

Tournament Doctor Information Pack **W/M15, M25, W35, W50, W75, W100**

Introduction

Welcome to the ITF World Tennis Tour Tournament Doctor Information Pack. We appreciate your vital role in the care of our players as the Tournament Doctor and are grateful for your support and commitment to the ITF World Tennis Tour (WTT).

This information pack has been compiled to support you in your role as Tournament Doctor at a WTT event and provides some helpful information you will need, including:

- your role and responsibilities as Tournament Doctor,
- details of supplies you should have,
- information on injuries and illness you may likely encounter,
- the medical time out rule and its application on court,
- the physical incapacity rule and extreme weather conditions rule and
- tennis anti-doping information.

We really value your commitment to our sport and to the players on the WTT and we greatly appreciate your efforts in providing the highest quality care to these world-class players, helping to keep them safe, healthy and competing. Thank you for taking the time to go through this information and if you have any questions or feedback please don't hesitate to contact us.

For assistance on this information please contact Elaine Maclagan, ITF Sports Physiotherapy Consultant, at Elaine.Maclagan@itftennis.com

The ITF World Tennis Tour

The International Tennis Federation (ITF) is the world-governing body of tennis. Its purpose is to ensure the long-term growth and sustainability of the sport, delivering tennis for future generations in association with its member nations. A key priority is the organisation of the World Tennis Tour (WTT) – the main artery delivering players to the top of the game. The WTT team is responsible for the worldwide ITF women’s and men’s professional tournaments, which offers 1,200 tournaments in over 70 countries.

The results of tournaments are incorporated into the WTA and ATP Rankings, which enables female professionals to advance to the WTA and for male professionals to progress on to the ATP Challenger Tour/Tour and ultimately the Grand Slams.

Common Tennis Injuries & Illnesses in Professional Female Players

The physical demands of professional tennis combined with high training and match loads can contribute to musculoskeletal injury, so what injuries can you expect to encounter:

Most injuries are overuse injuries such as muscle overload or tendinopathy; however, tennis is a dynamic sport and acute injuries such as ankle sprains can happen on court.

In general, lower limb injuries are the most common site of injury, and muscle and tendon injuries the more common type. Followed by upper limb injuries such as rotator cuff injuries in the shoulder or wrist tendon injuries and then by trunk area injuries such as low back issues or abdominal muscle strains. Thigh injuries tend to have the highest injury incident rate; however, shoulder and knee injuries account for more time lost from competition.

As tennis is a global sport with lots of international travel, it is not unusual for players to suffer illnesses associated with regular long distance travel such as stomach and GI illnesses, colds and upper respiratory tract infections. In very hot countries, exertional heat illness may also present.



Qualifications and Responsibilities of the Tournament Doctor

The Tournament Doctor is appointed by the Tournament Director and oversees the coordination of the Medical and Emergency care for the players. The Tournament Doctor will work closely with the ITF appointed Sports Physiotherapists at W100 events and with the locally appointed Sports Physiotherapists at W75, W50, W35, M25 and W/M15 level events.

The Tournament Doctor should:

- ideally specialize in orthopedics, internal medicine or primary care sports medicine and be familiar with the sport of tennis.
- be fully licensed and insured in the country and jurisdiction of the tournament.
- have admitting privileges at the local hospital.
- be fluent in both written and spoken English and the local language.
- possess a current CPR certification and Emergency Response certification (or the international equivalent).

Hours & Availability

The Tournament Doctor must be available on call in proximity to the tennis site at all times during playing hours from the first day of qualifying until and including the finals day. We recommend they also be available from one hour before the first match starts until up to one hour after the last match completes.

The Tournament Doctor ideally should be available to attend the tennis event to consult with players during the day, or arrangements must be in place for the player to attend the Doctors clinic, which should be within a reasonable travel time (ideally no further than 20 minutes away). We recommend that Tournament Doctors provide their contact numbers during out of play hours for urgent medical questions or emergency medical care. If the Tournament Doctor is not available outside of play hours – access to emergency medical care will be coordinated through the Tournament Director.



We recommend that Tournament Doctors provide their contact numbers during out of play hours for urgent medical questions or emergency medical care.

Pre-Tournament Preparation

It is recommended that a pre-tournament medical preparation meeting occurs at all ITF World Tennis Tour level events. The meeting agenda should include:

- Tournament availability and communication details
- Tournament preparation including emergency action plan
- Supplies to bring onsite (detailed below)

At W100 tournaments, the Tournament Doctor **must** meet in advance with the ITF Lead Sports Physiotherapist. This meeting will be arranged via conference call within two weeks prior to the tournament. In addition, the W100 Tournament Doctor **must** attend a meeting **onsite** with the ITF Lead Sports Physiotherapist on the Qualifying Sign-in Deadline day (day before the qualifying event starts), or as agreed otherwise with the ITF Lead Sports Physiotherapist.

Emergency Action Plan

Medical emergencies and acute injuries may occur at any time during the tennis event. It is the responsibility of the Tournament Doctor and the Lead Sports Physiotherapist to formulate a clear communication and action plan to follow in the event a player needs emergency care for a severe or life threatening injury or illness.

This emergency action plan includes:

- Clear delegation of the roles and responsibilities of each tournament personnel involved.
- Identify and safety check all available emergency equipment including Automated External Defibrillator (AED) and ensure everyone is aware of the location.
- Outline who is responsible for calling for an ambulance and bringing the AED to court if required. You should also discuss with the physiotherapist where the crutches and wheelchair will be stored and accessed if required on court.
- Ensure walkie-talkies work for the full range of the venue and that the team members are proficient in use.
- You should **REHEARSE** the Emergency Action Plan with all necessary staff (Physiotherapist, Doctor, Ambulance staff if onsite, Tournament Supervisor), review the emergency evacuation plan and routes and ensure everyone is familiar with how players will be removed from the court.

A Medical Emergency Plan Template is included at the end of this document.

Supplies

There are standard supplies and medical equipment that the Tournament Doctor should bring to the event. Please see below for the full list.

The following items must be available:

- It is required that an AED is located at each tournament and accessible at all times during play.

It is recommended that an AED is available to the courts within 2–3 minutes. This AED should always be accessible during play and be able to be moved to any location where it is needed rapidly to prevent delay in assisting the patient. The batteries and pad expiration of the AED should be checked before the start of the tournament to ensure it is ready to be utilized during an emergency situation.



- Wheelchair.
- Crutches.
- Stretch and spine board or scoop stretcher (may be within EMS supplies or ambulance).

The following items should be available:

- Intravenous (IV) equipment & fluids with sterile disposable needles for IV access (if hospital/ambulance is more than 5 minutes transit time away).
- Prescription pads (if not using electronic prescriptions)
- Ice bath or Emergency Cooling Bag or tarp for emergency cooling if heat is likely to be an issue.
- Reflex hammer
- Blood pressure cuff
- Stethoscope
- Thermometer
- Pulse Oximeter
- Otoscope
- Penlight
- Tongue blades
- Ophthalmoscope
- Sharps Container
- Personal Protective Equipment including CPR face mask, N95 masks, gloves, surgical masks, eye shields and gowns.
- A selection of braces including a cervical collar, SAM splint, long hinged knee brace, wrist splint or brace, and ankle air cast brace.
- Laptop computer

Medication List

- Epinephrine penx2 (or equivalent to treat anaphylactic shock)
- Asthma inhaler (Salbutamol or Albuterol) and spacer
- Oral Anti-inflammatory (preferably Voltaren and Celebrex) and analgesic (acetaminophen) medication
- Topical anti-inflammatory cream/gel (1-2 100-gram tubes) Diclofenac 1% gel
- Antibiotics (Preferably amoxicillin and azithromycin) (emergency supply onsite unless 24-hour pharmacy near tournament or hotel site)
- Antihistamine medication (non-sedative option such as Zyrtec or Allegra)
- Allergy and itch relief medication e.g. Benadryl
- Intravenous fluids
- Glucose tablets or Glucagon Autoinjector
- Cardiac medication (unless EMS onsite)

All medications and intravenous bags should be checked by the Tournament Doctor to ensure that they are within their expiration date and are stored in a lockable cabinet onsite. Any medication provided to a player must be Anti-Doping Safe. Please see below for more details on the Tennis Anti-Doping Program (TADP).

Note: ITF Sports Physiotherapists do not carry and cannot provide any prescription or over the counter medication.

Precautions

- Since 2022, the routes of administration by which the use of glucocorticoids is prohibited was extended to include all injectable routes. A TUE will be required if a glucocorticoid is used (or may be present in a player's system – see below) In-Competition and administered by any of the existing prohibited routes of administration, or any injectable route.
- Tournament Doctors should be aware of the special precaution for the female player:
 - The medication ARTHROTEC should not be utilized for women of childbearing age, due to the potential of birth defects associated with its use.
 - Please take extra precautions and AVOID the use of bisphosphonates such as FOSAMAX, ACTONEL AND BONIVA. These drugs' long half-life, if taken unnecessarily, could cause a problem to a future pregnancy.
- Tournament Doctors are advised not to prescribe Cipro, Levaquin or any Quinolone antibiotic for an extended or repetitive period of time (more than 2 weeks or more than twice a year) due to the reported side effects of tendon weakening/rupture. Best to consider alternative antibiotic treatment.
- In general, NSAIDS should not be prescribed for longer than two weeks, especially for acute muscle injury, as they have been shown to delay muscle tissue healing, risk gastric ulceration, and cause kidney damage.

ITIA

The International Tennis Integrity Agency, ITIA is an independent body established in 2021 by the International Governing Bodies of Tennis to promote, encourage, enhance and safeguard the integrity of tennis. It is the ITIA that administer the tennis anti-corruption program and the tennis anti-doping program on behalf of the governing bodies of tennis.

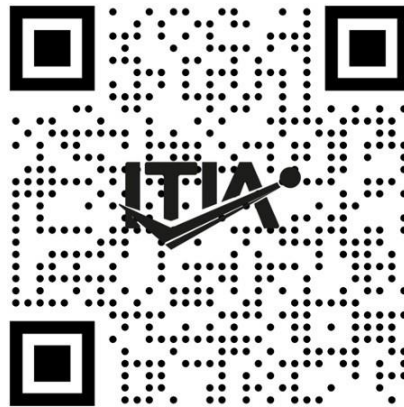
The full tennis antidoping program rules and the anticorruption program rules can be found on the ITIA app and website. Please download the ITIA app and familiarize yourself with it prior to the event and refer all players with any antidoping or anticorruption questions to the ITIA App directly. There are links and contacts within the App that the player can use for any information they may require.

Alternatively, you can email the ITIA at education@itia.tennis if you have any questions or concerns.



Tennis Anti-Doping Program (TADP)

It is the responsibility of everyone in tennis to be aware of the rules. Players are tested for the substances prohibited by the World Anti-Doping Agency (WADA) and if a violation occurs, sanctions will be enforced in compliance with the World Anti-Doping code. Players and their support team should understand what constitutes an Anti-Doping rule violation, what substances and methods are prohibited and other potential rule violations. Download the ITF Anti-Doping phone application (available for Android & iPhone) for the most up to date information, advisories, TUE portal, and procedures. You can find more information online at <https://www.itia.tennis/anti-doping/>



Tennis Anti-Corruption Programme (TACP)

The Tennis Anti-Corruption Programme (TACP) is in place to maintain the integrity of our sport and protect against corruption and betting related offences. It is the responsibility of players, coaches, officials and all persons in tennis to be aware of and comply with the TACP rules.

The rules are there to protect everyone in sport and outline how you must report any corrupt approach and list all offenses in the program including match fixing, courtsiding, and other corrupt activities. More information can be found [here](#).

Therapeutic Use Exemptions

If a player has a medical condition that requires use of a medication or other product containing a substance or method that is on the prohibited list, a Therapeutic Use Exemption (TUE) is required. A TUE permits use of the prohibited medication or method with committing an anti-doping rule violation, if all such use is in accordance with the conditions of the TUE. TUE applications are effective as of the date that a player received notice of approval and are issued for a specific period of time.

Once it has been determined that a TUE is required for a prohibited substance or method, the player and Doctor will complete the TUE form and await approval PRIOR to the player taking the medication.

For reference, periods of validity are listed on the ITF website.

All TUE applications must be completed using the Tennis Anti-Doping Programme Portal. An account must be created in order to submit an application, and all accounts are subject to verification. Therefore, all Tournament Doctors will need to create an account if requesting a TUE.

The TUE portal can be found here. <https://tennis.idtm.se/>

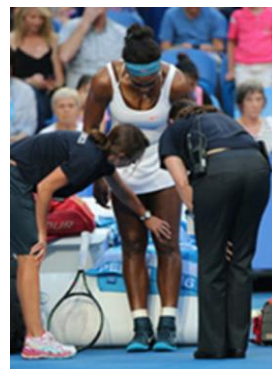
Retroactive TUEs

Applications for retroactive TUEs are limited to medical emergencies and ‘exceptional circumstances’. According to WADA guidelines for TUEs, exceptional circumstances are those in which ‘there was insufficient time or opportunity for an applicant to submit, or a TUE committee to consider, an application prior to Doping Control’. Exceptional circumstances include situations in which players need to use a prohibited substance (for valid therapeutic reasons) in order to play in an event, but where there is insufficient time for the player to make, or for the TUE Committee to consider, an application before the competition starts.

Homeopathic & Supplement Products

Players must be aware that homeopathic products, the production of which is not regulated in many countries, could be contaminated by ingredients not listed on the label, including agents on the List of Prohibited Substances.

Given the risks of product contamination, it is recommended that no homeopathic medicines (oral or intravenous) supplements or vitamins be provided to players. ‘The use of homeopathic products remains a personal decision of the player and as with all substances, the player is responsible for what they put in their body.’



MEDICAL TIME OUT RULE

The Medical Timeout Rule (MTO) is a rule of safety. It allows players with acute and emergency medical conditions to receive medical intervention during a match.

A player can call the Sports Physiotherapist to court for an acute injury or exacerbation of a previous injury. If warranted by medical examination, the Sports Physiotherapist can take a Medical Time Out (MTO) and 2 change of ends (COE) for treatment. These need not be consecutive.

Involvement of Tournament Doctor

At the discretion of the Sports Physiotherapist, the Tournament Doctor may be requested by the Sports Physiotherapist to assist them with their evaluation and/ or provide medications. The Tournament Doctor should not be called on to the court without the Sports Physiotherapist being present also.

Off-Court Assessment / Treatment

At the discretion of the Sports Physiotherapist and/or Tournament Doctor, and for reasons of privacy and modesty, evaluation and treatment during an MTO may be performed off court in the most private location nearest the court, also known as the off-court treatment room. Other circumstances that a player would be permitted to receive the assessment/MTO off-court would be for

- Concussion,
- To administer a subcutaneous injection for diabetes,
- Auscultations (if difficult to hear on court),
- For the best interest of the game (as determined by the Referee)

Potential Outcomes of Evaluation

- **Non-Treatable Medical Condition:** If after evaluation, the Sports Physiotherapist determines the player has a non-treatable medical condition, then the player will be advised that no medical treatment, including medication, will be allowed.
- **Treatable Medical Condition Requiring MTO:** The Sports Physiotherapist may authorize for that condition a one-time, three-minute MTO, which would take place during a change of ends or set break, unless the Sports Physiotherapist determines it is an acute medical condition that requires immediate medical treatment.
- **Treatable Medical Condition not Requiring MTO:** If the Sports Physiotherapist determines that the player has a treatable medical condition, but that an MTO is not needed in cases such as illness or muscle cramping, then the Sports Physiotherapist may, following the evaluation, begin treatment if time remains in the change of ends or set break. If necessary, the Sports Physiotherapist may treat the player for this medical condition for two (2) additional change of ends, not necessarily consecutive.

Non-Treatable Medical Conditions

Players may not receive treatment at any time during the match (or warm-up) for the following conditions:

- Any medical condition that cannot be treated appropriately or that will not be improved by available medical treatment within the time allowed.
- Any medical condition that has not developed or has not been aggravated during the warm- up or the match.
- General player fatigue.
- Any condition requiring injections, intravenous infusions, or oxygen, except for diabetes, for which prior medical certification has been obtained and for which subcutaneous injections of insulin may be administered.

Bleeding

- If a player is bleeding, the Chair Umpire shall stop play as soon as possible and call the Sports Physiotherapist to the court for evaluation and treatment. The Sports Physiotherapist, in conjunction with the Tournament Doctor, if appropriate, will evaluate the source of the bleeding, and will request a Medical Time-Out for treatment if necessary. If requested by the Sports Physiotherapist and/or Tournament Doctor, the Supervisor/Referee or Chair Umpire may extend the MTO and allow up to a total of five (5) minutes to assure control of the bleeding.
- If within five (5) minutes, the bleeding is not controlled, the Sports Physiotherapist may advise that continued play is detrimental to the player's health. In that case, the Supervisor/Referee may retire the player from the match. If blood has spilled onto the court or its immediate vicinity, play should not resume until the blood spill has been cleaned appropriately.



Vomiting

- If a player is vomiting, the Chair Umpire shall stop play if vomiting has spilled onto the court, or if the player requests medical evaluation. If the player requests medical evaluation, then the Sports Physiotherapist will determine if the player has a treatable medical condition. If vomiting is continuous, the Sports Physiotherapist may advise that continued play is detrimental to the player's health. In that case the Supervisor/Referee may retire the player from the match. If vomit has spilled onto the court, play shall not resume until the vomit spill has been cleaned appropriately.

Physical Incapacity

- During the match, if there is an emergency medical condition and the player involved is unable to make a request for a Sports Physiotherapist, the Chair Umpire shall immediately call for the Sports Physiotherapist and Tournament Doctor to assist the player.
- Either before or during a match, if a player is considered physically unable to compete or poses a serious health risk to themselves, players, officials, or tournament staff; the Sports Physiotherapist and/or Tournament Doctor should inform the Supervisor and recommend that the player is ruled unable to compete in the match to be played or forced to retire from the match in progress. An example of this would be where a concussion is suspected. The Supervisor/ Referee shall use great discretion before taking this action and should base the decision on the best interests of professional tennis, as well as taking all medical advice and any other information into consideration.
- Subject to the restrictions set forth in the Incapacity section, Appendix E (h) of the [WTT Regulations](#), the player may subsequently compete in another event at the same tournament if the Tournament Doctor determines that the player's condition has improved to the extent that the player may safely, physically perform at an appropriate level of play and no longer poses a serious health risk to players, officials or tournament staff.



The Diabetic player and injection of insulin during a match

Players may notify the Supervisor and Sport Physiotherapist that they are diabetic and the type/ category, however currently, it is not required for prior notification or for a Supervisor to insist on seeing proof thereof. A player may administer their insulin either on court or may do so off court. This procedure will be considered as a Medical Time-Out (MTO) and not as a Toilet Break. In some cases, it is a matter of seconds to administer and can be managed during the changeover or set break time. If the player requires additional time than is available at a change of ends or set break, to check blood sugar levels and administer the insulin, the Supervisor can authorise the three (3) minutes.

The Chair Umpire will inform the Supervisor when a player has informed them that they will be taking their insulin. The Supervisor will inform the Sports Physiotherapist (and Doctor if on-site) and request them to come to court to observe the player.

It is not a requirement for the Sports Physiotherapist (and Doctor if one is on-site) to enter the court and assess the player prior to the player administering the insulin unless the player is not feeling well. If the player continues to feel unwell after administering the insulin, the Sports Physiotherapist (and Doctor if on-site) need to determine if the player can continue or not. There is currently no minimum time limit for the insulin to take effect. The Sports Physiotherapist will activate the emergency action plan if required.

A point to note is that diabetic player must have antidoping approval to take insulin so please check with the player after the match that they are aware of this and have the correct approval in place.



Mental Health Considerations

Mental health and physical health co-exist, as psychology and physiology are intertwined. For example, it is unusual for a heightened arousal state or acute fear to manifest without some physical symptoms (e.g., heart palpitations, nausea), and physical symptoms usually present with an emotional response, i.e., mental health symptoms—especially anxiety and fear.

Mental health conditions are typically defined as conditions causing clinically significant distress or impairment that meet certain diagnostic criteria; such conditions are diagnosed by a licensed mental health professional, psychiatrist or other medical doctor.

Mental health symptoms are common: they do not occur in a pattern that meets specific diagnostic criteria and do not necessarily cause significant distress or functional impairment.

The treatment of mental health conditions is not permitted during a Medical Time-Out. The primary reason for this is that there is no scenario in which an acute or sub-acute manifestation of a mental health condition could be meaningfully treated (defined as having a material effect on the condition) during the time available for a Medical Time-Out. The treatment of mental health symptoms should be managed in the context of Treatable Medical Conditions.

The ITF has created a tennis specific **Mental Health First Aid Course** and we recommend all Tournament Doctors to complete this prior to your event. The Mental Health First Aid Course can be found here - <https://url.uk.m.mimecastprotect.com/s/pNxaCW6wDfjQMkXInsNSo3OdA?domain=itf-academy.com>

Environmental Conditions

Monitoring the heat.

Exercise and in particular playing tennis in the heat can be very challenging and potentially harmful to the player. The tournament must have a method of measuring the heat stress index. The Heat stress index otherwise known as the wet bulb globe temperature, is a precise measure of on-court conditions that factor together air temperature, humidity, wind speed and solar radiation which is the sun angle and cloud cover.



The Heat Stress Index readings can be taken by using a heat stress monitor or alternatively, using the local airport weather report, and reviewing it against the Heat Index Chart which can be found in Appendix 1 of the [ITF Guide to Recommended Healthcare Standards for Tennis Tournaments](#) online.

In the event of Extreme Heat Conditions, this is where the Wet-Bulb Globe Temperature on court meets or exceeds 30.1°C or 86.2°F, on court play can be modified. This means a 10-minute break between 2nd and 3rd sets in singles matches can be taken if one or both players request it. Should the Web-Bulb Globe Temperature meet or exceed 32.2°C or 90.0°F play may be suspended. The measurements are taken at regular set times during the day, and the Supervisor has responsibility for collecting this data.

Full details regarding the Extreme Weather Conditions Rule can be found in Appendix 1 of the [ITF Guide to Recommended Healthcare Standards for Tennis Tournaments](#) found online.

Confidentiality

All medical records and health information collected on any player competing on the ITF must be kept confidential in accordance with the ITF Notice of Privacy Practices.

Under no circumstances should the Tournament Doctor speak to the media/ press/ tournament Staff/ players coach or team member or others unless the player gives their express permission.

Under no circumstances should the Tournament Doctor ask a player for her autograph or photograph.

The disclosure of any inside information including player health information could result in a Tennis Anti-Corruption sanction.

Documentation

All interactions and medical consults, onsite and offsite must be documented.

At W100 tournaments all interaction and medical consults, onsite and offsite, must be documented within the ITF Medical Documentation System, Teamworks AMS (formerly known as Smartabase). Prior to the event you will receive an email from Teamworks AMS with details on how to log in and create your password.

ITF WTT Emergency Action Plan

Purpose:

Medical emergencies and acute injuries may occur at any time during the tennis event. The emergency action plan is in place to ensure timely and effective delivery of medical care in cases of severe and or life-threatening injury/ illness.

Competence in carrying out this action plan includes (but is not limited to) the following:

- Formulating and actioning a clear communication plan.
- Clear delegation of the roles and responsibilities of each Sports Physiotherapist and tournament personnel at your disposal – in particular who will be responsible for calling EMS in the case of emergency.
- Identify and safety check all available emergency equipment including AED, wheelchair, stretcher.
- Ensure walkie-talkies work for the full range of the venue and that the team members are proficient in use.

Emergency Meeting

It is recommended that the Sports Physiotherapist(s), Tournament Doctor and onsite Ambulance Staff (if available), Tournament Director and Supervisor/ Referee complete a venue walk- through on pre-qualifying day to allow optimal time to:

- assess emergency court access across the venue and review evacuation on and off each court inclusive of wheelchair and stretch evacuation
- review location of medical equipment and medical facilities (i.e. AED, stretcher, wheelchair, etc.) An AED should ideally be available within 3 minutes of each court
- discuss roles and responsibilities of the Sports Physiotherapist and tournament personnel
- review action steps in case of an event
- review communication plan and
- test Walkie Talkie's/Radio's to ensure service throughout venue.

The following medical situations and action steps should be discussed within the emergency action plan:

- **Sudden cardiac arrest** - check location and operation of AED and pads
- **Heat Illness** - transfer from court, Cooling method (ice massage V cold water immersion). Followed by hospital transport and the timing of this where required.
- **Anaphylaxis** - administration of Epinephrine (adrenaline) EMS
- **Concussion** – use of Physical Incapacity Rule

- **Dislocation/ Fracture** – evacuation from court to training room / ambulance via wheelchair/ stretcher
- **Cervical spine injury** – role delineation, Physio, Doctor, EMS
- **On court biohazardous material (blood/vomit)** - location of spill kit and education of court staff
- **Psychiatric emergency response plan** - if an athlete were to need emergency psychiatric care, confirm hospital location and contact information of treating psychiatrist/psychologist on-call.

EMERGENCY ACTION PLAN	
TOURNAMENT ADDRESS & DIRECTIONS	
WHAT 3 WORDS LOCATION	
COUNTRY SPECIFIC EMERGENCY #	
TOURNAMENT EMERGENCY #	
HOSPITAL NAME(S) and ADDRESS <i>*Specify if more than one depending on medical case including Emergency Psychiatric Care</i>	
AMBULANCE, FIRST AID, & AED LOCATION(S) <i>(if not on map)</i>	
EQUIPMENT LOCATION <ul style="list-style-type: none"> • AED (Check working and pads in date) • Wheelchair • Stretcher • Crutches 	
WALKIE TALKIE CHANNELS	Physio: Doctor: EMS: Sup/Referee: Chair Umpire: Security: Court Services:

**PRINT AND POST WITH ACCOMPANYING VENUE MAP*

In the event a player exhibits any of the below serious or life-threatening conditions, activate the On Court Medical Emergency Plan.

- Sudden collapse
- Unresponsive or not moving
- Extreme difficulty in breathing
- Choking (usually signified by the player clutching her throat)
- Uncontrolled shaking accompanied by unresponsiveness (usually signifying a seizure)

On Court Medical Emergency Plan

- 1) Chair Umpire: Immediate notification to Physio, Tournament Doctor and Emergency Medical Services (EMS)/First Aid (if available onsite) and Supervisor of need on court due to a medical emergency.
- 2) Medical personnel arrive to activate medical care as determined during onsite emergency medical meeting
- 3) Physio may direct official staff such as the Supervisor, Referee, or Chair Umpire to:
 - a. Retrieve AED
 - b. Call EMS
 - c. Retrieve Medical Equipment
 - i. Wheelchair
 - ii. Stretcher
 - iii. Crutches
- 4) Official staff (sup/ref/chair) will communicate to security to ensure crowd control and player evacuation routes are cleared to and from the court.
- 5) Physio/ Doctor will direct evacuation of athlete to ambulance, Doctors office, or training room as required. Handoff of care to EMS & transport to hospital if necessary (Physio to make every effort to ride with athlete).