International
Handball
Federation

Athlete Health and Safety Provisions

International Handball Federation

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Appendices

Article 1

1. Purpose and Scope

1. These Athlete Health and Safety Provisions establish the minimum requirements for the protection of the physical and mental health, safety and well-being of players participating in competitions, tournaments and other events organised, recognised or sanctioned by the International Handball Federation (IHF).
2. These Provisions apply to all IHF World Championships of all disciplines at senior, junior and youth level, all qualification events, IHF Trophy and Nations Trophy competitions, Club World Championships and other competitions under the authority of the IHF as well as to all participating National Federations, clubs, Local Organising Committees, team officials, medical personnel, players and other accredited persons.
3. The health, safety and well-being of players shall at all times take precedence over sporting, operational, financial, commercial, broadcasting or other considerations.
4. These Provisions establish minimum standards. The IHF may impose additional requirements for a particular competition, age category, host country or venue.

Article 2

2. General Duty of Care

1. The IHF, the Organiser, participating National Federations, clubs and team officials shall take all reasonable and proportionate measures to protect players from foreseeable risks of injury, illness, overloading, harassment, abuse and other circumstances that may adversely affect their physical or mental health.
2. No player shall be instructed, encouraged, pressured or permitted to participate where such participation would expose the player or others to an unacceptable health or safety risk.
3. Particular consideration shall be given to minors, young players competing above their ordinary age category, players returning from injury or illness and players exposed to unusually high match, training or travel loads.
4. Medical decisions relating to immediate player safety shall be independent and shall not be influenced by sporting, team, financial, commercial or broadcasting interests.
5. The IHF reserves the right to remove eligibility at any time if there is a risk of health for any of the players concerned.

Article 3

3. Responsibilities of Participating National Federations

3.1. Confirmation of Medical Fitness

1. By confirming its participation in an IHF competition, each participating National Federation assumes responsibility for ensuring that every nominated player is medically fit to participate in the competition concerned.
2. The participation confirmation submitted by a National Federation shall constitute a formal confirmation that the National Federation has taken the necessary steps to verify the health and medical fitness of its nominated players, that each player is, to the best of the National Federation's knowledge and based on a medical assessment conducted by a qualified medical professional, physically and mentally fit to participate, and that no known medical condition makes participation unreasonable or unsafe.
3. Each player shall undergo a medical assessment conducted by a qualified medical professional before the beginning of the competition, and it is the responsibility of the National Federation concerned to ensure that such medical assessment is carried out. The IHF may prescribe a standard medical certificate, declaration of fitness or pre-competition medical assessment form if needed.
4. A National Federation's confirmation of medical fitness does not limit the authority of an IHF doctor, the Event Medical Officer or another authorised medical professional to remove a player's eligibility.

3.2. Continuing Responsibility

1. The responsibility of the National Federation continues throughout the entire competition. Where a player's medical condition significantly deteriorates (except in the case of regular sport-related injuries), the National Federation shall arrange a medical assessment conducted by a qualified medical professional, inform the responsible IHF medical representative and/or the IHF Competition Management and IHF Head Office where relevant, and withdraw the player where medically required.
2. The team doctor shall report any serious injury, significant illness, hospitalisation, suspected concussion or other relevant medical incident to the IHF in accordance with the applicable reporting procedure.

Article 4

4. Minimum Age for Participation (Regulations for IHF Competitions)

1. Minimum-age requirements are established to protect young players from excessive physical,

physiological and psychological demands associated with participation in high-level international handball. Compliance with the minimum age does not, in itself, establish that a player is medically or physically prepared to participate.

The minimum-age requirements for IHF events are listed in article I.3.2.1.2 of the Regulations for IHF Competitions.

2. For a player under the age of 18, the National Federation concerned shall ensure compliance with child-protection law, obtain any legally required parental or guardian consent, provide appropriate supervision and safeguarding, and take into account the player's education, recovery and general welfare if applicable.

Article 5

5. Participation of Young Players in Multiple Age Categories

1. The IHF recognises that exceptionally talented young players may be selected for national teams in more than one age category. Such selection shall be managed carefully to prevent excessive physical load, insufficient recovery, psychological pressure, burnout and increased injury risk.
2. A player may participate in a maximum of two IHF Younger Age Category World Championships taking place within the same calendar year. Participation in all three possible younger age category World Championships within the same year is prohibited.
3. A player shall be deemed to have participated where the player is included in the definitive list and is registered in the match report for at least one match. The applicable competition regulations may provide that inclusion in the definitive list alone constitutes participation.

Article 6

6. Player Workload, Recovery and Official Obligations

6.1. Workload Management

1. National Federations, clubs and team officials shall cooperate to responsibly manage player workload, particularly for players participating in multiple age categories, returning from injury or exposed to a high number of club and national-team matches.
2. The IHF may collect and review information concerning match exposure, playing time, competition participation, injuries, illnesses, travel schedules and recovery periods, and may issue workload-management instructions or participation restrictions where necessary.

6.2. Match Scheduling and Rest Periods

1. Competition schedules shall be designed to provide adequate recovery between matches. Unless expressly authorised by the IHF due to exceptional circumstances, a team shall not be required to play on consecutive days and shall have at least one full rest day between two matches in senior events. In younger age category events, a maximum of two consecutive match days is allowed.
2. Competition schedules for beach handball competitions shall be designed to provide adequate recovery between matches and sessions. Unless expressly authorised by the IHF due to exceptional circumstances (e.g. necessity to finish a competition due to severe weather conditions), a maximum of two matches on the same day with at least four hours of rest between the matches shall be allowed.
3. Where an official relocation between competition venues or team accommodations involves a scheduled travel time exceeding four hours and thirty minutes, the IHF may require an additional rest day.
4. Match schedules, training schedules, transfers, media obligations and official activities shall be coordinated to avoid unnecessary physical and mental load.

6.3. Recovery Facilities

1. The Organiser shall provide suitable facilities supporting recovery, including changing and shower facilities, massage and physiotherapy space, massage tables, access to ice or cold treatment where applicable, fitness facilities, quiet recovery areas and adequate hydration facilities.
2. Recovery facilities shall be hygienic, private, temperature-controlled where necessary and accessible within a reasonable distance from team operational areas.

6.4. Media, Ceremony and Protocol Obligations

1. Media, ceremony, protocol, sponsor and official event obligations shall not interfere with necessary medical treatment, recovery or player safety.
2. A player shall be excused from or replaced for a press conference, mixed-zone interview, award ceremony, reception or other official activity where the player requires medical assessment or treatment, is undergoing concussion assessment or doping control, is experiencing acute physical or psychological distress, requires urgent recovery measures or has been advised by an authorised medical professional not to participate.
3. No player shall be sanctioned for non-attendance based on a legitimate medical or health-and-safety reason.

Article 7

7. IHF Players Support Programme for Indoor Handball (Loss of Salary)

1. The IHF maintains a player salary protection mechanism referred to as the “IHF Players Support Programme (Loss of Salary)”. The purpose of the programme is to protect professional players and their employing clubs against the financial consequences of an injury sustained during an eligible IHF competition or eligible official national-team activity.
2. Subject to the applicable policy and programme rules, the programme supports continued payment of the contractual salary of a player who is temporarily unable to perform contractual duties due to a covered injury and may compensate or reimburse the employing club for eligible salary payments. Details are to be communicated with the official announcement of the events.

Article 8

8. Medical Organisation at IHF Events

8.1. Event Medical Plan

1. The Organiser shall prepare and implement a written Event Medical Plan for approval by the IHF. It shall cover competition and training venues, team accommodation where required, official transportation, emergency care, ambulances, evacuation routes, designated hospitals, specialist treatment, communication with emergency services, medical documentation and major-incident procedures.
2. Before confirmation of an event, the Organiser shall provide detailed information regarding emergency and general medical services in each host city, designated hospitals, expected response times, diagnostic imaging, surgery and intensive care, admission procedures for international patients and any limitations concerning access to treatment.
3. The Organiser shall establish operational arrangements with designated hospitals, including direct communication with the Event Medical Officer and rapid access to necessary specialist services.

8.2. Match Medical Team

1. For every match, the Organiser shall provide at least one licensed medical doctor with appropriate emergency, sports-medicine or acute-care experience, appropriately qualified paramedical personnel and any additional personnel required by law or the Event Medical Plan.
2. The match doctor shall be positioned in a designated seat with an unobstructed view of the field of play and immediate access to the court, generally in the first row behind or close to the support table.
3. Before each match, the match doctor shall be introduced to the responsible IHF Event Delegate or designated IHF Delegate and shall confirm the readiness of the medical team, ambulance,

equipment and communication procedures.

4. Medical personnel and equipment allocated to player and field-of-play emergencies shall not simultaneously be relied upon as the sole medical resource for spectators. The Event Medical Plan shall distinguish player, spectator, team and public emergency services.
5. In beach handball competitions, the Organiser shall provide a full medical station with at least one medical doctor and mobile emergency team to cover all courts in case of emergency, with sports-medicine or acute-care experience, appropriately qualified paramedical personnel and any additional personnel required by law or the Event Medical Plan.

8.3. Ambulance and Emergency Response

1. At least one fully equipped emergency ambulance (or in accordance with national law of the event hosts) shall be present throughout the entire match/session, including the official warm-up periods, half-time, additional playing time and immediate post-match period while players remain in the competition venue.
2. The ambulance shall be staffed by qualified emergency personnel, be capable of advanced resuscitation, carry cardiac monitoring and defibrillation equipment, oxygen, airway and ventilation equipment, immobilisation equipment and maintain direct communication with the venue medical team and emergency services.
3. Emergency access routes shall remain unobstructed and provide direct access for an ambulance to the field of play, player areas, warm-up courts, ambulance loading point and emergency exits.

8.4. Medical Readiness Inspection

1. Before the first match in each venue, and thereafter whenever required, the Organiser shall present the venue medical room, defibrillators and resuscitation equipment, ambulance position, evacuation route, communication equipment, first-aid arrangements for spectators and designated hospital contacts to the responsible IHF representative.
2. A medical readiness confirmation shall be completed before each match or match session. No match shall begin unless the required personnel, ambulance, communication systems and emergency equipment are present and operational.

8.5. Team Medical and Physiotherapy Facilities

1. Each team shall be provided with suitable and private facilities for physiotherapy, medical assessment and treatment at the team hotel, including a dedicated treatment room or an additional adjacent or connected room.
2. Treatment facilities shall include an appropriate treatment table, lighting, power outlets, sanitation facilities, waste disposal, secure storage and adequate privacy.

8.6. Recognition and Authorisation of Team Medical Personnel

1. The Organiser shall cooperate with competent authorities to ensure that team doctors, physiotherapists and other authorised team medical personnel may enter the host country and perform their official functions.
2. Where required, the Organiser shall facilitate work permits, temporary professional recognition, registration, permission to carry and use medical equipment and other necessary authorisations.
3. The Organiser shall provide advance information regarding registration requirements, deadlines, prescription medicines and the importation of medical equipment and supplies.

8.7. Importation of Medicines and Medical Equipment

1. The Organiser shall provide clear information regarding the lawful importation, possession, storage, use and re-exportation of prescription and controlled medicines, emergency medicines, medical devices, diagnostic and rehabilitation equipment, needles, syringes, oxygen and other regulated medical materials.
2. The Organiser shall appoint a contact person to assist teams with customs and regulatory matters concerning medical supplies.

Article 9

9. Authority of Medical Personnel and Match Interruption

1. The Event Medical Officer, IHF Official, IHF Event Delegate or another authorised medical professional may require immediate assessment, remove a player, prevent return to play, require additional examinations or hospital treatment, recommend modification, postponement, suspension or cancellation of a match and impose temporary medical restrictions.
2. No sporting official, coach, employer, National Federation representative or other person may overrule an authorised medical decision relating to immediate player safety.

Article 10

10. Concussion and Head Injuries

1. Any player suspected of having sustained a concussion or significant head injury shall be immediately removed from play and assessed by an appropriately qualified medical professional.
2. A player with a suspected concussion shall not return to the match on the same day unless expressly permitted by the responsible medical professional.
3. Return to training and competition shall follow an appropriate graduated return-to-play assessment by the team doctor and require medical clearance before unrestricted participation.

4. Referees, delegates, team doctors, the Event Medical Officer or another authorised official may initiate a medical assessment where a head injury is suspected.

Article 11

11. Nutrition and Hydration

1. The Organiser shall provide safe, nutritionally appropriate and sufficient food and beverages throughout the event. Meals shall meet the needs of elite handball players and include appropriate pre-match, post-match and match-day snack options.
2. Meal services shall be aligned with match and training schedules and provide suitable options for allergies, intolerances, religious requirements, vegetarian or vegan diets and other reasonable needs notified in advance.
3. All allergens shall be clearly identified, and procedures shall be established to minimise cross-contamination. Safe drinking water shall be available free of charge 24 hours per day at team accommodation and at competition and training venues.
4. The Organiser shall maintain a documented food-safety plan addressing temperature control, hygiene, allergen management, traceability, suspected food poisoning and gastrointestinal outbreaks.
5. The IHF nutrition guidelines serve as a basis for meals appropriate for elite handball competitions.

Article 12

12. Communicable Disease and Pandemic Preparedness

1. The Organiser shall prepare a written Communicable Disease and Pandemic Preparedness Plan addressing infectious-disease risks that may materially affect participant health or the safe staging of the event if applicable.

Article 13

13. Anti-Doping, Medication and Athlete Health

1. All anti-doping activities shall be conducted in accordance with the World Anti-Doping Code, applicable WADA International Standards, the IHF Anti-Doping Rules and instructions issued by the International Testing Agency or the IHF.
2. The Organiser shall provide a secure, private and accessible doping-control station used exclusively for doping-control purposes during sample collection, including an appropriate waiting area,

processing area and directly accessible toilet.

3. The International Testing Agency has been assigned to carry out the players' testing for In-Competition on behalf of the IHF.

Article 14

14. Medical Information, Special Transport and Incident Reporting

14.1. Medical Information for Teams

1. Before the event, the Organiser shall provide each participating team with written medical information in English and, where reasonably possible, other relevant languages, including emergency contacts, venue medical facilities, designated hospitals, ambulance procedures, appointment procedures, pharmacies, injury reporting, infectious-disease procedures, insurance and safeguarding contacts.

14.2. Special Medical and Anti-Doping Transportation

1. The Organiser shall provide special transportation where a player or accompanying medical professional is delayed beyond normal team departure due to doping control, medical examination, hospitalisation, safeguarding procedures or another official health-and-safety process.
2. No player shall be left at a venue, hospital, clinic or doping-control station without a safe means of returning to official accommodation. Minors shall not be transported or left unaccompanied.

Article 15

15. Insurance and Financial Responsibility

1. Each participating National Federation shall maintain appropriate accident, health, travel and liability insurance for its delegation, unless otherwise provided by the applicable competition regulations.
2. The Organiser shall maintain adequate public and event liability insurance with a reputable insurer for event preparation, venue set-up, official training, competition and dismantling.
3. Subject to the policy agreed with the IHF, the insurance shall provide appropriate coverage for bodily injury, illness or death, unsafe venue conditions, medical-service or emergency-response failures, food or water contamination, transport incidents, security incidents and acts or omissions of staff, contractors and volunteers.

Article 16

16. Compliance and Disciplinary Measures

1. Failure to comply with these Provisions may result in warnings, corrective measures, withdrawal of player eligibility, suspension of a team official or medical professional, disciplinary proceedings, fines, withdrawal of hosting rights or other measures under IHF rules and regulations.
2. A National Federation may be held responsible for nominating an ineligible or medically unfit player, providing a misleading medical-fitness confirmation, withholding a material health concern, exceeding the authorised number of younger age category World Championships for individual players, failing to report a serious incident or disregarding an authorised medical decision.
3. Falsification of age documents, medical certificates, employment contracts, salary information or insurance claim documentation shall be subject to disciplinary proceedings.

Article 17

17. Miscellaneous Provisions

1. These Provisions shall be interpreted together with the IHF Statutes, Regulations for IHF Competitions, Player Eligibility Code, Anti-Doping Rules as well as medical guidelines, hosting requirements and other applicable IHF rules and regulations.
2. In the event of a conflict, the provision offering the higher level of protection to the player shall apply unless mandatory law or a decision of the competent IHF body requires otherwise.
3. The IHF Executive Committee may adopt implementation guidelines, medical protocols, standard forms, checklists and event-specific requirements.

Appendix 1 – Sample Match-Day Medical Readiness Checklist

Requirement	Confirmed	Comments
Match doctor present and introduced to IHF Delegate/Event Delegate	☐	
Paramedical personnel present	☐	
Ambulance present, staffed and operational	☐	
AED and resuscitation equipment checked	☐	
Medical room accessible and equipped	☐	
Emergency access and evacuation route clear	☐	
Designated hospital and communication contacts confirmed	☐	
Replacement ambulance procedure confirmed	☐	
Emergency power and communication systems operational	☐	
Separate medical support available for spectators	☐	

Appendix 2 – Sample Serious Incident Notification Fields

- Event, venue, date and match
- Player or person concerned
- Type of incident
- Time and location of incident
- Immediate medical action taken
- Medical personnel involved
- Ambulance and hospital details
- Current medical status
- Whether concussion, safeguarding, infectious disease or salary-protection procedures apply
- Contact person for follow-up
- Date and time of notification to the IHF