



WORLD TENNIS GUIDE TO RECOMMENDED HEALTH CARE STANDARDS

FOR TENNIS TOURNAMENTS





This document provides health care recommendations for tennis tournaments. The recommendations in this document cover two categories of tournament:

1. Tournaments organised by National Associations
2. Billie Jean King Cup, Davis Cup, Hopman Cup, World Tennis Tours Men's and Women's, World Tennis Tour Juniors and Junior Team Competitions, World Tennis Masters Tour and World Championships, Wheelchair Tennis Tour and World Team Cup, and Beach Tennis World Tour and Beach Tennis Junior Tour.

Recommendations for health care personnel, treatment areas, medical supplies, nutrition, and weather monitoring are provided to facilitate a consistent model of care for all tournaments and events, irrespective of their location.

This document provides tournament organisers with the necessary information to implement health care standards for players and tournament staff.

Such implementation will allow players and staff to be confident that the tournament is providing an environment that addresses mental and physical health, wellness and safety.

A tournament checklist is provided in [Appendix 1](#).

World Tennis acknowledges the assistance of the United States Tennis Association in providing National Association information for these guidelines.

IMPORTANT: this document is for general information purposes only. Each tournament should consider their own medical-legal obligations, including duty of care and providing an environment that fosters mental and physical health and safety.

Reliance on the contents of this document is at the tournament's risk. To the maximum extent permitted by law, World Tennis accepts no responsibility or liability to a tournament, National Association, or any other user for loss which may arise from reliance on the contents of this document.

All emergency care decisions should be made in consultation with a locally qualified health care professional.

A large, stylized silhouette of a tennis player in mid-swing, rendered in a halftone dot pattern. The player is positioned on the left side of the page, with their arm and racket extending towards the center. The background is a solid bright green.

SAVE!

1. NATIONAL ASSOCIATION TOURNAMENTS

It is recommended that all tournaments organised by World Tennis National Associations have the following health care provisions in place.

TOURNAMENT EMERGENCY ACTION PLAN

Before the tournament commences, it is recommended that Tournament Directors (or their designee) develop and rehearse an Emergency Action Plan (EAP). The following should be considered for Emergency Action Plans:

Emergency communication

All core tournament personnel should be aware of the type of communication to be used (e.g. mobile phone, landline phone, portable two-way radios). If mobile phones will be used, confirm there is always good mobile service in all areas of the site (in particular treatment rooms and in areas where there are large numbers of spectators).

The following emergency numbers and addresses/locations should be widely posted/shared:

- Universal Emergency Number (e.g. 911 USA, 112 Europe).
 - Identify before the event the easiest access point for arrival of Emergency Medical Transport.
- Mental health crisis number (e.g. 988 USA).
- Poison Control Center.

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Local Public Health Authorities:

- Nearest hospital: phone number; address; estimated distance/time from tournament site; primary contact.
- Nearest trauma center: phone number; address; estimated distance/time from tournament site; primary contact.
- Fire Department: universal emergency number or local number; estimated distance/time from tournament site.
- Police Department: universal emergency number or local number; estimated distance/time from tournament site.

Emergency Services

When calling the emergency services or the local ambulance company, you should provide the following information:

- The number of people who are in need of emergency medical care;
- Their ages (or approximate ages);
- The location;
- The person to whom the emergency services should report;
- Description of general medical status (e.g. quadriplegic or paraplegic);
- For cardiac arrest:
 - Indicate if bystander CPR and Automatic External Defibrillator have been initiated.

After activating the emergency response system, the parent or guardian of any minor needing emergency care should be contacted as soon as possible. For adults, the spouse, parent or next of kin should be notified as soon as possible. An example medical history form is provided in [Appendix 2](#) in which players can choose to provide information on their emergency contact.

GUIDANCE FOR GENERAL TOURNAMENT MEDICAL OVERSIGHT

Creating an Environment of Wellness

Tennis tournaments can sometimes be perceived as stressful events. Tournament Directors and their staff are in a unique position to help foster an environment that promotes wellness and sportsmanship. An intentional approach to creating a welcoming, friendly tournament environment in which the mental and physical health and safety of all participants is a priority is the most direct way Tournament Directors can foster an environment of wellness for all participants.

Supplies

The following equipment should always be available at all times throughout the duration of the tournament:

- A supply of clean towels (for use by medical staff and, if necessary, by players).
- Towels should not be shared/re-used.
- Safe drinking water.
- Ice for the treatment of heat illness and acute strains/sprains.
- Medical gloves, to be worn by anyone who may come into direct contact with blood, which includes caring for an injured player or spectator/staff or cleaning a blood spill.
 - Plastic bags for proper disposal of gloves.
 - Antiseptic solution for blood spills.
 - Scoop for clay and beach tennis courts with blood spills.
 - Red biohazardous bags for blood-stained products.
- First aid kit. A basic first aid kit should be on-site, containing:
 - Adhesive bandage, both small and large.
 - Medical gauze.
- At least one Automated External Defibrillator (see [Other Emergencies](#)).

Disabled Access

The following provisions should be made for disabled players, spectators and staff:

- All courts, except those used for beach tennis, should be accessible by wheelchair. Steps are not appropriate, but an incline is acceptable.
- Disabled-accessible bathrooms, including wide doors and wide toilet space with appropriate bars on either side of the toilet.
- Disabled access for all common areas such as cafeterias, and disabled access to and from transportation sites.

IMPORTANT:
Medications should not be dispensed except upon the recommendation of a medical Doctor on-site. All treatments by the medical doctor should be documented.

ON-SITE CARE

The following sections describe medical situations and conditions that the Tournament Director and their designee(s) should be prepared to manage.

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Strains/Sprains

Acute strains and sprains usually occur because of a fall or sudden, unexpected movement. Symptoms include localised swelling and pain. Acute management includes limb elevation with application of ice and a compression bandage. For severe strains and sprains, players should be evaluated as soon as possible, either in a doctor’s office or in the emergency room, to rule out an underlying fracture. Acute strains and sprains are not life-threatening, and on-site treatment should consist of elevation and ice application. The player or guardian should then be advised to seek appropriate medical follow-up care.

Acute Allergic Reactions/ Anaphylaxis

Acute allergic reactions are most likely to occur at a tennis tournament because of an insect bite or a bee/wasp sting. The reaction can range from localised swelling and discomfort, to more generalised swelling, to difficulty breathing with wheezing, to a life-threatening cardiovascular collapse. Localised reactions can be treated with ice. Whilst a rash that continues to worsen is not life-threatening, if there is any severe allergic reaction, including difficulty breathing, or wheezing or facial swelling, or any changes in the level of consciousness, the player should be transported immediately to the nearest hospital using the emergency services or a local ambulance company.

Some players may have an established history of severe allergic reactions and may have experience using EpiPen® (epinephrine auto-injector). Such players may self-administer EpiPen® in accordance with their comfort zone. Even in this scenario, the emergency services should be activated to ensure immediate medical evaluation and management of the individual, including a possible delayed and/or secondary anaphylactic reaction.

Universal Precautions

Universal precautions should be taken with any human blood and body fluids tainted with blood, in that all such fluids should be considered as contaminated and potentially infectious. Thus, anyone handling blood or blood products should do so with latex medical gloves, and the individual handling the blood should have no open sores (non-latex medical gloves are available for latex-allergic/sensitive individuals). As a practical example, if a player is bleeding and someone on-site is helping the player by applying a bandage or applying pressure with a towel, that individual should be wearing medical gloves. If there is a blood spill on court, or vomit on the court, this should be cleaned in accordance with local health and safety guidelines, which includes an antiseptic solution. If a mop and water are not available, a towel with water is acceptable. In this instance, the individual should be wearing medical gloves. Blood products should be disposed of in readily-identifiable red biohazardous plastic bags.

Heat Illness

Heat illness refers to an acute medical condition that arises from a combination of dehydration and overheating within the body. Heat illness occurs most commonly in hot, humid conditions, especially if there is little wind. Quadriplegic wheelchair tennis players, or players with limited trunk function, may be especially vulnerable to heat illness because of a diminished capacity to regulate sweating.

It is important to be aware of the temperature and humidity throughout the day, and to anticipate heat illness occurrences when the Heat Index is equal to or greater than 32.2°C (90°F), as indicated on the chart in [Appendix 3](#). To this end, consideration should be given to changing the starting times of matches and/or taking other appropriate measures (such as an extended break between the 2nd and 3rd sets) if the Heat Index threshold is reached or exceeded.

The symptoms and signs of heat illness may include unusual or excessive tiredness, headache, nausea (with or without vomiting), cramps, dizziness, passing out and high body temperature. Heat stroke is a medical emergency, and typically individuals appear acutely ill, have a high body temperature, and are unable to drink any fluids.

WHEN EXERTIONAL HEAT STROKE IS SUSPECTED, RAPID COOLING SHOULD BEGIN IMMEDIATELY, AND RELEASE FOR TRANSPORT SHOULD OCCUR ONLY ONCE THE PLAYER IS CLINICALLY IMPROVING (UNLESS COOLING CAN CONTINUE DURING TRANSPORT).

Further guidance is at:

[Heat Illness Protocol](#)

Post signs advising players to drink plenty of fluids before, during and after play in prominent locations. Try to provide and identify areas with sufficient shade for cooling on, or close to, the court, as well as plenty of fluids and cold, wet towels or ice packs. If the player cannot drink or has no desire to drink, has lost consciousness or has a change in level of consciousness, or if there is any doubt about the player's

condition, transport to the nearest hospital should be arranged via the emergency services or a local ambulance company. While waiting for emergency transport to arrive, the player should be removed from the heat (or, at the very least, out of direct sunlight) and cooled with cold water immersion, if available, or with ice packs or cold, wet towels applied to the body, specifically the armpits, groin and head.

Mental Health Emergencies

It is recommended that tournaments have in place a plan for mental health emergencies. Examples of mental health emergencies include: expressing suicidal or homicidal thoughts; agitated or threatening behaviour; psychosis, hallucinations, paranoia or confusion; acute intoxication or drug overdose.

For mental health emergencies, the universal emergency number should be activated unless there are trained personnel on site who can manage the situation. While awaiting emergency medical support to arrive, the following key points should be followed:

- Acknowledge the individual in crisis in an empathetic and caring manner.
- Provide a safe environment (open access/do not trap the individual).
- Reassure the individual that you are there to help.
- Do not threaten the individual.
- Listen intently while also assuring a safe environment.

Other Emergencies

Life-threatening emergencies can occur at any time, and can include a seizure, heart attack, head trauma, or sudden collapse. In such an emergency, it is imperative to summon the emergency services or call a local ambulance company. It is important to maintain an environment of calm, and to remove all unnecessary people from the scene.

Sudden cardiac arrest is a treatable life-threatening emergency. Sudden cardiac arrest is defined as a severe malfunction or cessation of the electrical and mechanical activity of the heart, and results in almost instantaneous loss of consciousness and collapse. Sudden cardiac arrest can be effectively treated through prompt recognition, early cardiopulmonary resuscitation (CPR) and early use of an Automated External Defibrillator (AED). AEDs are easy to use and have built-in instructions. Sufficient AEDs should be located on-site so that an AED is within 3 minutes from all areas of play. It is key to verify that all AEDs on site are fully charged and are in readily accessed and clearly identified locations. The sudden cardiac arrest poster in [Appendix 4](#) should be displayed on-site as a minimum next to the AEDs, and communicated to all staff working at the tournament.

Thunderstorms and Lightning

Lightning is a potential severe hazard and a life-threatening consequence of an approaching storm near outdoor tennis matches, and tournaments should be prepared for immediate cessation of all matches or warm-ups in the event of lightning. In essence, if lightning is sighted, all activity should stop and everyone should seek shelter. A 30-30 rule may be used, which is as follows:

- If lightning is sighted and thunder then occurs in 30 seconds or less, everyone on-site should be instructed to seek appropriate shelter. Dividing the number of seconds between lightning and thunder by 5 gives the distance of lightning in miles (for example, a lightning-to-thunder count of 30 seconds means a distance of 6 miles).
- Activity should not resume until a minimum of 30 minutes has elapsed since the last lightning strike was seen and the last sound of thunder heard.

The primary choice for shelter is any substantial, frequently-inhabited building with working electricity, telephones and plumbing. While inside, the use of electrical devices or telephones attached to cords, and plumbing (e.g. showers) should be avoided. If such a building is not available, the next safest location is a fully enclosed vehicle with a metal roof and closed windows. Do not touch the metal framework while inside the vehicle.

The following locations should be avoided:

- Open fields.
- Proximity to open water.
- Trees, flagpoles, or light poles.

If anyone is struck by lightning, emergency medical services should be activated immediately. If possible, the injured person should be moved to a safer location.

Medications and Prohibited Substances

Unless prescribed by a Tournament Doctor, medications should not be dispensed on site. These include aspirin and related nonsteroidal anti-inflammatory drugs such as ibuprofen and naproxen, products containing paracetamol/acetaminophen, or over-the-counter cold remedies. Some over-the-counter products contain substances that are on the WADA Prohibited List. The Prohibited List can be found at www.wada-ama.org/en/prohibited-list.

Some players carry their own medications as part of a travel kit, and these may include prescription medications or over-the-counter medications for pain relief, diarrhoea, allergies, nausea, or a sore throat/cough. It is the player's responsibility to properly take such medications under the direction of a doctor, guardian, or both. Additionally, players should satisfy themselves that all medications are free from substances that are on the WADA Prohibited List.

Even if a Sports Physiotherapist is on-site, they are not permitted to dispense any prescription or over-the-counter medication without the approval of a Tournament Doctor. A Sports Physiotherapist may apply a topical antiseptic for wound care.

2. WORLD TENNIS COMPETITIONS

In addition to the recommendations contained within section 1 of this document, it is recommended that the Billie Jean King Cup, Davis Cup, Hopman Cup, World Tennis Tours Men's and Women's, World Tennis Tour Juniors and Junior Team Competitions, World Tennis Masters Tour and World Championships, Wheelchair Tennis Tour and World Team Cup, and Beach Tennis World Tour and Beach Tennis Junior Tour have the following health care standards in place.

A. Medical Personnel

- A Sports Physiotherapist (also known as a Primary Health Care Provider) should be on-site for the duration of the event, and should possess a working knowledge of the relevant rules of the game.
- The Sports Physiotherapist should have the qualification of a physiotherapist/ physical therapist and/or Certified Athletic Trainer or the equivalent, and should have a minimum of two (2) years' experience in sports health care.
- The Sports Physiotherapist should have undergone an official Overseas Criminal Records Check at the correct level within the previous 3 years in their country of origin, and be prepared to show evidence of this on request from a Tournament Director or refer to the World Tennis Safeguarding Team if the check was done through them.
- The Sports Physiotherapist is to provide on-site health care services for the players beginning one hour before matches commence until up to 30 minutes post-completion of all matches.
- The tournament should equip the Sports Physiotherapist with portable supplies to bring on court and with separate supplies for the treatment area. The recommended list of supplies is provided in [Appendix 5](#). As a minimum, all items listed as essential in [Appendix 5](#) should be provided.
- A designated Tournament Doctor with sports medicine and/or general medicine experience should be on call for the duration of the tournament or event, and should have admitting privileges (or

colleague-arranged admitting privileges) at a local hospital or medical facility. The Tournament Doctor should be a physician who has a current licence to practise medicine in the state/country of the tournament.

- There should be at least one person qualified in first aid (including CPR and Automated External Defibrillation) on-site at all times.
- At wheelchair tennis events, the Tournament Doctor should have knowledge of spinal cord injuries and related disabilities.
- The Tournament Doctor should be provided with pertinent information regarding the Tennis Anti-Doping Programme, and should have access to Therapeutic Use Exemption forms; these forms are available to download from: www.itia.tennis/tadp/tues.
- For all tournaments, including those held in non-English speaking countries, the Sports Physiotherapist and Tournament Doctor should speak English.

B. Mental Health Personnel

- A licensed mental health practitioner should be available for virtual or on-site mental health care management. The Tournament Doctor should coordinate this arrangement.
- There should be dedicated private space on-site for mental health care management.

C. Treatment Area

1. General

- In accordance with tournament organisational requirements, each tournament must provide a private treatment area with space for the Sports Physiotherapist and Tournament Doctor, and should provide a dedicated private space on-site for mental health care management.
- The treatment area should provide easy access to the locker room and the match courts, and should have adequate climate control and ventilation.
- For wheelchair tennis events, the treatment area must be wheelchair accessible and should allow for ample room for wheelchair entry/exit and for manoeuvring on and off the exam table.
- The treatment area should be equipped with:
 - Automated External Defibrillator: if only 1 AED is available on site, it should be located in a readily accessed and clearly identified location (not necessarily in the treatment area).
 - One adjustable (including variable height down to 60 cm) padded treatment table per Sports Physiotherapist in good repair and sanitary condition.

- Bolsters/pillow.
- A desk, table or countertop for medical supplies.
- Three chairs and/or rolling stools.
- Lockable cupboard for storage of paperwork and medications.
- Adequate supply of clean towels and sheets.
- Ice and non-carbonated safe drinking water.
- Dispensed soap (or the equivalent) and paper towels.
- All equipment and facilities should be available from at least one hour before the scheduled start of qualifying and maintained throughout the tournament.

Recommended medical supplies are in [Appendix 5](#).

2. Medical Treatment

Any on-site medical treatment that extends beyond the common sports injury treatment provided by the Sports Physiotherapist should be provided under the direct supervision of the designated Tournament Doctor.

Such treatment may include:

a. Intravenous Fluids

Intravenous fluids may not be administered for cramping and are only indicated for medical conditions that require prompt hydration that cannot be provided orally, while awaiting medical transport to an emergency care facility.

NOTE: IN SUCH CASES, INTRAVENOUS FLUID ADMINISTRATION ON-SITE REQUIRES A RETROACTIVE THERAPEUTIC USE EXEMPTION (TUE), AND THE APPLICATION FORM MUST BE COMPLETED BY THE TOURNAMENT DOCTOR.

b. Medication Management

A designated Tournament Doctor may provide medications either via a standard prescription, or directly in conjunction with a pre-arranged, on-site medication supply cabinet that is kept in a secured, locked space within the Treatment Area.

If the Tournament Doctor provides on-site medications, they are responsible for properly removing the medications from the Treatment Area by the conclusion of the tournament. The Tournament Doctor may dispense such medication directly or through a chain-of-command with the Sports Physiotherapist. The dispensation and use of all such medication should be documented in the player's treatment record and should comply with the relevant provisions of the Tennis Anti-Doping Programme.

Common medications for direct dispensation (sometimes with an accompanying prescription) include, but are not limited to:

- i. Antidiarrhoeal medication (e.g. bismuth subsalicylate)
 - ii. Antihistamine
 - iii. Decongestant
 - iv. Nonsteroidal anti-inflammatory drugs
 - v. Pain medication (e.g. acetaminophen)
 - vi. Antacid
 - vii. Antifungal/antibacterial ointments or creams
 - viii. 1% hydrocortisone cream
 - ix. Antibiotic starter packs
- c. Wheelchair Tennis

For wheelchair tennis events, the medical treatment preparations need to include management of the following conditions:

- i. Thermoregulation (e.g. hyperthermia)
- ii. Autonomic dysreflexia
- iii. Neurogenic bladder
- iv. Bone fracture from osteoporosis
- v. Spasticity
- vi. Mobility needs, e.g. faulty wheelchair
- vii. Neurogenic skin breakdown
- viii. Upper extremity overuse injuries

d. Infection Control Guidance

A comprehensive guide to infection control is in [Appendix 6](#).

D. Nutrition

- The tournament should provide food and drinks for all players during playing hours until one hour after the last match.
- For night sessions, it is acceptable to provide food only to players scheduled for the session concerned, as well as players involved in delayed day sessions.
- Non-carbonated safe drinking water should be always available.
- Players' food should be prepared simply, with few sauces or spices.
- Sauces should have limited butter and oil, and should be served on the side.
- All food and drinks should be properly stored and maintained at an appropriate temperature, in compliance with local health regulations.
- Deep-fried foods should be avoided. A variety of other food choices are preferred daily to include the following:
 - Breads and starches (multigrain breads, bagels, crackers, potatoes and rice).
 - Fruits and vegetables (fruit salad, dried fruits, whole fruits, fresh cut vegetables such as a salad bar, steamed vegetables).

- Proteins (chicken, turkey, fish, tofu, hard boiled eggs, nuts, milk).
- Drinks
 - Non-carbonated safe drinking water, low-fat chocolate milk, coffee, tea, fruit juices, sport drinks. Note: Sport drinks are not tested by World Tennis and players consume them at their own risk.
 - Broth-based soups.
- In addition to daily meals, snacks should be available throughout the day and evening (e.g. fruits, breads, cheeses, yogurt, nuts, crackers).
- If morning practices and matches are played, breakfast items should also be available (e.g. cold cereals, bagels, yogurt and fruit).
- Suggested lunch and dinner menus should include carbohydrates and at least two protein selections.
- Event organisers should make reasonable efforts to ensure that all food and drink items provided for players are free of all substances listed in the prevailing version of the WADA Prohibited List. The Prohibited List can be found at:

www.wada-ama.org/en/prohibited-list

E. On-Court

Each court should have (and maintain) an adequate provision of:

- Non-carbonated safe drinking water.
- Ice kept in a cooler, with towels, when in a warm environment.
- Medical gloves and bio-hazardous red bags for clean-up of blood or vomit on court. There should be a protocol in place for proper disposal of bio-hazardous waste.
- Sun protection (ideally permanent shade), to include umbrellas at a minimum, and personnel to hold umbrellas for players participating in wheelchair tennis events.

F. Weather Monitoring

To conform to the Extreme Weather Regulation (Appendix E of the [World Tennis Tour Regulations](#)), the tournament should have a temperature and humidity recording device (e.g. sling psychrometer) to measure the Heat Index. A Heat Stress Meter is the preferred method of measuring Wet Bulb Globe Temperature (WBGT). Typically, there is a sunlight exposure setting on the device which should be selected depending on whether the measurement is taken in direct sunlight or in the shade. The device should be held/mounted approximately 1 m above the ground and allowed to acclimatise for 2-3 minutes before the measurement is recorded. Alternatively, there should be access to the local airport weather

report, and the Heat Index can be determined from the Heat Index Chart in [Appendix 3](#).

For wheelchair tennis events, many players are susceptible to hot and humid conditions. The tournament should know the rules for wheelchair tennis weather monitoring, and the Tournament Supervisor/Referee should consider early and late starts for hot and humid weather conditions.

G. Safeguarding

World Tennis is committed to making tennis a safe and inclusive sport for all participants. All Covered Persons at World Tennis Tournaments and Events are expected to abide by the World Tennis Children and Adult Safeguarding Policy which can be downloaded from the World Tennis website: www.world.tennis/en/about-us/governance/safeguarding

World Tennis requires all medical staff to complete the 'Introduction to Safeguarding Children' course via the World Tennis Academy: www.itf-academy.com

Safeguarding is everyone's responsibility; we have a duty of care to protect all children and adults who are participating in or attending World Tennis tournaments, events and activities from harm caused by harassment, abuse and non-accidental violence.

Safeguarding is essential to creating safe and inclusive tennis environments. Covered Persons must understand how to report concerns that involve risk of harm to any participant.

Further information can also be requested from safeguarding@world.tennis.

APPENDIX 1 TOURNAMENT CHECKLIST

NATIONAL TOURNAMENTS

	Rehearsed Emergency Action Plan (EAP)	6
	Basic supplies: towels, water, ice, gloves, bags, first aid kit	6
	Automated External Defibrillator (AED) – charged, clearly signed and accessible	8
	Disabled access	9
	Rehearsed Mental Health Emergency Action Plan (MHEAP)	14

INTERNATIONAL TOURNAMENTS

	Rehearsed Emergency Action Plan (EAP)	6
	Automated External Defibrillator(s) (AED) – charged, clearly signed and accessible	8
	Disabled access	9
	Rehearsed Mental Health Emergency Action Plan (MHEAP)	14
	Medical personnel: Sports Physiotherapist and Tournament Doctor	19
	Mental Health personnel: licensed mental health practitioner on-site/remote	19
	Treatment area	19
	Private space for mental health care management	19
	Medical supplies (listed in Appendix 5)	20
	Food and drink	21
	On-court provisions: water, ice, gloves, bags, sun protection	22
	Weather monitoring	22

APPENDIX 2

MEDICAL HISTORY FORM

This form is intended to assist health care professionals should you need medical treatment. You are not required to complete this form. If you choose to complete this form, please do so to the best of your ability. You may wish to consult your doctor if you are uncertain how to answer any of the questions. Please keep the form (and any copies) in a safe place and present it to the health care professional when you undergo medical treatment.

Name: _____

Date: / / Date of birth: / /

Email address: _____

Next of kin / emergency contact: _____

Mobile: _____ Home: _____ Business: _____

Email address: _____

Medicines: please list all the prescription and over-the-counter medicines and supplements that you are currently taking:

It is your sole responsibility to check whether any of your medications and supplements are on the current version of the WADA Prohibited List. If you are in possession of, or using a prohibited substance without a Therapeutic Use Exemption (TUE), then you may be charged with an Anti-Doping Rule Violation.

Do you have any allergies? yes / no

If 'yes', please identify specific allergy below:

Pollens _____ stinging insects _____

Medicines (Please list: _____)

Food (Please list: _____)

Other (Please list: _____)

Have you ever required EpiPen® or hospitalisation because of an allergic reaction? yes / no

If 'yes', please provide details:

VACCINATION HISTORY

Please use vaccination record (immunization card) to verify the dates included below. Please note 1-7 are highly recommended vaccinations.

VACCINATION TYPE	YES	NO	If 'yes', date of illness or vaccination
1. Diphtheria, Tetanus, Pertussis (DTAP) primary series			
2. Booster TDAP			
3. Measles, Mumps, Rubella			
4. Polio			
5. Varicella (chicken pox) either disease or vaccine			
6. Hepatitis A			
7. Meningococcal			
8. HPV (recommended)			
9. Influenza (yearly recommended)			
10. COVID-19 (recommended)			

In the General Questions section below, if the answer is 'yes', please explain. Use '?' for any questions you do not know the answer to.

GENERAL QUESTIONS	YES	NO
1. Has a doctor ever denied or restricted your participation in sports for any reason? Please explain with dates:		
2. Do you have any ongoing medical conditions? If so, please identify below: Asthma / Anemia / Diabetes / Infections / Other:		
3. Have you spent the night in the hospital in the past year? Please explain with dates:		
4. Have you ever had surgery? Please explain with dates:		
5. Has your doctor ever told you that you have any heart problems? If so, mark all that apply: High blood pressure / A heart murmur / High cholesterol / A heart infection / Kawasaki disease / Other		
6. Has your doctor ever ordered a test for your heart (for example ECG/ EKG, echocardiogram)?		
7. Have you ever had an unexplained seizure?		
8. Do you have history of fainting or passing out?		
9. Have you ever had autonomic dysreflexia?		
10. Any other medical history not mentioned above:		

I attest that the information above is correct, to the best of my knowledge. Further, I give permission to contact my next of kin/emergency contact in the event of a medical emergency:

Signature: _____ Date of signature: _____

Name of Parent / Guardian (if under 18): _____

APPENDIX 3

HEAT INDEX CHART

The Heat Index Chart provides general guidelines for assessing the potential severity of heat stress. Individual reactions to heat will vary. It should be remembered that heat illness can occur at lower temperatures than indicated on the chart. In addition, studies indicate that susceptibility to heat illness tends to increase with the very young and the elderly, and for players who are otherwise unwell. It should be noted that exposure to full sunshine can increase Heat Index Values.

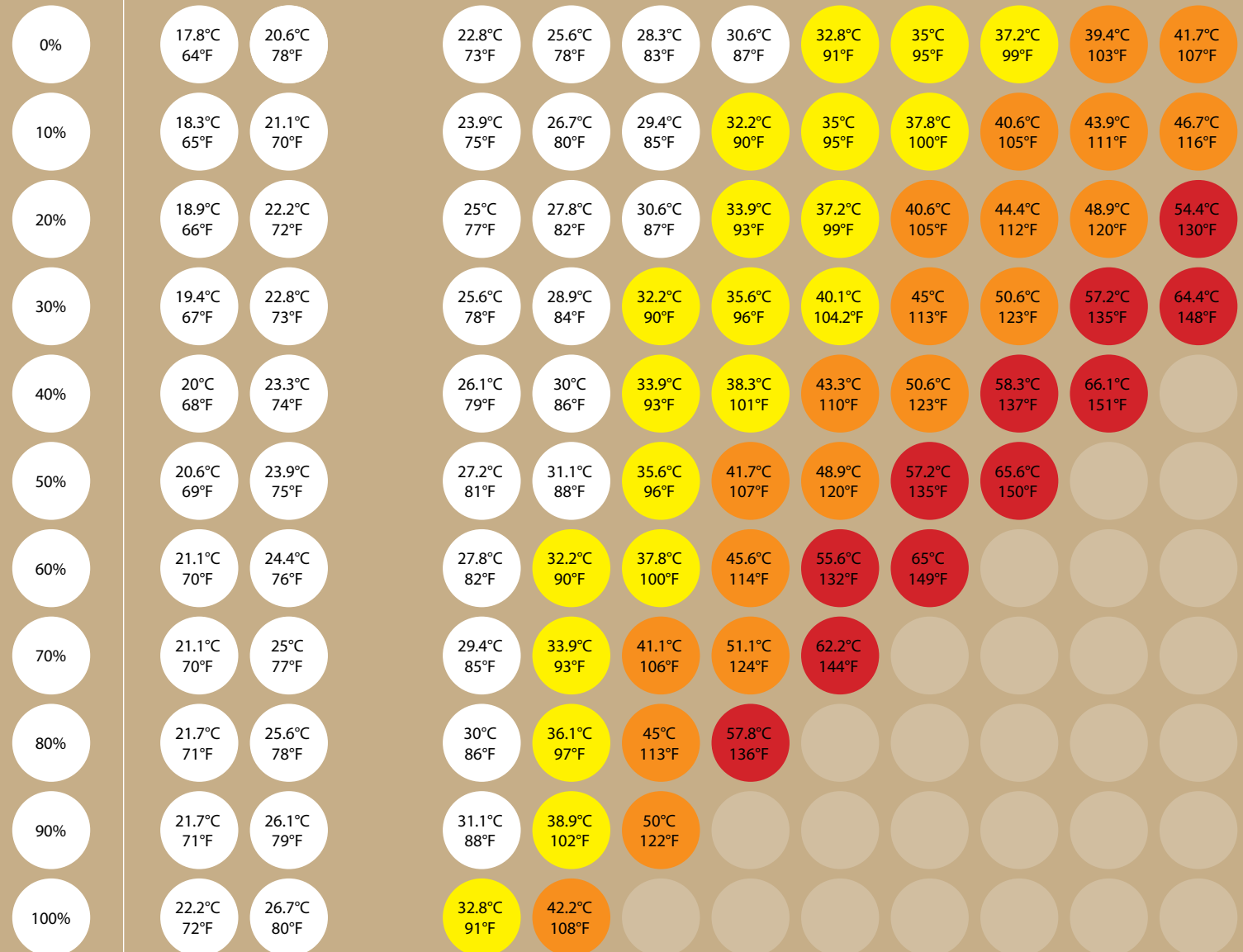
Heat Index is the combined index of temperature and humidity. It is an index of the body's sensation of heat caused by the temperature and humidity (the reverse of the "wind chill factor").

1. Across the top of the chart, locate the AIR TEMPERATURE.
2. Down the left side of the chart, locate the RELATIVE HUMIDITY.
3. Locate the intersection of air temperature and relative humidity to find the HEAT INDEX.

HEAT INDEX	HEAT STRESS RISK WITH PHYSICAL ACTIVITY AND/OR PROLONGED EXPOSURE
32.2 - 40.6°C 90 - 105°F	HEAT CRAMPS OR HEAT EXHAUSTION POSSIBLE
40.6 - 54.4°C 105 - 130°F	HEAT CRAMPS OR HEAT EXHAUSTION LIKELY; HEATSTROKE POSSIBLE
54.4°C and up 130°F and up	HEATSTROKE HIGHLY LIKELY

AIR
TEMPERATURE
(CELSIUS/
FAHRENHEIT)

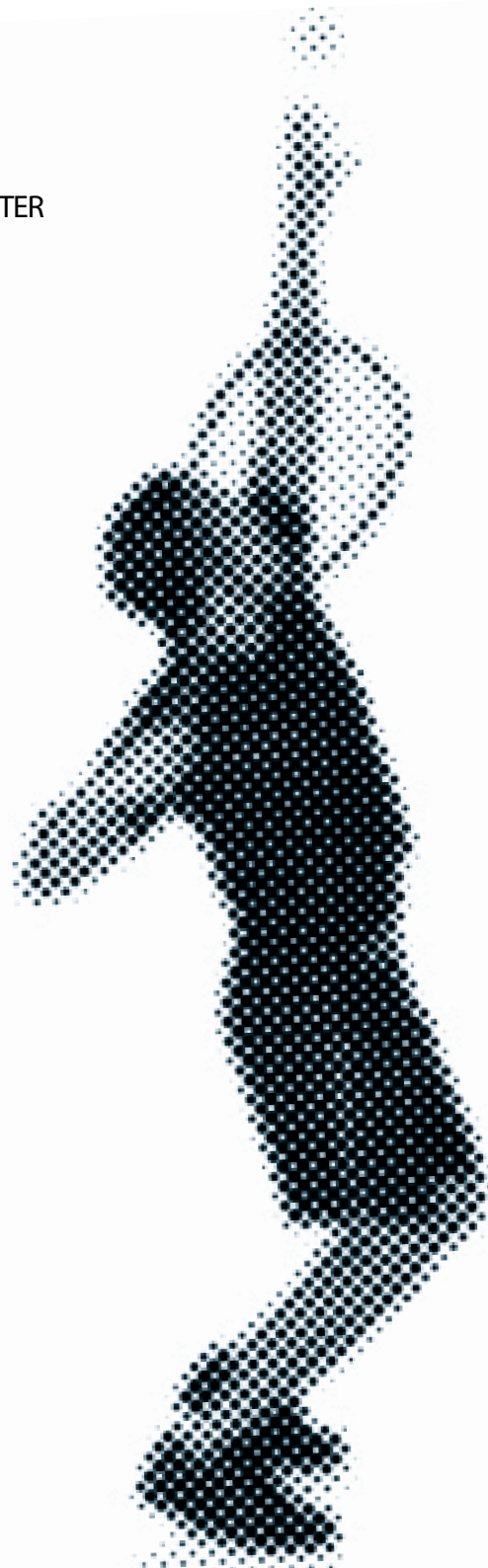
RELATIVE
HUMIDITY



Source: US National Oceanic and Atmospheric Administration

APPENDIX 4

SUDDEN CARDIAC ARREST RESPONSE POSTER



CARDIAC 3-MINUTE DRILL

RECOGNISING CARDIAC ARREST

1



- Collapsed and unresponsive.
- Gasping, snorting, moaning or laboured breathing.
- Seizure-like activity.
- A blow to the chest can cause cardiac arrest.

ACCESS TO EMERGENCY SERVICES

2



- Call emergency services and follow dispatcher's instructions.
- Shout for help from other on-site emergency responders.
 - If you are alone, get an automated external defibrillator (AED), if available, before you begin CPR.
 - If two people are on site, one begins CPR while the other retrieves the AED.

CPR

3



- Immediately begin cardiopulmonary resuscitation (CPR) and continue until Emergency Medical Services (EMS) arrive.
- Chest compressions - push hard, push fast - 100 per minute in the centre of the chest.

DEFIBRILLATION

4



- Use an AED as soon as it arrives to restore the heart to its normal rhythm.
- Target goal collapse-to-shock is less than 3 minutes.

ADVANCED CARE

5



- EMS responders begin advanced life support, including additional resuscitative measures, and transfer to a hospital.

Chance of survival
decreases after
collapse

10%
per minute

APPENDIX 5

MEDICAL SUPPLIES TO BE PROVIDED AT A TOURNAMENT

For use by the World Tennis Sports Physiotherapist.

ESSENTIAL EQUIPMENT

ITEM	INSIDE MEDICAL TREATMENT ROOM	TO BE CARRIED ON-COURT
BIOHAZARDOUS BAGS, STICKERS, AND SHARPS CONTAINER	● 1	● 1
CALLOUS SHAVER AND BLADES	●	
COURT CALL BAG (LARGE ENOUGH TO FIT SUPPLIES)		●
DISINFECTANT (FOR CLEANING TREATMENT COUCH BETWEEN TREATING PLAYERS)	●	
ICE BAGS	● 75	●
ICE BATH+	●	
NAIL CLIPPERS	●	●
SALT (INDIVIDUAL BAGS IF AVAILABLE)	● 20	
SANITATION HAND GEL	●	●
STERILE SCALPELS (DISPOSABLE)	● 3	
SCISSORS	● 1	● 1
STERILE GLOVES	● 20	● 2
TAPE/SHARK CUTTER AND BLADES	●	●
TWEEZERS (FLAT AND POINTED)	●	●

+For hot and humid environments, kept in an area where supervision is possible. If there is no ice bath, an Emergency Cooling Bag must be available for emergency cooling purposes, or a TACO (Tarp Assisted Cooling with Oscillation)

ESSENTIAL TAPING AND WOUND / SKIN CARE

ITEM	INSIDE MEDICAL TREATMENT ROOM	TO BE CARRIED ON-COURT
ADHESIVE TAPE REMOVER PADS/SPRAY	●	●
ADHESIVE PADDING 1/8" / 3 MM THICKNESS	● 1 FT / 30	●
ADHESIVE SPRAY (QDA) 4 OZ / 120 ML	● 1	● 1
ADHESIVE ELASTIC BANDAGE (2" / 50 MM AND 3" / 76 MM)	● 10 ROLLS OF EACH	●
ALCOHOL PADS/SWABS	● 20	●
ASSORTED BAND-AIDS/PLASTERS	● 20	●
BLISTER PLASTERS	● 10	●
COTTON-TIP APPLICATORS	● 20	●
COVER ROLL (2" / 50 MM AND 8" / 200 MM) A HYPOALLERGENIC SOFT CONFORMING STRETCH FABRIC, PERMEABLE TO AIR AND MOISTURE	● 1 ROLL OF EACH WIDTH	●
DERMAL WOUND CLEANSER		●
EYE DROPS	●	
FIRST AID CREAM (ANTISEPTIC WOUND CREAM)	●	●
GAUZE PADS 3" / 76 MM X 3" / 76 MM	● 10	●
HEEL AND LACE PADS (CUSHION USED UNDER TAPE)	● 75	●
KINESIO TAPE	●	●
LEUKO BROWN TAPE (CLOTH) 1 1/2" / 3.75 CM	● 3	●
NON-ADHERENT DRESSING (ASSORTED SIZES)	● 5	●
PRE-WRAP (PROTECTIVE UNDER-WRAP USED UNDER ADHESIVE DRESSINGS)	● 5	●
SECOND SKIN (HYDROGEL DRESSING PROTECTS AGAINST BLISTERS, PRESSURE AND FRICTION)	● 1 POT	●

CONTINUED...

ITEM	INSIDE MEDICAL TREATMENT ROOM	TO BE CARRIED ON-COURT
SKIN LUBE	●	
STERI-STRIPS	● 1 PACK	●
STERILE NEEDLES	● 4	●
TALCUM POWDER	●	●
WHITE CLOTH TAPE 1" / 25 MM AND 1 1/2" / 37 CM	● 2 AND 15	●

ESSENTIAL MASSAGE LOTIONS

ITEM	INSIDE MEDICAL TREATMENT ROOM	TO BE CARRIED ON-COURT
MASSAGE LOTION (NON-GREASY AND NON-IRRITANT)	● 1 BOTTLE	●

ESSENTIAL MEDICAL CARE

ITEM	INSIDE MEDICAL TREATMENT ROOM	TO BE CARRIED ON-COURT
AUTOMATED EXTERNAL DEFIBRILLATOR†	●	●
BLOOD PRESSURE KIT	●	●
CPR MASK	●	●
THERMOMETER AND SHEATH COVERS (20)	●	●
STETHOSCOPE	●	●

† Sufficient AEDs should be located on-site so that an AED is within 3 minutes from all areas of play

OPTIONAL SUPPLIES

ITEM	INSIDE MEDICAL TREATMENT ROOM	TO BE CARRIED ON-COURT
ACUPUNCTURE NEEDLES 30 MM AND 50 MM	●	
DEEP HEAT (HOT CREAM)	●	●
FELT PADDING	● 20 CM	
NAIL FILE/EMERY BOARD	●	●
SAFETY PINS (ASSORTED SIZES)	● 10	●
SEAT BELT	●	
SLING TRIANGULAR BANDAGE		●
STERILE TONGUE DEPRESSOR	● 5	●
STING RELIEF PADS	●	●
SUPER GLUE	●	●
TISSUES (SMALL PACK)		●
INSECT REPELLENT SPRAY	● 1 BOTTLE	●
SANITARY NAPKINS/PADS*	● 4	●
SUNSCREEN (SPF ≥ 30) SPRAY AND WIPES	● 1 BOTTLE	●
TAMPONS*	● 10	●

*Women only

Note that the above quantities are based on a Qualifying Draw of 32 singles players and a Main Draw of 32 singles players and 16 doubles pairs. For draws of different sizes, these quantities can be scaled up, or down, as appropriate.

APPENDIX 6

INFECTION CONTROL GUIDELINES

Standard Precautions

According to the Centers for Disease Control and Prevention (CDC), Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. These practices are designed to both protect the designated health care provider and prevent the designated health care provider from spreading infections among patients.

Standard Precautions include —

1. [Hand hygiene](#)
2. [Use of personal protective equipment](#) (e.g. gloves, masks, eyewear)
3. [Respiratory hygiene](#) and [cough etiquette](#)
4. [Sharps safety](#) (engineering and work practice controls)
5. [Safe injection practices](#) (i.e. aseptic technique parenteral medications)
6. [Sterile instruments and devices](#)
7. [Clean and disinfected environmental surfaces](#)

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Blood Borne Pathogens

Blood borne pathogens represent microorganisms that can be found in human blood. The term includes a number of pathogens, but most commonly refers to Human Immunodeficiency Virus (HIV), Hepatitis B Virus, and Hepatitis C Virus. Transmission of a blood borne pathogen involves contact of infected blood or blood containing fluids onto non-intact skin or mucous membranes of a susceptible host.

The best protection against the transmission of blood borne pathogens includes:

1. Wearing medical gloves when managing open wounds or mucous membranes
2. Covering all open wounds with an occlusive bandage
3. Cleaning blood or blood contaminated fluids according to Decontaminating Procedure of Environmental Surfaces in Standard Precautions
4. Avoiding self-penetrating wounds with objects contaminated with blood or blood contaminated fluids (needles, scissors, etc.) when caring for athletes
5. Obtaining immediate evaluation by a health care professional if skin (intact or non-intact) or mucous membrane exposure to blood or blood contaminated fluids occurs

Universal Precautions

According to OSHA Regulations Standards on Blood borne Pathogens (29 CFR 1910.1030), Universal Precautions is defined as a general approach to infection control. All human blood and body fluids potentially contaminated with blood should be treated as if infected with HIV, hepatitis B, and other blood borne pathogens.



Skin Infections

A skin infection will develop when bacteria that can infect the skin (such as Staph and Strep strains of bacteria) break through the integrity of human skin, such as through a cut or scrape. Tennis players are at risk of developing skin infections due to the combination of frequent exposure to contaminated surfaces and high occurrence of sports skin injuries (abrasions, cuts, blisters, etc.). Transmission of Methicillin-resistant Staphylococcus Aureus (MRSA) is generally by direct person-to-person contact.

The role of fomites or contamination of the environment in community transmission is believed to be minimal. Skin infections most commonly occur through direct contact between an athlete/staff member with a skin infection and a susceptible host. Minimal risk of transmission exists between skin and contaminated environmental surfaces, such as tables or towels.

Health care providers can help to reduce the transmission of skin infections in athletes by following these general concepts:

1. Wash hands prior to and after all athlete treatments with soap and water. Proper technique for washing includes manual rubbing or scrubbing hands for about 15 seconds, drying with a clean, disposable towel, and using a towel to turn off the water faucet. Hand sanitizer solution can be used in place of soap and water, but the cleanser should contain minimum of 62% alcohol or equivalent strength disinfectant.
2. All open skin wounds, on either the athlete or health care provider, should be covered prior to treatment or play. They should be covered with a clean, dry bandage until healed. Any wounds that are draining or have pus should be evaluated by a doctor and covered with a clean, dry bandage.
3. Cover commonly used environmental surfaces (exam tables, massage tables, etc.) with a disposable barrier (towels or exam table paper) to limit contamination. Replace with unused barrier prior to next athlete using the same table.
4. Clean environmental surfaces where treatments occur (exam tables, massage tables, etc.) with a product that contains a minimum of 10% bleach or an equivalent cleaning solution that can kill staph bacteria. Disposable wipes are acceptable.
5. Encourage athletes to shower with soap after matches or practice and prior to treatments on commonly used environmental surfaces (exam tables, massage tables, etc.).
6. Do not share used personal items, such as razors, towels, washcloths, ACE bandages, braces, etc.

Respiratory and Gastrointestinal Infections

An upper respiratory infection or a gastrointestinal infection can adversely affect a tennis player's performance during a tournament, and in some situations can force a player to withdraw from the tournament. Respiratory and Gastrointestinal illnesses can also predispose players to heat-related illness. The majority of these infections do not respond to antibiotics, so prevention is important.

Health care providers can help reduce the transmission of common respiratory and gastrointestinal infections by following these general recommendations:

1. Wash hands before and after examining athletes
2. Encourage everyone to wash his or her hands after using the bathroom and after coughing or sneezing
3. Do not eat or change contact lenses in player treatment areas (on exam tables or counters, massage tables, etc.)
4. Discourage shared use of drink containers (water bottles, cups), especially when someone is exhibiting symptoms or signs of a respiratory/GI infection
5. Cover commonly used environmental surfaces (exam tables, massage tables, etc.) with a disposable barrier (towels or exam table paper) to limit contamination. Replace with unused barrier prior to next athlete using the same table
6. Encourage hydration and proper nutrition for optimal immune function

Decontamination Procedure of Court Surfaces

1. On-court management of bio-hazardous materials (blood or vomit) is the responsibility of the Sports Physiotherapist.

2. Decontamination Procedure on Court is as follows:

- Step 1: Put on Protective Gloves.
- Step 2: Spray the spill with appropriate germicidal solution.
- Step 3: Visually inspect spill for anything sharp that could cut you while wiping up spill with disposable towels (Use absorbent flakes for large volume spills to assist in clean-up).
- Step 4: Dispose of all used towels and waste in properly labelled red biohazard bags.
- Step 5: Spray court or surface with germicidal solution and let sit for a few minutes.
- Step 6: Wipe the germicidal solution off the court or surface with disposable towels.
- Step 7: Dispose of all used towels, THEN your Protective Gloves, into properly labelled red biohazard bags.

Cleaning Solutions

For environmental surfaces: tuberculocidal disinfectant or solution containing minimum 10% bleach (1:10 solution of bleach:water).

For intact skin: minimum 62% alcohol containing sanitizer or equivalent antibacterial soap.

Post Exposure Plan

If blood or potentially blood-containing body fluids of an athlete directly contacts the skin or mucous membranes of another athlete/staff member, clean the area with soap and water/antimicrobial wipes immediately. Then, the exposed individual should report to Player Treatment as soon as possible for further evaluation.

Disposal of Bio-Hazardous Waste

The proper disposal of biohazard bags and sharps containers will be the responsibility of the Tournament Doctor. It is the responsibility of the Sports Physiotherapist to make arrangements with the Tournament Doctor to properly dispose of all biohazardous waste.



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