

International Hockey Federation



**MANUAL FOR
FIH MEDICAL OFFICERS
and LOCAL MEDICAL OFFICERS**

MARCH 2009

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The Roles of the FIH Medical Officer and the Local Medical Officer

FIH Medical Officer	Local Medical Officer
1 The FIH Medical Officer (FMO) is a registered medical practitioner.	1 The Local Medical Officer (LMO) is a registered medical practitioner in the country in which the tournament is taking place.
2 The FMO is a member of FIH technical officials' team at the tournament.	2 The LMO is a member of the team of local officials.
3 The FMO is directly responsible to the Tournament Director (TD). The FMO works in close cooperation with the Local Medical Officer.	3 The LMO is directly responsible to the FMO. The LMO works in close cooperation with the FMO and the organisers of the tournament.
4 The FMO serves as the conduit for the medical care of all those who may be involved with the tournament and is not expected to render care except in a medical emergency. The FMO can act as a doctor on the pitch if requested. The FMO has a direct responsibility of the medical care of appointed FIH officials.	4 The LMO is responsible for organising and implementing the entire medical facilities available for the duration of the tournament from the arrival of the first participants to departure of the last (this includes Technical Officials).
5 The FMO is responsible for ensuring (through the LMO as appropriate) that all necessary medical related facilities are provided and procedures established.	5 The LMO is responsible for ensuring the arrangements for hospital, ambulance, specialist care, medical coverage of every game played, sufficient availability of medication and access to these as well as relevant communications.
6 The FMO observes the Drug Collection procedures, if any, taking place.	6 The LMO arranges the Drug Testing facilities and supervises these to ensure completion. The LMO may be different from the Drug Collection Officer.
7 The FMO is responsible for ensuring distribution and collection of injury forms from medical personnel. At the end of the tournament the FMO supplies a full medical report to FIH including a summary of the injury information.	7 The LMO provides support for the FMO as required by the FMO.
8 The FMO may be asked to participate in FIH research projects.	

Note : the FIH Medical Officer and Local Medical Officer should not be the same individual.

1 ACTIONS PRIOR TO ARRIVAL AT THE VENUE

FIH Medical Officer

Local Medical Officer

1.1 Travel expenses

- 1.1.1 Return travel expenses are to be paid by the Organising Committee (OC) as follows :
- if by air/or sea, on the basis of economy class air fares;
 - if by rail/or road, on the basis of 1st class railway fares.
- 1.1.2 The return ticket, unless otherwise agreed, should reach the FMO at least two weeks before the opening day of the tournament.
- 1.1.3 If required, the OC must take any necessary action to facilitate issuing of an entry-visa within the same limit.
- 1.1.4 If the FMO has any trouble with travel arrangements and/or visa , they should immediately report this to the FIH Office.

- 1.1.1 Travel expenses are subject to agreement with the Organising Committee (OC) but would usually be as follows :
- if by air/or sea, on the basis of economy class air fares;
 - if by rail/or road, on the basis of 1st class railway fares.

1.2 Stay expenses

- 1.2.1 In accordance with FIH regulations, the stay expenses (full board - preferably single room accommodation - in a good quality hotel with the other officials) of the FMO are to be paid by the OC.
- 1.2.2 Expenses are payable from lunch on the second day prior to the start of the tournament until breakfast on the day following the last day of the tournament unless otherwise specified in agreements with host organisers. The exact arrangements should be checked with the FIH Office because they can vary depending on the location and level of the tournament.

- 1.2.1 Stay expenses are subject to agreement with the OC but would usually be full board in a good quality hotel with the other officials.

1.2.3 If circumstances (eg unavoidable flight schedule) make it necessary, the duration of stay is to be extended until such time as it is materially possible for the FMO to undertake their journey home on the most direct route.

1.3 Contacts

1.3.1 Contact the TD in advance to advise arrival date and time.

1.3.2 Make prior arrangements with the TD to meet and to determine the date, time and place of the medical pre-tournament briefing meeting.

1.3.3 Ask the FIH Office for contact information for the OC.

1.3.4 Ask the OC for contact information for the LMO.

1.3.5 Contact the LMO and to check whether you have to fulfil any local requirements to be permitted to act in the host country.

1.3.6 Arrange to meet the LMO before the tournament starts to inspect the medical facilities jointly and to finalise arrangements for the pre-tournament medical briefing.

1.3.1 Contact the OC in advance to advise arrival date and time.

1.3.2 Make prior arrangements with the OC to meet relevant organisers to check local facilities.

1.3.5 Check whether the appointed FMO has to fulfil any local requirements to be permitted to act in the host country.

1.3.6 Arrange to meet the FMO before the tournament starts to inspect the medical facilities jointly and to finalise arrangements for the pre-tournament medical briefing.

1.4 Documentation

1.4.1 Ensure (by checking with the FIH Office if necessary) that you have up-to-date copies of the following documents:

- Olympic Movement Medical Code;
- FIH Anti-Doping Regulations;
- WADA Prohibited List (of prohibited substances and methods);
- related WADA International Standards;
- FIH inclement weather, nutritional and other relevant guidelines;

1.4.1 Ensure (by checking with FMO if necessary) that you have up-to-date copies of the following documents:

- Olympic Movement Medical Code;
 - FIH Anti-Doping Regulations;
 - WADA Prohibited List (of substances and methods prohibited at all times);
 - related WADA International Standards.
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- injury reporting forms (being the *Match Injury Report*, *Medical Incident Report - Serious Injury*, *Team Report – Injury Summary- pre-notification form*). It could be handy to prepare these at home, with the event logo, and send them by email to the OC asking them to print copies ready for your arrival.

1.4.2 If it has not already been received, ask the FIH Office for an extract from their TUE database of current TUEs granted to participating team players.

1.5 Preparation

1.5.1 Liaise with the LMO and/or OC to check that necessary facilities are being organised. Although it can be difficult to verify without being there and in advance that facilities are being organised, it can be helpful to check as much as possible in advance (eg doping sample chain of custody which should be set up well in advance of the beginning of the tournament). Use the remaining sections of this document to check what facilities are necessary.

1.5.2 Prepare medical pre-tournament briefing (see the next section). Note that a PowerPoint template can be downloaded from the FIH website to be used at the Briefing.

1.5.3 Ensure adequate accreditation to allow admission to tournament facilities including any alternative Doping Control Stations.

1.5.4 Prepare the paperwork (see 1.4.1 above, especially the last point).

1.5.1 Liaise with the LMO and check that the OC is providing all necessary medical requirements; provide professional advice as necessary.

1.5.3 Ensure adequate accreditation to allow admittance to tournament facilities including any alternative Doping Control Stations.

2 ACTIONS AFTER ARRIVAL AT THE VENUE AND BEFORE THE START OF THE TOURNAMENT

FIH Medical Officer

Local Medical Officer

2.1 Contacts

2.1.1 Make contact with the TD, OC, LMO.

2.1.1 Make contact with the OC, FMO.

2.1.2 Liaise with the TD to arrange a general check of medical facilities; undertake a detailed check in liaison with the LMO.

2.1.2 Liaise with the FMO to undertake a general check of medical facilities with the FMO and TD and a detailed check with the FMO.

2.1.3 Check what office, telephone, wifi facilities etc are available.

2.2 Specification of medical facilities

2.2.1 Note the host organiser's contractual requirements at FIH world level events in relation to medical personnel / facilities (including a second site if relevant); if necessary ask the FIH Office for a copy. (NB: requirements vary at different levels of events.) Broadly, the requirements are as follows:

2.2.1 Note the host organiser's contractual requirements at FIH world level events in relation to medical personnel / facilities (including a second site if relevant); if necessary ask the OC or FIH Office for a copy. (NB: requirements vary at different levels of events.) Broadly, the requirements are as follows:

(i) Personnel

- a local doctor must be on duty at the competition field of play during all matches.
- stretcher bearers must be on duty at the competition field of play during all matches
- person allocated with responsibility to clean pitch of blood stains
- dental emergency facilities (eg a dentist nearby).

(ii) Equipment: the provision of the following equipment is required beside each of the competition fields of play:

- stretcher at or near the Technical Officials' table
- seating for stretcher bearers
- spinal board (in case of neck / spinal injury)
- wood, aluminium or air splints for fractures of upper or lower limbs
- ambulance service (fully equipped, with unobstructed access to the field of play and for exit from the venue).

- (iii) *First Aid Room (supervised by local doctor on duty) must be set up and equipped with:*
- *dedicated area and desk for FIH tournament Medical Officer*
 - *two treatment tables*
 - *adequate lighting*
 - *facilities for suturing cuts*
 - *sterile / non-sterile bandages (e.g. elastic bandages), slings, band-aid type dressings, tape*
 - *basic medicines*
 - *analgesics (oral and injectable) including morphine, medicines for gastrointestinal disorders*
 - *oxygen and means of administering it*
 - *intravenous equipment and sterile fluids for treatment of severe heat exhaustion (in tropical zone)*
 - *adequate splints and availability of morphine are essential*
 - *means of disposal of used sharp, sterile and non sterile equipment.*
- (iv) *Dope Testing Facility: a doping control area (Doping Control Centre) must be provided at the competition venue. It should comprise of a waiting room, a doping control room and a toilet facility. This area must be secure, private and reserved solely for dope testing purposes. Only individuals involved with testing are permitted entry to the Doping Control Station. Ideally the waiting room, doping control room and toilet are adjacent. The required material as mentioned in the operative FIH Anti Doping Regulations document applicable at the date of the commencement of the competition must be available together with relevant WADA documents (eg Prohibited List and International Standard for Testing). A copy of the current FIH Anti Doping Regulations may be obtained from the FIH website: www.worldhockey.org.*
- (a) *Waiting Room containing:*
- *seating for athletes, athletes representatives, and chaperones.*
 - *facility for sealed drinks (esky/cool box or refrigerator)*
 - *garbage bin*
- (b) *Doping Control Room: must be highly secure and lockable. Ideally the room is to be adjacent to the waiting room and the toilet. The Doping Control Room should contain:*
- *lockable fridge*
 - *table and three (3) chairs (Doping Control Officer, athlete, athlete's representative)*
 - *forms to notify athletes and for Doping Control Records*
 - *laboratory collection acknowledgement forms and chain of custody forms*
 - *trained personnel (including Dope Control Officer and with all staff suitably accredited) to monitor and chaperone the athlete selected to be tested*
 - *sufficient collection bottles/kits*
- (c) *Toilet: should be large enough for the DCO) to be able to directly observe the competitor providing the sample. A disabled person's toilet is ideal but not essential*
- (v) *Care of Umpires: an appropriate facility/ability to treat and care for the umpiring panel, including massage facilities with local physios should be available for all the officials.*

2.3 Inspection of medical facilities

2.3.1 Based on the above requirements, check the medical facilities:

- Is the treatment room conveniently sited? Not too far from the field of play?
- Is there suitable space and equipment for suturing minor wounds?
- Is there a suitable supply of dressings, slings, splints, sterile and non sterile bandages (eg elastic bandages), basic medicines, analgesics (oral and injectable) including morphine, medicines for gastrointestinal disorders, intravenous equipment and sterile fluids for treatment of severe heat exhaustion (in tropical zone), blankets for warming (in cold zone) and fans (for cooling)?
- Is there a scale for weighing athletes (to check for dehydration, etc)?
- Is the medical room staffed during the tournament?
- Check the ambulance availability and where it will be positioned during matches (ambulance access and departure must be unobstructed).
- Check the facilities in ambulance including resuscitation and intravenous equipment (which may be important in hot countries).
- Check arrangements for a replacement if the ambulance is in use.
- Check that the stadium can be evacuated quickly in case of an emergency situation and check the security arrangements.
- Ensure that local medical specialists are aware that there is a tournament in progress and are available; this should include but not be limited to radiology, dentistry and plastic surgery.
- Ensure that a stretcher is placed near the technical officials' table and that stretcher bearers are available throughout each match.
- Ensure that splints for upper and lower limb injuries and a spinal board are in place and easily accessible from the field of play (preferably located near the technical official's table).
- Determine where the LMO will be during the tournament, bearing in mind that a roster of Medical Doctors can be utilised for each match.
- Determine your means of communication with the LMO and medical staff.

2.3.1 Based on the above requirements, check the medical facilities:

- Draw LMO's attention to the possibility that some teams may have a physiotherapist but no doctor, and some may have neither physiotherapist nor doctor, so the LMO will need to go to the team in case of injury.
- Check changing rooms for teams and umpires for a suitable place for pre-match physiotherapy.
- Check the arrangements for medical care of the Technical Officials, including the umpires.

2.3.2 Check the dope testing facilities:

- Check that the Doping Control Station is not too far from the field of play.
- The Doping Control Station should be dedicated to dope testing only. If this is not possible, ensure that the area provided will be closed to all except the sample collection team as specified in the FIH Anti-Doping [Regulations and relevant WADA International Standards](#). A guard may be needed to prevent unauthorised persons entering the station.
- Ensure that the station has a waiting room, a separate doping control room and a toilet; refreshments must also be available.
- Check that it is equipped with the required material as specified in the FIH Anti-Doping Regulations.
- Check the details of the sample collection procedures as specified in the FIH Anti-Doping Regulations.
- Check the local transport arrangements including adequate transport for everyone involved if dope testing extends after the scheduled departure time of the teams and officials from the ground.
- Check that all doping control personnel have appropriate identification and have been briefed and trained appropriately.

2.3.3 Check the facilities at team hotels:

- Check that there is adequate space for each team's physiotherapist to treat members of the team.
 - Inquire about medical facilities in residence (ie day and night), in particular availability of LMO.
 - It could be handy to ask the desk of the hotel to print out a list of all the participants and their room number so you are well informed.
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2.3.2 Check the dope testing facilities:

2.3.3

2.4 Therapeutic Use Exemption (TUE)

2.4.1 Note that the FIH Anti-Doping Regulations specify that athletes requiring a TUE should have submitted applications at least 60 days prior to the start of the tournament.

In practice, the FIH Medical Committee has acknowledged that 30 days is sufficient.

2.4.2 If an athlete makes a late application during the tournament the FIH cannot guarantee that the exemption will be processed and the exemption granted. Consequently, the athlete could be selected for dope testing and if a positive test is recorded would be subject to penalties provided in the FIH Anti-Doping Regulations.

2.4.3 If a medical condition develops during the course of the tournament requiring use of a substance or method on the WADA Prohibited List, a TUE application supported by the appropriate medical evidence or a declaration may be required (eg for administration of Glucocorticosteroids by non systemic routes). Ensure that all medical personnel are aware of when a declaration is required.

2.4.1 Note that the FIH Anti-Doping Regulations specify that athletes requiring a TUE should have submitted applications at least 60 days prior to the start of the tournament.

2.4.2 Refer any late applications for TUEs to the FMO.

2.5 Umpires

2.5.1 Attend the umpires fitness testing activity to become familiar with them and ascertain any pre-existing medical requirements.

2.6 Injury information

2.6.1 Check that procedures have been set up and that sufficient copies of printed forms are available for collecting injury information:

- Match Injury Report (see the copy available on the FIH website);
- Medical Incident Report - Serious Injury reports (see the copy

available on the FIH website);

- Team Report – Injury Summary (see the copy available on the FIH website).

2.6.2 In particular, check that technical table officials have been briefed on procedures for completing the Match Injury Report and that a report form will be completed for every match. Provide advice on how to assess and record the “*nature of injury*” information required on the form.

2.7 Medical meetings

2.7.1 The Pre-Tournament Medical Briefing is usually the final part of the pre-tournament briefing meeting of the TD with the team managers but some TDs prefer the meeting to be held immediately afterwards. It is expected that team medical personnel be present. Liaise with the TD to reinforce the requirement to be at the meeting.

Note that a PowerPoint template can be downloaded from the FIH website to be used at the Briefing.

Check who is present at the meeting and the names of the doctor and/or physiotherapist for each team.

2.7.2 Introduce the LMO. Indicate where the LMO on duty can be found or contacted at any time during the tournament. (If possible, insert the venue map in your PowerPoint to show this and other key locations.)

2.7.3 Explain the medical facilities at the stadium and at the team hotels, the name and phone number of the local hospital, where X-rays and ultrasound tests will be available and specialist dental services available.

2.7.4 Describe the dope control procedure:

2.7.1 Attend and assist at the Pre-Tournament Medical Briefing with the FMO.

- explaining the method of player notification;
- constant supervision of the selected players by an escort;
- the requirement to come to the Doping Control Station within 30 (maximum 60) minutes of receiving notification;
- the player may be accompanied by a national delegation representative (usually one of the team medical personnel);
- all medications must be listed on the Doping Control Form including especially any which might be related to a Retroactive TUE (eg an inhaled Beta-2 Agonist);
- stress that the player must not pass urine or take a shower or ice-bath before reporting to the Doping Control Station.

2.7.5 Explain how injury data will be collected. Explain how to complete the "Tournament Injury Summary" forms (one per team) and the collection system after the last match of each team.

2.7.6 Notify the team medical personnel of any proposed meetings during the tournament. If a meeting of team medical personnel can be arranged, ensure that adequate notice of the time and venue is distributed. At the majority of tournaments of up to 16 teams, scrutiny of the match schedule will show there is usually time for a meeting.

2.8 Dope testing

2.8.1 Check that the "doping control team" will be available when required during the tournament.

2.8.2 Before the tournament begins, arrange with the TD and the Doping Control Officer/Agency, under the authority of the TD, the random selection of matches and athletes to be controlled.

2.8.1 Confirm that the "doping control team" will be available when required during the tournament.

2.8.2 Note the arrangements for random selection of matches and athletes to be controlled.

2.8.3 Establish “chain of custody” procedures for dope testing samples:

- Liaise with TD to establish procedures.
- Ensure that agreed procedures are written down and included with both the TD and FMO reports submitted to the FIH Office in case there is a subsequent challenge to a dope test finding.
- Note that the FIH Anti-Doping Regulations require testing to be conducted in substantial conformity with the WADA *International Standard for Testing*; see in particular sections 8.3.1, 9.3.1 and 9.3.2 of the Standard dealing respectively with the storage of samples, their transportation including documentation and the related chain of custody.
- The precise procedures will depend on logistics at the particular tournament location. However, the following example is provided as guidance for the sort of procedure required:

Standard 8.3.1: Define criteria ensuring that any Sample will be stored in a manner that protects its integrity, identity and security prior to transport from the Doping Control Station:

Example:

- 1 *The sample is provided by the athlete from the collection bottle into bottles A and B*
- 2 *Bottles A and B are sealed.*
- 3 *Bottles A and B are placed in one solid foam pack.*
- 4 *The solid foam pack is placed in the fridge in the doping control room.*
- 5 *The room containing the fridge is locked.*

Standard 9.3.1: Authorise a transport system that ensures samples and documentation will be transported in a manner that protects their integrity, identity and security:

Example:

- 1 *The FIH Medical Officer is to nominate a person to personally transport the samples and documentation. “the nominated person”*
 - 2 *The FIH Medical Officer will record the full name and address of any nominated person.*
 - 3 *The samples and documentation in the solid foam boxes will be personally handed to the nominated person by the DCO.*
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2.8.3 Assist in the establishment of “chain of custody” procedures for dope testing samples:

- 4 *The nominated person will take the samples and documentation to his car and drive to Cologne to the WADA accredited laboratory.*
- 5 *The nominated person will hand the samples and documentation to the person in apparent authority at the laboratory*
- 6 *The FIH Medical Officer will monitor and check execution of these procedures.*

Standard 9.3.2: **Arrange and record the authorised transport method (Chain of Custody):**

Example:

- 1 *The nominated person will sign a document acknowledging receipt of the Samples and Sample collection documentation and hand that document to the FIH Medical Officer.*
 - 2 *The nominated person will ensure that the WADA accredited laboratory at XXXX signs a document acknowledging receipt of the Samples and Sample collection documentation by the that laboratory.*
 - 3 *The nominated person will fax copies of the documents referred to in point 2 above to the FIH Medical Officer and send the original document to him by ordinary post; a copy will be faxed to the FIH Office at ++41 21 641 0607.*
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3 ACTIONS DURING THE TOURNAMENT

FIH Medical Officer

Local Medical Officer

3.1 Dope testing

- 3.1.1 Arrange a time during the relevant matches for the TD or Technical Officer (TO) on duty in the presence of the Doping Control Officer (DCO) to select at random the players to be tested. This is usually best done at half time.
- 3.1.2 The player notification form is then completed and given to the escort, who reports immediately after the end of the match to the team manager concerned. **It is also recommended to issue a pre-notification in the format available on the FIH website.**

- 3.1.1 Ensure that the DCO is aware of and attends the selection of players to be tested.

- 3.1.3 After ensuring by observation that the players have been notified, monitor the escort activity and, when the athlete is ready to give a sample, go to the Doping Control Station to observe that the urine sampling procedure is carried out in accordance with the FIH Anti-Doping Regulations.
- 3.1.4 When completed sign the Doping Control Form; ensure that a copy is retained for FIH.
- 3.1.5 Should any results of dope testing be reported to you, inform the TD immediately.

- 3.1.3 Ensure that procedures are followed in accordance with the FIH Anti-Doping Regulations.

3.2 Injury information

- 3.2.1 The collection of injury information is important. Among other things it informs the improvement of treatments and facilities for handling injuries and influences the Rules of Hockey.
- 3.2.2 Injury information is collected as follows :
- a Match Injury Report form is completed by officials at the technical table for every injury which causes a time stoppage;
 - you complete (in liaison with team medical personnel) a Medical Incident Report - Serious Injury form for any injury which requires significant diagnosis/treatment (eg hospitalisation);
 - you ask team medical personnel to complete a Team Report – Injury Summary for notable injuries (eg injuries which require significant treatment at the pitch side and/or which result in a player being unable to resume play in that or subsequent matches).
- 3.2.3 Use your observations of each match and/or contact with team medical personnel to identify injuries which fall into the two latter categories above. Ensure that team medical personnel include relevant injuries in the Team Report – Injury Summary.

- 3.2.1 Note how injury information is collected. Assist the FMO with this activity as necessary.

- 3.2.4 Check that appropriate information is being collected by technical table officials for the Match Injury Report form.
- 3.2.5 Complete a Medical Incident Report - Serious Injury form as and when necessary.
- 3.2.6 Collect Team Report – Injury Summary forms from team medical personnel before they depart at the end of the tournament.

3.3 Other activities

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| 3.3.1 Chair any medical meetings called during the tournament. | 3.3.1 Assist the FMO with any medical meetings. |
| 3.3.2 Keep a brief note of the content of any meetings. | |

4 ACTIONS AFTER THE TOURNAMENT

FIH Medical Officer

Local Medical Officer

4.1 After the tournament: at the venue

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| 4.1.1 Ensure that any FIH forms for Doping Control you may have received are sent to the FIH Technical Manager, preferably via the TD. | 4.1.1 Assist the FMO with any relevant activities. |
| 4.1.2 Liaise with the TD to ensure that “Match Injury Report” forms completed at the technical table are returned to the FIH office. | |
| 4.1.3 Collect a “Summary Injury Report: Tournament Teams” from each team. | |
| 4.1.4 Collate any “Medical Incident Report - Serious Injury” forms. | |
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4.2 After the tournament: within 14 days

- 4.2.1 Complete the “FIH Medical Officer’s Tournament Report” (see the copy available on the FIH website).
 - 4.2.2 Collate:
 - Medical Incident Report - Serious Injury forms;
 - Team Report – Injury Summary forms.
 - 4.2.1 Send your report and the injury report forms to the Technical Manager in the FIH Office.
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Any questions about this manual or suggestions for its improvement should be addressed to:

Roger Webb, FIH Technical Manager: email roger.webb@worldhockey.org