



# **FIS MEDICAL GUIDE**

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## TABLE OF CONTENTS

<b>FOREWORD</b> .....	<b>3</b>
<b>1. FIS EVENT ORGANISER MEDICAL SUPPORT SYSTEM</b> .....	<b>4</b>
1.1 Medical Services .....	4
1.2 Facilities & Resources .....	4
1.3 Personnel/Staff .....	4
1.3.1 Event Chief of medical and rescue services .....	5
1.3.2 Ski Patrol .....	5
1.3.3 Trauma Teams .....	5
1.3.4 Team Physicians .....	6
1.4 Information to the Teams .....	6
<b>2. THE FIS MEDICAL SUPERVISOR – ROLE AND RESPONSIBILITIES</b> .....	<b>6</b>
2.1 Specific Role and Responsibilities of FIS Medical Supervisor .....	7
2.2 Organisational Placement.....	7
2.3 Pre-Event Requirements .....	7
2.4 Execution during Event.....	7
2.5 Post Event Report .....	7
<b>3. THE ROLE OF THE EVENT CHIEF OF MEDICAL AND RESCUE SERVICES</b> .....	<b>8</b>
3.1 Required Responsibilities of the Event Chief of medical and rescue services .....	8

## FOREWORD

February 2020

The principal aim of the FIS Medical Guide is to provide a resource to help with the management and organisational concerns linked with medical issues at events.

ICR Article 221.6 regulates medical matters in FIS Competition. It reads:

### *Medical Services Required from Event Organisers*

*The health and safety of all those involved in a FIS competition is a primary concern of all event Organisers. This includes the competitors as well as volunteers, course workers and spectators.*

*The specific composition of the medical support system is dependent on several variables:*

- The size, level, type of the event being held (World Championships, World Cup, Continental Cup, FIS-level, etc.) together with the local medical standards of care, and geographic locations and circumstances*
- The estimated number of competitors, support staff and spectators*
- The scope of responsibility for the Event Medical Organisation (competitors, support staff, spectators) should also be determined.*

*The Organiser / The Chief of Medical and Rescue Services must confirm with the race director or technical delegate that the required rescue facilities are in place before starting the official training or competition. In the event of an incident or issue that prevents the primary medical plan from being utilized, the back up plan must be in place before recommencing the official training or competition.*

*The specific requirements concerning facilities, resources, personnel and team physicians are contained in the respective discipline rules and the FIS Medical Guide.*

The FIS, and its National Associations, require that each Organiser strive to meet the highest possible medical standard of care in each member country and particular locality. It is the responsibility of the Organiser to provide adequate medical facilities and evacuation plans that meet or exceed the local medical standard of care in each event location.

Participation in sport promotes and supports the basis of a healthy lifestyle. The health, wellbeing and safety of all athletes is the primary aspiration of all medical support personnel working with athletes and teams. Providing medical support and care for athletes and teams is a substantial responsibility that can be unique and challenging, yet is incredibly rewarding. It provides a distinctive and special privilege of those involved to work with high level athletes however the responsibilities involved in decision making, often in intense settings, are great leading to outcomes that often affect the competitive success of not only the athlete, but also the team.

The intent of the FIS Medical Guide is designed to offer a ready reference aid for medical personnel working with ski teams to assist their decision-making in medical and other linked problems.

The FIS Medical Committee plans to review this reference guide on an annual basis; it will thus offer continual evaluation of issues and problems that become evident in the participation of the sport disciplines covered by the International Ski Federation.

FIS Medical Committee

## FIS MEDICAL GUIDE

### 1. FIS Event Organiser Medical Support System

#### 1.1 Medical Services

As is stated in ICR 221.6, the health and safety of all those involved in the FIS disciplines is a primary concern of all event Organisers

The scope and specific composition of a particular medical support system is dependent on several variables, including, but not limited to:

- The size and level of the event being held (World Championships, World Cup, Continental Cup, FIS-level, etc.)
- The estimated number of competitors, support staff and spectators.
- In the absence of a specified FIS requirement to meet a particular negotiated standard, the local medical standards of care must be met.
- Geography, topography, climate, and weather at the event location.
- Local Law and customs regarding the provision of medical care.

The Event Chief of medical and rescue services must confirm with the race director or technical delegate that the appropriate rescue facilities are in place before starting the official training or competition. In the event of an incident, the back up plan must be in place before recommencing the official training or competition.

#### 1.2 Facilities & Resources

The Event Organising Committee (OC) must assure that appropriate emergency medical services are available for each official day of training and competition. Some components of a properly constituted medical plan, dependent upon local standards of care and other factors may include:

- A medically equipped and properly staffed tent or clinic located in close vicinity of the base/finish of event location for initial triage and minor issues.
- Public facility for medical care of spectators.
- Top of course medical care for athlete needs.
- Intermediate medical course stations.
- An Advanced Life Support (ALS) ambulance for transport with a back-up plan if transport is used.
- A fully equipped Advanced Life Support Team and a replacement available with transport at all times during official training or competition (For Alpine Speed, Freestyle Aerials SkiCross, Snowboard Cross, Big Air and Skiflying competitions).
- A rescue helicopter or medically equivalent evacuation method must be available on a basis consistent with local law. The chosen method of evacuation must be capable of immediate patient off-hill evacuation. (For Alpine Speed, Freestyle Aerials, Ski Cross, Snowboard Cross, Big Air and Skiflying competitions).

#### 1.3 Personnel/Staff

Specific job descriptions with requirements must be created according to the specific requirements of the event.

### 1.3.1 Event Chief of medical and rescue services

This individual is responsible to direct and coordinate all medical services provided at the event. This person is usually a member of the Organising Committee and reports to the committee regarding medical issues with the event. This individual should be competent in Emergency Medical Care, triage and evacuation procedures, and have a good understanding of operational procedures of all systems with respect to the event and as such, have a good understanding of the sport with regard to possible injuries or incidents that could occur. If this person is not a medical doctor, then one should be appointed as an advisor for the event.

Specific responsibilities:

- Outline facilities and resources required for the event
- Establish an evacuation plan for injured athletes – for all possible locations within the “field of play” from site of injury to initial triage to hospital or trauma centre if indicated
- Secure availability of all necessary facilities, resources and personnel to support evacuation plan through working inter-relationships
- Create a back up plan/system that could be operational if one or more major evacuation is utilized
- Establish a separate plan and/or staff for visitors, spectators of the event depending on expected crowds.
- Define specifically the personnel roles and responsibilities and communicate these clearly to all parties involved.
- Review the emergency medical plan with the Organising committee and event staff to discuss the interactions with other aspects of the event – clarify communications protocol
- The Event Chief of medical and rescue services should review the overall medical plan at the initial team captains meeting for all coaches and team medical personnel. At this time, he/she should establish a specific medical meeting/orientation with all team physicians and/or medical personnel to review the specific evacuation medical plan in detail
- Support of the Technical Delegate with the record and track all incidents that occur during official training and competition with the completion of the FIS Injury Report for each athlete injury.

### 1.3.2 Ski Patrol

- Act as first responders to a downed athlete
- Ski patrol must have adequate and experienced skills in skiing
- The staff is to be placed along the course so they always have the athlete in view
- Numbers/staffing determined by the nature and course of the event
- Consideration of additional staffing to fill positions left open following response to an accident quickly and efficiently so as to not delay the competition.

### 1.3.3 Trauma Teams

- Determined from the overall medical plan regarding specific needs for event. Generally positioned along course where they can reach any critically injured athlete within 4 minutes maximum time limit
- These teams generally consist of medically trained individuals that are Advance Cardiac or Advance Trauma Life Support qualified and/or paramedic with capability of

advanced airway management.

#### 1.3.4 Team Physicians

- Team physicians may only assist with the field of play athletes care and stabilization under direction of event medical staff.

### 1.4 Information to the Teams

General Medical Coverage of Competition Protocols must be published and given to all teams in their information packs for their medical personnel. This should include:

- On-Course medical support map with details of all stations (staffing/equipment/supplies)
- Evacuation protocols for each level of injury from course with criteria for helicopter transport
- Location/contact phone of Clinic or level I Trauma Centre that athlete would be transported to - depending on Level of Injury
- Contact for Event Chief of medical and rescue services
- A listing of all local medical services to include the phone contact and address for location. This information should include: local medical clinics, physicians, dental offices, pharmacies and the contact information for the level I Trauma Center.
- A medical meeting for the persons taking care of medical matters in the teams will take place prior to the first official training (for Alpine downhill events after the first course inspection) or the competition and minutes and a signed attendance list must be taken. This can provide the more detailed information regarding evacuation procedures from the course. The time of this meeting must be communicated at the team captains meeting

## 2. The FIS Medical Supervisor – Role and Responsibilities

For all major skiing and snowboarding events (Olympics and World Championships) the FIS will appoint one or more Medical Supervisors to act as a liaison or advisor to the organising committee for the event with regard to sport specific issues. The Medical Supervisor is nominated by the FIS Medical Committee to the FIS Secretary General for approval by the FIS Council. This process will normally take place about one year in advance of the scheduled event.

In general, the individual nominated will be a member of the FIS Medical Committee with current knowledge of issues within the realm of medical and anti-doping. If a committee member is not available, then by general agreement from the committee, an individual may be recruited from outside the committee to perform the duties of the FIS Medical Supervisor. In his/her job as a Medical Supervisor for the FIS, the individual may not act as a team doctor or as doctor for the organising committee concurrently with performing the job of the Medical Supervisor.

Once approved by the FIS Council, the event organisers will be notified of the name and contact details of the appointed supervisor, as well as recommendations set out in the FIS Medical Guide regarding expected medical support services for the event.

It is the responsibility of the Organising Committee to contact the FIS Medical Supervisor and provide all information regarding the organisation and delivery of medical services that will be provided during the course of the event.

## 2.1 Specific Role and Responsibilities of FIS Medical Supervisor

- To act as Liaison/Adviser to Event Organising Committee
- To facilitate expected medical services of event as defined by FIS
- To have a good understanding of possible medical issues that may arise during the event
- To have a good understanding of Event Logistics and 'flow' of schedule with ability to make recommendations to the Organising Committee.

## 2.2 Organisational Placement

- To be on site some days before the competition starts (during the training) and if possible for the whole duration of the competitions.
- To integrate with the Organising Committee as advisor and FIS Staff to agree daily logistics
- To integrate with Anti-Doping Agencies for logistical facilitation of the execution of Anti-Doping controls both, pre and post event. The supervisor is not directly involved with doping controls or blood testing but rather the logistics surrounding appropriate execution of these requirements.

## 2.3 Pre-Event Requirements

- To communicate with the Event Organising Committee regarding FIS approved guidelines for organisation, preparation and execution of all medical support services, safety issues and anti-doping organisation and logistics associated with events
- To undertake and complete a Site Visit and Medical Check list in order to confirm that the FIS guidelines are fully incorporated, as well as to ensure familiarisation with facility structure, location and availability
- To facilitate Pre-event Team Physician meeting to communicate logistics and execution of all medical support services and Anti-Doping controls
- To review Anti-Doping Logistics incorporating all aspects of event, ceremonies, awards and media.

## 2.4 Execution during Event

- To act as Facilitator and Problem Solver between all agencies providing services for the event
- To maintain close collaboration with all FIS appointed officials throughout duration of event
- To be responsible for implementation and facilitation of FIS/WADA rules with respect of medical and safety issues and Anti-Doping rules
- To communicate directly with Race Director/TD regarding any medical or Anti-Doping issues not consistent with FIS/WADA rules.

## 2.5 Post Event Report

The Medical Supervisor will provide a comprehensive report including details of communication prior to the event, pre-site visitation and a summary of all event medical services, injuries sustained during official training and competition, and Anti-Doping logistics or issues encountered during the course of the event. This report will be forwarded to the following:

- FIS Secretary General
- Chairman of FIS Medical Committee and subsequently to Medical Committee Members
- Organising Committee for the event.

### 3. The Role of the Event Chief of medical and rescue services

The Event Chief of medical and rescue services is responsible for directing and coordinating all medical services provided at the event. He/she is a member of the Organising Committee and reports to the committee regarding medical issues related to the event. He/she is head of a team that must be competent in the provision of emergency medical care, triage and evacuation procedures. He/she and their team should have a good understanding of operational procedures of all systems with respect to the event and also have a good understanding of the sport discipline with regard to possible injuries or incidents that could occur.

Team Physicians should contact the Event Chief of medical and rescue services to obtain information about medical services in the area, names of medical specialists, possibilities for getting drugs for team treatment, phone numbers of medical providers and special information about particular medical regulations in this country or area where the event takes place.

The Team Physician will assist ensuring optimal care of the athletes and staff, but the Team Physician is NOT an OFFICIAL of the EVENT ORGANISING COMMITTEE (OC).

It is not the task of the Team Physician to impose conditions regarding medical issues to the Organising Committee. In respect of all medical and organisational problems he should report to the Event Chief of medical and rescue services.

#### 3.1 Required Responsibilities of the Event Chief of medical and rescue services

- To outline facilities and resources required for the event
- To establish an evacuation plan for injured athletes – for all possible locations within the “field of play” from site of injury to initial triage and transport to hospital or trauma center if indicated
- To coordinate and secure availability of all necessary facilities, resources and personnel to support evacuation plan
- To create a back up plan/system in case one or more major means of evacuation is already utilised
- To establish a separate plan and/or staff for visitors and spectators of the event depending on expected crowds
- To define specifically the personal roles and responsibilities and communicate these clearly to all parties involved
- To review the emergency medical plan with the Organising Committee and event staff to discuss the interactions with other aspects of the event – clarify communications protocol
- Also to review the overall medical plan at the initial team captains meeting for all coaches and team medical personnel. At this time he/she should establish a specific medical meeting for orientation with all team physicians and medical personnel to review the specific evacuation medical plan in detail
- He/she should support the Technical Delegate in keeping records of injuries and incidents that occur during official training and competition, and help in particular with the completion of the FIS Injury Report for each athlete injury.



The Event Chief of medical and rescue services should be the first line of contact for the Team Physician with regard to all medical or linked organisational problems. The Event Chief of medical and rescue services should normally be a Medical Doctor. If this person is not a Medical Doctor, then a Medical Doctor from his/her team should be appointed as an advisor for the event with the required responsibilities.

It is very useful for Team Physicians to be present at the Team Captains Meeting, as this is a very good opportunity to make personal contact with members of the Organising Committee and other officials at the event. The Team Captains Meeting is the best place to optimise channels of communication.