



UEFA ANTI-DOPING AND MEDICAL UNIT

# Guide to provision of medical and anti-doping services at youth final tournaments

SEASON 2019/20

## Contents

Introduction.....	3
1. Scope.....	3
2. Main Objectives.....	3
3. LOC Medical Staff – Roles and Responsibilities.....	3
4. LOC Medical Service Plan.....	5
5. Requirements of service provision for the tournament.....	6
5.1. Emergency Medical Room.....	6
5.2. Pitchside Medical Equipment.....	6
5.3. Venue Medical Staff.....	6
5.4. First Aid teams (spectators).....	7
5.5. Ambulances.....	7
5.6. Training sessions.....	8
5.7. Team base camp and hotels.....	8
5.8. UEFA HQ hotels.....	8
6. Doping Controls.....	9
6.1. Plan of the doping control station.....	9
7. Team doctors' meeting.....	10
Appendix 1: UEFA Minimum Medical Requirements.....	11
i. Pitchside medical equipment (Article 10, UEFA Medical Regulations).....	11
ii. Emergency medical room and equipment (Article 13, UEFA Medical Regulations).....	12
Appendix 2: Anti-Doping Chaperone – Code of conduct.....	14
Contact details.....	15

## Introduction

**This document is designed to assist the local organising committee in the provision of medical and anti-doping services at UEFA U-17, WU-17, U-19, FU19 and WU-19 youth final tournaments. All medical service provision must adhere to the UEFA Minimum Medical Requirements (MMR) for players, team officials, the referee team and match officers, as described in the UEFA Medical Regulations, unless higher standards or additional requirement are specified in this document.**

### 1. Scope

UEFA medical requirements apply to players, team officials, referees and UEFA match officers for the duration of their stay in the host country for the tournament. Anti-doping requirements are as specified in the UEFA Anti-Doping Regulations. Medical service provision for other visitors (e.g. spectators) should be determined as appropriate by the LOC and should adhere to local laws. European guidelines should be followed where available.

### 2. Main Objectives

- To provide appropriate medical care for tournament participants. This must be guaranteed by the tournament organisers (including 24-hour emergency treatment).
- Arrangements must be made for the required emergency medical services to be present at all tournament matches and on Matchday-1 (MD-1) where teams train at the matchday stadium.
- Every stadium must be equipped with the necessary staff, equipment and infrastructure to meet UEFA medical requirements, and to facilitate UEFA doping controls (according to the UEFA Anti-Doping Regulations, appendices A and B).

### 3. LOC Medical Staff – Roles and Responsibilities

The LOC must provide the following medical staff at the tournament. Note that all staff must be accredited according to their required work areas (for example, anti-doping chaperones need access to pitchside, the tunnel area, medical room, media areas and the doping control station):

Position	Role Overview	Job responsibilities
<p><b>Coordinator – Medical Services</b></p> <p>This role can be combined with the Tournament Doctor role, but must be performed by a medical doctor</p>	<p>Defines tournament medical services concept with tournament doctor</p>	<ul style="list-style-type: none"> <li>• To make all necessary arrangements with local medical service providers for provision of required tournament medical services (e.g.):                             <ul style="list-style-type: none"> <li>○ Ambulances</li> <li>○ Medical Equipment</li> <li>○ Infrastructure at stadiums</li> <li>○ Local imaging/x-ray facilities</li> <li>○ Dentists</li> <li>○ Pharmacies</li> </ul> </li> <li>• To confirm all medico-legal and organisational requirements to visiting</li> </ul>

## Guide to provision of medical and anti-doping services

### Youth Final Tournaments

		<p>doctors at least one month in advance of the tournament (e.g.):</p> <ul style="list-style-type: none"> <li>○ Procedures for import of medications (if applicable)</li> <li>○ Immunisation requirements and medical/sanitation recommendations for visitors to the host country</li> <li>○ Advice on how to obtain prescriptions in the host country</li> <li>○ Procedures for obtaining imaging and treatment during the tournament</li> <li>○ Insurance requirements in the host country</li> <li>○ Instruction on payment procedures for treatment in the host country</li> </ul>
<p><b>Tournament Doctor</b></p> <p>This role can be combined with the Coordinator - Medical Services role, but must be performed by a medical doctor</p>	<p>Responsible for implementing tournament medical services as per UEFA medical requirements. Must be medical doctor</p>	<ul style="list-style-type: none"> <li>● To be able to speak fluent English</li> <li>● To be appointed at least six months prior to the tournament</li> <li>● To be accommodated at tournament headquarters or in neighbourhood of tournament from the date of the first team's arrival in the host city until after the last team departs.</li> <li>● To be available and contactable by telephone 24/7 from date of first team's arrival until date of last team's departure</li> <li>● To address pre-tournament meeting with team doctors.</li> </ul>
<p><b>Pitchside Emergency Doctor</b></p> <p>This role must be performed by a medical doctor who holds a valid Advanced Life Support (ALS) qualification recognised in his country of employment</p>	<p>Responsible for performing the role of pitchside doctor as per UEFA Medical Regulations</p> <p>1 x doctor to be appointed to every match in the tournament</p>	<ul style="list-style-type: none"> <li>● To be able to speak fluent English</li> <li>● To be present in the stadium on matchday and prepared to manage any medical emergency from at least when the teams arrive until their departure</li> <li>● To be trained to perform emergency medicine techniques</li> <li>● To meet team doctors on arrival at the match and to show them the following before the match starts: <ul style="list-style-type: none"> <li>○ stadium medical facilities</li> <li>○ location of medical room and doping control station</li> <li>○ location of ambulances</li> <li>○ emergency evacuation routes</li> </ul> </li> </ul>
<p><b>Stretcher Team</b></p> <p>(2 x carriers per team, 2 x stretcher teams per match)</p>	<p>Responsible for evacuating injured players from the pitch area when instructed to do so by the referee</p>	<ul style="list-style-type: none"> <li>● To be present in the stadium from at least when the teams arrive until their departure</li> <li>● To be physically fit</li> <li>● To have an appropriate first aid qualification</li> <li>● To have stretcher-bearing experience</li> </ul>

<p><b>Stadium Medical Manager</b></p> <p>This role should be performed by a medical doctor but this is not mandatory. The role may be performed as a dual role with other stadium management activities. However, the appointed official must know all stadium medical procedures and must be available <u>immediately when required</u> to resolve any medical issues at the stadium.</p> <p>The role cannot be shared with the pitchside doctor role.</p>	<p>Responsible for co-ordinating medical services at the stadium</p> <p>1 x stadium medical manager to be appointed to every match in the tournament</p>	<ul style="list-style-type: none"> <li>• To ensure that all required medical services are in place for the match</li> <li>• To manage co-ordination of medical services between the teams, pitchside doctor, ambulance teams and crowd medical staff</li> </ul>
<p><b>Anti-Doping Chaperone</b> (4 x chaperones per match)</p>	<p>Responsible for notifying players selected for doping control post-match and escorting the player to the doping control station.</p>	<ul style="list-style-type: none"> <li>• To report to the doping control station at the stadium 30 minutes before kick-off</li> <li>• To inform the player of their selection for doping control at the end of the match</li> <li>• To observe the player until the player's arrival at the doping control station</li> <li>• To remain at the doping control station until notified of the end of their mission by the Doping Control Officer (DCO)</li> <li>• To chaperone players for media duties if requested to do so by the DCO</li> <li>• If no doping control is taking place at the match, chaperones are relieved of their duties at the end of half time.</li> </ul>

#### 4. LOC Medical Service Plan

The LOC must produce a medical services plan for all teams outlining the provision of services at the tournament including how medical incidents will be managed. This must include:

- communication procedures between tournament medical staff and treatment facilities;
- responsibilities of key medical personnel at the tournament;
- emergency evacuation plans for stadiums.

The LOC must confirm that teams will receive expedient treatment at all identified medical facilities 24/7 for the duration of the tournament. The names, locations, addresses and medical specialities of all identified treatment facilities must be clearly stated, including emergency treatment facilities for all stadiums used in the competition.

In addition the following must also be provided to assist visiting teams with their planning for the tournament (where applicable). Note that where these items are not applicable this must be made clear for the visiting doctors:

- Procedures for the import of medication into the host country;
- Immunisation status and requirements in the host country;
- Confirmation of all medical equipment to be provided at stadiums, training sessions and hotels.

Any such plan should also contain the following wherever possible:

- Named contact staff at all identified medical facilities;
- Procedures for payment of medical services by the visiting association;
- Details of the medical equipment provided at tournament hotels and training grounds;
- The name of at least one English-speaking member of staff as the main contact at each medical facility identified.

The medical service plan must be issued to UEFA at least three months in advance of the first match of the tournament for review.

## 5. Requirements of service provision for the tournament

### 5.1. Emergency Medical Room

- A medical room must be provided at every match. The room must be located close to the dressing rooms (same level) and must be dedicated for the use of players and officials. The medical room must be separate from the doping control station.
- A list of mandatory and recommended medical equipment can be found in Article 13 of the UEFA Medical Regulations. All mandatory equipment must be provided.

### 5.2. Pitchside Medical Equipment

- All equipment should ideally be provided in an emergency bag (with the exception of larger equipment such as spinal boards).
- A list of mandatory and recommended pitchside medical equipment can be found in Article 10 of the UEFA Medical Regulations. All mandatory equipment must be provided.
- This equipment is required in addition to the ambulance emergency bag listed below.

### 5.3. Venue Medical Staff

- 1 x trained Pitchside Emergency Doctor must be present at every match. The doctor is responsible for ensuring that the required pitchside medical equipment is present, and for the treatment of players, team officials, the referee team and match officers.
- 1 x Stadium Medical Manager must be present at every match. The Stadium Medical Manager is responsible for co-ordinating the stadium medical services.
- 2 x Stretcher Teams. Each stretcher team is comprised of at least two physically fit and trained carriers (with first aid qualification/stretchers carrying experience) and each team must have 1 x stretcher. Either a spinal board, scoop stretcher or vacuum mattress, with compatible fixing equipment (side head

supports and straps), must be available at pitchside. The stretcher teams must be provided at all matches and must be dedicated to the treatment of players and officials. The location of the stretcher teams at matches must permit immediate and unimpeded access to the field of play. The stretcher teams must be available and ready at pitchside from before players and officials arrive at the stadium until after they leave.

- 4 x Anti-doping Chaperones must be provided for each match. Please note that although doping controls may not be conducted at every match, a DCO may arrive to conduct controls at any time from one hour before kick-off to the end of the match.

#### 5.4. First Aid teams (spectators)

UEFA does not issue regulations relating to spectator medical services. These should be planned in accordance with local rules, guidelines and regulations. The LOC is advised to consult the FIFA F-Marc Football Emergency Medicine Manual for guidance on appropriate medical facilities for spectators. Note however the following:

- The LOC is responsible for ensuring that an appropriate first aid service for spectators is arranged for every match;
- The number and specialisms of first aid staff are to be recruited based on the expected number of spectators. First aid staff should be appropriately trained and briefed in advance on the specific stadium medical procedures;
- One first aid team must be in charge of the stadium first aid room for spectators (which must be appropriately equipped and functional). Additional first aid stations/rooms or mobile first aid teams should be provided as required to ensure an appropriate medical service for the number of spectators.

#### 5.5. Ambulances

##### **Matchdays**

- One fully equipped advanced life support (ALS) ambulance (including fully-equipped emergency bag and AED defibrillator) staffed by at least one paramedic must be present at every match in the Final Tournament from 1.5 hours before the match starts until 1 hour after the end of the match. The ambulance must be positioned in an area of the stadium/arena that best permits quick egress from the pitch area and/or dressing rooms area for emergency medical evacuation. This ambulance must be for the sole use of players, team officials, the referee team and match officers.
- Ambulances for spectators should be provided in sufficient numbers to ensure the safety of all persons attending the match. Unless national laws/guidelines specify particular requirements, the LOC is advised to consult the FIFA F-Marc Football Emergency Medicine Manual for guidance on appropriate medical facilities for spectators.
- Note that when public ambulances cannot be guaranteed it is advised to use private ambulances to secure the presence of an ambulance at the stadium.

### ***Non matchdays – training sessions***

It is the host association's responsibility to ensure that an ALS ambulance, staffed by at least one paramedic, is available at a suitable location to permit emergency medical evacuation from the training venue without delay.

## **5.6. Training sessions**

### ***MD-1 in matchday stadium***

For training sessions which take place on matchday-1 at the matchday stadium, the following medical services must be provided:

- 1 x trained pitchside emergency doctor. The doctor must be present and ready to manage any medical emergency from when the teams arrive at the stadium until their departure;
- 1 x stretcher team, comprised of at least two physically fit and trained carriers (with first aid qualification/stretcher carrying experience), and with 1 x stretcher. Either a spinal board, scoop stretcher or vacuum mattress, with compatible fixing equipment (side head supports and straps), must be available at pitchside. The stretcher team must be provided at all MD-1 training sessions at the matchday stadium, and must be dedicated to the treatment of players and officials. The location of the stretcher team at matches must permit immediate and unimpeded access to the field of play. The stretcher team must be available and ready at pitchside from before players and officials arrive at the stadium until after they leave.
- Pitchside medical equipment, ideally provided in an emergency bag, as described in Article 10 of the UEFA Medical Regulations. All mandatory equipment must be provided;
- A fully equipped emergency medical room, as described in Article 13 of the UEFA Medical Regulations;
- A clean and equipped doping control station;
- An ALS ambulance, staffed by at least one paramedic, must be available on standby at a suitable location to permit emergency medical evacuation from the stadium without delay.

### ***All other training sessions***

The following equipment must be provided for all other team training sessions. This equipment must remain available at pitchside for the duration of the training session:

- One defibrillator (AED);
- Portable oxygen (minimum 15l/min. for 20 minutes);
- An ALS ambulance, staffed by at least one paramedic, must be available on standby at a suitable location to permit emergency medical evacuation from the stadium without delay.

## **5.7. Team base camp and hotels**

Each team's hotel(s) must be equipped with one defibrillator (AED) from the point at which the teams arrive until their departure.

## **5.8. UEFA HQ hotels**

All UEFA HQ hotels must be equipped with one defibrillator (AED) from the point at which UEFA or other tournament staff arrive until their departure.

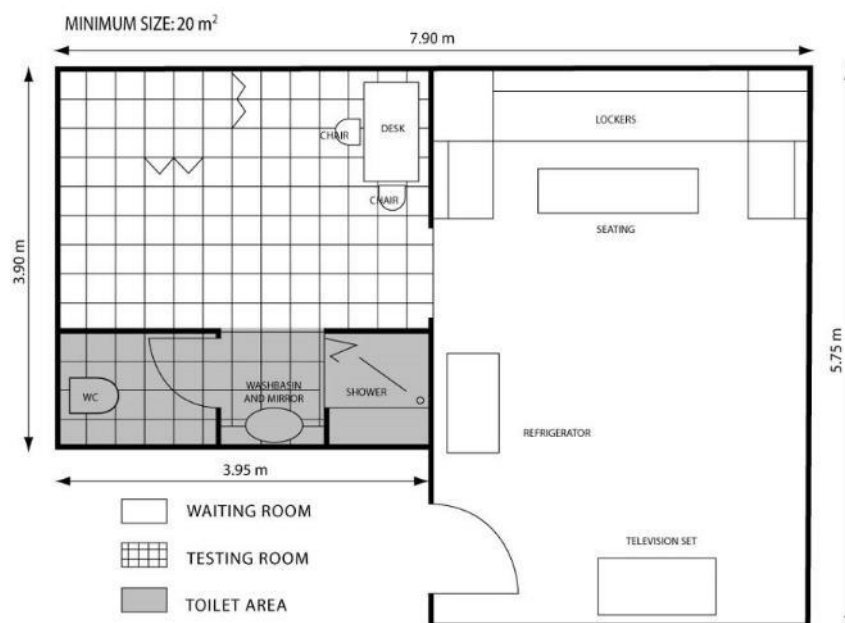


## 6. Doping Controls

Note that unannounced doping controls are possible on teams at any time and may be conducted by Anti-Doping Organisations other than UEFA up to 24 hours before the first match of the tournament. From this point until 24 hours after the final match, UEFA has sole jurisdiction to test participating players. Please note the following:

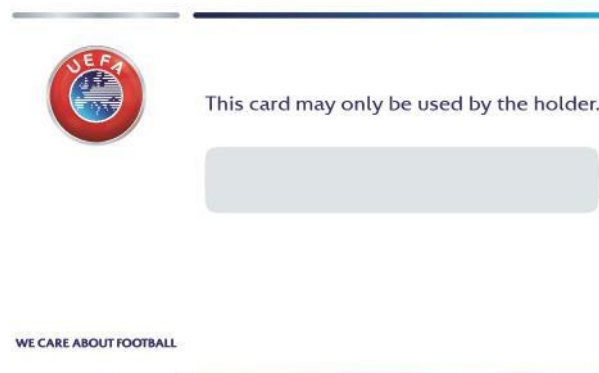
- UEFA Doping Control Officers are responsible for conducting doping controls (in accordance with the *UEFA Anti-Doping Regulations*).
- The LOC must provide a suitable doping control station at all stadiums in accordance with appendix A of the *UEFA Anti-Doping Regulations*:
  - LOC to identify a suitable room at every stadium to be used as a doping control station;
  - LOC to equip doping control stations with required material and sealed bottles of water
  - LOC to select 4 anti-doping chaperones for each match who must be the same sex as the players;
  - The LOC must inform chaperones of the *Code of Conduct* detailed in appendix 2 of this document.
- The LOC must ensure that there is strong Wi-Fi in the DCS and that the Wi-Fi network name and password are clearly displayed for the benefit of the DCO.

### 6.1. Plan of the doping control station



The LOC must ensure that stewards at the main stadium gates are informed that people who identify themselves as UEFA Doping Control Officers (DCOs) and who show a UEFA DCO ID card (with photograph) must be granted free access to the stadium.

Example of UEFA DCO ID card:



## 7. Team doctors' meeting

The team doctors' meeting takes place in principal the day before matchday 1. At the meeting the tournament doctor presents the tournament medical provision in detail to all team doctors, while a UEFA representative presents the anti-doping rules and procedures.

The tournament doctor's presentation should explain all relevant medical arrangements as described in the LOC Medical Service Plan, such as:

- The communication flow in the event of injury/illness – who should the team contact first?
- Details of local or regional hospitals (a list with addresses, and the names and direct contact numbers of hospital staff, who should be English-speaking wherever possible). These contacts should be "on call" 24 hours for the full duration of the tournament;
- How can teams arrange MRI scans, X-ray, etc. and what are the procedures for payment?
- What do teams do if they need to see a specialist (orthopaedic surgeon, ophthalmologist, etc.)?
- The names and contact numbers of all pitchside doctors and stadium medical managers on duty at each match;
- Stadium medical plans including the location of the medical room, ambulance, pitchside doctor and stretcher teams, and planned evacuation routes in the event of emergency;
- Any other useful information.

The tournament doctor should prepare a document to give to the team doctors which provides all the necessary information (unless this has already been provided in the LOC Medical Service Plan). This document must be submitted to UEFA for approval at least two weeks prior to the doctors meeting. If the LOC wants to use a PowerPoint presentation for this purpose, UEFA will supply a template.

## Appendix 1: UEFA Minimum Medical Requirements

This appendix details Articles 10 and 13 of the UEFA Medical Regulations.

### i. Pitchside medical equipment (Article 10, UEFA Medical Regulations)

All the following mandatory items 10.01a to 10.03b (inclusive) must be provided at pitchside, and items 10.01a to 10.02k (inclusive) should be provided in an emergency bag:

<b>ARTICLE 10: MANDATORY PITCHSIDE MEDICAL EQUIPMENT</b>	
<b>Airway and cervical spine</b>	
10.01a	handheld suction device
10.01b	respiratory resuscitators with masks and airways
10.01c	lubricant
10.01d	cervical collar set/rigid neck brace
<b>Breathing</b>	
10.01e	stethoscope
10.01f	pulse oximeter
10.01g	oxygen/trauma mask and tubing
10.01h	pocket mask
10.01i	bag valve mask
10.01j	spacer device for bronchodilators
10.01k	portable oxygen cylinder
<b>Circulation</b>	
10.01l	infusion equipment
10.01m	defibrillator (AED)
10.01n	blood pressure monitor with appropriate cuff size(s)
10.01o	blood sugar gauge and/or blood sugar test sticks
<b>Other equipment (small)</b>	
10.01p	tourniquet
10.01q	adhesive fixing materials
10.01r	pupil lamp
10.01s	IV cannula of various gauges
10.01t	strong scissors
10.01u	disinfection equipment
10.01v	disposable gloves
10.01w	sharps box
10.01x	protective goggles
<b>10.02 Emergency bag drugs</b>	
10.02a	Adrenaline 1:10,000 injection
10.02b	antihistamine
10.02c	hydrocortisone
10.02d	benzodiazepines
10.02e	cardiac lifesaving drugs
10.02f	epipen or anapen
10.02g	bronchodilators
10.02h	Glyceryl Trinitrate spray
10.02i	glucose tablets/gel
10.02j	emergency diabetes drugs
10.02k	antiemetics
<b>10.03 Large equipment on pitchside</b>	
10.03a	one spinal board, scoop stretcher or vacuum mattress, with compatible fixing equipment
10.03b	box splints

The following recommended items 10.04a to 10.04e (inclusive) should be provided pitchside:

RECOMMENDED PITCHSIDE MEDICAL EQUIPMENT			
10.04a	cricothyrotomy set with disposable scalpel	10.04d	basket stretcher
10.04b	intubation equipment	10.04e	defibrillator with external pacing and CO2 monitors for use in place of the defibrillator listed in Paragraph 10.01, where available.
10.04c	anti-hypertensive drugs		

ii. Emergency medical room and equipment (Article 13, UEFA Medical Regulations)

The following mandatory items 13.01a to 13.01v must be provided in the medical room:

MANDATORY MEDICAL ROOM EQUIPMENT	
13.01a	examination and treatment table/couch
13.01b	two chairs
13.01c	suture materials of more than one filament size
13.01d	suture packs
13.01e	sharps box
13.01f	hand gel
13.01g	dressing packs
13.01h	urine rapid analysis dipsticks
13.01i	copy of the current WADA Prohibited List
13.01j	ice and plastic bags
13.01k	local anaesthetics
13.01l	mirror
13.01m	bright light
13.01n	syringes
13.01o	needles
13.01p	tongue depressors
13.01q	foil blankets
13.01r	penlight
13.01s	alcohol swabs
13.01t	gloves
13.01u	bandages
13.01v	wound cleaning solution

## Guide to provision of medical and anti-doping services

### Youth Final Tournaments

The following recommended items 13.02a to 13.02m (inclusive) should be provided in the medical room:

RECOMMENDED EQUIPMENT			
13.02a	stethoscope	13.02h	running water
13.02b	nebuliser mask	13.02i	toilet
13.02c	ophthalmoscope and auroscope	13.02j	benzodiazepines (e.g. sublingual diazepam or diazemuls injection)
13.02d	nasal tampons	13.02k	Adrenaline 1:10,000 injection
13.02e	prescription pad	13.02l	tooth transport container (medium)
13.02f	anti-histamines (chlorpheniramine injection)	13.02m	portable oxygen cylinder (minimum 15l/min. for 20 minutes).
13.02g	hydrocortisone		

The medical room should be large enough to allow stretcher access.

## Appendix 2: Anti-Doping Chaperone – Code of conduct

The role of the chaperone (escort) is to notify the player assigned to him from among those selected for a doping control and accompany the player from the time he is notified until the doping test is completed. This role must be carried out in a professional manner.

### **Chaperone duties:**

- The chaperone must be at the doping control station 30 minutes before the start of the match in order to be briefed by the UEFA Doping Control Officers (DCO). A special bib will be distributed and the chaperone must wear this at all times until completion of the control, whereupon it must be returned.
- The chaperone must be at the doping control station 15 minutes before the end of the match (normal time) to be notified of the selected players. He will be informed of the name and shirt number of the player to be escorted for the doping control. The chaperone will also receive any final instructions from the DCO.
- 10 minutes before the end of the match, the chaperone goes discreetly to the area where players exit the pitch and enter the tunnel in order to identify his assigned player on the field. To ensure correct identification, the chaperone should also refer to the number on the player's shorts (to avoid confusion should players swap shirts). If the player is on the substitutes' bench, the chaperone should discreetly observe the bench to identify the player. The DCO will be present to assist the chaperones.
- Chaperones must wait discreetly until the player has finished any celebrations or interviews on or near the pitch. Under no circumstances must the chaperones enter the field of play.
- When the players are leaving the pitch at the end of the match, the chaperone discreetly notifies the player of his obligation to report to the doping control station immediately following the match. From the time of notification, the chaperone must escort and observe the player at all times, without interfering with immediate post-match interview in the "super flash" and "flash" areas on the way to dressing-room. After such interviews, the player must be accompanied directly to the doping control station and may not return to the dressing room. If the player wishes to have any personal belongings from the dressing room, the team doctor and/or representative should bring the requested item(s) to the doping control station.
- The chaperone must remain in the doping control station waiting room until the testing is complete, or until relieved of their duty by the DCO. For practical reasons (i.e. size of the waiting room), the DCO may request the chaperones to stand outside the doping control station.
- The player may only leave the doping control station under very specific circumstances (e.g. to receive treatment in the medical room) and only with the permission of the DCO. During that period, the chaperone must escort and observe the player at all times until he has returned to the doping control station.

### **Code of Conduct (all doping control staff)**

- Must be pleasant and courteous in all discussions with players and team officials, particularly when notifying players and requesting them to attend the DCS.

- Where required, must maintain discreet visual contact with the player at all times until the end of the doping control
- Must not under any circumstances ask the player for autographs, souvenirs, tickets, etc.
- Must not participate in any discussions between the player and other people (e.g. other players, team staff)
- Must never physically prevent the player from moving around the stadium. If a player refuses to cooperate with instructions, the DCO must be informed at the earliest available opportunity;
- Must never physically touch a player. Chaperones must avoid physical contact with players e.g. pulling shirt sleeve.
- Must not supply medication or any drinks to the player.
- Must present accreditation whenever requested.
- Must respect the confidentiality of the doping control, have no contact with the media, and avoid discussion of the doping control process with anyone except a DCO.
- To remove the risk of photos and videos being taken of the players and the procedure, chaperones will be asked to leave their mobile phones with the Doping Control Officer for the duration of their mission.

### Contact details

In case of any issues, the UEFA anti-doping and medical unit can be contacted at [medical@uefa.ch](mailto:medical@uefa.ch) or [antidoping@uefa.ch](mailto:antidoping@uefa.ch), or on +41 22 707 2666.



UEFA  
ROUTE DE GENÈVE 46  
CH-1260 NYON 2  
SWITZERLAND  
TELEPHONE: +41 848 00 27 27  
TELEFAX: +41 848 01 27 27  
[UEFA.com](http://UEFA.com)

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