

ICC MINIMUM MEDICAL STANDARDS FOR MAJOR ICC EVENTS

Effective date – October 2023

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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.

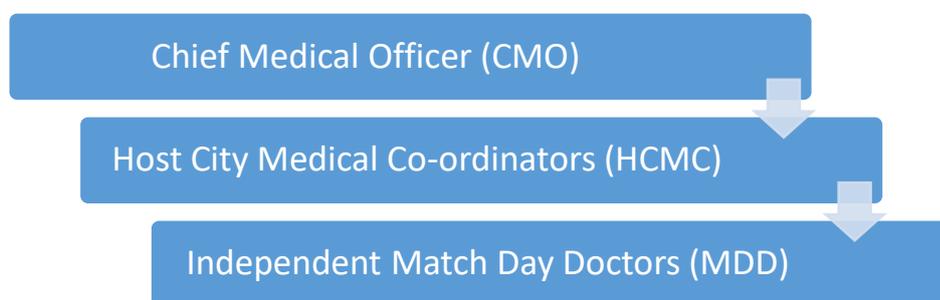
This document specifically addresses minimum medical standards, which a Host Member is required to implement when hosting a major ICC event such as a Cricket World Cup, Twenty20 World Cup and an U19 Cricket World Cup. This document also includes templates that can assist Members in meeting the required 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 outline the levels of responsibility amongst management for the development and delivery of an effective medical plan. The ICC’s recommended management structures for major ICC events are set out below.

Management structure – 1



Management Structure - 2

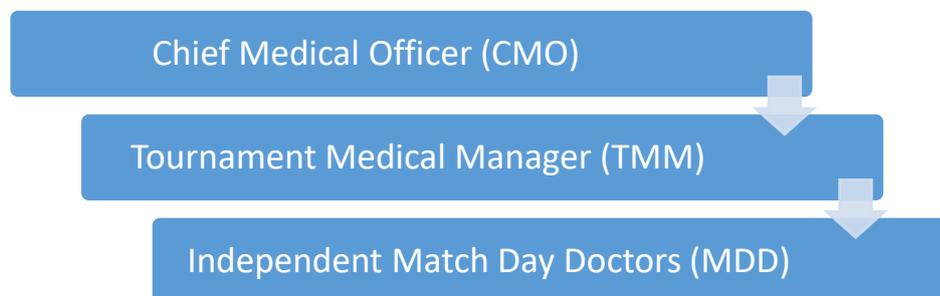


Fig 1. Recommended options for the Medical Management Structures for a major ICC event

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.

Should the tournament be operating amidst bio-safety measures, the CMO should be included in the planning stages to ensure the medical element of bio-safety is 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 and
- 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) and
- Invite the CMO to attend relevant LOC planning meetings and venue inspections.

The CMO will also be responsible for:

- developing a medical plan (using the Medical Plan template at [Appendix A](#)) and submitting the draft plan to the ICC Medical Manager no later than 2 months before the start of the event (including the warm-up period);
- developing a medical handbook for players, team officials and match officials using the template attached at [Appendix B](#) and submitted to the ICC Medical Manager no later than 2 months before the start of 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;
- organise a pre-event medical briefing and emergency medicine training for team medical personnel and
- provide a post event Tournament Medical Report to the ICC (optional use of template in Appendix E)

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.

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 and
- Be independent and not affiliated to a team.

Team Medical Officer

Each team should have a dedicated Team Medical Officer whose professional responsibilities is with that team only.

The Team Medical Officer has 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 Officer 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 Officer must participate in the pre-event medical briefings and participate in the emergency medicine training.

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:

- Be familiar with the medical plan;
- 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 plan;
- 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 and
- 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).

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/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. 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 and
- 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) and
- 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.

**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 - The ICC recognises 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.



Event Medical Plan & Medical Handbook

The event CMO 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 available in [Appendix A](#). 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 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 C](#)*);
- 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*);
- Make reference to bio-safety measures that are outlined in a separate document should the tournament be held during a pandemic and
- Safe corridors for hospital visits (MRIs etc) and local protocols for COVID positive cases (isolation/medical treatment) should be detailed in the biosafety document and referenced in the medical handbook.

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.

Once approved by the ICC, a copy of the final medical plan should be sent to –

- The ICC Medical Manager
- The ICC Host Liaison Manager
- The Match Day Doctors

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 (3) months prior to the start of the event.

On completion of the medical plan, an event medical handbook should be drafted using the template medical handbook available in [Appendix B](#). 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 Team Medical Representatives (TMRs) and Match Officials with relevant event medical information leaving out a lot of detail that is included in the plan.

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
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 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 *(warm-up matches & official matches)*

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

Medical room location at match venue (using a venue map).

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.

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. This will most likely differ venue to venue.

Ambulance and paramedics (refer to relevant section in this document for more detail).

Other medical staff that will be available on match day.

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 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 most countries, these arrangements are organised and managed by the venue and could differ between venues. The ICC will require information on what medical arrangements are 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) medications.

Arrangements should be made with the medical 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 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);
- 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.;
- 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.

Match Day Medical Room requirements

The medical room for a major ICC event should:

- be located in close proximity to the dressing rooms;
- be on the ground floor where at all possible to permit easy access for the injured;
- 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 running water with hand wash and hand towels;
- have an examination table;
- have appropriate PPE supplies;
- have sharps bin and medical waste bin and bags;
- have a power point;
- have access to ice;
- have stretcher access from field and to ambulance;
- have IV fluid access and fluid;
- have Automatic External Defibrillator with manual override and monitor;
- have disposable suture kits with equipment;
- have non sterile gloves;
- have a stethoscope;
- have a cervical collar stiff; and
- 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 D](#).

TRAINING

The Host Member to provide details of the following medical services that will be available to teams at official trainings.

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) and
- 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 E](#), for those Members who wish to use it.

TIMELINES

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

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

- Should the tournament be held during a pandemic, the Chief Medical Officer will be included in the bio-safety planning stages of the event.

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.

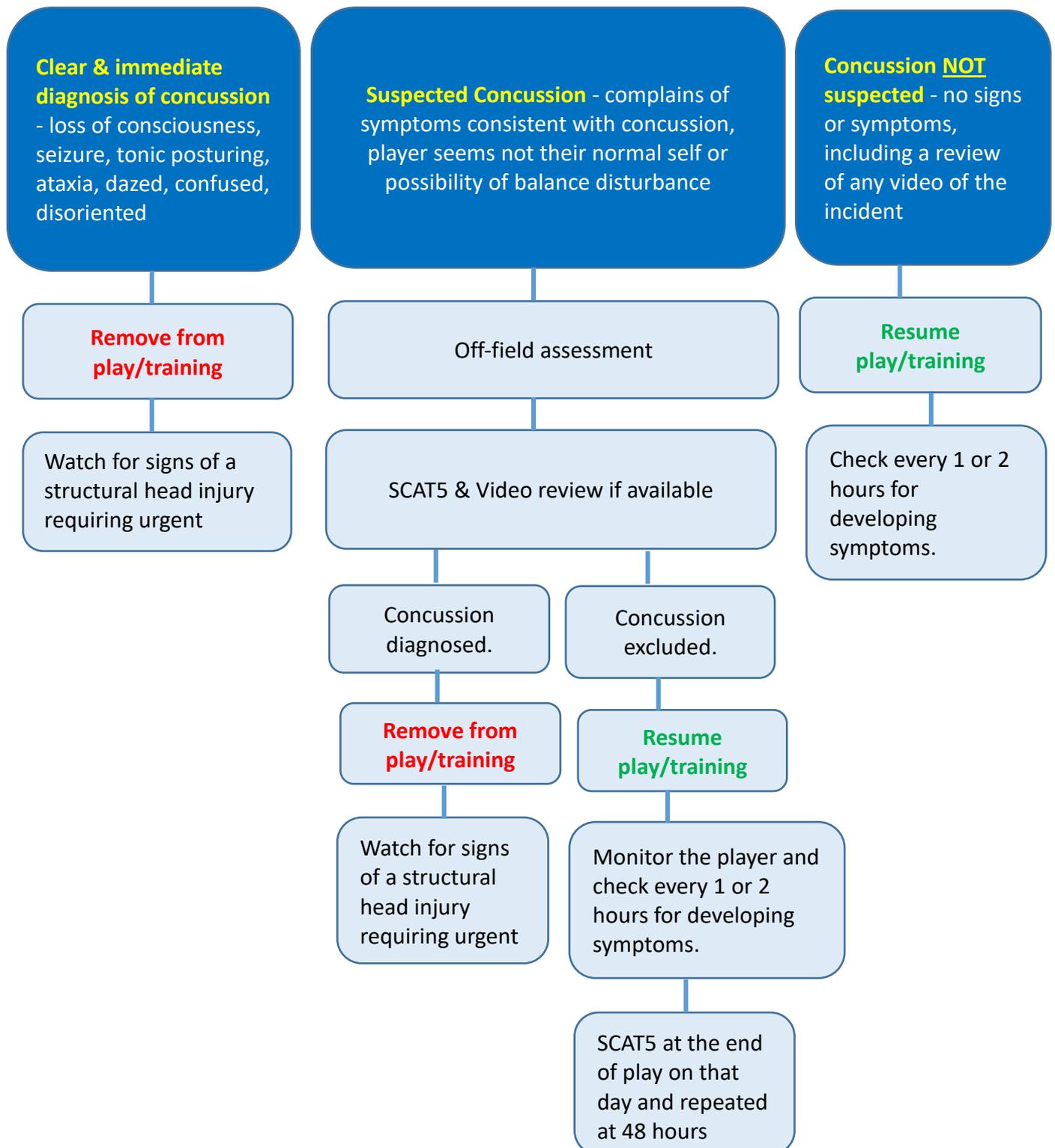
Teams will be responsible for settling all medical expenses incurred directly with the hospital/clinic or specialist. The ICC nor the host will assume any responsibility in paying for medical bills.

ICC CONTACT DETAILS

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

Appendix C - Head Trauma Assessment

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



Appendix D - 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.)

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 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.

<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 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-EVENT MEDICAL WORKSHOP – <i>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?</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>

<p>TEAM DOCTORS - <i>How many teams travelled with a doctor or were supported by a locally appointed doctor?</i> Click or tap here to enter text.</p>
<p>INJURY ILLNESS ANALYSIS DURING THE TOURNAMENT <i>Please provide details of how many injuries and medical incidents occurred during the tournament and when did they occur?</i></p> <ul style="list-style-type: none"> ▪ 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.
<p><i>Please provide details on the number of injuries recorded at the event – Body area diagnosis.</i></p> <ul style="list-style-type: none"> ▪ 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.
<p><i>Who did the injuries relate to?</i></p> <ul style="list-style-type: none"> ▪ 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.
<p>INJURY REPORTS – <i>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).</i></p> <p>Head injury, concussion, suspect concussion – Click or tap here to enter text.</p> <p>Heat related - Click or tap here to enter text.</p> <p>Air quality related – Click or tap here to enter text.</p>
<p>EMERGENCY PLANS AT MATCH VENUES – <i>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?</i> Click or tap here to enter text.</p>
<p>Emergencies – <i>Please provide a detailed report for every emergency or on-field evacuation during the tournament.</i> Click or tap here to enter text.</p>

Appendix F - 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 G 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 the 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 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	
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 the event medical plan to the ICC Medical Manager	2 months prior to event	
CMO (and 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				
Pre-event- prepare Medical plan/handbook				
During event – oversee and manage medical				
Post event - prepare event medical report				
Travel and accommodation before and during the tournament				
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)				
Medical workshop (2 – 3 hours) – Pre-event				
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				
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				
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.

Appendix H - 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 and Regional Events
Appoint Event Chief Medical Officer (CMO) or Event Medical Co-ordinator (EMC)	CMO	CMO	CMO	EMC
Develop and share medical Plan and handbook	M	M	M	M
Match Day (warm up & official matches)				
- 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	-
Training				
- 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
Post Event Medical Report to ICC	M	M	M	M
Team Doctors	M	Strongly Recommend	Strongly recommend	-

M – Mandatory; **CMO** – Chief Medical Officer; **EMC** – Event Medical Coordinator