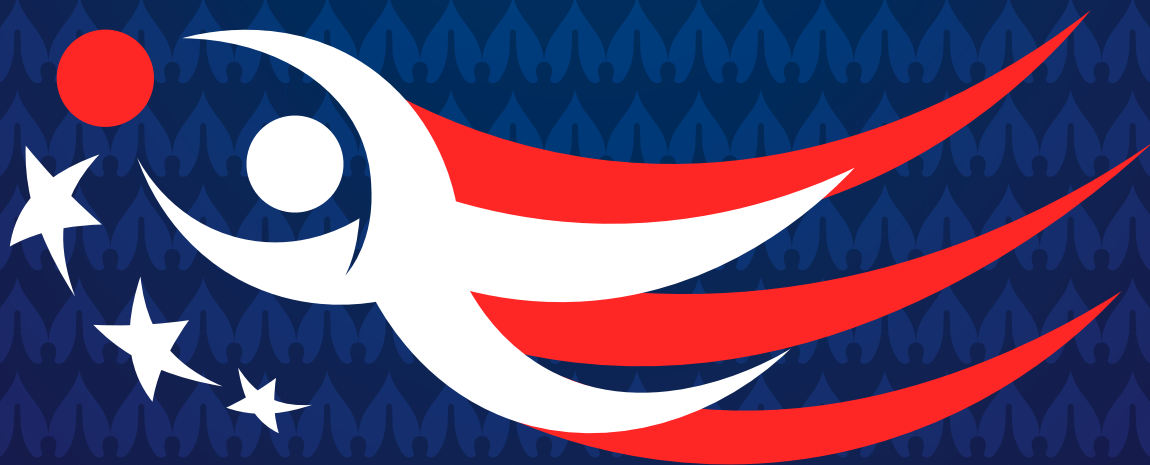


MEDICAL COMMISSION PROTOCOLS

CONMEBOL COPA AMÉRICA USA 2024



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1. INTRODUCTION

The CONMEBOL Medical Recommendations Protocol is adapted to the CONMEBOL Copa América 2024 competition, taking into account the experience of previous years and the updates carried out in all official CONMEBOL competitions.

2. SCOPE OF THE PROTOCOL

This protocol is for the exclusive use of CONMEBOL Copa América 2024. The CONMEBOL Medical Commission is responsible for good practice in the prevention and management of injuries and clinical events that may occur during the competition to be held in the United States. The protocols apply to delegations, Match Officials and Stadium Operating Personnel.

In all CONMEBOL competitions, the Legal Provisions issued by the local authorities are recognized in the first instance.

In case of specific adaptations due to the characteristics of the competitions and the legal provisions of the host countries, there may be specific medical provisions, recommendations and guidelines that will be informed in due course.

2.1. MEDICAL PROVISIONS

The Teams are responsible for the verification of the requirements and compliance with all medical and immigration protocols of the health authorities of the local country for entry and stay in said country.

During the CONMEBOL Copa América 2024, it is mandatory to comply with the protocols, provisions and medical recommendations officially communicated by CONMEBOL.

In case of discrepancy with the requests of the local country, the law of the country will always prevail, so we recommend checking the updates to the documentation required by them.

Numerous injuries can occur in football competitions and medical teams must also take into account a series of conditions that affect the health of athletes.

The official football doctor must be prepared for any contingency, although most of the time they will be known and foreseeable pathologies.

The team doctor must prevent, as far as possible, any type of injury or pathology, which is why pre-competition controls are essential, as well as knowing the individual conditions of any football player and carrying out a periodic control of the same.

Never take risks when there are doubts or unclear conditions. It is advisable to go to reference centers and seek the opinion of specialists. In the United States of America, care and hospital admissions will be done through the Venue Medical Coordinators in charge of each site.

We continue to insist on the need and obligation to carry out pre-competition evaluations conscientiously and professionally. It is essential for the sake of the health of football to know the physical and physiological conditions of the players.

One of the most tragic situations in sport are the cardio-respiratory arrests that occur in healthy and physically well-developed people. It is necessary to be prepared and, on this occasion, to put all the means to prevent (pre-competition evaluation) and to solve with a quick, organized action and to count on the only means that can be available in the first minute, the hands and the defibrillator.

Concussion is another point to which much time has been devoted in international football. Acting correctly can avoid problems in the future. CONMEBOL has its own action protocol. Knowing and sharing it can be of great help at all levels of football.

Hydration is another guideline recognized by all international football associations. There are places and times of the year that require a more careful and demanding measurement of temperature and humidity. The doctor should talk and discuss with the main referee the conditions to avoid dehydration of the players.

Medicine is essential in the practice of football, the doctor can be the main advisor in a team or the best help for a player. Knowing how to act, unifying criteria, offering the most advanced treatments and with scientific evidence is the best guarantee to develop successful football competitions.

2.3 VACCINATION

The Teams shall be responsible for the verification of the requirements and compliance with all medical and migratory protocols of the health authorities of the local country for entry and stay in said country. This requirement shall also be detailed in the travel itinerary to be submitted by the CONMEBOL travel department.

3. PRE-COMPETITION MEDICAL EVALUATIONS

All Teams must submit a Letter of Confirmation of Pre-competition Evaluations and Medical Commitment via e-mail until 5 days after squad list is sent to comision.medica@conmebol.com. This letter will state that the evaluated players are in adequate conditions to participate in the competition.

Each Team Doctor is responsible for performing the examinations deemed necessary for the early detection of any disease or condition that makes it impossible to perform high performance sports.

The CONMEBOL Medical Commission recommends the use of pre-competition medical evaluations as established in:

<https://www.conmebol.com/es/comision-medica/docsinfo/evaluacion-precompetencia>

Evaluations shall be performed periodically or on a case-by-case basis as deemed appropriate by the Team Physician. Players with chronic pathologies should be evaluated periodically throughout the season.

Players requiring special or chronic medication must request the corresponding AUT with sufficient time.

3.1. GENERAL RECOMMENDATIONS

All care measures before and during travel, as well as during the stay in the United States of America (transfers, in hotels, etc.) are the sole responsibility of each delegation and will be supervised by the delegation's physician.

Each Team Physician must have an AED (Automated External Defibrillator), corroborate its functionality periodically or prior to any event and remain with it at all times during the Competition.

Each doctor accompanying a delegation must update the CPR protocol.

Each host city of the CONMEBOL Copa América 2024 has a Venue Medical Coordinator who will be available to the teams staying in that city in case there is a need to make an admission or acquire medication that needs to be dispensed with a doctor's prescription. These contacts will be provided by the CONMEBOL Medical Commission.

4. CARDIO-RESPIRATORY ARREST PROTOCOL (CRP)

Cardiorespiratory arrest is a clinical situation that involves an abrupt, unexpected and potentially reversible cessation of respiratory and cardiocirculatory functions, which initially generates brain dysfunction and, if it persists, may lead to irreversible brain damage due to tissue anoxia.

The immediate recognition of the cardiorespiratory arrest is the key step for the activation of the emergency response system and the early initiation of specific treatment: once it has been identified and the warning system activated, CRP maneuvers should be initiated.

Before the start of the match, the Field Physician will meet with the two team physicians to sign a consensus to determine who will act during the match in the event of cardiorespiratory arrest.

The timing is important and no time should be wasted discussing how or who should act. The doctor in charge will always leave with his defibrillator in hand.

It is important to keep in mind the association between the state of unconsciousness and the absence or abnormality of breathing, since this situation should trigger the alarm to the physician that a cardiac arrest may be in progress.

CPR (Cardio Pulmonary Resuscitation) with hands-only maneuvering is saving valuable time in a cardiac arrest. It is necessary to know how to recognize chest pain of cardiac origin. This is important because the probability of cardiac arrest due to acute myocardial ischemia is 21-33% in the first hour after the onset of symptoms.

The chances of surviving a cardiorespiratory arrest will depend not only on the underlying disease, but also on the combination of response times and the quality of the maneuvers applied.

Access to the AED should be given after ensuring at least 2 minutes of high quality chest compressions, as this increases the chances of recovering spontaneous cardiac activity. AEDs are computerized medical devices that can automatically recognize and check the heart rhythm and advise/provide an electric shock. These portable devices are very safe given the correct training, are easy to use and effective. They use lights and voices to indicate what steps to take and deliver only a brief but forceful electrical stimulus to the region of the chest where the electrodes are placed. They do not deliver electric shocks to hearts that do not have VF.

Time is the greatest enemy of survival:

For every minute that defibrillation is delayed, the chances of survival are reduced by 7-10%.

Brain death will begin 3-5 minutes after cardiorespiratory arrest.

Approximately 90% of people who suffer a cardiac arrest do not survive it.

Emergency medical professionals take an average of 9 minutes to reach the scene of the event. Therefore, immediate action must be taken, and every minute we move our action forward will improve survival. Immediate CPR can double or triple survival from cardiorespiratory arrest.

Early CPR associated with defibrillation within the first minutes of cardiac arrest can increase survival to 49-75%, while every minute of delay in defibrillation reduces the probability of survival by 10-12%.

Why is it important to be prepared?

Automated external defibrillation associated with CPR techniques is, in a very high percentage of cases, the only effective treatment to resuscitate a person who has suffered a cardiorespiratory arrest outside a hospital setting.

The use of AEDs should be implemented as part of a joint emergency response plan or strategy. These programs have been proven to save lives and are the only effective treatment for VF cardiac arrest: what can be done with one call and timely help (first aid) can mean the difference between a person with diminished capacity and a healthy person.

Consent to act in the event of Cardio-Respiratory Arrest (CRP)

Reunited at the stadium....., in the city of
..... in the United States of America, the Doctor
..... from the team
and..... from the team
with the CONMEBOL Field Medical Officer Dr.
confirm that each of the doctors will direct the CRP maneuvers of the players on
their team, and will be Dr who will be in
charge of the CRP maneuvers in case it is necessary to act on other people who are
on the field of play.

The two Team doctors will come with their own defibrillator (AED), being responsi-
ble for its correct functioning.

In,....., on..... of..... 2024

Signed. Dr. _____

Signed. Dr. _____

Team:.....

Team:.....

Acting as witness,

Signed Dr.....

CONMEBOL Field Medical Officer

5. CEREBRAL CONCUSSION PROTOCOL

When a concussion is suspected, the referee shall allow up to 3 minutes for the medical team to evaluate the injured person on the pitch.

If additional time is needed, the evaluation should be done on the sideline after the match has resumed.

The referee will only authorize the player to continue in the match with the authorization of the team physician, who will make the final decision.

It is very important that the medical and technical department study the feasibility of a substitution due to the suspected concussion of the athlete.

The CONMEBOL Medical Committee recommends using the CONMEBOL rapid concussion examination protocol on the pitch and, later in the locker room, the SCAT5 or SCAT6.

<https://digitalhub.fifa.com/m/4a53c12a4a79f745/original/y0qwvjew3zzz0bxx0a0h-pdf.pdf>

After each match the Field Doctor, in agreement with the two team physicians, shall fill out the Concussion form even if no concussion occurred during the match.

The CONMEBOL Medical Commission is recording the cases of concussion and therefore asks the team doctors to fill out a form after each match, whether or not there has been a case of concussion.

5.1. CONCUSSION RAPID RECOGNITION PROTOCOL CONMEBOL

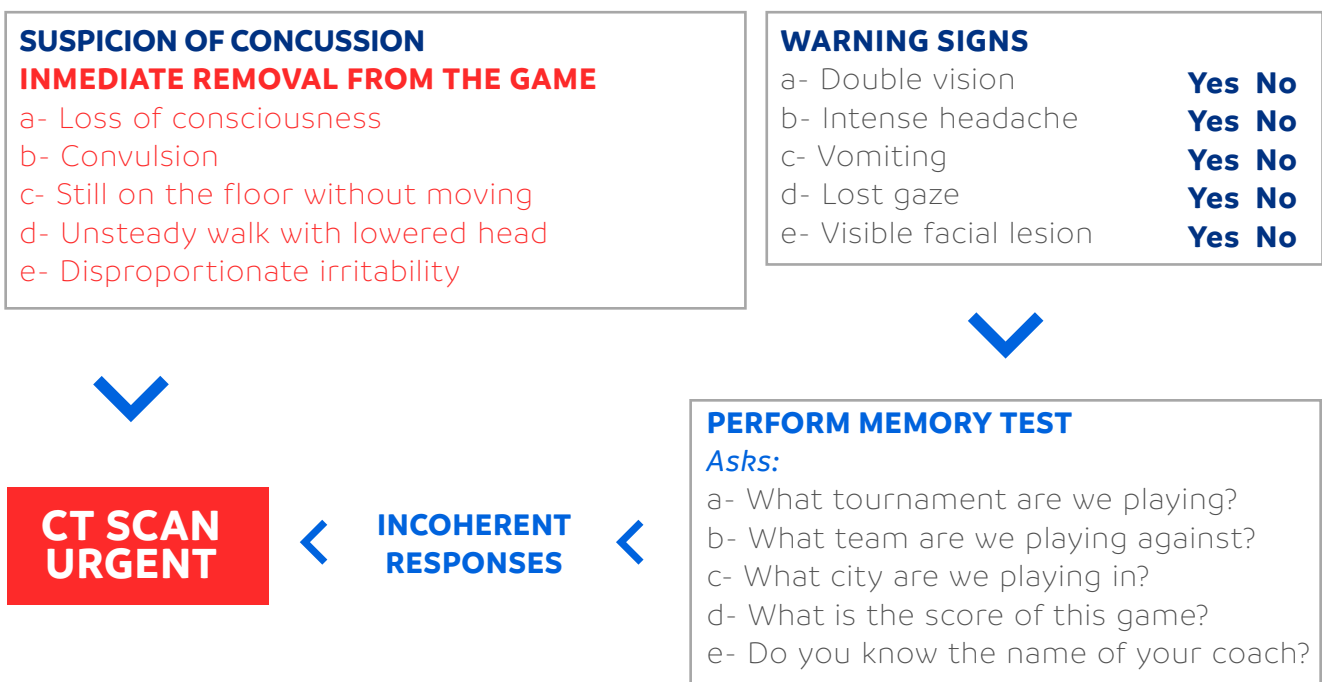
Fill in and circle the correct answer. To be filled out after each of your team's matches.

CONMEBOL Concussion Fast Recognition Protocol (CFRP)

Potential signs of concussion

If one or more of the following signs are observed after a head trauma or collision, the player must be removed from the field of play and substituted immediately

(In red obvious signs of concussion)



5.2. CONMEBOL CONCUSSION QUESTIONNAIRE

MATCH		
PLAYER NO. / TEAM		
DATE		
MINUTE		
CONTACT		
FALL	YES	NO
HEAD – HEAD	YES	NO
HEAD – BODY	YES	NO
HEAD – OBJECT	YES	NO
SPECIFY		

5.3. SIGNS

Loss of consciousness	YES	NO
Seizure	YES	NO
On the floor without moving	YES	NO
Unsteady walk with lowered head and vague gaze	YES	NO
Disproportionate irritability	YES	NO
Double vision	YES	NO
Severe headache	YES	NO
Vomiting	YES	NO
Lost gaze	YES	NO
Visible facial lesion	YES	NO
Other (specify)		

5.4. MEMORY TEST. ASK

	Answer correctly	
What tournament are we playing?	YES	NO
What team are we playing against?	YES	NO
What city are we playing in?	YES	NO
What is the score of this game?	YES	NO
Do you know the name of your coach?	YES	NO

5.5. FOLLOW-UP

Referred to hospital	YES	NO
CT SCAN	YES	NO
Hospital observation	YES	NO
Hotel / home observation	YES	NO

Signature:

Name of the

Physician's name

Match

Date City

6. HYDRATION BREAK

The temperature of the sports practice environment has a direct impact on the players' productivity. In CONMEBOL competitions, there may be a hydration break depending on the temperature and humidity at the time of the competition.

At the discretion of the CONMEBOL Field Medical Officer, there may be a hydration break for players depending on the temperature. If the WBGT exceeds 32 degrees (also taking into account additional factors such as time of day, amount of clouds and stadium location). Ninety (90) minutes before the start of the match the first temperature measurement will be taken and Sixty (60) minutes before the start of the match the Field Medical Officer will decide and inform the referee and match delegate if the weather conditions require a hydration break.

The hydration break may be taken between 90 seconds and 3 minutes, around 30 and 75 minutes into the match. The implementation and control of the hydration break is the responsibility of the referee.

Wet Bulb Globe Temperature (WBGT) will be the official measurement used to determine if a hydration break should be implemented.

WBGT is a composite temperature used to estimate the effect of temperature, humidity, wind speed (wind chill), and visible and infrared radiation on the pitch.

7. MANAGEMENT OF SERIOUS INJURIES

Injuries will be diagnosed by each team's physician, if he/she considers that the player should be taken to a medical center for evaluation or admission, this will be communicated to the Official Field Doctor who will organize the transfer and will immediately notify the Venue Medical Coordinator.

7.1 Injury protocol

It is important to be aware of and record injuries that occur during training, warm-up and matches.

The CONMEBOL Official Field Doctor will take note of injuries that occur during matches. The doctor of each team will report weekly on the condition of the players (Table 1), specifying absences from training and matches.

Table 1

Represent absence due to injury (AT = absence from training; AM = absence from match)

The team physicians will be asked about the injured players in order to establish a final diagnosis and learn about their evolution.

Date	15.06	16.06	17.06	18.06	19.06	20.06	21.06
Activity		T	M	T	T	T	M
Player	#	Min	Min	Min	Min	Min	Min
xxxxx	8	60	0	60	60	60	0
xxxxx	9	60	25	60	60	60	25
xxxxx	12	60	40	60	60	60	45
xxxxx	10	40	AT	AT	AT	AT	AM
xxxxx	13	60	0	60	60	60	70
xxxxx	11	60	40	60	60	60	
xxxxx	19	60	0	60	60	60	0

8. DATA RECORDING PROTOCOL

a. Team physicians

For any medical or hospital need, you should call the Venue Medical Coordinator.

b. Before the match

Sign the Consent to Perform with the two physicians of the two teams.

c. After the match

- Report if there are injuries awaiting diagnosis or action.
- Report the definitive diagnosis or evolution of the injured player.

8.1. CONMEBOL Field Medical Officer

The Field Physician has a very specific role in assisting the Venue Medical Coordinator, being in charge of:

- Measuring temperature with bulb (90 minutes and 60 minutes before the game).
- Use of the medical monitoring system.
- Informing the referee of the temperature.
- Coordinating and preparing the paramedics on the pitch.
- Signing the Cardio Respiratory Arrest Protocol informed consent form with the two team physicians before each match.
- Filling out the injury form after each game.
- Filling out the Concussion form, even if there were no concussions, after each game.
- Sending the information immediately after the match to the CONMEBOL Medical Commission.

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