

PART 13 MEDICAL RULES

[Version entering into force on 1st January 2015]

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PART 13 MEDICAL RULES

Chapter I OLYMPIC MOVEMENT MEDICAL CODE

13.1.001 In 2009 the International Olympic Committee has adopted the Olympic Movement Medical Code that is reproduced below.

The Olympic Movement Medical Code is not a formal part of the UCI Cycling Regulations. It is not a set of UCI rules or binding obligations. It is the expression of a series of principles, goals and objectives that should guide all those that are involved in athlete health care and any activity covered by this Code, in particular: riders, their personal and team doctors, national federations, national team doctors, paramedical assistants, team managers, cycling event organizers and any medical staff involved in or present at cycling events. It is to that purpose that the Olympic Movement Medical Code is reproduced below.

13.1.002 All shall be reminded that in the event of a conflict with the Olympic Movement Medical Code, UCI rules, in particular chapters 2 to 4 below, and also any local legislation shall apply.

Olympic Movement Medical Code

In force as from 1 October 2009

PREAMBLE

Chapter I: Relationships between Athletes and Health Care Providers

1. General Principles
2. Information
3. Consent
4. Confidentiality and Privacy
5. Care and Treatment
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Chapter II: Protection and Promotion of the Athlete's Health during Training and Competition

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PREAMBLE

“Fundamental Principles of Olympism

- 1 *Olympism is a philosophy of life, exalting and combining in a balanced whole the qualities of body, will and mind. Blending sport with culture and education, Olympism seeks to create a way of life based on the joy of effort, the educational value of good example and respect for universal fundamental ethical principles.*
- 2 *The goal of Olympism is to place sport at the service of the harmonious development of man, with a view to promoting a peaceful society concerned with the preservation of human dignity.”*

Olympic Charter, July 2007

1. The Olympic Movement, in accomplishing its mission, should encourage all stakeholders to take measures to ensure that sport is practised without danger to the health of the athletes and with respect for fair play and sports ethics. To that end, it encourages those measures necessary to protect the health of participants and to minimise the risks of physical injury and psychological harm. It also encourages measures that will protect athletes in their relationships with physicians and other health care providers.
2. This objective can be achieved mainly through an ongoing education based on the ethical values of sport and on each individual’s responsibility in protecting his or her health and the health of others.
3. The present Code supports the basic rules regarding best medical practices in the domain of sport and the safeguarding of the rights and health of the athletes. It supports and encourages the adoption of specific measures to achieve those objectives. It complements and reinforces the World Anti-Doping Code as well as the general principles recognised in international codes of medical ethics.
4. The Olympic Movement Medical Code is directed toward the Olympic Games, championships of the International Federations and competitions to which the International Olympic Committee (IOC) grants its patronage or support, and to all sport practised within the context of the Olympic Movement, both during training and competition.

Chapter I: Relationships between Athletes and Health Care Providers

1. General Principles

- 1.1. Athletes should enjoy the same fundamental rights as all patients in their relationships with physicians and health care providers, in particular, respect for:
 - a. their human dignity;
 - b. their physical and mental integrity
 - c. the protection of their health and safety;
 - d. their self-determination; and
 - e. their privacy and confidentiality.

- 1.2. The relationship between athletes, their personal physician, the team physician and other health care providers should be protected and be subject to mutual respect. The health and the welfare of athletes prevail over the sole interest of competition and other economic, legal or political considerations.

2. Information

Athletes should be fully informed, in a clear and appropriate way, about 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; and the prognosis and progress of treatment and rehabilitation measures.

3. Consent

- 3.1. The voluntary and informed consent of the athletes should be required for any medical intervention.
- 3.2. Particular care should 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.
- 3.3. Athletes may refuse or interrupt a medical intervention. The consequences of such a decision should be carefully explained to them.
- 3.4. Athletes are encouraged to designate a person who can act on their behalf in the event of incapacity. They may also define in writing the way they wish to be treated and give any other instruction they deem necessary.
- 3.5. With the exception of emergency situations, when athletes are unable to consent personally to a medical intervention, the authorisation of their legal representative or of the person designated by the athletes for this purpose should be required, after they have received the necessary information.

When the legal representative has to give authorisation, athletes, whether minors or adults, should nevertheless assent to the medical intervention to the fullest extent of their capacity.

- 3.6. Consent of the athletes is required for the collection, preservation, analysis and use of any biological sample.

4. Confidentiality and Privacy

- 4.1. All information about an athlete's health status, diagnosis, prognosis, treatment, rehabilitation measures and all other personal information should be kept confidential, even after the death of the athlete and all applicable legislation should be respected.
- 4.2. Confidential information should be disclosed only if the athlete gives explicit consent thereto, or if the law expressly provides for this. Consent may be presumed when, to the extent necessary for the athlete's treatment, information is disclosed to other health care providers directly involved in his or her health care.
- 4.3. All identifiable medical data on athletes should be protected. The protection of the data will normally be appropriate to the manner of their storage. Likewise, biological samples from which identifiable data can be derived should be protected from improper disclosure.
- 4.4. Athletes should have the right of access to, and a copy of, their complete medical record. Such access should normally exclude data concerning or provided by third parties.

- 4.5. Athletes should have the right to demand the rectification of any erroneous medical data in their files.
- 4.6. Intrusion into the private life of an athlete should 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.
- 4.7. Any medical intervention should respect privacy and be carried out in the presence of only those persons necessary for the intervention, unless the athlete expressly consents or requests otherwise.

5. Care and Treatment

- 5.1. Athletes should receive such health care as is appropriate to their needs, including preventive care, activities aimed at health promotion and rehabilitation measures. Services should be continuously available and accessible to all equitably, without discrimination and according to the financial, human and material resources available for such purpose.
- 5.2. Athletes should have a quality of care marked both by high technical standards and by the professional and respectful attitude of health care providers. This includes continuity of care, including cooperation between all health care providers and establishments involved in their diagnosis, treatment and care.
- 5.3. During training and competition abroad, athletes should receive the necessary health care, which if possible should be provided by their personal physician or the team physician. They should also receive appropriate emergency care prior to returning home.
- 5.4. Athletes should be able to choose and change their own physician, health care provider or health care establishment, provided that this is compatible with the functioning of the health care system. They should have the right to request a second medical opinion.
- 5.5. Athletes should be treated with dignity in relation to their diagnosis, treatment, care and rehabilitation, in accordance with their culture, tradition and values. They should enjoy support from family, relatives and friends during the course of care and treatment, and to receive spiritual support and guidance.
- 5.6. Athletes should enjoy relief of their suffering according to the latest recognised medical knowledge. Treatments with an analgesic effect, which allow an athlete to practise a sport with an injury or illness, should be carried out only after careful consideration and consultation with the athlete and other health care providers. If there is a long-term risk to the athlete's health, such treatment should not be given. Procedures that are solely for the purpose of masking pain or other protective symptoms in order to enable the athlete to practise a sport with an injury or illness should not be administered if, in the absence of such procedures, his or her participation would be medically inadvisable or impossible.

6. Health Care Providers

- 6.1. The same ethical principles that apply to the current practice of medicine should apply equally to sports medicine. The principal duties of physicians and other health care providers include:
 - a. making the health of the athletes a priority;
 - b. doing no harm.
- 6.2. Health care providers who care for athletes should have the necessary education, training and experience in sports medicine, and keep their knowledge up to date. They should 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.
- 6.3. Athletes' health care providers should act in accordance with the latest recognised medical knowledge and, when available, evidence-based medicine. They should refrain from performing any intervention

that is not medically indicated, even at the request of the athletes, their entourage or another health care provider. Health care providers must also refuse to provide a false medical certificate concerning the fitness of an athlete to participate in training or competition.

- 6.4. When the health of athletes is at risk, health care providers should strongly discourage them from continuing training or competition and inform them of the risks.

In the case of serious danger to the athlete, or when there is a risk to third parties (players of the same team, opponents, family, the public, etc.), health care providers may also inform the competent persons or authorities, even against the will of the athletes, about their unfitness to participate in training or competition, subject to applicable legislation.

- 6.5. Health care providers should oppose any sports or physical activity that is not appropriate to the stage of growth, development, general condition of health, and level of training of children. They should act in the best interest of the health of children or adolescents, without regard to any other interests or pressures from the entourage (e.g., coach, management, family, etc.) or other athletes.
- 6.6. Health care providers should disclose when they are acting on behalf of third parties (e.g., club, federation, organiser, NOC, etc.). They should personally explain to the athletes the reasons for the examination and its outcome, as well as the nature of the information provided to third parties. In principle, the athlete's physician should also be informed.
- 6.7. When acting on behalf of third parties, health care providers should limit the transfer of information to what is essential. In principle, they may indicate only the athlete's fitness or unfitness to participate in training or competition. With the athlete's consent, the health care providers may provide other information concerning the athlete's participation in sport in a manner compatible with his or her health status.
- 6.8. At sports venues, it is the responsibility of the team or competition physician to determine whether an injured athlete may continue in or return to the competition. This decision should not be delegated to other professionals or personnel. In the absence of the competent physician, such professionals or personnel should adhere strictly to the instructions that he or she has provided. At all times, the overriding priority should be to safeguard the health and safety of athletes. The outcome of the competition should never influence such decisions.
- 6.9. When necessary, the team or competition physician should ensure that injured athletes have access to specialised care, by organising medical follow-up by recognised specialists.

Chapter II: Protection and Promotion of the Athlete's Health during Training and Competition

7. General Principles

- 7.1. No practice constituting any form of physical injury or psychological harm to athletes should be acceptable. Members of the Olympic Movement should ensure that the athletes' conditions of safety, well-being and medical care are favourable to their physical and mental equilibrium. They should adopt the necessary measures to achieve this end and to minimise the risk of injuries and illness. The participation of sports physicians is desirable in the drafting of such measures.
- 7.2. In each sports discipline, minimal safety requirements should be defined and applied with a view to protecting the health of the participants and the public during training and competition. Depending on the sport and the level of competition, specific rules should be adopted regarding sports venues, safe environmental conditions, sports equipment authorised or prohibited, and the training and competition programmes. The specific needs of each athlete category should be identified and respected.

- 7.3. For the benefit of all concerned, measures to safeguard the health of the athletes and to minimise the risks of physical injury and psychological harm should be publicised for the benefit all concerned.
- 7.4. Measures for the protection and the promotion of the athletes' health should be based on the latest recognised medical knowledge.
- 7.5. Research in sports medicine and sports sciences is encouraged and should be conducted in accordance with the recognised principles of research ethics, in particular the Declaration of Helsinki adopted by the World Medical Association (last revised in Seoul, 2008), and the applicable law. It must never be conducted in a manner which could harm an athlete's health or jeopardise his or her performance. The voluntary and informed consent of the athletes to participate in such research is essential.
- 7.6. Advances in sports medicine and sports science should not be withheld, and should be published and widely disseminated.

8. Fitness to Practise a Sport

- 8.1. Except when there are symptoms or a significant family medical history, the practice of sport for all does not require undergoing a fitness test. The recommendation for an athlete to undergo such a test is the responsibility of the personal physician.
- 8.2. For competitive sport, athletes may be required to present a medical certificate confirming that there are no apparent contraindications. The fitness test should be based on the latest recognised medical knowledge and performed by a specially trained physician.
- 8.3. A pre-participation medical test is recommended for high level athletes. It should be performed under the responsibility of a specially trained physician.
- 8.4. Any genetic test that attempts to gauge a particular capacity to practise a sport constitutes a medical evaluation to be performed under the responsibility of a specially trained physician.

9. Medical Support

- 9.1. In each sports discipline, appropriate guidelines should be established regarding the necessary medical support, depending on the nature of the sports activities and the level of competition. These guidelines should address, but not be limited to, the following points:
 - medical coverage of training and competition venues and how this is organised;
 - necessary resources (supplies, premises, vehicles, etc.);
 - procedures in case of emergencies;
 - system of communication between the medical support services, the organisers and the competent health authorities.
- 9.2. In case of a serious incident occurring during training or competition, there should be procedures to provide the necessary support to those injured, by evacuating them to the competent medical services when needed. The athletes, coaches and persons associated with the sports activity should be informed of those procedures and receive the necessary training for their implementation.
- 9.3. To reinforce safety in the practice of sports, a mechanism should be established to allow for data collection with regard to injuries sustained during training or competition. When identifiable, such data should be collected with the consent of those concerned, and be treated confidentially in accordance with the recognised ethical principles of research.

Chapter III: Adoption, Compliance and Monitoring

10. Adoption

- 10.1. The Code is intended to guide all members of the Olympic Movement, in particular the IOC, the International Sports Federations and the National Olympic Committees (hereafter the Signatories). Each Signatory adopts the Code according to its own procedural rules.
- 10.2. The Code is first adopted by the IOC. It is not mandatory, but desirable, that all members of the Olympic Movement adopt it.
- 10.3. A list of all Signatories will be made public by the IOC.

11. Compliance

- 11.1. The Signatories implement the applicable Code provisions through policies, statutes, rules or regulations according to their authority and within their respective spheres of responsibility. They undertake to make the principles and provisions of the Code widely known, by active and appropriate means. For that purpose, they collaborate closely with the relevant physicians' and health care providers' associations and the competent authorities.
- 11.2. The Signatories encourage the physicians and other health care providers caring for athletes within their spheres of responsibility to act in accordance with this Code.
- 11.3. Physicians and other health care providers remain bound to respect their own ethical and professional rules in addition to the applicable Code provisions. In the case of any discrepancy, the most favourable rule that protects the health, the rights and the interests of the athletes should prevail.

12. Monitoring

- 12.1. The IOC Medical Commission oversees the implementation of the Code and receives feedback relating to it. It is also responsible for monitoring changes in the field of ethics and best medical practice and for proposing adaptations to the Code.
- 12.2. The IOC Medical Commission may issue recommendations and models of best practice with a view to facilitating the implementation of the Code.

Chapter IV: Scope, Entry into Force and Amendments

13. Scope

- 13.1. The Code applies to all participants in the sports activities governed by each Signatory, in competition as well as out of competition.
- 13.2. The Signatories are free to grant wider protection to their athletes.
- 13.3. The Code applies without prejudice to the national and international ethical, legal and regulatory requirements that are more favourable to the protection of the health, rights and interests of the athletes.

14. Entry into Force

- 14.1. The Code enters into force for the IOC on 1 October 2009. It applies to all Olympic Games, beginning with the 2010 Vancouver Olympic Winter Games.

- 14.2. The Code may be adopted by the other members of the Olympic Movement after this date. Each Signatory determines when such adoption will take effect.
- 14.3. The Signatories may withdraw acceptance of the Code after providing the IOC with written notice of their intent to withdraw.

15. Amendments

- 15.1. Athletes, Signatories and other members of the Olympic Movement are invited to participate in improving and modifying the Code. They may propose amendments.
- 15.2. Upon the recommendation of its Medical Commission, the IOC initiates proposed amendments to the Code and ensures a consultative process, both to receive and respond to recommendations, and to facilitate review and feedback from athletes, Signatories and members of the Olympic Movement on proposed amendments.
- 15.3. After appropriate consultation, amendments to the Code are approved by the IOC Executive Board. Unless provided otherwise, they become effective three months after such approval.
- 15.4. Each Signatory must adopt the amendments approved by the IOC Executive Board within one year after notification of such amendments. Failing this, a Signatory may no longer claim that it complies with the Olympic Movement Medical Code.

Adopted by the IOC Executive Board in Lausanne on 16 June 2009

Chapter II MEDICAL ACTORS IN CYCLING

§ 1 UCI Medical Commission

13.2.001 The UCI Medical Commission is established by the Management Committee of the UCI.

The roles and responsibilities shall be as defined by the Management Committee of the UCI and by these Cycling regulations.

Comment: the decision of the UCI Management Committee dated 18-19 June 2009 and defining the terms of reference of the UCI Medical Commission is reproduced as annex1 to this part 13.]

§ 2 UCI Doctor

13.2.002 The UCI Doctor is the medical doctor appointed by the UCI who coordinates the work of the UCI Medical Commission and is the Commission's contact person with the UCI.

§ 3 UCI Medical Delegate

13.2.003 The Medical Commission shall appoint a UCI Medical Delegate for such UCI World Championships as selected by the Commission. The UCI Medical Delegate will sign a declaration of confidentiality form when accepting the designation.

13.2.004 The duties of the UCI Medical Delegate shall be:

1. Where appropriate, to observe and advise on the application of the UCI health rules and the Olympic Movement Medical Code ;
2. To become acquainted with the UCI Medical Report Form submitted by the organizer and to check that the medical facilities at the World Championships comply with it and with the UCI rules;
3. To inspect the medical facilities with the Chief Medical Officer (CMO) of the Local Organising Committee (LOC) the day before the first official training session. Further checks will be made on a regular basis during the event to check that medical facilities are in accordance with the UCI rules and to report any shortcomings found to the organizer and, for his information, to the UCI Technical Delegate ;
4. To obtain from the Chief Medical Officer at the end of each day the ad hoc list form of riders who required medical care and of the riders who were evacuated to a medical care centre ;
5. To visit riders who have been evacuated to medical care centres ;
6. To be the contact person for team doctors ;
7. To receive information on riders listed on the starting list and who don't wish to compete for medical reasons.
8. To coordinate on site research projects initiated by the Medical Commission.
9. To make a final report to the Medical Commission on the medical services at the World Championships.

- 13.2.005** Checks carried out by the UCI Official Doctor are limited to checks of compliance with the UCI rules and do not shift responsibility for the medical services from the organizer to the UCI. Findings of non-compliance are notified to the organizer who shall take appropriate measures and remain exclusively responsible for the safety at the world championships under the UCI rules and the terms of the organization agreement.

§ 4 National Medical Doctor

- 13.2.006** Each National Federation shall appoint a medical doctor as national medical doctor. Whenever possible the National Federation shall appoint a doctor that is familiar with sports medicine.
- 13.2.007** The national medical doctor shall be aware of and coordinate all actions of the National Federation in the fields of health and medicine.
- 13.2.008** The national medical doctor must take a UCI license from the National Federation. The National Federation shall register his/her name to the UCI Medical Commission.
- 13.2.009** The national medical doctor shall establish a relationship and cooperate with the UCI Medical Commission.

§ 5 Team Doctors

- 13.2.010** Only doctors who hold a licence as a team doctor issued by their National Federation may be engaged or appointed by National Federations, Teams, sponsors, clubs, cycling associations, or any other cycling body to provide medical care to their respective riders.
- 13.2.011** Medical care in this context is understood to mean non-casual medical care, including that in the following fields: medical examination of riders, examination of fitness to compete, treatment of sporting injuries and illnesses, the prescription of medication to be taken during sporting activity and advice on nutrition and training.
- 13.2.012** The licence shall be issued by the National Federation of the country of residence of the doctor. The National Federation shall register his/her name to the UCI Medical Commission.
- 13.2.013** The conditions under which a sports doctor's licence may be obtained shall be set by the National Federation.
- In all cases the person concerned shall hold a recognised medical degree, in good standing, with an unrestricted license to practice medicine and preferably with a knowledge of sports medicine.
- 13.2.014** Any agreement or practice linking the pay of a team doctor to the performance of a rider or riders shall be forbidden.
- 13.2.015** The team shall ensure that all staff members and persons contracted for providing any assistance to the riders refer to the team doctor for all matters that may have an impact on the health of the rider.

13.2.016 Regardless of his contractual obligations to the team the role and responsibilities of a team doctor shall include:

1. Have as primary concern to provide the best medical care for the riders of the team at all levels and under all circumstances and commit the necessary time and effort to that end
2. Continue medical training in sports medicine
3. Develop and maintain basic knowledge of medicolegal, disability and workers' compensation issues
4. Develop and maintain a profound knowledge of the athletic specificities of the cycling disciplines of the riders of the team
5. Coordinate pre-participation screening, examination, and evaluation;
6. Prevent and manage injuries and illnesses;
7. Coordinate rehabilitation and return to participation;
8. Provide for proper preparation for safe return to participation after an illness or injury;
9. Integrate medical expertise with other health care providers
10. Provide for appropriate education and counselling to the riders regarding nutrition, strength training and conditioning, ergogenic aids, substance abuse, prohibited substances and methods and other medical problems that could affect the riders;
11. Provide for proper documentation and medical record keeping;
12. Participate in health surveys and other efforts to improve the medical care in cycling;
13. Establish and define the roles and relationships of all parties within the team in relation to health issues;
14. Develop a chain of command within the team in relation to health issues;
15. Educate riders, parents (for minors), team managers, coaches, and other involved parties on concerns regarding the riders;
16. Plan and train for emergencies during competition and training;
17. Address medical equipment and supply issues;
18. Provide for proper event coverage in terms of medical care
19. Assess environmental concerns and cycling conditions

The responsibilities of the team doctor shall not exonerate or affect the responsibilities that other persons have under the UCI regulations.

13.2.017 Any breach by a team doctor of the obligations imposed in this part 13 of the UCI regulations may be sanctioned by the UCI Disciplinary Commission by a suspension of between eight days and one year and/or a fine of between CHF 500.00 and CHF 5,000.00. In the case of a second offence within two years of the first, the team doctor will be suspended for a duration of at least six months or excluded permanently and subjected to a fine of between CHF 1,000.00 and CHF 10,000.00.

Where applicable a breach shall be qualified as a serious shortcoming of best medical practices.

Furthermore the matter may be passed over to the national medical disciplinary authorities.

13.2.018 Any contravention of article 13.2.010, article 13.2.014 or article 13.2.015 may be sanctioned by the UCI Disciplinary Commission by a suspension of the body in question for between one month and one year and/or a fine of between CHF 1,000.00 and CHF 10,000.00. In the event of a second or subsequent offence within

five years of the first, the offence shall be penalised by a fine of between CHF 2,000.00 and CHF 20,000.00 and/or a suspension of at least six months or permanent exclusion.

- 13.2.019** If the case involves a rider who, during the year of the offence, has taken part in or is taking part in races on the international calendar, the National Federation shall inform the UCI before it starts disciplinary procedures. The UCI may require disciplinary proceedings to be held in accordance with the Anti-Doping regulations. If the UCI does not make use of this right within fifteen days of its being informed of the case by the National Federation, the latter may proceed with disciplinary proceedings in accordance with its own regulations.

§ 6 Paramedical Assistants

Definition

- 13.2.020** The term Paramedical Assistant shall be taken to mean any person who, regularly, at the request or on the direct or indirect initiative of a National Federation, a Team, a sponsor, a club, a cycling association, or any other cycling entity, administers to a rider any paramedical or physical care in connection with the preparation for or participation in cycling races, such as, for example, the administration - under the supervision of a team doctor - of medicines, treatment in case of injury and massage.

Licence

- 13.2.021** With the exception of doctors holding a UCI licence as a team doctor, no-one may act as Paramedical Assistant without holding a Paramedical Assistant's licence.

- 13.2.022** The Paramedical Assistant's licence shall be issued by the respective National Federation.

- 13.2.023** The conditions for obtaining a licence as a Paramedical Assistant shall be set by National Federations. These conditions must ensure that such licences are issued only to those capable of offering quality assistance which respects the imperatives of health and, where applicable, the laws governing the practice of health professionals. It is desirable that a licence is granted only to persons that hold a diploma and have continued training in the field of the services that they are to extend to the riders, have a working knowledge of medical conditions affecting athletes and possess a basic knowledge of first aid at sporting events.

Rules of conduct

- 13.2.024** The Paramedical Assistant shall provide the best care for the riders of the team at all levels and under all circumstances and commit the necessary time and effort to that end.

- 13.2.025** The Paramedical Assistant shall develop and maintain a profound knowledge of the athletic specificities of the cycling disciplines of the riders of the team and continue training in his fields of activity.

- 13.2.026** The Paramedical Assistant shall respect and ensure the respect of the health imperatives of the rider health, sporting ethics and the regulations of the UCI and National Federations. He shall be subject to professional and medical secrecy.

- 13.2.027** The behaviour of the Paramedical Assistant shall serve as an example for the rider.

- 13.2.028** The Paramedical Assistant shall place the health of the rider before any interests of his Team, club, sponsor or National Team, that might be harmful to him. He shall oppose training sessions or participation in races in cases where the health and security of the rider cannot be ensured. He shall play an active role in injury prevention and athlete education.
- 13.2.029** The Paramedical Assistant shall avoid and combat any situations and circumstances that might have a negative effect on the physical integrity and the psychic well-being of the rider.
- 13.2.030** The Paramedical Assistant shall confine his activity to such acts for which he has sufficient training and experience to guarantee their quality and safety.
- 13.2.031** Care shall be given according to the real needs of the rider and best professional practice. The Paramedical Assistant shall abstain from any treatment of an experimental nature.
- 13.2.032** The Paramedical Assistant shall refrain from doing anything he may not be authorised to do under the legislation of his own country or of the country where he is practicing his profession.
- 13.2.033** The Paramedical Assistant shall be required to follow the instructions of a doctor when treating a sick or injured rider.
- 13.2.034** In particular, the Paramedical Assistant shall abstain from and oppose any involvement in acts and methods prohibited under the UCI Anti-Doping regulations.
- Fundamental rights of the rider**
- 13.2.035** The Paramedical Assistant may not perform any act on the rider without the consent of the rider himself.
- 13.2.036** The Paramedical Assistant shall inform the rider of the nature and purposes of any treatment given and of its consequences.
- 13.2.037** The rider shall be entitled to learn about any information about his health or his psychic or physical state that the Paramedical Assistant has recorded or has had recorded.
- 13.2.038** The Paramedical Assistant shall respect the privacy of the rider and, in the interest of that privacy, be discreet about the care administered, notwithstanding his obligation to disclose information required by or under the regulations of the UCI and of National Federations or a legal provision.
- Penalties**
- 13.2.039** Any breach by a Paramedical Assistant of the obligations deriving from this part 13 of the UCI regulations may be sanctioned by the UCI Disciplinary Commission by a suspension of at least eight days up to a maximum of one year and/or a fine of minimum CHF 500.00 to maximum CHF 5,000.00. In the case of a second breach being committed within two years of a first breach, the Paramedical Assistant shall be suspended for a minimum duration of six months or will be debarred for life and subjected to a fine of minimum CHF 1,000.00 up to maximum CHF 10,000.00.

Where applicable a breach shall be qualified as a serious shortcoming of best practices of the profession.

- 13.2.040** Any person, club, Team, Federation or other organisation calling on the services of a person not holding an Paramedical Assistant's or doctor's licence for the purpose of caring for a rider as defined in article 13.2.020 shall be suspended for a minimum of one month up to a maximum of one year and/or be subjected to a fine of minimum CHF 750.00 up to maximum CHF 10,000.00. Should there be a repeat of the offence within two years, the punishment shall be a minimum suspension of six months or final debarment and a fine of minimum CHF 1,500.00 up to maximum CHF 20,000.00.
- 13.2.041** The same penalties as referred to in article 13.2.040 shall be imposed on any licence-holders caring for riders as defined in article 13.2.020 without holding a Paramedical Assistant's or a doctor's licence or who are accessories to any breach committed by an Paramedical Assistant, in particular by inciting or forcing the Paramedical Assistant to commit acts counter to the present Regulations.
- 13.2.042** Should the facts relate to a rider who, during the year in which the breach was committed, participates or has participated in international calendar races, the National Federation shall inform the UCI before taking any disciplinary action. The UCI shall then be entitled, within fifteen days of the notification by the National Federation, to require that disciplinary proceedings be taken according to the Anti-Doping regulations. If the UCI does not avail itself of this right, the proceedings shall be conducted according to the regulations of the National Federation.

Chapter III PROTECTION AND PROMOTION OF THE RIDER'S HEALTH

§ 1 General rules

13.3.001 Each rider shall take care of his physical condition and be attentive to health and safety risks.

13.3.002 Each Team taking part in cycling events shall constantly and systematically ensure that its members are in proper physical condition to engage in cycling.

It shall also ensure that their members practice the sport under safe conditions. It shall ensure in particular that the rider is in good health when returning to competition after a break.

13.3.003 At cycling events, it is the responsibility of the team or race doctor, if any, to determine whether an injured rider may continue in or return to the competition. This decision may not be delegated to other professionals or personnel. At all times, the priority must be to safeguard the health and safety of rider. The potential outcome of the competition must never influence such decisions.

If the team doctor and the race doctor have a different opinion on whether the rider may continue or return to the competition the rider shall not continue or return to the competition.

13.3.004 National Federations shall have freedom of action as regards health protection and medical monitoring for their license-holders in addition to the medical monitoring provided by these UCI regulations.

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

13.3.005 During races on the international calendar, no controls other than those imposed under the UCI regulations may be organized or accepted. This shall apply to the in-competition period for each race as defined in UCI's Anti-Doping Rules.

13.3.006 Each UCI ProTeam and each Professional Continental Team shall appoint a medical doctor, ideally a sports medicine doctor, as its team doctor. Other UCI-registered teams shall endeavour to appoint a medical doctor as their team doctor, ideally a sports medicine doctor.

§ 2 Medical monitoring of UCI ProTeams and UCI Continental Professional Teams

General

13.3.007 This section shall apply to the UCI Pro Teams and professional continental teams.

13.3.008 For the purposes stipulated in article 13.3.002, the Team shall set in place and implement a prevention and safety programme that includes at least the programme of required tests and the risk prevention set out below.

13.3.009 The Team Manager shall be responsible for the organization and implementation of these programmes. The Team doctor shall be responsible for the medical aspects.

13.3.010 The Team shall not oblige or allow any rider to participate in cycling events if he has been judged unfit by the Team doctor or if it learns in any other way that he is unfit.

13.3.011 In the event that the Team doctor learns of any facts that in his view render the rider (even temporarily) unfit to participate in cycling events, he shall declare the rider unfit and shall inform the Team Manager. The duration of the period for which a rider shall be deemed unfit shall be determined by the Team doctor. This decision and the declaration of unfitness shall be made in writing and added to the rider's medical file.

13.3.012 The Team and the Team doctor shall help the rider to seek medical assistance.

13.3.013 For competitions lasting three days or more, it is mandatory for the team to have a medical doctor present for the full event.

13.3.014 The Team doctor shall inform the UCI Medical Commission of the risks observed and of any information or suggestion that may be useful for the cycling community in terms of health, medicine and prevention.

Tests

13.3.015 Riders must undergo the medical tests listed in the "Programme of obligatory tests for UCI medical monitoring" drawn up by the Medical Commission.

This programme will also set the procedures for the implementation of this section. The programme is obligatory for the parties concerned on the same basis as these regulations and is subject to the sanctions set out in the same.

The programme and its amendments shall come into force as from the moment that the Teams are notified.

13.3.016 The programme of obligatory test must include a check-up when a rider first joins a Team. Subsequently, examinations are carried out every two years, every year and every quarter as shown in the table in the programme.

13.3.017 Each examination shall include a physical examination by a medical doctor, preferably with experience in sports medicine, and the specific examinations stipulated in the programme.

13.3.018 The examinations shall be carried out in such a way that their results are known and provide a basis for assessing the fitness to train or compete of the rider before the end of the period in which they must be carried out.

13.3.019 The obligatory tests shall be carried out at the Teams' expense.

Medical file

13.3.020 The Team doctor shall keep a medical file for each rider.

13.3.021 The medical file shall include all the results of the examinations to be carried out on the rider under the terms of the present regulations and any other useful information concerning the rider's health that is added with his agreement.

13.3.022 The medical file is the property of the rider but must be kept by the Team doctor.

- 13.3.023** Without prejudice to the right to check of the UCI Medical Commission following article 13.3.028, only the rider and the Team doctor shall have access to the medical file.
- 13.3.024** The Team doctor and if necessary, the UCI Medical Commission shall treat the test results as confidential, without prejudice to the obligation of the Team doctor to declare a rider unfit to train or to compete where necessary.
- 13.3.025** The medical file shall be handed over to the rider when he leaves the Team. The rider shall hand it over to the Team doctor of his new Team.
- 13.3.026** Any document dating back ten years or more shall be withdrawn from the medical file.

Controls

- 13.3.027** After each test the Team doctor shall submit a declaration to the UCI Medical Commission in accordance with the model drawn up by the UCI Medical Commission noting the examinations undergone by each rider. This declaration must be received by the UCI Medical Commission by the 15th of the month following that in which the test was to take place.
- 13.3.028** On request from the UCI Medical Commission and within the time limit and in accordance with the procedures set by it, the Team doctor shall provide the Commission with the proof of the obligatory tests following the present regulations and give the explanations and information required.
- 13.3.029** The UCI Medical Commission shall ensure that no other member or person than member medical doctors or the UCI doctor shall have access to the medical information of the riders.

Penalties

- 13.3.030** The following penalties may be imposed by the UCI Disciplinary Commission in the event of infringements of the regulations set out in the present section:
- to the Team: suspension from eight days to six months and/or a fine of CHF 1,000 to CHF 10,000; in the event of a contravention of article 13.3.027 the Team shall be penalised by a fine of CHF 500 per rider per week's delay;
- to the rider: suspension from eight days to three months and/or a fine of CHF 100 to CHF 1,000;
- to the Team doctor: in accordance with article 13.2.017;
- to the Team Manager: a suspension of between eight days and ten years and/or a fine of between CHF 500 and CHF 10,000. In the event of an infringement committed in the two years following the first infringement, six month suspension minimum or final exclusion and a fine of CHF 1,000 to CHF 10,000.

§ 3 Medical monitoring for women road, mountain bike (cross-country), track and BMX disciplines

13.3.031 This section shall apply to the following disciplines: women road, mountain-bike (cross-country), track and BMX.

Riders who have to submit to the medical monitoring programme are the following:

1. UCI's Women's Teams
2. Mountain-bike (cross-country): the first 100 men and the first 40 women in the UCI individual classifications, Olympic format, of the 31 December of the preceding year;
3. Track: the first 100 men and the first 40 women in the UCI individual classifications of the 31 December of the preceding year;
4. BMX: the first 50 men and the first 20 women of the UCI individual classifications of the 31 December of the preceding year.

General

13.3.032 The National Federation of the rider shall set in place and implement a prevention and safety programme that includes at least the programme of required tests set out below.

13.3.033 The National Federation shall be responsible for the organisation and implementation of these programmes. In case the team does not have a team doctor, the national medical doctor or the doctor appointed by the National Federation (responsible doctor) shall be responsible for the medical aspects. Such doctor shall have a license as a team doctor.

13.3.034 The National Federation or the rider's team shall not oblige or allow any rider to participate in cycling events if he/she has been judged unfit by the medical consultant or if it learns in any other way that he/she is unfit.

13.3.035 In the event that the responsible doctor learns of any facts that in his view render the rider (even temporarily) unfit to participate in cycling events, he shall declare the rider unfit and shall inform the rider's team or club. The period for which a rider shall be deemed unfit shall be determined by the responsible doctor. This decision and the declaration of unfitness shall be made in writing and added to the rider's medical file.

13.3.036 The National Federation and the responsible doctor shall help the rider to seek medical assistance.

Tests

13.3.037 Riders referred to by article 13.3.031 must undergo the medical tests listed in the «Programme of obligatory tests for UCI medical monitoring» for women road, mountain biking (cross-country), track and BMX, drawn up by the UCI Medical Commission.

This programme will also set the procedures for the implementation of this section. The programme is obligatory for the parties concerned on the same basis as these regulations and is subject to the sanctions set out in the same.

The programme and its amendments shall come into force as from the moment that of their communication to the national federation.

13.3.038 The programme of obligatory test must include a check-up when request for the licence is submitted. Subsequently, examinations are carried out as shown in the table in the programme.

13.3.039 Within the context of medical monitoring, each examination shall include a physical examination by a medical doctor, preferably with experience in sports medicine, and the specific examinations stipulated in the programme.

13.3.040 The examinations shall be carried out in such a way that their results are known and provide a basis for assessing the fitness of the rider to train or to compete before the end of the period in which they must be carried out.

13.3.041 The obligatory tests shall be carried out at the team's (for riders of registered teams) or national federation's expense.

Medical file

13.3.042 The responsible doctor shall keep a medical file for each rider.

13.3.043 The medical file shall include all the results of the examinations to be carried out on the rider under the terms of the present regulations and any other useful information concerning the rider's health that is added with his agreement.

13.3.044 The medical file is the property of the rider but it must be kept by the responsible doctor.

13.3.045 Without prejudice to the right to check of the UCI medical commission following article 13.3.049, only the rider and the responsible doctor shall have access to the medical file.

13.3.046 The responsible doctor and, if needed the UCI Medical Commission shall treat the test results as confidential, without prejudice to the obligation of the responsible doctor to declare a rider unfit where necessary.

13.3.047 The medical file shall be handed over to the rider when he is no longer a licence-holder of the national federation.

13.3.048 Any document dating back ten years or more shall be withdrawn from the medical file.

Controls

13.3.049 On request from the UCI Medical Commission and within the time limit and in accordance with the procedures set by the Commission, the responsible doctor shall provide the Commission with the result of the tests and give the explanations and information required.

13.3.050 The Medical Commission shall ensure that no other member or person than member medical doctors or the UCI doctor shall have access to the medical information of the riders.

Penalties

13.3.051

The following penalties may be imposed by the UCI Disciplinary Commission in the event of violation of the regulations set out in the present section:

1. to the team or the national federation: a fine of CHF 1,000 to CHF 10,000 in the event of a violation of article 13.3.037, The national federation shall be penalised by a fine of CHF 500 per rider per week's delay;
2. to the rider: suspension from eight days to three months and/or a fine of CHF 100 to CHF 1,000;
3. to the responsible doctor: in accordance with article 13.2.017;
4. to the rider's team manager, depending on the case: a suspension of between eight days and ten years and/or a fine of between CHF 500 and CHF 10,000. In the event of an infringement committed in the two years following the first infringement, six month suspension minimum or final exclusion and a fine of CHF 1,000 to CHF 10,000.

§ 4 Ban on injections

Comment: the aim of this paragraph is to prohibit the use of injections to administer drugs or substances without a clear and recognized medical indication (i.e vitamins, enzymes, cofactors, sugars, amino-acids, proteins, anti-oxydants, etc.). In particular, it refers to injections aimed at improving and speeding up recovery or decreasing fatigue

13.3.052

The injection of any substance to any site of a rider's body is prohibited unless all of the following conditions are met:

1. The injection must be medically justified based on best practice. Justification includes physical examination by a certified medical doctor and an appropriately documented diagnosis, medication and route of administration;
2. There is no alternative treatment without injection available;
3. The injection must respect the manufacturer-approved indication of the medication;
4. The injection must be administered by a certified medical professional except where normal practice is that the patient with a disease requiring injections injects him/herself (for example diabetes);
5. The injection must be reported immediately and in writing not later than 24 hours afterwards to the UCI Doctor (via email [medical@uci.ch] or fax [+41 24 468 59 48]), except for riders
 - a. With a valid TUE;
 - b. Vaccination
 - c. When the injection is received during hospital treatment or clinical examination;
 - d. When normal practice is that the patient with a disease requiring injections injects him/herself.

The report must be made by the medical doctor having examined the rider and must include the confirmation that a physical examination took place, the diagnosis, medication and route of administration. Where applicable it shall also include the prescription referred to in article 13.1.065.

Comment to par. 5: the report may be sent by the medical doctor or the rider. The rider is responsible for the report to be sent.

- 13.3.053** The prohibition under article 13.3.052 applies to any substance that is injected, whether endogenous or exogenous, whether prohibited under the UCI Anti-Doping Rules or not.
- 13.3.054** The prohibition under article 13.3.052 applies to any type of injection: intravenous, intramuscular, intra-articular, peri-articular, peri-tendinous, epidural, intra-dermal, subcutaneous, etc.
- 13.3.055** In case of a local injection of glucocorticosteroids, which is subject also to the UCI Anti-Doping Rules and the Prohibited List, the rider must rest and is excluded from competition for 8 days.
- The medical doctor having prescribed the injection shall prescribe this rest in writing to the rider and add to the documentation referred to in article 13.3.052.1 a copy of such prescription signed by him/herself and the rider.
- 13.3.056** In case of an injection of a prohibited substance, in addition to the requirements of articles 13.3.052 and 13.3.055, a Therapeutic Use Exemption remains required and the procedure foreseen in article 4 of the UCI Anti-Doping Rules has to be followed.
- 13.3.057** The following penalties may be imposed by the UCI Disciplinary Commission in the event of an infringement of article 13.3.052: suspension from eight days to six months and/or a fine of CHF 1,000 to CHF 100,000; in the case of a second offence within two years of the first: a suspension of at least six months or lifetime suspension and a fine of CHF 10,000 to CHF 200,000.
- The penalties shall apply to any licence-holder found to have committed the violation or to be an accomplice; application of article 1.1.086 is reserved;
- 13.3.058** In addition to the sanctions stipulated in article 13.3.057 the following shall apply:
1. In case of infringement of article 13.3.055 all results obtained by the rider in the 48 hours period shall be disqualified.
 2. In case a violation of article 13.3.052 occurs at a race the licence holder(s) concerned and, where appropriate, the whole team of the licence holder(s) at fault may be excluded from the race; in this respect the possession of objects used or fit for an injection shall be presumed to constitute evidence of a violation of article 13.3.052 having been committed except if the objects are in the possession of the medical doctor who has made the report referred to in article 13.3.052.5 and are covered by such report and except for those objects that may reasonably be in a medical doctor's possession. The exclusion may be decided by the president of the commissaires' panel after having given the persons concerned the opportunity to be heard or by the president of the UCI Disciplinary Commission upon report by the president of the commissaires' panel.
- 13.3.059** At stage races expedited disciplinary proceedings may be conducted as determined by the president of the UCI Disciplinary Commission.
- 13.3.060** The disposal of any material used for an injection shall conform to recognised safety standards.

§ 5 Concussion and return to competition

- 13.3.061** All those in the presence of a rider and in particular all doctors and paramedical assistants shall be watchful for riders showing symptoms of concussion.
- 13.3.062** Concussion is defined as a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces. The diagnosis of acute concussion usually involves the assessment of a range of domains including clinical symptoms, physical signs, behavior, balance, sleep and cognition.
- 13.3.063** If any one or more of the following components is seen to be present, a concussion should be suspected:
1. Symptoms: somatic (e.g. headache), cognitive (e.g. feeling like in a fog) and/or emotional symptoms (e.g. lability)
 2. Physical signs (e.g. loss of consciousness, amnesia)
 3. Behavioural changes (e.g. irritability)
 4. Cognitive impairment (e.g. slowed reaction times)
 5. Sleep disturbance (e.g. drowsiness)
- 13.3.064** Any rider with a suspected concussion should be immediately removed from the competition or training and urgently assessed medically.
- 13.3.065** For appropriate clinical evaluation for suspected concussion, for concussion management and return to training and competition doctors should refer to the published guidelines (Consensus statement on concussion in Sport – 4th International Conference, Zurich 2012) and the Sport Concussion Assessment Tool 3 (SCAT 3) and any update thereof.

Chapter IV MEDICAL SERVICE AT EVENTS

§ 1 General rules

- 13.4.001** The health and safety of all involved in a cycling event shall be a primary concern of the organiser of the event.
- 13.4.002** The organizer of a cycling event shall be responsible for setting up and operating appropriate medical services at the event in order to provide treatment for riders, officials, team and organisation staff, press and all other accredited persons who suffer injury or illness at the event.
- 13.4.003** The organizer shall ensure that the medical assistance to be provided in his cycling event is of the highest possible standards and efficiency in all respects, taking into account that any delay, error or indecision may have serious consequences.
- 13.4.004** Medical care shall be available immediately after an accident or the appearance of symptoms (first intervention time). The major objective shall be to provide the best care possible in order to stabilise a person's condition and, if necessary, to transfer the person to an appropriate hospital facility without delay.
- 13.4.005** The organiser shall at least appoint one or more doctors to provide medical care on site, and provide one or more ambulances. For the rest the medical service shall be consistent with all relevant factors including but not limited to:
1. The discipline, the size and the level of the event,
 2. The estimated number of competitors, support staff and spectators,
 3. The geographical, topographical and environmental conditions, and
 4. The local law and professional practices.
- 13.4.006** The organiser shall ensure that the providers of medical services have the required professional licenses and permits including for the vehicles they drive.
- 13.4.007** On-site medical services shall be operational continuously from at least one hour before the start of each competition or official training session until at least one hour after the last rider has finished.
- 13.4.008** Outside the timeframes referred to in article 13.4.007 a round-the-clock service shall be organized consisting of at least one paramedic who may be called upon at all times to assist in finding adequate medical help and who is fluent in English or French.
- 13.4.009** Prior to the start of the event, the organiser must make available to participating teams and to all medical and organizational staff a document with a plan of the on-site medical stations, the names and telephone numbers of the on-site medical staff and of the hospitals to be contacted to receive injured persons.
- 13.4.010** The organiser shall also provide a separate medical service for the public in accordance with local legislation and reflecting the size of crowd expected.
- 13.4.011** The organizer shall be responsible for the medical services to the exclusion of the UCI.

Checks that may be carried out by or on behalf of the UCI are limited to checks of compliance with the UCI rules and do not shift responsibility for the medical services from the organizer to the UCI. The organizer remains exclusively responsible for the safety at his event.

§ 2 UCI World Championships, UCI World Cup events and UCI World Tour events

13.4.012 The rules of this §2 apply to UCI World Championships, UCI World Cup events and to the races of the UCI World Tour.

13.4.013 The Local Organizing Committee (LOC) shall put in place at the minimum the resources specified below. Additional resources may be required by local law and/or by the specific circumstances of the event.

Human resources

13.4.014 LOC shall appoint as Chief Medical Officer (CMO) a doctor with knowledge in sports medicine and if possible with experience in the discipline of the event. The CMO shall be the general coordinator of the medical services at the event.

13.4.015 LOC shall also provide in support of the CMO:

1. One assistant doctor and for road races two assistant doctors, preferably trained in sports, emergency medicine or traumatology or specialists in anaesthesiology, and holders of an ATLS diploma (Advanced Traumatic Life Support)
2. A medical team consisting of one doctor, one paramedic and one volunteer located in each first responder unit.
3. One paramedic qualified to the highest national level in their profession in ALS (Advanced Life Support) and one paramedic assistant located in each ambulance.
4. A driver for each ambulance holding the highest national qualification in ambulance transport.
5. A driver for the doctor's car at road races who shall be experienced in driving during cycle races.

13.4.016 Medical personnel shall wear recognizable clothing. Doctors shall wear distinctive jackets bearing the word "Doctor".

13.4.017 All doctors and to the extent possible all other medical personnel shall be fluent in English or French.

Equipment

A. Vehicles

13.4.018 The LOC shall provide

1. On road races, a car, preferably a convertible, for the doctor who shall act as first responder during an accident and provide acute medical care;
2. Two or more ambulances to provide immediate aid to accident victims and equipped to give emergency cardio-pulmonary resuscitation and advanced life support; at least one ambulance must be available at all times when the other ambulance(s) is/are in use.
3. Depending on the nature of the event, the proximity of hospitals and the suitability of evacuation routes, the following vehicles shall be provided in addition:
 - a) Vehicles capable of carrying a stretcher with an injured person in reasonable conditions on difficult routes.

- b) A motorcycle, designed to ensure prompt medical assistance when access to the patient by car is problematic (narrow roads, crowds on the road, etc.)
- c) Whenever the evacuation with the ambulance shall take more than 30' (thirty minutes), a medical helicopter shall be available as nearly as possible for transport of patients on stretchers in order to minimise the second intervention time, plus a helicopter landing area close to the venue.
- d) Additional means of rescue and transport depending on the topography of the competition site: alpine rescuers, quads, etc....

B. Medical equipment

13.4.019 The LOC shall provide all medical equipment for the event and put it under the responsibility of the CMO, which shall include at the minimum the equipment described in Annex 2.

C. Communication

13.4.020 All vehicles, posts and units of the medical service must be interconnected by a professional radio system through a special channel that is available to medical services only. The radio system must be set to the channel of the commissaires and of the organizer as well.

13.4.021 All medical staff must be equipped with radio transmitters/receivers as well as with mobile phones to be used in case of technical malfunction of the radio transmitters/receivers

13.4.022 All medical staff must be in possession of a list of emergency medical centres and hospitals to which victims can be evacuated if necessary as well as the telephone numbers of the relevant emergency services.

At least the CMO must be able to directly contact the management of these emergency services.

Disposition on the field

A. Road races

13.4.023 In normal conditions, the medical services are distributed in the race convoy as described below:

1. The car with the CMO or assistant doctor and a paramedic on board takes up a position behind the president of the commissaires' panel;
2. The first ambulance remains behind the team managers' cars, with the main peloton; a second ambulance stays at the back of the race, near the broom wagon; one of the assistant doctors must be located in one of the ambulances.
3. If a motorbike is available, it shall have the second assistant doctor on board and stay with any breaks during flat stages, but be available anywhere on the course during mountain stages.

13.4.024 Where the course of the race has technically difficult sections that are prone to see riders crash the organiser shall provide all medical staff with a course map with detailed identification of such sections and ambulance accesses and evacuation routes.

A first responder unit shall be deployed in vicinity of each of these sections to provide rapid intervention in case of emergencies.

13.4.025 If the course forms a circuit a central medical post shall also be set up at the start/finish line.

B. Other disciplines

13.4.026 The organiser shall provide a central medical post that can be a permanent or temporary structure with adequate space for medical personnel and equipment to treat ill or injured persons for major and minor injuries or medical problems.

The central medical post shall be located at the start-finish area at mountain bike and cyclo-cross events, adjacent to the venue for BMX, trial and indoor events and in the velodrome at track events.

The location shall be such as to provide good access and evacuation possibilities.

13.4.027 Where the course of a mountain bike or cyclo-cross race has technically difficult sections that are prone to see riders crash the organiser shall provide all medical staff with a course map with detailed identification of such sections and ambulance accesses and evacuation routes.

A first responder unit shall be deployed in vicinity of each of these sections to provide rapid intervention in case of emergencies.

At least one doctor should also be rapidly available to move among the different sections.

13.4.028 At track events a first responder unit shall be deployed in the track centre to provide rapid intervention in case of emergencies.

13.4.029 At BMX events medical staff shall be posted next to the course where crashes are most likely to occur.

C. Specific rule for UCI World Championships

13.4.030 The LOC for the World Championships shall submit the plan of the medical service for prior approval by the UCI Medical Commission through the UCI Medical Report Form.

The organiser shall send the UCI Medical Report Form to the UCI via email [medical@uci.ch] or fax [+41 24 468 59 48] at least 3 months prior to the beginning of the event.

13.4.031 The UCI Medical Delegate appointed for the World Championships concerned shall inspect the medical facilities with the Chief Medical Officer as laid down in article 13.2.004.

Appendix 1

Decision by the UCI Management Committee at its Lausanne meeting on 18-19 June 2009 defining the terms of reference of the UCI Medical Commission

1. Mandate

- Act as an advisor to the UCI Management Committee on all medical aspects related to cycling and provide recommendations
- Co-operate with the other UCI Commissions in all matters of medical nature
- Formulate and publish guidelines for medical services at cycling events
- Monitor the implementation of the UCI Regulations on sporting safety and conditions
- Monitor medical services at World Championships
- Assist in the medical education of coaches and doctors
- Assist athletes, coaches, team managers and teams doctors in the prevention of doping especially in relation to the health consequences

Within the framework of its mandate and its budget, the Commission can:

- Co-operate with other sporting federations and medical governing bodies in all aspects that are related to health issues in cycling
- Assist the interchange of information of medical nature that relates to cycling
- Investigate and promote the prevention of sports injuries and diseases
- Study, monitor and publicize biological aspects of training
- Sponsor, endorse or organize medical meetings that are of a beneficial nature to the safety of cycling
- Provide information by way of published material
- Document literature related to exercise physiology, sports medicine and biomechanics

2. Supporting regulation

- Art. 69 of the UCI Constitution
- Part 13 of the Cycling Regulations

Appendix 2

Minimum required medical equipment (cf. art. 13.4.019)

The equipment shall include at the minimum the following:

1. Central medical post

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

2. First responder units (including motor cycle where appropriate):

- 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 stabilisator option (scoop stretcher, vacuum mattress),
- Portable oxygenators,
- Ventilation equipment,
- Intubation equipment,
- Aspiration equipment,
- ECG monitor and defibrillator,
- Pulse oxymeter,
- Intravenous drip apparatus,
- Blood pressure apparatus and stethoscope,
- Splints and immobilisation equipment for limbs and spine (including neck collars and braces),
- Tracheotomy equipment,
- First aid equipment and medicines.

4. Medical helicopter: Equipped according to the local national standards.