

**APPENDIX F2
MX / Supermoto**



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**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

- a) A map of the circuit including medical groundposts, medical centre, ambulances, helicopter landing area etc.
- b) A map of the circuit indicating the routes for urgent evacuation
- c) Confirmation from all involved hospitals
- d) Written confirmation about availability 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	<input type="text"/>	IMN No.	<input type="text"/>
CIRCUIT	<input type="text"/>	DATE	<input type="text"/>
COUNTRY	<input type="text"/>		
CHIEF MEDICAL OFFICER	<input type="text"/>		
	LIC.-No.	<input type="text"/>	

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)

Doctor (CMO included)	0	Thursday
Nurse	1	Friday
Paramedic or equivalent	2	Saturday
Medical Personnel	3	Sunday
Stretcher bearer		
Driver		
Other		
Med. Personnel (in total)		

day	0	1	2	3
number				

3a) 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

3b) 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

3c) Technical equipment

Radio communication

Visible and audible signals

Equipment to remove suits and helmets

Type of vehicle

YES NO

	CLASS		IMN No.	
3d) Other equipment				
Protective canvas/Tarpaulins			<input type="checkbox"/>	<input type="checkbox"/>
4a) Vehicles Type B		Number		
			YES	NO
Do positions conform to map of circuit/ posts?			<input type="checkbox"/>	<input type="checkbox"/>
Doctor as per Medical Code			<input type="checkbox"/>	<input type="checkbox"/>
Staff as per Medical Code			<input type="checkbox"/>	<input type="checkbox"/>
4b) Medical equipment			YES	NO
Portable oxygen supply			<input type="checkbox"/>	<input type="checkbox"/>
Manual and automatic ventilator			<input type="checkbox"/>	<input type="checkbox"/>
Intubation equipment			<input type="checkbox"/>	<input type="checkbox"/>
Suction equipment			<input type="checkbox"/>	<input type="checkbox"/>
Intravenous infusion equipment			<input type="checkbox"/>	<input type="checkbox"/>
Equipment to immobilise limbs and spine (including cervical spine)			<input type="checkbox"/>	<input type="checkbox"/>
Sterile dressings			<input type="checkbox"/>	<input type="checkbox"/>
Thoracic drainage equipment/Chest decompression equipment			<input type="checkbox"/>	<input type="checkbox"/>
Tracheostomy equipment/Surgical airway equipment			<input type="checkbox"/>	<input type="checkbox"/>
Sphygmomanometer and stethoscope			<input type="checkbox"/>	<input type="checkbox"/>
Stretcher			<input type="checkbox"/>	<input type="checkbox"/>
Scoop stretcher			<input type="checkbox"/>	<input type="checkbox"/>
ECG monitor and defibrillator			<input type="checkbox"/>	<input type="checkbox"/>
Pulse oximeter			<input type="checkbox"/>	<input type="checkbox"/>
Drugs for resuscitation and analgesia/ IV fluids			<input type="checkbox"/>	<input type="checkbox"/>
4c) Technical equipment				
Radio communication with the Race Direction and CMO			<input type="checkbox"/>	<input type="checkbox"/>
Visible and audible signals			<input type="checkbox"/>	<input type="checkbox"/>
Equipment to remove suits and helmets			<input type="checkbox"/>	<input type="checkbox"/>
Type of vehicle				
5) Medical ground posts		Number		
Do positions conform to map of circuit/ posts?			<input type="checkbox"/>	<input type="checkbox"/>
Doctor			<input type="checkbox"/>	<input type="checkbox"/>
First aiders or stretcher bearers			<input type="checkbox"/>	<input type="checkbox"/>
Paramedic or equivalent experienced in resuscitation and pre-hospital management of trauma			<input type="checkbox"/>	<input type="checkbox"/>
Two first aiders or stretcher bearers			<input type="checkbox"/>	<input type="checkbox"/>

CLASS

IMN No.

		YES	NO
5a)	Medical equipment		
	Equipment for initiating resuscitation and emergency treatment including:		
	Initial airway	<input type="checkbox"/>	<input type="checkbox"/>
	Ventilatory support	<input type="checkbox"/>	<input type="checkbox"/>
	Haemorrhage control	<input type="checkbox"/>	<input type="checkbox"/>
	Cervical collar	<input type="checkbox"/>	<input type="checkbox"/>
	Extrication device - This should be a Scoop stretcher or if not available a spinal board or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
	Devices such as "NATO" or other canvas stretchers that require the rider to be lifted on to them are no longer acceptable.	<input type="checkbox"/>	<input type="checkbox"/>
5b)	Medical equipment		
	Equipment for initiating resuscitation and emergency treatment	<input type="checkbox"/>	<input type="checkbox"/>
	Cervical collar	<input type="checkbox"/>	<input type="checkbox"/>
	Scoop stretcher or spinal board or equivalent	<input type="checkbox"/>	<input type="checkbox"/>
5c)	Technical equipment		
	Radio communication with CMO	<input type="checkbox"/>	<input type="checkbox"/>
5d)	Other equipment		
	Protective canvas/Tarpaulins	<input type="checkbox"/>	<input type="checkbox"/>
6a)	Medical centre		
	Is it a permanent structure?	<input type="checkbox"/>	<input type="checkbox"/>
6b)	Number of rooms	<input type="text"/>	
	Area in sq.m.	<input type="text"/>	
		YES	NO
	Secure environment from which media and public can be excluded	<input type="checkbox"/>	<input type="checkbox"/>
	Area easily accessible by First Aid vehicles	<input type="checkbox"/>	<input type="checkbox"/>
	Helicopter landing area nearby	<input type="checkbox"/>	<input type="checkbox"/>
	Water supply, heating, air-conditioning and sanitation appropriate to the country	<input type="checkbox"/>	<input type="checkbox"/>
	Parking for ambulances	<input type="checkbox"/>	<input type="checkbox"/>
6c)	Minimum room dimensions and requirements		
	1 resuscitation room	<input type="checkbox"/>	<input type="checkbox"/>
	or		
	2 resuscitation rooms	<input type="checkbox"/>	<input type="checkbox"/>

CLASS

IMN No.

6d) Equipment for resuscitation areas

YES NO

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

6e) Staff are appropriately trained & skilled

6f) 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

6g) Personnel of Medical Centre

(please fill in the number)

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

0 Thursday
 1 Friday
 2 Saturday
 3 Sunday

number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Specialists at medical centre (mentioning specialty)

	yes	no
1. Surgeon experienced in trauma	<input type="checkbox"/>	<input type="checkbox"/>
2. Trauma resuscitation specialist	<input type="checkbox"/>	<input type="checkbox"/>

Other Specialists

3.	<input style="width: 90%;" type="text"/>
4.	<input style="width: 90%;" type="text"/>

CLASS

IMN No.

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

8) **Ways to cross the track during racing**

	YES	NO
Tunnel	<input type="text"/>	<input type="text"/>
Bridge	<input type="text"/>	<input type="text"/>

9a) **Helicopter**

Helicopter with medical equipment **Number**

	YES	NO
Fluids and drugs	<input type="text"/>	<input type="text"/>
Respirator	<input type="text"/>	<input type="text"/>
Oxygen	<input type="text"/>	<input type="text"/>
ECG/defibrillator	<input type="text"/>	<input type="text"/>

9b) **Personnel (specify)**

Doctor
Paramedic or equivalent
Pilot

0 Thursday
1 Friday
2 Saturday
3 Sunday

day	0	1	2	3
Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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10) **Clothing of medical personnel as per Medical Code**

	YES	NO
Doctor	<input type="text"/>	<input type="text"/>
Nurses, paramedics or equivalent	<input type="text"/>	<input type="text"/>

11) **Is there separate medical personnel for Spectators?**

<input type="text"/>	<input type="text"/>
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(please fill in the number)

Personnel (specify)

Doctor
Nurse
Paramedic
First Aider
Stretcher Bearer
Driver
Other
Med. Personnel (in total)

0 Thursday
1 Friday
2 Saturday
3 Sunday

day	0	1	2	3
Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12) **Facilities for doping controls**

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

CLASS

IMN No.

13) Hospitals

Type of hospital	Name of Hospital	GPS coordinate	Time to Hospital		Distance km
			Road min	Air min	
a) Local hospital	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) General Surgery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) Orthopaedic/Trauma	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) Neurosurgery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) Spinal Injuries	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) Cardio/Thoracic Surgery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g) Burns/Plastic Surgery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
h) Vascular Surgery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
i) Micro Surgery	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

Remarks:

Date:

Signature of the CMO: