SPORT
MEDICINE MANUAL

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MEDICAL SUPPORT FOR TEAMS TRAVELLING

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Athletes travel frequently and must be able to deal with problems related to modes of transportation, major time zone changes, changes in altitude, increased exposure to the sun, changes in climate and humidity and varied socio-cultural approaches to food, housing, language and religion. The physician who is responsible for medical care of a team of athletes and officials travelling to competition in foreign countries will have to plan extensively in advance of the trip.

A. Selection of a Medical Team

Physicians should be selected as far in advance of the proposed trip as possible to allow them to become familiar with the athletes, arrange their personal plans and carry out pre-departure preparations.

Factors such as number of athletes and staff, duration of the trip, availability of local medical support in the host country, health risks in the host country (ie. food, water, insects, hepatitis, malaria risk) and availability of financial support will determine what medical staff should travel with the team. For trips with only a few athletes and a limited budget, a solitary physiotherapist is the priority unless the health risks in the host country are high and then a physician may also be required.

In major missions, such as travel to the Olympic Games, with a larger number of athletes and more adequate budgetary support, the basic medical team should consist of a primary care physician, an orthopaedic surgeon, two physiotherapists or athletic therapists and two massage therapists.

Physicians should be selected to blend specific traits and skills. Ideally, both male and female physicians or surgeons should be represented, as well as those having experience in coordination of doping control procedures, emergency medical care of athletes and evaluation of surgical situations. Such a balance of physicians would probably be appropriate when team size exceeds 40-50 athletes.

The choice and number of physicians and support personnel selected becomes more complicated when several sports are involved and the same medical team is responsible for the care of all. The duties of physiotherapists and masseurs are very time consuming and the ratio of physicians to physical therapists and masseurs should reflect this.

The physicians selected should be able to deal with the general medical problems that are encountered with the team during travel. The need for surgical intervention during trips is a rare occurrence. The medical staff may need to be able to communicate in more than one language. A clinic coordinator or nurse may be useful when the medical staff serves a team of greater than 200 athletes.

A Chief Medical Officer and Chief Therapist need to be named well in advance in order to be involved in the pre-games site inspection, medical team selection plus ordering of medical supplies, medications and physiotherapy-athletic therapy supplies and equipment.

Ratio of Athletes to Officials in a Small Delegation

Each National Olympic Committee when it knows how many athletes have been accepted to compete at the Games must then work out how many officials it may take to support those athletes. This is laid down in the IOC's booklet "Entries for Sports Competitions & Accreditation Guide". Some of those officials may live in the Olympic Village (and are categorised as Ao officials) and some more may be accredited but are required to live, at the expense of the NOC, outside the Olympic Village (these are categorised as As officials).

Table 16.1 The Current Formula for Determining the Number of Medical Staff Allowed Per Team at the Olympic Games.

Competitors	Medical Staff*
25	4
50	6
75	7
100	8
150	10
200	12
250	14
300	16
350	18
400	20
450	22
500	24

* Medical staff includes physiotherapists, masseurs, nurses, and physicians.
These ratios are reviewed periodically.

Let us take an example of how the quota of officials is worked out.

NOC "A" has qualified 14 athletes made up as follows:

- 8 track & field athletes (4 men & 4 women)
- 2 boxers (men)
- 3 swimmers (1 man & 2 women)
- 1 weightlifter (man)

The IOC's Rule 42 refers to the "Entries for Sports Competitions and Accreditation Guide" and this booklet states:

4. Quotas
Following are the detailed rules for calculating the numbers of accompanying team officials permitted for the Games of the Olympiad and the Olympic Winter Games, as approved by the IOC Executive Board. Please refer to the chart.

4.1 Number of Officials at the Games of the Olympiad

The contingents are as follows:

a) Administrative and Technical Personnel

i) one (1) Chef de Mission
ii) one (1) deputy chef de mission for delegations comprising more than 50 athletes
iii) a second deputy chef de mission for delegations comprising more than 175 athletes
iv) a third deputy chef de mission for delegations comprising more than 250 athletes
v) for delegations comprising 30 athletes or fewer: one accompanying official for every four (4) athletes
vi) for the next 70 athletes (31-100): one accompanying official for every five (5) athletes
vii) for 101 athletes and more: one accompanying official for every six (6) athletes
viii) one additional team official for each sport in which male competitors have been duly entered
ix) one additional team official for each sport in which female competitors have been duly entered
x) one groom for each athlete entered in an equestrian event (grooms are not entitled to accommodation in the Olympic Village)

b) Medical Personnel (doctors, nurses, physiotherapists)

i) for the first 25 athletes, one medical person for every five athletes
ii) one extra medical person for each additional 25 athletes, to a maximum of 24
iii) not more than one (1) veterinary surgeon for each delegation with entries in equestrian sport, plus one additional veterinarian if the site of an equestrian event is more than 50km away from another

Note: These quotas vary for the Olympic Winter Games and the IOCs "Accreditation and Entries at the Olympic Games - User's Guide" should be consulted.

According to these Rules, NOC "A" will be entitled to take the following officials:

a) Administrative and Technical Personnel

		No. of Officials
i)	1 Chef de Mission	1
v)	1 accompanying official for every 4 athletes (14 ÷ 4 = 3+ = 4)	4
viii)	1 team official for every sport in which a male athlete have entered - 4 sports = 4 officials	4
ix)	1 team official for every sport in which a female athlete has entered - 2 sports = 2 officials	2

b) Medical Personnel

i)	for the first 25 athletes one medical person for every 5 athletes (14 ÷ 5 = 2+ = 3)	3 medical

Therefore the delegation may comprise 14 athletes and 14 officials.

The NOC now has the task of determining how the 14 officials may be accredited and what functions they will carry out at the Games. In this case the organizational chart of the delegation of NOC "A" may be as follows:

HQ Staff

1 Chef de Mission	}	1 of the 6 HQ officials
2 administrative staff	}	to be responsible for
1 medical officer	}	women on the team and thus
2 physiotherapists	}	the NOC will appoint at least one female

Track & Field

1 Manager
2 Coaches
8 Athletes (4 men & 4 women)

Weightlifting

1 Manager/Coach
1 Weightlifter

Boxing

1 Manager
1 Coach
2 Boxers

Swimming

1 Manager
1 Coach
3 Swimmers (2 women & 1 man)

Fourteen officials for 14 athletes may, at first sight, seem excessive. However, the 3 administrative officials on the headquarters staff (Chef de Mission and 2 administrative staff) will have many administrative duties.

The 3 medical personnel will have to divide their time between providing a clinic in the Olympic Village and supporting the athletes at the training and competition venues. In many cases, smaller NOCs rely heavily on the services provided by the village polyclinic.

The remaining sport officials will manage their teams.

B. Medical Team Responsibilities and Operations

Medical Assessment of Team Personnel Prior to Departure

Prior to departure, the team physician should assess the current injury status and medical conditions of both athletes and staff in order to identify any problem areas. Where appropriate, a team member should wear a Medic Alert bracelet to identify serious medical disorders or allergies. The team physician should know the medications used by each individual, paying particular attention to doping control regulations.

Planning must include the need for taking special appliances (eg. cervical collars, knee braces, splints, corrective lenses or orthotic devices). Ideally, a file containing the basic medical history and current examination of each athlete, including blood test and blood typing results, should be prepared and taken on the trip. A dental check-up within six months prior to the trip is recommended

During Staging of Team

Staging is an integral part of games missions planning and organization, representing a considerable financial commitment on the part of the NOC. It occurs prior to the team entering the Olympic Village, at a site either in your own country, or at one in the Olympic country.

Why is staging useful? Experience indicates that teams or individuals that do not attend staging have difficulty adapting to the multi-sport games environment when they arrive in the Olympic Village compared to those athletes and officials who have attended the staging orientation.

At staging, the team members are outfitted in the team clothing, receive games ID documents, receive briefings on games, medical, security conditions, receive travel documents and experience team building.

During the staging, the medical team could undertake the following:

1. organize the staging medical clinic in cooperation with the chief therapist, clinic coordinator and/or manager
2. establish a schedule for the physicians to cover the operation of the staging clinic
3. meet with the athletes, as required, regarding any special medications, allergies, other issues; collect individual medical records
4. describe to the athletes and team staff the team and the Olympic Village medical services
5. conduct a review of all the medications being used by the athletes to ensure that no banned or restricted substances are being consumed (this should be continued at the games site if all athletes have not been reached through staging)

Responsibilities in the Olympic Village

Prior to the athletes arriving, the NOC Medical Team should be in the Village to set up services. Equipment and supplies (see Unit 17 for a list of common items) should be unpacked and office and medical equipment, vehicles, parking and access permits and other operational necessities acquired from the Organizing Committee. The following are some specific tasks to be accomplished:

1. work with the chief therapist and clinic coordinator to set up the medical unit
2. meet the chief medical officer of the host country and become familiar with the local medical set up
3. review, classify and organize the pharmaceuticals contained in the pharmacy, clearly labelling any banned or restricted substances
4. set up a log to record the dissemination of any narcotics
5. supply information to athletes, coaches and team leaders on matters relating to doping and femininity control

6. in consultation with the chief therapist and clinic coordinator, establish day to day operations for the medical unit, based on the medical unit's Standard Operating Procedures
7. ensure adherence to the established Standard Operating Procedures and day to day operations for the medical unit
8. establish an appropriate protocol among all members of the medical team for the management of a life threatening situation
9. arrange the schedules for physician coverage at practices, competitions and in the clinic
10. establish the best means of transportation for the physicians to competition and practice
11. liaise with the IOC Medical Commission offices and personnel in the Village
12. liaise with the Village polyclinic and its personnel; review its services and schedule of operations

Operations of the Clinic

The Chief Medical Officer (CMO), Chief Therapist (CT) and Clinic Manager (CM) form the management trio for the health team. They will work together to ensure the coordination and delivery of the health services to the team and the operation of the medical clinic. The health team practitioner refers to physicians, therapists, massage therapists and chiropractors.

Accountability

- The CMO, CT and CM are accountable to the Chef de Mission of the Olympic team.
- Members of the health team are accountable to the CMO and CT.
- Each practitioner is responsible for his/her own actions taken in the provision of care to a patient.

Medical Coverage

- The health team should provide 24-hour coverage during the staging of the team prior to the Games and during the Games.
- Regular clinic hours could be established between 8:00 am to 10:00 pm (this is dependent on the specific requirements of each Games).
- During off hours in the Village, the name, room number and beeper number of the on-call physician should be posted on the clinic door and the mission office door. The on-call physician is to be used for acute illnesses and emergencies.
- The CMO and CT should schedule the health team members for venue and clinical coverage during the Games. A physician and therapist should staff the clinic during hours of operation. There should be an attempt to have a therapist cover all practices and events. Physicians will be assigned to higher risk sports as determined by the CMO.
- During clinic hours, patients should be seen on a first come first serve basis with the exception being emergencies.
- If an athlete (patient) presents him/herself at either the clinic or the sporting venue, with an acute injury, a physician should evaluate the injury. In the absence of a physician, the health practitioner must provide his/her professional level of care. The athlete (patient) should be seen by a physician within a reasonable amount of time.
- If an athlete (patient) presents him/herself at either the clinic or the sporting venue, with an old or chronic injury, the health practitioner may initiate treatment. The practitioner must report the injury to a physician within a reasonable amount of time. The physician may then decide whether the athlete (patient) should undergo a medical examination.
- Health practitioners should refer athletes (patients) to other practitioners where that practitioner's particular training, specialization and skills may better help serve the athlete's (patient's) needs.

- Where multiple health practitioners are treating an athlete (patient) for a particular injury, the practitioners should confer to ensure that the athlete (patient) is receiving a coordinated and complimentary treatment plan.
- At peak times in the clinic, therapists should be scheduled to cover the massage needs.
- Only physicians will review and prescribe medication for athletes.
- The clinic should be equipped and supplied by the NOC. The clinic cargo is coordinated by the NOC Office and the Clinic Manager, and shipped by the NOC.

Venues Coverage

- The health team members should bring all the necessary supplies to the venue site while covering an event or practice.
- The health team members should communicate with the coach and team official in order to inform themselves of the appropriate protocols.
- All acute injuries are to evaluated by a physician at the team medical clinic.

Medical Records

- All health professionals will use the clinic and venue medical treatment recording forms to chart patient assessment and treatments. This recording is done daily and turned in to the Clinic Manager at the end of each day.
- The medical records are confidential and should only be accessible to members of the health team.
- It is suggested that each athlete have a general medical exam prior to the Games and these records must be sent in advance to the CMO.

Chief Medical Officer (CMO)

The chief medical officer, chief therapist and clinic coordinator form the leadership of the medical team. They will work together to ensure the coordination and delivery of the health care services to the team and the operation of the medical clinic.

Pre-games Responsibilities:

1. provide input on the size, composition and selection of the medical team
2. attend mission staff meetings
3. CMO/chief therapist and clinic coordinator communicate with the Organizing Committee to identify any special requirements for the games
4. participate in advance trips
    - meet with the host medical officer
    - establish a relationship with the host medical teams
    - discuss compatible emergency protocol for the host medical teams
    - review the host's doping plan
    - review the host's gender verification plan
5. prepare an advance visit report for distribution to all medical team members
6. act as mediator between the medical team and the games mission staff
7. establish a communication system that will be used prior to and during the games, in collaboration with the chief therapist, clinic coordinator, medical missions manager and NOC
8. establish communication with the team physicians regarding their initial preferences for sport assignment, scheduling, equipment/supply preferences, CPR certification, etc
9. work with the chief therapist and clinic coordinator to prepare information bulletins for:
    - medical team member updates
    - team leaders and/or athletes
10. inform all members of the team of any special medical requirements such as immunization, environmental concerns, dietary concerns
11. ensure an appropriate protocol is established for the management of doping incidents

12. familiarize him/herself with the banned and restricted substance list
13. work with the chief therapist and clinic coordinator to prepare an order for pharmaceuticals - medical-therapy equipment and supplies for the event
14. procure as many supply (medications) donations as possible
15. prepare a list of special requirements for the staging sessions
16. acquire the medical history forms of the team members
17. develop an agenda and presentation for the orientation meeting with athletes
18. assign the medical team members to teams; finalize the medical-therapy supplies and equipment order, etc
19. ensure proper accreditation for medical team members
20. review the credentials of the NSO medical professionals
21. oversee the arrival and processing of medical equipment and supplies through customs

C. Medical Situation in Other Countries

The medical staff should have valid malpractice insurance and a license to practice when abroad. For major competitions, a pre-competition visit by the team manager and physician is desirable. The Athlete's Village and competitive sites can be toured and medical plans for the Village polyclinic can be reviewed. Provision of basic medical care and access to surgical and dental consultative services are expected in a Games Village. It is important to check on procedures for emergency hospitalization. The pharmacy of the polyclinic should provide the list of medications available and they should conform to the IOC list of permissible medications.

When a medical examination and treatment area is to be established at the team residence separate from the polyclinic, the following should be explored during the pre-visit:

- rooms and equipment for medical examination and therapy
- secured area for drug and record storage
- availability and compatibility of power source for medical and physiotherapeutic equipment
- availability of ice and clean linens for therapy
- availability of emergency services: ambulance, oxygen and stretcher
- availability of hospital for surgical procedures
- availability of other medical consultants such as gynecologist, general surgeon, neurosurgeon, ophthalmologist and dentist

For brief or minor trips, many of these services may not be needed. However, efforts should be made in advance to check on local conditions for provision of consultative and emergency services and the availability of appropriate drugs and supplies.

For information about issues that might result from travelling, see the following:
Infectious Diseases - Unit 3, section K
Medical Supplies - Unit 17

D. References

For further information, refer to the following web sites:
http://www.who.int/ith/english/index.htm
http://www.tripprep.com/index.html