doctor participating at an event:

- must be a fully registered medical practitioner.
- authorised to practice in the relevant country or state.
- qualified in and able to carry out emergency treatment and resuscitation.

5.3.6.2 Qualification of PARAMEDICS

Any paramedic participating at an event:

- must be fully qualified and registered as required by the relevant country or state.
- must be qualified in and able to carry out emergency treatment and begin resuscitation.

5.3.6.3 Identification of medical personnel

All medical personnel must be clearly identified.

All doctors and paramedics must wear a garment clearly marked with "DOCTOR" or "DOCTEUR" and "MEDICAL" respectively, preferably in red on a white background on the back and on the front.

5.3.7 Medical Equipment

5.3.7.1 Vehicles

5.3.7.1.1 Definition of Vehicles

Vehicles are defined as follow:

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 CAR” / “MEDICAL” clearly marked on it in large letters.

Type B: A highly specialised vehicle that can serve as a mobile resuscitation centre.

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

5.3.7.1.2 Equipment for Vehicle Type A (Vehicle / Medical car)

Staff in principle:

- Driver, experience in high speed driving and familiar with the course
- Doctor experienced in trackside resuscitation
- A second Doctor or Paramedic experienced in trackside resuscitation

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

Technical:

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

The minimum number of medical car is 2.

5.3.7.1.3 Equipment for Vehicle Type B**Staff in principle:**

- One doctor qualified in the treatment of injury and experienced in trackside resuscitation

and

- Two ambulance personnel or paramedics of whom one would be the driver and the other would be a person capable of giving emergency treatment

Medical Equipment:

- Portable oxygen supply
- Manual and an automatic ventilator
- Intubation equipment
- Suction equipment
- Intravenous infusion equipment
- Equipment to immobilise limbs and spine (including cervical spine)
- Sterile dressings
- Thoracic drainage equipment
- Tracheotomy equipment
- Sphygmomanometer and stethoscope
- Stretcher
- Scoop stretcher
- ECG monitor and defibrillator
- Pulse oximeter
- Drugs for resuscitation and analgesia/ IV fluids

Technical

- Radio communication with Race Control and the CMO
- Visible and audible signals
- Equipment to remove suits and helmets
- Air conditioning and refrigerator are recommended

1 such ambulance must be on stand by at the Medical Centre.

5.3.7.1.4 Equipment for Vehicle Type C**Staff in principle:**

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

Medical:

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

Technical:

- Radio communication with Race Control and the CMO
- Visible and audible signals

5.3.7.2 Helicopter

The helicopter must be appropriately licenced for the relevant country and flown by an experienced pilot familiar with medical air evacuation and the potential landing sites. The medical staff – doctor and paramedic(s) – 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.

5.3.7.3 Track Ground Posts

These are placed at suitable locations around the circuit to provide rapid intervention and evacuation of the rider from danger. The staff must have sufficient training and experience to take action autonomously and immediately in case of an accident.

Staff:

Doctor or paramedic experienced in trackside resuscitation
Sufficient number of stretcher bearers

Medical Equipment:

Equipment for initiating resuscitation and emergency treatment
Cervical collar
Scoop stretcher

Technical Equipment:

Radio communication with race control and the CMO

Adequate shelter for staff and equipment should be available.

5.3.7.3.1 Pit Lane Ground Post

A doctor and a paramedic experienced in resuscitation and first aid must be positioned in the pit lane.

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
- Stretcher

Technical Equipment:

- Radio communication with race control and the CMO

5.3.7.4 Medical Centres

Refer to Art. 029.9.1 of the FIM Standards for Road Racing Circuits (SRRC).

5.3.7.4.1 Equipment for Resuscitation Areas:

- Equipment for endotracheal intubation, tracheostomy and ventilatory 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 and sufficient surgical instruments to perform an emergency thoracotomy to control haemorrhage
- Equipment for cardiac monitoring and resuscitation, including blood pressure and ECG monitors and a defibrillator
- Equipment for immobilising the spine at all levels
- Equipment for the splinting of limb fractures
- Drugs/IV fluids including analgesic, sedating agents, anticonvulsants, paralyzing and anaesthetic agents, cardiac resuscitation drugs/IV fluids
- Tetanus toxoid and broad spectrum antibiotics are recommended
- Equipment for diagnostic ultrasound is recommended
- **A** permanent or portable X-ray machine, appropriate to detect usual bone fractures in motorcycle sport, must be available.

5.3.7.4.2 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 meeting must be available and sufficient Doctors and Paramedics experienced in treating trauma must be available.

5.3.7.4.3 Staff of Medical Centre

The following specialists should be immediately available in the Medical Centre:

- Trauma resuscitation specialist (e.g. Anaesthetist, Accident and emergency specialist, Intensive care specialist)
- Surgeon experienced in trauma

Nurses and paramedics in a sufficient number, should be experienced in resuscitation, diagnosis and treatment of seriously injured patients..

5.3.7.5 Medical homologation of circuits / Medical inspection of events

All circuits require medical homologation.

All circuits which have undergone significant changes in the layout or at the Medical Centre within the homologated period are required to renew homologation. The objective is to maintain the highest standard of services for the safety of the riders. This code will be used as the reference for the homologation inspections. Any request for renewal of homologation should be made by the FMN concerned.

The specific requirement for each circuit will be decided by the FIM Medical Inspector in collaboration with the Circuit CMO who has to be present according to the requirements of the Championships promoters and with reference to the Medical Code.

Following homologation, a certificate of homologation will be issued for a maximum period of 3 years and will include details of medical services.

Sample drawings of Medical Centre models are available from the FIM Executive Secretariat for reference.

The FMN and the Organiser will be informed by the FIM if the circuit requires renewal of homologation.

The FIM also reserves the right to review such a homologation at any time.

5.3.7.6 Minimum medical requirements for events

- Vehicles type A are to be placed in such a way and in such numbers that a fallen rider can be reached within 2 minutes after coming to rest.
- Vehicle(s) type B (number as per the FIM Medical Homologation) are to be placed in such a way that a fallen rider can be reached with minimum delay after coming to rest.
- Vehicle(s) type C (number as per the FIM Medical Homologation) are to be placed in such a way that a fallen rider can be reached with minimum delay after coming to rest.
- Track Ground posts
- Pit lane ground post
- A Medical Centre
- A helicopter

N.B. the only replacement allowed to these requirements is a vehicle Type B may replace a vehicle Type C

5.3.8 Procedure in the event of an injured rider

The management of an injured rider is under the control of the CMO and should be in four phases:

Phase 1 – Fast Intervention on the track or in the run off areas

A fallen rider must be reached by a Doctor or Paramedic who can begin treatment within 60 seconds of him coming to rest. If the situation is serious and the rider cannot move or be moved safely away, the CMO must be informed by radio so that further assistance can be summoned. The CMO, stationed in Race Control with access to Closed Circuit Television can monitor the situation. Upon his request any Medical Vehicle can be dispatched to the scene of the accident, only with a Race Director decision.

In extreme circumstances, only the Race Director can decide a practice session or a race to be stopped to permit access to the fallen rider or to permit treatment to continue on the track or in the run off area.

This intervention must be coded as follows :

- **Green:** quick intervention up to 3 minutes without protection for the medical staff;
- **Yellow:** intervention lasting over 3 minutes with protection for the medical staff;
- **Red:** The medical staff suggest to stop the practice session or the race.

Phase 2 – Transfer to the Medical Centre

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.

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

Phase 3 – Medical Centre

At the Medical Centre, medical staff will be available to treat the rider. The CMO remains responsible for the treatment of the rider.

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 this treatment and may accompany the rider to hospital.

A rider who is conscious may choose the medical staff 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 "Competitor Self Discharge" Form.

Phase 4 – Transfer to hospital

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/her 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.

A doctor of the Clinica Mobile will accompany the rider.

5.4 MEDICAL MALPRACTICE INSURANCE

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