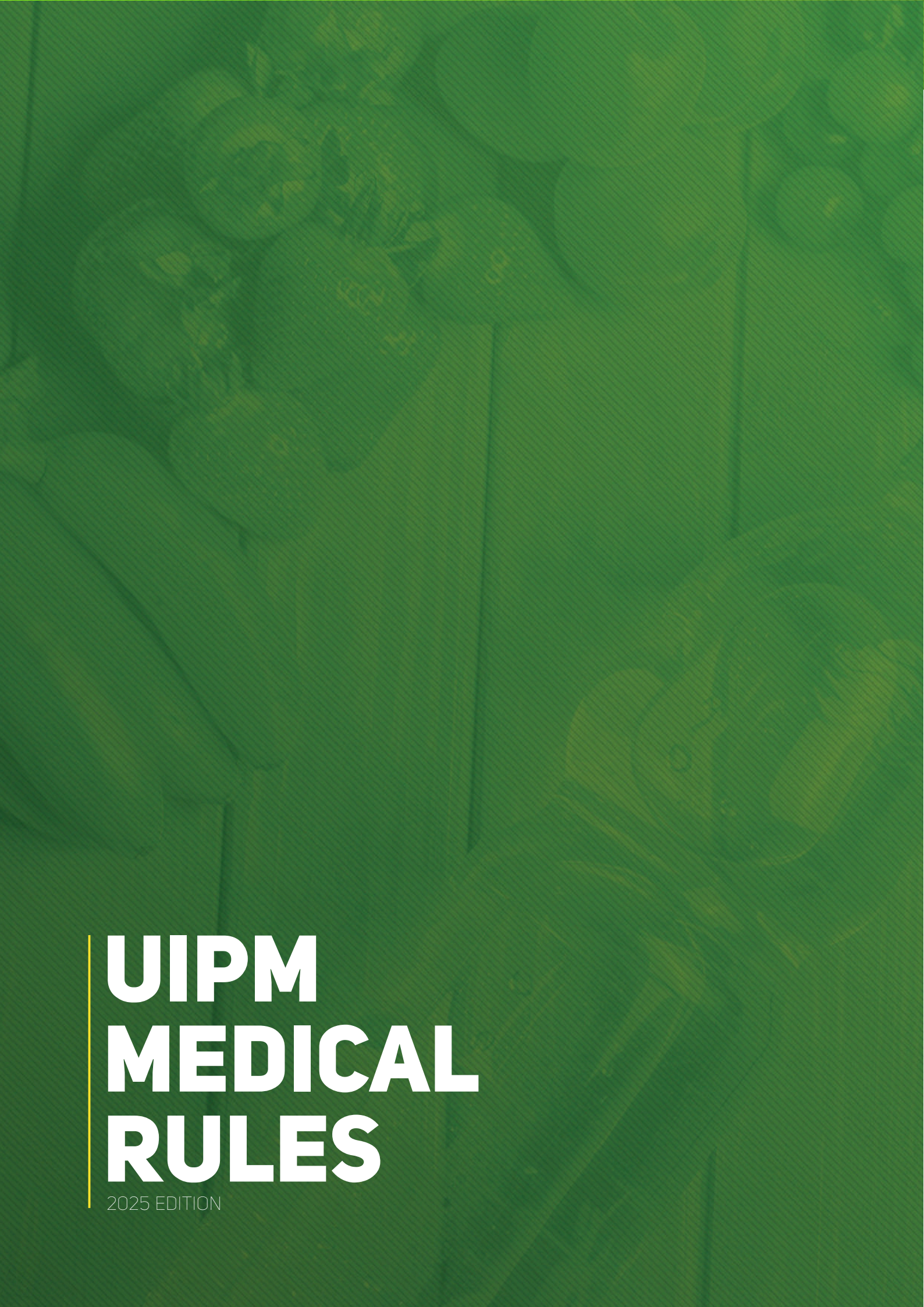

UIPM MEDICAL RULES

2025 EDITION

1. Scope

1.1 These Rules apply to each National Federation and each participant in the activity of the UIPM or any of its National Federations by virtue of the participant's membership, accreditation or participation in the UIPM or its National Federation activities or competitions. In case of conflict the UIPM Statutes, Rules on Internal Organisation, Anti-Doping Rules, Anti-Doping Procedures and Code of Ethics shall prevail.

2. General principles and confidentiality

2.1 Athletes shall enjoy the same fundamental rights as all patients in their relationships with physicians and health care providers. The relationship between athletes, their personal physician, the team physician and other health care providers shall be protected and be subject to mutual respect. The health and the welfare of athletes shall prevail over the sole interest of competition and other economic, legal or political considerations.

2.2 Athletes shall be fully informed, in a clear and appropriate way, of their health status and their diagnosis; preventive measures; proposed medical interventions, together with the risks and benefits of each intervention; alternatives to proposed interventions, including the consequences of non-treatment for their health and for their return to sports practice. The prior voluntary and informed written consent of the athletes shall be required for any medical intervention.

2.3 Athletes may refuse or interrupt a medical intervention. The consequences of such a decision shall be carefully explained to them.

2.4 Particular care shall be taken to avoid pressures from the entourage (e.g., coach, management, family, etc.) and other athletes, so that athletes can make fully informed decisions, taking into account the risks associated with practising a sport with a diagnosed injury or disease.

2.5 Athletes are encouraged to designate a person who can act on their behalf in the event of incapacity. They may also dictate in writing how they wish to be treated in the event of incapacity and give any other instruction they deem necessary.

2.6 All information about an athlete's health status, diagnosis, prognosis, treatment, rehabilitation measures and all other personal information shall be kept confidential, even after the death of the athlete and all applicable legislation shall be complied with. As to whereabouts information, Therapeutic Use Exemptions and other anti-doping related matters the UIPM Anti-Doping Rules and UIPM Anti-Doping Procedures apply.

2.7 Confidential information may be disclosed only if the athlete gives explicit consent thereto, or if the law or prevailing UIPM Rules expressly provide so. To the extent necessary for any athlete's treatment, consent may be presumed when the information is disclosed to other health care providers directly involved in his or her health care.

2.8 Intrusion into the private life of an athlete shall be permissible only if necessary for diagnosis, treatment and care, with the consent of the athlete, or if it is legally required. Such intrusion is also permissible pursuant to the provisions of the World Anti-Doping Code, the UIPM Anti-Doping Rules and UIPM Anti-Doping Procedures.

2.9 Athletes shall have the right of access to, and a copy of, their complete medical record. Such access shall normally exclude data concerning third parties.

2.10 Athletes have the right to demand the rectification of any erroneous medical data in their files.

3. Pre-participation and Periodic health evaluation

3.1 Member (National) Federations shall use best efforts to ensure that all athletes under their jurisdiction competing in International Competitions are in a state of physical health that is compatible with elite level competition in athletics, so that risks (eg. sudden cardiac death) can be avoided.

3.2 A pre-participation medical test is recommended for high level athletes. It shall be performed under the responsibility of a specially trained physician.

3.3 Every Member Federation shall use its best efforts to ensure that appropriate and continuous medical monitoring of its athletes with the main purpose of screening for injuries or medical conditions that may place an athlete at risk is undertaken either internally or through an approved external body.

3.4 If periodic health evaluation evidence indicates that an athlete is at serious medical risk, it is the duty of the Medical Delegate to intervene avoiding any health risk for the athlete and it has to be guaranteed them by the relevant authority.

3.5. Considering that pre-participation or periodic health evaluation can contribute to screening of athletic population and detection of asymptomatic silent diseases, to prevention of acute unexpected health problems or life-threatening events, to appropriate and precocious management of health conditions, to decision on the opportunity to participate in intensive sport activity, to opportunity for athletes to have continuous medical and health education contact and evaluation of medication or nutritional products, to avoidance of unwanted violation of WADA Anti-Doping rules, and to suggestions for applications of Therapeutic Use Exemptions, important aspects not to be missed in periodic health evaluation are:

i. Familiarity with sudden cardiac death;
ii. Detection of risk factors and groups;
iii. Non-cardiac medical problems;
iv. Risk factors for musculoskeletal injuries; and
v. Eating disorders.

3.6 Based on statistics, the physical evaluation shall focus on, but notonly, cardiac and pulmonary systems of the athlete

3.7 All UIPM athletes must have physical evaluations by their medical staff or their National Federation medical doctors. Records shall be kept on file on each of the UIPM Member Federations of the athletes' health and any subsequent injury or illness. In case of a significant lapse in training, an update medical evaluation is required that will also become part of a medical record on file

of the Member Federation.

3.8 Illnesses are recorded for retrospective evaluation of illness/injury trends. It is recommended that all UIPM Member Federations keep such a record of the injury. When medically indicated, a formal request may be made through the UIPM Headquarters for such records from the Member Federations.

4. Roles and responsibilities

The mission of the Medical Committee is: to provide primary and emergency care to athletes, staff, officials, judges, volunteers, family members and spectators at all competition, training, and other event sites; to provide other medical support services needed to ensure the safety and health of the above described persons; and to arrange for referrals, where necessary, to a higher level of health care.

4.1 UIPM medical team

Prior to the events the UIPM medical team is responsible to:

- Liaise with the Local Organising Committee ("LOC") medical team as required to ensure adequate planning for the delivery of athlete care including the provision of Venue medical action plan, requirements for venue medical station and transport provision;
- Provide the LOC medical team advice regarding health care personnel requirements;
- Provide the LOC medical team with sport specific medical regulations;
- Provide LOC with a summary of medically related concerns from past UIPM events; and
- Provide LOC with UIPM communication policy for medically related issues.

During UIPM events, the UIPM medical team is responsible to:

- Support the LOC medical team to ensure quality control of athlete medical care provision in the venues;
- Support NF Team doctor to ensure access to LOC Medical team and medical services as required;
- Provide advice to LOC medical team to manage medical issues;
- Hold Ad-hoc meetings for emergency medical issues to assist in resolving acute medical issues and to review serious /critical medical events;
- Implement UIPM research initiatives;
- Support and implement UIPM safeguarding policies;
- Support UIPM anti-doping program as per UIPM Anti-Doping rules; and
- Provide advice to athletes regarding mental health support.

4.2 LOC Medical team

Prior to the events, the LOC medical team is responsible to:

- Collaborate with UIPM in planning of the medical program;
- Undertake a sport-specific medical risk assessment of all training and competition sites;
- Provide timeline for the organisation of the medical program;
- Provide venue medical plans and electronic venue medical information guide for each venue;
- Determine appropriate designated athlete and spectator hospital locations and arrange the necessary service contracts;
- Liaise with public health authorities to event risk mitigation strategies;
- Provide a list of common medications available/not available in the country;
- Provide drug and equipment importation regulations; and
- Liaise with local health delivery government departments to ensure coordination of venue medical disaster plans.

During UIPM events, the LOC medical team is responsible to:

- Implement the medical program for all areas in venue (training, competition and athletes hotel);
- Undertake scenario based practice of the venue (field of play) extractions and parts of medical action plan on daily basis or at change of shift;
- Undertake Venue initial assessment, treatment and evacuation from the venue as per internationally recognized standards;
- Undertake medical care for athletes who do not have their own medical team;
- Complete the required documentation for the UIPM;
- Support the NF medical teams in the provision of medical care for the athletes;
- Implement UIPM Safeguarding Policies and procedures as applicable;
- Ensure all relevant staff are familiar with WADA Prohibited list and requirements for Therapeutic Use Exemptions; and
- Maintain medical confidentiality throughout the event.

4.3 NF Team doctor

Prior to the events each of the NFs Team doctor is responsible to:

- Adhere to host country governmental rules and regulations; and
- Inform the LOC medical team in confidence of any pre-existing medical

conditions for their athletes;

During UIPM events each of the NFs Team doctor is responsible to:

- Attend venue medical meeting;
- Understand the emergency medical evacuation procedures for injured or ill athlete and NF medical team role in evacuation; and
- Be present at the venue at all time during training and competition.

5. Venue Medical Care

Venue medical care shall be implemented at the international standards of "Good Clinical Practice".

5.1 Medical staff must be available at least 1 hour before the start of the competition and remain until the competition is over.

5.2 The medical staff shall include a sports medicine physician or a primary care or emergency room physician with special interest in sports medicine. Other physician staffing can include: orthopaedic surgeon; intensive care physicians; nurses; physicians' assistants; EMTs; and paramedics. Field of play medical team shall include minimum 4 medical personnel.

5.3 Medical staff has to be equipped with communication system in order to be able to communicate between them on-time.

5.4 Medical team should be easily recognisable to athletes and spectators, Distinctive identification markers including caps, arm bands, vests, t-shirts and/or bibs labelled with individual training level (physician, physiotherapist, nurse, EMT, etc.) shall be used for easy recognition of the medical team.

5.5 The LOC prior to the event shall appoint a medical director who will be the responsible person in charge of the competition and of the venue. The Medical Delegate and any other UIPM representative present will directly liaise with the Medical Director should they require assistance.

5.6 The medical director shall set a Venue medical meeting with team representatives and instruct them where to find basic health care facilities and about safety features in all venues.

5.7 Health care providers who care for athletes shall have the necessary education, training and experience in sports medicine, and keep their knowledge up to date. For example, venue medical personnel should be competent in the latest Advanced Trauma Life Support (ATLS) and Advanced Cardiac Life Support (ACLS) guidelines. For the assessment and treatment of sport injuries, the IOC Manual of Sports Injuries may be used as a reference. They shall understand the physical and emotional demands placed upon athletes during training and competition, as well as the commitment and necessary capacity to support the extraordinary physical and emotional endurance that sport requires.

5.8 A minimum of one ambulance must be on site at all times and two ambulances during riding event. if the nearest hospital is more distant than 20min, second ambulance shall be considered. In any circumstances the number of Ambulacies need to correspond to National legislative regarding medical care capacities/person.

5.9 Team Doctors from the different countries should be permanently informed whether their athletes required medical assistance in the field,

or in the main treatment area. The Medical Director should make the necessary arrangements to ensure that a member of the Medical Committee will liaise with Team Doctors and provide them with any medical information on their athletes.

5.10 Medical staff has to guarantee medical data recording and reporting.

5.11 To prevent any transmission of blood born viral diseases from participants or by pieces of equipment to participants, all athletes with bleeding wounds and blood-stained equipment must be removed from the competition and cleaned as well as disinfected before returning to the event. Bandaging of the injured area must be accomplished so as to prevent contamination to others.

5.12 Fencing and Obstacle are more dangerous disciplines which require a faster accessibility to medical assistance. On site medical care with resuscitation capability is recommended. General medical assistance must be available to all participants and spectators.

5.13 Sanitary facilities must be provided for athletes and participants ateach event site.

5.14 Designated separate areas for eating, resting, changing and warming up for athletes should be provided.

5.15 Ice in bag or quick-cold packs for competition and training mustbe provided.

6. Sport Medical Risk assessment

A Sport Medical Risk assessment should be carried out for all UIPM events to highlight specific areas of health risk and to stratify these risks according to the probability or likelihood of occurrence and the potential seriousness or risk impact of the consequences.

6.1 The risk of heat illness increases above 21ºC (70ºF) and 50% relative humidity. The wet bulb globe temperature (WBGT) which measures the combined thermal stress from the wet bulb (WBT), dry bulb (DBT), and black globe (BGT) thermometers has been widely used to assess environmental heat stress. The WBGT is calculated as 0.7WBT +0.2BGT + 0.1 DBT, measured outdoors.

Considering that environmental conditions impact the health and safety of all human beings and also the athlete, the scheduling of events and order of events must be made such as to take advantage of the coolness of the morning in the hot climates and the warmth of the midday in the cooler climates if the events are outdoors.

The completed risk assessment should be included in the venue medical plan. For the risk assessment it is recommended to use following matrix:

		Consequence				
		Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood		1	2	3	4	5
Rare	1	1	2	3	4	5
Unlikely	2	2	4	6	8	10
Possible	3	3	6	9	12	15
Likely	4	4	8	12	16	20
Highly likely	5	5	10	15	20	25

Lowest risk Low risk Medium risk High risk

7. Emergency action plan

An emergency action plan shall be clearly drafted by the relevant LOC for each event taking into consideration the sport specific risk. It should include:

- Procedures for how and when to access Field of Play;
- Emergency treatment and evacuation procedures from Field of Play;
- Emergency Medical protocol for the athlete stations;
- The egress pathway from the Field of Play to either the Athlete venue medicalstation or Ambulance;
- Location of Ambulances;
- Location of Automatic external defibrillators;
- Completion of medical records, including the maintenance of confidentiality;
- Communication procedures (who, how and when) for communicating with each of:

    - Ambulance/emergency medical service;
    - Medical Director or, if one is appointed, venue medical manager;
    - Designated hospital;
    - Members of the LOC team;
    - UIPM Medical Chairperson and Committee; and
    - Media.

8. Athlete nutrition

8.1 LOCs must provide adequate fluids and food for breakfast, lunch and snacks at all competition sites. An estimate of the average calorie intake for a 1.85m, 80kg male athlete is 4500 calories.

Fluid intake must average between 3-6 litres per person on a daily basis, depending on the heat and humidity. Sports drinks must be between 6-8% carbohydrate concentrations. All selection of drinks available or at least bottled water has to be reachable to all athletes directly in all venues (warm up area, stadium...) in order to avoid de-hydration of athletes.

8.2 Some of the food selection may be limited by the ability to keep certain foods cold. Nutrition guidelines are to be respected (see Annex 1).

8.3 The local Medical Team Physician and Veterinarian shall supervise environmental health, sanitation of food and safety at all venues, including housing facilities, and training and competition sites. The local medical committee will be informed about any possible reports of communicable and food-borne illnesses, and will co-operate with local public health authorities, especially in cases of infectious diseases manifested by a rash and fever (measles, rubella, varicella, dengue fever, etc.), gastro-intestinal illnesses; hepatitis; influenza-like illnesses; and sexually-transmitted diseases.

9. Injections

9.1 The UIPM is committed to a "no needle policy". During UIPM Events (from 24 hours before the start of the Competition), any injection to any site of an athlete's body of any substance:

9.1.1. Must be medically justified based on latest recognized scientific knowledge and evidence based medicine. Justification includes physical examination by a certified medical doctor (M.D.), diagnosis, medication, route of administration and appropriate documentation;

9.1.2. Must respect the approved indication of the medication (= no off-label treatment) and there must be no non-injectable alternative treatment available;

9.1.3. Must be administered by a certified medical professional;

9.1.4. Must be reported immediately and in writing to the UIPM Medical Delegate or if not present to the Technical delegate (except athletes with a valid TUE for the relevant competition). The report must include the diagnosis, medication and route of administration.

9.1.5. In case of a local injection of glucocorticosteroids, the athlete must be put at rest and prevented from competing for 48 hours.

9.1.6. In case of an injection of a prohibited drug, the normal procedure foreseen in the International Standard for Therapeutic Use Exemptions has to be followed.

9.2 The disposal of used needles, syringes and other biomedical material which may affect the security and safety of others, including blood sampling (e.g. lactates...) and other diagnostic equipment shall conform to recognized safety standards.

9.3 Any violation of one of these principles may constitute a violation of the UIPM Rules and may lead to penalties for the team doctor, the athlete or the team manager, including exclusion of the person concerned or, where appropriate, disqualification of the whole team from the Competition.

9.4 The costs of any investigations related to this rule may be charged to the member federation concerned.

ANNEX 1

NUTRITION AND FLUID REQUIREMENTS FOR MODERN PENTATHLON

Adequate caloric intake and optimal hydration are essential to provide the energy necessary for peak performance and injury prevention.If hydration is provided mostly by water, food shall be able to provide enough sources of macro and micro nutrients for correct energy replenishment. An average 1.85m, 80Kg. male pentathlete will consume approximately 4500 calories during a competition day. **No supplements are to be provided or offered by the Organising Committee to the athletes.**

FLUID INTAKE

Correct fluid intake for every person is 35-40ml /kg as a baseline without taking in consideration the heat and physical activity. The need of re-hydration raise significantly with elevated temperatures and intense activity. While planning , the sufficient amount and distribution of water between staff and volunteers should be also taken into account.There should be unlimited amounts of fluids available. Still water is the best choice for hydration. It may be supplemented with sport drinks with carbohydrate concentrations between 6–8%. Higher carbohydrate concentrations cause a slowing of absorption into the body systems thus slowing hydration.

Liquids for hydration must be located close to athletes during competition. Research and experience show that if an athlete must look for or go get fluids during competition, they will not drink properly. Drinks should be available iced as well as at room temperature. Ideal positioning is near the competition venue and in changing rooms. Free drinks should be offered also during all meals.

NUTRITIONAL INTAKE

BREAKFAST

Ideally the pre-competition meal should be taken approximately 3 hours prior to competition. A variety of foods should be available to accommodate athletes from all countries and the offer shall reflect alternative nutrition approaches (such as vegan).

SUGGESTED BREAKFAST FOOD SELECTION	
Bagels, rolls, muffins	Fruits – bananas, apples, oranges, other fruits.
Yoghurt, low-fat and fat-free	Bread with, cream cheese, jam, and butter
Whole grain cereals with low-fat and skim milk	Eggs (boiled or scrambled) Omlette Boiled rice and Oatmeal
Fruit juices, water, sport drinks	Coffee, tea

LUNCH

The lunch meal may provide the most problems for the event organisers. It is very important that all athletes have the opportunity to eat lunch when necessary and in suitable environment. This may require the availability of lunch foods at more than one location or several distribution points. Transportation and refrigeration of cold foods may present problems that must be planned for. Areas should be set up in close proximity of the competition for provide easy access for the athletes. There should be an opportunity to sanitize hands and have a good hygiene standards. Also access needs to be restricted to athletes and their coach. **LOC staff and volunteers should have a separate area for their lunch.**

LUNCH SUGGESTIONS	
Sandwiches – turkey, chicken, cheese	Yoghurt, low-fat and fat-free
Pasta salad using Italian type dressing, no mayonnaise, no spicy	Fruit – bananas, apples, oranges, other fruit
Raw vegetables – carrot sticks, broccoli, tomatoes,	Water and sport drinks

SNACKS

Snacks should be available to the athletes throughout the competition day. Like the supply of fluids, snacks should be easily assessable to the athletes but not to the general public and others in attendance. If the needs of the athlete are not taken care of, performance may be affected.

SUGGESTED SNACKS	
Cookies, oatmeal and other low-fat varieties	Granola bars, sport bars
Fruit – bananas, apples, oranges, etc	Water and sport drinks

It may be a good practice to provide each athlete with a package containing various snack foods and drinks at the beginning of the competition day with supplies to replenish throughout the day.

ANNEX 2

MINIMUM REQUIRED MEDICAL EQUIPMENT

The equipment shall include at the minimum the following:

1. Central medical post

- Stretchers for transport with spinal stabilisation option, (scoop stretcher, vacuum mattress),
- Portable oxygenator,
- Ventilation equipment,
- Aspiration equipment
- ntubation equipment,
- ECG monitor and defibrillator,
- Pulse oximeter,
- Neck collars (braces),
- Blood-pressure apparatus and stethoscope,
- Resuscitation medicines and analgesics/IV drip liquids,
- First aid equipment and medicines.

2. First aid teams

- ALS case containing intubation equipment, infusion solutions, administration materials,
- Oxygen mechanical ventilators and pulse oximetry,
- Blood Pressure equipment,
- Glucose meter,
- Intravenous medication,
- Defibrillator,
- ATLS suitcase containing sutures, bandages.

3. Ambulances

- Stretchers for transport with spinal stabilisation option (scoop stretcher, vacuum mattress),
- Portable oxygenators,
- Ventilation equipment,
- Intubation equipment,
- Aspiration equipment,
- ECG monitor and defibrillator,
- Pulse oximeter,
- Intravenous drip apparatus,
- Blood pressure apparatus and stethoscope,
- Splints and immobilization equipment for limbs and spine (including neck collars and braces),
- Tracheotomy equipment,
- First aid equipment and medicines.

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