

# ICC MINIMUM MEDICAL STANDARDS FOR MAJOR ICC EVENTS



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# INTRODUCTION

As part of its on-going efforts to protect the health of participants in cricket, the ICC's Medical Advisory Committee in consultation with its Member Medical Representatives has developed minimum medical standards. The purpose of these standards is to ensure there is a consistent level of medical services available to players and match officials across all cricket events.

This document specifically addresses minimum medical standards, which a Host Member is required to implement when hosting a major ICC event such as a Cricket World Cup, Twenty20 World Cup and an U19 Cricket World Cup. This document also includes templates that can assist Members in meeting the required standards and will be updated on a regular basis to ensure it remains fit for purpose.



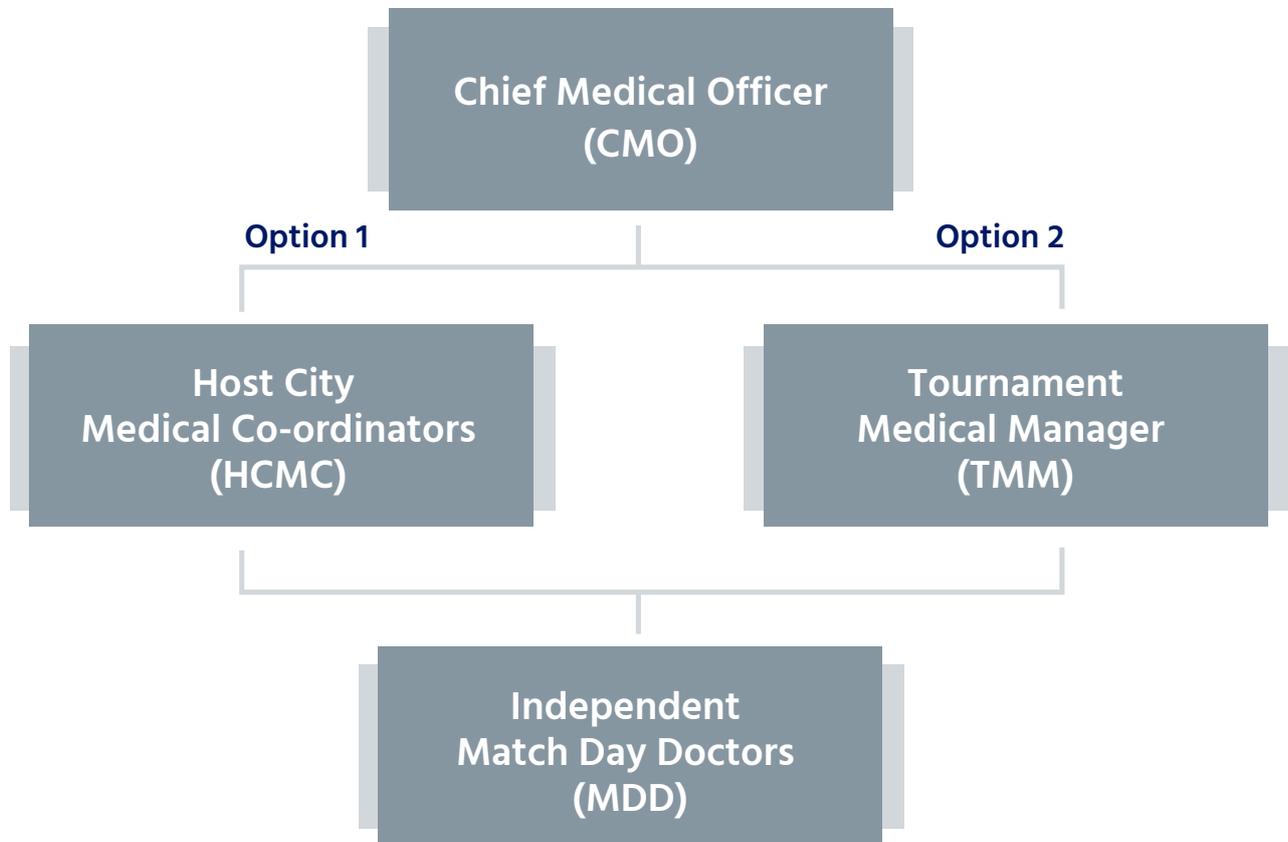
# RECOMMENDED MEDICAL MANAGEMENT STRUCTURE OPTIONS

## Medical Management Structure

An appropriate medical management structure should be adopted for each ICC event to protect the safety, health and wellbeing of ICC event participants. The structure clearly outlines the levels of responsibility amongst management for the effective development and delivery of event medical arrangements. The ICC's recommended management structures for major ICC events are set out below.



## Management structures



*Recommended options for the Medical Management Structures for a major ICC event*

## Chief Medical Officer (CMO)

The role of the Event CMO will be a full-time role for the duration of the Event. The person fulfilling this role is ultimately responsible for the planning, co-ordination and governance of medical services provided by event medical staff to players, officials and team management during the event (both at the match, practice venues and team hotels). The CMO's name and contact details should be available to participating teams in advance of the event.

If the tournament is to be held operating amidst bio-safety measures or in challenging climate conditions (heat, air quality etc.), the CMO should be included in the planning stages to ensure the medical elements of bio-safety and climate are appropriately considered and addressed



## Qualification and experience of the CMO

### The CMO should have/be the following:

- Independent from any team for the duration of the event.
- A registered medical practitioner of the host country.
- Experience and knowledge of elite sports medicine.
- Experience and knowledge of organising the medical component of major sporting events.
- Links and contacts with specialists in sports medicine, musculoskeletal injuries, imaging and other areas of specialist medicine of that region.
- Contacts with all designated local facilitators.
- Experience in the medical management of professional cricketers.



### The Host Member is required to:

- Appoint the CMO for the planning and communication period prior to the event and the entire duration of the event.
- At the onset provide the CMO with the ICC Minimum Medical Standards document.
- Integrate the CMO into the structure of the Local Organising Committee (LOC)
- Invite the CMO to attend relevant LOC planning meetings and venue inspections.

## The CMO will also be responsible for:

- Developing a medical handbook for players, team officials and match officials using the template attached at Appendix A and submitted to the ICC Medical Manager no later than 2 months before the start of the event.
- Ensuring a single point of accountability for all medical matters concerning match officials.
- Conduct a risk assessment on infectious disease and a risk assessment on heat and submit both reports to the ICC for review prior to the event.
- Engaging with the ICC to provide support in the planning and safe delivery of the event in light of an outbreak of an infectious disease or pandemic.
- Assist with the appointment of medical personnel for the event.
- Develop a communication plan.
- Refrain from introducing any event medical protocols or briefing participating teams on protocols without ICC's prior consent.
- Organise a pre-event medical briefing and emergency medicine training for team medical personnel.
- Provide a post event Tournament Medical Report to the ICC (optional use of template in Appendix D)
- Should the tournament be held during a pandemic, the Chief Medical Officer will be included in the bio-safety planning stages of the event.

## Host City Medical Co-ordinator (HCMC)

This person will be the point of contact for all medical related matters within a particular city. The HCMC's names and contact details must be available to participating teams in the medical handbook. The CMO or Match Day Doctors may also fulfil the role of the HCMC.

### The HCMC should:

- Have expert knowledge on the geographical location he/she is covering.
- Be able to assist primarily with accessing services, providing local knowledge etc. on match day, practice day and at the team hotel within the relevant city.
- Be available for all "non-critical", general medical queries but should not be expected to treat and see patients.

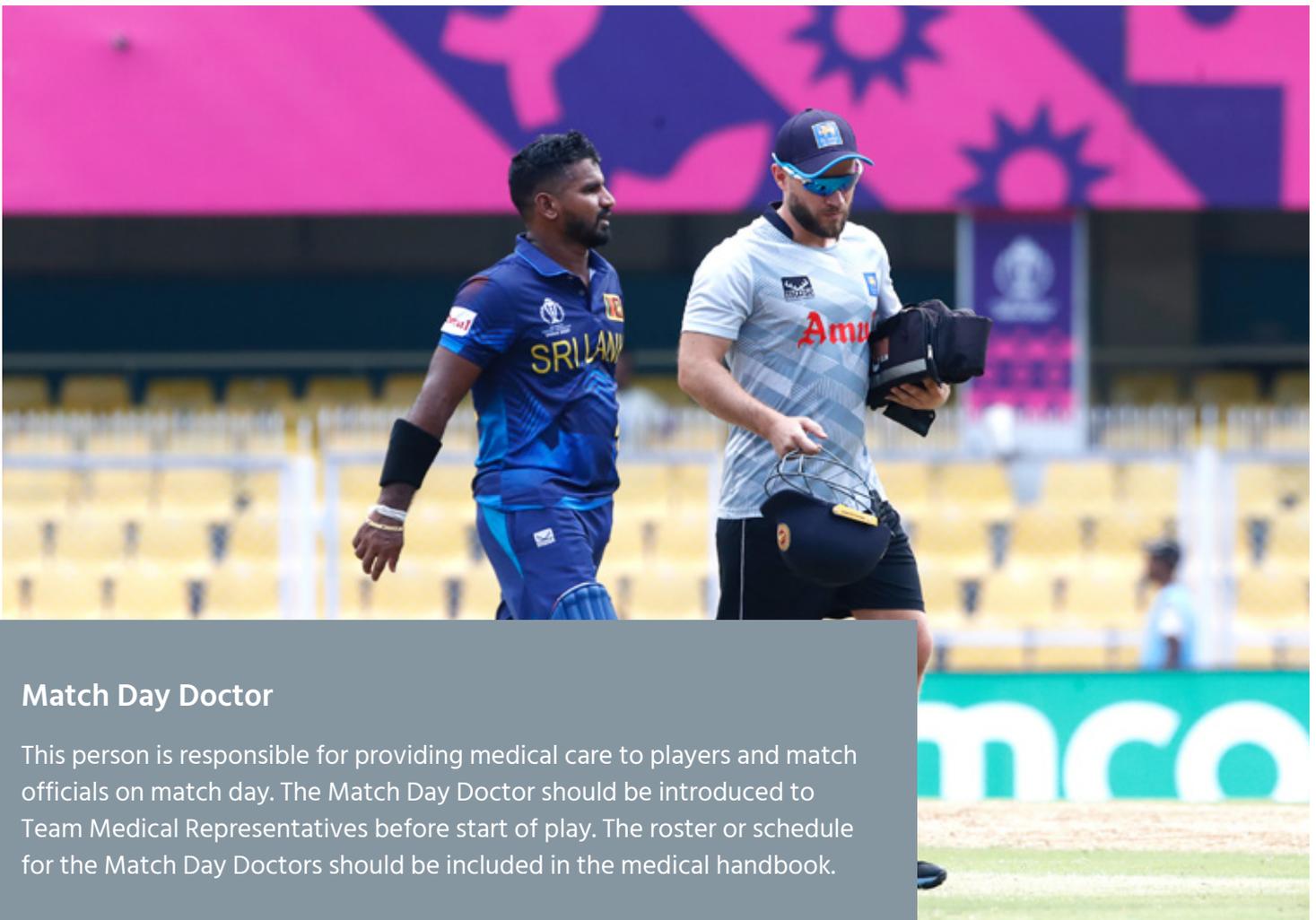


## Tournament Medical Manager (TMM)

This person will assist the Chief Medical Officer in the planning, coordination and governance of medical services during the event. The Tournament Medical Manager will be responsible for working closely with the CMO in delivering the medical plan and preparing the Event Medical Handbook. The TMM will also ensure suitable medical facilities are available at every match and practice venue and have the contact details of all the team doctors and physiotherapists.

### The TMM should have:

- A medical and healthcare professional qualification or experience in organising event medical facilities;
- Experience and knowledge of sports medicine in the region and
- Experience and knowledge of organising the medical component for events.
- Be able to assist with facilitating medical appointments in the region
- Be available for all “non-critical”, general medical queries



### Match Day Doctor

This person is responsible for providing medical care to players and match officials on match day. The Match Day Doctor should be introduced to Team Medical Representatives before start of play. The roster or schedule for the Match Day Doctors should be included in the medical handbook.

### Qualifications and experience of the Match Day Doctor

- Be a registered medical practitioner with life support training.
- Have experience in dealing with sports medicine injuries including concussion.
- Have good local knowledge of relevant medical facilities.
- Have knowledge of anti-doping in sport.
- Preferably be female in case of a women’s event.
- Be independent and not affiliated to a team.

## Team Medical Personnel

Each team should have a dedicated Team Medical Officer or Personnel whose professional responsibilities are with that team only. Team medical personnel play a crucial role in ensuring the health and safety of players and support staff during events. Their responsibilities range from providing immediate care in the event of an injury to monitoring the overall physical condition of players.

The Team Medical Personnel have the ultimate responsibility of medical decisions for that team, except in the case of emergency medical care when the provided emergency medical services would take the lead role in decision making, e.g. paramedics, emergency physicians, etc.

The ICC has mandated that teams participating in Senior Men's and Women's World Cups travel with doctors and strongly recommends that teams at the next tier of events also travel with doctors. For further detail refer to Appendix G. In addition, the guidance on the role of medical personnel with teams is outlined in Appendix H. This is to ensure clarity, as some functions may overlap across different roles. Clear direction on these roles helps to prevent excessive burden on any one individual.

In the case of a head knock, the decision on the player's continuation in a match or return to play is the responsibility of the Team Medical Personnel but should be in accordance with the ICC Concussion Management Guidelines, taking into consideration the Match Day Doctor's advice when provided. To ensure player welfare, the ICC will reconsider the need to mandate medical clearance by an appropriately qualified doctor.

The Team Medical Personnel must participate in the pre-event medical briefings and participate in any pre-event medical training/workshop organized by the ICC.



# ROLE AND RESPONSIBILITY OF THE MATCH DAY DOCTOR

For ICC events the responsibility and functions of the Match Day Doctor (MDD) extends into match day – 1, pre-match, match day and post-match.

## Match Day -1

**Prior to the game day, it is the responsibility of the MDD to:**

- Ensure the ambulance and emergency services, the provision of tertiary medical services (e.g., hospitals) and availability of medical room equipment are as outlined in the medical standards.
- Ensure that medical personnel and emergency services (paramedics and ambulance) on match days are assigned a location that allows them to view the entire field and in case of emergencies can gain easy access to the field.
- Visit the match venue prior to match day where possible to ensure all medical related matters are as they ready.
- Be familiar with the venue evacuation route and procedures as well as ICC policies and guidelines (Concussion, heat, air pollution, infectious diseases, anti-doping, etc).
- Complete the Match Day Emergency Medical Contact sheet attached at Appendix I and share with both team medical representatives and the ICC the day before the match.



## Pre-Match

The MDD must be present at the ground at least 1.5 hours before the scheduled start of the match. During this time they must ensure that:



The medical room is functional.

Ambulance and emergency personnel are present, and communication is established (phone numbers, walkie talkie etc);

Contact the Team Medical Representatives and establish communication means (e.g. phone numbers, walkie talkie, etc);

Ascertain when and if the Team Medical Representatives require on-field support from the Match Day Doctor.

Make contact with Match Officials to identify any pre-existing conditions/allergies that the MDD/paramedics should be aware of in case of an emergency;

Reiterate to Match Officials, in particular on-field umpires the hand signals and the location of paramedics during the match in case a medi-cart/stretcher is required.

Speak with venue appointed spectator/crowd paramedics to ensure they will cover players and match officials in a situation where the ambulance and paramedics assigned to them is in use.

Attend/run the match day medical meeting. For more detail on the meeting refer to the match day medical meeting section further on in this document.

## Match Day

### The MDD must:

- Carry his/her own medical kit with drugs, syringes, needles, suture equipment, emergency medicines etc.
- Be present and contactable throughout the match.
- Have full visibility and access to the field in case of emergency.
- Run onto the field in case of a perceived emergency or if called on.
- Be the first responder in case of any injury to an umpire.
- Provide advice to Match Officials regarding medical matters.
- On request from the TMR, assist with the assessment and management of a concussion and provide medical advice on continuation/return to play.
- Liaise with a safety officer or the climate bureau regarding worsening weather conditions that may pose a threat to player/umpire safety and report to the Match Referee on the conditions unless a different protocol is in place.
- Consider reviewing video footage in the assessment of a head knock. The process for requesting video footage at an event should be outlined prior to the start of the event.
- Raise with the Match Referee any concerns regarding a decision by the TMR to allow a player to remain on/return to the field of play post a head knock. The Match Referee can then notify on field umpires who can monitor the concerned player.
- In case of the above, also raise a report with the Event CMO who will bring the incident to the attention of the ICC Medical Manager so it can be further investigated as may be required.
- Be attentive to any emergency and report to the ICC on an incident.
- Issue medication prescriptions (if requested by a visiting team doctor) as the touring team doctor may not have the legal authority to do so.

## Post-Match

- The MDD should remain onsite at least 30 minutes after the match.
- Submit a post-match report within 24 hours to the ICC on the ICC system (MIDS).
- Submit a detailed report via e-mail to the CMO in case of (i) an emergency on match day or (ii) a concern regarding a TMR permitting a player to remain on/return to play post a head knock assessment.

## Note

The ICC recognizes that financial and medical limitations will have an impact on the services supplied during an ICC event. It is therefore acknowledged, that one individual may be responsible for more than one position outlined in the management structure provided he/she is appropriately qualified.

\*In an emergency, it is expected that the paramedics will take the lead, however, the Match Day Doctor will remain closely involved in the overall management, communication and reporting of the incident.



# EVENT MEDICAL HANDBOOK

The event CMO is required to provide the ICC Medical Manager with an event medical handbook based on the standards set out in this document. A template medical handbook is available in Appendix A. The purpose of the medical handbook is to provide Team Medical Representatives (TMRs) and Match Officials with relevant medical information.

## The handbook should include the following:

- The names and contact details of the complete Medical Management Structure for the event.
- Emergency Action Plans including hand signals, chain of command, individual roles, equipment available, the ground specific location of medi-carts and ambulance services, and entry/exit points.
- Ambulance and Paramedics on match day (see relevant section for more detail).
- Anticipated climate conditions during the tournament – heat, air pollution, lightning (Refer to the ICC Guidelines to Match Officials on air pollution, extreme heat and lightning. Contact the ICC for the most up to date guidelines.).
- Management of concussion (Refer to the flow chart on concussion management at ICC events attached at Appendix B).
- Medical room location and equipment (see relevant section of this document for more detail).
- The system that will be used to record and store medical and clinical data from the event.
- Medical services and providers in each host city (see relevant section of this document for more detail);
- The arrangements for medical services on match day, practice sessions and at team hotels (see below for more detail);
- Pre-match medical meeting and agenda.
- Make reference to bio-safety measures that are outlined in a separate document, as well as additional safety precautions addressing risks related to extreme heat and poor air quality, particularly if the tournament is held during a pandemic or under adverse climatic conditions.
- Details on the transport of medication and prescription rights for overseas registered doctors.
- Information on vaccinations required for entry into the host country, local drinking water and doping control.

The Event Medical Handbook should be submitted to the ICC for review approximately two months prior to the start of the event including the warm-up period.

Once approved by the ICC, a copy of the final medical handbook will be sent to –

Team  
Managers

Team Medical  
Representatives  
(Team Doctors and physios)

Match Day  
Doctors

ICC Match  
Officials

Should there be any anticipated difficulties in meeting the ICC's Medical Standards, the Host Member/CMO is expected to inform the ICC Medical Manager at least three months prior to the start of the event.

# HOST CITY WITH OFFICIAL MATCH VENUES AND/OR PRACTICE VENUES

Teams and Match Officials should be provided with the following information relating to each host city.

## Host city requirements

### NAME AND CONTACT DETAILS OF SPECIALISTS IN:

Family Medicine
Accident and Emergency
Orthopaedics
ENT
Ophthalmology
General Surgery
Plastic Surgeon
Hand Surgeon
General physician
Cardiology
Gastroenterologist
MSK Radiology -for case discussion/advice (when necessary)
Neurology (preferably with head injury/concussion experience)
Pathology (haematology, biochemistry, microbiology)
Pharmacy
Psychiatrist or other mental health professional
Dentistry
Gynaecology (for women's event)
Physiotherapy
Masseur / masseuse
Sports Medicine
Infectious disease specialist
Podiatry

In addition to this, information on local public health issues should be included such as regional infectious diseases, vaccinations, water safety, air safety, pollution, weather conditions, specific alerts/outbreaks, medication that should not be carried into the country etc.

# MATCH DAY – MEDICAL SERVICES, FACILITIES & PROTOCOLS

The Host Member is required to provide information on the following services, facilities and protocols for players and Match Officials on match day.

## Match day information

01	Medical room location at match venue (using a venue map).
02	Medical equipment that will be available at the venue on match day, one (1) hour before the match and thirty (30) minutes after the match has finished.
03	Protocol in case of a match day on-field incident such as a head injury or acute trauma e.g. bone fracture.
04	Protocol and chain of command in case of a medical emergency e.g. a cardiac arrest.
05	Protocol for removal of a player from the field of play in case of a medical emergency. This will most likely differ venue to venue.
06	Ambulance and paramedics (refer to relevant section in this document for more detail).
07	Other medical staff that will be available on match day.
08	Proposed time for Match Medical Meeting (ref pg. 10)) between the Venue Manager or Venue Representative, Independent Match Day Doctor and Team Doctor (if applicable) and/or Team Physiotherapist (preferably the day before match day or early on match day) at the match venue.



# MEDICAL SERVICES FOR STAFF AND SPECTATORS

The Host Member should also provide the ICC Medical Manager with details on the medical services and facilities available for staff and spectators at every venue on match day. In most countries, these arrangements are organised and managed by the venue and are in compliance with local legislation, meaning they may vary between venues. The ICC will require information on the medical provisions expected to be in place at every match venue for staff and spectators.



# AMBULANCE AND PARAMEDICS ON MATCH DAY

An Ambulance on match day should be stationed close to the playing area and dressing rooms for quick transportation of the seriously injured or ill player/official.

## The ambulance should:

- Be present at least 1 hour before the start of the match and 30 minutes after the match has finished.
- Have clear access from the field to the road;
- Be staffed by trained paramedic/technician/nurse capable of coping with:
  - ☞ Cardiac arrest
  - ☞ Anaphylaxis
  - ☞ Head/neck injury
  - ☞ Other serious injury or illness
    - Bone fracture
    - Other perceived risk
- Have a stretcher that can safely extricate the patient from the pitch or dressing room to the ambulance and then be fixed in the vehicle for safe transit.
- Positioned in a place where the medicab/stretcher can easily access the ambulance.
- To include:
  - ☞ Spinal Board
  - ☞ Portable oxygen
  - ☞ IV fluid access and fluid
  - ☞ Automatic External Defibrillator
- Supply of essential (lifesaving) medication.

Arrangements should be made with the medial services provider for a replacement ambulance should the stationed ambulance and paramedics leave the match venue transporting a player/match official to a hospital. In case of such an emergency where there is no dedicated paramedics and ambulance for players and match officials at the match venue, the Match Day Doctor who is qualified to provide advanced life support should be prepared to manage an emergency with the assistance of team doctors (if available) until the replacement ambulance and paramedics arrive. The match will continue in such circumstances.

## Note

Only the ICC Match Referee has the authority to determine if and when there is need to delay a match.



# MATCH DAY MEDICAL MEETING

A match day medical meeting should be scheduled an hour before the scheduled start of play. The meeting should be attended by the venue manager or a venue representative, the independent match day doctor, paramedics, the safety officer (if one is available) and team medical representative(s) (team doctor and/or team physiotherapist) at the match venue prior to every match.

It is the responsibility of the independent match day doctor to schedule this meeting or if otherwise agreed the venue manager or venue representative.

## The purpose of the meeting is to:

- Determine key mobile phone numbers and radio access for medical staff who will be present on match day;
  - Clearly indicate the location of medical room dedicated for players and match officials.
  - Note the position and entry point(s) of ambulance.
  - Note where the paramedics are positioned pitch side for the duration of the match.
  - Determine chain of command in emergency and non-emergency situations.
  - Reiterate emergency signals (e.g. stretcher, signal for MDD and full emergency signal).
  - Climate issues relevant to the game (refer to ICC Guidelines for Match Officials on Air Pollution, Extreme Heat and Lightning available on the ICC website).
  - Consider specific weather-related health risks that may require the intervention of match officials, e.g. air quality problems, heat, storm warnings etc.
  - Provide an update on the expected weather conditions in relation to heat and if the match day's temperature and humidity is expected to be high, remind teams to adopt heat management strategies for their players.
- Remind team medical representatives that on-field injury assessments are limited to four minutes and the umpire will remind team medical representatives when there is a minute and a half to go.
  - Head knock assessments can be taken off-field since they are deemed as external blows and the team medical representative will be allowed sufficient time for a thorough assessment.
  - Reiterate the availability of the following items:
    - ☞ Defibrillator(s)
    - ☞ Oxygen cylinder, regulator and oxygen mask, along with giving bag set
    - ☞ Medicab or stretcher and neck collar
    - ☞ Medical bag with key drugs
  - Allow representatives from each team to notify if they have any players with special medical risks/needs/conditions (e.g. diabetic, allergies).
  - Review services and medical equipment that will be dedicated to teams & match officials only and available from 1.5 hours before the match and 30 minutes after the match has finished.
  - Reiterate emergency protocols for on-field incidents, management of head injuries and removal of player from field of play.
  - Reiterate chain of command in case of an emergency.



# SIGNALS FOR MEDICAL ASSISTANCE DURING PLAY

The initial responder to player injuries on the field is the team physiotherapist. For serious injuries the team doctor may rush on as well. If the team medical staff requires additional support from the Match Day Doctor (MDD), they can signal by raising both hands as seen in Fig.1. If the stretcher is required the signal shown in Fig.2 is used. If both are needed in case of a full emergency, then the signal shown in Fig.3 is used.

If umpires are concerned about an injury or potential concussion, they may call on the medical staff by signalling using both hands (Fig 1). While the MDD will wait on the boundary until summoned, they can enter the field of play if there is genuine concern for player/match official.



Figure 1



Figure 2

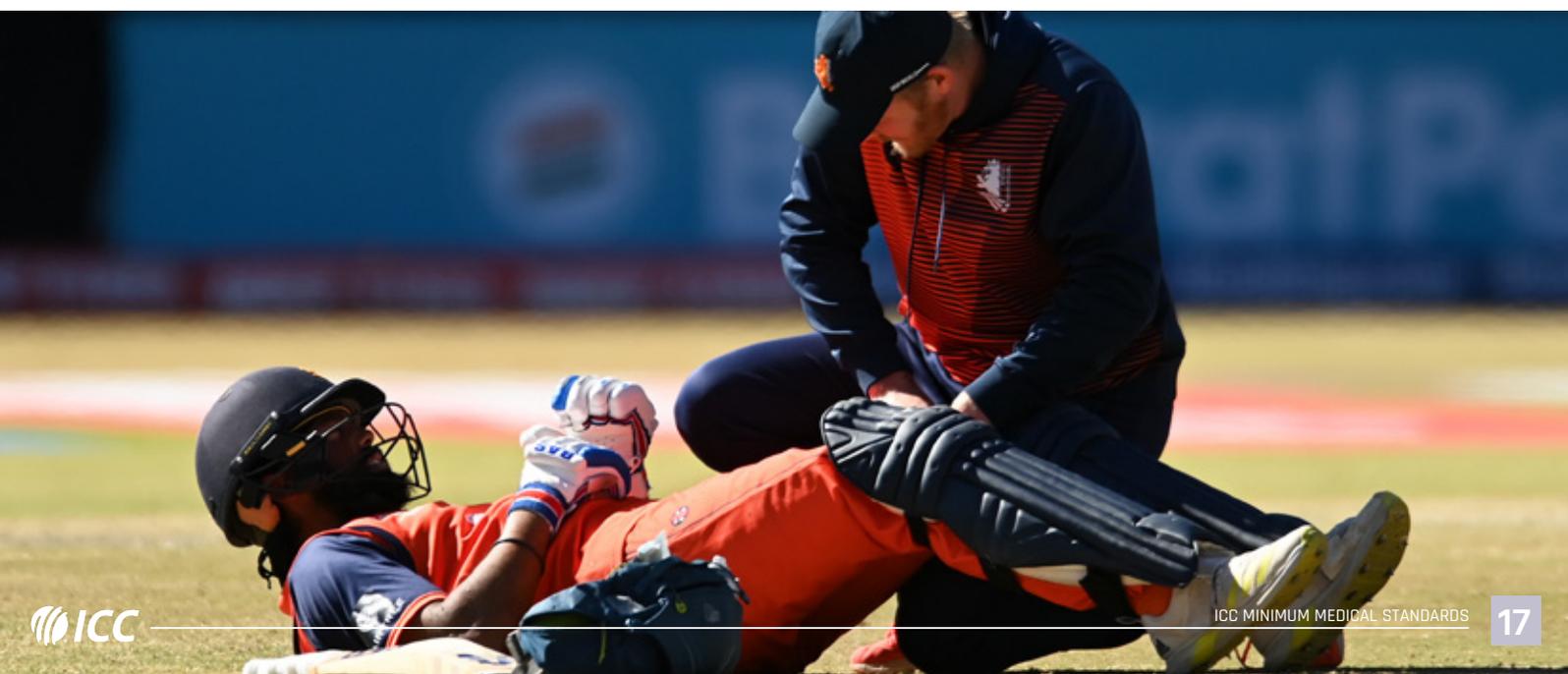


Figure 3

In an emergency, the MDD with the assistance of the Paramedic will determine treatment and lead the extrication team and evacuate the injured player/match official from the field as per the venue specific Emergency Action Plan. However, the MDD will remain closely involved in the overall management, communication, and reporting of the incident.

## On-Field Injury Assessments and Treatment

The umpires will allow an initial 4 minutes for medical staff to treat an injured player. Umpires may inform the medical staff when there is 90 seconds remaining, after which, the player should be removed from the field of play if further assessment/treatment is required. The on-field umpires will consider each incident when applying the 4-minute limit.



# MATCH DAY MEDICAL ROOM REQUIREMENTS

The medical room for a major ICC event should:

- 01 Be located in close proximity to the dressing rooms.
- 02 Be on the ground floor where at all possible to permit easy access for the injured.
- 03 Preferably have direct access to the field of play.
- 04 Be assigned solely for medical.
- 05 Be sterile and ensure privacy.
- 06 Have sufficient lighting and ventilation.
- 07 Have running water with hand wash and hand towels.
- 08 Have an examination table.
- 09 Have appropriate PPE supplies.
- 10 Have sharps bin and medical waste bin and bags.
- 11 Have a power point.
- 12 Have access to ice.
- 13 Have stretcher access from field and to ambulance.
- 14 Have IV fluid access and fluid.
- 15 Have Automatic External Defibrillator with manual override and monitor.
- 16 Have disposable suture kits with equipment.
- 17 Have non sterile gloves.
- 18 Have a stethoscope.
- 19 Have a cervical collar stiff.
- 20 Be equipped with relevant medication.

At the odd venue where the medical room is not suitably located to deal with medical emergencies (i.e up a flight of stairs), arrangements should be made to identify a more suitable treatment area. In some venues the ambulance assigned to players and match officials has been used as the treatment area. In this circumstance, care should be taken to ensure the ambulance is appropriately located and security organised to allow players and Match Officials ease of access preferably without having to pass through the public.

A detailed list of medical equipment required at match and training venues is attached at Appendix C.

# TRAINING

The Host Member to provide details of the following medical services that will be available to teams at official trainings. Any practice sessions organised outside of the one official team practice session per day will not be covered under the event medical arrangements and teams should be made aware of that. In addition, any changes to scheduled training sessions will need to be provided to the CMO/Medical Manager for medical cover to be organized.

## Medical information at training

Closest hospital with accident and emergency centre with emergency ambulance\*

Closest pharmacy

Medical equipment that will be available at all official training sessions e.g. Automatic External Defibrillator, stretcher

A paramedic should be stationed at the training venue for the duration of the practice sessions and should remain in view of the team practising unless teams are accompanied by a team doctor in which case an ambulance need only be organised.

Medical cover at training is expected to include Team Doctors (if available) and Team Physiotherapists.

\*If an ambulance is more than 15 minutes away from a practice venue, consideration should be given to having an ambulance and driver stationed at the practice venue or an emergency medicine physician.



# TEAM HOTELS

The Host Member should provide details of the following medical services available to players and match officials at their cost when at official team hotels.

## Team hotel information

- An ambulance number should be made available for serious emergency situations
- Preferred private hospital with 24 hour accident and emergency centre
- Preferred pharmacy (open late)
- Preferred dental facility

### Note

It is not the remit of the Host to support performance related medical issues



# REPORTING

## Match Day Report

The Independent Match Day Doctor is required to complete a 'Match Day Medical Report' on the ICC Match Information Database System (MIDS). Completed reports should be submitted on MIDS to the CMO and the ICC Medical Manager within 24 hours of the match concluding.

## Post Event Report

The CMO to provide the ICC Medical Manager with a post event medical report within 45 days after the event. The report should include -

- Details of any untoward medical incidents during the event.
- Number of head knocks that occurred during an event.
- Number of concussions that were diagnosed during the event.
- Number of concussion replacements that were activated during the event.
- Details of any medical emergencies including infectious diseases.
- Details of any climate related health risks encountered (heat, lightening, air quality etc)
- Recommendations for future events. (Examples of what went well and what did not and recommendations for future events).

The purpose of the report is to provide the ICC with a comprehensive summary of medical matters during the event and to assist the ICC in conducting a post event audit. A Post Event Report template is available at Appendix D, for those Members who wish to use it.

# TIMELINES

A summary of the timelines by which information should be submitted.

INFORMATION TO ICC MEDICAL MANAGER	TIME LINES	RESPONSIBILITY
Appointment of the CMO. Name and contact details of event CMO	<b>6 months prior to the Event</b>	Host Member
Venue Medical Facilities to be identified and confirmed	<b>5 months prior to the Event</b>	Host Member
Name and contact details of Medical Management Structure for the event	<b>3 months prior to the Event</b>	Host Member/CMO
Draft Event Medical Handbook	<b>2 months prior to the Event</b>	CMO
Communication with participating teams <ul style="list-style-type: none"> <li>• Introducing the CMO</li> <li>• Final details on medical workshop</li> <li>• Providing a date by which the medical handbook will be sent out</li> <li>• Providing important travel information that teams should be aware of before they start their travel</li> </ul>	<b>1 month prior to the Event</b>	CMO
Final Medical Handbook to be sent to the ICC and participating teams	<b>At least 2 weeks before warm-up period</b>	CMO
Match Day Medical Report (to be submitted to CMO & ICC Medical Manager)	<b>Within 24 hours of completion of a match</b>	Independent Match Day Doctor
Post Event Medical Report	<b>Within 45 days after the event</b>	CMO



# MINIMUM MEDICAL STANDARDS CHECKLIST FOR HOSTS

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The ICC has developed a checklist to assist the Host in ensuring it is across all the medical requirements in different sections of this document. Please use the checklist available at Appendix E and addresses any queries to the ICC Medical Manager.

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## MEDICAL BUDGET FOR HOSTING AN ICC EVENT

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The very first step in the process of hosting an ICC event is the submission of a medical budget. The medical budget for an ICC event should take into consideration the ICC's minimum medical standards outlined in this document. A medical budget template is available at Appendix F if required.

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## INSURANCE

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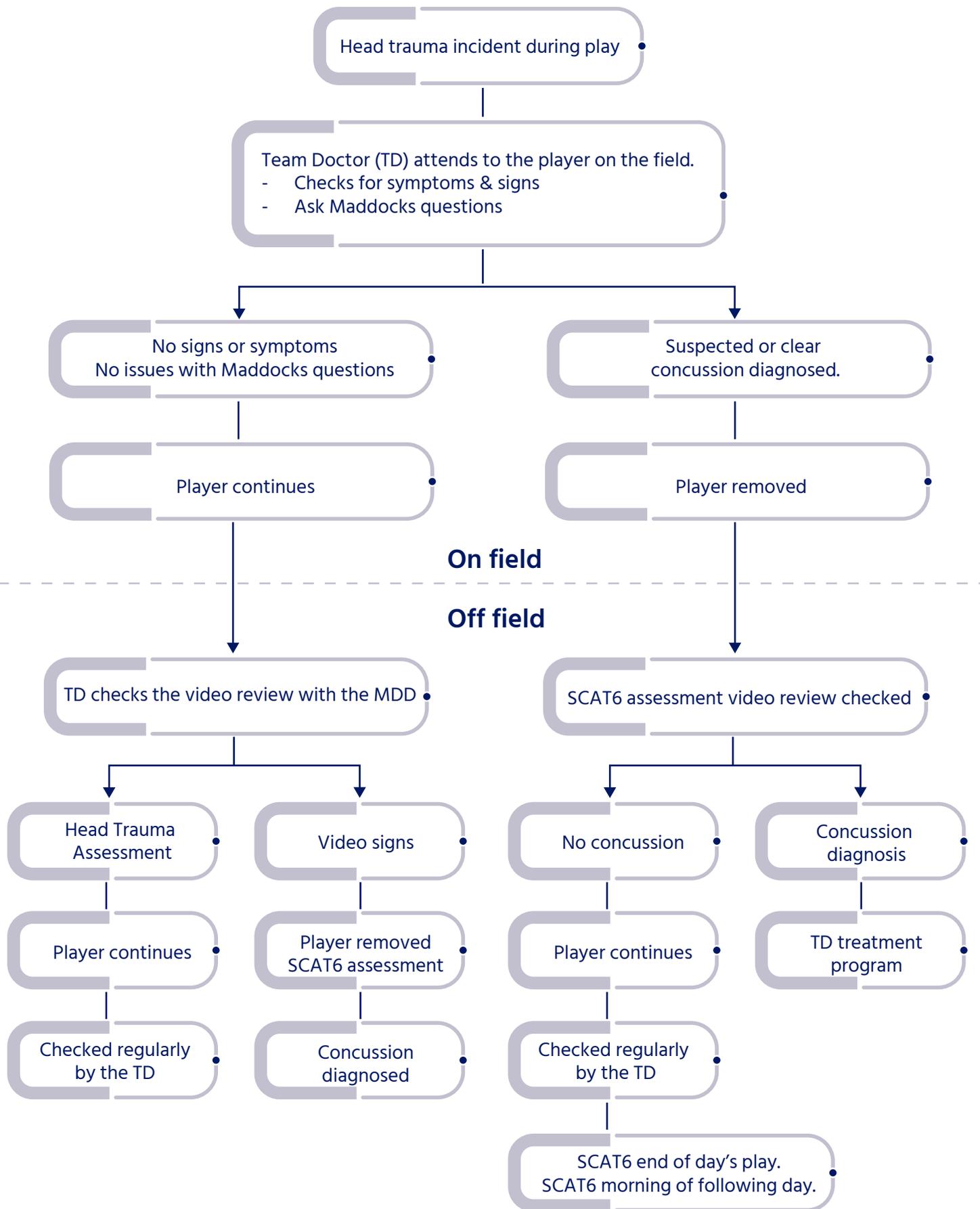
Any healthcare costs that are outside the scope of this document is the responsibility of the participating teams. This may include specialist medical services, imaging, pathology, pharmacy items, hospitalisation, etc. Therefore, adequate insurance for all members of the team is required.

Teams will be responsible for settling all medical expenses incurred directly with the hospital/clinic or specialist. The ICC nor the host will assume any responsibility in paying for medical bills.



# APPENDIX B

## HEAD TRAUMA ASSESSMENT



# APPENDIX C

## MEDICAL EQUIPMENT REQUIRED MATCH AND TRAINING VENUES

(either (i) to be brought in by Match Day Doctor in case of match day or (ii) paramedics in case of training or (iii) available in medical room on match day and at training.)

<b>Minor wounds</b>	Dressing pack   Irrigation fluid (saline sterile)   Forceps   Scissors Steri-Strips   Suture kit   Tissue glue   Cleaning solution   Sterile gloves Sterile gauze   Razor   Transparent dressing covers   1 or 2% lidocaine Water for injection   Micropore/transpore
<b>Cardiac</b>	AED with manual override and monitor   Oxygen   Bag and mask Airways   Intubation tray, laryngoscope, ET tubes 6.5, 7, 7.5 Nasopharyngeal airway   Adrenaline 1 in 1000   Atropine IV fluid access and IV solutions 0.9% Normal saline
<b>Respiratory</b>	Oxygen Nebulizer Ventolin (Salbutamol)/saline availability
<b>Cervical</b>	Cervical collar Spinal board with appropriate straps for immobilization
<b>Eyes</b>	Irrigation fluid Eye pads
<b>Ear Nose and throat</b>	Otoscope Auroscope Tongue depressor
<b>Dental</b>	Hanks solution (milk as an option)
<b>Urinary</b>	Dipstick Refractometer
<b>Musculoskeletal</b>	Tapes Pre wrap Coban Athletic tape Splints Crepe/elastic bandages NSAIDS Analgesics
<b>Antiemetics/GI</b>	Gravol Anti-diarrhoeal Zantac PPI's Oral rehydration salts
<b>Hypoglycaemic</b>	50% Dextrose solution Capillary glucose meter
<b>Allergic reaction Management</b>	Hydrocortisone Piriton Adrenaline 1 in 1000
<b>Flu management</b>	Paracetamol Cough suppressant
<b>Medication</b>	Antibiotics Other relevant medication
<b>General medical room equipment</b>	Examination bed Sharp bin and medical waste bin and bags Power point Access to ice Nonsterile gloves Stethoscope Medical thermometer N95 masks

# **APPENDIX D**

## **POST EVENT MEDICAL REPORT TEMPLATE**

The Event Chief Medical Officer is responsible of submitting to the ICC a detailed post event medical report. The report should be submitted within 45 days of the event having concluded. The report should include details on what worked well, what challenges were faced and any recommendations for the ICC. The following areas should be included in the report.

### **BUDGET**

Under budget or over budget and reasons for the same -

Insert text

### **EVENT MEDICAL MANAGEMENT STRUCTURE**

What medical management structure was appointed for the event? What worked well? What did not work well? Any recommendations –

Insert text

### **APPOINTMENTS**

CMO, HCMC/TMM and MDDs – Who was appointed in these positions and when?

Insert text

### **MEDICAL SERVICES SUPPLIER (ambulance and paramedics)**

Who was appointed? Any recommendations? –

Insert text

### **MEDICAL ARRANGEMENTS AT TRAINING VENUES**

What arrangements were in place? Any issues faced? Any recommendations? -

Insert text

### **MEDICAL ARRANGEMENTS AT MATCH VENUES**

What arrangements were in place? Any issues faced? Any recommendations?

Insert text

### **MATCH DAY MEDICAL MEETINGS**

Were the match day medical meetings helpful? Who ran the medical meetings and how did that work? Were the meetings timely and well attended? Any issues, learnings, suggestions or recommendations?

Insert text

### **MEDICAL HANDBOOK**

Were there any challenges in completing the medical handbook? Was the template helpful? Any feedback from teams on the handbook? Any learnings or recommendations?

Insert text

### **OUT-OF-HOURS MEDICAL COVER AND USAGE**

What level of out-of-hours medical care was available to teams? What was the usage if any and which teams used it? What was the feedback from teams if any? Any learnings or recommendations?

Insert text

### **PRE-EVENT MEDICAL WORKSHOP**

What were the date(s), time(s) and venue(s) for the medical workshop? Who presented at the workshop and what were the topics/agenda covered? Any feedback from TMRs on the workshop? Was there a practical session? Any learnings or recommendations?

Insert text

### **PRE-TOURNAMENT SCREENING**

(cardiac screening, baseline testing) How many teams carried out pre-tournament screening? Please specify.

Insert text

# POST EVENT MEDICAL REPORT TEMPLATE

## TEAM DOCTORS

How many teams travelled with a doctor or were supported by a locally appointed doctor?

Insert text.

## INJURY ILLNESS ANALYSIS DURING THE TOURNAMENT

Please provide details of how many injuries and medical incidents occurred during the tournament and when did they occur?

- On match days           Insert text
- At training                Insert text
- Hotels/out of hours    Insert text

Please provide details on the number of injuries recorded at the event – Body area diagnosis.

- Medical illness        Insert text
- Head injuries         Insert text
- Neck                    Insert text
- Shoulder               Insert text
- Lower Leg             Insert text
- Knee                    Insert text
- Thigh                   Insert text
- Hand                    Insert text
- Foot                    Insert text

Who did the injuries relate to?

- Players                 Insert text
- Support staff         Insert text
- Match Officials     Insert text
- Net bowlers         Insert text
- Team specific        Insert text
- Other                 Insert text

## INJURY REPORTS

Please provide detailed reports on the following categories of injuries or illnesses on match day and the management of the same. Please include in the report what type of participant was injured – Players, Match Officials, Team Support Staff and from which team (if relevant).

Head injury, concussion, suspect concussion

Insert text

Heat related

Insert text

Air quality related

Insert text

## EMERGENCY PLANS AT MATCH VENUES

Was there opportunity to test any of the emergency plans at match venues? Were the emergency procedures as detailed in the medical handbook followed? Any learnings, issues or recommendations?

Insert text

## EMERGENCIES

Please provide a detailed report for every emergency or on-field evacuation during the tournament.

Insert text

# APPENDIX E

## ICC MINIMUM MEDICAL STANDARDS - CHECKLIST

Checklist - ICC's minimum medical standards	Timeline	Completed
Assign responsibility for medical to someone in the LOC	18 – 24 months prior to event	
LOC to prepare a comprehensive budget using the ICC budget template in Appendix F of the Minimum medical standards for major ICC events document.	18 – 24 months prior to event	
LOC representative to make initial contact with the ICC Medical Manager	12 months prior to event	
LOC to communicate with venues/state boards the medical room requirements	12 months prior to event	
Liaise with the ICC regarding a date for the pre-event medical workshop	10 months prior to event	
LOC to decide on medical management structure for the event and appoint the Chief Medical Officer (CMO) and the Tournament Medical Manager (TMM) as required.	6-8 months prior to event	
LOC to advise ICC of the structure adopted for the event and the name and contact details of the CMO (and TMM if appointed).	6 months prior to event	
Source medical service providers who can supply ambulance, paramedics, first responder services at match and training venues as required.	6 months prior to event	
Assign someone (possibly the TMM) the responsibility of inspecting and preparing the anti-doping and medical facilities at training and match venues and ensure they meet the ICC's required standards.	6 months prior to event	
Appoint Match Day Doctors (MDDs) to cover every warmup and official match.	6 months prior to event	
Advise the ICC of any potential difficulty in meeting the minimum standards set out in this document.	5 months prior to event	
Confirm medical facilities at every match and training venue.	5 months prior to event	
Schedule travel and accommodation for the CMO and/or TMM as required.	5 months prior to event	
CMO to work with the ICC Medical Manager on the content and delivery of the medical workshop.	3 months prior to event	
CMO (and TMM) to develop a medical handbook for the event using the ICC template in App A of the Minimum medical standards for major ICC events document.	3 months prior to event	
Provide the schedule of MDDs with contact details (e- mail and phone) to the ICC to update on its online system for match day medical reporting.	2 months prior to event	
CMO to share ICC policies, guidelines, standards with appointed independent MDDs.	2 months prior to event	
CMO (and TMM) to submit event medical handbook to the ICC Medical Manager	2 months prior to event	

# APPENDIX F

## MEDICAL BUDGET

### TEMPLATE FOR ICC EVENTS

	Number	Days	Cost/day	Total
<b>Chief Medical Officer</b>				
Pre-event- prepare Medical handbook				
During event – oversee and manage medical				
Post event - prepare event medical report				
Travel and accommodation before and during the tournament				
<b>Depending on Management Structure for event</b>				
Tournament Medical Manager				
Host City Medical Coordinators/On call doctor				
Travel and accommodation before and during the tournament (as may be required)				
<b>Medical workshop (2 – 3 hours) – Pre-event</b>				
Room rental with power point and refreshments				
Consider live streaming or recording costs if needed				
A simple meal/snack with tea/coffee can be organised for the workshop				
<b>Printing Resources</b>				
Medical handbook (if required)				
Concussion poster for display in player dressing rooms and Match Officials room				
<b>Match Day - medical provisions (incl. Warmups)</b>				
Independent Match Day Doctor				
Emergency Services - ambulance & paramedics				
Medical Room equipment and supplies (stocking and restocking)				
<b>Training sessions - medical provisions</b>				
Emergency Services - ambulance* & paramedic				
Medical Room equipment and supplies				

1. \*An ambulance should be stationed at a training ground if the ambulance is more than 15 minutes away

2. Arrangements should be made with the concerned medical provider(s) to have a replacement ambulance dispatched once the ambulance at the match venue is in use.

# APPENDIX G

## MEDICAL STANDARDS AT ICC EVENTS

At the February 2023 ICC Medical Advisory Committee meeting, the mandatory requirement for teams to travel with doctors to all ICC events was reviewed, considering the challenges relating to finances, availability, and capability. It was therefore decided that for some ICC events the requirement for team doctors will change from 'mandatory' to 'strongly recommended'. However, Teams are reminded that they remain responsible for the health, medical needs and wellbeing of their players and support staff.

Medical Standards	World Cups (WC)	U19WCs	Global Qualifiers	Global Pathway & Regional Events
Appoint Event Chief Medical Officer (CMO) or Event Medical Co-ordinator (EMC)	CMO	CMO	CMO	EMC
Develop and share medical handbook	M	M	M	M
<b>Match Day (warm up &amp; official matches)</b>				
• Match Day Doctor (MDD) (Independent or host team doctor can assume this position)	M	M	M	-
• Doctor on call to treat	-	-	-	M
• Fully equipped ambulance and paramedic	M	M	M	-
• Paramedic with first aid kit & defibrillator	-	-	-	M
• If ambulance is more than 15 minutes away, a vehicle on standby for medical emergencies	-	-	-	M
• Equipped medical room/tent as per standards	M	M	M	M
• Medical emergency protocol	M	M	M	M
• Protocol for removal of player from Field of Play	M	M	M	M
• Match Day Medical meeting	M	M	M	M
• Match Day Medical report	M	M	M	M
• MDD has full field of play visibility and access	M	M	M	-
<b>Training</b>				
• Fully equipped ambulance and paramedic (if more than 15 minutes away)	M	M	M	-
• If ambulance is within 15 minutes of the venue, a paramedic with first aid kit & defibrillator	M	M	M	M
• Doctor on call to facilitate	M	M	M	M
<b>Post Event Medical Report to ICC</b>				
	M	M	M	M
<b>Team Doctors</b>				
	M	Strongly recommend	Strongly recommend	-

M – Mandatory | CMO – Chief Medical Officer | EMC – Event Medical Coordinator

# APPENDIX H

## ICC GUIDELINES FOR ROLE OF MEDICAL PERSONNEL WITH TEAMS

Medical management of cricket and cricketers at the highest level has lagged all other major sports. Only 15 years ago teams were starting to travel with a physiotherapist, which is now established as standard practice. This has reduced time out of the game through early injury prevention strategies and injury rehabilitation. Over this time, the role the travelling team doctor has not only become the norm for the top 10 sports except cricket but validated in further reducing time loss for players and financial cost to teams and supported the team's management of the COVID-19 risks.

Overall, the standard of medical care in all sports is significantly higher. By mandating doctors in all first tier ICC events, the ICC is starting to bridge the gap, but this does not extend uniformly across member nations engaged in bilateral series. This paper seeks to define the roles of the Team Doctor, Team Physiotherapist and Match Day Doctor. It is noted that some functions of the Team Doctors and Physiotherapists overlap, and each complements the other on tour to reduce singular burden.

### Team Doctor

A team doctor appointed to accompany and support a team should be a registered/licensed practitioner. The Team Doctor, typically a Sports Medicine Specialist (refer to Appendix 2), provides improved standard of care by being familiar with the players and their medical conditions and can make better treatment decisions taking into account other factors such as the stage of a series. Independent doctors will take a very conservative approach, often with over investigation, which add to financial costs.

The roles and responsibilities of the Team Doctor include:

- Oversight of all medical matters before and during tours
  - ☞ Pre-tour medical briefings.
  - ☞ Assessment of tour risks such as COVID, heat, gastro, air and water quality, etc.
  - ☞ Managing vaccination records and other requirements for travel.
  - ☞ Ensure insurance coverage for touring party.
  - ☞ Have knowledge of pre-existing medical conditions of all those touring in the squad (players and officials).
  - ☞ Cardiac and baseline concussion screening.
  - ☞ Advising players about WADA regulations, monitoring medications and supplements.
  - ☞ Prepare the medical bag for tour consisting of relevant medications and equipment in compliance with the laws of the country to be toured.
- Management of Medical Conditions
  - ☞ Be available for urgent medical circumstances of the competing cricketers during an active competition time
  - ☞ Look after persons who become sick on tour.  
This includes administering medications, ordering and managing investigations and, when needed accompanying to hospital etc.
  - ☞ Ensure compliance with WADA regulations including filling TUE forms.
  - ☞ Monitor both prescribed and the use of other medications prescribed.
  - ☞ Management of Covid-19 cases. The protocols for management are changing very frequently and now include infected players partaking in a match. This requires careful management of the player monitoring effects of the illness that can be performance or life threatening. It also involves management of non-infected persons to ensure that the infection does not spread to them.

# APPENDIX H

## ICC GUIDELINES FOR ROLE OF MEDICAL PERSONNEL WITH TEAMS

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### • Management of Injuries

- ☞ Diagnosis and assessment of severity of injury done in conjunction with the physiotherapist.
- ☞ Management of emergency situations from injury.
- ☞ Order appropriate investigations.

There is often abuse of investigations ordered when a Team Doctor is not present leading to significant escalation of cost. Most Team Doctors are versed with tools like diagnostic ultrasonography, which reduces the need for more expensive investigations.
- ☞ Accompany injured players off site for investigations or hospital attendances. This is especially crucial during match days.
- ☞ Liaise with local experts (eg radiologists) to get accurate insight into the severity of injury and treatment options.
- ☞ Administer medications for appropriate time periods.

Often players receive medications that are excessive for their conditions or given for long periods over what is required.
- ☞ Take Decisions on whether player remains or returns from the tour.

### • Manage Head Knocks / Concussion

- ☞ The management of Head knocks and concussion is very complex and requires pre-screening of the player, awareness of the mechanism and severity of the knock, and sound judgement on its impact and lasting effects. This is most appropriately done by a Team Doctor who is familiar with the player and trained in neurology.
- ☞ Recommend Concussion substitute. The ultimate decision to recommend a substitute lies with the team medical representative. A Team Doctor is best placed to make this recommendation.
- ☞ Follow up players with Head Knocks. Such players require continuous monitoring and assessment. Often symptoms manifest hours or days after the injury. This is best done by a physician who is constantly around the team.
- ☞ Order appropriate investigations. There are many investigations that may be indicated depending on the severity of the knock or consequence from it. These are best recommended by a Team Doctor .

### • Player Wellness

- ☞ Liaise with host providers on matters of player nutrition and dietary requirements.
- ☞ Ensure hydration status of player is monitored and maintained.
- ☞ Monitor mental wellbeing of touring party.
- ☞ Monitor exhaustion and environmentally afflicted conditions like heat illness.
- ☞ Monitor sleep, rest and workloads.

### • Legal and Ethical

- ☞ Legally qualified and registered to undertake medical assessments and treatment such as the dispensing of medications and injections.
- ☞ It is important for medical records to be maintained and forwarded in a timely fashion. This ensures accuracy of documentation, tracking of injuries and interaction with insurance companies and other providers.
- ☞ Maintenance of confidentiality in a team environment.
- ☞ For minors on tour, act as medical guardian.

### • Things that are not the responsibility of the Team Doctor include:

- ☞ Medical management of opposition teams.
- ☞ Management of persons outside of the squad e.g. Match Officials.
- ☞ Management of spectators etc (unless there is an emergency).

# APPENDIX H

## ICC GUIDELINES FOR ROLE OF MEDICAL PERSONNEL WITH TEAMS

### Team Physiotherapists

All teams now travel with a Physiotherapist, most of whom are sports specialized. The demands on a physiotherapist while on tour are huge. This person is often the hardest working member of a touring team. In some cases massage therapists travel with team to offload the physiotherapist. Some teams have also travelled with two physiotherapists. Often being the only medically trained person on tour, the physiotherapist has to take on roles which fall outside of their training, legal restrictions, ethical responsibilities and capabilities.

The primary roles and responsibilities are:

- Management of Player Needs
  - ☞ Managing needs such as taping of joints, padding of injured areas etc are a constant requirement fulfilled by the physiotherapist.
  - ☞ Pre-game conditioning. Stretching and manipulations are required by many players and are performed by the physiotherapist.
- Management and Prevention of Injuries
  - ☞ Prevention of injury by effecting hands on modalities like exercise, massages, manipulations and stretches appropriately.
  - ☞ Initial contact with injured player and diagnosis of injury (in conjunction with Team Doctor).
  - ☞ Rehabilitation of injuries. This is very time consuming and is usually done off hours in the hotel which causes the very high work load.
- Legal and Ethical
  - ☞ Legally qualified and registered to practice physiotherapy only.
    - Not usually treatment with medications.
    - Not usually the management of concussion unless the individual has undertaken extensive specialist training.
  - ☞ It is important for medical records to be maintained and forwarded in a timely fashion. This ensures accuracy of documentation, tracking of injuries and interaction with insurance companies and other providers.
  - ☞ Maintenance of confidentiality in a team environment.
- Recovery
  - ☞ Oversee recovery modalities which may include warm downs, ice baths, massages etc. This may overlap with the Strength and Conditioning expert if such a person is on tour.
- Things that are not the responsibility of the Team Physiotherapist (once there is a doctor) include:
  - ☞ The assessment and management of medical conditions.
  - ☞ Administration of medication.
  - ☞ Anti-doping and TUE applications.
  - ☞ The management of supplements.
  - ☞ Management of emergency medical conditions.
  - ☞ Accompanying players for hospital assessment and treatment.
  - ☞ Providing treatment to persons outside the squad.

### Team Doctor

#### Minimum Training Standard

- ☞ Registered medical practitioner.
- ☞ Advanced qualification (e.g. Fellowship, PhD or Masters in Sports Medicine) or equivalent training or working towards advanced qualification in Sports Medicine.
- ☞ Valid Advanced Cardiac Life Support (ACLS) and Advanced Trauma Life Support (ATLS) or equivalent certifications in the past 12 months.
- ☞ Detailed understanding and knowledge of Cardiac, Covid and Concussion protocols in Cricket.
- ☞ Minimum of 12 months of team coverage experience at domestic/other sports before joining the International Team.

# APPENDIX I

## MATCH DAY EMERGENCY MEDICAL CONTACTS

<b>Date &amp; Time</b>	Insert date and time	<b>Venue</b>	Insert name of venue
<b>Match - Final</b>	Insert match details (team vs team)	<b>Weather Forecast</b>	Insert temperature, any expectation of lightning or rain and AQI if it is a concern

### Match Day Medical Meeting Attendees

Personnel	Name	Phone
<b>Chief Medical Officer</b>	Insert name	Insert phone number
<b>(team name) Team Medical Rep</b>	Insert name	Insert phone number
<b>(team name) Team Medical Rep</b>	Insert name	Insert phone number
<b>Match Day Doctor (MDD)</b>	Insert name	Insert phone number
<b>Paramedic</b>	Insert name	Insert phone number
<b>Ambulance Driver</b>	Insert name	Insert phone number
<b>Venue Manager</b>	Insert name	Insert phone number
<b>Match Referee</b>	Insert name	
<b>Location of Players' &amp; Match Officials' Medical Room</b>	Insert location	
<b>Ambulance Gate Entry/Exit:</b>	Insert gate number	
<b>Ambulance Location:</b>	Insert gate number or location	
<b>Nearest Hospital to Stadium</b>	Insert name of hospital	
<b>Distance to nearest Hospital</b>	Insert distance in terms of kms and expected time	
<b>Host City Medical Coordinator</b>	Insert name	

### Medical Equipment

Equipment	Name
<b>Defibrillator(s)</b>	Insert location (e.g. medical room, ambulance)
<b>Oxygen</b>	Insert location (e.g. medical room, ambulance)
<b>Stretcher</b>	Insert location (e.g. medical room, ambulance, field of play)
<b>Medical bag with key medication</b>	Insert location

### Medical Signals



**Umpire signal for Medical Staff**



**Stretcher signal**



**Full Emergency signal**

**Completed by:** Insert name

**Contact details:** Insert phone number and e-mail