



World Lacrosse Event Host Medical Manual

Lacrosse is a physically demanding sport and, particularly in the men's field and men's/women's box disciplines, a collision sport which may result in injury. A World Lacrosse (WL) World Championship event brings together attendees from different participant groups and countries living together in an unfamiliar and close environment. Therefore, medical provision also needs to account for the increased risk of illness.

The Local Organizing Committee (LOC) is responsible for providing the minimum standards of medical cover as listed below to ensure that the risk of injury is mitigated and, if injury or illness occurs, that they are dealt with to best facilitate an optimum recovery. In addition, all provisions should meet local authority regulations regarding the medical cover at event/large crowd gatherings. It is the responsibility of the LOC Event Director and LOC Event Medical Officer (EMO) to comprehensively review and act on the requirements detailed in this medical manual.

TABLE OF CONTENTS

1. Updates	3
2. Minimum Standards of Provision	3
3. Medical Personnel	4
a. Event Medical Officer	4
b. Event Medical Director.....	4
c. On-site Medical Support.....	5
4. Facilities and Equipment	5
a. Performance and Recovery Center	5
b. Drug Testing.....	6
5. Emergency Equipment and Medical Supplies	6
6. Emergency Care	6
7. WL Medical Policies/Protocols.....	7
a. Competing Team Responsibilities	7
b. Medical Meeting	7
c. Injury Reporting.....	8

APPENDICES

Appendix A or 1 or 23 - Needs Checklist	9
Appendix B or 2 or 24 - Emergency Action Plan Template	11
Appendix C or 3 or 25 – Concussion Policy	16
Appendix D or 4 or 25a – Concussion Evaluating Form	20
Appendix E or 5 or 26 – Pregnancy Participation Policy and Guidelines Protocol	21
Appendix F or 6 or 27 – Heat & Hydration Safety Policy and Procedures	23
Appendix G or 7 or 28 – Injury Report Form (Example)	28

1. Updates to this Manual

WL has the right to adapt this Medical Manual in the run-up to the Event from time to time to remove any inconsistencies with the Event Hosting & Competition Manual and/or to adapt its content as a result of any new developments in the medical field and/or developments relevant for the Event or the Event organization.

WL will inform the Host about any new release of the Medical Manual highlighting the changes made.

For clarity and transparency, any changes from previous versions of the Medical Manual are listed here.

Date Released
January 2024

SECTION	MODIFICATION
All Appendices	Re-numbered from existence in EH&C, Version 1.0 due to anticipated release of EH&C, Version 2.0 for alignment.

2. Minimum Standards of Provision

COMPETING TEAM RESPONSIBILITIES

Each team must provide one person trained in the physical care of their athletes (for example, a physiotherapist or athletic trainer) within their team staffing structure and must follow Team Composition and Staff Support in section 5.3.6 of the [WL Event Hosting Manual](#). Failure to include this member will result in liaison with the LOC for provision of same at the country's own expense.

EVENT HOST RESPONSIBILITIES

Event medical support staff should include physicians, physiotherapists/ athletic trainers, and emergency medical services. All medical providers must be certified in their given specialty and have appropriate medical liability coverage.

Medical services shall be provided at a central location for all athletes, officials, and non-playing personnel (spectators) at the competition venue. These services should include sports medicine, physiotherapy, general health care, and emergency medical services. Additional specialty services may be available to participants at the discretion and expense of the event. This may include massage therapy, strength and conditioning, and chiropractor.

The event must provide, at minimum, one certified physiotherapist/ athletic trainer or medical staff for every three fields, provided the fields are within clear line of sight of each other. Otherwise, medical personnel should be located at each field. For events that run concurrently (such as World Championship and World Festival), additional medical services and personnel should be provided for the ancillary event. The venue must provide certified medical personnel and a first-aid room on days when the venue is open to the public. It must be easily accessible from general circulation spaces and fully equipped.

The LOC will be required to provide a medical plan, including an emergency action plan, to the WL CMO, WL Medical Commission, and WL Director of Events no later than six (6) months prior to the event.

3. Medical Personnel

a. Event Medical Officer (EMO)

The LOC must recruit an EMO who has overall responsibility for the delivery of the medical program for the Event. The EMO must be a licensed, board-certified medical doctor with a specialty in either sports medicine or emergency medicine.

The EMO is a vital position and should be an individual willing to oversee the event medically and provide services clinically. This individual must:

- Work with team physicians to assist in their medical needs
- Provide additional healthcare to support team medical staff
- Facilitate care with other specialists and medical providers in the host country
- Capable of prescribing medication and ordering diagnostic imaging
- Oversee the Event Medical Director
- Provide appropriate translation services, as needed

The EMO will liaise with the WL CMO from approximately six (6) to eight (8) months in advance of the Event to ensure that adequate medical provision is provided by the LOC. The EMO will report to the LOC Event Director with an additional reporting line to the WL CMO at the event.

b. Event Medical Director

The Event Medical Director will be responsible for supporting the EMO and assisting with the following items in preparation for the event and when on site. Since most activity is in a liaison capacity, it is best to have someone present that can navigate the local healthcare system and has a working knowledge of the facility for the event.

Responsibilities include, but are not limited to:

- Schedule individuals to work/ volunteer to cover field and medical facility(s)
 - Certified Athletic Trainers/Physios
 - Physicians (on-site and/or on-call)
 - Emergency Services (EMT/Ambulance)
 - Spectator First-Aid
 - Infection Mitigation (i.e., COVID, etc.)
- Facilitate needs of visiting teams' medical staff by assisting in the event of an emergency and referring to onsite or local healthcare facilities
- Work with Event Director to oversee event medical budget
- Create and manage the event emergency action plan and ensure appropriate distribution and practice for event.

- Ensure all appropriate emergency equipment is available and well-maintained (i.e., AED's on-site, cold-water immersion, additional supplies, etc.)
- Assist with distribution of WL injury surveillance forms
- Host pre-event medical meeting with EMO and WL CMO for team medical staff and managers
- Organize location and facilitation of ITA drug testing
- Support officials with healthcare and treatment needs
 - Note: It is the responsibility of the LOC to provide an athletic trainer/physiotherapist for the on-field officials who can provide medical and taping services. The cost for this is shared between competing countries.
- Manage environmental conditions and enact WL weather related policies (i.e., heat and hydration, lightning, etc.)
- Organize participant and spectator emergency medical needs and transportation

c. On-Site Medical Support

An LOC medical representative must be on-site at all competition venues when play is taking place. The medical team will be led by the EMO and Event Medical Director at the main site with suitably qualified deputies if the competition takes place across long competition days or use of multiple venues.

The event must provide, at minimum, one certified physiotherapist/ athletic trainer or medical staff for every three fields, provided the fields are within clear line of sight of each other. A shaded, seated position, with full view of the FOP and easy access onto the FOP, to monitor activity during each game, should be provided. A small tent or room should be available adjacent to each FOP as a triage area as required. Details of the Performance and Recovery Centre, which includes a central medical facility is provided in section 4. The LOC should include medical coverage for the training fields within their Medical Plan.

The LOC must also provide a dedicated, licensed medical practitioner who can provide medical and taping services to work with the Officials for the duration of the championship event.

It is also recommended that a licensed physician be available daily to provide support to participants who did not travel with a team physician.

Should the LOC elect to offer ancillary events, such as a lacrosse festival, in conjunction with a WL World Championship event, appropriate medical coverage shall be provided. These personnel should be separate to the dedicated provision for the world championship event.

It is expected that the medical team should drill and rehearse the emergency action plan prior to the commencement of play.

4. Facilities and Equipment

a. Performance and Recovery Centre

A central sports medicine treatment area must be provided, ideally with temperature-controlled heating/air conditioning, treatment tables and a private treatment area. This area should be always managed by a licensed medical provider. If a private area is not available, every effort should be made to create a private space for evaluations and procedures by on-site medical staff.

The Performance and Recovery Centre should also include a taping and treatment service providing access to taping, treatment, and recovery for all Athletes and Officials during the Event.

The LOC should ensure that a spinal board, stretcher, and collar are available and accessible by Medical Personnel monitoring each field. The procedures for use of this equipment will need to be managed by the LOC Medical Team.

WL will work with the LOC to provide additional services such as ice baths, massage, stretching area. This may be dependent on additional sponsorship through WL or the LOC.

Satellite medical sites should also be available on or near each playing field.

b. Drug Testing

The Event Medical Director will work with the LOC to determine appropriate location and facilities for drug testing of participants, as outlined in Sections 6.10 and 10.2 of the [WL Event Hosting Manual](#).

5. Emergency Equipment and Medical Supplies

The LOC should ensure that a spinal board, stretcher, cervical collar, and cold-water immersion tub are available and accessible by medical personnel monitoring each field. The procedures for use of this equipment will need to be managed by the LOC medical team.

It is the responsibility of the LOC to provide injury ice and non-carbonated drinking water for in match consumption at the playing venue thirty (30) minutes prior to the commencement of each match, following each match, and to be replenished throughout the daily schedule. Additional ice, available for purchase, must also be made available to teams and the LOC must provide a mechanism for purchase.

The LOC should also coordinate the ability for countries to purchase bundles of supplies such as tape, wrap and other therapist supplies, if possible, in advance of the Event.

A 'needs checklist' is provided in Appendix 1, which should be adhered to.

6. Emergency Care

As part of the medical plan the LOC will be required to provide an emergency action plan. This plan should include both games and practice sessions and detail name, address, and contact information of venue, nearest medical facilities (i.e., hospital, urgent care, dentist, imaging, pharmacies, specialty physicians/ clinics, etc.), location of AEDs, EMS/ambulance entrance and location of emergency

medical equipment. It is recommended that a Central Command Center is identified for police, fire, EMS, and facility team.

The nearest hospital(s) to the event site should be identified and notified that the event is taking place.

The LOC shall also provide the contact details for a local dentist, hospital, scanning facilities and other health care providers that teams may require access to whilst in the country.

a. Emergency Medical Services (EMS)

Paramedics/ EMS with an ambulance should be on-site when games are being played. It is the LOC's responsibility to provide and pay for the ambulance on site and ensure that should the ambulance be required to leave site it is immediately replaced with a second vehicle. Two (2) emergency medical support personnel, one to be certified in airway management, should accompany the ambulance.

An ambulance stand-by area must be located close to the playing field, the practice field and the first aid room. Another ambulance shall be made available and dedicated to the spectators during all games.

If EMS is unavailable on-site, the LOC should include a plan for EMS services and access at each playing location. Ideally, the medical plan should include separate information regarding EMS accessibility for participants and spectators.

7. WL Medical Policies/Protocols

WL Medical Policies and Protocols must be understood and adhered to by all parties involved in the delivery of the Event, to ensure safety of all involved. These are listed below and are available at Appendices 30 – 33.

1. Concussion Policy
2. Pregnancy Participation Policy and Guidelines Protocol
3. Exertional Heat Illness Policy
4. Heat & Hydration Safety Protocol
5. Sexual Abuse Position Statement

a. Competing Team Responsibilities

Each team must provide one person trained in the physical care of their Athletes (for example, a physiotherapist or athletic trainer) within their team staffing structure and must follow Team Composition and Staff Support in section 5.3.6 of the WL Event Hosting Manual. Failure to include this member will result in liaison with the LOC for provision of same at the country's own expense.

A country's designated medical staff must be always on the practice and game field with the team (unless they are attending to an emergency off site). Failure to have at least one medical personnel with the team on the field may result in a financial penalty. If a country's medical staff will be away

from the team during play for any reason, they should notify the EMO and Event Medical Director immediately so that alternative coverage can be made.

In addition, it is the team medical staff's responsibility to ensure that medical information is collected for all athletes and team staff which can be shared with the on-site medical team in the event of an emergency.

b. Medical Meeting

A medical meeting will be scheduled prior to the first game of the event; this may be virtual and/or in person onsite. Each team must be represented by the medical practitioner representing their team. If the medical practitioner is unable to attend the meeting, an equivalent staff member or team manager may attend in their place. The meeting shall be co-chaired by the EMO and CMO.

It is the responsibility of the LOC to schedule the day, time and venue for the meeting and advise attendees accordingly. This meeting must be held separately from the Coaches & Managers' Meeting.

c. Injury Reporting

The WL CMO will work closely with the LOC medical practitioners to ensure that injury and illness data is captured. This includes all injuries requiring athletic trainer, physio, and medical attention at the Event. This will be recorded through the WL Injury Report Form, an example of which is available at Appendix 32.

The data that will be recorded includes, but is not limited to, the following:

- Concussions
- Lacerations
- Urgent Surgery
- Dislocations – Elbow, Shoulder
- Hospital visits
- Minor injuries
- Location of injury on body
- Illnesses

A full list of requirements will be agreed between the WL CMO and LOC EMO in advance of the event. All data is anonymous and will be stored for statistical purposes only. Country will be recorded but Athlete name and numbers and other possible identifiers will not be included.

APPENDIX A / 26 – Needs Checklist

- Communication
 - Establish and practice Emergency Action Plan (see Appendix for template)
 - Acquire appropriate communication tools and channels (radios, phones, PA announcements, etc.)
 - Set up medical “What’s App” chat for team medical personnel
- Assign medical personnel
 - EMO
 - Event Medical Director
 - On-site medical support (LOC/event responsibility – e.g., local sports medicine group)
 - Individual team medical providers (Team responsibility)
 - Officials’ medical provider (LOC/event responsibility)
 - Hydration personnel to handle set up, break down and refilling of fluids
- Medical Facilities
 - Central location for treatments and medical evaluation
 - Private area for exams and procedures
 - Satellite medical facilities at each field
 - On-field areas should allow for unobstructed viewing of fields
- Recovery and Performance Centre
 - Location for recovery area, ice baths and/or other services (e.g., chiropractic, massage therapy, etc.)
- Drug Testing (see full requirements provided in separate document)
 - Establish early communication with ITA
 - Private, secure location for testing
- Supplies
 - Emergency supplies:
 - AED
 - Splints
 - Rectal thermistor
 - Cervical collar
 - Spine board
 - Cold-water immersion tub(s)
 - Emergency medications (i.e., EpiPen)
 - Taping and strapping supplies
 - Team supply orders: provide teams with a way to order supplies within the host country
- Bulk Ice Supply (available for injuries and recovery/ ice tubs)



- Water/ Sports Drink coolers, cups/ water bottles
- Wet Bulb Globe Temperature (WBGT) Device or equivalent device to determine Heat Level
- Emergency Care
 - EMS/ paramedics for both participants and spectators
 - Central Command Center for police, fire, EMS, and facility team recommended
- Medical Meeting
 - Scheduled prior to start of competition
 - Convenient location for meeting with AV capabilities or virtual meeting room
- Injury Reporting
 - Assign individual to distribute and collect injury reporting document to all teams



Team Medical Staff

All teams are required to provide their own medical staff (athletic trainer, physiotherapist, physician or similar) who will be responsible for initial evaluation and treatment of their team only. They will determine if additional medical staff or emergency services are needed for their participants and will activate EAP as needed throughout the event and will communicate with EMO and LOC Medical Staff.

Local Sports Medicine Group Medical Staff

Emergency Medical Services (EMS)

EMS will provide emergency care and transportation to the closest emergency facility. An ALS unit will be on site for both participants and spectators, and both units will be stationed at X location. The spectator EMS will also be responsible for first aid and safety for all spectators.

World Lacrosse Chief Medical Officer (WL CMO)

In case of emergency, the WL CMO will be contacted by the EMO, who may help determine course of action as needed. The WL CMO will hold pre-event medical meetings with medical staff and officials. They will also work collaboratively with EMO to ensure EAP's are in place and ensure appropriate medical coverage of all WWC events.

Event Staff

World Lacrosse and LOC will hire event staff for positions which may include facility and game operations, media, volunteers, and other staff not listed here. In case of a non-emergency or off-field medical emergency, the event staff will be responsible for tasks as assigned by the medical staff, including carrying out evacuation procedures, directing EMS to location of emergency, crowd control, and other tasks as needed.

Facility Amenities

Medical Facilities

All medical facilities will be staffed by a certified athletic trainer throughout the event.

Main Medical Facility

- Available Services:
- Location:
- Hours:

Ancillary Medical Tents

- Locations:
- Hours:

Field Amenities

- Each field will be provided the following items:

Recovery Zone

Location:



Hours:

Spectator Medical
First Aid Station
EMS

Locker Rooms

Location:

Hours:

Drug Testing

Location:

Hours:

EMS

Separate EMS units will be available for participants and spectators throughout the competition events. 911 may be called at the discretion of on-site EMS or medical director(s) for an additional EMS unit to come and provide transportation to the hospital, should the unit need to remain on campus to provide care. Paramedics will also be on site for spectators and will be mobile throughout the venue.

Location:

Participants
Spectators

Supplies

Medical Supplies
Ice

Cold Tubs

Emergency Cold Water Immersion
Recovery Cold Tubs

Emergency Procedures

Event Communication

- Morning huddles
- Cell Phones:

- Radios will be used by all event staff.
- Public announcement (PA) will also be used to communicate to facility patrons at all fields in the event of an emergency or evacuation.
 - Emergency Alert System
- The phone application “WhatsApp” will be utilized by all event and team medical staff.
- Wi-Fi will be available throughout campus
- Social media and website will be updated to reflect event status, when possible.



Emergency Equipment

Emergency equipment will be available at all ancillary medical sites around campus, including items listed below. EMS will be stocked with standard emergency equipment as well.

Main and Ancillary Medical Facilities

- Medical kit and supplies
- AED
- Treatment/ taping table
- Splints
- Towels
- Ice Towels
- Injury ice
- Cold tub
- Rectal Thermistor
- Pulse Ox

Automated External Defibrillators (AEDs)

- Locations:

Medical Care- Participants

A medical meeting will be held on June 27th, 2022. World Lacrosse CMO and Event Medical Directors will lead this meeting. Each team is required to send one representative (medical personnel preferred) to the meeting.

If EMS on site (competitions):

If no EMS on site (practice):

For teams away from playing fields (dormitories or off campus):

Medical Care- Spectators

If EMS on site:

If no EMS on site:

Injury Surveillance

Injuries will be tracked for all WWC practices and games using the following link. Liaison athletic trainers will assist team medical staff with completing the form each day. All injury data from athletes will be de-identified and used for research purposes only.

Emergency Protocols

- Asthma
- Heat-Related Illness
- Exertional Sickling
- Severe Bleeding



- Dislocation or Major Fracture
- Head Trauma/ Cervical Spine Injury
- Cardiac Conditions
- Mental Health
- Lost child/ vulnerable individual procedures

Weather Management

Alerts and Protocols

Lightning Safety Guidelines

Venue Directions

Facility Access

Location of Emergency:

Field 1:

- Address:
- Directions:
- Participant access:
- Spectator access:
- Emergency Equipment:
- MAP OF FIELD AND EMERGENCY ACCESS

Continue for all fields and team locations

APPENDIX C / 28 – Concussion Policy

1. Introduction

- 1.1. This document advises on the World Lacrosse Policy related to Concussion (identification, treatment, and management)
- 1.2. World Lacrosse is committed to staying current with research into clinical best practices for head injuries, and specifically for the identification and management of concussions. World Lacrosse is aware of the serious impact of concussions on the wellbeing of athletes, both short term and long term. World Lacrosse is committed to promoting concussion awareness and education and providing the Members with proper concussion identification and management tools.
- 1.3. Therefore, World Lacrosse has adopted this policy as the basis for the management of concussions in the sport of lacrosse:
 - a) To Recognize all concussive injuries;
 - b) To Remove from play for proper evaluation any player suspected of having a concussive injury;
 - c) To provide Rest and a Graduated Return To Play (G RTP) Protocol for the management of the player's Recovery and ultimately the player's Return to play.

2. Definition

- 2.1. Concussion is a brain injury and is defined as a complex pathophysiological process affecting the brain, induced by biomechanical forces.

3. Signs of Concussion

- a) Initial objective observations of concussion
- b) Loss of consciousness or responsiveness
- c) Confused or dazed expression
- d) Balance problems or falling over
- e) Lying motionless on the ground
- f) Grabbing of the head
- g) Impact seizure or convulsion

3.1. Symptoms of concussion

- a) Headache
- b) Nausea/vomiting
- c) Dizziness
- d) Behavior or personality changes: inappropriate emotions, irritability, or anxiousness
- e) Memory loss
- f) Slowed reaction time
- g) Confusion/poor concentration
- h) Sensitivity to light/noise

4. Application and Scope

- 4.1. The World Lacrosse Concussion Policy shall apply at all World Lacrosse events. The policy shall apply to all teams participating in these events, and shall include all scheduled event games, all scheduled team practices, and all pre-event games organized through the event



host organization, or through World Lacrosse. Continental Federations of World Lacrosse shall also adopt the World Lacrosse Concussion Policy for all World Lacrosse approved events.

5. World Lacrosse Responsibilities

5.1. World Lacrosse shall provide:

- a) The World Lacrosse Chief Medical Officer (WCMO) will determine the concussion identification, treatment, and management tool that is current best practice in the Sports Medicine community to be used by World Lacrosse. The selected concussion protocol will be advised to all member nations and event hosts no less than six (6) months preceding the event and will be the tool that shall be used to identify, treat, and manage concussions. Links to the concussion protocol will be provided on the World Lacrosse website;
- b) Online educational support regarding the importance of concussion awareness. Access to this educational information will be on the World Lacrosse website;
- c) Where practical, the World Lacrosse Chief Medical Officer (CMO) to assist the Event Medical Officer (EMO), or to act as the EMO.

6. Host Responsibilities (LOC) at World Lacrosse World Events

6.1. The host committee for each World Lacrosse World Event shall:

- a) Provide a licensed medical doctor to be the Event Medical Officer (EMO). The EMO shall implement the Sport Concussion Assessment Tool (SCAT). The EMO shall either be based on-site during the competition or be “on-call” nearby.
- b) Ensure that the EMO, or another medical doctor, or a trained first responder, shall be on-site and available during all games.
- c) Provide on-site training, prior to the first game of the event, to team support staff so that each team can implement, at a minimum, the Pocket Concussion Recognition Tool. (See Appendix 2).
- d) Provide on-site training, prior to the first game of the event, to the officials so they can implement, as a minimum, part 1 of the Pocket Concussion Recognition Tool, Visible clues of suspected concussions.
- e) Provide appropriate space (a dressing room or first aid room) for administration of the Sport Concussion Assessment Tool.

7. Responsibility of Each Team at World Lacrosse Events

7.1. After each game, all teams shall complete an injury report, and submit it to the CMO/EMO. World Lacrosse shall provide the injury report form to each team. This form is for reporting all types of injuries, including confirmed concussion injuries and suspected concussion injuries.

7.2. For the purpose of this document, the team doctor or other medical professional affiliated with the team shall be known as the Team Medical Officer (TMO).

- a) When a team has, on site at the event, a TMO who is familiar with and trained in the application of the World Lacrosse agreed concussion protocol:
- b) The TMO shall be responsible for implementing the World Lacrosse concussion policy for that team.
- c) The TMO shall adhere to the appropriate use of the agreed Concussion Assessment Tool and the Pocket Concussion Recognition Tool.
- d) The TMO shall be responsible for evaluating any player on their team who is suspected of

having a concussion. They shall be responsible for arranging and managing the treatment plan and the GRTP Protocol for all concussed players on their team.

- e) The TMO shall report in writing by way of the injury report form, to the CMO/EMO, any suspected concussions, the result of their evaluation of all suspected concussions, all identified concussion injuries, including the treatment and GRTP plan for each concussed player.
- f) Before a player with a concussion injury returns to competition, the TMO shall report to the CMO/EMO the planned return to competition of the player.

7.3. When a team does not have a TMO who is familiar with and trained in the application of the agreed concussion protocol, the team shall:

- a) Assign a team staff person – preferably a medical doctor, athletic therapist, physiotherapist, athletic trainer, or other allied health professional – to be trained at the event, prior to the first game, in the use of the Pocket Concussion Identification Tool.
- b) Should the team not have a staff person as described in 5.3 (a), then the team shall assign a lay person to be trained at the event, prior to the first game, in the use of the Pocket Concussion Identification Tool.
- c) This person shall evaluate any team member removed from the game because of a suspected concussion. If, upon evaluation for a suspected concussion a player has any symptom of a concussive injury, then that player must be removed from the game, and the CMO/EMO informed. The CMO/EMO shall evaluate the player and determine whether the player has a concussion. Further, the CMO/EMO shall be responsible for developing and managing any treatment plan and the GRTP plan.

8. Responsibility of the Game Officials

8.1. Any game official who has the authority to stop play for an injury time-out also has the authority to stop play for a suspected concussion injury. Should a game official declare a player is suspected of having a concussive injury, then that player must be removed from play and be evaluated by the appropriate TMO or team staff person trained to use the Pocket Concussion Identification Tool.

9. Final Authority for an Athlete to Return to Play

- a) Any player who has been declared to have a concussion must have medical clearance before returning to play.
- b) For teams with a TMO, the TMO, in consultation with the FMO/EMO shall make the decision as to when the player may return to play. If the TMO and the CMO/EMO are not in agreement as to a player's readiness to return to play, the CMO/EMO shall have the final decision-making responsibility and authority.
- c) For teams without a TMO, the CMO/EMO shall make all decisions as to when a player is ready to return to play. If the team, or player do not agree with the CMO/EMO as to the player's readiness to return to play the CMO/EMO shall have the final decision-making responsibility and authority.

Concussion Evaluating Form

SCAT5

The SCAT5 is a standardized tool for evaluating concussions designed for use by physicians and licensed healthcare professionals.

The SCAT5 is to be used for evaluating athletes aged 13 years and older. For children aged 12 years or younger the Child SCAT5 is to be used.

Detailed instructions for use of the SCAT5 are provided in the document, and brief verbal instructions for each test are detailed. The only equipment required for the tester is a watch or timer.

The SCAT5 cannot be performed correctly in less than 10 minutes.

The diagnosis of a concussion is a clinical judgement made by a medical professional. The SCAT5 should NOT be used by itself to make, or exclude, the diagnosis of concussion. An athlete may have a concussion even if their SCAT5 is “normal.”

This form can be downloaded at <https://bjsm.bmj.com>

Appendix 1: Concussion Protocol History

The following outlines the protocol that were in use:

Year	Protocol used	Comments
Pre June 2016	None Specified	
June 2016	SCAT3	Initial implementation based on current best practice
June 2017	SCAT3	
June 2018	SCAT3	
May 2019	SCAT5	Recommended move to most current recommended protocol
June 2020	SCAT5	Current protocol in place

Appendix 2: Document History

Date	Change	Rationale
June 2016	Initial Policy Release	
May 2019	All references to FIL changed to World Lacrosse	Reflects corporate name change
May 2019	Remove reference to SCAT3	Desire to move to to latest protocol. – SCAT5. To make the policy more flexible to adopt the latest medical recommendations and not need member approval
May 2019	Change FMO (Federation Medical Officer) to	To reflect the appropriate title of

	WCMO (World Chief Medical Officer)	Chief Medical Officer
May 2019	Added the requirement for Regional Confederations to adopt the use of the World Lacrosse Concussion Policy	To ensure that athletes at regional competitive levels are protected
May 2019	Added a protocol history that was in use for each year	Required for historical and legal purposes
August 2020	Confirmed continued use of SCAT5	Current best practice

APPENDIX D / 29 – Pregnancy Participation Policy and Guidelines

Protocol

More than ever before, athletes are continuing to participate in sport while pregnant. In fact, regular exercise is recommended during pregnancy and has been shown to decrease some pregnancy related complications such as gestational diabetes, gestational hypertensive disorders, and caesarean delivery. However, some modification to exercise and participation may be necessary because of normal anatomic changes and fetal requirements. These below guidelines have been developed by the World Lacrosse to guide its athletes and coaches as they navigate participation in lacrosse at an international level while pregnant. This guidance applies not only players but also officials, coaches, and other team members.

World Lacrosse is committed to providing a safe and enjoyable environment for all its members, including those who are pregnant.

Despite the known benefits to exercise in pregnancy, special attention is required for pregnant lacrosse athletes given the physical demands of this high dynamic contact and collision sport especially at an international level. Lacrosse involves a degree of contact which may carry a risk of accidental trauma or injury to the participant and their unborn child.

While the decision as to whether or not to participate rests solely with the relevant participant:

- (a) the participant's own health and the health of the unborn child are of paramount importance;
- (b) World Lacrosse strongly recommends that the participant consults with their own appropriately qualified medical practitioner (obstetrician, family practice physician or midwife) to inform them, on a voluntary basis, of their pregnancy and to seek individual and specific professional medical advice before participating in lacrosse (both during and following pregnancy), in particular regarding the risks of such participation; (ii) follows the medical advice received; and (iii) attends regular prenatal and postnatal care with their medical practitioner
- (c) the participant will be responsible for ensuring that they have appropriate medical insurance cover for participating in lacrosse during and following pregnancy (it may be possible to obtain such cover through their national association); and
- (d) by participating when pregnant, the participant will be deemed to have consented to any risks (including any risk of injury to the participant and/or the unborn child) that may arise from such participation. Aside from liability for death or personal injury resulting from negligence, the participant will also be deemed to have waived any and all claims, causes and rights of action against World Lacrosse, national associations, event organizers, players and officials, whether at law or in equity, of whatever nature and in any jurisdiction or forum, that they may have as a result of such participation.

Member Countries should:

- (a) use reasonable endeavors to ensure that the playing environment is safe for all participants, including those who are pregnant;
- (b) develop protocols for communicating with players and other persons regarding participating in lacrosse during pregnancy, including providing players with the opportunity to voluntarily advise of their pregnancy;

- (c) be aware of relevant anti-discrimination legislation and its application to lacrosse; and
- (d) ensure that their insurance (including public liability and player injury insurance) is up-to-date and provides adequate coverage.

Coaches should:

- (a) be aware of these guidelines and of the possible risks of participating in lacrosse when pregnant;
- (b) take reasonable steps to ensure that players are aware of these guidelines and of the possible risks of participating in lacrosse when pregnant; and
- (c) respect and support the player's right to make their own informed decisions in relation to her participation or non-participation in lacrosse when pregnant as guided by the players medical professional.

Team medical personnel should:

- (a) be aware of these guidelines and of the current medical advice in relation to exercise during pregnancy;
- (b) develop protocols for communicating with players regarding participating in lacrosse during pregnancy;
- (c) create an environment where players are comfortable in voluntarily informing them of their pregnancy;
- (d) take reasonable steps to ensure that players are aware of these guidelines and of the possible risks of participating in lacrosse when pregnant;
- (e) strongly recommend to pregnant players that they have regular medical check-ups and follow medical advice given by the specialized medical provider; and
- (f) respect and support the player's right to make their own informed decisions in relation to their participation or non-participation in lacrosse when pregnant as guided by the players medical professional.

Match Officials should:

- (a) be aware of these guidelines, which also apply to them;
- (b) prioritize the safety and welfare of all participants during the match;
- (c) apply the rules of lacrosse accurately, consistently and fairly to all participants;
- (d) ensure the match is played under safe conditions; and
- (e) stop play at any time in the event of an emergency.

APPENDIX E / 30 – Heat & Hydration Safety Policy and Procedures

1. Introduction
 2. Application and Scope
 3. Heat Illness Definitions
 4. Member Organization and Team Responsibilities
 5. World Lacrosse Responsibilities
 6. Event Host (LOC) Responsibilities
 7. Heat & Hydration Protocol
 8. General Recommendations
- Appendix A: Document History

1. Introduction

This document advises on the World Lacrosse Policy related to hydration of competition participant's including Athletes and Officials to reduce the possibility of Exertional Heat Illness (identification, treatment, and management).

World Lacrosse is committed to staying current with research into clinical best practices for Exertional Heat Illness, hydration and specifically for the identification and management of hydration requirements during competitions where weather conditions require it. World Lacrosse is committed to promoting awareness and education and providing Members with proper standards in this regard.

Therefore, World Lacrosse has adopted this Policy as the basis for the management of participant hydration for all World Lacrosse events:

- a) To Recognize when weather will have a potential impact on participant welfare; and
- b) To provide appropriate Rest and Recovery breaks during competitive play.

2. Application and Scope

The WL Heat and Hydration Policy shall apply at all WL sponsored events, including but not limited to World Championships, Continental Qualifiers, and other WL sanctioned events. The policy shall apply to all teams participating in these events, and shall include all scheduled event games, all scheduled team practices, and all pre-event games organized through the event host organization (LOC) or through WL.

3. Definitions

Exertional Heat Illness includes exertional heat stroke, heat exhaustion, exercise-associated muscle cramps (heat cramps), and heat syncope. It often occurs when a person is exercising, working, or engaging in an activity when temperatures and humidity are high. (National Athletic Trainers' Association, 2015)

Normal body temperature is balanced through heat production and heat loss. A heat-related illness occurs when the body is not able to regulate, or control, its temperature. Heavy sweating disturbs

the body's normal salt-water balance and causes hypohydration if adequate fluid intake is prohibited, which causes the symptoms of Exertional Heat Illness. Most cases of Exertional Heat Illness occur when a person is exercising, working, or engaging in an activity when the temperature and humidity are both high. Under these conditions, sweat cannot evaporate from the skin (the body's natural cooling system), and the body's temperature begins to rise. If left untreated, an Exertional Heat Illness can lead to serious complications, even death. If detected and treated early, however, most serious problems can be avoided. (Cleveland Clinic, 2020)

a) Heat Exhaustion:

- i. Signs & symptoms:
 - Heavy sweating.
 - Muscle cramps.
 - Cool, moist skin.
 - Headache.
 - Nausea.
 - Dizziness.
 - Fainting.
 - Weakness.
 - Irritability
 - Pale skin color.
 - Weak and quick pulse.
 - Quick and shallow breathing.
 - Thirst.
 - Impaired muscle coordination

b) Heat Stroke:

- i. Definition: Heat Stroke is a medical emergency. A collapsed athlete should be cooled before transport to the hospital. It is the host's responsibility to establish an emergency action plan for Exertional Heat Stroke pre-hospital care.
- ii. Signs & Symptoms of Heat Stroke:
 - Temperature of 104°F/40C or higher.
 - Throbbing headache.
 - Nausea.
 - Muscle twitching.
 - Red, hot, profusely sweating
 - Confusion - altered mental state, slurred speech.
 - Dizziness or fainting.
 - Rapid pulse.
 - Seizures.
 - Hallucinations.
 - Hysteria, irrational, or unusual behavior.
 - Disorientation.
 - Loss of consciousness



4. Member Organization and Team Responsibilities

Each team must provide one person trained in the physical care of their athletes (for example, a physiotherapist or athletic trainer) within their team staffing structure and must follow Team Composition and Staff Support in section 8.1.5 of the WL Event Participation Manual.

This person must attend the pre-event medical meeting, hosted by the WL CMO and EMO, where instruction for treating heat-related illness and water break procedures will be given.

5. World Lacrosse Responsibilities

The WL Chief Medical Officer (CMO) will determine the Exertional Heat Illness Policy, and Management Protocol, which is current best practice in the Sports Medicine community to be used by World Lacrosse.

Where practical, the WL CMO will assist the Event Medical Officer (EMO) with implementation at WL events.

World Lacrosse shall provide this Heat & Hydration Policy and Procedures to all member nations and event hosts no less than six (6) months preceding the event; this will be the tool that shall be used to manage the prevention of Exertional Heat Illness at events. Links to the Exertional Heat Illness protocol will be provided on the World Lacrosse website.

6. Event Host (LOC) Responsibilities

The event host committee (LOC) for each World Lacrosse world event shall:

- a) Follow the WL Event Medical Manual regarding on-site medical personnel and designate a medical provider who will be responsible for instituting water breaks in accordance with the criteria below when temperature and/or Wet-Bulb Globe Temperature levels are deemed dangerous to the health of the athletes.
- b) Water break procedures and instruction on the event's Emergency Action Plan with regard to Heat-Related Illness will be discussed at the manager's meeting and medical meeting prior to WL sponsored events and have oversight by the CMO and/or EMO.
- c) Provide appropriate weather and temperature monitoring equipment, which should include Wet Bulb Globe Temperature Monitoring or other similar device.
- d) Provide a device for monitoring core-body temperature, which may include a rectal thermistor.
- e) Provide appropriate methods for rapid cooling of athletes experiencing a heat-related illness via cold-water immersion.
- f) Provide a private, air-conditioned space (medical area or private dressing room) to allow further evaluation and treatment/ recovery of athletes experiencing a heat-related illness.

7. Heat and Hydration Protocol

The LOC designated medical personnel will determine the current Heat Level prior to the start of each match. This will determine if additional water breaks are necessary and will inform the Technical Delegate in charge of the match. Team coaches will be informed prior to the start of the game. If water breaks are necessary, they will occur throughout the game and may also be implemented at half time.

Heat Level 1 (Wet Bulb Globe Thermometer (WBGT) <82F/27.8C)

- No specific action needed.
- Continue to monitor temperature and WBGT for changes.

Heat Level 2 (WBGT 82-90F / 27.8-32.2C)

- The following should be implemented:
 - a) Additional water break is implemented, 90 seconds in length, where coaching is allowed, at approximately 7 minutes into each quarter of regulation play after a goal is scored, or on a dead ball outside the 15m Advantage Flag area.
 - b) Increase half time to 15 minutes (in shade or air conditioning). If both teams agree, half time can remain at 10 minutes (subject to change by EMO and/or WL CMO).
 - c) For overtime, a 2-minute water break will commence after the coin toss and umpire/captain meeting.
- Continue to monitor temperature and WBGT for changes.

Heat Level 3 (WBGT >90F / 32.2C)

- Strongly consider delaying or canceling completion of the game until Heat Level 2 has resumed.
- If activity must occur, the following should be implemented:
 - a) Increase quarter breaks to 7 minutes.
 - b) Additional water breaks are implemented, 90 seconds in length, at approximately 5 minutes and 10 minutes into each quarter of regulation play after a goal is scored, or on a dead ball outside the 15m Advantage Flag area.
 - c) Increase half time break to 15 minutes (in shade or air conditioning).
 - d) For overtime, a 2-minute water break will commence after the coin toss and umpire/captain meeting.
- Continue to monitor temperature and WBGT for changes.

8. General Recommendations:

- Encourage hydration before, during and after activity.
- Encourage shade before and after activity, and during rest breaks when possible. Do not utilize inside areas that are not air conditioned as they could be stifling due to lack of air flow.
- Encourage removal of helmet protective equipment (e.g., men's lacrosse, and goalkeeper of women's lacrosse) whenever possible during breaks.
- Closely monitor for signs and symptoms of exertional heat illness in all participants (players, coaches, officials, etc.).
- Encourage usage of wet-ice towel (or alternative body cooling method that allows for similar cooling rate) during breaks to prevent excess exercise induced hyperthermia.
- Prepare a whole-body cold water immersion tub (or alternative body cooling method that allows for similar cooling rate) on site to ensure adequate body cooling prior to transporting the patient to hospital. CMO, EMO, and LOC should review the guidelines outlined in [British Journal of Sports Medicine 2021;55:1405-1410](#) and determine the appropriate implementation method of exertional heat stroke pre-hospital management according to the local resources.
- LOC is encouraged to prepare a pre- and post-cooling zone for invited teams that is equipped with a clean water source, recovery ice baths, and ice.

Year	Protocol Used	Comments
Pre-August 2020	Hydration Policy	Initially implemented by the ILF & IWFLA, subsequently adopted by the FIL in different formats for the Men's & Women's games
August 2020	WL Issued	Common approach across both Men's and Women's Field Lacrosse
August 2020		Initial Policy Release for Member Approval
January 2023	Heat and Hydration Policy	Policy Updated
June 2023	Exertional Heat Illness Policy	Policy Updated
March 2024	Heat and Hydration Safety Policy and Procedures	Heat and Hydration/ Exertional Heat Illness Policy combined and updated

APPENDIX F / 31 – Injury Report Form (example image below)

INJURY FIELD RECORDING SHEET

FIELD #:
MKS (Natural) | SSP (Natural) | SKM (Artificial) | KT (Natural) | Other

Name / ID#:		COUNTRY:		Name / ID#:		COUNTRY:	
INJURY DATE: / /		TIME OF DAY: : am/pm		INJURY DATE: / /		TIME OF DAY: : am/pm	
POSITION:		SURFACE: Turf / Grass / Other		POSITION:		SURFACE: Turf / Grass / Other	
Activity: WARM-UP / HALFTIME TRAINING / POST-GAME GAME / OTHER		SEGMENT: 1st Qtr / 2nd Qtr 3rd Qtr / 4th Qtr / OT1 / OT2 Att. Drill / Def. Drill / Trans. Drill Other _____		Activity: WARM-UP / HALFTIME TRAINING / POST-GAME GAME / OTHER		SEGMENT: 1st Qtr / 2nd Qtr 3rd Qtr / 4th Qtr / OT1 / OT2 Att. Drill / Def. Drill / Trans. Drill Other _____	
GAME DAY # 1 2 3 4 5 6 7				GAME DAY # 1 2 3 4 5 6 7			
IS THIS... NEW / RECURRENT-AFTER FULL RECOVERY / EXACERBATION				IS THIS... NEW / RECURRENT-AFTER FULL RECOVERY / EXACERBATION			
NTL or TL? MEDICAL ATTENTION ONLY / TIME-LOSS / UNKNOWN				NTL or TL? MEDICAL ATTENTION ONLY / TIME-LOSS / UNKNOWN			
MODE of ONSET: SUDDEN-Acute Trauma / SUDDEN-No Acute Trauma GRADUAL ONSET / MIXED ONSET				MODE of ONSET: SUDDEN-Acute Trauma / SUDDEN-No Acute Trauma GRADUAL ONSET / MIXED ONSET			
MECHANISM: CONTACT / NON-CONTACT / NON-Sport Related				MECHANISM: CONTACT / NON-CONTACT / NON-Sport Related			
SOURCE: N/A / ACCIDENTAL COLLISION / GROUND / PLAYER STICK / BALL / UNKNOWN / OTHER				SOURCE: N/A / ACCIDENTAL COLLISION / GROUND / PLAYER STICK / BALL / UNKNOWN / OTHER			
OCCURRENCE: NON-CONT.: SPRINTING / CUTTING / JUMPING / UNKNOWN OTHER _____ CONTACT: GIVE STICK CHECK / RECEIVE STICK CHECK GIVE BODY CHECK / RECEIVE BODY CHECK / GROUND BALL GK FROM DIVER / DIVING / SHOOTING / DEFENDING SHOT PASSING / DEFENDING PASSING / OTHER _____				OCCURRENCE: NON-CONT.: SPRINTING / CUTTING / JUMPING / UNKNOWN OTHER _____ CONTACT: GIVE STICK CHECK / RECEIVE STICK CHECK GIVE BODY CHECK / RECEIVE BODY CHECK / GROUND BALL GK FROM DIVER / DIVING / SHOOTING / DEFENDING SHOT PASSING / DEFENDING PASSING / OTHER _____			
PHASE of PLAY: ATTACKING / DEFENDING / RIDING / CLEARING SUBSTITUTING / FACE OFF / OTHER _____				PHASE of PLAY: ATTACKING / DEFENDING / RIDING / CLEARING SUBSTITUTING / FACE OFF / OTHER _____			
PHASE #s: FULL STRENGTH / MAN-UP / MAN-DOWN / n/a (training)				PHASE #s: FULL STRENGTH / MAN-UP / MAN-DOWN / n/a (training)			
PENALTY: n/a / PERSONAL (Awarded/Given) / Technical (Awarded/Given)				PENALTY: n/a / PERSONAL (Awarded/Given) / Technical (Awarded/Given)			
LOCATION: HEAD / FACE / NECK / MID-BACK / LOW-BACK CHEST / RIBS / TRUNK-ABDOMINALS / CLAVICLE SHOULDER / UPPER ARM / ELBOW / FOREARM WRIST / HAND-FINGERS / PELVIS-BUTT / HIP-GROIN HAND-FINGERS / PELVIS-BUTT / HIP-GROIN ANTERIOR-THIGH / POSTERIOR-THIGH / KNEE / CALF LOWER LEG (Tib/Fib) / ANKLE / FOOT-TOES OTHER _____				LOCATION: HEAD / FACE / NECK / MID-BACK / LOW-BACK CHEST / RIBS / TRUNK-ABDOMINALS / CLAVICLE SHOULDER / UPPER ARM / ELBOW / FOREARM WRIST / HAND-FINGERS / PELVIS-BUTT / HIP-GROIN HAND-FINGERS / PELVIS-BUTT / HIP-GROIN ANTERIOR-THIGH / POSTERIOR-THIGH / KNEE / CALF LOWER LEG (Tib/Fib) / ANKLE / FOOT-TOES OTHER _____			
NATURE: ABRASION / ARTHRITIS / AVASCULAR NECROSIS BONE CONTUSION / BONE STRESS / FRACTURE / BURSITIS CARTILAGE / CHRONIC INSTAB / CONCUSSION / BRUISE Disloc/Sublux. / LACERATION / INTERNAL ORGAN TRAUMA Joint Sprain/Ligament Tear / MUSCLE COMP. SYNDROME MUSCLE CONTUSION / MUSCLE Strain-Rupture-Tear PERIPH. NERVE / PHYSIS / SPINAL CORD / SYNO-CAPSULITIS TENDINOPATHY / TENDON RUPTURE / STUMP / UNKNOWN ENV.-EXERCISE RELATED / OTHER _____				NATURE: ABRASION / ARTHRITIS / AVASCULAR NECROSIS BONE CONTUSION / BONE STRESS / FRACTURE / BURSITIS CARTILAGE / CHRONIC INSTAB / CONCUSSION / BRUISE Disloc/Sublux. / LACERATION / INTERNAL ORGAN TRAUMA Joint Sprain/Ligament Tear / MUSCLE COMP. SYNDROME MUSCLE CONTUSION / MUSCLE Strain-Rupture-Tear PERIPH. NERVE / PHYSIS / SPINAL CORD / SYNO-CAPSULITIS TENDINOPATHY / TENDON RUPTURE / STUMP / UNKNOWN ENV.-EXERCISE RELATED / OTHER _____			
MANAGEMENT: TEAM MEDICAL / TOURNAMENT MEDICAL AMBO/HOSPITAL TRANSFER / OTHER _____				MANAGEMENT: TEAM MEDICAL / TOURNAMENT MEDICAL AMBO/HOSPITAL TRANSFER / OTHER _____			
TREATMENT:				TREATMENT:			
DIAGNOSIS:				DIAGNOSIS:			
EXPECTED RTP: dd / mm / yy				EXPECTED RTP: dd / mm / yy			
FINAL DIAG. Please describe:				FINAL DIAG. Please describe:			
SERIOUSNESS: HAS RETURNED / LIKELY TO RETURN / DISABILITY / FATALITY OTHER _____				SERIOUSNESS: HAS RETURNED / LIKELY TO RETURN / DISABILITY / FATALITY OTHER _____			
ACTUAL RTP: dd / mm / yy		IMAGING _{type} :		ACTUAL RTP: dd / mm / yy		IMAGING _{type} :	