



## HOCKEY INDIA LEAGUE 2016

### MEDICAL GUIDELINES

The safety and health of the athletes is of paramount importance as well as priority number one during conduct of the HOCKEY INDIA LEAGUE 2016. It is through the initiatives & prompt intervention of the designated medical personnel that the HIL intends to ensure a relatively injury free competitive environment, is able to monitor injury trends, and can conduct an exemplary clean game through a strict anti-doping program.

The HIL designated medical personnel will comprise the following:

- (A) Chief Medical Officer of the League (Dr Bibhu Nayak)
- (B) Medical Officers of the League
- (C) Venue Medical Officers
- (D) Specialist Consultants (Orthopedic Surgeon, Neurosurgeon, Physician & Dental Surgeon)
- (E) Paramedic Staff at venues

#### **Roles of the Chief Medical Officer of the League:**

- i. The Chief Medical Officer (CMO) is a registered medical practitioner with considerable experience as Team Doctor of the Indian National Hockey Team.
- ii. The CMO is a member of the HIL technical team at the tournament.
- iii. The CMO is directly responsible to the Tournament Director (TD), and works in close co-operation with the Venue Medical Officers (VMO).
- iv. The CMO serves as the conduit for the medical care of all those who may be involved with the tournament and is not expected to render care except in a medical emergency. The CMO can act as a doctor on the pitch if requested. The CMO has a direct responsibility for the medical care of appointed HIL technical officials.
- v. The CMO is responsible for ensuring (through the VMOs as appropriate) that all necessary medical related facilities are provided and procedures established.
- vi. The CMO observes the Anti-doping sample collection procedures, if any, taking place.
- vii. The CMO is responsible for ensuring distribution and collection of injury forms from medical personnel. At the end of the tournament the CMO supplies a full medical report to HIL & FIH including a summary of the injury information.
- viii. The CMO will be responsible for forming the Medical Committee on TUE & may also be asked to participate in FIH research projects.

#### **Roles of the Medical Officer (MO) of the League:**

- i. The Medical Officer (MO) is a registered medical practitioner.
- ii. The Medical Officer (MO) is directly responsible to the CMO. The MO works in close cooperation with the CMO and assists in the smooth conduct of all medical matters at the tournament.

#### **Roles of the Venue Medical Officer (VMO) of the League:**

- i. The Venue Medical Officer (VMO) is a registered medical practitioner preferably from the Franchisee based city in which the home based matches will be taking place.
- ii. The VMO is a member of the team of local Franchisee officials

- iii. The VMO is directly responsible to the CMO. The VMO work in close co-operation with the CMO and the local organisers of the competition.
- iv. The VMO is responsible for organising and implementing the entire medical facilities available at the home team venue for the duration of the tournament from the arrival of the participating team members of the home team and away team to departure of the last person, including Technical Officials.
- v. The VMO is responsible for ensuring the arrangements for liaison with referral hospital, provision of ambulance, specialist care, medical coverage of every game played, sufficient availability of medication and access to these as well as relevant communications.
- vi. The VMO provides support for the CMO as and when required by the CMO.

### **Specialist Consultants**

The following specialist should be designated by the local franchisee and facilitate the availability of their services as and when required by either the home or away team on payment basis:

- Orthopedic Surgeon
- Neurosurgeon
- Physician
- Radiologist
- Dental Surgeon

### **Specification of Medical Facilities at the Venue**

#### **Personnel**

- A local doctor must be on duty at the competition field of play during all matches and training sessions of both home and away teams.
- Stretcher bearers must be on duty at the competition field of play during all matches.
- Persons allocated with responsibility to clean pitch of blood stains.
- Emergency dental facilities (eg. a dentist nearby).

#### **Equipment**

The provision of the following equipment is required beside each of the competition fields of play.

- Stretcher at or near the Technical Officials' table;
- Seating for stretcher bearers;
- Spinal board (in case of neck/spinal injury);
- Wood, aluminum or air splints for fractures of upper or lower limbs;
- Ambulance service (fully equipped, with unobstructed access to the field of play and for exit from the venue);
- Provision of a stand by ambulance in case the main ambulance is deployed for the evacuation of an athlete.

#### **First Aid Room**

Supervised by Venue Medical Officer (VMO) on duty. Must be set up and equipped with:

- Dedicated area and desk for Chief Medical Officer and Venue Medical Officer.
- Two treatment tables.
- Adequate lighting.
- Facilities for suturing cuts.
- Sterile / non-sterile bandages (e.g. elastic bandages), slings, band-aid type dressings, tapes.
- Basic medicines.
- Analgesics (oral and injectable) including morphine, medicines for gastrointestinal disorders
- Oxygen and means of administering it.
- Intravenous equipment and sterile fluids for treatment of severe heat exhaustion in tropical zone only).
- Adequate splints and availability of morphine are essential.
- Means of disposal of used sharp, sterile and non sterile equipment.

- Defibrillator for cardiac emergencies.
- Ice bath Facilities (in Team Changing Rooms).

### **Medical Facilities at Team Hotels**

- Provision of adequate space for each team's physiotherapist to treat members of the team will be the responsibility of the concerned franchisee.
- Provision of medical facilities in residence (ie day and night), in particular availability of VMO, Specialists on call in case of emergency or for post match consultation will be the responsibility of the local franchisee.
- Identification of a referral hospital in case of emergency, post match consultation with specialist or conduct of investigative procedures will be facilitated by the local franchisee. However the actual cost of the medical facility availed will be borne by the respective franchisee.
- Arrangement of masseurs for the away team will be the responsibility of the concerned franchisee.

### **Anti-dope Testing Facility**

A doping control area (Doping Control Centre) must be provided at the competition venue. It should comprise of a waiting room, a doping control room and a toilet facility. This area must be secure, private and reserved solely for anti-dope testing purposes. Only individuals involved with testing are permitted entry to the Doping Control Station. Ideally the waiting room, doping control room and toilet are adjacent. The required material as mentioned in the operative FIH Anti-doping Regulations document applicable at the date of the commencement of the competition must be available together with relevant WADA documents (eg Prohibited List and International Standard for Testing).

#### **Waiting Room containing:**

- Seating for athletes, athletes representatives and chaperones.
- Facility for sealed drinks (esky/cool box or refrigerator).
- Garbage bin.

#### **Doping Control Room**

This must be highly secure and lockable. Ideally the room is to be adjacent to the waiting room and the toilet. The Doping Control Room should contain:

- Lockable fridge.
- Table and three chairs (Doping Control Officer, athlete, athlete's representative).
- Forms to notify athletes, and for Doping Control Records.
- Laboratory collection acknowledgement forms and chain of custody forms.
- Trained personnel (including Dope Control Officer and with all staff suitably accredited) to monitor and chaperone the athlete selected to be tested.
- Sufficient collection bottles/kits.

#### **Toilet**

Should be large enough for the DCO to be able to directly observe the competitor providing the sample. A disabled person's toilet is ideal but not essential.

#### **Therapeutic Use Exemption**

- Note that as per the FIH/HI Anti-doping Regulations, it specifies that athletes requiring a TUE should have submitted applications at least 30 days prior to the start of the tournament.
- If an athlete makes a late application during the tournament the HIL cannot guarantee that the exemption will be processed and the exemption granted. Consequently, the athlete could be selected for anti-dope testing and if a positive test is recorded would be subject to penalties provided in the FIH/HI Anti-doping Regulations.

- If a medical condition develops during the course of the tournament requiring use of a substance or method on the WADA Prohibited List, a TUE application supported by the appropriate medical evidence or a declaration may be required (eg for administration of Glucocorticosteroids by non systemic routes). Ensure that all medical personnel are aware of when a declaration is required.
- An athlete cannot submit TUE applications to more than one organization.
- If you are a senior athlete representing your National Association in international matches, including participation in an FIH tournament, you must submit your TUE Application to FIH.
- If you are a national level and/or junior athlete you must submit your TUE Application to your National Anti-Doping Organization (NADO).

### **Sports Concussion Assessment Tool 3 (SCAT 3)**

This tool represents a standardized method for medical professionals to evaluate injured athletes for concussion. It supersedes the original SCAT published in 2005 and SCAT 2 published in 2009. SCAT 3 utilizes the Glasgow Coma Scale and the Maddock's Score alongside symptom, cognitive and physical evaluations in order to obtain the most accurate diagnosis.

Key points for athlete's suspected of concussion include:

- Any athlete with a suspected concussion should be removed from play, medically assessed, monitored for deterioration and should not be left alone.
- Any athlete with a suspected concussion should not drive a motor vehicle.
- Any athlete diagnosed with concussion should not return to sports participation on the same day.

Click here for further information regarding [SCAT 3](#).

### **Care of Umpires**

An appropriate facility/ability to treat and care for the umpiring panel, including massage facilities with local physiotherapists, should be available for all the officials under the supervision of the Venue Medical Officer.

### **Documentation**

- Daily Medical incidence reports will be forwarded to the CMO.
- Match Injury Report will be initiated by the VMO/ MO & forwarded to CMO.
- Team Doctors / Team Physios need to update on the status of players seriously injured.
- Team Report - Injury Summary will be initiated by Team Doctor/Team Physio.
- CMO's decision on medical matters will be final.

### **Financial Implications**

- The provision of the Medical Room at the venue, adequate medical cover during:
  - conduct of competition, emergency referral services at a tertiary care hospital;
  - rendering the availability of services of Venue Medical Officer will be the responsibility of local franchisee.
- Cost of post match investigations and consultations at the tertiary care referral hospital will be borne by the respective franchisees.
  - It is recommended that the players should be medically insured by the respective franchisees.
- Boarding, lodging & transport of CMO will be taken care by HIL.
- Cost for the conduct of Anti-doping tests will be borne by HIL.

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