

COMPETITION MANAGEMENT

Infield Management Guidelines – Medical Personnel

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INTRODUCTION

Referring to the European Athletics Events Infield management Guidelines for Officials, this document has been drafted by the European Athletics Medical & Anti-Doping Commission to list the necessary number of medical personnel needed for the European Indoor and European Championships.

These guidelines should be applied in principle to all European Athletics competitions, adapted to the size and layout of the event.

None of the persons listed below has to be permanently infield. Only in case of emergency these people must have quick access to the infield. During the event the medical personnel will be positioned according to the following suggestions.

EUROPEAN CHAMPIONSHIPS

- 1 Physician: experienced in athletics is responsible for the coordination of the medical teams.
- 12 Medical personnel: on each of the 4 corners of the track should be one team composed by 1 (one) sports doctor with experience in emergency and 2 (two) nurses/physiotherapist which are responsible for close monitoring of the competition and acting if needed. The positions of the team must be according to the local conditions in a way to guarantee minimum reaction time to any emergency situation.

The Medical plan must be established to indicate the division of areas of responsibility regarding the infield design or according to the events.

Extra medical teams can be summoned and positioned to assure better care and reaction time in emergency situations, for special events, for example:

- Pole vault: extra team composed by 1 (one) sports doctor experienced in ATLS and 1(one) nurse.
- 110m and 100m hurdles: 4 (four) extra medical staff alongside the track.

According to the infield design and particularities of the stadium, the medical plan and emergency plan can propose different solutions and different number of medical teams, than must be evaluated by the Medical delegate appointed.

The infield access for an ambulance must be always assured for emergency purposes.

Paramedics and evacuation stretchers should be allowed infield only after first examination done by the responsible medical doctor. Upon his/her judgment the treatment must be done in- or outfield.

In case of an acute lesion and when the immediate observation and judgment rules out an emergency situation, athletes must be automatically taken out of the infield. Remaining medical care must be done outside.

The referee or judge will be responsible to call the medical staff if any medical assistance is required by an athlete. First examination is permissible in the infield, but any further assistance, although it can be done in- or outfield, if possible should be done outside.