



MEDICAL GUIDELINES

— *BILATERAL CRICKET HOSTED BY FULL MEMBERS*

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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.

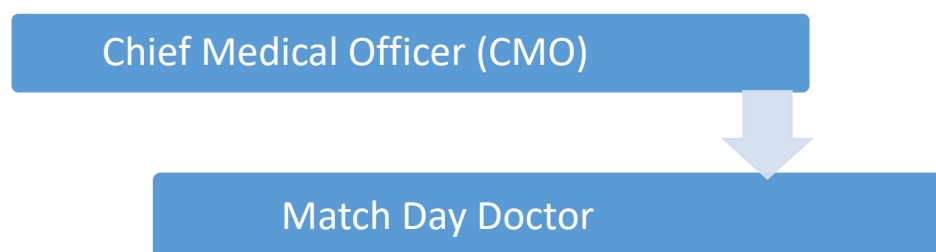


Fig 1. Medical Management Structure for bilateral cricket hosted by Full Members

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 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 and ensure that:
 - the medical room is functional
 - Ambulance and emergency personnel are present, and communication is established
 - Contact the Team Medical Representative and establish communication means (e.g. phone numbers, walkie talkie, etc);
 - Ascertain when and if the Team Medical Representative 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/stretchers 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 and
 - Attend/run the match day medical meeting.
- have experience in dealing with sports medicine issues and injuries including concussion;

- on request from the Team Medical Representative, assist with the assessment and management of a concussion and provide medical advice on continuation/return to play
- raise with the Match Referee any concerns regarding a decision by the team medical representative 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;
- be familiar with head injury management and the ICC Concussion Management Guidelines
- be a registered medical practitioner;
- be qualified to provide basic life support*;
- be familiar with anti-doping and integrity matters in cricket;
- be the first responder in case of any injury to an umpire;
- 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;
- 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.*

Team Medical Representative

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

The Team Medical Representative 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.

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 Representative but should be in accordance with the ICC Concussion Management Guidelines, taking into consideration the Match Day Doctor's advice when provided.

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 purpose of the medical handbook is to provide Team Medical Representative 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 series;
- medical services and providers in each host city;
- medical services available on match day, practice sessions and at team hotels;
- 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;
- management of concussion; and
- medical room locations and equipment.

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
Accident and Emergency
Orthopaedics
General Surgery
General physician
Cardiology
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 series)
Physiotherapy
Masseur / masseuse
Sports Medicine
Infectious disease specialist
Podiatry

In addition to this, information on local 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 and paramedics.

Other medical staff that will be available on match day.

Proposed time for Match Medical Meeting (ref pg. 7)) between the CMO, Match Day Doctor, a Match Official (if available), paramedics 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 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 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

- 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
- Supply of essential (lifesaving) medications.

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 medication, 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.

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 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 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 points(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);
- 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 and
 - 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 and
- 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 help of the Match Day Doctor is needed, the signal to come on is shown in Fig. 1. If the stretcher is required, the signal shown in Fig. 2 is used. If both are needed, 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 on to the field by using both hands (Fig 1).

Whereas the Match Day Doctor will wait on the boundary until summoned, they can enter the field of play if there is genuine concern for a player/match official.



Figure 1



Figure 2



Figure 3

In an emergency, the match day doctor 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 the injured player. Umpires may inform the medical team 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.

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 15 minutes 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 MoU 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	CMO
30 days after the completion of the series	Post Series Medical Report	

ICC CONTACT DETAILS

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