



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

FEDERATION INTERNATIONALE DE HOCKEY

INTERNATIONAL HOCKEY FEDERATION

JANUARY 2007

This Manual was significantly revised in March 2006. It is regularly reviewed to ensure that it is complete and up to date. Any changes incorporated in this January 2007 edition are shown highlighted in yellow

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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 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 observes the Drug Collection procedures, if any, taking place.	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 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.	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 may be asked to participate in FIH research projects.	

Note : these persons 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.

- 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 day prior to the start of the tournament (or with dinner the previous evening for overseas officials and/or for those whose travel time takes more than 5 hours) until breakfast on the day following the last day 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 a medical pre-tournament briefing meeting.

1.3.3 Ask FIH 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 a medical meeting.

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

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 LMO before the tournament starts to inspect the medical facilities jointly and to finalise arrangements for a medical meeting.

1.4 Documentation

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

- FIH Anti-Doping Policy;
- WADA Prohibited List (of substances and methods prohibited at all times);
- related WADA International Standards;
- FIH inclement weather and nutritional guidelines;

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

- FIH Anti-Doping Policy;
 - WADA Prohibited List (of substances and methods prohibited at all times);
 - related WADA International Standards.
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- injury reporting forms.

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

1.5 Preparation

1.5.1 Prepare medical pre-tournament briefing (see the next section).

1.5.2 Ensure adequate accreditation to allow admittance to tournament facilities including alternative dope testing centres.

1.5.2 Ensure adequate accreditation to allow admittance to tournament facilities including alternative dope testing centres.

1.5.3 Check that the OC is providing all necessary medical requirements; provide professional advice as necessary..

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.

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

2.1.1 Make contact with the OC, FMO.

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.

2.2 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):

(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.*

(ii) *Equipment: the provision of the following equipment is required beside the competition field 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).*

(iii) *First Aid Room (supervised by local doctor on duty) must be set up and equipped with:*

- *dedicated area and desk for FIH 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 drug control area must be available. It should comprise of a waiting room, a drug control room and a toilet facility. This area must be secure, private and reserved solely for drug testing purposes. Only individuals involved with testing are permitted entry to the drug control area. Ideally the waiting room, drug control room and toilet are adjacent. The required material as mentioned in the operative FIH Anti Doping Policy document at the date of the competition must be available. (A copy of the current FIH Anti Doping Policy may be obtained from the FIH office.)*

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):

- (a) *Waiting Room containing:*
- *seating for athletes, athletes representatives, and chaperones.*
 - *facility for sealed drinks (esky/cool box or refrigerator)*
 - *garbage bin*
- (b) *Drug Control Room: must be highly secure and lockable. Ideally the room is to be adjacent to the waiting room and the toilet. The Drug Control Room should contain:*
- *lockable fridge*
 - *table and three (3) chairs (Drug Control Official, athlete, athlete's representative)*
 - *forms to notify athletes*
 - *laboratory collection forms of acknowledgement*
 - *trained personnel (including Dope Collection Officer) to monitor and chaperone the athlete selected to be tested*
 - *sufficient collection bottles/kits*
- (c) *Toilet: should be large enough for the chaperone to be able to directly observe the competitor providing the sample. A disabled person's toilet is ideal but not essential*
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- (v) *Care of Umpires: an appropriate facility/ability to treat and care for the umpiring panel, including massage facilities.*

2.3 Inspection of medical facilities

2.3.1 Based on the above requirements, check the 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 weighting 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.
- 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 dope testing centre is not too far from the field of play.
- The centre 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 Policy. A guard may be needed to prevent unauthorised persons entering the centre.
- Ensure that the centre has a waiting room, a separate "interview 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 Policy.

2.3.2 Check the dope testing facilities:

- Check the details of the sample collection procedures as specified in the FIH Anti-Doping Policy.
- Check the local transport arrangements including adequate transport for everyone involved if dope testing extends after the departure time of the teams and officials from the ground.

2.3.3 Check the facilities at team hotels:

2.3.3

- 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 a LMO.

2.3 Therapeutic Use Exemption (TUE)

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

2.3.1 Note that the FIH Anti-Doping Code specifies 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.

2.3.2 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 Policy.

2.3.2 Refer any late applications for TUEs to the FMO.

2.3.3 If a medical condition develops during the course of the tournament requirement use of a substance or method on the WADA Prohibited List, an abbreviated TUE application must be made and the appropriate medical evidence provided.

2.4 Umpires

- 2.4.1 Attend the umpires fitness testing activity to become familiar with them and ascertain any pre-existing medical requirements.
- 2.4.2 Be available to deal with any of the medical needs of umpires or other FIH officials.
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2.5 Injury information

- 2.5.1 Check that procedures have been set up and that forms are available for collecting injury information:
- Match Injury Report (see appendix A);
 - Medical Incident Report - Serious Injury reports (see appendix B);
 - Team Report – Injury Summary (see appendix C).
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2.6 Medical meetings

- 2.6.1 The Pre-Tournament Medical Briefing Meeting 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 the team managers and team medical personnel be present.

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

- 2.6.2 Introduce the LMO who will 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. Indicate where the LMO on duty can be found at any time during the tournament.

- 2.6.1 Attend the Pre-Tournament Medical Briefing Meeting with the FMO.

- 2.6.2 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. Indicate where the LMO on duty can be found at any time during the tournament.

- 2.6.3 Describe the dope control procedure, explaining the method of player notification, constant supervision of the selected players by an escort, the requirement to come to the Dope Testing Centre within 60 minutes of receiving notification, that the player may be accompanied by a national delegation representative, usually one of the team medical personnel. It is very important to stress that the player must not pass urine before reporting to the Dope Testing Centre.
- 2.6.4 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.
- 2.6.5 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.

2.7 Dope testing

- 2.7.1 Check that the "urine sample team" will be available throughout the tournament.
- 2.7.2 Arrange with the TD and the Dope Collection Officer/Agency, under the authority of the TD, the random selection of matches and athletes to be controlled before the tournament begins.

2.7.3 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 FIH in case there is a

- 2.7.1 Confirm that the "urine sample team" will be available throughout the tournament.
- 2.7.2 Note the arrangements for random selection of matches and athletes to be controlled before the tournament begins.

2.7.3 Establish "chain of custody" procedures for dope testing samples:

subsequent challenge to a dope test finding.

- Note that the FIH Anti-Doping Policy requires 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 sealed Sample will be stored in a manner that protects its integrity, identity and security:

- 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:

- 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.
- 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.

Standard 9.3.2: Develop a system for recording the Chain of Custody:

- 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.
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2 The nominated person will ensure that the WADA accredited laboratory at Cologne 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.

3 ACTIONS DURING THE TOURNAMENT

FIH Medical Officer

Local Medical Officer

3.1 Dope testing

- 3.1.1 Arrange a time during the match for the TD or Technical Officer (TO) on duty in the presence of the Dope Collection 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.
- 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 Dope Testing Centre to observe that the urine sampling procedure is carried out in accordance with the FIH Anti-Doping Policy.
- 3.1.4 When completed sign the Drug Testing form.
- 3.1.5 Should any results of dope testing be reported to you, inform the TD immediately.

- 3.1.1 Ensure that the DCO is aware of and attends the selection of players to be tested.
 - 3.1.3 Ensure that procedures are followed in accordance with the FIH Anti-Doping Policy.
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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 (see appendix A) 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 (see appendix B) for any injury which requires significant diagnosis/treatment (eg hospitalisation);
- you ask team medical personnel to complete a Team Report – Injury Summary (see appendix C) for notable injuries (eg injuries which require significant treatment at the pitch side and/or which result in a p[layer 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.

3.2.4 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.

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

3.3 Other activities

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

4.1.1 Ensure that any FIH forms for Dope Control procedure 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 Collect a "Summary Injury Report: Tournament Teams" from each team.

4.1.3 Collate any "Medical Incident Report for Serious Injury" forms.

4.2 After the tournament: within 14 days

4.2.1 Complete the "FIH Medical Officer's Tournament Report" (see appendix D).

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.

Any questions about this manual or suggestion for its improvement should be addressed to:

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