

**MANUAL FOR
FIH MEDICAL OFFICERS
And LOCAL MEDICAL OFFICERS**

July 2015

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ROLES of the FIH MEDICAL OFFICER and LOCAL MEDICAL OFFICER

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Introduction

The health and welfare of athletes and others attending an event is a primary concern of the FIH and therefore, of the host. An FIH Medical Officer is therefore appointed to FIH events but other facilities and support are also required as part of the hosting responsibilities.

There is a minimum level of services and facilities which **must** be provided at every event; this is referred to below as level A. **If this level of service is not available, the competition should not proceed.** Other highly recommended and preferable levels are also specified in this document.

The facilities include a medical room suitably equipped together with equipment at pitch side. Local personnel are also important especially a local doctor and, as appropriate, other first aid or ambulance professionals.

The Local Organizing Committee is responsible for the contacts and arrangement of medical services which should be planned and prepared in consultation with the Local Medical Officer the LOC intends to appoint.

There is an irony in providing medical facilities: it is hoped they are not needed at events! But experience indicates that they are inevitably used and are crucial to the welfare of athletes in particular. It is recognized that costs are involved, but the treatment and recovery of an injured athlete is worth that cost.

Guidelines

Medical Room

A Medical Room must be provided at the playing venue. It should be located with good access to the Field of Play and other technical areas.

The room should be well lit and lockable. A sink with hot and cold water is required together with soap and towels. Ideally, a toilet should be located in a room off the Medical Room or nearby.

The furniture required is:

- Dedicated area and desk for the FIH tournament Medical Officer and Local Medical Officer

- Chairs
- Two treatment tables
- Lockable cupboard.

The **absolute minimum (level A – without which a competition should not proceed)** treatment facilities required are:

- Stretcher
- Sterile stitching materials
- Splints
- Oxygen and means of administering it
- Strong painkiller (e.g. tramadol/morphine) (noting that these substances are prohibited in sport but can be used in an emergency with a TUE be applied for)
- Spinal board
- Medical collar
- Automatic external defibrillator (AED)
- Stethoscope
- A handout providing information about medical support and facilities available.

The following are **highly recommended** (level B):

- Sterile/non-sterile bandages (e.g. elastic bandages), slings, Band-Aid type dressings, tape
- Basic medicines
- Medicines for gastrointestinal disorders
- Intravenous equipment and sterile fluids for treatment of severe heat exhaustion (in tropical zone) (noting that this should only occur in hospital settings and intravenous infusions and/or injections of more than 50 ml per 6 hour period are prohibited except for those legitimately received in the course of hospital admissions or clinical investigations)

- Dispenser for the disposal of used sharp, sterile and non-sterile equipment
- Cold packs
- Wound-dressings
- Gloves
- Blood pressure device.

The following are **preferable** (level C):

- Otoscope
- Aspirin (or a suitable equivalent for treating insect bites)
- Emergency tracheotomy device
- Wheel chairs
- Scale for weighing athletes.

Field of Play

Equipment **required (level A – without which a competition should not proceed)** beside each competition field of play is as follows:

- Stretcher
- Wood, aluminum or air splints for fractures of upper or lower limbs
- First aid materials
- Seating for a doctor and stretcher bearers.
- Spinal board (in case of neck / spinal injury).

The equipment (and related personnel) should be located as centrally as possible in the technical area without interfering with the technical table and team benches.

As noted in the section of this manual on Technical Requirements, a member of staff in the pitch management team must be suitably located and equipped to clean the pitch of any blood stains.

Ambulance

It is a level A requirement (i.e. without which a competition should not proceed) to have a fully equipped ambulance (or similar arranged transport) with a driver on standby with paramedics available. It must be positioned near the field of play with unobstructed access to the field and exit from the venue.

It is realized that providing an ambulance can incur costs but, again, it must be stressed that the health and perhaps the life of an athlete can be at stake so the cost is justified.

Personnel

A key role in addition to the FIH appointed Medical Officer (FMO) is the Local Medical Officer (LMO) appointed by the Local Organizing Committee. The LMO provides support to and augments the services provided by the FMO.

The duties of both the FIH MO and Local MO are described in detail in the FIH Medical Officers manual which is available on the FIH website. For the purposes of this Event Manual, it will though be helpful to list and compare a summary of their roles:

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 Technical Delegate (TD). The FMO works in close cooperation with the Local Medical Officer and the FIH Sport Manager.	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. The FMO can only practice medicine at the event location or the hotel.	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 ensures that the Doping Control facilities are set-up and suitable, in conjunction with the Local Medical Officer.	6 The LMO arranges for the set-up of Doping Control facilities and supervises its order.
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.

A local doctor must be on duty at each competition field of play during all matches. It is acceptable for a team of doctors to be rostered to provide this cover.

It is imperative, a local doctor must be present one hour before the first match starts until one hour after the last match each day. Again, without a doctor present a competition should not proceed.

Well equipped and experienced first aid personnel, who can work together with the FMO and LMO as a team should also be available if possible.

In addition to the Local Medical Officer, it is desirable that physiotherapy services are available for umpires and other officials. It is excellent if this is available throughout the event and located at the venue but a callout service or urgent appointments at a nearby practitioner is acceptable.

If a team does not have its own doctor, the FMO must be prepared to assist the team more intensively. This may also be necessary if a team doctor is not present, e.g. because they are accompanying a player to hospital.

Information

Information is also a key part of the service provided by a Local Organizing Committee. In consultation with Local Medical Officer, the following information should be compiled:

- Location of and services available at hospitals; if necessary a combination of hospitals should be researched to ensure that the full range of facilities potentially required is available. For example, a nearby hospital may be useful and accessible for some services but it may be necessary to travel further for some specialized services
- Location of dental services including emergency treatment outside normal hours
- Local and opening hours of pharmacies in relation to both the venue and tournament hotel
- Possibilities for sterilizing equipment
- Telephone numbers and addresses related to the above and to the Local MO.

The liabilities for paying for treatment and services must be set out clearly together with the method of payment and any implications for identification and insurance.

This information should be compiled at least one week before the competition starts. It should be available in a handout for all teams and officials.

Checklist

	Has a budget for medical services covering the requirements in this manual been prepared and accepted by the organising committee?
	Has a qualified doctor (with knowledge of the World Anti-Doping Code and preferably experienced in sports injuries) been appointed to manage medical services and facilities at the event?
	Has a medical room been arranged at the venue, reasonably near the field of play and equipped as required?
	Has contact been made with local hospitals, alerting them to the event and the nature of possible referral requirements and identifying their facilities?
	Have ambulance services been confirmed?
	Have other support services including pharmacy, physiotherapy and dentists been arranged?
	Has a plan been developed to deal with injuries or illness among event personnel or spectators?
	Have arrangements been made for the Local Medical Officer to liaise with the FIH Medical Officer before the start of the event?
	Have doctors been assigned to deal with on pitch injuries with a schedule such that there will always be a doctor on duty at the venue when matches are played?

1 ACTIONS PRIOR TO ARRIVAL AT THE VENUE

	FIH Medical Officer				Local Medical Officer
1.1 Travel expenses					
1.1.1	<p>Return travel expenses are to be paid by the Organising Committee (OC) as follows :</p> <ul style="list-style-type: none"> - 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. 			1.1.1	<p>Travel expenses are subject to agreement with the Organising Committee (OC) but would usually be as follows :</p> <ul style="list-style-type: none"> - 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 60 days before the start of the tournament, as per the Hosting Contracts.				
1.1.3	An invitation letter for visa or any transit visa purposes should be requested from the OC, cost at the account of the Hosts.				
1.1.4	If the FMO has any trouble with travel arrangements and/or visa, they should immediately report this to the FIH Office.				
1.2 Stay expenses					
1.2.1	In accordance with FIH regulations, the stay expenses (full board - preferably single room accommodation – in the Tournament hotel with the other officials) of the FMO are to be paid by the OC.			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.
1.2.2	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.				
1.2.3	If circumstances (e.g. 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.			1.3.1	Contact the OC 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.			1.3.2	Make prior arrangements with the OC to meet relevant organisers to check local facilities.
1.3.3	Ask the FIH Office for contact information for the OC when advising them of the panel appointments.				
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.			1.3.5	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 following your arrival and before the tournament starts to inspect the medical facilities jointly and to finalise arrangements for the pre-tournament medical briefing. If needed visit the local Hospital and Dentistry facilities.			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 Rules ; - WADA Prohibited List (of prohibited substances and methods);			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 Rules ; - WADA Prohibited List (of substances and methods);

	<ul style="list-style-type: none"> - related WADA International Standards; - FIH inclement weather, nutritional and other relevant guidelines; - Injury reporting forms (being the <i>Match Injury Report, Medical Incident Report - Serious Injury, Team Report – Injury Summary- pre-notification form, T&H form</i>). 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. 				<ul style="list-style-type: none"> - Related WADA International Standards.
1.4.2	If it has not already been received, ask the FIH Sport Coordinator 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.			1.5.1	Liaise with the LMO and check that the OC is providing all necessary medical requirements; provide professional advice as necessary.
1.5.2	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.			1.5.3	Ensure adequate accreditation to allow admittance to tournament facilities including any alternative Doping Control Stations. LMO's and other acting local doctors should have total access.
1.5.4	Prepare the paperwork (see 1.4.1 above, especially the last point).				

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, and 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, Wi-Fi facilities etc. are available.				
2.1.4	Provides all Chaperones with a briefing of the requirements of their duties and responsibilities.				
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:
	<p>(i) <i>Personnel</i></p> <ul style="list-style-type: none"> • a local doctor must be on duty at the competition field of play during all matches, including the warm up period • stretcher bearers must be on duty at the competition field of play during all matches, including the warm up period – it should be ensured that local medical staff are adequately skilled/trained to deal with emergencies, including use of spinal boards and splints, placing athletes on stretchers, etc. • person allocated with responsibility to clean pitch of blood stains • dental emergency facilities (eg a dentist nearby). <p>(ii) <i>Equipment: the provision of the following equipment is required beside each of the competition fields of play:</i></p>				

- *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, ensuring 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) **Doping Control Station**: *a doping control area 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 Rules 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 Rules may be obtained from the FIH website: www.fih.ch .*

(a) *Waiting Room containing:*

- *seating for athletes, athletes representatives, and chaperones.*
- *facility for sealed non-caffeinated and non-alcoholic drinks (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. Check that sample collection kits are not expired.*

(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:		2.3.1	Based on the above requirements, check the medical facilities:
<p>Is the treatment room conveniently sited? Not too far from the field of play?</p> <p>Is there suitable space and equipment for suturing minor wounds?</p> <p>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)?</p> <p>Is there a scale for weighing athletes (to check for dehydration, etc)?</p> <p>Is the medical room staffed during the tournament?</p> <p>Check the ambulance availability and where it will be positioned during matches (ambulance access and departure must be unobstructed).</p> <p>Check the facilities in ambulance including resuscitation and intravenous equipment (which may be important in hot countries).</p> <p>Check arrangements for a replacement if the ambulance is in use.</p> <p>Check that the stadium can be evacuated quickly in case of an emergency situation and check the security arrangements.</p> <p>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</p>				

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, including the warm up period.

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.

Work with the FIH Sport Manager and LMO to ensure all medical provisions are in place and to an agreed level.

2.3.2	Check the Doping Control Facilities:		2.3.2	Check the Doping Control Facilities:
<p>Check that the Doping Control Station is not too far from the field of play.</p> <p>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 personnel as specified in the FIH Anti-Doping Rules and relevant WADA International Standards. A guard may be needed to prevent unauthorised persons entering the station.</p> <p>Ensure that the station has a waiting room, a separate doping control room and a toilet; refreshments must also be available.</p> <p>Check that it is equipped with the required material as specified in the FIH Anti-Doping Rules.</p> <p>Check the details of the sample collection procedures as specified in the FIH Anti-Doping Rules, ensure that the Sample Collection kits are not out of date.</p> <p>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.</p>				

	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:		2.3.3	
	<p>Check that there is adequate space for each team's physiotherapist to treat members of their team.</p> <p>Inquire about medical facilities in residence (i.e. day and night), in particular availability of LMO.</p> <p>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.</p>			
2.4 Therapeutic Use Exemption (TUE)				
2.4.1	<p>Athletes who are part of the FIH Registered Testing Pool (RTP); and/or who participate in selected FIH International Events as published on the FIH website, must apply to FIH for Therapeutic Use Exemption (TUE).</p> <p>An application for a TUE should be made as soon as the need arises. For substances prohibited In-Competition only, the Athlete should apply for a TUE at least 30 days before the next competition.</p> <p>If the Athlete already has a TUE granted by his/her National Anti-Doping Organization, FIH may recognize this TUE for international level competition, provided that such TUE decision has been reported in ADAMS in accordance with Article 5.4 of the International Standard for Therapeutic Use Exemption (ISTUE), and a complete medical file from a specialist doctor is available.</p>		2.4.1	
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 Rules .		2.4.2	Refer any late applications for TUEs to the FMO.
2.4.3	An Athlete may only be granted retroactive approval for a TUE in			

	case of emergency treatment, or other exceptional circumstances.				
2.5 Umpires					
2.5.1	Attend the umpires' fitness session activity to become familiar with them and ascertain any pre-existing medical requirements.				
2.6 Injury and Weather information					
2.6.1	<p>Check that procedures have been set up and that sufficient copies of printed forms are available for collecting injury and weather information:</p> <ul style="list-style-type: none"> - 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). - Temperature and Humidity data collection (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 “ <i>nature of injury</i> ” 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.			2.7.1	Attend and assist at the Pre-Tournament Medical Briefing with the FMO.

	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, as well as specialist dental services.			
2.7.4	Describe the sample collection procedure: <ul style="list-style-type: none"> - explain the method of player notification; - constant supervision of the selected players by a chaperone; - the requirement to come to the Doping Control Station promptly after having received 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 - 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 Doping Control				
2.8.1	<p>Coordinate with and assist the Sample Collection Authority / Doping Control Officer with all tasks and duties related to the Doping Control Procedure.</p> <p>Together with the SCA/DCO ensure that the Testing / Sample Collection Procedure is carried out in accordance with Articles 5.8 and 5.9 of the FIH Anti-Doping Rules.</p>		2.8.1	Assist the FMO, SCA and DCO, when needed.
2.8.2	Before the tournament begins, arrange with the FIH Sport Manager and the Doping Control Officer the selection of matches and athletes to be controlled.		2.8.2	Note the arrangements for selection of matches and athletes to be controlled.
2.8.3	Ensure the SCA/DCO has established "chain of custody" procedures for dope testing samples in accordance with the WADA regulations.		2.8.3	Assist in the establishment of "chain of custody" procedures for dope testing samples:
<p>Liaise with the SCA/DCO and FIH Sport Manager to establish procedures.</p> <p>Ensure that agreed procedures are written down and included with the FMO reports submitted to the FIH Office in case there is a subsequent challenge to a dope test finding.</p> <p>Note that the FIH Anti-Doping Rules require testing to be conducted in substantial conformity with the WADA <i>International Standard for Testing and Investigations</i>; see in particular sections 5.0, 6.0, 7.0, 8.0 and 9.0 of the Standard dealing respectively with the storage of samples, their transportation including documentation and the related chain of custody.</p> <p>Ensure that the Sample Collection Authority is aware that for all FIH in-completion testing the Testing Authority (TA) and the Results Management Authority (RMA) must be entered in ADAMS as FIH.</p> <p>Ensure that the Sample Collection Authority a) enters all Doping Control Forms in ADAMS; and b) emails a copy of the Doping Control Forms to the FIH Sport Coordinator by the day after the Competition; or c) gives the Doping Control Forms to the FMO who will forward this to the FIH Sport Manager for delivery to the FIH Sport Coordinator by the day after the Competition.</p> <p>Together with Sample Collection Authority / Doping Control Officer check that sample collection kits are intact and have not expired.</p>				

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3 ACTIONS DURING THE TOURNAMENT

	FIH Medical Officer				Local Medical Officer
3.1 Doping Control					
3.1.1	Arrange a time during the relevant matches for the FIH Sport Manager in the presence of the Doping Control Officer (DCO) to select the players to be tested. Act as an independent adjudicator of the Draw. This is usually best done at half time. Work with the DCO in the athlete notification process and hand-over to the chaperone.			3.1.1	Ensure that the DCO is aware of and attends the selection of players to be tested.
3.1.2	The player notification form is then completed and given to the chaperone 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 Doping Control Station to observe that the urine sampling procedure is carried out in accordance with the FIH Anti-Doping Rules.			3.1.3	Ensure that procedures are followed in accordance with the FIH Anti-Doping Rules.
3.1.4	Together with the DCO ensure that the Athlete completes and signs the Doping Control Form. One copy is for the DCO for forwarding to the FIH Office by the day after the Competition, one copy is for the Athlete, a special copy is to be sent to the Laboratory, and an extra copy for distribution as the FIH deems necessary.				

3.1.5	Should any results of doping controls be reported to you, inform the TD immediately.			
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.		3.2.1	Note how injury information is collected. Assist the FMO with this activity as necessary.
3.2.2	<p>Injury information is collected as follows :</p> <ul style="list-style-type: none"> - 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 the 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 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	Start collecting Team Reports/Injury Summary forms from team medical personnel immediately after the pool matches, and collect all remaining forms before any team departs from the tournament.			

3.3 Other activities				
3.3.1	Provide medical direction and support to athletes, officials and event personnel.			
3.3.2	Provide specific match support to teams without a medical doctor present.			
3.3.3	Chair any medical meetings called during the tournament.		3.3.1	Assist the FMO with any medical meetings.
3.3.4	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 Doping Control you may have received are given to the FIH Sport Manager, or sent to the FIH Sport Coordinator.		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. Ensure that the Temperature and Humidity data collection form is sent to the FIH.			

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: <ul style="list-style-type: none">- Medical Incident Report - Serious Injury forms;- Team Report – Injury Summary forms.- Temperature and Humidity data collection form			
4.2.3	Send your reports and the injury report and weather forms to the FIH.			

Any questions about this manual or suggestions for its improvement should be addressed to the FIH at:

info@fih.ch