

MEDICAL AND ANTI-DOPING CONTROL MANAGEMENT IN WORLD TRIATHLON EVENT

1. MEDICAL MANAGEMENT

17.1 General

- a) The World Triathlon Medical Committee may appoint a medical delegate to oversee the medical operations of the event.
- b) The World Triathlon Medical Delegate (World Triathlon MD) may conduct one site visit prior to an World Triathlon event.
- c) The World Triathlon Medical Delegate will liaise with the event appointed Race Medical Director (RMD). The World Triathlon Medical Delegate reviews, with the Race Medical Director all the information relating to medical and doping control requirements for the event.
- d) The Race Medical Director attends the World Triathlon event, the year prior to study and work with the medical team.

17.2 Medical plan

The LOCs of the World Championship, World Cup and Continental Championship events should submit to the World Triathlon Events Department and to the World Triathlon Medical Committee, no later than one month before their event a full competition medical plan. This document should include:

- a) Onsite medical services (facilities, equipment, and supplies);
- b) Offsite medical services (facilities, equipment, and supplies);
- c) Medical coverage per discipline;
- d) Paratriathlon special services (if applicable);
- e) Staffing & scheduling;
- f) Ambulance distribution and medical response maps;
- g) Communication plan;
- h) Operational plan & procedures;
- i) Team doctors Information & registration forms;
- j) Athletes' waiver.
- k) Budget.

17.3 Personnel:

- a) The LOC will appoint a Race Medical Director (RMD). The RMD is responsible for the overall medical operations of the venue, and should preferably have experience in major sport/endurance events. The RMD is responsible for informing the World Triathlon Medical Delegate (World Triathlon MD) and/or TD about the medical organisation of the event.

- b) The RMD appoints other medical staff; organises the facilities in cooperation with the LOC; and organizes supplies and equipment.
- c) Two paramedics per 100 athletes is the minimum.
- d) There should be one physician per 200 athletes, with a minimum of four physicians.
- e) There should be one nurse per 100 athletes, with a minimum of six nurses.
- f) Two doctors must be present and on duty for the entire event. One doctor should be located within the medical facility and the other doctor must be mobile.
- g) Physicians have the authority to withdraw a athlete at any point for safety or health reasons.
- h) Doctors, nurses and paramedics must be clearly identifiable and have the authority to enter the field of play in the event of medical emergencies.
- i) Medical spotters will be placed along the swim course.
- j) Medical spotters will be placed every 500m on the bike course and will be supplied with radios and/or cell phones. The spotters will not be on the field of play, but will have access in the case of an emergency.
- k) Medical spotters will be placed on the run course (numbers will be determined based on the course design).
- l) Paramedics and stretchers must be in attendance adjacent to the swim exit, transition area and at the finish area.
- m) The LOC must ensure that all marshals and other race officials are aware of all medical facilities and their locations.

17.4 Ambulances and access

- a) A minimum of three ambulances will be required, plus an additional one every 500 athletes: one ambulance will be stationed near the finish area and the medical facility two ambulances will be stationed strategically on the bike course. The final number should be approved by the World Triathlon MD or TD.
- b) Ambulances will be equipped with the following: direct communication with medical headquarters and direct communication with all necessary cardiopulmonary resuscitation supplies and trained personnel.
- c) Ambulance emergency access routes must be planned both from the competition site and bike course.

17.5 Hospitals

- a) The nearest hospital must be informed of the event well in advance and advised of the possible emergency that may arise.

17.6 Medical records

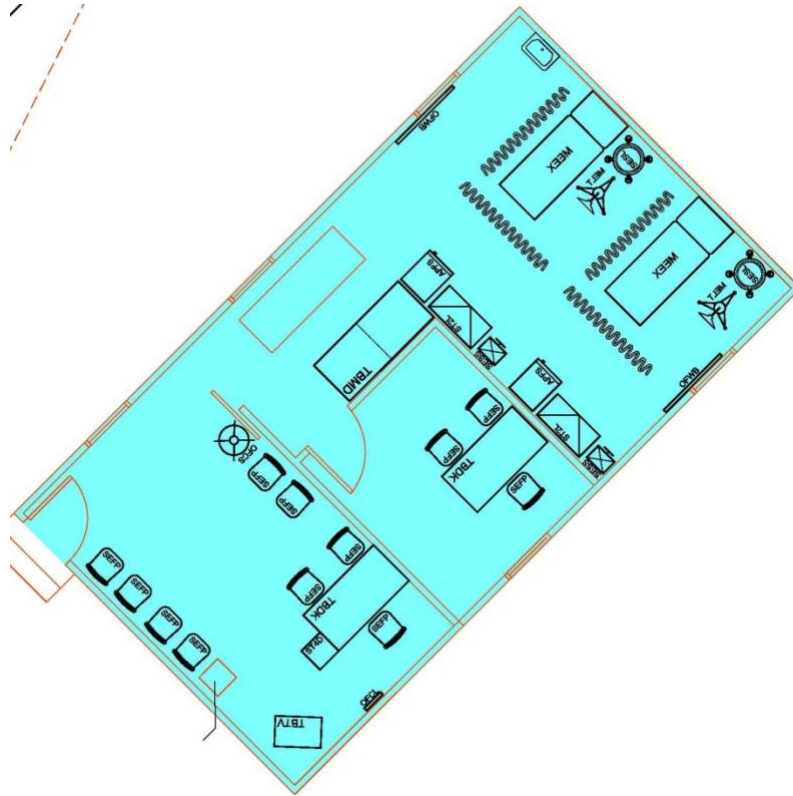
- a) Accurate and complete medical records must be kept on all medical instances. Those records must be submitted to the World Triathlon Medical Delegate or TD.
- b) The records must be shredded after the events to protect the privacy laws in place in each jurisdiction.

17.7 Race medical management

- a) Main principles for an effective race medical management:
- Split the course in sectors in order to have the same communication code between the TOs, medical staff and LOC;
 - Place the ambulance at the most dangerous points;
 - Make sure that an ambulance can reach the entire field of play by using the minimum of the course;
 - Allocate a number to the dangerous corners for effective communication;
 - Make sure that there will be a number of paramedic bikes for an effective response to the accidents;
 - The volunteers that are found in distance 100m from the point of the accident should make warning signals to the following athletes;
 - Report to the VCC immediately;
 - Inform the TD and the medical services;
 - The ambulance should enter from the nearest intersection and park close to the side of the road. The volunteers should continue to inform the other athletes;
 - The ambulance should exit from the nearest crossing point. The ambulance should move on the FOP according to the athletes' flows; and
 - When there is a need for a simple transport of a patient, from the spot of the incident to the venue, then the ambulance may follow the course to the athletes' area. In case of an accident of involving many athletes during the bike course, we should ensure first the athletes' integrity who is involved in the accident as well as the other athletes, and those needing medical attention will be sent to the nearest medical services. The actual facility is arranged prior to the event by the World Triathlon Medical Delegate or TD.

17.8 Athlete medical

- a) Area specifications:
- **Finish area tent size : 3mx6m for World Cup/9mx9m for World Championships**
 - **Location of tent : adjacent and accessible to finish area**
 - **4 tables**
 - **12/20 chairs**
 - **2 wheel chairs**
 - **1 carry chairs**
 - **6 stretchers**
 - **Access to toilets**
 - **Radio communication and medical records area**
 - **Must be located in a secure area with direct access to the competition finish and must not be accessible to media**
 - **Emergency access and ambulance placement must be planned.**



17.9 Medical supplies:

- CPR,
- Medication for acute cardiac care, asthma, allergy.
- ECG machine 12 leads
- Defibrillator
- Blood glucose monitoring equipment
- Sodium level analyzers
- O2
- Thermometers and rectal thermometers
- I.V. fluids (NS or 5% dextrose in NS, 3% NaCl)
- Ice, Ice buckets, ice water tubs.
- Blankets
- Towels
- Dressing material wound care
- Hospital to be notified
- Medical emergency vehicles on site and on course with planned access routes
- Bikes for mobile medical spotters
- Medical Records (all medical treatments must be recorded and stores for records)
- LOC must ensure that all athletes sign the medical waiver and report any allergies or medications that are being taken.

17.10 Massage facilities

- a) General requirements
 - A massage facility should be in placed adjacent to the athletes lounge, but not in the medical facility area;
 - The massage facility should be a tent or other such covered facility;
 - Massage personnel should be determined by the number of athletes and the level of services offered; and
 - Massage is not a requirement, but is recommended as a service to the athletes.

17.11 Spectator medical

- a) 10m2 tent should be provided for spectator medical personnel with limited facilities as above.

17.12 Cold water conditions' preparation

It often usual to organise events in water temperature lower than 15°C degrees. Although the final distance of the swim leg is a decision that has to be made by the TD, the World Triathlon Medical Delegate, the LOC Medical Team and the Lifeguards, the LOC should provide the following in any case:

- a) Shower with ambient water temperature at the swim exit.
- b) Advise the athletes to have a proper swim warmup in order to immerse their bodies and heads prior to starting the competition to acclimatize.
- c) Blankets, etc to combat hypothermia should be ready.
- d) Increase the number of the safety boats and equip them with space blankets.
- e) Create medical stations around the course where athletes with hypothermic symptoms can stop.
- f) Provide heaters and blankets at the recovery area.

2. DOPING CONTROL

18.1 General

- a) It is the responsibility of the LOC to make sure that anti-doping control is conducted at the event. The LOC should contact the proper anti-doping organisation and arrange for the appropriate number of tests to be conducted. The number of tests needed will be stated in the contract. A minimum of ten urine tests should be conducted at any World Triathlon event.
- b) World Triathlon complies with WADA on all doping rules and regulations (See World Triathlon website for all current information on anti-doping control). All tests should be conducted using best practices of all international standards.
- c) The results of all tests and the anti-doping control forms should be forwarded to World Triathlon as soon as possible.
- d) Provisions should be made to accommodate anti-doping control at the event. This will include at a minimum private waiting areas, secure washroom facilities, processing rooms and bottled water.

18.2 Personnel

- a) The anti-doping control agency will require a number of doping control chaperones. The exact number will depend on the number of tests being completed and the event schedule. Both male and female chaperones will be needed. In some countries, the national federation may have certain obligations to the national anti-doping agency, please check with your NF on this issue.

18.3 Doping control

- a) The LOC of each World Triathlon event must have provisions for a minimum of ten in-competition urine tests. The exact number and who will be tested will be communicated to the TD by the anti-doping organisation conducting the tests.
- b) The LOC must contact the anti-doping organisation associated with the national federation in their country or region. If you are unsure, please contact World Triathlon Anti-Doping Director for an agency in your area.
- c) Once doping control has been confirmed with the appropriate agency, please inform the World Triathlon Anti-Doping Director.
- d) Anti-doping control facility onsite requirements: The exact size will be determined by the number and type of tests being conducted. The anti-doping organisation conducting the tests will be able to specify exactly what requirements that they will need to have to conduct the tests according to the international standards of testing:
 - A 3m x 3m area (preferably not a tent) completely private area, away from the public and media;
 - Two double toilets to accommodate the testing procedure;
 - Two tables;
 - Twelve chairs;
 - Bottled water, sport drink, replenishing food for the athletes (sealed);
 - Minimum of ten volunteers to work as drug testing chaperones; and
 - Security personnel to ensure that only doping control personnel and athletes, with their designated personnel, are allowed in the anti-doping control area.

