



FIM AFRICA MEDICAL CODE

This Medical Code is a guide to the Medical Standards that are required for Motorcycle sport. It is accepted that medical services vary from country to country, depending on Government Health policy and available finance.

The basis of the Medical Code is to ensure, as far as possible, the safety and treatment of every competitor, team member, official and spectator participating in motorsport.

The Medical Code addresses the following issues:

- Fitness to participate in competitive motorsport
- Minimum age for competition
- Qualifications of emergency medical service personnel operational at motorsport events
- Medical facilities at motorsport events
- Medical equipment requirements
- Medical vehicle requirements
- Aeromedical requirements
- Hospital availability
- Anti-Doping Code and provision for dope testing

All the protocols contained in this document comply with the Medical Code of the FIM.

1. FITNESS TO PARTICIPATE IN COMPETITIVE MOTORCYCLING

- 1.1 It is expected that every participant in competitive motorcycling will be both physically and mentally fit to ride a motorcycle competitively. To assess this level of fitness, a competitor will be required to undergo a medical examination annually.
- 1.2 The successful completion of such an examination will result in the competitor being issued with a competitors licence for that year.
- 1.3 A Medical Practitioner registered with the Medical Council of the particular country and familiar with the applicant's medical history must conduct such a medical examination. The Medical Practitioner must be aware that the person to be examined is applying for a licence to compete in motorcycle events.
- 1.4 It is not acceptable for the medical examination to be conducted by nursing sisters, paramedics or practitioners of alternate medicine.
- 1.5 In the event of serious illness or injury occurring after the issue of a Medical Certificate, a further examination and Medical Certificate will be required.
- 1.6 The following medical conditions will exclude an applicant from obtaining a competition licence:
 - 1.6.1 Double vision, progressive loss of vision or total loss of vision in both eyes;
 - 1.6.2 Deafness associated with balance problems;
 - 1.6.3 Psychiatric illness or chronic degenerative neurological disorders;
 - 1.6.4 History of alcohol or substance abuse;
 - 1.6.5 Diabetics who are either newly diagnosed, unstable or poorly controlled, or with vascular, neurological or ocular complications of the disease;
 - 1.6.6 Epilepsy of any form, even if well controlled by medication;
 - 1.6.7 Surgical amputation of part of either an upper limb or lower limb or both due to chronic medical conditions(s);
 - 1.6.8 Heart failure, valvular disease, coronary artery disease or rhythm disturbances; persons on anticoagulants;
 - 1.6.9 Poorly controlled or uncontrolled Hypertension.
- 1.7 Competitors with the following conditions will not be refused a licence, providing certain criteria are met:
 - 1.7.1 Asthma on inhalation therapy only, on production of a certificate from a respiratory physician;
 - 1.7.2 Controlled hypertension with no complications;
 - 1.7.3 Ischaemic heart disease that has been successfully treated by bypass grafting or angioplasty;
 - 1.7.4 Permission of physician following successful surgery, radiotherapy or chemotherapy or a combination of these treatments for cancer;
 - 1.7.5 HIV positive status with no physical deterioration and physically able to control a motorcycle. A person with a HIV or Hepatitis B positive status is not a threat to other competitors, officials or spectators and

may only become a threat to E.M.S. personnel who take inadequate protective measures when dealing with a HIV positive or Hepatitis B positive competitor.

- 1.8 A licence may be rescinded during its year of validity should a rider sustain an injury or develop an illness, which adversely affects his physical status, eg. severe head injury, cancer, amputation, major surgery, etc.
- 1.9 These criteria may be relaxed in participants involved in certain disciplines such as historical motorcycles.
- 1.10 Applicants intending to participate in international events must be aware of the FIM Medical Code protocol. The following protocols are included for information:
- 1.10.1 **Limbs**
The Applicant should have sufficient function of their limbs to permit full control of their machine during events. An accident with loss or functional impairment of a limb or part of a limb(s) may be deferred to an experienced medical panel.
- 1.10.2 **Vision**
Vision should not be less than 6/6 with both eyes open. This includes the use of various corrective lenses. The minimum binocular field should measure at least 120 degrees along the central meridian with no defects within the central 20 degrees.
- Applicants with impaired or no vision in one eye and who have had this disability for not less than one year, are allowed to compete in trial only. An application for other categories may be considered if the loss of vision in one eye has been present for more than three years.
- In these scenarios, vision in the unaffected eye must meet the above requirements without any correction and the rider must have satisfactory judgement of distance. If the rider is granted a licence, he undertakes to wear double protection on the unaffected eye at all times when racing.
- If there is a doubt about colour vision, the applicant for any event except trial must be able to accurately differentiate between red, green, blue, yellow, black and white flags. A simple practical test is recommended under conditions similar to those in a race.
- Spectacles, if required, should be fitted with shatterproof lenses and contact lenses if worn, should be of the „soft“ variety.
- Applicants with double vision will not be granted a licence.
- 1.10.3 **Hearing and Balance**
A licence can be issued to an applicant with impaired hearing but not if there is a disturbance of balance.
A rider with impaired hearing must wear a clearly visible tag indicating to the marshals and medical personnel in case of an accident/incident, that they are hearing impaired, and be accompanied at the riders briefing by a person with normal hearing who can communicate the information by either signing or writing.
- 1.10.4 **Diabetes**
In general, it is not considered advisable for diabetics to enter motorcycle events. A well-controlled diabetic not subject to hypoglycaemic or hyperglycaemic attacks and having neither neuropathic complications, nor any ophthalmoscopic evidence of vascular complications may be passed as fit to compete.
- 1.10.5 **Cardiovascular system**
In general, a heart attack or serious cardiovascular disease would normally exclude a rider from speed events. 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 tests the cardiologist considers necessary, must be submitted with the medical examination form.
- Any rider over the age of fifty years must have an exercise tolerance ECG performed and the result must be favourable.
- 1.10.6 **Neurological and psychiatric disorders**
In general, applicants with a serious neurological or psychiatric disorder will not be granted a licence.
- 1.10.7 **Fits or unexplained attacks of loss of consciousness**
A licence will not be issued if the applicant is an epileptic, has suffered a single epileptic fit or has suffered any episodes of unexplained sudden loss of consciousness.
- 1.10.8 **Alcohol and drug dependence**
Applicants with an alcohol or drug dependence or use of WADA prohibited substances will not be accepted.

- 1.10.9 **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 will fill in the certificate, sign it, having ticked the relevant box 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/FIM AFRICA.
- 1.10.10 **Cost of medical examination**
Any fee charged for the examination or completion of the medical certificate is the responsibility of the applicant.

Comment:

Certain of these criteria are somewhat vague and will therefore be subject to interpretation by a member of the FIM's International Medical Commission.

1.11 Special Medical Examination

- 1.11.1 It is the right and the duty of a Jury President, Chief Steward, Clerk of the Course or the CMO to request that a Special Medical Examination be carried out on any competitor or official who is considered not to be in control of themselves or their machine and who may endanger the safety of other competitors or officials.
- 1.11.2 Examples of reasons for requesting such a medical include:
- Non- or incomplete recovery from recent injury.
 - New injury.
 - Acute physical illness affecting either the mental and/or physical condition (or state) of the competitor.
 - Acute psychiatric illness.
 - The use or abuse of alcohol.
 - The use or abuse of prescription or non-prescription drugs or prohibited substances.
- 1.11.3 The Special Medical Examination may be conducted by the CMO or a medical officer nominated by the CMO, provided neither medical officer knows or has treated the competitor previously.
- 1.11.4 A team doctor or the competitor's personal physician may not conduct this examination.
- 1.11.5 The result of such an examination must be documented, including the decision whether the competitor is fit to compete or not, and the document submitted to the Clerk of the Course, the FMN and FIM AFRICA.
- 1.11.6 Any competitor or official who refuses to undergo a Special Medical Examination shall be excluded from the event and the refusal must be documented in writing and notified to the FMN and FIM AFRICA.

1.12 Medical fitness to race

A rider must be sufficiently medically fit to control his machine safely at all times. There must be no underlying medical disorder or injury 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 the decision regarding medical fitness to compete is at the discretion of the CMO.

1.13 List of unfit riders

- 1.13.1 It is a requirement of the FIM that in all competition series, a list of riders rendered unfit to compete at an event, including those still considered unfit from a previous unfit list, will be sent by the organisers of the event to the CMO of the next event. Any rider on the list must be examined before taking part in the next event he wishes to compete in to confirm fitness to compete.
- 1.13.2 As FIM AFRICA is currently not involved in the organising of a series of events, this requirement does not apply. It is however the responsibility of each FMN to ensure their riders are fit to compete in each event. If a series should develop in the future, this requirement would be introduced.

1.14 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 before the event that they may require such special treatment.

2. AGE OF RIDERS AND PASSENGERS

- 2.1 The FIM AFRICA Sporting Commission will determine the minimum age for riders to participate in FIM AFRICA motorcycle events.
- 2.2 Please refer to the Appendix for a list of minimum and maximum ages for participation in FIM World Championships, Prizes and International meetings as a guideline for the issuing of licenses.

- 2.3 Applicants aged over 50 years must attach a certificate of medical fitness, including a normal exercise tolerance ECG, to their licence application.
- 2.4 It is proposed that no competitor should be penalised because of age and therefore, a competitor over the age of 50 years desirous of competing in any motorcycle event is required to present a medical certificate which includes:
- That the competitor has no neurological defect affecting the brain or the peripheral nervous system.
 - That the competitor has full control and power in all limbs and is capable of controlling a motorcycle of the chosen discipline.
 - That the competitor has no significant defect of hearing.
 - That the competitor has full vision in both eyes, which may be corrected by corrective lenses or lens implants.
 - That the competitor has no evidence of cardiovascular disease as confirmed by a 12-lead exercise tolerance ECG.
 - That all medication the competitor is taking is itemised and the diagnosis, for which the medicine is taken, is declared.

3. MEDICAL SERVICES AT EVENTS – GENERAL

- 3.1 As this document is a guideline for medical services, compliance will be determined by the medical authorities of motorsport in the country affiliated to FIM AFRICA. Countries who are unable to comply with the minimum standards as set out in this Code, may find it difficult to host Continental events without assistance from other countries.
- 3.2 It is the responsibility of every organising body to be conversant with this Code and to provide medical services as set out in this Code.
- 3.3 Any treatment at the venue during an event is free of charge to the riders.
- 3.4 Medical services must guarantee assistance to all riders as well as any other authorised persons injured or taken ill at the event during the event.
- 3.5 The Medical Services designated for any event must be available continuously, and in full, from at least one hour before the start of the first practice for the event and will last until at least one hour after the finish of the last competition.
- 3.6 If, at any time, the minimum number of E.M.S. personnel and/or emergency vehicles is not present at the venue, the event must be stopped until the minimum number of personnel and/or vehicles is available.
- 3.7 The compliance with these requirements must be checked during events by the CMO or the Clerk of Course and where possible, also a member of the FIM AFRICA Sporting Commission from a country other than the country in which the event is being hosted. Inspections should preferably also be carried out before an event, during an event and at the same time as the venue homologation and safety inspection. Such inspections may be announced or unannounced.
- 3.8 The CMO has the right to recommend to the Clerk of Course that a race be stopped if:
- There is a danger to the life or the potential for further injury to a rider or officials attending to that rider if other riders continue to circulate.
 - There is a risk of injury to riders or increasing possibility of an inability to control a machine as a result of abnormal weather conditions, particularly lightning.
 - Medical personnel are unable to reach and treat a fallen rider, for any reason.
- 3.9 Medical personnel operational at motorsport events must be clearly identified as such. It is proposed that medical personnel should be dressed in white, with their medical qualification printed in red – “Doctor”, “Nurse” or “Paramedic”.
- 3.10 Members of the medical services (including the CMO) 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 Clerk of the Course.
- 3.11 The selection of the mode of transport of an ill or injured rider, official or spectator will be made by the treating Medical Officer or CMO. Factors taken into account in making this decision include the severity and stability of the patient's condition, urgency of the need for definitive treatment, hazards of road transport e.g. spinal injuries and distance to the hospital designated for definitive treatment, to name a few. Transport may therefore be carried out by Vehicle Type A (with patient transport capability), B or C; or via fixed or rotary wing aeromedically configured and approved aircraft.
- 3.12 The cost of transferring an injured rider to a designated and pre-arranged hospital is the responsibility of the organiser or promoter of the event.

4. MEDICAL SERVICES AT EVENTS – CHIEF MEDICAL OFFICER

- 4.1 The Chief Medical Officer (CMO) must be appointed in writing by the organisers of the event and will be responsible for all medical services at the event. This includes an effective medical service for spectators which is not described in this code but must conform to any regulation enforced by the relevant country and reflect the size of crowd expected.
- 4.2 The CMO (*refer to the Appendix for a summary CMO checklist*):
- 4.2.1 Must be a fully registered medical practitioner authorised to practice in the relevant country or state.
 - 4.2.2 Must have malpractice insurance appropriate to the relevant country or state where the event is being held.
 - 4.2.3 Must be familiar with the FIM/FIM AFRICA Medical and Anti-Doping Codes.
 - 4.2.4 Takes full responsibility for all medical services at the event including spectator medical services, the positioning of all medical and paramedical personnel and vehicles as well as determining and arranging a suitable means of transport to a designated hospital when required.
 - 4.2.5 Is required to have written confirmation of the availability and acceptance of riders and officials injured or ill by hospitals designated for the entire event and the names of the various specialists to admit patients. Such hospitals should be requested to treat injured riders as a matter of urgency. The financial details of the casualty treatment and hospital admission must be arranged and totally clear-cut before the event commences.
 - 4.2.6 Is responsible for the provision of facilities for Dope and Alcohol Testing.
 - 4.2.7 Must be stationed in race control (if present), otherwise nearby the Clerk of Course whenever bikes are on the track.
 - 4.2.8 Must brief the medical personnel prior to the start of the first practice session of the event, and debrief the personnel after each day's activities.
 - 4.2.9 Must 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 personnel are in their correct place and ready to function, including the Medical Centre.
 - 4.2.10 Can recommend to the Clerk of Course that an event be stopped if:
 - The Medical personnel are unable to reach or treat a rider for any reason.
 - There is danger to life or of further injury to a rider or officials attending to that rider if other riders continue to circulate.
 - There is a risk of physiological damage to riders or of inability by riders to control their machines due to extreme weather conditions.
 - 4.2.11 Shall ascertain that fallen riders are medically fit to continue. All riders injured during an event who avoid a special medical examination must be placed on the **MEDICALLY UNFIT LIST!**
 - 4.2.12 Must inform and update the Clerk of Course regarding the condition of injured riders.
 - 4.2.13 Should attend Jury meetings.
 - 4.2.14 Is responsible for the completion of the FIM AFRICA Accident Statistics Form and FIM AFRICA Medical Attendance Register; and submission of these documents to the Clerk of Course at the end of the event.

5. MEDICAL SERVICES AT EVENTS – MEDICAL PERSONNEL

5.1 Qualifications of Operational Medical Personnel

The FIM in its regulations makes abundant use of Doctors for medical services at events under its control, but it must be remembered that Africa does not have the same supply of doctors and that not all doctors have an interest in motorsport - or are suitably experienced in pre-hospital emergency care. The advent of Advanced Life Support paramedics solves this problem where they are suitably trained and operational. It is proposed that a simple answer to this problem could be the formation of an FIM AFRICA Medical Unit, which could be available to back up any country organising an FIM AFRICA event.

5.1.1 Qualifications of Doctors

Motorcycle sporting events require the physical presence of a Medical Officer. Such Medical Officer must be a qualified and registered medical practitioner in his/her country of residence, and have adequate Negligence Insurance. The Medical Officer may be a General Practitioner or a Specialist, either currently employed in or with in-depth experience of emergency medicine, and in possession of currently valid malpractice insurance. The duty Medical Officer may be the CMO of the event or a second medical practitioner appointed to perform operational medical duties.

The Medical Officer may not be:

- 5.1.1.1 A Practitioner of Alternate Medicine
- 5.1.1.2 A Dentist
- 5.1.1.3 A Physiotherapist
- 5.1.1.4 A Paramedic
- 5.1.1.5 A Nursing Sister

5.1.2 Qualifications of Paramedics

A Paramedic is defined as an emergency care practitioner or emergency medical technician who is in possession of a Registered Diploma or Certificate for the provision of advanced life support, qualified in and able to carry out emergency treatment and begins resuscitation.

A first aid certificate is not a valid qualification for motorcycling medical operations.

5.1.3 Qualifications of Nursing sisters

It is appropriate for nursing sisters, qualified in trauma and/or intensive care nursing, to be operational at motorcycling events. They are of particular value in medical centres. They require to be registered with the Nursing Council of the respective country.

5.2 **Legal position of Medical Officers**

- 5.2.1 A medical practitioner is legally allowed to practice clinical medicine only in the country where he is currently registered with the relevant Medical Council.
- 5.2.2 FIM AFRICA may apply to the FIM for a member of the FIM's International Medical Commission to be present at an event (at the cost of FIM AFRICA) to observe and to advise only, and later, to inform the International Medical Commission in writing of their findings at the event. It is their duty to inform the relevant race officials if any area of the medical organisation contravenes the FIM or FIM AFRICA Medical Code. They may, when requested, advise on the fitness to compete, or otherwise, of an injured rider.
- 5.2.3 The legal position of team, federation or personal Doctors (medical officers not duly appointed as medical officials for the event) is equally clear. Any injured rider **must first be seen and assessed by the official event medical staff for emergency treatment and be declared fit or unfit to compete in future practice or racing sessions of the event, as appropriate.** Once this formality has been completed, the rider has the right to consult a medical practitioner of his/her choice.
- 5.2.4 Should the event medical staff advise a rider against seeking a further opinion from a non-officiating medical practitioner, the rider must sign a declaration that he is pursuing alternate medical advice and treatment, in spite of official event medical advice to the contrary.
- 5.2.5 Any rider, having received treatment from a non-official medical officer, who wishes to continue riding in practice and/or races, must receive written authorisation from the CMO or his officially appointed deputy for his further participation in the event. The CMO or the officially appointed deputy, are required to take into consideration the opinion of the treating medical officer.

5.3 **Patient Confidentiality / Professional Confidence of Medical Personnel**

Every rider is required to sign a declaration on their FIM AFRICA licence application that any necessary information, medical or otherwise, concerning any injury, non-professional behaviour, suspicion of alcohol abuse, etc, may be given by the attending doctor to the Clerk of the Course and to the rider's personal medical attendant and relatives. The Medical Officer may divulge personal, confidential medical information to a 3rd party if written authorisation is provided by the rider personally. This is dependant on the individual Medical Officer's professional code of ethics.

In all other circumstances, the Medical Officer, in his official capacity as the CMO of the event, is forbidden to divulge any information to any representative of the media, press or other information services. *This applies to all medical personnel.*

6 **MEDICAL SERVICES AT EVENTS – VEHICLES**

6.1 **Definition of Vehicle Types**

The vehicles required for medical operations at motorcycle events fall into 3 categories, defined as follows:

6.1.1 Vehicle Type A (R.I.V)

A Rapid Response and Intervention Vehicle (R.I.V. or R.R.V) which will gain urgent access to a fallen rider or official, containing the crew and equipment required for immediate cardiovascular and respiratory stabilisation of the patient. This vehicle must be clearly identified as a „MEDICAL CAR“.

This vehicle is compulsory for FIM Circuit Racing events. The maximum response time of an R.I.V. must not exceed 30 seconds for circuit racing.

The configuration of an R.I.V. will depend on the terrain and distance of each event. Thus it may be a conventional motor vehicle, 4X4 Vehicle or 4X4 Quad which can also be utilised for transportation.

6.1.2 Vehicle Type B (Mobile Resuscitation Unit)

This vehicle is defined as a highly specialised vehicle, which could serve as a mobile resuscitation centre.

This is probably the most appropriate unit for African conditions. Deployment of such a vehicle could eliminate the need for a fixed medical centre where this is not available.

6.1.3 Vehicle Type C (Ambulance)

A vehicle appropriately crewed and equipped to transport an injured rider, official or spectator, i.e. an ambulance

6.2 **Equipment of Vehicles and Crew**

6.2.1 Vehicle Type A Equipment

Type A1:

- A driver, experienced in driving the Type A vehicle and familiar with the course
- A doctor, experienced in emergency care
- A second doctor or paramedic (or equivalent), experienced in emergency care

Type A2:

- A driver, experienced in driving the type A vehicle and familiar with the course
- Paramedics (or equivalent) experienced in emergency care

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 Equipment:

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

6.2.2 Vehicle Type B Equipment

As this is a Mobile Resuscitation Unit, the equipment should be as for the Medical Centre (excluding imaging equipment) – see below. This vehicle also requires:

- 6.2.2.1 Radio communication with Race Control, CMO and Medical Centre.
- 6.2.2.2 Visible rotating lights and audible sirens.
- 6.2.2.3 Equipment for the removal of racing suits and helmets.

This vehicle should be crewed by a minimum of 3 personnel, one of which must be qualified to drive this vehicle:

- 6.3.1.1 A Doctor proficient in the practice of emergency medicine;
- 6.3.1.2 2 Paramedics; or
- 6.3.1.3 1 Paramedic and a second emergency care provider

6.2.3 Vehicle Type C Equipment

This vehicle must be configured as a standard ambulance according to the regulations of the respective country, and must contain the equipment capable of maintaining the patient's condition while in transit to either the medical centre or a hospital for definite care. This vehicle also requires:

- 6.2.3.1 Radio communication with Race Control, CMO and Medical Centre.
- 6.2.3.2 Visible rotating lights and audible sirens.

This vehicle should be crewed by a minimum of 2 emergency medical services personnel, one of whom must be capable of rendering at least Intermediate Life Support.

6.4 Ground Posts

These may also be termed Foot Posts and are vital to the adequate provision of medical services at an event. Ground Posts must be positioned at suitable places around the circuit to provide rapid intervention and should be in close proximity to marshals. Radio communication is compulsory.

The positioning of ground posts is the joint responsibility of the Clerk of the Course and the CMO. Ground posts should be crewed by a Paramedic and assistants and equipped to initiate resuscitation and emergency treatment. Provision should be made for adequate shelter for the crews and their equipment.

6.5 Medical Centre

A Medical Centre may be a permanent or a temporary structure with adequate space, facilities and equipment to treat more than one injured rider at any given time, for both minor and major injuries.

N.B.: A hospital outside the circuit is not an alternative to the Medical Centre at an event.

6.5.1 A Medical Centre must provide:

- 6.5.1.1 A secure environment from which both the media and public can be excluded.
- 6.5.1.2 A designated entrance for emergency vehicles and a covered area for off loading patients from ambulances.
- 6.5.1.3 A designated helicopter landing zone within the medical centre complex, secured by fencing and giving immediate access to the medical centre.

- 6.5.1.4 The medical centre must be divided into areas for the resuscitation of major injuries or illness and areas for the treatment of minor injuries.
- 6.5.1.5 Communication by radio, landline telephone, cellular telephone or satellite with race control, emergency vehicles, ground posts and hospitals designated for definitive treatment.
- 6.5.1.6 Adequate water supply delivering both hot and cold water, electricity supply, air conditioning and refrigeration facilities.
- 6.5.1.7 Toilet facilities for male and female staff and riders and disabled persons must be available.
- 6.5.1.8 Shower facilities are advised.
- 6.5.1.9 Comprehensive facilities for the disposal of refuse, human products and medical waste, especially needles, syringes and other material contaminated by blood or other body fluids is mandatory.
- 6.5.1.10 Consideration should be given to the provision of mortuary facilities in the medical centre. Such facility should conform to the culture and medico-legal requirements of the respective country.
- 6.5.1.11 The following requirements are recommended:
 - 6.5.1.12 A facility for the relatives and officials of injured riders. This area should be private.
 - 6.5.1.13 Required facilities must be available for Anti-Doping testing.
- 6.5.2 **Medical Centre Personnel**
 - 6.5.2.1 The Paramedic, Nursing and Medical personnel are expected to be experienced in emergency medicine.
 - 6.5.2.2 It is essential that all operational medical staff have current immunisation against Tetanus, Hepatitis A & B and any other immunisation deemed necessary by the Health Department of the relevant country.
- 6.5.3 **Medical Centre equipment**

The equipment required in the medical centre will be the equipment found in a standard accident and emergency unit. This will include:

 - 6.5.3.1 Stethoscopes, Baumanometers, Pupil torches, Thermometers, Diagnostic sets containing auroscopes and ophthalmoscopes.
 - 6.5.3.2 Manual and electronic recording and monitoring equipment.
 - 6.5.3.3 Immobilisation devices including spine boards, scoop stretchers, spider harness, head blocks and rigid cervical collars;
 - 6.5.3.4 Suction apparatus and catheters;
 - 6.5.3.5 Bag–Valve–Mask–Reservoir and/or Mechanical ventilation;
 - 6.5.3.6 Laryngoscopes with full range of adult and paediatric blades, spare batteries and bulbs
 - 6.5.3.7 Full range of endotracheal tubes, oropharyngeal airways and introducers; tracheostomy tape;
 - 6.5.3.8 Surgical cricothyroidotomy sets;
 - 6.5.3.9 A continuous supply of piped oxygen with sufficient back-ups;
 - 6.5.3.10 Oxygen delivery devices (60% partial rebreathers, venturi masks, nebulisation masks);
 - 6.5.3.11 Intercostal drain kits.
 - 6.5.3.12 Monitor – defibrillator and pulse oximeter;
 - 6.5.3.13 Full range of IV cannulas, intravenous fluids and administration sets;
 - 6.5.3.14 Central line kits (high capacity);
 - 6.5.3.15 Traction and immobilising splints;
 - 6.5.3.16 Warming equipment such as a bair hugger and fluid warming equipment,
 - 6.5.3.17 Full range of resuscitation, sedation, analgesic and paralyzing drugs, including lock-up facilities as required;
 - 6.5.3.18 Full range of consumables;
 - 6.5.3.19 A range of medication for minor problems;
 - 6.5.3.20 Medical waste and sharps containers;
 - 6.5.3.21 All documents required for patient documentation.
 - 6.5.3.22 The following equipment is either recommended or compulsory for certain events:
 - Diagnostic ultrasound apparatus;
 - X-ray or C-arm radiological apparatus.

6.6 Aeromedical Helicopters

A dedicated, aeromedically configured helicopter is compulsory for FIM World Championship Road Racing Events and recommended for other events, depending on weather conditions and visibility.

7 **MINIMUM MEDICAL REQUIREMENTS AT EVENTS**

These standards are based on FIM requirements. *The only replacement allowed in these requirements is a Vehicle Type B for a Vehicle Type C.*

- 7.1 **Motocross**
 - 1 Vehicle Type B
 - 1 Vehicle Type C

Ground Posts: As determined by the Clerk of Course and CMO
 Medical Centre: Recommended if a fixed venue

Helicopter: Recommended but dependant on distances to designated hospitals

7.2 **Supercross, SuperMoto:**

1 Vehicle type B

1 Vehicle Type C:

Ground Posts: As determined by the Clerk of Course and CMO

7.3 **Trial**

1 Vehicle Type B

1 Vehicle Type C

Ground Posts: May be required if considerable distances between the sections

7.5 **Enduro**

Radio Communication with CMO is compulsory for all emergency vehicles (*including with medical helicopter where helicopter is provided*)

1 Vehicle Type B – placed at specifically difficult points

Vehicle(s) Type C – placed at appropriate points in the course

For Special and Motocross tests in Enduro, when timed, requirements are the same as for Motocross events.

7.6 **Indoor enduro**

1 Vehicle Type A recommended

1 Vehicle Type B

1 Vehicle Type C

7.7 **Cross-Country Rallies & Bajas**

Radio Communication apparatus is compulsory for all emergency vehicles (including with medical helicopter where helicopter is provided).

Vehicle Type A: At the start, start of the sector, every 100km, at the finish of the Sector and at the campsite.

Should be all terrain vehicles and capable of transporting a patient.

Vehicle Type B: One and/or equivalent Medical Vehicle with appropriate crew.

Helicopter: One for races up to 350km.

May require an additional helicopter for distances exceeding this.

Doctor / experienced Paramedic and relevant equipment onboard.

8. **REST PERIOD OF RIDERS IN ENDURANCE EVENTS**

No rider is permitted to ride for more than 3 (three) continuous hours.

Rest periods subsequent to each riding time must be at least:

- half of the riding time for events 1800km or 12 hours (or less),
- two thirds of the riding time for an event more than 1800km or 12 hours.

9. **ACCIDENT STATISTICS**

FMN's are required to provide statistics concerning accidents and injuries that occur during events in their territories, to the FIM AFRICA Secretary General. Please refer to the Appendix for the FIM AFRICA Accident Statistics Form template and FIM AFRICA By-Laws for time-frames.

All fatal accidents occurring during an FIM AFRICA event must be reported to the FIM AFRICA Secretary General, the relevant Vice President : Sporting, or the President immediately.

10. **ANTI-DOPING CODE**

FIM AFRICA subscribes unconditionally to the Anti-Doping Codes of the IOC, WADA and the FIM and will institute dope testing at events and all member Federations are accordingly required to adhere strictly to these anti-Doping Codes. (Refer to FIM AFRICA website for Anti-Doping Code).

11. **APPENDICES**

11.1 Refer to FIM Medical Code for Minimum and Maximum ages for participation in FIM World Championships, Prizes and International meetings, and to the FIM AFRICA category regulations for FIM AFRICA ages.

11.2 FIM AFRICA Accident Statistics Form

11.3 FIM AFRICA Medical Attendance Register

11.4 CMO checklist for FIM AFRICA events

FIM AFRICA ACCIDENT STATISTICS FORM (Download Original from FIM AFRICA Website)



FIM AFRICA ACCIDENT STATISTICS FORM

This form is to be completed for all Competitors / Team members & Officials involved in an accident at a FIM AFRICA event and submitted to the Clerk of Course at the end of the event
The Clerk of Course is responsible for onward submission of this form to the FIM AFRICA Secretary General, to reach same within 3 working days after the event

Every accident is to be recorded, irrespective of whether the competitor was seen by medical staff in attendance or not; and irrespective of whether any apparent injuries were sustained or detected
Please ensure all fields are completed as this information is utilised for statistical purposes

Competitors
who refuse medical attention should be declared as Unfit for the remainder of the day and for subsequent race meetings

Event Country:
Event Name:
Event Venue:
Event Dates:

Event Category: CUP / CHALLENGE / CONTINENTAL
CMO Name:
CMO Contact No:
Medical Service Provider:

Circuit/track Length
Competitors / day

- | | | | | | | |
|---|---|---|--|--|---|---|
| D = Day
1 = Monday
2 = Tues
3 = Wed
4 = Thurs
5 = Fri
6 = Sat
7 = Sun | P.E. = Part of event
P = Practice
Q = Qualifying
R = Race | W = Weather
S = Sunny
R = Rain
C = Cloudy | Neck Brace
N = None
H = Hans
L = Leatt
O = Other
(specify) | P = Pt Priority
0 = Not injured
1 = P1 (Serious)
2 = P2 (Moderate)
3 = P3 (Minor)
4 = P4 (Fatal)
5 = Refused Rx | Disp = Disposal
R = Released
H = Hospital
Transp = Transport
C = Car
A = Ambulance
H = Helicopter | Hospital Admission
Y = Yes (>12 hours)
N = No (<12hours)

F = Fit
U = Unfit |
|---|---|---|--|--|---|---|

Day	P.E.	W	Time	Class	Rider #	FMN Licence #	INITIAL & SURNAME	Gender	Age	Turn #	Neck brace	Suspected Diagnosis <i>Left/Right; Anat.region & Type of injury</i>	P	Disp	Transp	Hosp adm	Fit/Unfit	
			eg. 15h30					M / F										
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		

FIM AFRICA MEDICAL ATTENDANCE REGISTER (Download Original from FIM AFRICA Website)



This form is to be completed for each day of any FIM AFRICA event and submitted to the Clerk of Course (CoC) at the end of the event
 The CoC is responsible for onward submission of this form to the FIM AFRICA Secretary General, to reach same within 3 working days after the event

COMPLETED BY: DATE:

DESIGNATION: COUNTRY:

CONTACT NUMBER: EVENT:

MEDICAL SERVICE PROVIDER: NO. COMPETITORS:

HELICOPTER: ON SITE ON STANDBY STATUS: CUP / CHALLENGE / CONTINENTAL
Please circle one Please circle one

HELICOPTER SERVICE PROVIDER: TRACK LENGTH:
One loop only

MEDICAL PERSONNEL (CMO / CMC included) <small>Please tick the relevant column</small>												
	Initial & Surname	Qualification					Deployment					Comments
		Dr	Paramedic Advanced	Paramedic Basic	Nurse	Other	Med. Centre	Med. Car	Ambulance	Ground post	Spectators	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												

COMMENTS:

SIGNATURE:

CMO CHECKLIST FOR FIM AFRICA EVENTS

Pre-event Checklist

- Identify the dates, times and the venue for the event.
- Identify the medical facilities and equipment/stock available at the venue.
- Identify minimum medical services required for professionally serving the event, both for circuit/track and spectators.
- Identify special requirements to be present at the venue such as personnel, x-ray equipment, etc.
- Identify the need for aeromedical services, either on site or on standby.
- Identify hospitals appropriate for emergency and definitive treatment, contact the hospitals and notify them of the date of event. Identify contact telephone numbers for the hospital and a mobile number for a contact person to assist in the event of any problems encountered on the day. Request the hospital to confirm its availability and acceptance of the relevant insurance in writing.
- Identify average transport times from the venue to the hospital both by road and by air.
- Identify possible public health and infectious disease hazards and plan accordingly e.g. malaria.
- Ensure that all competitors and their teams, organisers, officials and medical personnel are informed of potential health hazards and immunizations required for the region.
- Ascertain the expected weather conditions and plan accordingly.
- Ensure that a disaster plan is available for the venue.
- Ensure what type of uniform is required for the event and ensure its delivery one week before the event.
- Ensure that food and beverages will be regularly available for all personnel.
- Hold briefings with medical personnel.

Event Checklist

- Reconfirm the availability of the designated hospitals and if necessary, visit the hospitals.
- Reconfirm the acceptance by the hospital of the relevant insurance.
- Reconfirm transport times to hospitals.
- Confirm the provisions for dope testing.
- Ensure your presence at the venue 2 hours before practice and racing commences and, if possible, perform a circuit inspection 30 minutes before practice or racing.
- Conduct CMO/CMC inspection of:
 - The Medical Centre;
 - All medical vehicles and personnel;
 - All Ground posts;
 - The helicopter if onsite.
 - Radio communications with all above persons and Race Control.
- Conduct daily pre- and post-event briefings and debriefings.
- Confirm with the CoC that all medical personnel and vehicles are in attendance and deployed. Request the CoC to sign the Medical Compliance Form. If medical services do not comply, notify the CoC and take remedial action.
- Perform requested Special Medical Examinations.

In the event of an Accident

- In consultation with the Clerk of Course determine whether the race can continue or not.
- Ensure that appropriate medical attention reaches injured competitors as soon as possible.
- Request early information on the medical status of injured competitors.
- Supervise the medical treatment of injured competitors.
- Determine disposal of injured competitors, whether discharged or transferred to hospital, determining appropriate method of transportation.

In the event of a Fatal Accident

- Ensure that Medicolegal requirements of the country's legal system are met.
- Ensure that medical information is provided to the immediate family, or in their absence, team members.
- Ensure that care and counselling is provided to immediate family, team members, sponsors and officials affected by the incident.
- Ensure that the Clerk of Course and all relevant officials are notified confidentially.
- Absolutely no information may be divulged to any representative of any branch of the media.
- Advise either the FIM AFRICA Secretary General; relevant Vice President : Sporting or the President immediately

Post Event Checklist

- Ensure that every ill or injured competitor has been adequately assessed, treated and transferred.
- Ensure that Patient Report Forms are fully completed.
- Complete fully and clearly the Accident Statistics Form, sign and ensure that all documentation reaches the FIM AFRICA Secretary General timeously.
- Stand down all operational personnel
- Debrief all operational personnel