



FIE MEDICAL HANDBOOK

MEDICAL COVER FOR

WORLD CHAMPIONSHIPS

ZONAL CHAMPIONSHIPS

GRANDS PRIX / WORLD CUP COMPETITIONS

CONTENTS

Overview	2
Summary of Requirements (chart).....	3
Specifications:.....	4
Medical Emergencies	4
Sports Trauma.....	5
General Medical Care	5
Additional Medical Services	6
Doping Control.....	6
FIE Medical Delegates.....	7
Additional Requirements.....	7

Overview

The FIE is responsible for ensuring that the organisers of these major, international competitions prioritise the health and physical security of all the participants.

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. [Other major international fencing events will also normally apply the same standards].

All organisers of these events are expected to comply with this document and take their health and safety responsibilities seriously. They will need to work with an experienced local medical professional to put in place appropriate services so that any injured or unwell participant will receive adequate medical care without delay.

For World Championships (and other Major Championships under FIE responsibility) the FIE obliges the organisers to provide:

- confirmation in writing that these Medical Specifications will be met
- evidence during the preparation period that facilities, personnel and logistical arrangements will be adequate
- satisfactory provision of all services specified throughout the event.

Summary of requirements

E = essential D = desirable N= not required

	Services For details see following sections	World Championships	Zonal Championships	Grands Prix/ World Cups
1	Medical emergencies including serious injuries			

1.1	One locally licensed paramedic or doctor trained in advanced life support	E	E	E
1.2	Resuscitation equipment (cardiac incl defibrillator, respiratory)	E	E	E
1.3	Ambulance – on site or within 10 minutes	E	E	E
1.4	Efficient communication devices	E	E	E
1.5	Medical/first aid room	E	E	D
2	Sports trauma			
2.1	Sports injury expert – doctor, physiotherapist or paramedic	E	E	E
2.2	First aid equipment, materials	E	E	E
2.3	Efficient communication devices	E	E	E
3	General Medical Care			
3.1	Plan in place	E	E	N
3.2	Doctor – general practitioner / physician	E	D	N
3.3	Nurse with general medical and first aid experience	D	D	N
3.4	Appropriate equipment and medication	E	D	N
4	Additional medical services			
4.1	Sports Physiotherapist	D	D	D
4.2	Sports Masseur	D	D	D
4.3	Physio tables	D	D	N
5	Doping Control (if testing required)			
5.1	Doping Control Officers	E	E	E
5.2	Chaperones	E	E	E
5.3	Doping Control Station	E	E	E
5.4	Equipment (see below)	E	E	E
6	Medical Officials	E FIE Medical Delegates	D Zonal Medical Official	N
NB: the medical roles 1.1, 2.1, 3.2 can be combined as long as there is always adequate cover				

Specifications

Important note – appropriate medical cover must be provided in the venue as follows:

- 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 last fight each day.

1. Medical Emergencies (including serious injuries).

1.1 Personnel: (minimum requirement)

- One locally licensed medical doctor or paramedic, competent at and equipped for resuscitation, i.e. trained in Advanced Life Support.
- Compulsory.
- This doctor or paramedic must be present in the fencing hall at least one hour before the start and for the full duration of the competition.
- 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 duplicate Emergency cover for each 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 President of the Medical Commission at least two (2) months before the competition

1.2 Equipment :

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

1.3 Ambulance(s) on-site, or on stand-by as long as it can reach the venue within ten (10) minutes - (this must be verified by the organisers).

- Ambulances must be well-equipped, to a standard required for transporting any serious medical condition.

1.4 Logistics : good 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.
- Good public address system.
- Efficient method to summon medical help to pistes
- Efficient method to call the on-site (or stand-by) ambulance.

1.5 Location :

- At all FIE events a First Aid station must be at the field(s) of play and clearly signposted.
- World / Zonal Championships must have a First-Aid / Medical room in the venue close to the competition area. The emergency service will be stationed there.
- This must be clearly signposted

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

1.7 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 easily available

2. Sports Trauma (less serious injuries).

2.1 Personnel :

- A sports-medicine expert (doctor, paramedic or physiotherapist) experienced in dealing with acute and chronic sports injuries.

2.2 Equipment / supplies :

- Appropriate first aid equipment, including compression bandages, stretcher, wheelchair, crutches.
- A ready supply of ice.

2.3 Logistics :

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

2.4 Location :

- Based at the First-Aid / Medical room in the venue close to the competition area.
- For the finals, a space with chairs must be provided immediately adjacent to the field of play.

2.5 Identification of medical staff – all sports injury medical personnel must be clearly identifiable by their clothing or use of high visibility vests.

3. General Medical Care. (World and Zonal Championships)

3.1 A plan must be in place for dealing with the range of general medical problems that can occur at a large fencing championships. This should include dealing with public health issues (eg gastro-enteritis or other communicable disease), access to doctors, nurses and pharmacists and available hospital services. Details of insurance or payment arrangements must be clear for all groups of people attending the event, i.e. competitors, their entourages, officials, others in the work force and spectators.

The information pack for delegations should contain all appropriate information.

3.2 One Medical doctor to be available daily for at least part of the day.

3.3 One nurse with general medical and first aid experience to be available daily for at least part of the day.

3.4 Equipment / supplies : as appropriate including first aid materials

- Medication – a limited supply of basic drugs should be available to cover common ailments; (drugs must be kept securely).
- The current WADA List of Permitted and Prohibited Drugs in Sport must be available.

3.5 Logistics : effective communication with the local medical director and FIE/Zonal Medical Delegates essential

3.6 Location: either at First-Aid / Medical room (as above) or in a separate Medical station in the venue – clearly signposted.

4. Additional Medical Services (optional)

- 4.1 Sports Physiotherapist with experience of acute injuries
- 4.2 Sports Masseur
- 4.3 Equipment: physio tables – also for use by teams.
- 4.4 Location: separate massage/physio facilities (close to the First-Aid / Medical room if possible).

5. Doping control.

- 5.1 Doping Control Officer(s) (DCO) supplied by the National Anti-Doping Organisation (NADO) to manage the testing process strictly according to the WADA regulations.
- 5.2 Chaperones, one for each fencer selected for doping control, who must have had adequate training.
- 5.3 Doping Control Station:
 - To be located as close to the Finals venue as possible and signposted.
 - To include at least :
 - i) small room with table & 4 chairs, for processing samples, documentation,
 - ii) adjacent toilet (two separate toilets if males and females to be tested same day),
 - iii) waiting room large enough for each notified fencer plus accompanying official,
 - iv) limited access procedure (security control at entrance).
- 5.4 Equipment:
 - approved sample collection bottles, containers and doping control forms from the NADO / Sample Collection Authority.
 - sufficient, sealed, non-alcoholic drinks containing no prohibited substances.
 - secure cupboard/refrigerator.
- 5.5 Logistics : FIE *Anti-Doping Officer* (FIE Medical Delegate or Supervisor):
 - To liaise with DCOs and Chaperones before each doping control session.
 - Transport to be provided, after doping control, for the late return of the personnel involved (medical staff, fencers, accompanying officials) to hotels.
- 5.6 Doping Control Procedures
(see “FIE Anti-Doping Officer Duties” document for details)
 - 5.6.1 Doping control tests are obligatory at all World Championships, (apart from the Veteran’s category), Open Zonal Championships, Grand Prix and World Cup competitions (see *FIE Anti-Doping Rules art. 5.6.1*)
 - 5.6.2 The “*FIE Anti-Doping Officer*” (who is responsible for co-ordinating doping controls at official FIE competitions) will be the following person:
 - a) at World Championships = the FIE Medical Delegate
 - b) at Zonal Championships = the Zone Medical Delegate *
 - c) at Grands Prix & World Cups = the FIE Supervisor **
 - * *Designated by the Zone or appointed by the FIE*
 - ** *See document - FIE Supervisors anti-doping duties:*
<http://static1.fie.org/uploads/5/29540-FIE-ANTI-DOPING-OFFICER-DUTIES-2015-ang.pdf>

If no Supervisor is present the DT must assign one of its members as “Anti-Doping Officer”.
 - 5.6.3 Analysis of samples must be performed by an IOC-accredited laboratory.

- 5.6.4 A copy of each completed Doping Control Form (DCF) must be submitted to the FIE Medical Delegate / *Anti-Doping Officer* at the end of each Doping Control session.
- 5.6.5 NOTE: The FIE is the Test Authority and the Result Management Authority. The Laboratory must therefore be instructed to send all Analytical Reports to the FIE office in Lausanne.

6. Medical Officials

- 6.1 At **World Championships**, 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 Directoire Technique).
- It is expected that they will 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 dealing with medical incidents on and off the piste.
 - They must be contacted immediately by the referee if any fencer sustains an injury or falls ill on the piste. They will assess the situation and organise 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.
- 6.2 At **Zonal Championships**, the Zonal Medical Delegate will be responsible for dealing with medical incidents on and off the piste. If no such delegate is present the local medical officer will be responsible, in consultation with the referee as appropriate.
- 6.3 At **FIE Grands Prix & World Cups**, the local medical officer will manage medical incidents on and off the piste, in consultation with the referee or FIE Supervisor as appropriate.

7. Additional Requirements

- 7.1 Insurance:
See section insurance of the handbook.
- 7.2 Signs/Notices:
- All medical/first aid posts must be clearly signposted
 - Notices stating the FIE rule t.15 (see below) should be put up prominently in the competition and training halls.

t.15

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.

7.3 Medical Records

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 FIE together with the report.
- Minor injury – brief details on daily list

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 room for help.

A record should be made of any medication dispensed.

7.4 Minors:

- rule o.55.5 requires that participants under 18 who require medical treatment should be accompanied by an adult who has the required authorisation.