



ITF GUIDE TO RECOMMENDED HEALTH CARE STANDARDS

FOR TENNIS TOURNAMENTS





This booklet provides health care recommendations for tennis tournaments. The recommendations in this document are split into two categories of tournament:

1. Tournaments organised by National Associations
2. ITF Men's and Women's Pro Circuits, ITF Junior Circuit and ITF Wheelchair tournaments

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

This document provides tournament organisers with the necessary information to implement health care standards. Such implementation will allow players to be confident of the care that will be provided, and they will, therefore, be better able to prepare themselves adequately to participate in tournaments. Ultimately, these guidelines will reduce the chances that players will receive inadequate care.

The ITF acknowledges the assistance of the United States Tennis Association in providing information for these guidelines.

IMPORTANT: This document is for general information purposes only. To the maximum extent permitted by law, the ITF accepts no responsibility or liability for loss, damage or injury which may arise from reliance on the contents of this document. Any and all emergency care decisions should be made in consultation with an appropriately qualified health care professional.



START LIVE!

1. NATIONAL ASSOCIATION TOURNAMENTS

All tournaments organised by ITF National Associations should have the following health care provisions in place.

TOURNAMENT PREPARATION

Before the tournament commences, Tournament Directors should establish procedures for dealing with medical emergencies. The following should be considered:

.....
IN THIS SECTION

EMERGENCY TELEPHONE NUMBERS	7
EMERGENCY SERVICES	8
SUPPLIES	8
DIASBLED ACCESS	9

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Emergency Telephone Numbers

- Display a list of emergency telephone numbers in the tournament office in a prominent position. Ensure that all tournament personnel are aware of the emergency phone numbers and know how to activate the emergency services
- Ensure there is at least one telephone line that is operational at all times. If using a cell/mobile phone, ensure it is fully charged and that it operates throughout the tournament site
- Know the phone number and location of the nearest hospital
- Know the phone number of a local ambulance company. Contact the company beforehand to advise you are hosting a tennis tournament, and speak to appropriate personnel about the best protocol to follow in case of an emergency
- Walk the tournament site to identify the best way for an emergency vehicle to enter
- When in doubt or in case of a medical emergency, call the emergency services (for example 911 US; 112 Europe)

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)

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.

Supplies

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

- Towels (for use by medical staff and, if necessary, by players)
- 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
- First aid kit. A basic first aid kit should be on-site, containing:
 - Adhesive bandage, both small and large
 - Medical gauze
 - Athletic tape and elastic bandages
 - Plastic bags, including red plastic bags
 - Skin antiseptic cleaner (such as Betadyne)
 - Skin antiseptic cream
 - Scissors
 - Sunscreen

Disabled Access

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

- All courts 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 bars on either side of the toilet
- Disabled access for all common areas such as cafeterias and to and from transportation sites

IMPORTANT:

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

ON-SITE CARE

The following sections describe medical situations and conditions that the Tournament Director should be prepared to manage.

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IN THIS SECTION

STRAINS/SPRAINS	10
ACCUTE ALLERGIC REACTIONS/ ANAPHYLAXIS	11
UNIVERSAL PRECAUTIONS	11
HEAT ILLNESS	12-13
OTHER EMERGENCIES	14
MEDICATION AND PROHIBITED SUBSTANCES	14
THUNDERSTORMS AND LIGHTNING	15

.....

Strains/Sprains

Acute strains and sprains usually occur as a result of a fall. Symptoms include localised swelling and pain. Acute management includes limb elevation with application of ice and a compression bandage (ACE 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, in order 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 as a result 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.

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, this must be cleaned in accordance with local health and safety guidelines. 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 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 apparent temperature, or heat index, is equal to or greater than 32.2°C/90°F, as indicated on the chart in Appendix 1. 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) in the event that the apparent temperature/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.

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.

Other Emergencies

Life-threatening emergency 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.

Medication and Prohibited Substances

Unless prescribed by a medical doctor, medications should not be dispensed on-site. These include aspirin, products containing paracetamol/acetaminophen, or over-the-counter cold remedies. Players should satisfy themselves that all medications are free from substances that are on the WADA Prohibited List. It is the player's responsibility to properly take such medications under the direction of a doctor, guardian, or both. In addition, it is recommended that no food/energy supplements or protein drinks are supplied, as these products may contain prohibited substances.

Additional information on preventing and reducing the risk of infectious disease transmission at tennis tournaments can be found in Appendix 3.



Thunderstorms and Lightning

Lightning is a potential severe hazard and 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

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.

DEUCE!

2. ITF PRO CIRCUITS, ITF JUNIOR CIRCUIT AND ITF WHEELCHAIR TOURNAMENTS

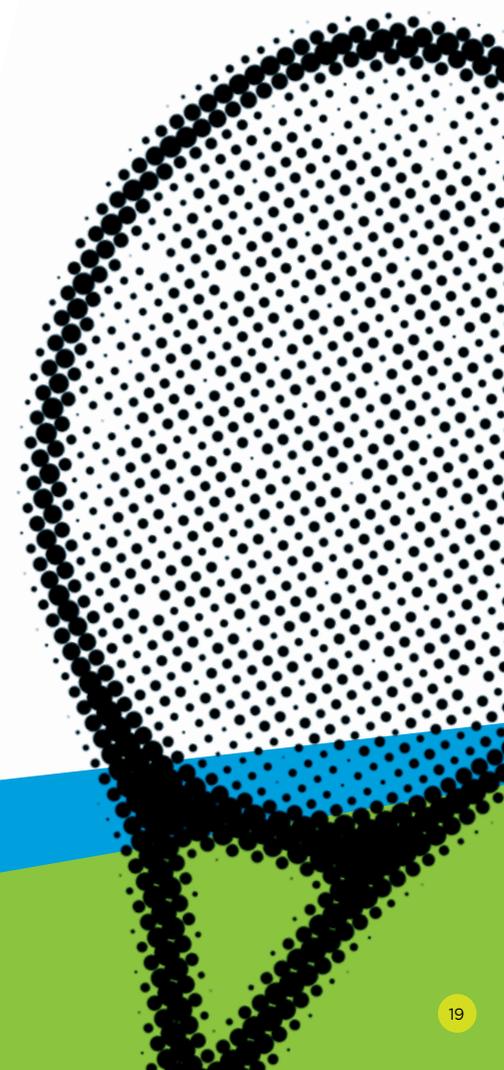
In addition to the recommendations contained within Section 1 of this document, ITF Pro Circuits, ITF Junior Circuit and ITF Wheelchair tournaments should have the following health care standards in place.

A. Personnel

- A Sports Medicine Therapist/Trainer (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 Medicine Therapist/Trainer 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 Medicine Therapist/Trainer is to provide on-site health care services for the players beginning one hour before matches commence until completion of all matches
- The tournament should equip the Sports Medicine Therapist/Trainer with portable supplies to bring on court and with separate supplies for the treatment area. The recommended list of supplies is provided in Appendix 2
- 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
- At wheelchair tennis events, the Tournament Doctor should have knowledge of spinal cord injuries, or related disabilities, and there should also be at least one person qualified in first aid (including CPR) on-site at all times
- 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.itftennis.com/anti-doping)
- For all tournaments, including those held in non-English speaking countries, the Sports Medicine Therapist/Trainer and Tournament Doctor should speak English

B. Treatment Area

- Each tournament must provide a private treatment area with space for the Sports Medicine Therapist/Trainer and Tournament Doctor
- The treatment area should provide easy access to the locker room and the match courts, and should have adequate climate control and ventilation
- The treatment area should be equipped with:
 - One adjustable (including variable height down to 60 cm) padded treatment table per Sports Medicine Therapist/Trainer in good repair and sanitary condition
 - Bolsters/pillows
 - A desk, table or counter top 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 water
 - Dispensed soap (or the equivalent) and paper towels
- All equipment and facilities must be available from at least one hour before the scheduled start of qualifying and maintained throughout the tournament



C. Nutrition

- The Tournament must 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
- Bottled non-carbonated water must be available at all times
- Players' food should be prepared simply, with few sauces or spices
- Sauces should have limited butter and oils, and should be served on the side
- All food and drinks must 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 on a daily basis 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 – bottled non-carbonated water, low-fat chocolate milk, coffee, tea, fruit juices, sport drinks (Gatorade, Powerade, Isostar, Lucozade, Procari, Staminade, Vitalyte, Energade, Title Sports Drink). Note: the listed sport drinks are not tested or endorsed by the ITF 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.itftennis.com/antidoping/rules/list.asp

D. On-Court

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

- Bottled non-carbonated 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 must 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

E. Weather Monitoring

To conform to the Extreme Weather Rule the tournament must have a temperature and humidity recording device (e.g. sling psychrometer) to measure the Heat Index. Alternatively, there must be access to the local airport weather report, and the apparent temperature can be utilised from the Heat Index Chart (see Appendix 1).

For further information on these Guidelines, please send an email to:

ScienceandMedicine@itftennis.com

APPENDIX 1

HEAT INDEX CHART

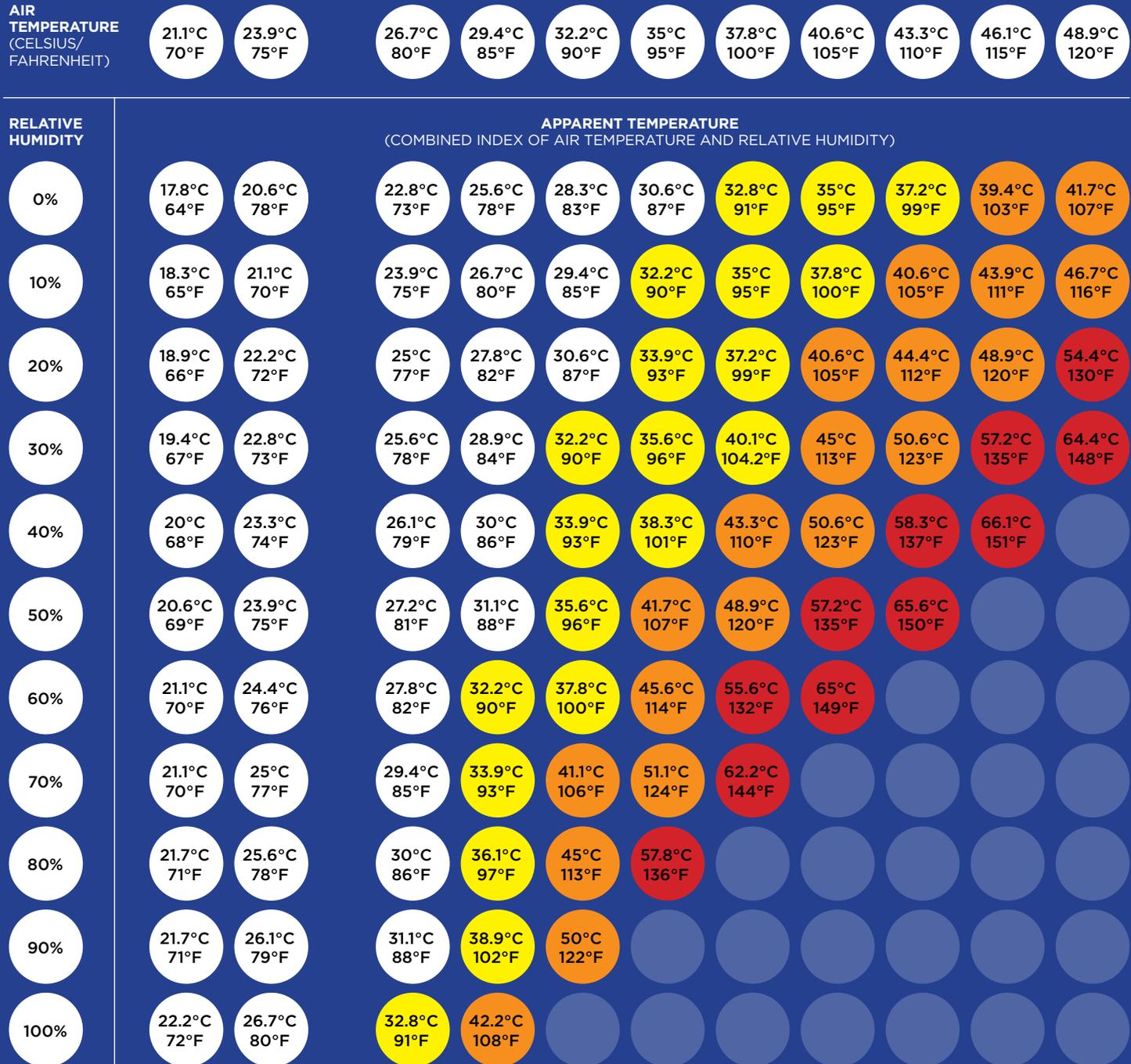
The Heat Index Chart provides general guidelines for assessing the potential severity of heat stress. Individual reactions to heat will vary. It should be remembered that heat illness can occur at lower temperatures than indicated on the chart. In addition, studies indicate that susceptibility to heat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

Apparent Temperature is the combined index of heat 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"). Use the Heat Stress Index chart to calculate the Apparent Temperature.

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 **APPARENT TEMPERATURE**.

APPARENT TEMPERATURE	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

HEAT STRESS INDEX



APPENDIX 2

MEDICAL SUPPLIES TO BE PROVIDED AT A TOURNAMENT

For use by the ITF sports medicine therapist/trainer.

ITEM	INSIDE MEDICAL TREATMENT ROOM	TO BE CARRIED ON-COURT
6" NON-ADHESIVE BANDAGE	• 2	•
ADHESIVE TAPE REMOVER PADS/SPRAY	•	•
ADHESIVE PADDING 1/8"/3 MM THICKNESS	• 1 FT	•
ADHESIVE SPRAY (QDA) 4 OZ	•	•
ADHESIVE ELASTIC BANDAGE (2"/50 MM AND 3"/76 MM)	• 10 ROLLS	•
ALCOHOL PADS	• 20	•
ASSORTED BAND-AIDS	• 20	•
BABY TALCUM POWDER	•	•
BIOHAZARDOUS BAGS, STICKERS, AND SHARPS CONTAINER	•	•
BLOOD PRESSURE KIT	•	•
BLISTER PLASTERS	• 10	•
COTTON-WOOL BALLS	• SMALL BAG	•
COTTON-TIP APPLICATORS	• 20	•
COURT CALL BAG (LARGE ENOUGH TO FIT SUPPLIES)	•	•
COVER ROLL (2"/50 MM AND 8"/200 MM) A HYPOALLERGENIC SOFT CONFORMING STRETCH FABRIC, PERMEABLE TO AIR AND MOISTURE	• 1 ROLL	•
CPR MASK	•	•
DERMAL WOUND CLEANSER	•	•
DISINFECTANT (FOR CLEANING TREATMENT COUCH BETWEEN TREATING PLAYERS)	•	•
EYE DROPS	• 1	•
EYE PATCH (OVAL)	• 2	•
FIRST AID CREAM (ANTISEPTIC WOUND CREAM)	• 1	•
GAUZE PADS 3"/76 MM " X 3"/76 MM	• 20	•
HEEL AND LACE PADS (CUSHION USED UNDER TAPE)	• 75	•
ICE BAGS	• 75	•
IODINE PADS	• 20	•
TISSUES (SMALL PACK)	•	• 1
LEUKO BROWN TAPE (CLOTH) 1 1/2"/3.75 CM	• 3	•
MASSAGE LOTION (NON-GREASY AND NON-IRRITANT)	• 1	•
SALINE SOLUTION AND/OR MEDI-WASH EYE IRRIGATION	• 1	•
MOLE SKIN 2"/50 MM	• 3 FT	•
NEW SKIN SPRAY	• 1	•
NON-ADHERENT DRESSING (ASSORTED SIZES)	• 10	•
NOSE BLEED QUICK RELIEF (IF AVAILABLE)	•	•
NOSE PLUGS	• 4	•
PAPER BAG (1)	•	•
PEN LIGHT	•	•
PRE-WRAP (PROTECTIVE UNDER-WRAP USED UNDER ADHESIVE DRESSINGS)	• 5	•
SAFETY PINS (ASSORTED SIZES)	• 10	•
SALT (INDIVIDUAL BAGS IF AVAILABLE)	• 20	•
SANITATION HAND GEL	• 1	•
SCALPELS (DISPOSABLE)	• 3	•
SCISSORS	• 1	•
SECOND SKIN (HYDROGEL DRESSING PROTECTS AGAINST BLISTERS, PRESSURE AND FRICTION)	• 1 POT	•

CONTINUED...

ITEM	INSIDE MEDICAL TREATMENT ROOM	TO BE CARRIED ON-COURT
SLING TRIANGULAR BANDAGE	•	• 1
STERI-STRIPS	• 4 STERILE PACKETS	•
STERILE GLOVES	• 4	•
STERILE NEEDLES	• 4	•
STERILE TONGUE DEPRESSOR	• 10	•
STING RELIEF PADS	• 10	•
TAPE MEASURE	• 1	•
TAPE/SHARK CUTTER AND BLADES	• 1	•
THERMOMETER AND SHEATH COVERS (20)	• 1	•
TWEEZERS (FLAT AND POINTED)	• 1	•
VASELINE	• 1	•
WHITE CLOTH TAPE 1"/25 MM AND 1 1/2"/37 CM	• 2 AND 15	•
WOUND CLEANSER	• 1	•
ZINC OXIDE CREAM	• 1	•

OPTIONAL ADDITIONAL SUPPLIES

ITEM	INSIDE MEDICAL TREATMENT ROOM	TO BE CARRIED ON-COURT
CALAMINE LOTION	•	•
CALLOUS SHAVER AND BLADES	•	•
CALLOUS FILE	•	•
COMB	•	•
DEEP HEAT (HOT CREAM)	• 1	•
DENTAL FLOSS	• 1	•
EPSOM SALTS	• 1 BOX	•
HAIR PINS AND HAIR TIES	• 10	•
HAIR SPRAY*	• 1	•
HAIR SHAMPOO AND CONDITIONER (SMALL)	• 1	•
INSECT REPELLENT SPRAY	• 1	•
LIP PROTECTOR/BALM (SPR >15)	• 1	•
MANICURE SCISSORS (SMALL AND SHARP ENDS)*	• 1	•
NAIL FILE/EMERY BOARD AND CLIPPERS	• 5	•
NAIL POLISH REMOVER/PADS*	• 15	•
SANITARY NAPKINS*	• 4	•
SEWING KIT (NEEDLE AND THREAD)	• 1	•
SHOE LACES (FOR TENNIS SHOES)	•	• 1
STETHOSCOPE	•	•
SUN SCREEN (SPF >30) SPRAY AND WIPES	• 1	•
SUPER GLUE	• 1	•
TAMPONS*	• 10	•

*WOMEN ONLY

APPENDIX 3

INFECTION CONTROL GUIDELINES

(From 2010 USTA Women's/Men's Pro Circuit Policies and Procedures Manual for Primary Health Care Providers/Physiotherapists/Athletic Trainers).

The purpose of Infection Control Guidelines is to help reduce the risk of infectious disease transmission. The Infection Control Guidelines address player treatment and player interaction areas in the designated treatment area and on court. The Infection Control Guidelines includes the protocol for cleaning up body fluids from the court.

IN THIS SECTION

BLOOD BORNE PATHOGENS	27
SKIN INFECTIONS	28-29
UNIVERSAL PRECAUTIONS	30
RESPIRATORY AND GASTROINTESTINAL INFECTIONS	30
STANDARD PRECAUTIONS	31
CARE OF THE ATHLETE	32
DECONTAMINATION PROCEDURE OF COURT SURFACES	33
CLEANING SOLUTIONS	33
POST EXPOSURE PLAN	33
DISPOSAL OF BIO-HAZARDOUS WASTE	33

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 (see below)
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

The regulating bodies for the Infection Control Guidelines are the Occupational Safety and Health Administration (OSHA) Standards for Blood borne Pathogens (Standard 29CFR 1910.1030), and recommendations from the Centers for Disease Control and Prevention (the CDC).

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 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 must contain minimum of 62% alcohol or equivalent strength disinfectant
2. All open skin wounds, on either the athlete or health care provider, must 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 must 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.

Universal Precautions

According to OSHA Regulations Standards on Bloodborne 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.

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. The overwhelming 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

Standard Precautions

The Sports Medicine Manual of the National Collegiate Athletic Association describes standard precautions, which extends the concept of Universal Precautions to include body fluids other than blood. Standard precautions apply to blood, body fluids, secretions and excretions except sweat, regardless of whether or not they contain visible blood.

Universal Precautions were originally developed for health care settings, and Standard Precautions have additions or modifications relevant to athletics. They can be separated into the Care of the Athlete and the Decontamination Procedure of Environmental Surfaces:



Care of the Athlete

Standard Precautions guide health care providers in managing injured or bleeding athletes. Below are 'Best Practices' regarding Standard Precautions.

1. Maintain equipment and supplies to manage bleeding athletes in all treatment areas, including in court call bags. Basic equipment includes disposable gloves, gauze, bandages, tape, antiseptic wipes, Sharps container for used needles/razors/scalpels, and biohazard bags for non-Sharps medical waste
2. Proper care of cuts and abrasions includes covering the lesion each day pre-event with an occlusive dressing. This applies to both athletes and staff with skin wounds
3. Items required for the Decontamination Policy on Court will be on site. On-court management of bio-hazardous materials (blood or vomit) is the responsibility of the Sports Medicine Therapist/Trainer
4. If an athlete is bleeding during a match, stop the bleeding, cover the wound, and clean any blood spill on the court prior to return to play. Advise athletes to change or remove any blood stained apparel prior to return to play. Wear disposable gloves when managing athletes with open wounds or when cleaning/managing a surface contaminated with blood or other body fluids, except for sweat. If more than one person is being treated, then change gloves before examining the next individual. Wash hands after removing disposable gloves
5. If blood of one person gets onto the INTACT skin of another person, immediately clean the affected area with an antimicrobial wipe followed by cleaning with soap and water as soon as possible. If blood exposure occurs onto NON-INTACT skin or mucous membranes (eyes, mouth, nose), immediate referral to the doctor is mandatory. Environmental cleaning solutions (for example, bleach containing cleansers) are not appropriate for cleaning skin
6. All used needles, syringes, scalpels are to be discarded into Sharps containers, and all non-sharps waste that is soiled with blood or body fluids potentially contaminated with blood must be disposed of in properly labelled red biohazard bags

Decontamination Procedure of Court Surfaces

On-court management of bio-hazardous materials (blood or vomit) is the responsibility of the Sports Medicine Therapist/Trainer.

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 cleanup)
- 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

In the event that 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 must 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 Medicine Therapist/Trainer to make arrangements with the Tournament Doctor to properly dispose of all biohazardous waste.

GAME SET & MATCH





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