

## **FIE Medical Handbook Revised 2021**

### **September 2021**

The changes are not intended to increase the organisational burden for the organisers nor the costs. The use of the generic term Medical Professional should be helpful.

#### **Main changes:**

- Reference to the Duty of Care for doctors and its associated responsibilities.  
See A5, B5, C5
- Medical personnel – expertise required for the various medical roles specified (rather than the type of medical professional). *[This reflects the overlapping of skills, training, and practice in the modern medical world].*
- References to insurance taken out as not within the remit of this handbook.
- Doping control details removed as these are in a separate document.
- Planning process more rigorous.
- Separate sections A – World Championships B – Zonal Championships C – World Cups/Grand Prix

# FIE MEDICAL HANDBOOK 2021

## NOTES:

- *blue* – new or revised.
- *red* – specific attention to be paid
- *highlighted in yellow* – pending

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## MEDICAL COVER FOR:

- World Championships
- Zonal Championships
- Grand Prix /World Cup Competitions

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**DEFINITIONS:**

1. FIE	Federation Internationale d'Escrime
2. IOC	International Olympic Committee
3. LOC	Local Organising Committee
4. DT	Directoire Technique
5. WADA	World Anti-Doping Agency
6. NADO	National Anti-Doping Agency
7. ADAMS	Anti-Doping Administration & Management System

## Overview

Under delegation from the FIE, the Organisers of these major, international competitions are responsible for providing a safe environment for the running of their event.

Modern fencing has a lower injury rate than most sports, thanks to the protective clothing worn, but there is still the potential risk of a serious injury.

This document sets out the requirements for medical cover and doping control at all FIE international competitions. [Medical provision for spectators, local workforce and volunteers is outside the scope of this document](#)

All organisers of these events are expected to comply with this document and make their health and safety responsibilities a priority.

[All FIE events must comply with the public health and infection control laws and guidelines of the country in which the event takes place.](#)

For all World and Zonal Championships, the organisers must provide:

- Signed confirmation that these Medical Specifications will be met see A10 B10
- Evidence during the preparation period that facilities, personnel, and logistical arrangements will be adequate to supply the required services
- All services specified for the event

**Summary of requirements – see individual sections for details**
**E** = essential

**D** = desirable

**N** = not required

Section In Document	A. World Championships	B. Zonal Championships	C. World Cups/ Grand Prix
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1.1	<b>Event Medical Plan</b>	<b>E</b>	<b>E</b>	<b>E</b>
1.3	<b>Medical Doctor for duration of fencing</b>	<b>E</b>	<b>E</b>	<b>D</b>

<b>2</b>	<b>Emergencies including serious injuries</b>			
2.1	<b>Medical Professional</b> trained in advanced life support	<b>E</b>	<b>E</b>	<b>E</b>
2.2	Resuscitation equipment	<b>E</b>	<b>E</b>	<b>E</b>
2.3	Ambulance – on site or within 10 minutes	<b>E</b>	<b>E</b>	<b>E</b>
2.4	Efficient communication devices	<b>E</b>	<b>E</b>	<b>E</b>
2.5	Medical /first aid area	<b>E</b>	<b>E</b>	<b>D</b>

<b>3</b>	<b>Sports injury</b>			
3.1	<b>Medical Professional with sports injury experience</b>	<b>E</b>	<b>E</b>	<b>E</b>
3.2	First aid equipment, materials	<b>E</b>	<b>E</b>	<b>E</b>
3.3	Efficient communication devices	<b>E</b>	<b>E</b>	<b>E</b>

<b>4</b>	<b>General Medical Care</b>			
4.1	Plan in place	<b>E</b>	<b>E</b>	<b>E</b>
4.2	<b>Medical Professional with general medical experience</b>	<b>E</b>	<b>D</b>	<b>D</b>
4.3	Appropriate equipment and medication	<b>E</b>	<b>D</b>	<b>D</b>
4.4	Sports Physiotherapist	<b>D</b>	<b>D</b>	<b>D</b>
4.5	Physio tables	<b>D</b>	<b>D</b>	<b>N</b>

<b>5</b>	<b>Medical Officials</b>	<b>E</b> FIE Medical Delegates	<b>E</b> Zonal Medical Official	<b>N</b>
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<b>9</b>	<b>Doping Control (if testing required)</b>			
	Doping Control Officers	<b>E</b>	<b>E</b>	<b>E</b>
	Chaperones	<b>E</b>	<b>E</b>	<b>E</b>
	Doping Control Station	<b>E</b>	<b>E</b>	<b>E</b>

**NB: the medical roles 1.3, 3.1, 4.2 can be combined as long as there is always adequate cover**

## A. WORLD CHAMPIONSHIPS

**Cadet**  
**Junior**  
**Senior**  
**Veteran**

### A1. General Conditions

**A1.1** A comprehensive Event Medical Plan must be in place. This plan should give details covering all the requirements listed here.

This plan must be sent to the Lead FIE Medical Delegate at least 4 weeks before the event.

**A1.2** **Appropriate** medical services must be provided in the venue:

- From the start of scheduled practice times, including any on pre-competition days.
- From at least one hour before the daily competition start time until **the end of the medal ceremony**.

**A1.3** At least one licensed medical doctor must be in the venue whilst the competitive fencing is taking place.

**NB: the medical roles 1.3, 3.1, 4.2 can be combined as long as there is always adequate cover**

### A2. Emergencies (including serious injuries)

**A2.1.1** Personnel (minimum requirement):

- Two locally licensed **medical professionals**, competent at and equipped for resuscitation and trained in Pre-Hospital Advanced Life Support.

These medical professionals must be present in the fencing hall at least one hour before the start until the end of the last fight each day.

If two or more halls are to be used simultaneously, and the time required for Emergency Personnel to get from their station to the furthest hall is more than 2 minutes, the organisers **must** provide appropriate duplicate Emergency cover for any such additional hall.

*[‘hall’ includes any space used for any part of the competition].*

In case of any doubt, the Head of the Organising Committee must clarify this fundamental issue with the Lead FIE Medical Delegate at least two (2) months before the competition.

**A2.1.2** Pre-competition training days – the minimum requirement is one medical professional as in 2.1.1 present for any training sessions during the two days before the competition starts.

**A2.2** Equipment:

- Resuscitation equipment (cardiac, respiratory); to include defibrillator, manual resuscitator (ambu bag), oxygen, essential drugs, stretcher.

**A2.3** Ambulance(s) on-site **unless** it can reach the venue within ten (10) minutes - **It is the responsibility of the organisers to verify this and confirm it in writing - see A 10.**

- Ambulances must be of a standard required for transporting any serious medical condition.

**A2.4** Communication:

Efficient communication between the emergency medical personnel, the FIE medical delegates and the Directoire Technique is absolutely essential:

- Short-wave radios must be available unless clearly superior alternatives (such as mobile telephones) are provided.
- Efficient method to summon medical help to pistes; this includes additional external emergency help
- Efficient method to summon the ambulance.

**A2.5** Locations:

- First Aid stations must be beside the field(s) of play and clearly identifiable using universal symbols.
- There should be an enclosed First-Aid /Medical area in the venue close to the competition area. This must be clearly identifiable.
- For the finals, a space with chairs must be provided immediately adjacent to the field of play.

**A2.6** Identification of medical staff – all emergency medical personnel must be clearly identifiable by their clothing or the use of high visibility vests.

**A2.7** Hospitals:

- Access to a hospital with an emergency department must be available at all times.
- Access to other hospital specialties is desirable.
- Contact details of hospitals to be used must be made available to all medical personnel and the FIE Medical officials.

### **A3. Sports Injuries (less serious injuries)**

**A3.1** Personnel:

- A **medical professional** with sports medicine experience able to deal with acute and chronic sports injuries.

**A3.2** Equipment / supplies:

- Appropriate first aid equipment, including compression bandages, physiotherapy tape, stretcher, wheelchair, crutches.
- A ready supply of ice, bags for ice packs, ice box.

**A3.3** Communication - as above by walkie-talkies or similar (e.g., mobile telephones)

**A3.4** Location:

- Based at the First-Aid / Medical area in the venue close to the competition area.

**A3.5** Identification of medical staff – ideally all sports injury medical personnel should be clearly identifiable

### **A4 General Medical Care**

**A4.1** The Event Medical Plan must cover the range of general medical problems that can occur at a large fencing championship amongst the Fencing Family. This should include public health issues (e.g.,

gastro-enteritis or other communicable disease), access to local doctors, nurses and pharmacists and available hospital services.

**A4.2** One Medical Professional with general medical experience including diagnosis to be available daily for at least part of the day.

This person should be able to prescribe if a doctor able to prescribe medication (not obtainable over the counter) is NOT available on site.

**A4.3** Equipment /supplies: as appropriate including

- Medication – a limited supply of basic drugs should be available to cover common ailments (e.g., Simple analgesics, antihistamines, anti-diarrhoea drugs)
- The current WADA List of Permitted and Prohibited Drugs in Sport must be available. This list must be checked if a competitor is being prescribed or given a drug.

**A4.4** Effective communication with the local medical director and FIE Medical Delegates essential.

**A4.5** Location: First-Aid /Medical area (as above) with clear information posted about availability.

**A4.6** Additional Medical Services (optional):

- Sports Physiotherapist with experience of acute and chronic injuries.
- Equipment: physio tables – also for use by teams.
- Location: separate physio facilities as conveniently situated as possible.

## A5 Medical Officials

A duty of care is an obligation on one party to take care to prevent harm being suffered by another. Doctors owe a duty of care to their patients. In the context of this Handbook the FIE Medical Delegates will have a duty of care towards the competitors.

As a result, if **A2.1, A2.2, A2.3, A 2.4** are not in place at the event, the Doctors/Medical delegates must work with the LOC and DT to ensure compliance before the competition starts.

The FIE Medical Delegates are responsible for coordinating and over-seeing the medical, safety and anti-doping requirements of the competition (in liaison with the DT and LOC).

The Lead Medical Delegate is responsible for liaising with the LOC starting **at least 3 months before the event** to ensure compliance with these requirements.

- The delegates should have a meeting with the local medical director on one of the two days before the start of the competition to check that all arrangements are in place and satisfactory.
- They are also responsible for overseeing medical incidents on the piste
- They must be contacted immediately by the referee if any fencer sustains an injury that may need intervention or falls ill on the piste. They will assess the situation, authorise an injury time-out if indicated and facilitate appropriate action.
- **It is, therefore, essential that the Medical Delegates participate in the DT and Referee meetings prior to the start of the World Championships.**

They will produce a report after each Championships.

## A6 Medical Records

**A6.1** Injuries sustained during fencing [competition/training] should be recorded as follows:

- Serious injury – full details (using FIE injury form if possible); all withdrawals due to injury must be documented and submitted to the DT together with the report by an FIE Medical Delegate.
- Non-withdrawal sports injuries requiring an injury break – relevant details; to be collated by the FIE Medical Delegates.
- Minor injury – brief details on daily list.

**A6.2** Illness (any participant seen) during the event, except for trivial conditions, to be recorded in as much detail as appropriate for the severity of the condition.

A list should be kept of all those attending the medical area for help except for trivial conditions.

A record should be made of any medication dispensed.

**A6.3** Forms to be used (or equivalent electronic versions):

- Medical encounter form
- Withdrawal form

## A7 Minor

Rule o.29.5 states:

All participants in an official competition of the FIE who are under the age of majority in the country in which such competition is being held must either:

- a) be accompanied by a person who is a parent or guardian of the participant or who has **been delegated in a form valid in the country of the competition** from a parent or guardian of such participant to act on behalf of the participant regarding health-related issues and doping control; or
- b) have such power of attorney issued to a person who has achieved his/her majority in the country of the fencer and who will be at the competition site during the competition and has agreed to accept the responsibility delineated in such power.

All participating nations and organisers are expected to comply with this rule

## A8 Additional Requirements

**A8.1** Signs/Notices:

- All medical/first aid posts must be clearly identifiable.
- Notices stating the FIE rule t.20 (see below) should be put up prominently in the competition and training halls.

**t.20**

*1. Fencers arm, equip and clothe themselves and fence at their own responsibility and at their own risk.*

*2. It is obligatory for any fencer who warms up or trains with another fencer on site at an official FIE competition (including in the training halls linked to the competition) to wear fencing clothing and equipment which conforms with the FIE regulations.*

*Any person giving a lesson must wear at least a fencing master's plastron as well as a fencing glove and a mask conforming with the regulations.*

*Any fencer taking a lesson must wear at least a mask and a glove.*

*The Supervisor of the competition or a member of the Directoire Technique must penalize any person not respecting this rule with a yellow card, followed by a black card in case of a repeated infringement.*

## A9 Doping control

**Testing is obligatory at Senior (Individual and Team) and Junior (Individual) World Championships, according to the FIE Anti-Doping Operational Instructions.**

The LOC is responsible for the contract with the NADO/ other Sample Collection Authority (SCA) to cover the testing required and subsequent administrative processes including inputting data into ADAMS.

Please refer to the FIE Anti-Doping Operational Instructions posted on the FIE website, section Clean Sport, for full details:

<https://static.fie.org/uploads/37/185549-2.1.FIE%20Anti-Doping%20Operational%20Instructions%20-%202025%20ang.pdf>

## A10 Confirmation Section

Event: \_\_\_\_\_

Name of Official: \_\_\_\_\_

Role in Organising Committee: \_\_\_\_\_

Contact details (email): \_\_\_\_\_

Mobile tel: \_\_\_\_\_

I confirm that all the requirements specified in this FIE Medical Handbook will be provided.

I confirm that an ambulance – will be on site /will be able to reach the venue within 10 minutes (delete as appropriate)

Signature:

Date:

A signed copy of this section must be returned to the FIE office and Lead Medical Delegate by email.

## B. ZONAL CHAMPIONSHIPS

**Cadet**  
**Junior**  
**Senior**

### B1 General Conditions

**B1.1** A comprehensive **Event Medical Plan** must be in place. This plan should give details covering all the requirements listed here.

**B1.2** **Appropriate** medical services must be provided in the venue:

- From the start of scheduled practice times, including any pre-competition days.
- From at least one hour before the daily competition start time **until the end of the medal ceremony**.

**B1.3** At least one medical doctor must be in the venue throughout the competitive day.

### B2. Emergencies (including serious injuries).

**B2.1.1** Personnel (minimum requirement):

Two locally licensed **medical professionals**, competent at and equipped for resuscitation and trained in Pre-Hospital Advanced Life Support.

- These medical professionals must be present in the fencing hall at least one hour before the start until the end of the last fight each day.

If two or more halls are to be used simultaneously, and the time required for Emergency Personnel to get from their station to the furthest hall is more than 2 minutes, the organisers **must** provide appropriate duplicate Emergency cover for any such additional hall.

*[‘hall’ includes any space used for any part of the competition].*

**B2.1.2** Pre-competition training days – the minimum requirement is one medical professional as in 2.1.1 present for any training sessions during the two days before the competition starts.

**B2.2** Equipment:

- Resuscitation equipment (cardiac, respiratory); to include defibrillator, manual resuscitator (ambu bag), oxygen, essential drugs, stretcher.

**B2.3** **Ambulance(s) on-site unless it can reach the venue within ten (10) minutes. It is the responsibility of the organisers to verify this and confirm it in writing to the Lead Zonal Official for the medical services at this event.**

Ambulances must be of a standard required for transporting any serious medical condition.

**B2.4** Communication:

Efficient communication between the emergency medical personnel, any medical delegates and the Directoire Technique is absolutely essential:

- Efficient method to summon medical help to pistes; this includes additional external emergency help.
- Efficient method to summon the ambulance.

**B2.5** Location:

- First Aid stations must be beside the field(s) of play and clearly identifiable.
- There should be an enclosed First-Aid / Medical area in the venue close to the competition area. This must be clearly identifiable.
- For the finals, a space with chairs must be provided immediately adjacent to the field of play.

**B2.6** Identification of medical staff – all emergency medical personnel must be clearly identifiable by their clothing or the use of high visibility vests.**B2.7** Hospitals:

- Access to a hospital with an emergency department must be available at all times.
- Access to other hospital specialties is desirable.
- Contact details of hospitals to be used must be made available to all medical personnel.

**B3. Sports Injuries (less serious injuries)****B3.1** Personnel:

- A medical professional able to deal with acute and chronic sports injuries.

**B3.2** Equipment / supplies:

- Appropriate first aid equipment, including compression bandages, physiotherapy tape, stretcher, wheelchair.
- A ready supply of ice, bags for ice packs, ice box.

**B3.3** Communication - as above by walkie-talkies or similar (e.g., mobile telephones).**B3.4** Location:

- Based at the First-Aid /Medical area in the venue close to the competition area.

**B3.5** Identification of medical staff – all sports injury medical personnel should be clearly identifiable.**B4 General Medical Care****B4.1** The Event Medical Plan must cover the range of general medical problems that can occur at a large fencing championship amongst the Fencing Family. This should include public health issues (e.g., gastro-enteritis or other communicable disease), access to local doctors, nurses and pharmacists and available hospital services.**B4.2** One Medical Professional with general medical experience including diagnosis to be available daily for at least part of the day.

This person should be able to prescribe if a doctor able to prescribe medication (not obtainable over the counter) is NOT available on site.

**B4.3** Equipment /supplies as appropriate including:

- Medication – a limited supply of basic drugs should be available to cover common ailments (e.g., simple analgesics, antihistamines, anti-diarrhoea drugs).
- The current WADA List of Permitted and Prohibited Drugs in Sport must be available. This list must be checked if a competitor is being prescribed or given a drug.

**B4.4** Effective communication with the local medical director and any Medical Delegates essential.

**B4.5** Location: First-Aid /Medical area (as above) with clear information about availability.

**B4.6** Additional Medical Services (optional):

- Sports Physiotherapist with experience of acute and chronic injuries.
- Equipment: physio tables – also for use by teams.
- Location: separate physio facilities as conveniently situated as possible.

## **B5 Medical Officials**

A duty of care is an obligation on one party to take care to prevent harm being suffered by another. Doctors owe a duty of care to their patients. In the context of this Handbook the FIE Medical Delegates will have a duty of care towards the competitors.

As a result, if **B2.1, B2.2, B2.3, B 2.4** are not in place at the event, the Doctors/Medical delegates must work with the LOC and DT to ensure compliance before the competition starts.

The Zonal Medical Delegate is responsible for coordinating and over-seeing the medical, safety and anti-doping requirements of the competition (in liaison with the DT and LOC).

The Medical Delegate is responsible for liaising with the LOC starting at least 3 months before the event to ensure compliance with these requirements.

The Medical Delegate should have a meeting with the local medical director /lead medical professional before the start of the competition to check that all arrangements are in place and satisfactory.

- The Medical Delegate is also responsible for overseeing medical incidents on the piste.
- They must be contacted immediately by the referee if any fencer sustains an injury that may need intervention or falls ill on the piste. They will assess the situation, authorise an injury time-out if indicated and organise appropriate action.
- **It is, therefore, essential that the Medical Delegate participates in the DT and Referee meetings prior to the start of the Zonal Championships.**
- They will produce a report after each Championships for the Zonal Confederation and FIE.

## **B6 Medical Records**

**B6.1** Injuries sustained during fencing [competition/training] should be recorded as follows:

- Serious injury – full details (using FIE/Zonal injury form if possible); all withdrawals due to injury must be documented and submitted to the DT together with the report non-withdrawal sports injuries requiring an injury break – relevant details; to be collated by the Medical Delegate/Zonal Official responsible.
- Minor injury – brief details on daily list.

Reports for these 2 categories should be sent to the FIE for injury data collection It is the responsibility of the Head of DT to ensure this is done.

**B6.2** Illness (any participant seen) during the event, except for trivial conditions, to be recorded in as much detail as appropriate for the severity of the condition.

A list should be kept of all those attending the medical area for help except for trivial conditions.

A record should be made of any medication dispensed.

**B6.3** Forms to be used (or equivalent electronic versions):

- Medical encounter form
- Withdrawal form

## B7 Minors:

Rule o.29.5 states:

All participants in an official competition of the FIE who are under the age of majority in the country in which such competition is being held must either:

- a) be accompanied by a person who is a parent or guardian of the participant or who has **been delegated in a form valid in the country of the competition** from a parent or guardian of such participant to act on behalf of the participant regarding health-related issues **and doping control**; or
- b) have such power of attorney issued to a person who has achieved his/her majority **in the country of the fencer** and who will be at the competition site during the competition and has agreed to accept the responsibility delineated in such power.

All participating nations and organisers are expected to comply with this rule.

## B8 Additional Requirements

### B8.1 Signs/Notices:

- All medical/first aid posts must be clearly identifiable
- Notices stating the FIE rule t.20 (see below) should be put up prominently in the competition and training halls.

#### t.20

*1. Fencers arm, equip and clothe themselves and fence at their own responsibility and at their own risk.*

*2. It is obligatory for any fencer who warms up or trains with another fencer on site at an official FIE competition (including in the training halls linked to the competition) to wear fencing clothing and equipment which conforms with the FIE regulations.*

*Any person giving a lesson must wear at least a fencing master's plastron as well as a fencing glove and a mask conforming with the regulations.*

*Any fencer taking a lesson must wear at least a mask and a glove.*

*The Supervisor of the competition or a member of the Directoire Technique must penalize any person not respecting this rule with a yellow card, followed by a black card in case of a repeated infringement.*

## B9 Doping control

**Testing is obligatory at Senior Zonal Championships, Individual and Team events, according to the FIE Anti-Doping Operational Instructions**

The LOC is responsible for the contract with the NADO/ other Sample Collection Authority (SCA to cover the testing required and subsequent administrative processes including inputting data into ADAMS).

Please refer to the FIE Anti-Doping Operational Instructions posted on the FIE website, section Clean Sport, for full details:

<https://static.fie.org/uploads/37/185549-2.1.FIE%20Anti-Doping%20Operational%20Instructions%20-%202025%20ang.pdf>

## B10 Confirmation Section

Event: \_\_\_\_\_

Name of Official: \_\_\_\_\_

Role in Organising Committee: \_\_\_\_\_

Contact details (email): \_\_\_\_\_

Mobile tel: \_\_\_\_\_

I confirm that all the requirements specified in this FIE Medical Handbook will be provided.

I confirm that an ambulance – will be on site /will be able to reach the venue within 10 minutes (delete as appropriate)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A **signed copy** of this section must be returned to the FIE office and Lead Medical Delegate by [email](mailto:email).

## C. WORLD CUPS/GRAND PRIX

Junior

Senior

### C1 General Conditions

**C1.1** A comprehensive Event Medical Plan must be in place. This plan should give details covering all the requirements listed here.

**C1.2** Appropriate medical services must be provided in the venue:

- From at least one hour before the daily competition start time until the end of the last fight each day

### C2. Emergencies (including serious injuries)

#### C2.1 Personnel (minimum requirement):

One locally licensed **medical professional**, competent at and equipped for resuscitation, trained in Pre-Hospital Advanced Life Support and able to diagnose and manage sports injuries.

This medical professional must be present in the fencing hall at least one hour before the start until the end of the last fight.

If two or more halls are to be used simultaneously, and the time required for Emergency Personnel to get from their station to the furthest hall is more than 2 minutes, the organisers **must** provide appropriate duplicate Emergency cover for any such additional hall.

*[‘hall’ includes any space used for any part of the competition].*

#### C2.2 Equipment:

- Resuscitation equipment (cardiac, respiratory); to include defibrillator, manual resuscitator (ambu bag), oxygen, essential drugs

**C2.3** Ambulance(s) on-site unless it can reach the venue within ten (10) minutes. It is the responsibility of the organisers to verify this

- Ambulances must be of a standard required for transporting any serious medical condition.

#### C2.4 Communication:

Efficient communication between the emergency medical personnel, and the Directoire Technique is absolutely essential:

- Efficient method to summon medical help to pistes; this includes additional external emergency help.
- Efficient method to summon the ambulance.

#### C2.5 Location:

- First Aid stations must be beside the field(s) of play and clearly identifiable.
- For the finals, a space with chairs must be provided immediately adjacent to the field of play.

**C2.6** Identification of medical staff – all emergency medical personnel should be clearly identifiable by their clothing or the use of high visibility vests.

#### C2.7 Hospitals:

- Access to a hospital with an emergency department must be available at all times.
- Access to other hospital specialties is desirable.

- Contact details of hospitals to be used must be made available to all medical personnel.

### **C3. Sports Injuries (less serious injuries)**

#### **C3.1 Personnel:**

- A **medical professional with sports medicine experience able to deal** with acute and chronic sports injuries. This can be the same person as in C2.1.

#### **C3.2 Equipment / supplies:**

- Appropriate first aid equipment, including compression bandages, physiotherapy tape, wheelchair.
- A ready supply of ice, bags for ice packs, ice box.

#### **C3.3 Communication - as above in C2.4.**

#### **C3.4 Identification of medical staff – all sports injury medical personnel should be clearly identifiable.**

### **C4 General Medical Care**

#### **C4.1** The Event Medical Plan must cover the range of general medical problems that can occur at World Cups/Grand Prix. This should include access to local doctors, nurses, pharmacists and hospital services.

#### **C4.2 Equipment / supplies as appropriate including:**

- Medication – if possible, a limited supply of basic drugs should be available to cover common ailments (e.g., simple analgesics, antihistamines, anti-diarrhoea drugs)

The current WADA List of Permitted and Prohibited Drugs in Sport must be available. This list must be checked if a competitor is being prescribed or given a drug.

### **C5 Medical Officials**

A duty of care is an obligation on one party to take care to prevent harm being suffered by another. Doctors owe a duty of care to their patients. In the context of this Handbook the FIE Medical Delegates will have a duty of care towards the competitors.

As a result, if **C2.1, C2.2, C2.3, C 2.4 are not in place at the event, the Doctors/Medical delegates must work with the LOC and DT to ensure compliance before the competition starts.**

#### **C5.1 At World Cups the FIE Supervisor is responsible for monitoring the medical, safety and anti-doping requirements of the competition (in liaison with the DT and LOC).**

**In the absence of a Supervisor, the LOC should appoint an official to take this responsibility**

#### **C5.2 The lead medical professional for the event will manage medical incidents on the piste, in consultation with the referee or FIE Supervisor as appropriate.**

**They must be briefed on the FIE rules regarding injury time-outs and management**

## C6 Medical Records

### C6.1 Injuries should be recorded as follows:

- Serious injury – full details (using FIE injury form if possible).
- All withdrawals due to injury must be documented and submitted to the DT and FIE Supervisor together with the report.
- **The FIE Supervisor is responsible for collating these reports and submitting them to the FIE.**

### C 6.2 Serious Illness during the event, to be recorded in as much detail as appropriate for the severity of the condition.

### C6.3 Forms to be used (or equivalent electronic versions)

- Medical encounter form
- Withdrawal form

## C7 Minors

Rule o.29.5 states:

All participants in an official competition of the FIE who are under the age of majority in the country in which such competition is being held must either:

- a) be accompanied by a person who is a parent or guardian of the participant or who has **been delegated in a form valid in the country of the competition** from a parent or guardian of such participant to act on behalf of the participant regarding health-related issues **and doping control**; or
- b) have such power of attorney issued to a person who has achieved his/her majority **in the country of the fencer** and who will be at the competition site during the competition and has agreed to accept the responsibility delineated in such power.

All participating nations and organisers are expected to comply with this rule.

## C8 Additional Requirements

Signs/Notices:

- All medical/first aid posts must be clearly identifiable
- The FIE rule t.20 must be observed

### t.20

*1. Fencers arm, equip and clothe themselves and fence at their own responsibility and at their own risk.*

*2. It is obligatory for any fencer who warms up or trains with another fencer on site at an official FIE competition (including in the training halls linked to the competition) to wear fencing clothing and equipment which conforms with the FIE regulations.*

*Any person giving a lesson must wear at least a fencing master's plastron as well as a fencing glove and a mask conforming with the regulations.*

*Any fencer taking a lesson must wear at least a mask and a glove.*

*The Supervisor of the competition or a member of the Directoire Technique must penalize any person not respecting this rule with a yellow card, followed by a black card in case of a repeated infringement.*

## C9 Doping control.

**Testing is obligatory at Senior World Cups - Individual and Team events; Junior World Cups – Individual only according to the FIE Anti-Doping Operational Instructions**

The LOC is responsible for the contract with the NADO/ other Sample Collection Authority (SCA) to cover the testing required and subsequent administrative processes including inputting data into ADAMS.

Please refer to the FIE Anti-Doping Operational Instructions posted on the FIE website, section Clean Sport, for full details:

<https://static.fie.org/uploads/37/185549-2.1.FIE%20Anti-Doping%20Operational%20Instructions%20-%202025%20%20ang.pdf>

# FIE Injury and Withdrawal Form

November 2021

	.....
Date (Day/Month/Year)	.....
<b>Event details</b>	Veteran/Senior/Junior/Cadet
	World Cup Individual/Team
	Grand Prix
	World Championship
	Zonal Championship
Location	
<b>Athlete Name</b>	
Age	
Gender	
Nationality	
Weapon	Foil/Epee/Sabre
Fencing Hand	Right/Left
Athlete email	
telephone	
<b>Injury details</b>	
<b>What part of the body</b> was injured (include left/right and specific location, e.g., R knee, L ankle)	
<b>Type of injury</b> (e.g., sprain, laceration,)	
<b>Mechanism of Injury</b> (i.e. how did the injury occur, e.g. stepped on the side of piste and twisted ankle; cut by opponent's blade)	

Name	
Was this a completely new injury or aggravation of an existing injury or problem?	
Treatment received for this injury at the competition	
Withdrawal from event?	Yes/ No –continued after injury time out
Was the athlete referred to hospital?	
Any subsequent treatment? (if known)	
Any photos of the injury?	Yes/No Please include if possible
<b>If systemic complaint:</b>	
Details of problem including significant examination findings	
COVID infection/vaccination history	

V2JS/CH