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MEDICAL REQUIREMENTS

THIS DOCUMENT FORMS PART OF THE SARLSA CONSTITUTION.

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Medical and Safety Measures at SARL Tournaments

14. OBJECTIVE:

The objective of this document is to provide guidelines and information to ensure safety and necessary medical requirements at SARL games and tournaments.

15. THE ORGANISING COMMITTEE

The organising committee remains ultimately responsible to ensure that all medical and safety criteria is met according to the Safety at Sports and Recreational Events Act, 2010.

This includes:

- Adequate medical care.
 - Medical Infrastructure.
 - Medical Staff.
 - Medical Support Staff.
- Safe environment for players, match officials and spectators.
- Access to specialised medical facilities and specialists.
- Communication between Security and Medical Staff.
- Other Medical Matters.
- Co-ordination of anti-doping process when required.

16. PLAYERS

All players should complete and submit the required registration documents to the organising committee one working day prior to the event.

The registration documentation should include the following:

- 16.1. Name and surname of the participant.
- 16.2. Identification number.
- 16.3. Registration number.
- 16.4. Id photo.
- 16.5. Address.
- 16.6. Telephone numbers.
- 16.7. Name and contact details of close relatives or friends.
- 16.8. Medical Aid name and member number.
- 16.9. Signed indemnity form.
- 16.10. Signed consent form (under aged players).



17. MEDICAL SUPPORT.

17.1. Medical Personnel.

17.1.1. Stadium doctor:

- 17.1.1.1. General Practitioner with trauma experience and or training.
- 17.1.1.2. Additional medical officers are required on site in cases where:
 - 17.1.1.2.1. More than one game is played at the same time.
 - 17.1.1.2.2. The tournament take place at two or more venues.
- 17.1.1.3. The stadium doctor manages the medical room.
- 17.1.1.4. The stadium doctor oversees:
 - 17.1.1.4.1. All field side medical problems.
 - 17.1.1.4.2. Any medical emergencies that may occur in the locker rooms.
 - 17.1.1.4.3. Any emergencies that may occur among match officials or spectators.
- 17.1.1.5. The stadium doctor will be on standby for medical related queries after the game.
- 17.1.1.6. The stadium doctor is the sole decision maker once a player is been removed from the field due to injury.
- 17.1.1.7. The stadium doctor will make a final decision about the injured player only in consultation with the team doctor and or the relevant specialists.
- 17.1.1.8. The stadium doctor will have the contact details and notify the Government and Private hospitals about the upcoming events.
- 17.1.1.9. The stadium doctor will obtain the on-duty call lists for the specialists at the local Government and Private hospitals.
- 17.1.1.10. The stadium doctor will keep the medical records for a period of five years.
- 17.1.1.11. The team managers of all participating teams must provide the personal and medical aid detail of all players before the game.
- 17.1.1.12. All players should sign an indemnity form.
- 17.1.1.13. The parents of underage players should sign a consent document as well.

17.1.2. Nursing Sister or Advanced Life Support qualified paramedic

- 17.1.2.1. Assist the stadium doctor in the medical room.

17.1.3. Emergency Medical Personnel

- 17.1.3.1. Four Basic Life Support medics per field.
- 17.1.3.2. One Advanced Life Support Practitioner per field.
- 17.1.3.3. One Intermediate Life Support equipped ambulance with one Intermediate Life Support Practitioner
- 17.1.3.4. One additional ambulance and crew on standby.
- 17.1.3.5. All paramedical personnel must be registered by the Health Professions Council of South Africa.

17.1.4. Medical Liaison Officer

- 17.1.4.1. Should have local knowledge of the venue and surrounding environment.
- 17.1.4.2. Assist the stadium doctor with all administrative and emergency issues that may occur.
- 17.1.4.3. Should have access to a telephone.

18. MEDICAL INFRASTRUCTURE

- 18.1. Emergency or medical room.
 - 18.1.1. Suitable electrical lighting.
 - 18.1.2. Telephone line.
 - 18.1.3. Emergency action plan.

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- 18.1.4. Running water: warm and cold.
- 18.1.5. Two examination stations.
- 18.1.6. Sharps containers and disposable service.
- 18.1.7. Spinal Immobilisation equipment.

18.2. Medication.

- 18.2.1. Pain medication.
- 18.2.2. Respiratory and cardiac emergency medication.
- 18.2.3. Resuscitation drugs.

18.3. Suturing equipment.

18.4. Protective clothing and equipment.

18.5. Life support equipment.

18.6. AED.

18.7. Splints.

18.8. Blankets.

18.9. Other medical equipment and consumables to treat musculoskeletal injuries.

18.10. Diagnostic equipment.

19. SAFE PLAYER AND SPECTATOR ENVIRONMENT

19.1. The organizing committee must appoint a **Medical and Safety Control Officer (MCO).**

19.2. The MCO is responsible for the following:

- 19.2.1. To ensure that all teams submitted their team lists with all relevant information prior to the tournament, including cases of age exemption in junior leagues.
- 19.2.2. To ensure that all match day official is certified by their respective official bodies.
- 19.2.3. To ensure all medical staff are appropriately qualified.
- 19.2.4. To ensure that only doctors are identified with a "Medical" or "Doctor" bib.
- 19.2.5. Physiotherapists and Biokinethisist may nor wear a "Medical" identification. They should be marked appropriately according to their profession.
- 19.2.6. Water carriers should be marked as such.
- 19.2.7. To ensure that the playing fields are safe and marked according to specification.
- 19.2.8. To ensure that match official's designated areas are safe and marked.
- 19.2.9. To ensure that spectator areas are safe, clean and properly marked with necessary signs.

19.3. The MCO must inform and reinforce to the management of both teams, that only qualified medical personnel may roam the side and touch lines during matches.

20. SIDE-LINE MEDICAL EQUIPMENT

20.1. First Aid Bag:

- 20.1.1. Bandages.
- 20.1.2. Gauze.
- 20.1.3. Elastoplast or equivalent adhesive bandages.
- 20.1.4. Scissors.
- 20.1.5. Nasal pack or Nozohaem.
- 20.1.6. Petroleum Jelly.
- 20.1.7. Tincture of Benzoin.
- 20.1.8. Normal Saline.



20.1.9. Distilled Water.

20.1.10 Anti-septic.

20.1.11 Ice packs.

20.1.12 Water bottles.

20.1.13 Wound Dressings.

20.2. FIELD SIDE EQUIPMENT

20.2.1. Immobilisation Equipment.

20.2.2. Splint sets.

20.2.3. AED.

20.3. Ambulance.

20.3.1.1. Registered ILS Ambulance.

20.4. MEDICAL STAFF:

20.4.1. Required number of **Basic Life Support Medics**, with:

20.4.1.1. Current HPCSA PBECF registration.

20.4.1.2. Personal Protection Equipment.

20.4.1.2.1. Gloves.

20.4.1.2.2. Eye protection.

20.4.1.2.3. Appropriate uniform.

20.4.2. Required number of Advanced Life Support Paramedics, with:

20.4.2.1. ALS Equipment and Drugs.

20.4.2.1.1. ALS Jump bag.

20.4.2.1.2. Electric Suction Unit.

20.4.2.1.3. Cardiac Monitor and Defibrillator.

21. THE PLAYING ENCLOSURE

21.1. The playing enclosure is comprised of the standard field and the immediate surrounding space of 5 meter around it, or as otherwise enclosed at specific venues.

21.2. All equipment, obstacles, barriers, scrum machines, poles, advertising boards should be removed from this perimeter.

21.3. All obstacles that cannot be removed should be suitably covered to provide maximum protection and match officials on and around the field

21.4. The playing surface should be grass, sand or clay.

21.5. The playing surface should be free from any obstacles and hazards, including stones, glass, metal, ice and excessive water.

21.6. The organizing committee and the MCO has a primary responsibility to ensure a safe playing enclosure.

22. EMERGENCY EVACUATION PLANS

22.1. The Stadium doctor, MCO and organising committee should compile a complete emergency action plan (EAP).

22.1.1. The completed emergency action plan should be submitted to the SARLA management a month before the tournament.

22.1.2. The approved EAP should be available to the stadium doctor, the MCO and the organising committee.

22.1.3. All involved parties should be informed and briefed on the EAP.

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23. THE EMERGENCY ACTION PLAN SHOULD CONTAIN THE FOLLOWING:

- 23.1. The facility details.
 - 23.1.1. Address.
 - 23.1.2. GPS coordinates.
 - 23.1.3. Access routes.
 - 23.1.4. Access control.
 - 23.1.5. Ambulance entrance and parking.
 - 23.1.6. Location of medical rooms.
- 23.2. The facility layout.
 - 23.2.1. Location of important facilities in case of emergency.
- 23.3. Emergency equipment details.
- 23.4. Personnel details.
- 23.5. Communication details.

24. ON FIELD MEDICAL PROTOCOLS

- 24.1. The medical management of an injured player is the responsibility of the tournament medical staff.
- 24.2. All on-field injuries which require medical attention and removal from the field are to be dealt with by the contracted medical staff.
- 24.3. The stadium or tournament doctor has the sole authority to remove any player from the field of play, with blood injury, neck, head, or spine injury, concussion or any other serious injury that may need medical attention.
- 24.4. Doctors, physiotherapists and biokinethist travelling with their teams need to declare this information to the organising committee and the MCO prior to the tournament. They should be able to provide documented prove of their qualifications.
- 24.5. Only registered medical professionals that has been verified by the organising committee and MCO may roam the touchlines to assist injured players.
- 24.6. The declared medical personnel will correctly be identified with a bib or other match day identification means.
- 24.7. These declared medical personnel will not roam the field unnecessarily and will stay in their designated area when they are not assisting injured players.
- 24.8. Only the appointed BLS paramedics will constantly roam the touch lines. They will indicate when in need of assistance from other medical professionals.
- 24.9. Injured players will be removed from the play field and will receive treatment in the medical room.
- 24.10. Injured players will not be treated on the play field.

25. OFF FIELD MEDICAL PROTOCOLS:

- 25.1. The off field medical treatment of any injured player who has been removed from the field due to injury is the responsibility of the stadium or tournament doctor.
- 25.2. These patients should report to the stadium or tournament doctor immediately once removed from the field.
- 25.3. Team managers should accompany the player to provide necessary information, such as the personal details of the player and medical aid details.
- 25.4. Once the tournament doctor has signed off the patient, the player becomes the responsibility of the team doctor.
- 25.5. Patients that has been referred to other medical professionals will be followed up by the team doctor or their own private physician.

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26. MEDICAL COST

- 26.1. Players and spectators remain responsible for the cost of medication or treatment of all injuries sustained during a match.
- 26.2. Injuries that are sustained during a match and which can be managed at the match venue will be treated by the contracted medical staff at no cost to the injured player.
- 26.3. SARLA will not cover any medical cost other than the medical cover provided by the match day medical staff.
- 26.4. Any other cost arising from referrals to other medical professionals and further treatment remains the responsibility of the sick or injured player.

Signed on the 7th of MARCH 2020 at the HPC Pretoria

PRESIDENT:

DR F ERASMUS.

SECRETARY GENERAL:

KOBUS BOTHA.

VICE-PRESIDENT:

PATRICK ENGELBRECHT.