

Event Coverage Guidelines for Medical Services



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Introduction

Golf is a popular sport, played across the world in different types of locations and courses, with competitive events involving a varying number of participants and spectators. In these circumstances, the event organiser has the responsibility for the health and wellbeing of athletes, caddies, essential support staff, media as well as of the spectators.

The IGF Event Coverage Guidelines are intended to assist event organisers to deliver safe events and set a standard for the medical cover at golf competitions. This will be dependent on knowing the specific requirements of golf as well as on good planning. The standard and guidance provided in this document can furthermore be used as the foundation for any golf event medical cover but should be, always, adapted to ensure to adhere to any and all applicable local and national legislations, which are different in many countries. In addition, there are a wide variety of different types of competitive events with golfers of different age groups and the medical cover will need to be customized and varied accordingly. Relevant advice on how to properly achieve this will be provided in these guidelines.

These guidelines are not mandatory and are not intended to:

- be a legal document
- supplant any existing council/national legislation or regulation but should be considered as the recommended minimum standard.
- It is also recognised that are not intended to provide rules on how to plan and respond to any medical incidents, as this is more appropriately handled by trained professionals in the medical and emergency services fields.

The aim is to provide an enjoyable and safe environment for athletes, caddies, support staff, media, and spectators at golf events of any size and anywhere in the world.

These guidelines will be subject to review every two years (next due 2025).

Medical Requirements

The Golf Clubs/Courses should acknowledge their responsibilities regarding safety. For this reason, it is critical the provision of:

- First Aid Services
- Ambulance Services
- Medical Services to
 - The Athletes, Caddies, essential Support Staff, and Media
 - Spectators
- An external defibrillator machine or more
- Good communications and information to all stakeholders
- A Medical Plan specific to the event
- An Emergency Action Plan*
- An Evacuation Plan

- Appropriate Personal Protective Equipment (PPE) and consideration of any epidemic situation or necessary testing e.g., COVID 19, SARS etc

*Contents of an example Emergency Action Plan can be found in the ASOIF Healthcare Guidelines for International Federation Events, Section 7, p. 20 in the attachments.

1. STAFFING

Guidance on staffing requirements is summarized in the matrix below. It is anticipated that the event organiser will appoint a Physician to oversee the planning and the operational delivery of medical services at the event. The Event Medical Manager should also coordinate any and all personnel part of the medical team including any external providers. The precise medical team composition, skills mix, and personnel numbers should be reviewed and adapted to reflect the needs accordingly to the type and size of the competition, local experience, and legislation in the country in which the event is taking place. Medical staff should be on-site during all official training and competition days. Roles and responsibilities of each medical staff member should be defined for all phases i.e., before the event: preparation / during the event: implementation / following event: review report / recommendations.

It is important to explain to the staff involved in the preparation and delivery of the event the specific characteristics of the golf competitions which will determine how the medical cover will have to be planned and provided. For instance, knowledge of areas of increased risk of ball strikes may need to be specifically covered and at some large events staff and spectators' movements will be limited and so medical cover may need to be situated where it can be accessed swiftly and more readily.

In addition to the national language all or at least some of the medical staff and first responders should also have a minimum knowledge of the English language.

Please refer to the matrix below for the recommended medical staffing levels based on the type/size of the event:

Type of Event	Spectator Medical HQ		Athletes Medical Post	
	Expected Numbers	Post and Staff Requirements	Expected Numbers	Post and Staff Requirements
National Level	3,000- 5,000	1 Spectator Medical HQ for First Aid services.		1 Athletes Medical Post.
		First Aiders Staff: Minimum of 1/1000 of expected crowd size (with a minimum of 2) - Minimum requirement- National regulation and Risk Assessment may indicate greater medical cover warranted		Staff members: 1 Medical Doctor on call 1 Nurse or Paramedic as a minimum on site.
		Minimum of 1 Paramedic ambulance for expected people on site of >5,000 and a second for numbers on site of >25,000 people. A physician on site when expected people on site is > 2,000. NB: <i>National regulation may require greater medical cover.</i>		

International Level	10,000- 15,000	1 Spectator Medical HQ for First Aid service.		1 Athletes Medical Post.
		First Aid Staff: Minimum of 1/1000 of expected crowd size (with a minimum of 2) - Minimum requirement- National regulation and Risk Assessment may indicate greater medical cover warranted		Staff members: 1 Nurse / physician as a minimum on site. Up to 4 Physios who can act as Mobile Medical Responders and provide usual care
		Minimum of 1 Paramedic ambulance for expected people on site of >5,000 and a second for numbers on site of >25,000 people. A physician on site when expected people on site is > 2,000. NB: <i>National regulation may require greater medical cover.</i>		
Olympic Games	12,000- 15,000	1 Spectator Medical HQ and up to 3 First Aid Posts.	120 (60M +60W)	1 Athletes Medical Post.
		First Aid Staff: Minimum of 1/1000 of expected crowd size (with a minimum of 2) - Minimum requirement- National regulation and Risk Assessment may indicate greater medical cover warranted		Staff members 1 Medical Doctor 2 Physios and 1 Paramedic as a minimum. (1 of whom should act as a Mobile Medical Responder)
		Minimum of: - 1 Paramedic ambulance dedicated to athletes - 1 Paramedic ambulance for expected people on site of >5,000 and a second for numbers on site of >25,000 people. A physician on site when expected people on site is > 2,000 NB: <i>National regulation may require greater medical cover.</i>		
World event	30,000- 45,000	As for Olympic Games	160	1 medical doctor Up to 4 physios or allied health professionals
Ryder Cup	30,000- 45,000	As for Olympic Games	24	A team doctor each

i. Athlete Mental Health

Evidence shows that athletes at the elite level have a higher incidence of mental health symptoms and disorders than non-athletes. As such, the provision of adequate and effective mental health support for athletes should be considered as part of the provision of medical services. An emergency action plan for mental health should be available which would include a pre-determined and expedited referral pathway to mental health support remotely.

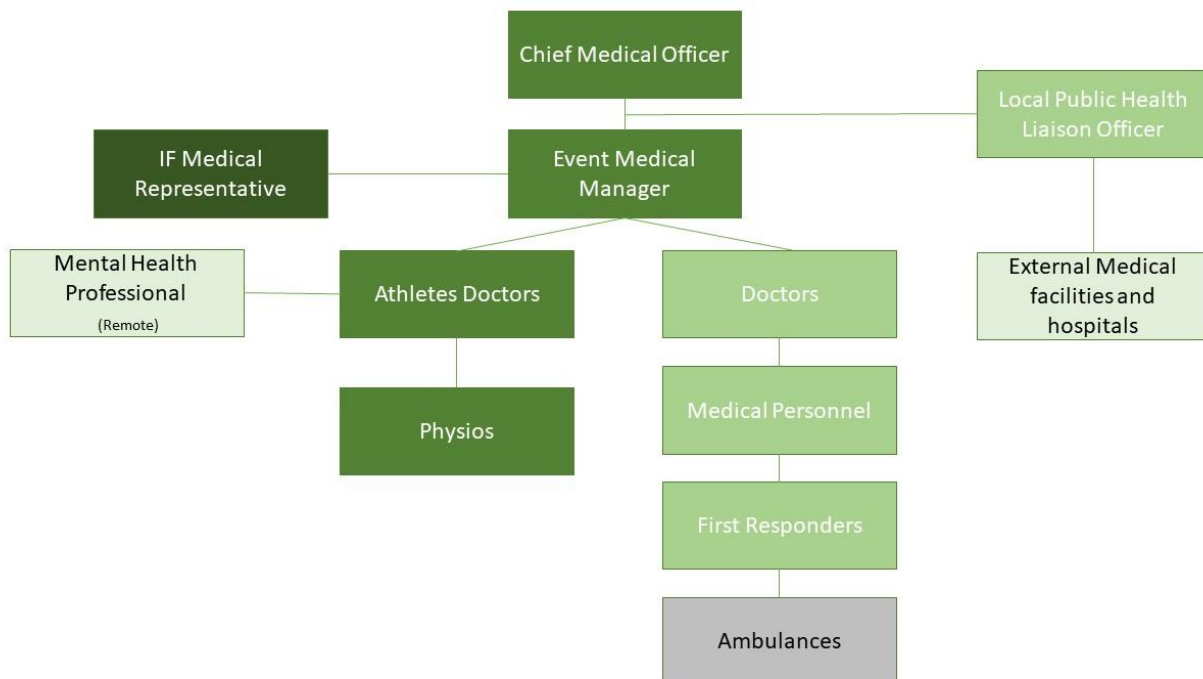
ii. Athlete Safeguarding

The event organiser should be familiar with policies and procedures regarding the safeguarding of participating athletes from harassment and abuse and, specifically, the medical team should be knowledgeable about the applicable:

- Codes of conduct
- Reporting mechanisms
- Safeguarding officer name and contact information
- Access to athlete support mechanisms

The IGF Policy on Safeguarding participants from harassment and abuse can be found within the [IGF Policies and Charters here](#).

As an example, the Organization chart of the Management of the Medical team established during a large event is reported below:



2. STRUCTURES AND SERVICES

i. Spectators Medical Headquarters

The Spectator Medical HQ should be positioned in an area to allow prompt access for any medical incident or casualty and also to ensure good access to the event venue road system to facilitate ambulance transfer to more advanced medical facilities and hospitals. The exact location of the Spectator Medical HQ must be clearly marked

on the site map and have clear and visible pedestrian and vehicular signage, to be easily located during the event. It has to cope with minor injuries, minor illness and for less common but more serious medical events. The location should be separate from the athlete facilities. The Support Staff and other stakeholders are also treated at the Spectator Medical HQ.

The facility should be able to cope with, as minimum requirement, cardiac arrest, anaphylactic reaction, diabetic emergency, heatstroke, sustained epileptic fit, food poisoning, COVID-19 cases or any other significant risks identified in the risk assessment. It should be able to facilitate transfer to a more appropriate medical facility / hospital when this is deemed necessary by the Spectator Medical HQ responsible doctor or the Event Medical Manager.

The facility should have an area where patients can be treated with privacy. It should have running water and a toilet close by. The provision of air-conditioning (HVAC) should be considered according to the event location historically measured temperatures.

An event venue map should be available to spectators and staff indicating the exact locations of the Spectator Medical HQ and other medical outposts.

Suggested equipment, supplies and medication for the Spectators Medical HQ can be found in the Equipment Lists attachment. Local legislation may result in the need to modify and adjust the equipment, supplies, and medication on the suggested list included in this document.

Quantities should be adjusted by the event organizer, in line with spectator volume at the event.

ii. Medical Outposts

Where a golf course has difficult terrain and is linear in nature making ground transportation difficult, one or more Medical Outposts may need to be implemented. Each should have medical personnel and be equipped to be able to cope with cardiac arrest and anaphylaxis as a minimum although it is not envisaged that risk patients will be kept in this area for any longer than while stabilization measures are being taken. The Medical Outposts will need basic emergency equipment.

iii. Athletes Medical Post

The Athletes Medical Post should be located in a convenient location, in the Athletes' services area. It should include up to a 3-table medical post which includes, as a minimum standard, one table for critical patients, with privacy and two adjustable physiotherapy tables.

Its location should be known to Athletes, Caddies, and trainers. Appropriate signage should be implemented to identify the Athletes Medical Post. Caddies are also treated at the Athletes Medical Post. The name and contact number for medical support after hours should also be made available.

The facility should be able to cope with all common medical and injury problems as well as being able to cope with anaphylaxis and other rare but life-threatening emergencies.

Suggested equipment, supplies and medication for the Athletes Medical Post can be found in the Equipment Lists attachment. It may not be necessary to repeat / have full emergency supplies available at the Athletes Medical Post (having the full kit available in the Spectator Medical HQ can be sufficient, based on the total distance between the two facilities, with a portable kit available for the Athlete Medical Post for example: <https://promotemedical.com/omnio/>)

Local legislation may result in the modification of the equipment, supplies, and medication on the suggested list. Quantities should be adjusted, by the event organizer, in line with the number of participating players and field of play/course size at the event.

iv. Athletes Physio Area

The Athletes Physio Area will be ideally located in the clubhouse, near the Athletes Gym Area. Should be staffed by a minimum of two and up to four physiotherapists and will be accessible by the athletes participating in the competition. The Athletes Physio Area will have enough space for the four physiotherapists, considering the required levels of privacy, to treat athletes before, during, and after practice and competition times, as well as space for the athletes to perform basic warm-up and rehabilitation exercises. Additionally, the physicians provided by the IGF, when applicable, may treat the athletes in the Athletes Physio Area if necessary.

Athletes will have access to the Athletes Physio Area beginning at 7:00am local time on practice days and 90 minutes before the first tee time on competition days and ending at 7:00pm local time. These times may be adjusted as needed, based on the tee times of the competition. The equipment and supplies for the Athletes Physio Area can be found in the equipment list attached. The IGF physiotherapists, when applicable, will provide treatment to the athletes in the Athletes Physio Area as well as assist with independent exercise programs in the Athletes Gym.

v. Athletes Gym Area

The Athletes Gym should be located near physio/medical services. The size of the space should be 15m x 15m (if less space is available, an additional warm-up area should be provided). Suggested equipment and supplies for the Athletes Gym can be found in the Equipment lists attached. Some equipment may be shared as needed between the Athletes Gym and the Athletes Physio Areas. This will be based on the athletes' needs during practice times and during the competition. The Athletes Gym will be accessible by the athletes participating in the competition beginning at 7:00am on practice days and two hours before the first tee time on competition days. It will be open until 7:00pm. These times may be adjusted as needed, based on the tee times of the competition.

Common medications: an example of a Medication List is included for reference in the Equipment Lists. A Medication Management Plan is also available (see section 7 attachments).

Provision of ice: Sufficient ice/ice packs must be available in each medical post. The event organiser must put in place facilities for ice storage at each Medical Post and an ice distribution process. Quantities are heavily dependent on climatic conditions and should be adjusted accordingly. For the medical outposts, an estimate of approximately 10kg/day could be considered. Furthermore, as an example, in extreme heat conditions during the Tokyo 2020 Olympic Games, physios were provided with an ice bag weighing an average of 8/10kg each day.

The event organiser could also consider obtaining foldable partitions used to protect doctors at work on the course from spectators/media and guarantee the necessary privacy.

vi. Starter boxes

There will be some basic medication in each of the starter boxes placed on the 1st and 10th tees which can be found in the Equipment Lists attached. Other non-medical items in the starter boxes are listed in the recommended Sport Equipment List.

vii. Transport

Transport to the Spectator Medical HQ and Athletes Medical Post should be organized and available for those who become ill, injured, or overwhelmed. Crossing through spectator areas should be avoided when transporting an athlete to the Athletes Medical Post.

Transport off site for further assessment and treatment may be necessary and should be facilitated.

Normally there should be one ambulance dedicated to athletes and one for the other stakeholders depending on the number of spectators and on the national laws and regulations. The ambulance should be parked near to the Athletes Medical Post or the Clubhouse. A dedicated route, Ingress, and egress, for the ambulance should be defined, when possible, ensuring its readiness at any given moment. If possible, the venue should not be left without an ambulance. If an ambulance has to leave the venue, another one should be ready to replace it.

Where possible a suitably equipped 4-seater buggy and a stretcher buggy should be available to evacuate single casualties off the course. This is usually preferable to ambulances driving onto the course.

For some events, the Mobile medical responders might use bikes: but they should ensure that means of patient transport are also available.

In case of an emergency, on site stabilization is likely to be the best option rather than transporting an unstable patient in an ambulance where it is more difficult to perform medical procedures.

Any urgent evacuation should take precedence to the golf tournament, which may have to be interrupted or delayed, if an ambulance is deemed necessary to take a patient off the course.

Based on the security level of the venue, additional ambulances will have to be parked within the secure perimeter of the venue, with previously established emergency evacuation routes, to allow for rapid evacuation should it be necessary.

viii. Event Pharmacy Formulary

A dedicated and secure storage and a medication management system must be in place for the event according to the law of the host country. Controlled drugs may require special storage requirements and records to be kept, according to the laws of the host country.

All prescribed medications must be recorded for each individual patient. Prescribed medications for participating athletes should consider all related Anti-doping regulations and, in any case, should always consider the latest version of the World Anti-Doping Agency Prohibited List : <https://www.wada-ama.org/en/resources/world-anti-doping-program/prohibited-list> (Current version in 2023)

Medications for emergency use should also be available and should be rapidly accessible or carried by appropriately qualified emergency response providers, specifically in the emergency medical bag at the main medical outpost, according to the laws of the host country.

Please refer to section 7 “Attachments” of this document for the suggested list of medications for large international events, provided as an example. Please consider that local regulations may result in a modification of the permitted medications.

3. COMMUNICATION PLAN

The Communication plan should be part of the medical plan for the event and strictly related to the size of the event. At larger events, a radio system is necessary. The radio network should always have the preference for a dedicated channel for medical services. The Event Medical Manager should also have access to the general radio network for cross-communication. For smaller events land lines, mobile phones and text messaging may be appropriate but it should be remembered that in larger crowds’ mobile phones can fail and so backup systems should be identified. It is recommended that internet / wi-fi connectivity is available to the medical team.

It is important to ensure good communications between the medical team and:

- organisers (e.g., reporting trip hazards or areas where high risk of ball strikes)
- First Responders
- external medical facilities and hospitals (access to a land line)
- marshals
- security control points (to ensure in case of emergency the response is quick and for crowd management)

Meetings with all key parties should be regularly scheduled and take place prior to the event to facilitate team development, delineate roles and responsibilities, ensuring that the necessary equipment and medication are in place, allow for rehearsal of procedures e.g., field of play emergency procedures. During the event, it is advised that a daily briefing takes place between the medical services, event organizer and senior members of any other relevant organization on site including police, security, marshals etc.

Ideally a daily debriefing should also take place to eventually define necessary changes or actions to be taken to improve /adapt the medical cover.

An external communications plan should also be put in place in line to outline the policies regarding communication about health-related information. The plan should clearly define the personnel who are designated and authorized as spokespersons on health issues. Also, the procedures for the communication of medical information should be identified and agreed upon for the following stakeholders:

- Athletes and coaches
- Other accredited participants
- Social media
- Public through press and social media
- Broadcasters

4. AGREEMENTS WITH LOCAL AUTHORITIES

During the event organization, it is important to cooperate with local authorities (public health services, police, fire department, emergency transport services etc.) responsible for the provision of First Aid, medical services,

safety, and security. In order to ensure the best cooperation, the event organiser could provide several information to the relevant bodies, such as:

- Schedule of the event
- Number of participants
- Size of crowd expected / ticket sold
- Venue plan (including facilities)

- Emergency vehicle access
- Health & safety plans
- Traffic management plans
- Parking restrictions
- Presence of temporary structures
- Food, beverage, and alcohol provision
- Emergency action plan
- Evacuation plan
- Any other required information for special situations (e.g., measures related to COVID-19)
- Weather forecast

Moreover, it is important to involve the authorities in major incident planning when by definition, on-site resources are normally insufficient and often overwhelmed. It should be decided what will be the role of the on-site medical teams in the time before external help arrives and takes over the management of the situation.

Host countries may have specific requirements relevant to the provision of athletes' health care delivery that need to be considered in the planning and delivery of the health care program. These regulations fall under three categories:

i. Medical licensing of visiting medical physicians:

The event organiser should outline the legal requirements for medical licensing of foreign physicians in the country of the event as required.

ii. Drugs and medical equipment importation:

Links to regulations on official government websites should be provided. The requirements regarding drug and equipment importation should be made available and communicated widely to all stakeholders travelling to the event.

iii. Mass event policies and procedures.

Local governmental regulations for major events should be provided for reference.

5. GOLF RELATED MEDICAL RISK ANALYSIS AND PROPOSED SOLUTIONS

Risk management is assessed and ranked usually accordingly two elements: "likely to happen" and "severity of impact." Also in the medical field, an analysis should be identified in order to assess potential risks and activate

potential prevention measures. It is then recommended to define resolution and procedures for issues that may arise during the event, analyzing natural risks and event risks.

This process will then lead to the development of golf medical risks elimination or mitigation strategies for each identified health risk or potential concern.

The Golf Medical Risk Assessment should consider all the potential risks to all stakeholders and be included in each event medical plan, especially when there are risks that are specific to a particular venue or course. Based on the results of the Golf Medical Risk Assessment some of the defined actions should be designed to eliminate the potential risk and should be implemented before the start of the event. At the same time other solutions will be identified as event specific and therefore will be temporary solutions that should also be implemented before the start of the event.

i. Natural Risks

Severe weather

In the event of severe weather, also certified by the meteorologist, present on site in the large events, the Venue Manager should consider the following:

- The uncertainty concerning magnitude, frequency, duration, and timing of the episode
- Impact on venue and event-wide operations
- Impact on venue facilities and structure(s)
- Impact on utilities
- Impact on fire safety, communications systems, and emergency response
- Impact on occupant morale (and in the case of functions or venue - impact on crowd and workforce well-being)

The Venue Manager will need to promptly confer with and take guidance from the Venue Commander and functional areas managers to determine if a risk is posed to stakeholders' safety as a result of any or all of the above factors and implement an appropriate response.

Note: severe weather may result in an evacuation, or the need to plan and implement shelter-in-place.

Potential Impacts

- Structural collapse (due to wind or water)
- Communications failure (wind or water)
- Casualties (hypothermia, vehicle accidents, slippery surfaces)
- Restricted mobility of critical personnel
- Failure of essential services/utilities
- Delays and postponements of competition, training events and ceremonies
- Reduction of venue service capacity
- Reduction of public safety/fire/ambulance services capabilities

An evacuation plan is to be defined before the event and tested with volunteers and marshals.

Please consider the importance of a dedicated evacuation plan also for Persons with Reduced Mobility.

Extreme Heat/Extreme Cold

In the event of extreme heat, the IGF Extreme Heat Guidelines (see attachments) should be considered as well as additional cooling equipment and appropriate medication.

The Venue Manager, the Sport Manager, the Events Services Manager, and the Event Medical Manager should take immediate decisions in order to ensure Athletes, Caddies, support staff, media and Spectators are protected by the conditions. Some recovery measures might be identified and implemented through volunteers and marshals, such as beverage provision or fan distributions.

Potential Impacts

- Athletes' performance not adequate
- Restricted mobility of critical personnel
- Casualties (heatstroke, hypothermia, people fainting)
- Staff and support members lack of availability
- Medical team engaged all over the venue

Air Quality

Clear air is a basic requirement of wellbeing and, consequently, an indispensable condition to host a golf event. Please refer to the IGF Air Pollution Guidelines and to the "WHO Air quality guidelines for particulate matter, ozone, nitrogen dioxide, sulfur dioxide and carbon monoxide", released in 2021 and available as attachment to these guidelines.

Mass Endemics

If the event occurs during a Mass Endemic phase, before the start the event organiser is responsible to inform all staff members of the related risk. Event organisers will need to liaise with local public health authorities to work together to mitigate local and foreign (brought to the event by visiting participants) risks.

A Fact sheet should be published and released to:

- Athletes & Caddies
- Official and event organisers
- Staff, volunteers, and other contractors involved
- Sponsors and providers
- Spectators
- Others

EBOLA VIRUS DISEASE (Ebola Hemorrhagic Fever) FACT SHEET
<ul style="list-style-type: none">• Ebola Virus Disease is rare but very serious.• Infection is by contact with blood or body fluids of an infected person or an animal infected or by contact with contaminated objects.• The incubation period (the period of time between exposure to the source of disease and the development of symptoms) is from two to 21 days. There is no risk of transmission during the incubation period and only a low risk of transmission in the early phase after a patient displays symptoms.• Symptoms include fever, weakness, muscle pain, headache and sore throat. This is followed by vomiting, diarrhea, rash, and in some cases, bleeding.• Infection is not transmitted through sweat unless it comes in contact with cuts / abrasions (broken skin) or through mucus membranes (eg. mouth / eyes) from a person who has symptoms of Ebola.• Ebola is not transmitted through the air.• There is no licenced vaccine. The mortality for Ebola can be as high as 90%.• Public Health Surveillance in Nanjing has been increased for the Youth Olympic Games.• Cases of Ebola have recently been confirmed in Guinea, Liberia, Sierra Leone and Nigeria. For more information, see WHO http://who.int/csr/disease/ebola/en/• Special attention will be given to NOCs travelling from infected areas.• Routine temperature screening at airports will continue and if positive a simple medical and epidemiological examination will be done before transfer to hospital.
<p>Advice for travelers to Nanjing</p> <ul style="list-style-type: none">• If you stayed in the areas where Ebola cases have been recently reported, seek medical attention immediately, if you feel sick (fever, headache, achiness, sore throat, diarrhea, vomiting, stomach pain, rash, or red eyes).• Practice careful hygiene, including regular hand washing.

The document should contain information on the endemics, including how infection is spread and some advice to avoid dangerous contacts. An example of a fact sheet is reported here, released on the occasion of the Ebola endemic. Other examples of potential risks to consider are COVID-19, SARS, Monkey Pox, Influenza.

Moreover, it will be necessary for the event organiser to ensure medical facilities and hospitals around the venue are fully operational and open to accept the staff involved in the event organization.

ii. Event Risks

Emergency and safety plans should be developed at least three months prior to the event to allow time to address hazards and resolve any safety issues. On the day of the event briefings need to reiterate the plans previously developed. Briefings must be precise and informative so all emergency services, event and venue staff are well informed and prepared for any situation they may face.

Mass Casualty Incident

In case of Mass Casualty Incident, all medical emergencies should be stabilized and treated as best as possible with all information clearly reported and documented. When a medical emergency is discovered the Command Centre will be notified immediately.

The Event Medical manager will supervise venue medical operations. He/she will work directly with the Venue Manager to ensure a smooth flow of medical services and communication.

When possible, on-site triage should be conducted according to the Emergency Severity Index (ESI)

The Venue Manager will work collaboratively with the Fire/ Ambulance Services Venue Paramedic Commanders to ensure that the correct resources are utilized to provide the most efficient and effective medical service level to all stakeholders at the venue.

Any Mass Casualty Incident should take precedence to the golf tournament, which may have to be interrupted or delayed.

Food and Water Safety

Event organiser medical teams should ensure that safe and adequate nutrition and hydration is provided to all stakeholders.

Nutritional requirements should include:

- Safe and secure food and water supply for all training and competition venues
- Safe and secure food and water supply for athlete lodging (hotel/village)
- Particular attention should be provided regarding food and water hygiene and protection against inadvertent ingestion of substances included on the World Anti-Doping Prohibited List from contaminated foods, supplements, or sports products (e.g., hormone-treated meat)

Information about the catering plan should be made available to teams or individuals athletes and stakeholders travelling to the event, to include:

- Specific information on key issues that might arise around the specific competition or location (e.g., food and water hygiene, control of potential contamination of food supplies)
- Specific details of how special nutritional or cultural needs will be met, including key contacts to discuss/arrange additional needs.
- Specific information regarding the importing of additional food supplies to the location (e.g., local custom or quarantine regulations) to assist, teams or individuals athletes and stakeholders, with plans to supplement the catering plan
- Types and quantities of beverages provided including recommendations in regard to the safety of Tap water.

- Protocols and procedures for the management of any declared outbreak of food-related illness

6. KEY RECOMMENDATIONS FOR THE EVENT ORGANISER

- Define within the event organising committee, who will be responsible for the safety of the event and will appoint an *Event Medical Manager*.
- Estimate the size of the crowds for each day.
- Meet /discuss with all relevant parties, any statutory responsibilities and comply with any regulation e.g., Police, Fire, Ambulance, responsible Local authorities, Local health service providers.
- Perform and document a risk assessment and action plan to eliminate/reduce the identified risks.
- Define and test an evacuation plan.
- Plan appropriate First Aid, medical facilities and close by hospitals support.
- Agree and ensure good communication pathways for the event and for all stakeholders.
- Agree on transportation arrangements for medical staff and any injured /ill members of the crowd around the course.
- Publish a Medical Plan for the event that is circulated to all relevant staff involved.
- Train all personnel – and hold regular practice and simulations exercises of emergency procedures prior to and during event with change in personnel.
- Meet regularly before and during an event to review arrangements and make any necessary changes/improvements.
- Ensure that relevant insurances exist in order to cover different groups for liability.
- Identify medical facilities and close by hospitals for the event and ensure correct set of information: name, location, distance from venue, distance from athlete accommodation, name + contact number of individual responsible to liaise / support the event are communicated.
- Identify medical facilities and close by hospitals to ensure 24/7 provision of medical services
- Keep local hospitals informed of the event

7. ATTACHMENTS

- [ASOIF Health Care Guidelines for International Federation Events \(2020\)](#)
- WHO Air quality guidelines for particulate matter, ozone, nitrogen dioxide and sulfur dioxide and carbon monoxide: [WHO Air Quality Guidelines 2021](#)
- [IGF Extreme Heat Guidelines for Golf \(2023\)](#)
- [IGF Air Pollution Guidelines \(2023\)](#)

8. APPENDIX

i. Physio & Gym Equipment (Suggested list)

PHYSIO AND GYM EQUIPMENT	QUANTITY
Note: below you will find the standard equipment list that should be considered for the Physio and Gym areas. Quantities should be adjusted according to field/event size and number of athletes.	
Note: smaller equipment (foam rollers, mats, etc) may be placed / moved to the gym depending on the proximity of the physio and gym areas	
Physiotherapy electric high-low treatment tables	4
Anti-flammable Polyester Pillow	4
Roller and Wedge Positioning Set	2
Stainless Steel Medical Step Stool	4
Dressing Trolley	1
Stainless Steel Auxiliary Trolley	1
Elbow Crutches, Axillary or Standard Crutches	6
Emergency Physio Bags	2
Combination Electrotherapy and Ultrasound Machine	1
Neuromuscular Stimulators / Tens	1
Laser Therapy Machine with Applicator and Diodes	1
Hydrocollator - hot (hot pack hydrocollator with hot packs and covers)	1
Hydrocollator - cold (cold pack hydrocollator with covers)	1
Flexible Ice Bag 35cm X 50cm	2
Cryo Cuff Knee Medium	1
Cryo Cuff Ankle Cuff	1
Cryo Cuff Calf Cuff	1
Cryo Cuff Elbow Cuff	1
Cryo Cuff Flask - Lid and Hose Gravity	1
Cryo Cuff Knee Cuff with Pressure Bulb	1
Cryo Cuff Shoulder Cuff with X-Long Strap	1
Cryo Cuff Thigh Cuff - Size - L/XL	1
Inflatable Bath for Cryotherapy with Thermostat	1
Cooler 8.5 l	1
Cooler 47.5 l with Wheels	1
Belt for Mulligan Manoeuvres	1
Jet Spray Bottle 500ml	1
Goniometers - large	1
Babinsky Hammer 33 cm	1
Buck Hammer 22 cm	1
Tape Measure	1
Lister Bandage Scissors 5.5"	2

Movement preparation / recovery equipment	
Set of Core Sliders / Gliding Disks	3
Foam Rollers	6
KO8 Suspension/Resistance Band trainers	3
Theraguns	3
RecoveryAir boots	3
Flexible Bands for Stretching	6
Mini band sets	3
Gymball - 65 cm /Physio or Stability Balls	2
Mini Gymball Pump	1
Bosu balance trainer	1
Exercise Mat	10
Tennis Ball	3
Recovery Compression Equipment with Hip Attachment	2
Weights	
Medicine Balls set (~4kg, 6kg, 8kg, 10kg)	1 each
Kettlebells set (12kg, 16kg, 20kg, 24kg)	2
Squat rack (squat stand acceptable where a full rack is unavailable. Smith Machine is not an acceptable substitute)	2
20k Olympic bars (15kg also acceptable)	3
Trap bar	2
Full weight plate sets (2x1.25kg, 2x2.5kg, 2x5kg, 2x10kg, 2x15kg, 2x20kg, 2x25kg)	3
Dumbbell sets from 5kg to 35kg (this could include up to 1 pair of adjustable dumbbells)	2
Slam ball set (~4-5kg, 6-8kg, 10kg, 12kg)	1
Adjustable bench	2
Cardio	
Treadmills (or other cardio equipment (e.g. crosstrainer, rowing machine, ski-erg, assault bike)	2
Exercise Bikes (ideally with power-meter e.g. Wattbike, but spin bike acceptable)	2
Skipping ropes	4
Extras	
Cable machine	1
Soft plyometric boxes (full set)	1
Safety squat bar	1
Football bar	1
Tape/Miscellaneous Supplies	
Athletic tape - 1 1/2" (rolls)	8
Kinesiotape - 2" (rolls)	4
Kinesiotape - 4" (rolls)	1
Lightplast tape - 2" (rolls)	6
Prewrap (rolls)	4
Moleskin (rolls)	1
2nd Skin blister pads (jars)	1

Free Up massage cream (jars)	1
Biofreeze (tubes)	1
Tiger balm (jars)	1
Band-aids - various sizes	50

ii. Medications (Example list)

EXAMPLE MEDICATION
This is an example list based on the European Tour Group Drug order 2023/2024
Quantities should be adjusted according to field/event size and number of athletes.
(prescription)
ANTIBIOTICS
Penicillin (500mg)
Cephalexin (250 mg)
Amoxicillin (500mg)
Amoxicillin-clavulanate 625
Erythromycin (250mg)
Flucloxacillin (250 mg)
Acyclovir (200mg)
Metronidazole 400mg
Azithromycin 250mg
Zinc defence lozenges
Probiotics
Pain (note physios order ibuprofen and paracetamol)
Codeine(30mg)+Acetaminophen (Paracetamol)(500mg)
Acetaminophen (Paracetamol) sachets
Etoricoxib(30mg)
Naproxen (500)
Sumatriptan 50mg
Motilium
Prochlorperazine
Domperidone tabs 10 mg
Ranitidine
OMEPROZOLE (20mg)

(prescription)
Creams
Hydrocortisone 20g
Canestan Hc 20mg
Fucidin HC 20mg
Canestan NO Hc 20mg
Fucidin NO HC 20mg
Eumovate 20g
Betnovate Cream 20g

(non prescription)	
Medicines	Size
Cetirizine	10mg x 30 tablets
Dioralyte	Box of 6 sachets
Gaviscon	Box of 32 tablets
Hydrocortisone cream	15g tube
Ibuprofen	400mg x 100 tablets
Imodium	2mg x 18 tablets
Loratidine	10mg x 30 tablets
Optrex refreshing eye drops	8ml bottle
Otrivine	10x 10ml bottle
Paracetamol	500mg x 100 tablets

RESEPIRATORY
Salbutamol 100 inh (WADA Prohibited List - warning re dosing!)
Beclomethasone 100
Peak flow Tubes(large)
Monteleukast tabs
EMERGENCY
Adrenalin inj (1:1000) (WADA Prohibited list- Retroactive TUE required!)
Adrenaline Auto-injectors (500 mics) (WADA Prohibited list- Retroactive TUE required!)
acetylsalicylic acid (Aspirin) 75mg
Chlorpheniramine inj 10Mg
Nitroglycerin (GTN) Spray
Hydrocortisone inj (100mg) (WADA Prohibited List - TUE required)
Prednisolone (5mg) (WADA Prohibited List - TUE required)
Salbutamol Nebules (WADA Prohibited List - warning re dosing!)
Atrovent Nebules
Diazepam Rectal (hold with individual doctors)
Others
Crystalloid Fluid as in? 0.9% Saline/ Ringers lactate. >100mls requires TUE
Atropine 0.6mg inj
Volumatic spacer
Other Injectables
Diclofenac (Volterol) amps
Prochlorperazine (stemetil)
Eye Box
Fluopthalmic
Tropicamide/Tetracaine
Fluroscene
Ear Box
Otex
Ear syringer
Gentamicin HC
Suture set
Dressing packs
Gauze (3inch)

Rennie	Box of 72 tablets
Savlon dry antiseptic spray	50ml spray
Strepsils:	
<i>*Honey & lemon</i>	36 lozenges
<i>*Cherry</i>	36 lozenges
Volterol gel	50g tube

Stitch Cutters
Disposable suture set
Steristrips
Injection
Needles
Syringes
Chloroprep 0.67mls
Connector
1% Lidocaine
2% Lidocaine
Triamcinolone (Kenalog) 40mg (WADA Prohibited List - TUE required in competition)
Sterile u/s Gel
Marker Pen
Dressing packs
sterile gloves
Suture Packs
Sutures 5/0 silk
Prolene 4/0
Urine Stix

iii. Emergency Bag - Starter Box (Example list)

EXAMPLE EMERGENCY BAG
10ml Syringe x 2;
5ml Syringe x 2;
Adrenaline autoinjector x3
Ambu Perfit Adult Collar;
Aprons
Aspirin 300mg
Bag Valve Mask;
Blood Pressure Monitor;
Bronze Suture;
Cannula 14 g
Cannula 18g x 2;
Crystalloid IV fluid 1 litre
Defibrillator
Digital Thermometer
Equipment for providing IV fluid (connectors etc) x3
Eyewash x 5;

Finepore 2.5cm;
Gloves (large); 4 pair
Gloves (medium); 4 pair
Glucose gel
Glucose Meter;
Guedel (size 2) (size 3) (size 4);
Hand Gel;
i-gel (size 4) (size 5);
Leukoplast 2.5cm;
Lubricating Jelly;
Neb Mask;
Needle 21g x 5;
Needle 23g x 5;
Nitrosray/ GTN
NPA (size 6) (size 7) (size 8);
Peak Flow;
Pentorch;
Pocket Mask;
Protective Spectacles;
Sats Probe;
Sharps Bin 0.2l;
Small Scissors;
Spacer;
Sterets x 8;
Steristrips 3mm x 2;
Steristrips 6mm x 2;
Stethoscope;
Suction Hepa;
Suture 2/0 x 2; Suture 4/0 x 2;
Swab 5x5cm x 2;
Swabs 10x10cm x 2;
Tourniquet x 4;
Trauma Mask;
Tuff Cut Shears;
Vecafix x 4;

STARTER BOX	QUANTITY
Light Disinfectant	
Band Aids – variety pack	1 pack of 280
Athletic Tape	1 pack of 4
Insect Repellent	2 x 200 ml
Sunscreen SPF 50	2 x 200 ml
Hand sanitiser	2 x 100 ml