



# HEALTHCARE GUIDELINES FOR EVENT ORGANISERS



GUIDANCE DOCUMENT





**Contents**

|                |                                                                                                              |
|----------------|--------------------------------------------------------------------------------------------------------------|
| <b>Page 4</b>  | <b>Foreword</b>                                                                                              |
| <b>Page 5</b>  | <b>IFAF Event Information</b>                                                                                |
| <b>Page 6</b>  | <b>IFAF Medical Team</b>                                                                                     |
| <b>Page 7</b>  | <b>IFAF Roles and Responsibilities</b>                                                                       |
| <b>Page 9</b>  | <b>LOC Roles and Responsibilities</b>                                                                        |
| <b>Page 12</b> | <b>National Federation Medical Persons and Responsibilities</b>                                              |
| <b>Page 14</b> | <b>Minimum Requirements for LOCs</b>                                                                         |
| <b>Page 17</b> | <b>Emergency Action Plan</b>                                                                                 |
| <b>Page 18</b> | <b>Emergency Transport</b>                                                                                   |
| <b>Page 19</b> | <b>Concussion Protocol</b>                                                                                   |
| <b>Page 20</b> | <b>Special Considerations for Women</b>                                                                      |
| <b>Page 21</b> | <b>Cardiac Plan of Action</b>                                                                                |
| <b>Page 23</b> | <b>Nutrition Requirements</b>                                                                                |
| <b>Page 25</b> | <b>Anti-Doping Requirements</b>                                                                              |
| <b>Page 26</b> | <b>Public Health Requirements</b>                                                                            |
| <b>Page 27</b> | <b>Safety and Security</b>                                                                                   |
| <b>Page 28</b> | <b>Physical Therapy Requirements</b>                                                                         |
| <b>Page 29</b> | <b>Athlete Safeguarding</b>                                                                                  |
| <b>Page 30</b> | <b>Athlete Mental Health Toolkit</b>                                                                         |
| <b>Page 32</b> | <b>Host Country Government Regulations</b>                                                                   |
| <b>Page 33</b> | <b>Spectator Medical Services</b>                                                                            |
| <b>Page 34</b> | <b>Heat Guidance - Flag Football</b>                                                                         |
| <b>Page 36</b> | <b>Heat Guidance - Tackle Football</b>                                                                       |
| <b>Page 38</b> | <b>Lightning Protocol and Clean Air</b>                                                                      |
| <b>Page 40</b> | <b>Appendix 1: Game Day Requirements for Tackle Football</b>                                                 |
| <b>Page 43</b> | <b>Appendix 2: Game Day Requirements for Flag Football (inclusive of Beach Flag and Wheelchair Football)</b> |
| <b>Page 46</b> | <b>Appendix 3: Doping Control Station</b>                                                                    |

## Foreword

1.1 The purpose of this document is to provide uniform guidelines for the planning and delivery of athlete and entourage medical services required for implementation at IFAF events.

1.2 These guidelines have been developed with the objective of assisting IFAF and its local organising committees in providing safe, comprehensive, effective and efficient medical support services at their events. They are to be read in conjunction with other IFAF protocols and IOC and ASOIF guidelines and best practices.

1.3 The ultimate goal is to secure athlete health and safety.

1.4 This document is inspired and guided by the template developed by the Association of Summer Olympic International Federations (ASOIF) Medical and Scientific Consultative Group (AMSCG) in collaboration with the IOC Medical and Scientific Department, members of the IOC Medical and Scientific Commission Games Group and other specialised sport medicine and science experts.

1.5 IFAF trusts that it will be of benefit to all IFAF Event Organisers and that it will prove to be a useful tool for the IFAF and its stakeholders in ensuring proper health and medical services for all IFAF events.

1.6 Let us work together in ensuring that elite athletes and their entourages can compete within a safer and more secure environment at all major sporting events.

1.7 For the purposes of clarity, an 'event' could be considered a multi-team, multi-day programme of activity or a single game between two teams.

## IFAF Event Information

2.1 Effective planning of athlete health care is based on a clear understanding of the size and scope of the event (being either a single game or a multi-team, multi-day programme). The International Federation of American Football (IFAF) will work with the LOC to establish essential details about the event to assist the host or Local Organising Committee (LOC) responsible for the provision of athlete health care services.

2.2 Prior to hosting an Event, the LOC will establish venue requirements as part of an overall competition plan which would also include wider details regarding the event - from anti-doping requirements through to environmental conditions, competition format and event dates - from team arrivals to departures.

2.3 In the lead up to the event the LOC will be informed of how many expected participants are registered to compete in the event and how many people will be part of the wider athlete support personnel accompanying the team delegations.

2.4 These numbers, alongside the number of event volunteers, media, dignitaries and spectators expected will all have a significant impact on implementation of the Medical Plan required.

2.5 All this information must be shared in an open communication line between the IFAF and the LOC.

## **IFAF Medical Team**

3.1 Successful health programs at all IFAF Events require a partnership and collaboration between IFAF and the LOC medical team. If the LOC team has any questions or requires clarifications from any member of the IFAF Medical Committee they should not hesitate to contact them.

3.2 To promote ease of communication and language issues, LOC Medical Teams should not hesitate to contact members of the IFAF in their own language or from their own country.

3.3 In the first instance, all matters can be raised directly to the IFAF Sport Manager or the IFAF Managing Director. They can then be managed accordingly.

3.4 For major Championships, an IFAF Medical Lead will be appointed and all appointed representatives from participating nations will be provided with details on how to communicate with them.

3.5 For general matters the Lead Officer of the IFAF Health and Integrity Unit can be contacted via [integrity@americanfootball.sport](mailto:integrity@americanfootball.sport)

Wider membership of the Unit can be found on the IFAF website:  
[www.americanfootball.sport](http://www.americanfootball.sport)

## **IFAF Roles and Responsibilities**

4.1 These Roles and Responsibilities are to be read in relation to the specific Game Day Medical Requirements for each discipline as contained in the Appendix.

### **Prior to the Event**

4.2 The IFAF competition leadership have the responsibility to:

- a) Consult with the LOC leadership and medical team as necessary to ensure adequate planning for the delivery of athlete and spectator care are outlined in these Guidelines.
- b) Make ad hoc pathfinder visits before and during the event to ensure that the LOC has achieved the required level of health care outlined in these Guidelines.
- c) Ensure that health and safety is a specific topic in any Championship Briefing Meetings held in advance of an Event or Technical Meetings held during an event.

### **During the Event**

4.3 The IFAF competition leadership will:

- a) Support the LOC Medical Team to ensure quality control of athlete medical care provisions during Training, at the Field of Play, in the venue and in the athlete hotels.
- b) Be informed of on-site medical personnel attending with participating national teams and have the contact numbers available. In case of a mass emergency they will be recruited to help with the execution of the emergency plan.
- c) Support National Federation (NF) medical teams to ensure access to LOC medical team and medical services as required.
- d) Provide advice to the LOC medical team and the NFs to manage medical issues as they arise.
- e) Support the LOC medical team in maintaining a registry of medical encounters.

- f) Determine the necessity of holding regular meetings to:
- Review reports from NFs, LOC medical team and IFAF medical committee liaison
  - Review medical incidents and advise on appropriate action
  - Provide expert advice and assistance to the LOC medical team as required/requested
- g) Hold ad hoc meetings for emergency medical issues to assist in resolving acute medical issues and to review serious/critical medical events.
- h) If appropriate, provide an academic program of educational seminars to the athlete entourage, visiting NF medical teams and the LOC medical team.
- i) Support and implement the IFAF safeguarding policies and procedures and mental health tool kits.
- j) Support the anti-doping programme per the IFAF Anti-Doping Rules.

## LOC Roles and Responsibilities

5.1 These Roles and Responsibilities are to be read in relation to the specific Game Day Medical Requirements for each discipline as contained in the Appendix.

### Prior to the Event

5.2 The LOC competition leadership have the responsibility to:

- a) Collaborate with the IFAF in the planning of the medical programme.
- b) Undertake a sport- and discipline-specific medical risk assessment of all training and competition sites/venues and fields.
- c) Provide a timeline for the organisation of the medical programme.
- d) Plan for:
  - Locating on site for treatment of medical matters (athlete and spectator - two separate locations). Please note that the location must be private in order to give consideration to attending athletes and personnel
  - Procuring and storing the medical equipment
  - Procuring and storing the medication
  - Ensuring the correct medical personnel
  - Ensuring the correct provision of emergency transport
- e) Provide venue medical plans for each training and competition venue (map).
- f) Provide the name and contact detail of the LOC Chief Medical Officer for the Event.
- g) Confirm that the local medical personnel hired to cover the medical issues for the event are adequately trained.

[https://bma.primo.exlibrisgroup.com/discovery/delivery/44BMA\\_INST:44BMA/1248851970006796](https://bma.primo.exlibrisgroup.com/discovery/delivery/44BMA_INST:44BMA/1248851970006796)

- h) Medical personnel hired should understand the antidoping strategies adopted by the IFAF Health and Integrity Unit in partnership with the ITA.
- i) Identify appropriate designated athlete and spectator hospital locations taking into account quality, medical services required and location (to include projected transport times from a venue to the hospital).
- jj) Arrange the necessary service contracts with the designated hospitals for the provision of athlete and spectator medical services during the IFAF Event.
- k) Arrange the necessary service contracts with the designated Dental Clinic/Hospital for the provision of athlete and spectator dental services during the IFAF Event.
- l) Ensure systems are in place to store, issue and manage medications, including controlled drugs, at venues according to the laws of the host country.
- m) Consult with public health authorities to plan event risk mitigation strategies and determine minimal legal and health requirements based on the number of attendees expected at the sports event.
- n) Publish and circulate the public health event risk mitigation strategies where relevant.
- o) Have on hand a list of common medications available/not available in the host country.
- p) Provide drug and equipment importation regulations for the IFAF to share with travelling nations.
- q) Publish and circulate the venue medical disaster plans.

#### During the Event

#### 5.3 During the Event the LOC staff will:

- a) Under the direction of the LOC medical lead, implement the health care programme in collaboration with the IFAF for all areas in venues:
- Field of Play
  - Athlete medical room
  - Athlete hotels/villages

- b) Under the supervision of the LOC medical lead undertake scenario-based practice of the Field of Play extractions and/or parts of the medical action plan on a daily basis or at change of shift with all medical personnel and record the results in the daily medical report.
- c) Undertake Field of Play initial assessment, treatment and evacuation from Field of Play as per appropriate nationally/internationally recognised standards.
- d) Undertake medical care for athletes who do not have their own medical team healthcare professionals.
- e) Complete the required documentation for the IFAF in the daily medical report if requested.
- f) Help facilitate the logistics and participate in the venue medical meeting .
- g) Support the NF medical teams in the provision of medical care for their athletes.
- h) Implement the IFAF safeguarding policies and procedures.
- i) Ensure all relevant staff are familiar with the WADA Prohibited List and the requirements for Therapeutic Use Exemptions.
- j) Maintain medical confidentiality throughout the event.
- k) Implement the IFAF communication policy related to arising athlete health issues (as applicable).
- l) Ensure staff on hand can speak various languages to ensure translation is possible.

#### After an IFAF Event

#### 5.4 After the Event the LOC staff will:

- a) Provide a summary report to the IFAF reviewing all aspects of the delivery of the health care program in venues.
- b) Provide recommendations for improvements for future IFAF events.

## **National Federation Medical Personnel Roles and Responsibilities**

6.1 These Roles and Responsibilities are to be read in relation to the specific Game Day Medical Requirements for each discipline as contained in the Appendix.

### **Prior to the Event**

6.2 The National Federation medical team have the responsibility to:

- a) Adhere to host country governmental rules and regulations.
- b) Determine if Athletes have medical insurance coverage in the host country.
- c) Coordinate with the local medical councils on the provision of temporary medical licenses to be issued to medical personnel travelling with national teams.
  - Drug and medical equipment importation, storage, issue and management
  - Utilisation/administration of medications and equipment.
- d) Inform the LOC medical team (in confidence) of any pre-existing medical conditions for their athletes that may occur during training and/or competition
- e) Organise with the LOC (in confidence) any specific/unique medical treatment that an athlete may require in the event of injury or illness.

### **During the Event**

6.3 During the event, National Federation staff will:

- a) Support and attend the Technical Delegate Meeting.
- b) Support and attend the venue medical meeting that should include LOC Medical Lead, IFAF personnel (Technical Delegate and/or Medical Committee liaison) and individual team physicians if needed.
- c) Understand the emergency medical evacuation procedures for an injured/ill athlete from the Field of Play and the NF medical role in an evacuation Play to the on-site medical room and eventual secondary medical care in a hospital or off-site clinic.

d) Be present at the venue/Field of Play during times of pre-event training and competition.

e) Collaborate with the following IFAF initiatives (as applicable):

- These Medical Guidelines
- Concussion Protocols
- Game day Medical Protocols and Requirements
- Anti-Doping Rules, including necessity to apply to TUEs
- Safeguarding (harassment and abuse) rules and regulations
- Mental Health tools

After an IFAF Event

6.4 After an IFAF event the National Federation staff will:

a) Provide feedback to the IFAF Health and Integrity Unit and Secretary General / Managing Director in the form a post Event report outlining any health issues or medical challenges sustained during the whole Event.

## Minimal Requirements for all LOCs

7.1 All LOCs should have the following in place as a minimum. Additional requirements may be specific in the specific Game Day Medical requirements as listed in the Appendix.

7.2 One identified LOC medical team contact person on site.

- Name and mobile telephone number of contact person to be provided to IFAF Sport Manager and, where appointed, the IFAF Technical Delegate in advance of the Event.
- Name and mobile telephone number of contact person to be provided to all National Team Delegates prior to the Event
- LOC Emergency Medical Plan (EMP) with confirmation of minimum requirements in advance of the Event

7.2 Allocation of appropriate and private medical treatment room with:

- Basic medical equipment for diagnosis and treatment of needs of athletes and attendees (including but not limited to blood pressure monitor, blood sugar test sticks, stethoscope, pulse oximeter)
- Basic medications for treatment of medical emergencies
- Basic equipment required for stabilising injuries (spinal board, splints, neck support)

7.3 Identified local hospital for emergencies.

7.4 Confirmed transport to the hospital- preferably an ambulance with EMT.

- Clearly identified transport route to the hospital.
- Translator as appropriate prior and during trip to hospital.

7.5 Known and clearly identified location of AED (defibrillator) at the site (or two if there is a split site).

7.6 For multi-team events, viral testing ability.

7.7 Venue medical care should be implemented at the international standards of 'Good Clinical Practice.' For example, venue medical personnel should at the minimum be competent in BLS (Basic Life Support).

7.8 For the assessment and treatment of sport injuries, the IOC Manual of Sports Injuries may be used as a reference tool.

7.9 The venue medical service requirements are developed following an analysis of the following factors:

- Sport medical risk assessment
- Expected number of athlete participants – consult local public health authorities on requirements for mass events.
- Duration of event
- History of injury and illness surveillance/ audit statistics

7.10 Items to be considered for inclusion in the Venue Medical Station and Field of Play Medical Station are as below:

#### Size of venue medical station

- The venue medical station should be a large consultation room that has enough space to stabilise a patient in case of a severe medical emergency
- Transport equipment
- Adequate hygiene facilities that include running water, sinks, toilets etc.
- Communication equipment
- Dedicated emergency line
- WiFi requirements
- Computer hardware to access the internet
- Emergency medications (subject to retroactive TUE application)
- Emergency medical equipment – based on the risk assessment

#### Security requirements

- Secure lounge or storage space for healthcare professional personnel's personal belongings and/or lunch relaxation area
- Secure storage for medications, including controlled drugs as per the law of the host country
- Appropriate venue +/- Field of Play accreditation access for venue medical station personnel
- Appropriate privacy
- Appropriate signage and location
- Appropriate control of air conditioning in order to prevent legionella outbreaks
- Access to ice

## Personnel

- Recommended personnel requirements including:
  - Qualifications of the venue medical team
  - Numbers of sport medicine physicians
  - Numbers of allied health professionals
  - Male and female medical team members to cover all aspects of national team requirements.
- Recommended coverage including:
  - Type of health care professional
  - Numbers of health care professionals
  - Hours of clinical coverage
  - Access to language translation services
- Field of Play medical station (adjacent to field or at close quarters in a multi-field set-up) also taking into consideration:
- Sport rules
- Ease of access to Field of Play
- Ease of access to the venue medical station and/or emergency evacuation pathway
- Ability for the Field of Play healthcare professionals to visualise the sport activity
- Location protected from media scrutiny as feasible
- Athlete transport/evacuation equipment
- Communication equipment
- Designated secure private line/system
- Appropriate Field of Play access for health care personnel
- AED (automatic external defibrillator)
- Cervical spine board and collar
- Recommended personnel requirements including:
  - Qualifications of the Field of Play medical personnel
  - Number of sport medicine physicians
  - Number of allied health professionals
- Recommended coverage including:
  - Type of health care professional
  - Numbers of health care professionals
  - Hours of field of play/training coverage
  - Access to language translation services

## Emergency Action Plan

8.1 This is a mandatory element of these guidelines for completion by the LOC.

8.2 LOCs are requested to provide the IFAF Sport Manager and the IFAF Technical Delegate (if appointed) a copy of their Emergency Management Plan (EMP) well before the start of the Event.

8.3 The EMP should be clearly defined according to the sport-specific risk. It should include:

- Confirmation that EMTs will be on site to deal with any emergencies throughout the Events
- Procedures for how and when to access the Field of Play
- Emergency treatment and evacuation procedures from the Field of Play and or spectator venues
- Emergency medical protocol for athlete medical stations
- Clearly defined protocols for the Field of Play for dealing with:
  - Cardiac arrest
  - Concussion
  - Life-threatening injury
  - Death
- The egress pathway from the Field of Play to either the athlete venue medical station or the ambulance
- Location of ambulance transportation
- Location of automatic external defibrillators
- Clearly defined access egress, and route of transport to a hospital
- Completion of medical records, including the maintenance of confidentiality
- Communication procedures (who, how and when) for communicating with the:
  - Ambulance/emergency medical service
  - Venue medical manager
  - Designated hospital
  - Members of the LOC medical team
  - IFAF Medical Lead, IFAF Sport Manager and IFAF Technical Delegate
  - Media
- Hospital allocation plan for the Event should take into consideration:
  - Anticipated health concerns
  - Available hospital services (based on risk assessment)
  - Proximity to venues
  - Insurance/financial requirements

## Emergency Transport

9.1 LOCs EMP must also plan for emergency transport. The venue pathways to emergency transport to hospital for medical care that cannot be provided in the venue should be delineated to ensure adequate planning and preparation prior to the event.

9.2 Assurance of appropriate accreditation access is required for all medical personnel to accompany the injured/ill athlete from the Field of Play or venue medical station to the emergency transport location.

9.3 Security and protocol personnel should be aware of the emergency transport venue pathway and compliant to allow access as required.

9.4 Included in the Emergency Transport Plan should be

- The number of ambulances available for Athletes and spectators and staff and Back-up/support ambulance(s)
- Minimum level of ambulance equipment
- Minimum skill level of ambulance crew (e.g., emergency medical transport/paramedic, ATLS, ACLS etc.)
- Location of ambulances
- Entry and exit routes for ambulances
- Egress and regress routes once ambulances are dealing with an emergency – detailed protocol should be determined ahead of time

### Non-emergency medical transport

9.5 In non-emergency situations, the process/means for transportation from the venue to either an outpatient clinic or designated IFAF Event hospital should be identified (e.g., car, taxi, event transport).

9.6 And the individual sent to the hospital should be accompanied by a Chaperone or a medical team member.

## Concussion Protocol

10.1 If the onsite Medical Team suspects that a participant has sustained a concussion, you should:

- Remove the player from the game or practice immediately. When in doubt, sit them out!
- Inform the parents of what happened to the player.
- Make sure the player is evaluated by a licensed health care professional who has experience in the diagnosis and management of concussions. The following protocol should be followed: SCAT5 Assessment Tool.
- Keep the player out of practice or play until an appropriate medical professional declares in writing that the player is ready to return to play.

10.2 Note: IFAF will rely on each Local Organising Committee to be aware of their applicable national legislation on concussion and return to play to determine who is considered a “qualified medical professional” (or other similar designation) for the purposes of diagnosing, treating and releasing an athlete for return when dealing with concussions.

### Concussion: Return to Play

10.3 Once an athlete has been cleared by an appropriate medical professional, he or she is able to start the return-to-play protocol. Here are some important things to know as you begin to help an athlete return to play:

- The return-to-play protocol can only begin after the athlete is symptom-free and has been given permission by a qualified medical professional to start this process.
- Coaches should work with parents and the athlete to monitor for any return of symptoms during every step.
- Only one step may occur per day.
- An athlete may only move onto the next step if he or she remains symptom-free for 24 hours following the previous step.

10.4 If an athlete’s symptoms come back or if he or she gets new symptoms, this is a sign that the athlete is pushing too hard. The athlete should stop these activities and the athlete’s medical provider should be contacted. After more rest and no concussion symptoms, the athlete can start at the previous step.

10.5 Each nation has its own unique legal requirements for organisations when allowing an athlete to return to activity following a concussion.

## Special Considerations for Women

11.1 The IFAF Medical Committee has established a set of Guidelines for Pregnant Women in terms of their participation in American Football whilst pregnant. The IFAF Guidelines for Pregnant Women are available here on the IFAF Website.

- The Guidelines provide that women who compete in tackle football should NOT compete in international competition at any time whilst pregnant and that IFAF and/or the event organising committee cannot be held responsible for any injuries that occur to a woman sustains if she competes without disclosing that she is pregnant (whether on her PPE form or other prior to competition).
- The Guidelines provide clear best practice recommendations for women who play in flag football at the international level in terms of competing while pregnant. They also specify that IFAF and the event organising committee cannot be held responsible for any injuries that a woman who competes whilst pregnant sustains, whether she has disclosed her pregnancy or not.

11.2 Event Organisers are expected and encouraged to:

- Provide free female hygiene products in all women's bathrooms.
- Identify a baby changing or feeding station that mothers can use.

## Cardiac Incident Plan of Action

12.1 On Site Event Management : Having a working AED (Defibrillator) is mandatory.

12.2 All event medical staff should be aware of where the defibrillator is located.

12.3 It must be marked clearly and accessible to all and in working condition.

How do heart attacks happen?

12.4 A heart attack occurs when the blood supply to the heart is completely blocked, leading to damage or death of heart muscle tissue. It is a life-threatening condition, but prompt treatment can save lives.

What are signs and symptoms?

12.5 The signs and symptoms of a heart attack can vary from person to person, but the most common symptoms may include:

- Chest pain or discomfort,
- Arm or jaw pain,
- Shortness of breath,
- Nausea,
- Light-headedness or sudden dizziness,
- Sweating,
- Heart palpitations,
- The chest pain may feel like pressure, tightness, or a squeezing sensation that may radiate to the arm, shoulder, neck, or jaw.

12.6 In some cases, a heart attack may cause more subtle symptoms such as fatigue, indigestion, or heartburn. Women and older adults may be more likely to experience these atypical symptoms.

- The management of a heart attack aims to restore blood flow to the heart muscle as quickly as possible.
- The first step is to call for emergency medical help, usually by dialling the local emergency number.
- Provide oxygen if it is available and administer a baby aspirin to be chewed if available.
- On site Paramedics can begin treatment immediately.
- Shout for help. Tell someone nearby to call the local emergency response number.
- Have someone bring you an automated external defibrillator (AED).
- Location of the AED should have been identified prior the championship and should be easily accessible.
- Ensure scene/field of play safety.
- Check for response.
- Time is critical.
- Check for no breathing or only gasping. If the person isn't breathing or is only gasping, begin CPR with compressions.
- Begin high quality CPR. Push down at least two inches in the centre of the chest at a rate of 100 to 120 pushes a minute. Allow the chest to come back up to its normal position after each push.
- Use an AED as soon as it arrives, turn it on and follow the prompts.
- Continue CPR. Administer it until the person starts to breathe or move, or until someone with more advanced training, such as an EMS team member, takes over.
- The Patient should then be transported the patient to the hospital for further care as soon as the ambulance arrive.

## Nutrition Requirements

13.1 LOC medical teams must ensure adequate and appropriate nutrition at all IFAF sporting events including the accredited hotels.

13.2 Nutritional requirements should include a safe and secure food supply for:

- Athlete lodging (hotel/village)
- Training and competition venues

13.3 General meal quality and sanitation must be provided to prevent food poisoning or contamination.

13.4 Safety includes food and water hygiene as well as protection against inadvertent ingestion of substances included on the WADA Prohibited List from contaminated foods or sports products.

13.5 The FAO standards of food hygiene should be followed.

[www.fao.org/3/a1552e/a1552e00](http://www.fao.org/3/a1552e/a1552e00)

13.6 At the training and competition venues, provision of:

- Water and carbohydrate electrolyte replacement ('sports drink') as applicable preferably sealed.
- A variety of food options to aid athlete peak performance and recovery.
- All foods should be adequately labeled.
- Food options adequate for athletes should include basic carbohydrates, protein and fat without any additional additives.(e.g. a basic salad with tuna, chicken or meat without any sauces). Fresh seasonal fruit should also be made available.
- Dietary Options for athletes with special nutritional requirements should be made available and clearly labelled (diabetics and gluten free for celiac athletes)
- Vegan and vegetarian alternatives should be available.
- Support for dietary needs: clear labelling of presence allergens in food especially gluten and peanuts.etc.

### 13.7 At athlete lodging, delivery of a catering plan that achieves:

- Sufficient menu variety within and between meals to manage food boredom and to provide ample choices for the needs of the athletic population.
- Attention to the food culture of the athletic population including special cultural practices (e.g., halal, kosher, vegan, vegetarian)
- Food/menu options that meet the health and specific sports nutrition considerations of the athletic population (e.g., carbohydrate loading, weight management)
- Support for special dietary needs (e.g., food intolerances and allergies) or choices (e.g., vegan/vegetarian) of the athletic population
- Point of choice labelling of menu items to identify nutritional characteristics and other key information (e.g., presence or absence of allergens)

### 13.8 (Ideally) provision of additional education resources around sports nutrition guidelines and how to utilise any special features of the catering plan.

### 13.9 Sufficient accessibility to support the overall nutritional needs of the athletic group and the logistics around training and competition schedules, including flexibility to meet special needs Ideally, information about the catering plan should be provided ahead of the IFAF event to the IFAF medical committee for distribution to the NFs to assist in their preparations and specific plans. Such information should include:

- Specific information on key issues that might arise around the specific competition or location (e.g., food and water hygiene, control of potential contamination of food supplies)
- Specific details of how special nutritional or cultural needs will be met, including key contacts to discuss/arrange additional needs
- Specific information regarding the importing of additional food supplies to the location (e.g., local custom or quarantine regulations) to assist teams or individuals with plans to supplement the catering plan
- Protocols and procedures for the management of any declared outbreak of food-related illness

## Anti-Doping Requirements

14.1 The Technical Delegates are there to assist in carrying out the testing plan for the Event which for the most part will be carried out by the Sample Collection Agency to whom IFAF has delegated Testing Authority for the competition. IF you have any questions with anything related to anti-doping direct them to [ifaf@ita.sport](mailto:ifaf@ita.sport)

14.2 Anti-doping Requirements Inclusion of reference to the current WADA Prohibited List is recommended to ensure that all LOC medical personnel are familiar with the substances and methods that are prohibited in sport:

[www.wada-ama.org/en/resources/sciencemedicine/prohibited-list-documents](http://www.wada-ama.org/en/resources/sciencemedicine/prohibited-list-documents)

14.3 The WADA Therapeutic Use Exemption International Standard, along with IFAF-specific protocols for Therapeutic Use Exemption applications, should also be referenced. IFAF Regulations and TUE Application process to be referenced and relied upon:

TUE Applications: <https://ita.sport/tue/>

The IFAF Anti-Doping Rules can be found on the IFAF website.

14. 4 All medications at the IFAF Event that are also on the WADA Prohibited List should be clearly marked for easy identification as a warning to prescribing clinicians for the need for a Therapeutic Use Exemption.

14.5 Ideally, when giving a prescription to an athlete at the event, a duplicate copy should be given to the athlete in case of notification for doping control, so the athlete has a record in writing of recent medication intake and to aid in potential results management of an adverse analytical finding.

14.6 It is also recommended that all LOC medical personnel complete the Sport Physician Anti-Doping Toolkit educational modules found on WADA's ADEL (anti-doping e-learning platform)

## Public Health Requirements

15.1 For IFAF Events and sporting events, adherence to local public health legislation and regulations is mandatory. Contact should be made in advance to ensure appropriate planning.

15.2 The key considerations for public health at events are to:

- Reduce and manage the risk of individuals acquiring an infectious illness
- Reduce and manage the risk of infectious diseases spreading within teams and officials involved with the event
- Reduce and manage the risk of infectious diseases spreading to the host country population
- Encourage health-promoting behaviours in athletes, officials and visitors

15.3 The IFAF policies or requirements with respect to public health issues are as follows:

- Non-smoking policy
- Non vaping policy
- Non cannabis or any other prohibited substances policy
- Air quality in indoor ranges and outdoors
- Water quality at all venues to allow for safe drinking of water is optimal
- Respect of all public health requirements
- Food safety quality assurance protocols for:
  - Athlete hotels/villages
  - IFAF personnel hotels
  - Media/workforce accommodations
  - Venue food safety, storage and handling
- Infectious/communicable disease management policy:
  - Required immunisations for visiting athletes and IFAF personnel and guests
  - Geographical risks of host location
  - Protocols for isolation of athletes/teams with communicable diseases
  - Criteria for sport participation for ill and recovering athletes
  - Current global epidemics and consequent risks to athletes/personnel
  - Sexually transmitted infection risks and prevention strategy
  - Essential medications required for treatment of an infectious outbreak
- Environmental risks: heat, cold, altitude, pollution
- Communication strategy for the public and media

## Safety and Security

16.1 IFAF Events like all other sporting events and mass gatherings, should have clear safety and security protocols.

16.2 It is important for the LOC medical team to have strategized with local safety and security departments for event safety and security as well as for disaster planning. Details to be addressed include:

16.3 Liaison with:

- Police services in case of emergency to provide additional security
- Fire department services in case of fire emergency
- Emergency transportation services
- Tertiary care health services
- Supply source of essential medications
- Blood banks
- Emergency mental health services for psychological support as required
- Public health services

16.4 Policies and procedures for major incidences/disasters:

- Terrorist attacks
- Environmental disasters such as earthquakes, tsunamis, fire, weathers, etc.
- Stadium / venue malfunction

## Physical Therapy Requirements

17.1 Where the physiotherapist has advanced sports physiotherapy training, including emergency care training and skills, they can perform a vital role in sport medical emergencies either as the team leader or as a member of the medical emergency multidisciplinary team.

17.2 Not every Event requires physiotherapy services and many National Federations travel with their own Physical Therapists.

17.3 However, sports like tackle football have a high prevalence of field of play impact and overuse injuries and should provide physiotherapy services at Events when possible and the high performance nature of flag football requires the same.

17.4 Only one physiotherapist may be required; however, it is more usual to have a minimum of two physiotherapists; one at the Field of Play medical station and one at the venue medical station. In certain cases where there is a high demand for physiotherapy services, there may be as many as six physiotherapists, with a physiotherapy station located at the warm-up/training area.

17.5 While one of the main roles of the physiotherapist at IFAF events is to assist with the emergency care of the athlete, working within the limitations of their training and skills, the physiotherapist can be assigned to any of four following roles:

- As a member of the Field of Play medical team as a first responder (ideally certified BLS or ALS provider)
- Providing physiotherapy treatment for acute injuries in the venue medical station
- Providing assessment of injuries and physiotherapy treatments in the warm-up/training area (e.g., bracing, manual therapy) and supporting post-competition athlete recovery (e.g., cryotherapy, cryo-massage, post-event stretching and soft tissue techniques).
- The physiotherapist can provide injury prevention, recovery and management advice and education at IFAF educational events. As with all members of the LOC medical team, physiotherapists should have appropriate qualifications and be educated in all aspects of the IFAF event medical guidelines.

## Athlete Safeguarding

18.1 IFAF safeguarding policies and procedures is included in this Health Care Guidelines for IFAF events document to inform the LOC medical team of their role in athlete safeguarding.

18.2 IFAF is committed to ensuring that football provides a harassment-free environment and has developed procedures and educational resources in line with international best practice.

18.3 IFAF strongly recommends that all involved in football, including LOC's, athletes, parents, coaches, medical personnel and sport officials, are informed about how to keep football safe for all and know how to report cases of harassment and abuse.

18.4 Please see the IFAF Safeguarding Regulations which can be accessed on the IFAF website along with the IFAF Safeguarding Toolkit and the IFAF secure reporting procedures for victims and witnesses.

18.5 All members of the LOC medical team should be knowledgeable about IFAFs safeguarding policy and specifically its:

- Code of conduct
- Reporting mechanisms
- Safeguarding Officer name and contact information
- Access to athlete support mechanisms

18.6 If you have any questions or concerns , or if a confidential report needs to be filed, it should be sent to the IFAF Safeguarding Team's confidential email [safeguarding@americanfootball.sport](mailto:safeguarding@americanfootball.sport).

18.7 If anyone reports a fear for the safety of any individual, law enforcement must be contacted.

## Athlete Mental Health Toolkit

19.1 Evidence shows that athletes at the elite level have a higher prevalence of mental health symptoms and disorders than non-athletes.

19.2 As such, IFAF is committed to ensuring the provision of adequate and effective mental health support for athletes at IFAF Events.

19.3 You can also access IFAF's mental health page on the IFAF website.

19.4 Specific strategies to address athlete mental health issues include:

- Provision of time for adaption from travel to the IFAF Event (i.e., 24h for each time zone crossed)
- Opportune timing of scheduling events
- Appropriate timing of training sessions to allow adequate recovery and sleep
- Provision of time for recovery post training and competition
- Allocation of quiet spaces of low stimulation when possible
- Safe and comfortable sleeping arrangements conducive to enhanced sleep quality

19.5 IFAF recognises that in order for all Athletes to give the very best of themselves in order to achieve greatness, they often find themselves in need of mental health support.

19.6 Mental Health Topics include, but are not limited to:

- Managing competitive pressure and challenges
- Feeling burnt out/overwhelmed
- Harmony between sport and home life
- Managing life and/or career changes
- Handling stress
- Improving communication
- Dealing with injury
- Managing anxiety or post traumatic stress
- Depression
- Disordered eating
- Bullying, harassment and abuse
- Parenting
- Obsessive Compulsion Disorder

19.7 The IFAF is committed to helping to create a sport environment that helps support all IFAF Athletes' well being and mental health. To this end, IFAF endorses the work that has already been done by the International Olympic Committee and offers as a resource to all our Athletes and their support team the IOC Tool Kit on Mental Health.

19.8 The Toolkit for Mental Health in Elite Athletes has proven to be a valuable resource for many Olympic Movement Stakeholders and we trust that it will also be a great resource for all American Football athletes, their parents and their medical support teams and health care professionals.

19.9 All athletes, coaches, Member Federations, and members of medical and health care support teams are encouraged to carefully read the Tool Kit. IFAF is confident that it will prove to be a valuable resource for all of you to benefit the health and mental well-being of all athletes.

19.10 As you will see, the Tool Kit is divided into four main sections:

a) Section 1 - Introduction:

It outlines the objective and scope of the toolkit, to whom it applies and how it was developed. It also details the frameworks that provide the foundation and directives for Olympic Movement stakeholders to address this important topic.

b) Section 2 – Mental Health Symptoms and Disorders in Elite Athletes

It provides an overview of the multifaceted aspects of mental health symptoms and disorders in elite athletes, including terminology, prevalence and an overview of the IOC Mental Health Consensus Statement (2019).

c) Section 3 - Roles and Responsibilities

Outlines the roles and responsibilities of three key stakeholder groups related to the creation of a psychologically supportive athletic environment. These stakeholder groups are sports organisations, athletes' entourage members and health care professionals.

d) Section 4 – Resources

It highlights many available resources and links to where to find further information.

## Host Country Government Regulations

20.1 Host countries may have specific requirements relevant to the provision of athlete health care delivery that need to be considered in the planning and delivery of the health care program at IFAF events. These regulations fall under three categories:

- Medical licensing of visiting medical physicians
- Drug and medical equipment importation
- Mass event policies and procedures

20.2 Historically, medical personnel of a given country take care of their own nation's athletes with the LOC medical team providing lenience and support to do so.

### Medical Licensing

20.3 LOC requirements with respect to medical licensing of both IFAF and NF medical personnel should be clearly stated.

20.4 The LOC must outline the legal requirements for medical licensing of foreign physicians in the country of the event as required.

20.5 Links to regulations on official government websites should be provided from the LOC to the IFAF.

### Drug and Medical Equipment Importation

20.6 The IFAF encourages the LOC medical team to publish the national legal requirements for drug and medical equipment importation in sufficient time in advance of the IFAF event for the visiting NF medical personnel. Such guidance should cover the following scenarios:

- Importation of medication supplies by team physicians for team use
- Importation of personal medication by individual athletes
- Importation of controlled drugs (such as morphine)
- Importation of medical equipment
- Provision of medical care offered to an athlete (e.g., use of opiates in a pre-hospital environment)

### Mass Event Policies and Procedures

20.7 Local governmental regulations for major events can be included in this section. Addition of website links and/or relevant policies should be added for reference.

## Spectator Medical Services

21.1 The LOC should also make provisions for the health care of spectators that are distinct from athlete health care.

21.2 The spectator medical services should include:

- Designation of spectator medical personnel that are completely different from the athlete medical personnel
- Allocation of a venue medical station for spectators with designation of:
  - Medical station size
  - Medical station location
  - Medications
  - Start and finish times for spectator medical services
- Delineation of a medical action plan for spectators outlining:
  - Location of automatic external defibrillators
  - Removal from spectator area
  - Triage procedures
  - Medical protocols for trauma and illness
  - Transfer procedures from spectator venue medical station to ambulance
  - Ambulance designation
  - Hospital designation

## Heat Guidance - Flag Football

22.1 IFAF requires that athlete safety be paramount during competitions. This means that adaptations need to be made in circumstances of extreme heat or cold.

22.2 When it comes to rising temperatures (heat management) the following protocols should be followed.

22.3 There are three tiers of temperature which require different approaches to managing the game, all of which require the Wet-Bulb Globe Temperature (WBGT) to be monitored.

- Tier 1
- Tier 2
- Tier 3

22.4 Tier 1 (WBGT) <82F/27.8C)

- Activity continues as planned (with shade or air conditioning provided alongside ice - for drinks and for cooling towels)
- Temperature and WBGT continues to be monitored

22.5 Tier 2 (WBGT 82-90F / 27.8-32.2C)

- Increase half time from 2 minutes to 4 minutes (with shade or air conditioning provided alongside ice - for drinks and for cooling towels)
- The IFAF Competition Manager will determine whether this occurs.
- For overtime, a 2-minute drinks break will commence after the coin toss and the meeting between the ITO and Captain
- Temperature and WBGT continues to be monitored

22.6 Tier 3 (WBGT 90F+ / 32.2C)

- Competition Manager to consult with Head Coaches and Team Medics on delay of game until a return to Tier 2. Where the game is underway, Competition Manager to make a call with Chief Medical Officer to potentially suspend or finish the Game and enact Competition Rules on Game Awarding

22.7 If activity continues the following should be enacted:

- Increase half time break to 6 minutes (with shade or air conditioning provided alongside ice - for drinks and for cooling towels)
- For overtime, a 2-minute drinks break will commence after the coin toss and the meeting between the ITO and Captain
- Drinks breaks may be allowed in breaks of play.
- Temperature and WBGT continue to be monitored.

22.8 If the temperature is known to be hot, the medical leads should plan an appropriate acclimatisation programme for teams as they arrive, managing practice frequency, practice duration and athlete monitoring.

22.9 Appropriate resources of water, ice and shade should be available for all practices.

22.10 In the event of freezing weather, the Technical Officials will first look at whether the field of play is safe.

22.10 In the event that it is safe, teams should have access to a warm water source and somewhere dry and warm for pre-game, half-time and post game, alongside somewhere warm and dry to treat injuries. Teams should ensure that they have brought warm clothing as additional layers.

22.11 each sideline should be equipped with a tent or similar which protects players and additional clothing from any rain.

## Heat Guidance - Tackle Football

23.1 IFAF requires that athlete safety be paramount during competitions. This means that adaptations need to be made in circumstances of extreme heat or cold.

23.2 When it comes to rising temperatures (heat management) the following protocols should be followed.

23.3 There are three tiers of temperature which require different approaches to managing the game, all of which require the Wet-Bulb Globe Temperature (WBGT) to be monitored.

- Tier 1
- Tier 2
- Tier 3

23.4 Tier 1 (WBGT) <82F/27.8C)

- Activity continues as planned (with shade or air conditioning provided alongside ice - for drinks and for cooling towels)
- Temperature and WBGT continues to be monitored

23.5 Tier 2 (WBGT 82-90F / 27.8-32.2C)

- Increase half time by 10 minutes minutes (with shade or air conditioning provided alongside ice - for drinks and for cooling towels)
- Drinks breaks may be incorporated during the game.
- The IFAF Competition Manager or Technical Delegate will determine whether these occur (or agreement between both Head Coaches and the Head ITO will suffice)
- For overtime, a 2-minute drinks break will commence after the coin toss and the meeting between the ITO and Captain
- Temperature and WBGT continues to be monitored

23.6 Tier 3 (WBGT 90F+ / 32.2C)

- Competition Manager to consult with Head Coaches and Team Medics on delay of game until a return to Tier 2. Where the game is underway, Competition Manager to make a call with Chief Medical Officer to potentially suspend or finish the Game and enact Competition Rules on Game Awarding

23.7 If activity continues the following should be enacted:

- Increase half time break by a further 5 minutes (with shade or air conditioning provided alongside ice - for drinks and for cooling towels)
- For overtime, a 4-minute drinks break will commence after the coin toss and the meeting between the ITO and Captain
- Drinks breaks may be allowed in breaks of play.
- Temperature and WBGT continue to be monitored.

23.8 If the temperature is known to be hot, the medical leads should plan an appropriate acclimatisation programme for teams as they arrive, managing practice frequency, practice duration and athlete monitoring.

23.9 Appropriate resources of water, ice and shade should be available for all practices.

23.10 In the event of freezing weather, the Technical Officials will first look at whether the field of play is safe.

23.10 In the event that it is safe, teams should have access to a warm water source and somewhere dry and warm for pre-game, half-time and post game, alongside somewhere warm and dry to treat injuries. Teams should ensure that they have brought warm clothing as additional layers.

23.11 each sideline should be equipped with a tent or similar which protects players and additional clothing from any rain.

## Lightning Protocol and Clean Air

24.1 The actions that should be taken, when there is a threat of a lightning strike, will depend on the level of information available to event/competition organisers and / or ITOs. The following steps should be considered:

### Live Data

24.2 Live data: where live data is available from local meteorological services along with advice from an expert, this data should be used to assist in the decision about whether to allow the event/match to commence, continue or be abandoned.

24.3 In the planning of an Event it is vital to establish who might receive this from the LOC. Any data received should be sent to the Technical Delegate or lead ITO who will ultimately make the decision.

### Lightning Strikes

24.4 When the lightning strike is within 6 miles of the venue, it is recommended that players are removed from the field.

24.5 Where there is no meteorological data, the principle IFAF works from is below:

24.6 The speed of sound through air is approximately 0.2 miles per second, so for every 5 seconds of time between the lightning flash and the associated thunder clap, the strike is 1 mile away. The approximate distance (in miles) can be calculated by counting the time (in seconds) between the two events and dividing it by 5. Recommended safe distances from the lightning event is 6 miles.

24.7 For events/venues where live data direct from local weather services is not available, the 30/30 rule should be used to ensure participant and spectator safety:

24.8 Shelter should be sought when there are 30 seconds or less between the flash and the associated thunder clap.

24.9 Recommendations on best practice also state that it should only be considered safe to return to the field of play a minimum of 30 minutes after the final flash of lightning or clap of thunder has been seen/heard.

.24.10 The actions that should be taken, when there is a threat of poor air quality will depend on the level of information available to event/competition organisers. The following steps should be considered:

#### Live Data

24.11 Live data: where Air Quality Index live data is available from local meteorological service or health service provider along with advice from an expert, this data should be used to assist in the decision about whether to allow the event/match to commence, continue or be abandoned once a moderate risk threshold is reached.

24.12 In the planning of an Event it is vital to establish who might receive this from the LOC. Any data received should be sent to the Technical Delegate or lead ITO who will ultimately make the decision.

## Appendix 1: Game Day Requirements for Tackle Football

This document is designed to aid all personnel involved in the planning and delivery of IFAF- sanctioned games ensure that appropriate medical standards are in place to safeguard players, entourage and other game day staff.

### Emergency Medical Services

Each home nation or host LOC must produce and circulate to the opponents, IFAF Medical Delegate and IFAF Technical Delegate an Emergency Management Plan (EMP) for the game or event.

This Plan should detail:

- The name of the company providing medical services;
- The location of the nearest hospital;
- The contact number of the nearest hospital;
- The name, mobile phone number and email address of the host committee personnel responsible for coordinating medical services.

The home nation or host LOC is responsible for scheduling one certified crew of paramedics and an Advanced Life Support (ALS) ambulances.

The paramedics are required to be stationed as close to the field as possible, while not interfering with standard sideline procedures. Each nation's Team Manager, Medical Lead and Head Coach are required to know their location. At the conclusion of the game, the paramedics must check with both nation's Team Manager prior to departing the stadium.

If emergency medical transportation is needed to remove an injured player, coach, Technical Official, or game day personnel (e.g., ball crew, chain crew member, etc.) from the playing field, the ALS ambulance is authorised to go onto the playing field at the discretion of the paramedics.

### Stretchers and Carts

For each scheduled game, the LOC is responsible for ensuring that either they or the paramedics have appropriate spinal boards with stabilising systems, a cervical collar, splint bag, airway equipment, appropriate emergency medication and high-quality stretchers.

All medical equipment must be of appropriate size to accommodate tackle football players and personnel.

The nearest exit to the ambulance should be used when removing an injured coach, player, Game Official, or game day personnel from the playing field.

### Emergency Blind and Treatment Tent

Whilst not mandated, an Emergency Blind or Treatment Tent is recommended. The portable device is intended to provide privacy during circumstances where an individual may be undergoing on-field care for life-threatening medical emergencies or catastrophic injury.

### Hard Casts / Special Equipment

Each nation's Team Manager, Head Coach or Medical Lead is required to give the Technical Officials the names and jersey numbers of players who have casts or special equipment for pregame inspection.

Concussion Protocols (outlined in this document) are in effect

IFAF will designate a representative to monitor compliance with these protocols and investigate any potential violations. A finding that a nation knowingly and materially failed to follow any of the mandatory steps required by these Medical Protocols will be subject to disciplinary action.

### Concussion Observers

IFAF recommends that each competing nation have an observer sat in the stands or positioned with a good vantage point whose role it is to support the team medics in identifying instances of concussion and report it to the team Medical Personnel. This person should have training in identifying the symptoms of concussion as well as understanding where concussions may occur.

## Team Medical Leads

Each nation may designate up to two medical personnel permitted to leave the bench area and move along their sideline and on to the field for evaluation and intervention of potential player injuries. Unless addressing a potential injury on the field or in the bench area, these persons must remain behind the broken yellow border and between the 10-yard lines. In an emergency situation, access to the end zone is permitted. These medical leads will be identified on the Team Roster. All other club medical personnel (including athletic trainers) must remain within the bench area, unless addressing a potential injury.

Home team or host LOC Medical Leads are responsible on game day for the care of the Technical Officials. In the event that a Technical Official suffers an injury while at the stadium, a home team physician shall examine them and determine whether they will return to the game. If necessary, the physician will make the necessary arrangements for the Technical Official to be transported to a medical facility.

The Medical Lead will provide updates to the Technical Delegate and Refereeing Delegate on the status of any injured Technical Official and their ability to return to the game.

## Game Day Medical Communication

It is requested that the host nation provide working radios to the paramedics and each nation's Medical Lead.

In the absence of formal radios, each Medical Lead and paramedic should have access to a mobile phone and be in possession of each other's numbers for emergency use.

## Injury Reporting

All injuries must be reported to the IFAF Medical Delegate or their designate at the completion of each fixture.

## **Appendix 2: Game Day Requirements for Flag Football (inclusive of Beach Flag and Wheelchair Flag Football)**

This document is designed to aid all personnel involved in the planning and delivery of IFAF- sanctioned games ensure that appropriate medical standards are in place to safeguard players, entourage and other game day staff.

### **Emergency Medical Services**

Each home nation or host LOC must produce and circulate to the opponents, IFAF Medical Delegate and IFAF Technical Delegate an Emergency Management Plan (EMP) for the game or event.

This Plan should detail:

- The name of the company providing medical services;
- The location of the nearest hospital;
- The contact number of the nearest hospital;
- The name, mobile phone number and email address of the host committee personnel responsible for coordinating medical services.

The home nation or host LOC is responsible for scheduling one certified crew of paramedics and an Advanced Life Support (ALS) ambulances.

The paramedics are required to be stationed as close to the field as possible, while not interfering with standard sideline procedures. Each nation's Team Manager, Medical Lead and Head Coach are required to know their location. At the conclusion of the game, the paramedics must check with both nation's Team Manager prior to departing the stadium.

If emergency medical transportation is needed to remove an injured player, coach, Technical Official, or game day personnel (e.g., ball crew.) from the playing field, the ALS ambulance is authorised to go onto the playing field at the discretion of the paramedics.

### **Stretchers and Carts**

For each scheduled event, the LOC is responsible for ensuring that either they or the paramedics have appropriate spinal boards with stabilising systems, a cervical collar, splint bag, airway equipment, appropriate emergency medication and high-quality stretchers.

All medical equipment must be of appropriate size to accommodate tackle football players and personnel.

The nearest exit to the ambulance should be used when removing an injured coach, player, Game Official, or game day personnel from the playing field.

### Emergency Blind and Treatment Tent

Whilst not mandated, an Emergency Blind or Treatment Tent is recommended. The portable device is intended to provide privacy during circumstances where an individual may be undergoing on-field care for life-threatening medical emergencies or catastrophic injury.

### Hard Casts / Special Equipment

Each nation's Team Manager, Head Coach or Medical Lead is required to give the Technical Officials the names and jersey numbers of players who have casts or special equipment for pregame inspection.

Concussion Protocols (outlined in this document) are in effect

IFAF will designate a representative to monitor compliance with these protocols and investigate any potential violations. A finding that a nation knowingly and materially failed to follow any of the mandatory steps required by these Medical Protocols will be subject to disciplinary action.

### Concussion Observers

IFAF recommends that each competing nation have an observer sat in the stands or positioned with a good vantage point whose role it is to support the team medics in identifying instances of concussion and report it to the team Medical Personnel. This person should have training in identifying the symptoms of concussion as well as understanding where concussions may occur.

## Team Medical Leads

Each nation may designate up to two medical personnel permitted to leave the bench area and move along their sideline and on to the field for evaluation and intervention of potential player injuries. Unless addressing a potential injury on the field or in the bench area, these persons must remain behind the broken yellow border and between the 10-yard lines. In an emergency situation, access to the end zone is permitted. These medical leads will be identified on the Team Roster. All other club medical personnel (including athletic trainers) must remain within the bench area, unless addressing a potential injury.

Home team or host LOC Medical Leads are responsible on game day for the care of the Technical Officials. In the event that a Technical Official suffers an injury while at the stadium, a home team physician shall examine them and determine whether they will return to the game. If necessary, the physician will make the necessary arrangements for the Technical Official to be transported to a medical facility.

The Medical Lead will provide updates to the Technical Delegate and Refereeing Delegate on the status of any injured Technical Official and their ability to return to the game.

## Game Day Medical Communication

It is requested that the host nation provide working radios to the paramedics and each nation's Medical Lead.

In the absence of formal radios, each Medical Lead and paramedic should have access to a mobile phone and be in possession of each other's numbers for emergency use.

## Injury Reporting

All injuries must be reported to the IFAF Medical Delegate or their designate at the completion of each fixture.

### Appendix 3: Doping Control Station

The doping control station shall be equipped in such a way to facilitate the running of the controls, be located in the immediate vicinity of the finish line and shall be clearly signposted from the finish line. A rider must be able to find the doping control station on his/her own. Privacy of the riders shall be respected. The organiser shall designate an official to monitor the entrance to the doping control station, and only allow people involved in doping controls to enter. The doping control station should be lockable.

The doping control station shall have electricity, be heated or climatized, large enough, solely used for anti-doping purposes and shall include three separate areas: a waiting room, a processing area (where the DCO, Doctor/Nurse and the rider can complete and sign the necessary forms) including lavatories in it for the passing of the sample:

#### Waiting room (20-25m<sup>2</sup>)

- Ventilation or open window
- Sealed and refrigerated drinks – Mineral water, soft drinks
- Comfortable seats (c6)
- Table
- Ideally a TV (for DCO to see results and select athletes for testing)
- Rubbish bin

#### Lavatories

- Toilets
- Large enough to accommodate the Doctor (nurse) who witnesses the passing of the sample
- Equipped with running water, soap and hand towels
- Mirror on the wall behind the toilets in order to facilitate the witnessing of the Doctor (nurse)

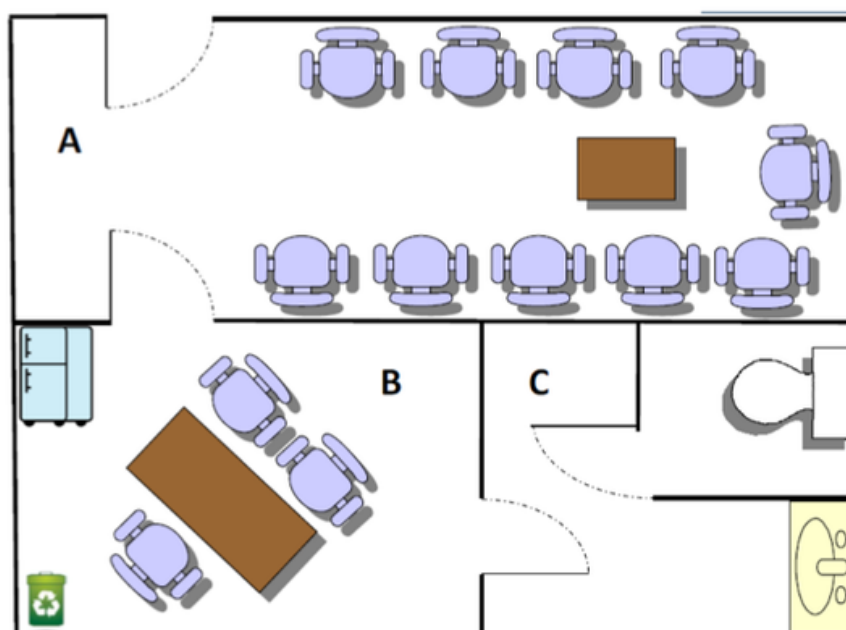
#### Processing areas - Administration room

- Ventilation or open window
- Desk
- Chairs (c4)
- Communication system (telephone and/or radio)
- Refrigerator to keep samples cool before their transport – with a lock
- Packaging, adhesive tape, address labels to send the kits
- Rubbish bin

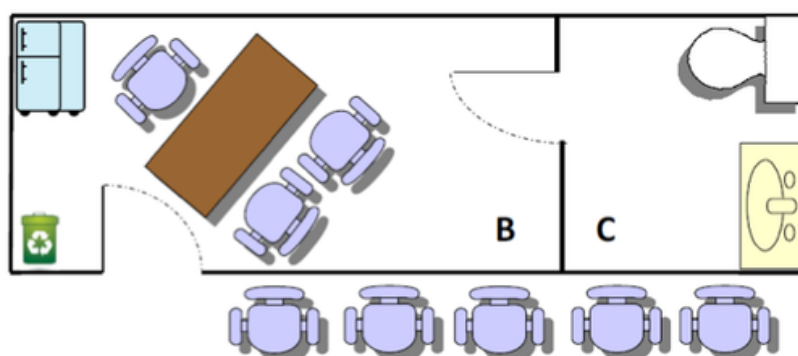
## Proposed Layout

Image reproduced from ITA documentation.

### DOPING CONTROL STATION PLAN – MODÈLE POSTE DE CONTRÔLE DU DOPAGE



A: Waiting Room – Salle d'attente  
 B: Processing Room – Zone de Contrôle\*  
 C: Lavatory – Toilettes\*



\* When more than one DCO is designated - 2 B (processing rooms) and 2 C (lavatories) are necessary

\* Lorsque plus d'un ACD est désigné - 2 B (zones de contrôle) et 2 C (toilettes) sont nécessaires

# FINAL PAGE

2025



INFO@AMERICANFOOTBALL.SPORT

