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Introduction

As part of its on-going efforts to protect the health of participants playing international cricket, the ICC's Medical Advisory Committee in consultation with Member Medical Representatives has developed Medical Standard Guidelines for bilateral cricket hosted by Full Members. The purpose of such standards is to provide Members with guidance on the expected level of medical arrangements when hosting international cricket. The document also aims at ensuring a consistent standard of medical services is available to players and match officials across all international cricket hosted by Full Members.

This is a guidance document that has been developed in agreement with Full Members for bilateral cricket. The ICC will not enforce these standards, alternatively, it will be the responsibility of each Full Member to ensure when signing the Memorandum of Understanding (MoU) that the host is committed to providing an acceptable level of medical care using this document as guidance.

Medical Management Structure

The following management structure is recommended for bilateral series hosted by Full Members.



Fig 1. Medical Management Structure for bilateral cricket hosted by Full Members

Chief Medical Officer (CMO)

This person is ultimately responsible for the planning, co-ordination and governance of medical services provided by the appointed medical staff to players, officials and team management during the series (both at the match, practice venue and at team hotels). This responsibility cannot be delegated.

The CMO's name and contact details must be made available to participating teams and match officials in advance of the series.

The CMO should:

- ideally be the CMO of the host ICC Full Member;
- be experienced and have knowledge of elite sports medicine and the management of professional cricketers;



- be experienced and have knowledge of organising the medical component of sporting events;
- be familiar with the Medical Standard Guidelines for bilateral cricket hosted by Full Members;
- appoint, support and oversee the designated match day doctors;
- be familiar with the match and practice venues; and
- develop a medical handbook containing relevant information for teams and match officials to access health care services in all host cities.

Match Day Doctor

The Match Day Doctor is responsible for providing medical care to players and match officials on match day. He/she should, at the very least, be introduced to the teams at the pre-match medical meeting.

The Match Day Doctor should:

- be available on match day 1.5 hours before start of match and 30 minutes after the end of day's play;
- have experience in dealing with sports medicine issues and injuries;
- be familiar with head injury management and the ICC Concussion Management Guidelines
- be qualified to provide basic life support*;
- be familiar with anti-doping and integrity matters in cricket;
- have a general medicine kit;
- in the case of a women's series, preferably be a female doctor or a doctor who has experience working with female players;
- have knowledge of key specialist providers and medical facilities; and
- check the medical facilities and medical equipment prior to each day's play.

*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.

- **Note 1** One individual may be responsible for more than one position outlined in the recommended management structure provided he/she is appropriately qualified.
- **Note 2** The ultimate responsibility for a player's wellbeing resides with the Member Board (the employer). Teams are encouraged to travel with a medical doctor or appoint a local Sports and Exercise Medicine Doctor for every tour.
- **Note 3** The home team doctor may assume the responsibility of the Match Day Doctor to provide medical care or medical advice as necessary to players from both teams and match officials on match day.
- **Note 4** -In case of player injuries where a decision on the player's continuation in a match or return to play is to be made, it will be the injured player's medical team (team physio/team doctor) that will make the final decision. The Match Day Doctor



will only provide advice and guidance to players and teams where requested, and provide immediate emergency care where necessary.

Note 5 - In case of a head knock, the decision on the player's continuation in a match or return to play will 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 audit the use of its Concussion Management Guidelines and if required, the ICC will reconsider the need to mandate medical clearance by an appropriately qualified doctor.

Medical Handbook

The appointed CMO is required to provide the visiting team(s) and match officials with a medical handbook. The handbook should include the following:

- the names and contact details of the complete Medical Management Structure for the series;
- medical services and providers in each host city;
- · medical services available on match day;
- protocols and chain of command on match day in case of medical emergencies
- medical services available at practice sessions; and
- medical services that teams can access when at team hotels.

Should there be any anticipated difficulties in meeting these Medical Standard Guidelines, the Host CMO will be expected to make specific mention of this in the MoU.

Host City with official match venues and/or practice venues

As part of the Medical Handbook, visiting teams and match officials should be provided with the following information relating to each host city.

HOST CITY DETAILS

NAME AND CONTACT DETAILS FOR THE FOLLOWING SERVICES:

Hospital(s) with Accident and Emergency Facilities

Family medicine practitioner

General sport and orthopaedic surgery

General Medicine and cardiology

MSK Radiology -for case discussion/advice (when necessary)

Neurologist (preferably with head injury/concussion experience)



Pathology (haematology, biochemistry, microbiology)

Pharmacy

Dentistry

Gynaecology (for women's event)

Physiotherapy and soft tissue therapy

Podiatry

In addition to this, information on general public health issues should be included for the visiting team(s) and match officials such as regional infectious diseases, vaccinations, water safety, air safety, pollution, specific alerts/outbreaks, medication that should not be carried into the country etc.

Match Day (warm up and official matches)

The Host Member is required to provide as part of the Medical Handbook information on the following services, facilities and protocols for players and match officials on match day.

MATCH DAY INFORMATION

Medical room location at match venue (using a venue map where possible)

Medical equipment that will be available at the venue on match day, one (1) hour before the match and thirty (30) minutes after the end of a day's play

Protocol in case of a match day on-field incident such as a head injury or acute trauma e.g. bone fracture.

Protocol and chain of command in case of a medical emergency e.g. a cardiac arrest.

Protocol for removal of a player from the field of play in case of a medical emergency.

Ambulance (refer pg. 6) and paramedics.

Other medical staff that will be available on match day.

Proposed time for Match Medical Meeting (ref pg. 7)) between the Match Day Doctor, a Match Official (if available), paramedics, event staff and Team Doctor(s) (if applicable) and/or Team Physiotherapist(s) (preferably the day before match day or early on match day) at the match venue.



Match Day Ambulance

An Ambulance with paramedics should be stationed close to the playing area and dressing rooms on match day for transport 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 end of day's play;
- have clear access from the field to the road;
- be staffed by trained paramedics/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. To include:
 - Spinal Board
 - Portable oxygen
 - IV fluid access and fluid
 - Automatic External Defibrillator
- have a supply of essential (lifesaving) medication.

Match Day Medical Meeting

A Match Day Medical Meeting should be scheduled between the Match Day Doctor, a Match Official (if available), paramedics, event staff and Team Doctor(s) (if applicable) and/or Team Physiotherapist(s) at the match venue prior to every match.

It should be the responsibility of the Match Day Doctor to schedule this meeting.

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 for players and match officials
- Note the position and entry points(s) of ambulance
- Determine chain of command in emergency and non-emergency situations
- Reiterate the availability of the following items:
 - Defibrillator(s)
 - o Oxygen cylinder, regulator and oxygen mask, along with giving bag set
 - o Medicab or stretcher and neck collar and
 - Medical bag with key drugs



- Allow representatives from each team to notify if they have any players with special medical risks/needs (e.g. diabetic)
- 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 end of day's play.
- Briefly reiterate emergency protocols and hand signals

Match Day Medical Room Requirements

The medical room should:

- be located in close proximity to the dressing rooms;
- preferably have direct access to the field of play;
- · be assigned solely for medical;
- be sterile and ensure privacy;
- have sufficient lighting and ventilation;
- have a hand basin and clean running water with hand wash and hand towels:
- have an examination bed, ice:
- have sharps bin, medical waste bin and bags, emergency mediation, IV fluid equipment, disposable suture kits, sterile and non-sterile gloves and oxygen supply with relevant fixtures. This may be supplied by either the host, match day doctor or the ambulance;
- have a medicab (when possible), failing which a stretcher, spine board, rigid cervical collar with stretcher access to the medical room and/or ambulance
 - Staff involved should be identified and familiar in the use of the equipment;
- have Automatic External Defibrillator and its location should be indicated on the medical room wall if it is not located within the medical room; and
- be checked by the match day doctor prior to each day's play.

Practice Sessions

The Host Member should include in the Medical Handbook details of the following medical services that will be available to teams at official practice sessions.

MEDICAL INFORMATION AT PRACTICE SESSIONS

NAME AND CONTACT DETAILS FOR THE FOLLOWING SERVICES:

Closest hospital with accident and emergency centre with emergency ambulance*

Closest pharmacy



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

Medical cover**

- * If an ambulance is less than 15minutes away from the training venue, first responders/paramedics can be used to cover the training session. If an ambulance is more than 15 minutes away from the training venue, then arrangements should be made to have an ambulance with paramedics stationed at the training venue to cover the practice session.
- ** The medical cover is expected to include Team Doctors (if applicable) and Team Physiotherapists.

Team Hotels

The Medical Handbook should include 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 accident and emergency centre

Preferred pharmacy (open late)

Preferred dental facility

Hotel out-of-hours/on-call service doctor - this service can only be organised by the host if a visiting team (i) specifically requests for this service at their own cost (ii) the request is submitted to the host eight (8) weeks prior to the start of the tour, (iii) arrangements are made under the Member of Understanding and (iv) the service is available.

Preferred dental facility

Note - It is not the remit of the Host to support performance related medical issues such as local anaesthetic injections to facilitate play or medical fitness decisions that are not acute or IV infusion for non-emergency medical care.



REPORTING

The host CMO to prepare a post series medical report including details of injuries and illnesses managed, emergency medical incidents, issues that arose and recommendations for future competitions. A copy of the report to be shared with the visiting team(s) CMO(s) and the ICC Medical Manager.

The report will assist the ICC to:

- Audit the standard of medical care provided to Players and Match Officials at the highest level of bilateral cricket
- Share with Members good practice and highlight any areas of concern
- Make relevant changes to the Standard Guideline as and when required.

Note - Members should ensure that the collection and sharing of personal data is in compliance with local law and respects confidentiality.

TIME LINES

A summary of the time lines by which information should be submitted.

TIME LINES	DOCUMENTS	RESPONSIBILITY
2 weeks prior to the start of the series	Medical Handbook to be sent to visiting team(s) and Match Officials	СМО
30 days after the completion of the series	Post Event Medical Report	

ICC CONTACT DETAILS

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