



**MINIMUM MEDICAL STANDARDS -
ICC GLOBAL & REGIONAL
PATHWAY EVENTS**

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Introduction

The health and safety of those participating in cricket remains a priority to the ICC. As part of its on-going efforts to protect the health of those participating in cricket, the ICC's Medical Advisory Committee has developed Minimum Medical Standards for ICC Global and Regional Pathway events. The purpose of this document is to ensure players, team officials and match officials receive the appropriate level of medical care at these events and the medical standards are consistent.

It is important to remember that planning for effective health and safety standards at an ICC event should start at the same time as the planning for most other aspects of the event.

This document sets out minimum medical standards that a Member is required to implement when hosting an ICC Global or Regional Pathway event. It includes templates and checklists to facilitate the planning and delivery of medical services at these events.

Medical Cover

The medical cover for immediate emergency care at the ICC Global and Regional Pathway events should be adequate for the management of expected and significant potential injuries and medical incidents such as concussion, fractures and cardiac events. The presence of a Match Day Doctor is preferred along with the support of a paramedic and ambulance.

Medical Co-ordinator (MC)

A medical co-ordinator is ultimately responsible for the planning, co-ordination and governance of medical services provided during the event (both at the match, practice sessions and at team hotels). This responsibility cannot be delegated. The MC's name and contact details must be made available to participating teams and match officials in advance of the series.

The MC should:

- be experienced and have knowledge of medical services and facilities throughout the region
- be experienced and have knowledge of organising the medical component of sporting events;
- be familiar with the Medical Standards for ICC Global and Regional Pathway events
- appoint, and co-ordinate match day medical services across all venues;
- develop a medical plan (using the ICC Medical plan template at [Appendix B](#)) and submit the final draft plan to the ICC Medical Manager no later than 2 months before the start of the event (including the warm-up period)

- develop a medical handbook (using the ICC template attached at [Appendix C](#)) containing relevant information for teams and match officials to access health care services in all host cities. This includes links and contacts of specialists in sports medicine, musculo skeletal injuries and imaging throughout the region; and
- be the first point of contact for all participating teams to co-ordinate and facilitate medical needs.

Paramedic

Bearing in mind that the paramedics in most circumstances could be the only medical cover at an ICC match, it is important to ensure they are competent and can provide the services required.

The paramedic should have Advanced Trauma and Life Support (ATLS) training and will be responsible for providing emergency 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 paramedic should:

- be available on match day 1.5 hours before start of match and 30 minutes after the end of day's play;
- be capable of dealing with sports medicine issues and injuries including concussions, fractures and cardiac arrest;
- be familiar with head injury management and the ICC Concussion Management Guidelines. All relevant information should be shared with the paramedics.
- have Advanced Trauma and Life Support (ATLS) certification*;
- have a general medicine kit;
- attend the match day medical meeting advising all parties of where he/she will be located for the duration of the match..
- Understand what signal to look out for when required to provide on-field assistance.

**In an emergency, the Medical co-ordinator will be required to liaise with the emergency services and report on the incident.*

Note 1 - *In case of player injuries where a decision on the player's continuation in a match or return to play is to be made, the paramedic will have an advisory role and it will be the injured player's team nominated medical officer (if available) that will make the final decision. Teams that travel with a medical officer must ensure he/she has the required capability to make responsible medical decisions. If the team is not travelling with a medical advisor (team physio or doctor), the team must consult with the paramedic when making such decisions.*

Note 3 - *In case of a head knock in particular, the decision on the player's continuation in a match or return to play will be made by the injured player's team nominated medical officer (if available) in accordance with the ICC Concussion Management Guidelines. Teams that travel with a medical advisor must ensure*

he/she has the required capability to make responsible decisions. If the team is not travelling with a medical officer (team physio or team doctor), the team must consult with the paramedic when making such decisions.

To ensure player welfare is prioritised, the ICC will audit the use of its Concussion Management Guidelines and if required, the ICC will revisit the guidelines to consider mandating medical clearance by an appropriately qualified doctor.

Event Medical Plan and Medical Handbook

The appointed MC is required to provide the ICC Medical Manager with an event medical plan based on the standards set out in this document. A template medical plan is also available as part of this document. The purpose of the plan is to advise the ICC of event medical arrangements and protocols that will be followed at the event. The plan should include the following:

- The name and contact details of the Medical Co-ordinator for the event.
- Medical services and providers in each host city (see relevant sections of this document for more detail).
- Protocols (including hand signals) and chain of command on match day in case of medical emergencies.
- Availability of Ambulance and Paramedics on match day (see relevant sections of this document for more detail).
- Anticipated climate conditions during the tournament – heat, air pollution, lightning (Refer to the ICC Guidelines for Match Officials on air pollution, extreme heat and lightning. Contact the IC for the most up to date guidelines).
- vaccination requirements for entry into the host country;
- information relating to any pandemic or global health emergency that may be affecting the host country and precautionary measures that should be adopted to enable the delivery of a safe event.
- Management of concussion (Refer to the flow chart on head trauma assessments at Appendix D)
- Medical room/tent location and equipment (see relevant sections of this document for more detail).
- Medical services available at practice sessions; and
- Medical services that teams can access at their own cost when at team hotels.

The Event Medical Plan should be submitted to the ICC for review no later than two (2) months prior to the start of the event including the warm-up period. On submission, the Plan will be reviewed by the ICC Medical Manager and where required comments/suggested changes will be provided to the Host Member.

Should there be any anticipated difficulties in meeting these Minimum Medical Standards, the Host Member and MC will be expected to inform the ICC Medical Manager well in advance of submitting the Event Medical Plan so an appropriate alternative solution may be sought.

On completion of the medical plan, an event medical handbook should be drafted using the template medical handbook available at Appendix C. A lot of the information in the event medical plan will be duplicated in the medical handbook. The purpose of the Medical handbook is to provide teams with relevant medical information pertaining to the event.

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 |
| Sports Medicine |
| Podiatry |

In addition to this, information on local public health issues should be included for the participating teams 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/tent 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 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. 7) and paramedic.

Other medical staff that will be available on match day.

Proposed time for Match Medical Meeting (ref pg. 7)) between the Venue Manager/Representative, a Match Official (if available), paramedic and Team Doctor(s) (if applicable) and/or Team Physiotherapist(s) or a Team Representative (if a team does not have a doctor and physio) at the match venue. This meeting should preferably be scheduled on the day before match day or early on match day.

Medical Service for Staff and Spectators

The Host Member should include in the Event Medical Plan details on the medical services and facilities available for staff and spectators at every venue on match day. In many countries these arrangements are organised and managed by the venue based on local regulation and could differ between venues. The ICC will require information on what medical arrangements are expected to be in place at every match for staff and spectators.

Match Day Ambulance and Paramedic

An Ambulance with a trained paramedic must be stationed at the match venue in the absence of a Match Day Doctor. This is a mandatory requirement should in any circumstance it is anticipated that the ambulance will be more than 15 minutes away from the match venue.

If an ambulance is less than 15 minutes away from the match venue, a paramedic must be stationed at the match venue and consideration should be given to having an ambulance stationed at the venue.

The ambulance 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 paramedic will always be stationed pitch side for the duration of the match.

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 a trained paramedic/technician/nurse capable of coping with:
 - Cardiac arrest
 - Anaphylaxis
 - Head/neck injury
 - Other serious injury or illness
 - Bone fracture
 - Other perceived risks
- 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.
- be equipped with:
 - 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 organised by a Venue Manager/Representative prior to the start of the match. The meeting should be attended by the Venue Manager/Representative, the paramedic, a Match Official (if available) and Team Doctor(s) (if applicable) and/or Team Physiotherapist(s) or the Team Medical Representative (if a team does not have a doctor and physio) at the match venue prior to every match.

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/tent 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)
 - Oxygen cylinder, regulator and oxygen mask, along with giving bag set
 - 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
- Gain an understanding on the support the teams required in case of head injuries and the like.

Match Day Medical Room/Tent Requirements*

The medical room/tent may be a temporary or permanent structure and should:

- be located in reasonably 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 water with hand wash and hand towels (running water is not a requirement);
- have an examination bed, ice;
- have sharps bin, stethoscope, medical waste bin and bags, emergency medication, IV fluid equipment, disposable suture kits, sterile and non-sterile gloves and oxygen supply with relevant fixtures;
- have stretcher access to the medical room/tent and/or ambulance (if stationed at the venue)
 - Staff involved should be identified and familiar in the use of the equipment;
- have Automatic External Defibrillator, a stretcher, spine board, rigid cervical collar (if an ambulance fitted with this equipment is not stationed at match venue) and its location should be indicated on the medical room/tent wall if it is not located within the medical room/tent; and
- be checked by the match day doctor prior to each day's play.

*If an ambulance is stationed at the match venue for the duration of the match, the back of the ambulance may replace a medical room facility and be used to treat players and match officials.

The equipment and supplies as required in the medical room may be supplied by the host, the paramedic or the ambulance but should be present on all match days.

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. Any practice sessions organised outside of the one official team practice session per day will not be covered under the Medical Plan and teams should be made aware of that.

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.
Defibrillator

Medical cover**

Medical space/area with a basic first aid kit***

*If an ambulance is more than 15 minutes away from a practice venue, consideration should be given to having a paramedic/first responder qualified in emergency medicine stationed at the practice venue.

** The medical cover is expected to include team physiotherapist or team doctor (if available).

*** An area should be set aside for the sole use of medical and should be equipped with basic first aid requirements. If an ambulance is stationed at the training venue any medical treatment can be provided inside the ambulance and therefore no area need be set aside.

Basic First Aid kit

1. Strapping tape - for minor sprains
2. Small and medium bandages - for scrapes and bumps
3. Cold packs - for sprains or strains
4. Blister plasters - for blisters
5. Antiseptic ointment - to prevent infection
6. Alcohol pads - to clean wounds
7. Hand sanitiser - to clean hands
8. CPR instructions
9. Plastic bag to dispose trash
10. Information on closest hospital with accident and emergency centre with emergency ambulance

Team Hotels

The Medical Handbook should include details of the following medical services that players and match officials can access 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 will only be organised by the host (where possible) if (i) a visiting team specifically requests for this service at their own cost, (ii) the request is submitted to the Host 8 weeks prior to the start of the event and (iii) the service is available.

Note - It is not the remit of the Host Member 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

Match Day Report

The Medical Co-ordinator is required to complete the ICC Match Day Medical Report" using the ICC template report form attached at [Appendix C](#). Completed reports should be submitted to the ICC Medical Manager within 24 hours of completion of the match.

Post Event Report

The MC to provide the ICC Medical Manager with a post event medical report within 2 months after the event. The report should include details of any untoward medical incidents during the event and recommendations for future events. The purpose of the report is to assist the ICC in conducting a post event audit.

TIMELINES

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

| TIME LINES | DOCUMENTS | RESPONSIBILITY |
|-----------------------------|--|----------------|
| 3 months prior to the event | Name and contact details of the Medical Co-ordinator for the event | Host Member |

| TIME LINES | DOCUMENTS | RESPONSIBILITY |
|--|---|----------------|
| 2 months prior to the event | Draft event Medical Plan & Medical Handbook | MC |
| At least 2 weeks before warm up period | Medical Handbook to be sent to the ICC, Match Officials and the participating teams | MC |
| Within 24 hours of completion of match | Match Day Medical Report (to be submitted ICC Medical Manager) | MC |
| Within 2 months after the event | Post Event Medical Report | MC |

Minimum Medical Standards checklist For Hosts

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 F](#) and addresses any queries to the ICC Medical Manager.

Medical budget for hosting an ICC event

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 G](#) if required.

INSURANCE

Any healthcare costs that are outside the scope of this document or the agreed medical plan 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.

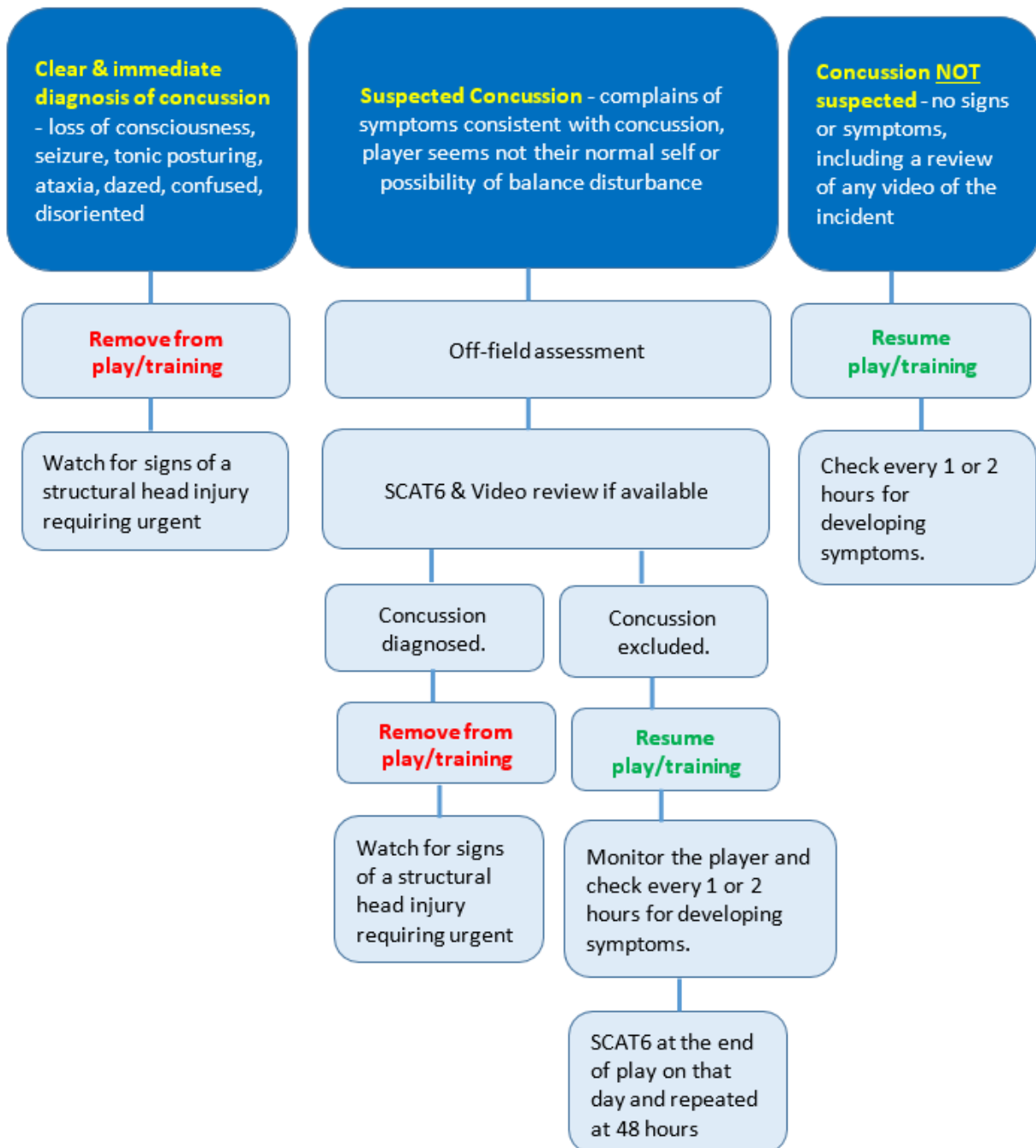
Teams will be responsible for settling all medical expenses incurred directly with the hospital/clinic or specialist. The ICC nor the host will assume any responsibility in paying for medical bills.

ICC CONTACT DETAILS

Ms. Vanessa Hobkirk
ICC Medical and Anti-Doping Manager
Ph. +971 50 6401402
E-mail: vanessa.hobkirk@icc-cricket.com

Appendix D - Head Trauma Assessment

(Following on-field assessment by a team doctor or physio)



Appendix D - Medical Equipment - Match and Training venues

(either (i) to be brought in by the paramedics or to be made available in medical room on match day.

| | |
|---------------------|---|
| Minor wounds | 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 |
| Cardiac | 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 |
| Respiratory | Oxygen Nebulizer Ventolin (Salbutamol)/saline availability |
| Cervical | Cervical collar Spinal board with appropriate straps for immobilization |
| Eyes | Irrigation fluid Eye pads |
| Ear Nose and throat | Otoscope, Auroscope Tongue depressor |
| Dental | Hanks solution (milk as an option) |
| Urinary | Dipstick Refractometer |
| Musculoskeletal | Tapes Pre wrap Coban Athletic tape |

| | |
|--------------------------------|---|
| | Splints Crepe/elastic bandages NSAIDS Analgesics |
| Antiemetics/GI | Gravol Anti-diarrhoeal Zantac PPI's Oral rehydration salts |
| Hypoglycaemic | 50% Dextrose solution Capillary glucose meter |
| Allergic reaction Management | Hydrocortisone Piriton Adrenaline 1 in 1000 |
| Flu management | Paracetamol Cough suppressant |
| Medication | Antibiotics Other relevant medication |
| General medical room equipment | Examination bed Sharp bin and medical waste bin and bags Power point Access to ice Nonsterile gloves Stethoscope Medical thermometer N95 masks |

Appendix E- Post Event Medical Report Template

The Event Chief Medical Officer/Tournament Medical Manager is responsible for 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.

| |
|--|
| <p>BUDGET – <i>under budget or over budget and reasons for the same -</i> Click or tap here to enter text.</p> |
| <p>EVENT MEDICAL MANAGEMENT STRUCTURE - <i>What medical management structure was appointed for the event? What worked well? What did not work well? Any recommendations –</i> Click or tap here to enter text.</p> |
| <p>APPOINTMENTS - CMO, HCMC/TMM and MDDs – <i>Who was appointed in these positions and when?</i> Click or tap here to enter text.</p> |
| <p>MEDICAL SERVICES SUPPLIER (<i>ambulance and paramedics</i>) – <i>Who was appointed? Any recommendations? –</i> Click or tap here to enter text.</p> |
| <p>MEDICAL ARRANGEMENTS AT TRAINING/PRACTICE VENUES – <i>What arrangements were in place? Any issues faced? Any recommendations? –</i> Click or tap here to enter text.</p> |
| <p>MEDICAL ARRANGEMENTS AT MATCH VENUES – <i>What arrangements were in place? Any issues faced? Any recommendations?</i> Click or tap here to enter text.</p> |
| <p>MATCH DAY MEDICAL MEETINGS – <i>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?</i> Click or tap here to enter text.</p> |
| <p>MEDICAL PLAN AND MEDICAL HANDBOOK – <i>Were there any challenges in completing these documents? Were the templates helpful? Any feedback from teams on the handbook? Any learnings or recommendations?</i> Click or tap here to enter text.</p> |
| <p>OUT-OF-HOURS MEDICAL COVER AND USAGE – <i>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?</i> Click or tap here to enter text.</p> |
| <p>PRE-TOURNAMENT SCREENING – <i>(cardiac screening, baseline testing) How many teams carried out pre-tournament screening? Please specify.</i> Click or tap here to enter text.</p> |

TEAM DOCTORS - *How many teams travelled with a doctor or were supported by a locally appointed doctor?*

Click or tap here to enter 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** - Click or tap here to enter text.
- **At training** - Click or tap here to enter text.
- **Hotels/out of hours** - Click or tap here to enter text.

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

- **Medical illness** - Click or tap here to enter text.
- **Head injuries** - Click or tap here to enter text.
- **Neck** - Click or tap here to enter text.
- **Shoulder** - Click or tap here to enter text.
- **Lower Leg** - Click or tap here to enter text.
- **Knee** - Click or tap here to enter text.
- **Thigh** - Click or tap here to enter text.
- **Hand** - Click or tap here to enter text.
- **Foot** - Click or tap here to enter text.

Who did the injuries relate to?

- **Players** - Click or tap here to enter text.
- **Support staff** - Click or tap here to enter text.
- **Match Officials** - Click or tap here to enter text.
- **Net bowlers** - Click or tap here to enter text.
- **Team specific** - Click or tap here to enter text.
- **Other** - Click or tap here to enter 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 –

Click or tap here to enter text.

Heat related -

Click or tap here to enter text.

Air quality related –

Click or tap here to enter 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 plan followed? Any learnings, issues or recommendations?*

Click or tap here to enter text.

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

Click or tap here to enter text.

Appendix F - ICC Minimum Medical Standards - Checklist

| Checklist - ICC's minimum medical standards | Timeline | Completed |
|---|-----------------------------|-----------|
| Assign responsibility for medical to someone in the LOC | 12-18 months prior to event | |
| LOC to prepare a comprehensive budget using the ICC budget template in Appendix G of the Minimum medical standards for major ICC events document. | 12-18 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 | |
| LOC to decide on medical management structure for the event and appoint 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 the event | |
| Appoint Match Day Doctors (MDDs) where possible to cover 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 | |
| TMM to develop a medical plan and medical handbook for the event using the ICC medical plan template in App A and B of the Minimum medical standards for major ICC events document. | 3 months prior to event | |
| TMM to share ICC policies, guidelines, standards with appointed independent MDDs. | 2 months prior to event | |
| TMM to submit the event medical plan to the ICC Medical Manager | 2 months prior to event | |
| TMM to submit event medical handbook to the ICC Medical Manager | 1 months prior to event | |

Appendix G - Medical budget template for ICC events

| | Number | Days | Cost/day | Total |
|---|--------|------|----------|-------|
| Chief Medical Officer / Medical Manager | | | | |
| Pre-event- prepare medical plan/handbook | | | | |
| During event – oversee and manage medical | | | | |
| Post event - prepare event medical report | | | | |
| | | | | |
| Depending on Management Structure for event | | | | |
| Tournament Medical Manager | | | | |
| Host City Medical Coordinators/On call doctor | | | | |
| Travel and accommodation before and during the tournament (as may be required) | | | | |
| | | | | |
| Printing Resources | | | | |
| Medical Plan and handbook (if required) | | | | |
| Concussion poster for display in player dressing rooms and Match Officials room | | | | |
| | | | | |
| Match Day - medical provisions (incl. Warmups) | | | | |
| Independent Match Day Doctor for consideration | | | | |
| Emergency Services - ambulance & paramedics | | | | |
| Medical Room equipment and supplies (stocking and restocking) | | | | |
| | | | | |
| Training sessions - medical provisions | | | | |
| 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.