



International
Paralympic
Committee

IPC Medical Code

IPC Handbook Section 2, Chapter 1.4

International Paralympic Committee

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Preamble

1. The Paralympic Movement, to accomplish its mission, encourages all stakeholders to take measures to ensure that sport is practiced in a manner that protects the health of the athlete and respects fair play and sports ethics. To that end, it encourages those measures necessary to protect the health of participants and to minimize the risks of physical injury, illness, and psychological harm. It also encourages measures that will protect athletes in their relationships with health care professionals.
2. The principle objective of protecting health of athletes necessitates ongoing education based on the ethical values of sport and on each individual's responsibility to protect their health and the health of others.
3. The IPC Medical Code (hereafter the "Code") recognises the primacy of the athletes' health, mandates best medical practice in the provision of care to the athletes, and the protection of their rights. It supports and encourages the adoption of specific measures to achieve those objectives. It recognises the principles of fair play and sports ethics and complements and reinforces the World Anti-Doping Code as well as the general principles recognised in international codes of medical ethics.
4. The Code applies at the Paralympic Games and at all Events and Competitions sanctioned by the IPC or any member organization (i.e., International Federations (IFs), International Organizations of Sport for the Disabled (IOSDs), Regional Councils, National Paralympic Committees (NPCs)) (hereafter 'Signatories'). The Code applies to all sports activities practiced within the context of the Paralympic Movement, in competition as well as out of competition.

Relationships Between Athletes and Health Care Professionals

General Principles

5. Athletes shall enjoy the same fundamental rights as all people in their relationships with health care professionals, in particular, respect for:
 - their human dignity;
 - their physical and psychological well-being;



- the protection of their health and safety;
 - their self-determination; and
 - their privacy and confidentiality.
6. The relationship between athletes, their personal physician, the team physician and other health care providers must be protected and be subject to mutual trust and respect. The health and the welfare of athletes must prevail over competition performance and other economic, legal or political considerations. Unless otherwise specified, health care providers include physicians (e.g. personal, team or event physicians), nurses, physiotherapists, psychologists, dentists, dieticians and paramedics.

Right of Information

7. Athletes must 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; the progress of treatment and rehabilitation measures and their ultimate prognosis.

Consent

8. The voluntary and informed consent of the athletes is required for any medical intervention (save where it is impossible to achieve due to the circumstances of the athlete, see 12 below).
9. Particular care must be taken to avoid pressure from the athlete's entourage (e.g., coach, management, family) and other athletes, so that athletes can make fully informed decisions, taking into account the risks associated with practicing a sport with a diagnosed injury or disease.
10. Athletes may refuse or interrupt a medical intervention. The consequences of such a decision should be carefully explained to them by the treating physician or health care provider.
11. Athletes are encouraged to designate a person who can act on their behalf in the event of incapacity as defined by the relevant national legislation. They may also define in writing the



way they wish to be treated and give any other instruction they deem necessary (advanced directives).

12. With the exception of emergency situations, when athletes are unable to consent personally to a medical intervention, the authorization of their legal representative or of the person designated by the athlete for this purpose is required, after they have received the necessary information. The wishes of an athlete whether minor or adult should always be taken into account to the extent possible even when the legal representative has to provide authorisation.
13. Consent of the athlete is required for the collection, preservation, analysis and use of any biological sample. Consent is also required prior to the anonymization of biological samples to be used for research or other purposes.

Confidentiality and Privacy

14. All information about an athlete's health status, diagnosis, prognosis, treatment, rehabilitation measures and all other personal information must be kept confidential, and all applicable legislation and professional regulations and codes of practice concerning the confidentiality and security of personal health information must be respected.
15. Confidential information regarding the health of athletes may be disclosed only if the athlete gives explicit consent thereto, or if the law expressly provides for this. When athletes are informed that, to the extent necessary for their care, information is disclosed to other health care providers, their consent may be presumed (implied consent). Athletes may withdraw their consent for the sharing of relevant medical information with other health care providers involved in their care at any time. The implications of withholding relevant medical information from other health care providers involved in their care must be carefully explained to them.
16. All identifiable medical data on athletes must be protected. The requirement of protection of the data will determine the appropriate manner of its storage and the steps (technical and practical) required to maintain such protection over time. Likewise, biological samples from which identifiable data can be derived must be protected from improper disclosure.
17. Athletes have the right of access to, and a copy of, their complete medical record.



18. Athletes have the right to demand the correction of any erroneous medical data in their files.
19. Intrusion into the private life of an athlete will 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.
20. Any medical intervention must 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.

Care and Treatment

21. Athletes must 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, accessible to all athletes equitably, without discrimination and according to the financial, human and material resources available for such purpose within the relevant health care system.
22. Athletes must receive a quality of care marked both by high technical standards, evidence based medical practise and by the professional and respectful attitude of health care providers. This includes ensuring continuity of care and cooperation between all relevant health care providers and the institutions or organisations involved in their diagnosis, treatment and care.
23. During training and competition abroad, athletes have the right to the necessary health care, which if possible should be provided by their personal or team health care professional. They must also receive appropriate emergency care prior to returning home.
24. Athletes have the right to choose and change their own health care professional or health care establishment, provided that this is compatible with the practises of the relevant health care system. They have the right to request a second medical opinion.
25. Athletes have the right to be treated with dignity in relation to their diagnosis, treatment, care and rehabilitation, in accordance with their culture, tradition and values. They should be permitted to enjoy support from family, relatives and friends during the course of care and treatment, and to receive spiritual support and guidance.



26. Athletes have the right to relief of their suffering in a manner consistent with evidence-based practise. Treatments with an analgesic effect, which allow an athlete to practice a sport with an injury or illness, should be carried out only after careful consideration of the associated risks and appropriate consultation with the athlete and other health care providers. When there is a severe long-term risk to the athlete's health, such treatment must not be given.
27. Procedures that are solely for the purpose of masking pain or other protective symptoms in order to enable the athlete to practice a sport with an injury or illness must not be administered if, in the absence of such procedures, his or her participation would be medically inadvisable or impossible.

Health Care Providers

28. The same ethical principles that apply to the current practice of medicine must apply equally to the practice of sports medicine. The principal duties of physicians and other health care providers include:
 - making the health of athletes a priority;
 - doing no harm.
29. Health care providers who care for athletes must possess the necessary education, training, and experience in sports medicine, and maintain their knowledge and skills up to date through continuous professional development. They should understand the physical, psychological and emotional demands places upon athletes during training and competition and the unique circumstances and pressures of the sport environment. Health care professionals must understand how an athlete's impairment may affect injury and illness symptom patterns and affect rehabilitation from injury.
30. Athletes' health care providers must act in accordance with the latest recognized medical knowledge. Any health care provider should when possible, and, when available, reflect evidence-based medicine. They must refrain from performing any intervention that is not medically indicated, even at the request of the athletes, their entourage or other health care professionals. Health care professionals must refuse to falsify medical certificates concerning the fitness of an athlete to participate in training or competition.
31. When due to their medical condition, the health or well-being of an athlete is at risk, health care providers must inform them accordingly. When the risk is severe, they must strongly discourage the athlete from continuing training or competition including if necessary by



providing a written certificate of unfitness to practise. 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 professionals may also inform the competent persons or authorities, even against the will of the athlete, about their unfitness to participate in training or competition, subject to applicable legislation.

32. In the case of children, health care providers must oppose any physical activity, sport practices or training activities that are not appropriate to the stage of growth, development, general condition of health, type of impairment of the child. Relevant national legislation mandating that health care providers must report situations when a child is at risk must be understood and acted upon by sport medicine professionals. When advising on appropriate training and competition they must 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.
33. Health care providers must disclose when they are acting on behalf of third parties (e.g., club, federation, organizer, NPC, etc.). They must personally explain to the athletes the reasons for any examination and the significance of its outcome, as well as the nature of the information that will be provided to third parties. The athlete's physician should also be informed when such interventions occur.
34. When acting on behalf of third parties, health care professionals should limit the transfer of information to what is relevant and 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 professionals may provide other information concerning the athlete's participation in sport in a manner compatible with his or her health status.
35. At sports venues, it is the responsibility of the team, competition or IF physician - depending upon event-related agreed protocols - to determine whether an injured athlete may continue in or return to the competition as stipulated in the applicable sport rules. This decision should not be delegated to other professionals or personnel. In the absence of the competent physician, other professionals or personnel must adhere strictly to the instructions that he or she has provided. At all times, the overriding priority must be to safeguard the health and safety of athletes. The outcome of the competition should never influence such decisions.



36. When necessary, the team, competition or IF physician should ensure that injured athletes have access to medical follow up and, when necessary, specialised care.

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

General Principles

37. Conditions and environments of training and competition must be conducive to the physical and psychological well-being of athletes. In every setting, concerns for the physical and psychological safety and well-being of athletes must be paramount. The risks of injury or illness must be minimised, and health care providers should be involved in ensuring the safety of the training and competition environments and conditions. The participation of health care professionals that are familiar with the specific considerations of Paralympic athletes is desirable in the drafting of such measures. Particular care must be taken in protecting athletes from pressures arising within their entourage (e.g. coach, management, family, etc.) and/or from other athletes, and ensuring athletes can make fully informed decisions, with particular regard to the risks associated with training or competing with a diagnosed injury or disease.
38. 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 must be developed and applied addressing sports venues, appropriate and safe environmental conditions, authorized or prohibited sports equipment, and the training and competition programmes. The specific needs of each athlete category should be identified and respected.
39. For the benefit of all concerned, measures to safeguard the health of the athletes and to minimize the risks of physical injury and psychological harm should be publicised.
40. Research in sports medicine and sports sciences is encouraged. All signatories to the Code must recognise their responsibility to stimulate and support research in sports medicine and sports science. Such research must be conducted in accordance with the recognized principles of research ethics, in particular the Declaration of Helsinki adopted by the World Medical Association (last revised in Fortaleza, Brazil 2013), and the applicable law. It must never be conducted in a manner which could harm an athlete's health or jeopardize his or her performance. The voluntary and informed consent of the athletes to participate in such



research is essential. All signatories to the Code and the health professionals working for them have a responsibility to collect and analyse injury and illness data for the assessment of risk and measurement of the effectiveness of any mitigating initiatives.

41. Advances in sports medicine and sports science should not be withheld and should be published and widely disseminated.

Fitness to Practice a Sport

42. Except when there are symptoms, or known underlying pathological conditions, or a significant family medical history, the practice of sport for all does not ordinarily require undergoing a health examination. The recommendation for an athlete to undergo such a test is the responsibility of the athlete's personal physician. In a few specific sports, a health examination for all participants may be recommended.
43. For competitive sport, athletes may be required to present to undergo a pre-competition health examination confirming that there are no apparent contraindications to sport participation. The fitness test must be based on the latest recognized medical evidence and should be performed by a health care provider that possesses specific experience with the care and treatment of Paralympic athletes. For elite athletes, such test is recommended and must be performed under the responsibility of a specially trained physician that possesses specific experience with the care and treatment of Paralympic athletes.
44. Athletes must be informed to whom the results of the medical test will be communicated and the potential consequences of any findings for participation (if any). Informed consent must be obtained from the athletes, which can be withdrawn at any time.
45. Any genetic test that attempts to gauge a particular capacity to practice a sport constitutes a medical evaluation that reflects the special issues related to the sport the athlete will participate in, and can be performed only under the responsibility of a specialist health care professional who possesses specific experience with the care and treatment of Paralympic athletes and with the same safeguards and conditions as for a pre-participation health examination.

Medical Support at competitions



46. In each sports discipline, appropriate guidelines must be established regarding the necessary medical support to ensure the safety of the competitors and the competition, depending on the nature of the sports activities and the level of competition. These guidelines must address, but not be limited to, the following points:
- medical insurance policies;
 - the level and scope of medical care to be provided at training and competition venues and how this is organized;
 - the necessary resources, facilities, equipment and services (supplies, premises, vehicles, etc.);
 - the development of a site and sport specific emergency plan, including the development of protocols and procedures for the evacuation of seriously ill or injured competitors, and provisions for the delivery of emergency health services to spectators;
 - the information for teams, coaches and athletes on the processes and procedures in place in competition and training settings; and
 - system of communication between and among the medical support services, the organisers, the relevant health authorities and local and regional health care facilities.
47. 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 recognized ethical principles of research.

Adoption, Compliance and Monitoring

Adoption

48. All Signatories shall adopt the Code.

Compliance

49. Each Signatory shall implement the applicable Code provisions through policies, statutes, rules or regulations according to their authority and within their respective spheres of responsibility immediately upon acceptance. The Signatory undertakes to make the principles and provisions of the Code widely known, by active and appropriate means. For that purpose, the Signatory collaborates closely with health care professionals' associations and the competent authorities.



50. Each Signatory requires health care professionals caring for athletes within their spheres of responsibility to act in accordance with this Code. There should be disciplinary consequences, within the jurisdiction of a signatory, for anyone who does not comply with the Code, such as withdrawal of accreditation, removal from a team, and the reporting of behaviour in violation of the Code to the relevant national competent health authority. Each Signatory must decide on the responsible body to which any infringement of the Code must be reported, which will determine whether a violation of the Code has taken place.
51. Health care professionals remain bound to respect their own ethical and professional rules in addition to the applicable Code provisions. In the case of any discrepancy, the Health care professionals shall be required to comply with their own ethics and professional standards to be interpreted, as far as may be possible, in a way that is consistent with this Code.

Monitoring

52. The IPC Medical Committee 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. The IPC Medical & Scientific Director is responsible for the monitoring of the provisions of the Code.
53. The IPC Medical Committee may issue recommendations and models of best practice with a view to facilitating the implementation of the Code.

Scope, entry into force and amendments

Scope

54. The Code applies to all participants in the Para sports activities governed by each Signatory, in competition as well as out of competition.
55. The Signatories are free to grant wider protection to their athletes.
56. 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.



Entry into Force

57. The Code enters into force on 1 November 2019.

Amendments

- 58. Athletes, Signatories and other parties are invited to participate in improving and modifying the Code. They may propose amendments to the IPC Governing Board.
- 59. Each Signatory must adopt any amendments to the Code within one year of notification of such amendments.