MEDICAL GUIDELINES FOR THE INTERNATIONAL TEAM COACH

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I. CONSULT WITH YOUR TEAM PHYSICIANS

Many of the travel and sport related diseases and ailments that can affect sailors are well known, have effective treatments and **are largely preventable**

As the teams often travel without an accompanying doctor's support, **it is the coach's duty** to ensure athletes follow simple precautionary measures and ensure that nothing stops his team on the road to success

Pre travel planning in the team doctor's office should include:

- oral and written instructions concerning the hazards in the countries to be visited
- preventive measures and advice
- prescription of necessary medicines

The first thing to do in any prevention project is to **assess the risk**

- **Ideal**: start the process 6 to 8 weeks before the trip

- **At least**: start about 3 weeks before departure to countries with different environmental conditions

- **Even** in the “last-minute visits” to your team doctor, it is possible to deliver a good pre travel and pre competition “package”

A. Preparation for Travel:

- Dental care or other minor ailments
- Supply of necessary medications
- Letter regarding any current illness and a TUE if necessary
- Medic Alert Tag
- Pre travel advice
- Eye glasses if necessary: extra pair, prescription sunglasses

B. Immunization:

Travel vaccines:			
Class	**Vaccine**	**Booster (yr)**	**Indication**
a. Routine	Tetanus	10 (5)	All travellers
	Diphtheria	10	All travellers
	Pertusssis	1-6	All travellers
	Poliomyelitis (oral)	once	All travellers
	Poliomyelitis (inj.)	10	All travellers
	MMR	once	All travellers
	Hepatitis B	none	All travellers
	Influenza[2]	annually	All travellers
	Rotavirus[1]		All travellers
	Tuberculosis (BCG)[3]	none	All travellers
	Varicella	none	All travellers
b. Required (International borders)	Yellow fever	10	South America and Africa
	Meningococcal disease and polio	3-5	Hajj (S. Arabia)

Travel vaccines:			
Class	**Vaccine**	**Booster (yr)**	**Indication**
c. Recommended	Cholera	0,5	Some travellers to remote areas
	Hepatitis A[3]	none	Travellers to risk areas
	Japanese encephalitis[3]	3	Rural Asia, S.E. Asia, long stay in transmission areas
	Meningococcal disease[3]	3-5	Sub-Saharan Africa, group accommodation on big sport events (sport camps, sport villages)
	Rabies	titre<0, 5 IU/ml	
	Typhoid fever (inj.)	2-3	Indian subcontinent or prolonged stay /more than a month.
	Typhoid fever (oral)	7	
	Yellow fever[3]	10	South America

Immunizations according to risk:

Childhood immunization? → No: TB, polio, MMR, varicella

↓ Yes

Border crossing? → Yes: yellow fever, (meningococcus, polio)

↓ No

Food/water risk? → Yes: hepatitis A, typhoid

↓ No

Long-term stay? → Yes: hepatitis B, rabies, Tuberculin skin test

↓ No

Special risk? → Yes: Japanese e., hepatitis B, rabies, cholera, influenza

↓ No

Sportsman at big events → Yes: meningococcus, influenza

C. Medicine:

“Travel kit“:

first aid materials, such as bandages, cold preparations, sunscreen, antidiarrheals, insect repellent, iodine or bleach

- Antidiarrheal (loperamide/cipro/nor/levo/ofloxacin)
- Antiemetic (dimenhydrinate)
- Analgesic (NSAR)
- Antihistamine (hydroxyzine, terfenadine)
- Antipyrexial (tylenol, ASA)

All the kits must have the list of original contents provided by the manufacturer or prescription and accompanying letter from your team doctor, including TUE documentation if needed

AN ANTIBIOTIC FOR ALL REASONS

	Bowel	Bladder	Respiratory	Skin
Ciprofloxacin	+++	+++	+	+
Ofloxacin	+++	+++	++	++
Levofloxacin	+++	+++	+++	++
Cotrimoxazole	++	+++	++	++
Cephalexin	---	++	++	+++
Cefuroxime	---	+	+++	+++
Clarithyromycin	---	---	+++	+++
Azithromycin	++	+	+++	+++
Clavulin	---	---	+++	+++

D. HIV infection and International Travel

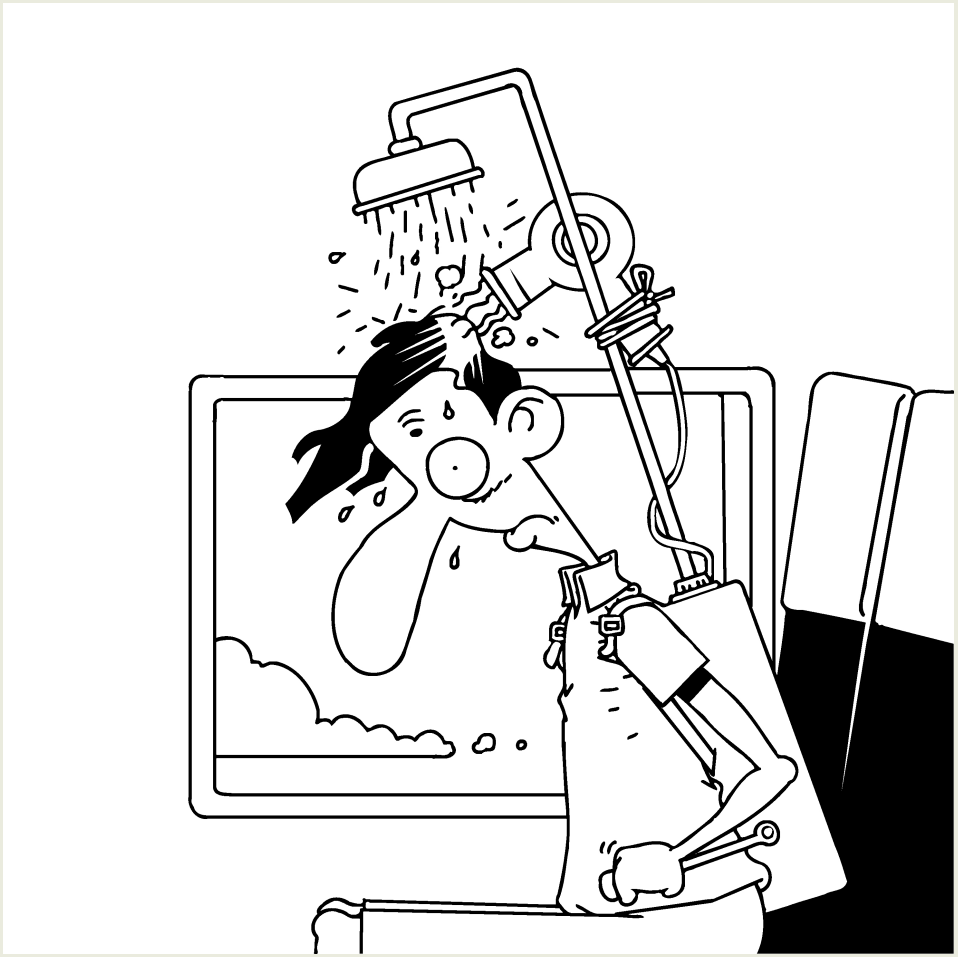
Do's and Don'ts re: HIV

DO NOT	DO
Engage in unsafe sex	Use latex condoms
Pierce ears	Associate socially
Accept acupuncture, tattoo or injections (reused needles)	Share food, hug etc.
Use illicit injectable drugs	Receive transfusion

E. Malaria Prevention (Chemoprophylaxis)

- vector borne disease that cannot be prevented by vaccine and for which limited protection by other means is available.

II. ACCLIMATIZE YOUR TEAM



Our body tends to keep its own core temperature between certain boundaries. To achieve that, it uses several efficient physiological mechanisms and in normal conditions manages to reduce core temperature by:

- Radiation 5%
- Convection 15%
- Sweat evaporation 80%

Those mechanisms have several physiological consequences, some of which although physiologically necessary, can influence final sportsman's capabilities to perform at a high level

Such a change can negatively influence sailors:

- Aerobic capacity
- Cognitive ability
- Recovery

- If air humidity rises over 70%, evaporation is impaired, and our body increases perspiration in the effort to keep its temperature low.

- This may lead to dehydration and heat stroke.

- Dehydration decreases performance: a loss of fluids of 2 <% of the body weight may results in a 15% decrease of the athletic performance!

Acclimatization

- Acclimatization to high temperatures is achieved in a process that lasts **two weeks**
- During the acclimatization period physical **efficiency suffers**
- Excess dietary water and electrolytes **do not speed up** the process of heat acclimatization
- heath acclimatization adaptation **may vanish** after only few days or weeks

- In a very hot environment reduce physical activity to sailing and swimming during daylight hours. Use indoor gyms and swimming pools
- Before the race avoid working or staying too long in an overheated container
- Stay in the Athlete's Lounge or restaurant to keep the body temperature at the right level
- Pre cooling (staying in a cool room, cool water bathing, ice cube application over the wrists, or dipping feet in cooled water) may help to keep the body temperature low
- Encourage your sailors to use "cooling vests" before and in between races
- Consistent daily monitoring of fluid/electrolyte balance is required

Heat acclimatization protocol in sauna

Two days a week, three exposures of 6 - 9 minutes on the temperature of 90 – 100 ºC with relative air humidity of 10 – 20%.

Exposure and adaptation to different time zone:

- Every natural process within the body shows some variation in pattern between night and day
- Basic components of performance have rhythmic ups and downs follow in a circadian pattern
- Speed of reaction time and muscle strength peak consistently in the early evening
- Rapid air travel across several time zones outstrips the ability of the body to re-synchronize these rhythms

- **Sportsman can be forced to compete when their capabilities are not at their peak**

Adaptation procedures to new time zone:

a. ***Sleep/wake time shift***:

Westbound: (Pre departures) go to bed later and waken later.

Eastbound: (Pre departures) go to bed earlier and waken earlier

b. ***Light-exposure alteration***:

Eastbound: (On arrival) ≤ 6 time zones: ↑ a.m. light
(On arrival) 7-12 time zones: ↑ p.m. light

Westbound: (On arrival) reverse of eastbound

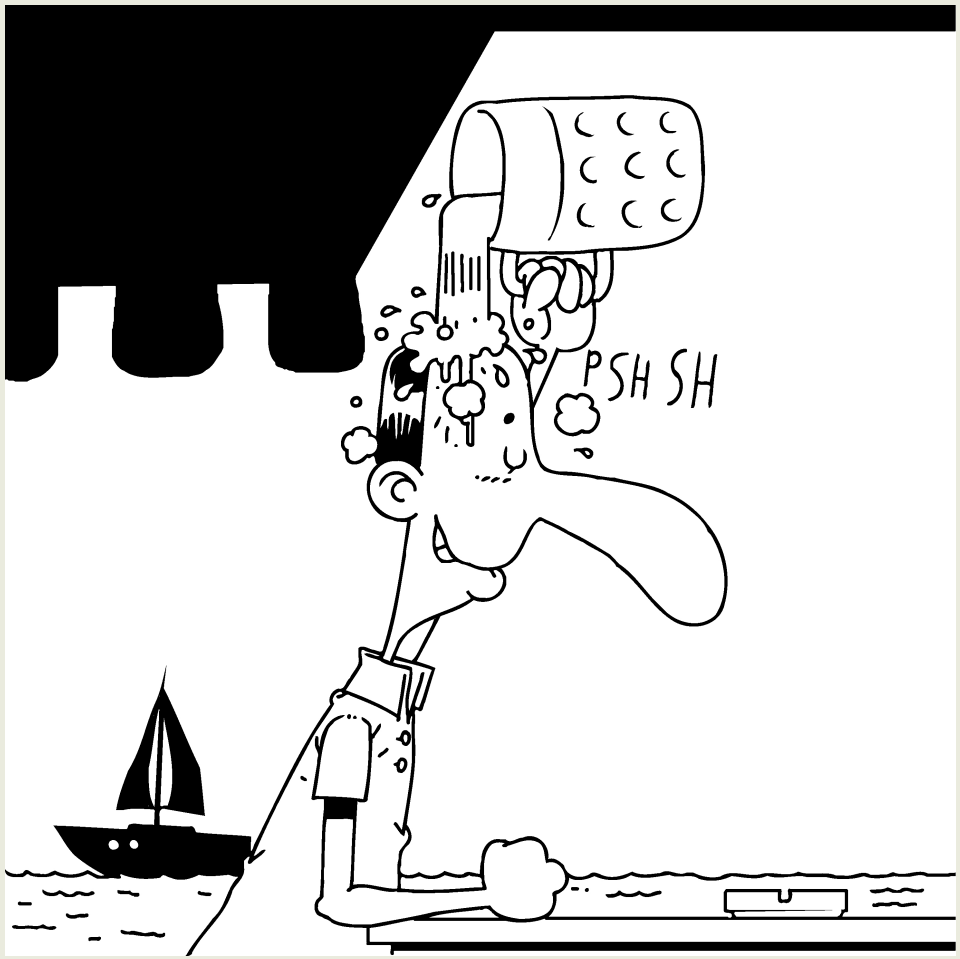
c. ***Melatonin: 3 mg***

Eastbound: (Pre departures) at 2-3 a.m. "destination time" for 3

d. (On arrival) at bedtime for 4 days.

Westbound: (On arrival) at bedtime for 4 days.

III PROTECT YOUR TEAM FROM SUN AND COLD



Exposure to UV radiation from the Sun

- Besides infrared rays that we feel as a heat, the sun is also radiating much more damaging ultra-violet (UV) rays
- Reflection of UV from the sea surface increases the UV-indeks
- The UV-index shows us how strong the UV-rays are
- Before travel, always obtain the UV-index data at the sailing destination
- It is as important as the weather, wind and temperature forecast!

- The risk must be reduced by using the right skin protection
- When sailing in countries with high UV index (higher than 5):
  - When training, avoid the sun between 11.00hrs and 16.00hrs
  - On the water encourage the use of special UV-textile equipment; wraparound sunglasses with appropriate UV filters and caps with rim or flaps
  - Make sure that sailors are regularly covering the remaining parts of their bodies, with sunscreen preparations
  - Use the appropriate sunscreen:

SPF 25 or greater

- Advise sailors to apply appropriate quantity of sunscreen

- if wearing short sleeves shirt and shorts, needs approximately 2mg of sunscreen preparation per cm^2 of the skin

- most sailors will need about 15-20ml each time. This is **1/6 of a 100 ml** bottle to cover the exposed parts of the body

Exposure to cold

- Even in temperate areas a combination of water spray, wind, wet clothes, fatigue, dehydration and interval work periods on board can dangerously lower the body temperature and influence the performance of your sailors
- You have to be especially careful with children as they have a large body surface-to-volume ratio, making them prone to hypothermia
- When skin temperatures fall below 15^{o}C there is also a decline in the strength of handgrip and manual dexterity
- If a sailor is in the water, one is engaged in a battle for survival!

HELP (heat escape lessening posture)

In the water, if it is not possible to hold on to the capsized boat or re-enter into it, sailors should keep the **HELP posture**, with legs up and arms around bent knees

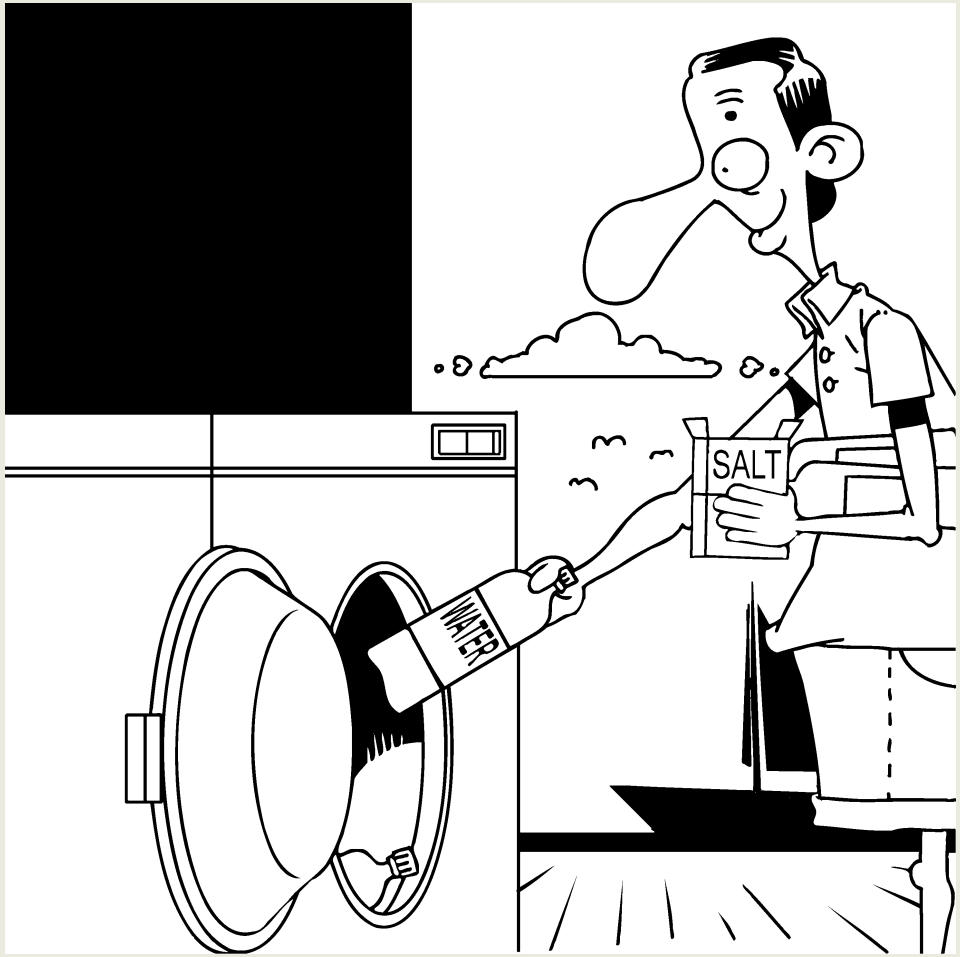
Make sure that all of your sailors know that!

- Wear multiple layers of high tech clothing
- Wear a cap – the head is responsible for one-third of the body's heat loss
- Test the clothing in an appropriate environment
- Everything under 30 ºC is considered ‘cold water’ and can cause hypothermia
- Always be prepared to intervene and recognize the signs of hypothermia
- Always remember “The Rule of 50“: Chances to swim 50 yards (45 m) in the water of 50 F (11 ºC) are just 50%.
- Personal floating device on board is mandatory

Pre-competition warm up in cold environment

- Under cold conditions - start the warm up session on shore.
- Session must last between 15 and 20 minutes.
- It must include all muscles, but particularly those that are going to be used more when sailing.
- The warm-up must continue for at least a further 15 minutes on the water
- Do not forget to keep your sailors warm in between the races.
- If possible, during breaks, hand over additional clothing for them to wear until the next race starts.
- If breaks are long – sailors should repeat the warm-up procedure of low-intensity movements from warm up sessions

IV. CHOOSE THE RIGHT DRINK



- Careful choice / treatment of water – whether for drinking, washing, preparing food, or swimming – is one of the most important precautions a travelling sportsman can take
- Water is critical for exercise performance
- There is the very real possibility that hydration may be compromised during regattas.
- If fluid losses are not replaced, performance will deteriorate and dehydration can have devastating consequences to the sailing performance.

Use the proper procedures of hydration:

- Let your team doctor or nutritionist to do the planning
- Organize lectures for sailors to explain the importance of hydration
- Make hydration the habit of your athletes
- A protocol of hydration should be established and sports drink should be chosen before the sailing event
- During the sailing event, hydration protocol should be laid down and followed strictly

- Always weigh your athletes before and after the race

- **Daily estimate the body : water balance by measuring urine specific weight**

A. ***Recommendations on shore when abroad:***

- First-class hotels are no guarantee of adequate water purification.
- Use bottled water only
- Canned or bottled “carbonated” drinks and beverages made from boiled water are safe.
- Ice should be made from purified water.

B. ***Recommendations while on water:***

- Drink only originally packed sports drinks or those prepared with bottled water.
- Carry enough fluids on your boat and hand it over to sailors during breaks
- Store the fluids in an appropriate cool box
- Follow the established protocol of hydration

V. FEED YOUR TEAM WITH THE RIGHT FOOD

- Whether at home or abroad; performance of your sailors can be substantially affected by the amount, composition and timing of food intake

- Good nutritional practices will help athletes to train hard and recover quickly from the strains of training, travel and competition.

- Properly structured meals should consist of 55% complex carbohydrates, 20% proteins and 25% fats:
  - Breakfast 1000 Cal
  - Lunch on the water 500 - 1000 Cal
  - Dinner 1500 Cal

Always use the proper procedures of sport nutritional practice:

- Let your team doctor or nutritionist to do the job
- Organize lectures for sailors explaining the importance of proper sports nutrition
- Involve families in the program of sailors nutrition
- Make proper nutrition a habit of your sportsman
- Aim to achieve carbohydrate intake that meets their fuel requirements
- Warn them against uncontrolled use of dietary supplements
- Do not let sailors improvise with "natural products" that are supposed to enhance their capabilities

At sport events:

- Investigate food availability at your destination before you leave home
- Contact the catering organizer at your destination to let them know your needs
- Take missing food supplies with you
- A nutritional protocol should be established before the sailing event and followed strictly
- Test the protocol before the event so that sailors can get used to the recipes
- Take care that sailors are not tempted by the food on the offer in self service restaurants at big events

Travellers' diarrhoea

• *Travellers' diarrhoea* is an illness associated with contaminated food or water that occurs during or shortly after travel.

• Depending on the length of stay it may affect up to **80%** of travellers.

Prevention of diarrhoea - short-term travel, up to 3 weeks

Cook it, peel it or leave it!

Avoid:

- Using leftovers
- Blown tins or “swells” with canned food
- Un-pasteurized milk and milk products
- Raw shellfish
- Food from street vendors
- Leaving hot food to stand and cool before serving.
- Cold meats in restaurants

Do:

- Eat all food hot and cooked through
- Peel, wash or soak fruit and vegetables before eating (in sodium hypochlorite or some mild disinfectant)

Preventive use of antibiotics

Ofloxacin	300 mg daily
Norfloxacin	400 mg daily
Ciprofloxacin	500 mg daily
Levofloxacin	500 mg daily
Rifaximin	200 mg 2 x daily

Travellers for whom preventive use of antibiotics might be considered:

- Poor 'track-record" travellers
- VIP - Very Important Travellers:
  - Athletes
  - Low gastric acid
  - Antacids or H-2 blockers, proton pump inhibitors
  - Gastric surgery
  - Underlying medical problems (Diabetes mellitus,etc.)

Management of diarrhoea:

1. Fluid Replacement:

- Discontinue milk products
- Drink commercially prepared medical electrolyte/glucose mixture (e.g. *Gastrolyte*)

Do-it-yourself:

- #1. drink eight ounces of fruit juice (orange juice should be diluted) 1/2 tsp. honey, sugar or corn syrup, pinch of salt; then
- #2. 8 oz. water, 1/4 tsp. baking soda
- Alternate the above.

2. Antimotility Agents:

- Loperamide (Imodium)

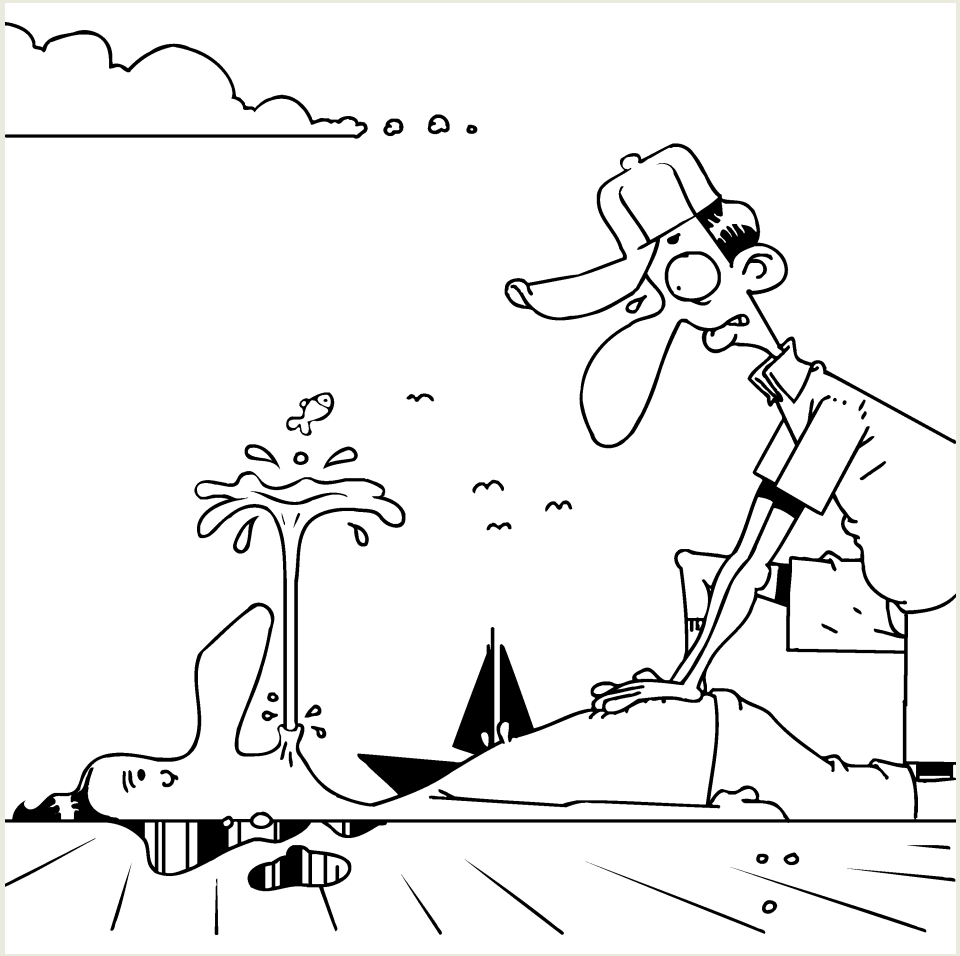
3. Antibiotics:

•Levofloxacin	500 mg single dos
•Ciprofloxacin	500 mg single dose
•Norfloxacin	400 mg 2 x daily x 3 days
•Ofloxacin	400 mg 2 x daily x 1-3 days
•Gatifloxacin	400 mg 2 x daily x 1-3 days
•Azithromycin	1000 mg single dose
•Rifaximin	200 mg 2 x daily x 3 days

If you are confronted with several cases of diarrhoea among members of your team you should immediately start with the **procedures of epidemic control:**

- Isolate the sick and ensure that other members of the team cannot be infected.
- These procedures should be in place before your arrival at the new destination and should be designed by your medical support team.

VI. LEARN THE FIRST AID



Assess situation quickly and calmly and protect yourself and the casualty from danger. If possible ask for help from others. Make sure the boat is secured so that you and the casualty are safe. After you have established that you can proceed safely:

Check the casualty quickly - check if he is visibly conscious?

- *If yes* – check for other conditions and treat as necessary
- *If not:*

Check response - does he respond to your voice or to gentle shaking and tapping?

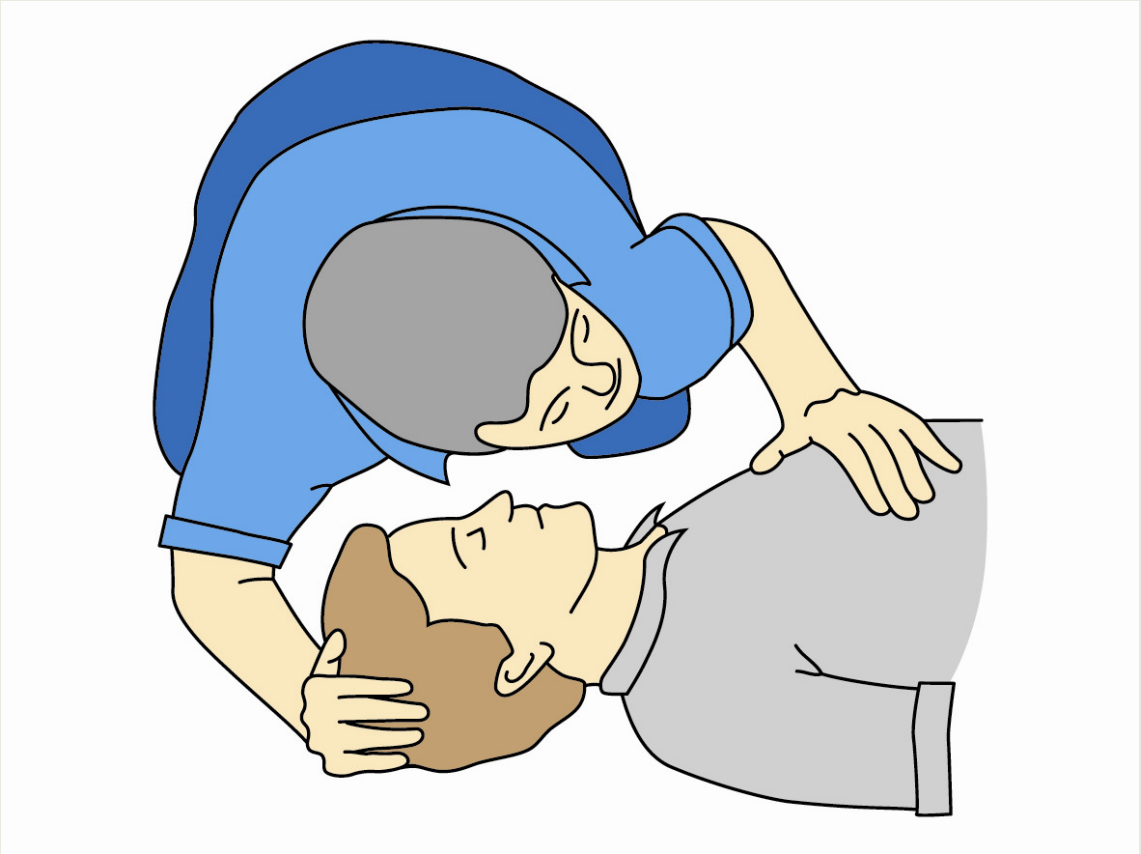
- *If yes* – check for other conditions and treat as necessary
- *If not:* **Call** (or ask someone to call) for medical help before proceeding

And:

Check the vital signs - open airway and check breathing

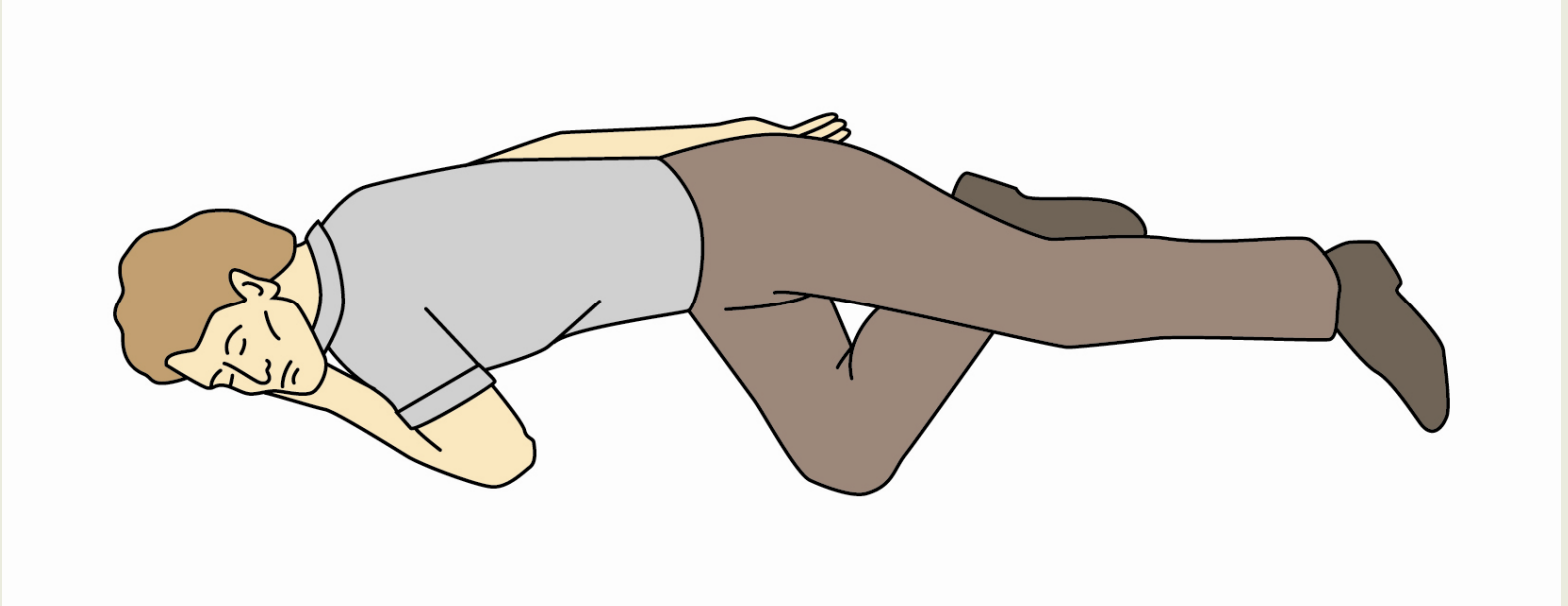
A = airway (check if airways are open or obstructed)

- Lay the casualty face upwards, clean the mouth from foreign objects with your fingers
- Head hyperextension (tilt casualty's head, chin upwards, head backwards): this will keep casualty's airways open



B = breathing (check if unprompted breathing is present)

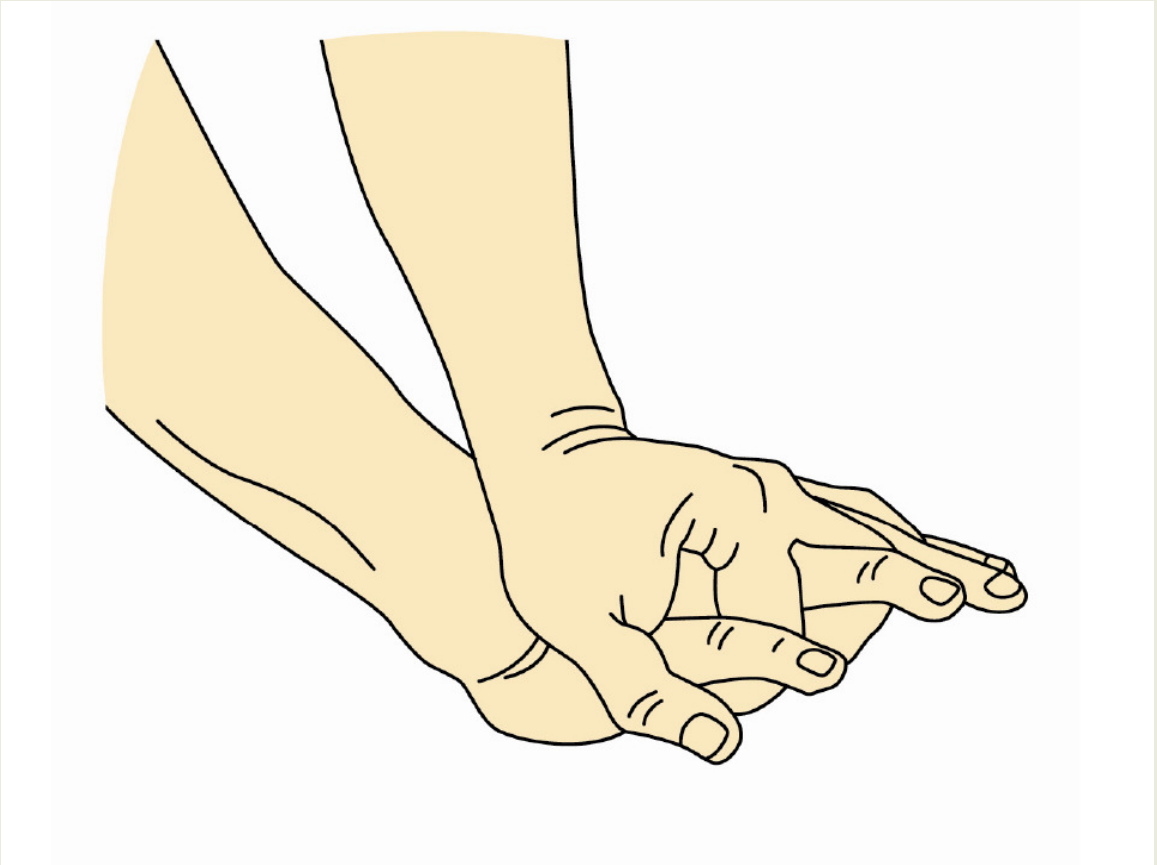
- Look, listen and feel (kneel beside the casualty, bend on him so your cheek and ear are close to his/her face, look for chest movement, breathing, warm exhaled air on your face)



If breathing is present - turn the casualty into **RECOVERY POSITION**

If breathing is absent:

Start pushing downwards, lowering breastbone 4 – 5 cm, at a rate of 100 compressions/ minute



Complete **30 compressions**

And:

Commence rescue breaths

- give **2 rescue breaths** (if the casualty has drowned give 5 rescue breaths)

And:

Continue resuscitation (CPR)

30 : 2

Alternate 30 chest compressions with 2 rescue breaths until help arrives or the casualty starts breathing normally or you are too exhausted to continue

AED

Automatic external defibrillators

Sequence for the treatment of adult choking

If the casualty is breathing and shows signs of **mild airway obstruction**:

- Encourage him to continue coughing, but do nothing else

If the casualty shows signs of **severe airway obstruction** and is conscious give up to five back blows:

- Stand to the side and slightly behind the casualty
- Support the chest with one hand and lean the casualty well forwards
- Give up to five sharp blows between the shoulder blades with the heel of your other hand

If five back blows fail to relieve the airway obstruction - give up to five abdominal thrusts

If the obstruction is still not relieved :

- Continue alternating five back blows with five abdominal thrusts

If the casualty becomes unconscious:

- Support the casualty carefully to the ground
- Call an ambulance immediately
- Begin CPR

Four dangers imminent to loss of life

1.Breathing and heart beat have stopped. If one of these functions fails immediately start CPR

2.Heavy bleeding should be stopped immediately

3.Shock should be recognised and taken into consideration

4.Unconsciousness is dangerous because of possible suffocation either by swallowing, the tongue or inhalation of vomit

Injuries

General principles of emergency treatment :

- Check the environment and assess safety, before helping the casualty
- Don’t use any unknown procedure you are not familiar with: they can cause further harm. If in doubt, don't waste time, and call immediately for urgent medical help
- Reassure the casualty, protect him/her from the environment (eg from the cold)
- Keep onlookers away

RICE

R - ***Rest***

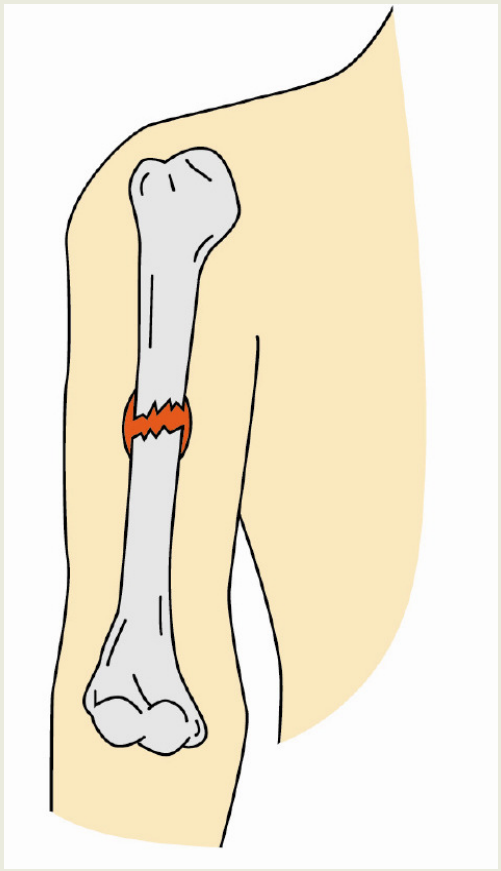
I - ***Ice*** - put an ice bag over the injury

C - ***Compression*** - put a bandage around the injured limb to prevent swallowing

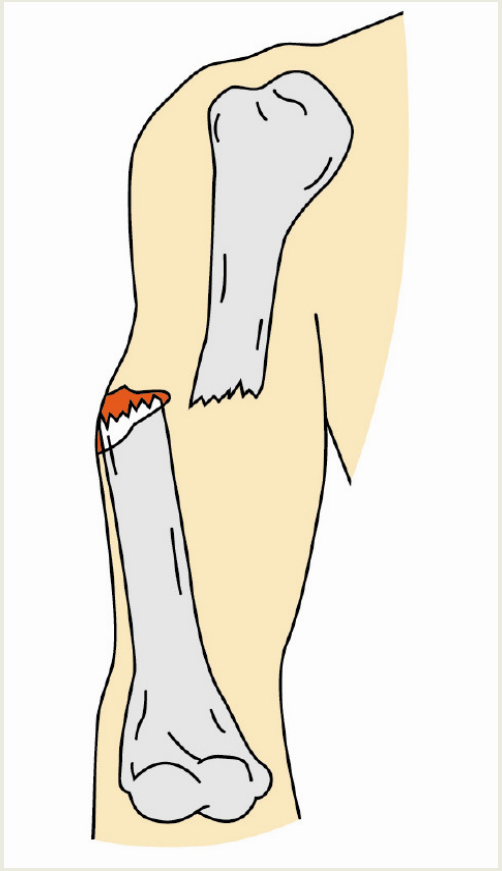
E - ***Elevation*** - elevate limb

Bruises

- No bandage is required if there are no wounds
- Apply ice bag for 20-30 minutes , then reapply after other 30 minutes
- Do not apply ice directly on skin, it can harm the skin

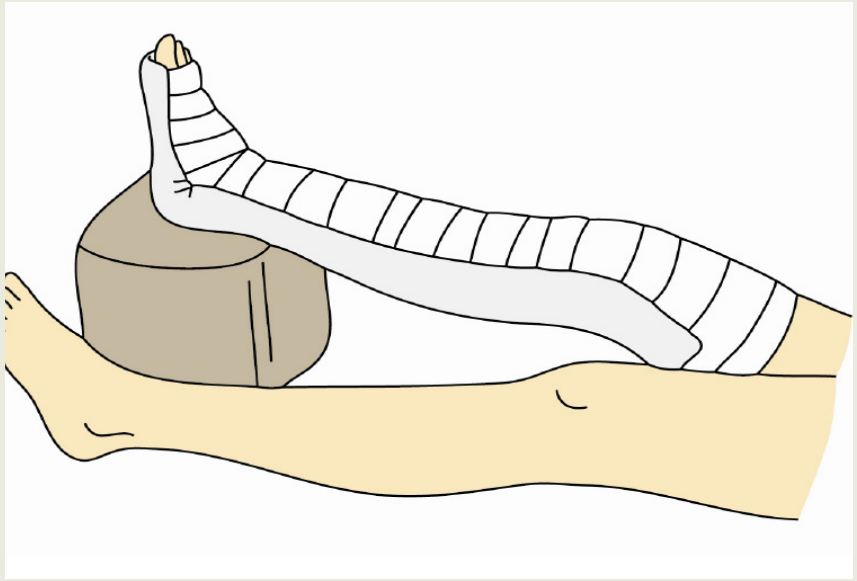


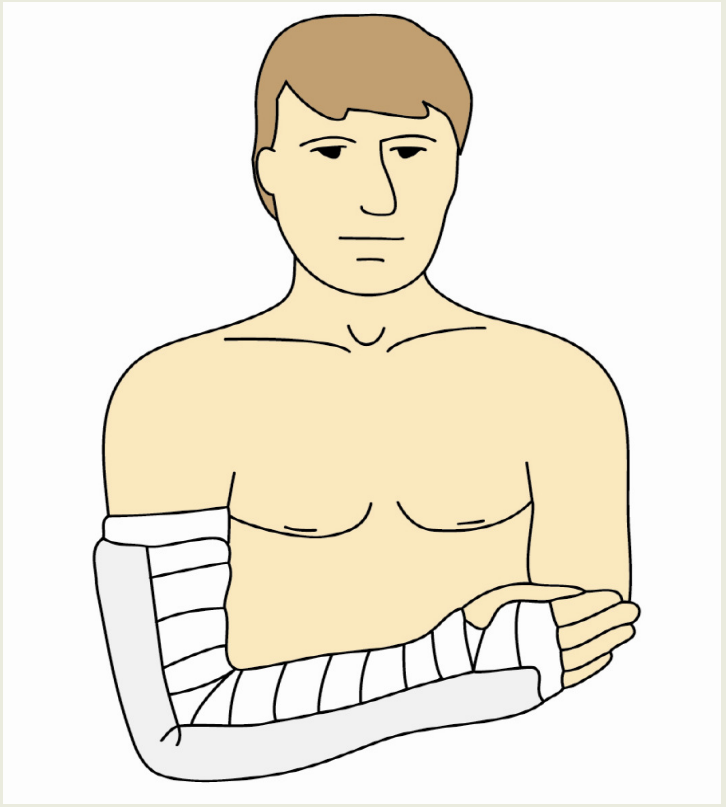
Closed fractures



Compound (open) fractures

Comminuted fractures





Emergency treatment:

- Immobilization of the limb with rolled up newspapers, improvised splint, bandages
- Put ice bag over the fracture
- If the casualty is in shock place in the recovery position

Dislocations

Emergency treatment:

- Immobilization to reduce pain
- Put ice bag over the injured joint
- Place the injured person in a comfortable position and reassure them
- Seek medical help and get the casualty to hospital

Don't try to reduce dislocation!

As for fractures: it may cause severe nerve or vascular injuries! Only practised medical staff can do this!

Muscle injuries

Emergency treatment:

- R.I.C.E.

Cramps

Emergency treatment:

- Stop exercise
- Rest and cool down
- Drink water and electrolyte (sports drink)
- Gentle stretching of the muscle

Wounds

Emergency treatment:

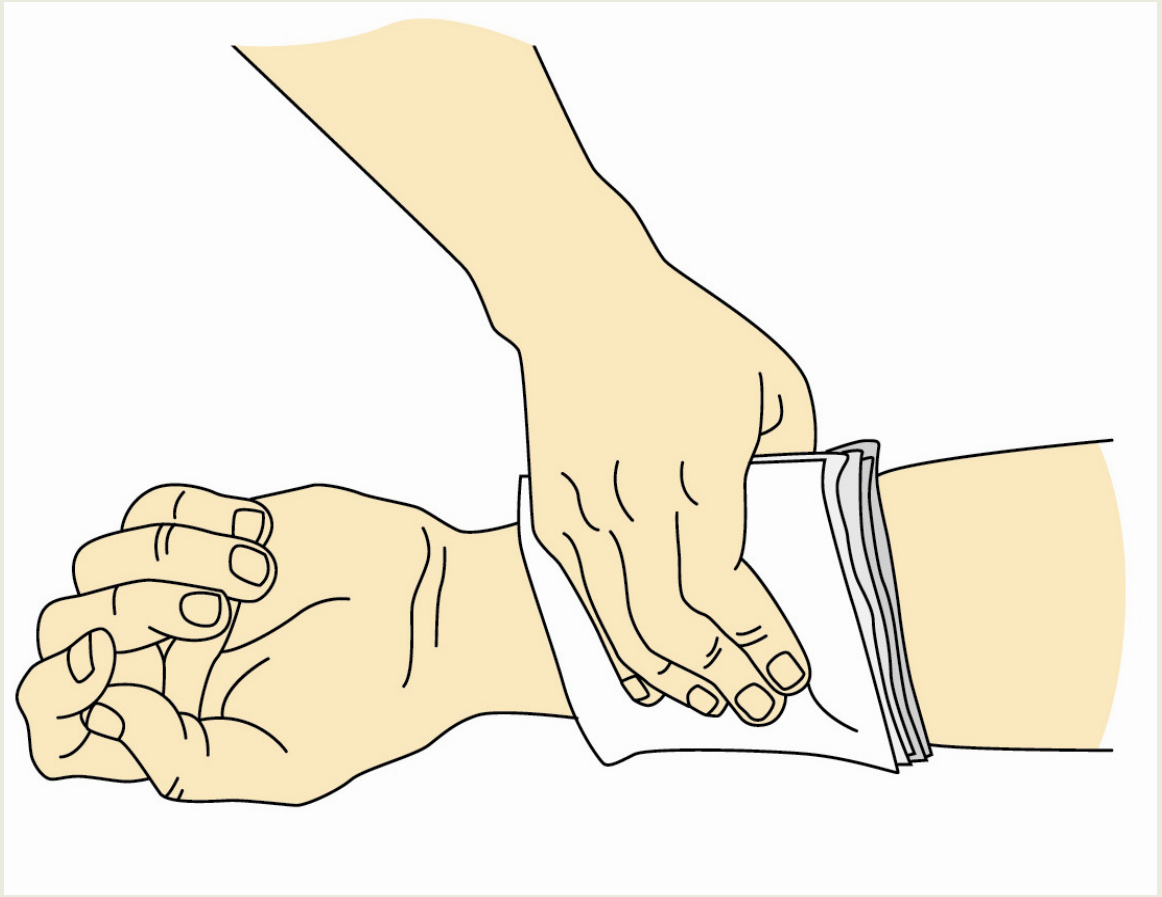
• Wash with soap and water, hydrogen peroxide or surface active agents. Do not use alcohol - it hurts and it delays the healing of the wound

• Remove dirt, fibreglass / carbon debris or other foreign objects from the wound. Clean the wound from the centre outward.

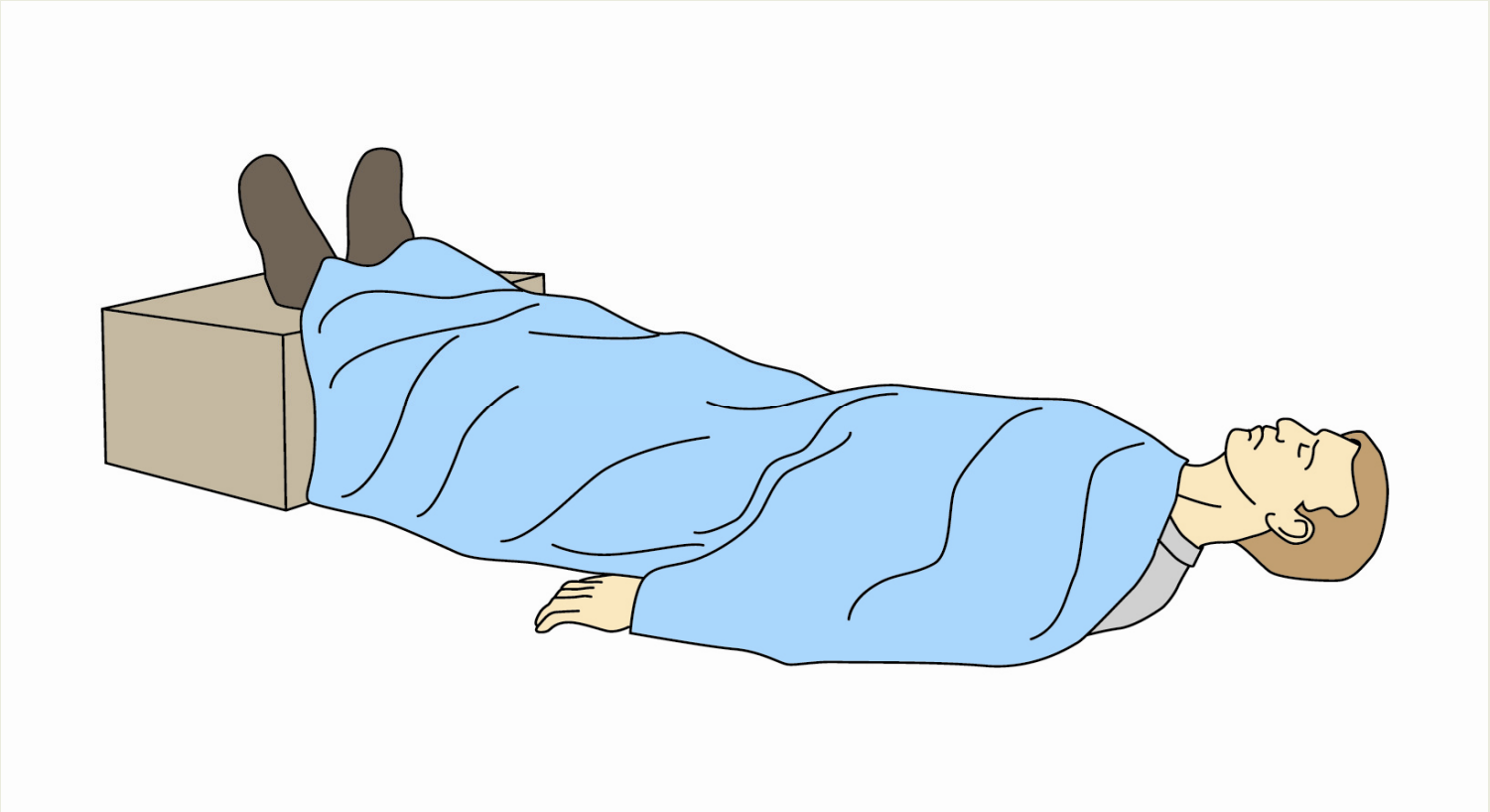
•Dirty wounds or wounds containing dead tissue must be left open. Clean as well as possible and apply dressing

• Abrasions are not severe, but very painful, and must be cleaned and washed to avoid bacterial infection

• Elevate if bleeding is from a limb



- Apply continuous pressure with dressing pads
- Small clean cuts can be closed with adhesive strips
- Deep cuts needs surgical treatment and antibiotic therapy



Treatment for shock is necessary in case of paleness, weakness and fainting.

- Lay the casualty down with raised legs, cover him/her with blankets or coats and call for medical help
- Do not leave casualty unattended and monitor the vital signs: level of response, pulse and breathing

Nosebleed

Emergency treatment:

- Lean the head forward
- Pinch the soft part of the nose with two fingers for 10 minutes
- Don’t blow the nose. **Don’t put cotton swabs or anything else into the nose**!
- Ask for medical help if nosebleed doesn’t stop after half an hour

Fainting

Emergency treatment:

- Lay the person down, elevate feet above head level - they should return to normal within a minute

- If not, seek urgent medical help - it may be also due to illnesses as diabetes, arrhythmia, heart attack (CPR may be necessary) or shock

Heatstroke

Emergency treatment: **The aim is to lower the casualty's body temperature as quickly as possible!!!**

- Remove the person to a shady place (recovery position if unconscious)
- Cool the person with wet towels until body temperature falls to 38 ^{o}C (100F)
- Monitor vital signs and if their temperature starts to rise again, repeat the cooling process
- Seek urgent medical help (**it could be life threatening**)!

Heat exhaustion

Emergency treatment:

- Remove the person to a cool place (shade)
- Get them to lay down with raised legs
- Cool the person with wet towels
- Administer oral re-hydrating solution

Hypothermia

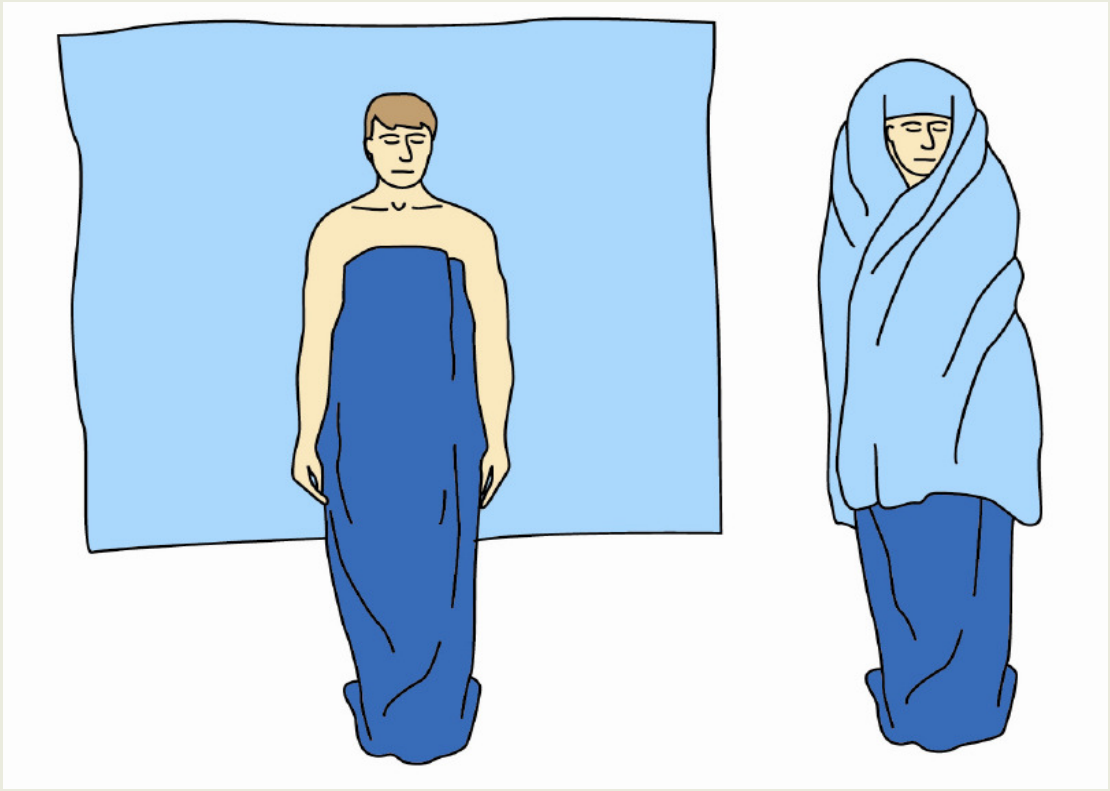
Mild hypothermia: shivering, weakness, slightly blurred speech and uncoordinated movements

Emergency treatment:

- Remove wet garments and put on dry ones, keep the person under blankets
- Administer warm fluids and food.

Handle the casualty gently - do not massage or rub arms and legs, it may push cold blood to the heart, further lowering body temperature

Severe Hypothermia: weakness, confusion, uncoordinated (unable to perform simple tasks), bizarre or unusual behaviour, lethargy, coma.



Emergency treatment:

- If possible take the casualty to a sheltered place (e.g. cabin)
- If sheltered remove wet clothes and insulate them with dry clothing or blankets
- If on board, wrap them in blankets or thermal plastic foil to protect them from the wind.
- Seek immediate medical help (there is a risk of heart failure)
- The casualty should be transferred on a stretcher with minimal movement

VII. DO NOT OVERSTRAIN YOUR SAILORS

- Moderate and high intensity exercise can cause a temporary decrease in immunoglobulins (IgA and IgM) in mucosal secretions

- Recovery to pre-exercise status usually occurs within 24 hours, Intense exercise can be associated with in an increased risk of respiratory illness

- Crowded transport like aeroplanes or dormitories at big sports events, together with a lower resistance to respiratory infection create a higher probability of transmission of respiratory diseases

Some simple things may reduce health problems on board:

- Restrain from going out if the conditions are too heavy, or the sailors are not perfectly well
- Avoid overstraining your sailors with intensive training two days before the trip
- When organizing the trip, include at least one day of rest after arrival

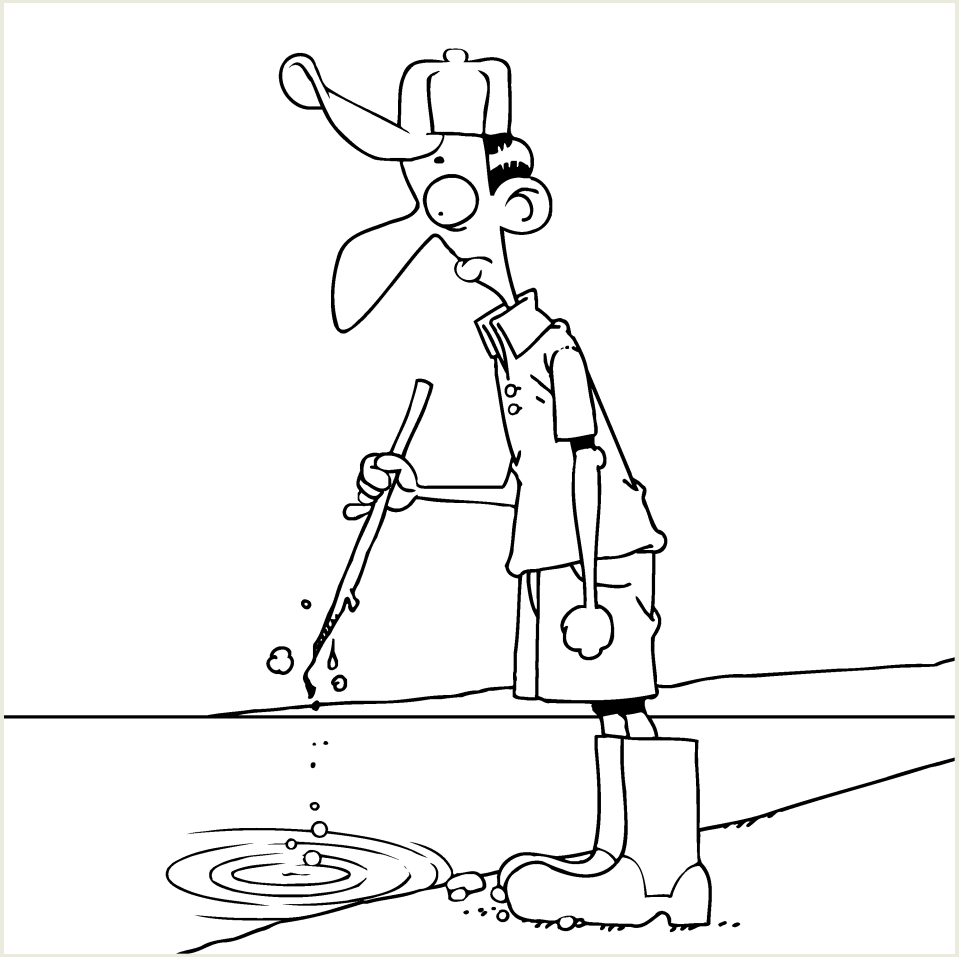
Children are not miniature adults

- Sailor's performance relates directly to their capacity to overcome the external forces imposed on the boat
- Anthropometric parameters for creating the highest hiking moment force are well known
- In some classes weight margins are very narrow, actually requesting young sailors to sail in them in order to fulfil the weight requirements of the boat
- A 19 year old sailor can appear as an adult athlete, although his growth has not finished

Trainers should always remember:

- Children have fragile growth plates at the ends of their long bones whereas adults do not
- The chosen boat class for each child must be appropriate for the child's age and its training age
- An early transition to a more demanding class can result in injury
- Threshold growth plate stress is an individual parameter, directly influenced by the growing up stage
- Consult with your team doctor before make a decision on transition to a more demanding class

VIII. PROTECT YOUR TEAM FROM POLLUTED WATER



Instruct your sailors to:

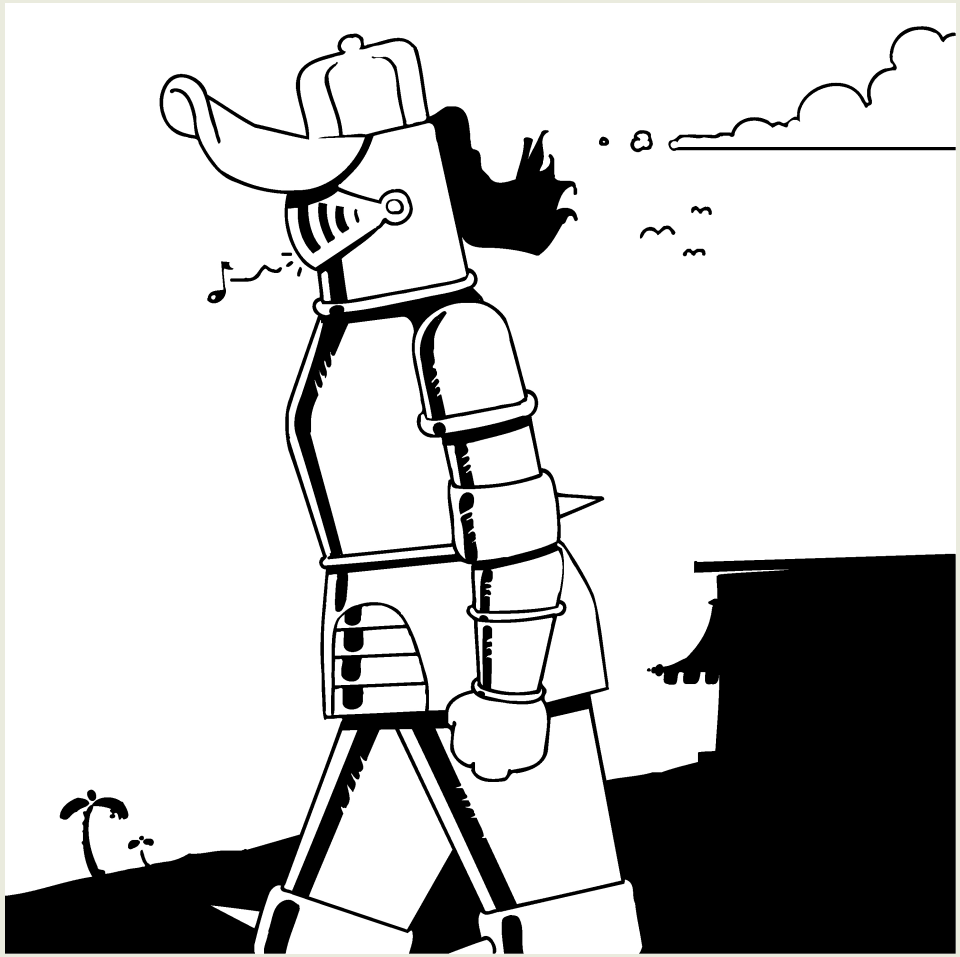
- Try not to swallow water if capsized
- Wash their eyes and face with available water when on board
- Take a shower immediately on return
- Apply antiseptic to cuts and abrasions after washing on return to land
- Take antibiotics if inflammation develops

- Take care to **avoid contact** with water by wearing adequate sailing garment if sailing on slow moving, fresh water lakes, rivers or streams in areas where schistosomiasis is known to occur. If fresh water contact is unavoidable, dry off quickly to prevent the parasite from penetrating the skin.

- Wear **proper footwear** – it can protect the sailor from injury (cuts, bites), insects (sand fleas, ticks), and parasites (hookworms, strongyloides), which are found in the sand and soil on some beaches, especially on riverbanks and muddy terrain

- obtain **local advice** on the possible presence of dangerous aquatic animals in the area

IX. BE WARY OF ATHLETES SECURITY

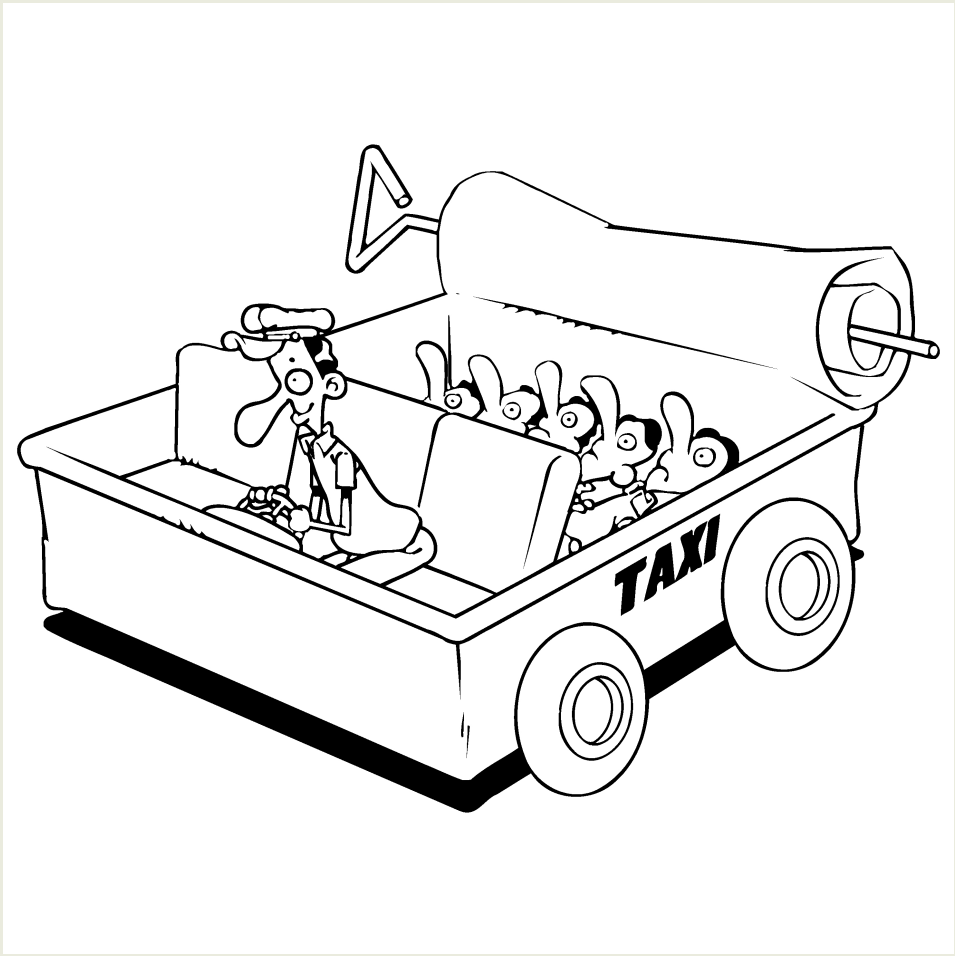


- Pre travel advice to your team should include not only information about risks of acquiring disease in the places that will be visited but also the information about climate, quality of food and water, and if possible, security information

- That type of advice can be obtained from government agencies, Departments of foreign affairs or private agencies that are providing such a service

- Dress inconspicuously (your team colours in some countries can make you a target!)
- Leave expensive jewellery and watches at home
- Avoid night or solo travel
- Do not to flash money
- Use alcohol in moderation
- Leave the scene if feeling threatened by the mood and tone set by other people's behaviour
- Use taxis from authorised ranks only

X. BE WARY OF ATHLETES TRANSPORTATION



- Motor vehicle accidents are the leading cause of accidental deaths of long-term travellers living in the third world

- The possibility for being injured in a car accident while in foreign towns is the most reason of injury to all travellers abroad, including sportsman

- Simply learning how to say “slow down” to the taxi driver can save a life

- Avoid over-crowded public vehicles
- Avoid rural travel by road after dark
- Avoid riding on motorcycles
- When renting a car, check for seatbelts, good tires and brakes
- Hire a large vehicle if possible
- Secure reliable local transport before arrival

It is the truth that nobody will win the race thanks to these Medical Guidelines but it is the truth that many races were lost because of not following them.

ISAF Medical Commission

Disclaimer About Medical Information:

The information and reference materials contained here are intended solely for the general information of the reader. ***It is not to be used for treatment purposes, but rather for discussion with the patient's own physician.*** *The information presented here is not intended to diagnose health problems or to take the place of professional medical care. The information contained herein is neither intended to dictate what constitutes reasonable, appropriate or best care for any given health issue, nor is it intended to be used as a substitute for the independent judgement of a physician for any given health issue. The major limitation of informational resources like ISAF Medical Guidelines for the International Team Coach is the inability to take into account the unique circumstances that define the health issues of the patient.* ***If you have persistent health problems or if you have further questions, YOU MUST consult your health care provider. Failure to consult your health care provider may result in serious permanent harm or death.*** *All readers of these Medical Guidelines for the International Team Coach agree to read and abide by the complete terms of this DISCLAIMER.*