

INTERNATIONAL WEIGHTLIFTING FEDERATION

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GUIDELINES

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MEDICAL

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## **Preface**

This document should be read and followed by the LOC/Medical Committee/Team of IWF Competitions in conjunction with the IWF Anti-Doping Policy (ADP) and the Technical and Competition Rules & Regulations (TCRR) and other relevant IWF regulations (e.g No Needle Policy).

It may serve to all those in charge of organising an IWF-Event as a kind of a “Quick Reference Guide” for all medical aspects of such a competition.

The Local Organising Committee (LOC) is financially responsible for all provisions detailed hereunder.



The editor

## **GENERAL PRINCIPLES OF MEDICAL ORGANISATION**

### **1. Medical Committee/Team**

The Medical Committee/Team is only one of the many components of the Local Organising Committee (LOC), which is necessary to conduct a successful competition.

The mission of the Medical Committee/Team is: to provide primary and emergency care to athletes, staff, officials, all participants during IWF Events on all event sites; to provide other medical support services needed to ensure the safety and health of all participant and to arrange for referrals, where necessary, to a higher level of health care. The Medical Committee/Team shall be aware about the IWF Rules and Regulations (Manuals and Guidelines included).

### **2. The Medical Director**

The LOC should appoint a certified physician as Medical Director (MedDir) to head a Medical Committee or Team. The MedDir is ultimately responsible for all health care provided at all official sites, venues and accommodation areas. The MedDir is in charge of the overall coordination of medical organisation, and represents the LOC in all related medical matters. He/she should preferably be a member of the local community, to ease cooperation with community resources. The MedDir reports to, and co-operates with the IWF - mainly the IWF DOD or the IWF Medical Committee Chairman - and the LOC President/CEO.

## **OPERATIONAL DETAILS**

### **2. Staffing and Equipment Guidelines for Events**

#### **2.1 Workload**

All information regarding the number and type of injuries and illnesses seen during the IWF Events shall be recorded according to the IWF Injury Report and shall be sent to the IWF Medical Committee via IWF.

#### **2.2 Staffing for the LOC**

Medical staffing at events is recommended to be as follows.

- . 1 Emergency qualified Physician, ideally with experiences in the field of sports medicine and knowledge about the local public health infrastructure;
- . 1 Ambulance Crew: 1 Registered Nurse (RN) with ER/ICU-experience or 1 ACLS-certified Paramedic as well as 1 Emergency Medical Technician (EMT)
- . 1 Registered Nurse (RN) with sports medical or orthopedic experience
- . 1-2 Physiotherapists and Massage Therapists.

### 3. Location of Medical Care Sites

Medical services must be available at all official sites related to the competition; at least at the competition site, warm-up (if not close to each other) and training venue. It shall be available to all accredited persons, including teams' medical staff. For further details regarding the staff, facilities, location and equipment please see the appendices. The LOC is obliged to supply the equipment & services defined in the appendices.

#### 3.1 Competition Site

Medical staff must be available at least 1 hour before the start of the competition, and remain until at least 30 minutes after the end of the competition. The First Aid Room must be located close (*maximum distance 100 meters*) to the field of play (Warm-up and Platform) and it shall be always accessible. *The emergency evacuation track from the Platform to the First Aid Room must not lead through the warm-up area.* (Refer to Annex 4).

1 ACLS & ATLS-Standard compatible fully equipped and staffed Ambulance shall be provided at the competition site. The Ambulance shall bring their equipment including Emergency Bag, Defibrillator and Immobilisation Devices such as cervical collar, scoop and/or vacuum mattress near to the field of play.

Ensuring the immediate care of an injured or ill athlete on the field of play is of utmost importance. The chain-of-command to allow the emergency response team to intervene should be quick and efficient after being activated by the DOD. Neither the injured athlete, nor the emergency response team should interfere with the competition, nor disturb other competing athletes. Evacuation from the field of play and subsequent transfers to the First Aid Room shall always be done at the earliest time.

The provision of emergency care and first-aid for *spectators* is a responsibility of the LOC/MedDir.

An ambulance service, proportional to the number and/or sectors of spectators, should be available to evacuate, if any, patients to a critical care facility. First-aid teams should be available at easily accessible, well-identified areas for the treatment of minor medical problems.

#### 3.2 First Aid Room (at competition site)

This is the primary care centre for medical evaluation and treatment. If athletes are dispersed over several locations, a central location must be selected, ideally the First Aid Room at the competition site. This room should include: examining & treatment area with all necessary equipment (see Appendices). Physical and/or massage services should be offered to athletes from countries without medical staff. Ambulance service should be located on-site.

#### 3.3 Warm-up Area

This should be adequately staffed and equipped for minor medical care. It should provide work space for all national teams and their medical staff (alternatively First Aid Room to be used). Sufficient toilets should be provided, as well as ice, sealed water and a variety of sealed

refreshments. The ACLS treatment should be readily available by the ambulance crew of the completion site.

### **3.4 Training Venue** (if not close to the competition site)

Medical care must be available whenever this site is in use. First Aid, an emergency physician and an ambulance service should at least be available by phone/ radio.

### **3.5 Athletes' & Officials' Accommodation**

Medical care must be available at all accommodation sites. A local Physician (if not the MedDir) should be available on-call for emergencies at all times. In each accommodation, contact information about the Physician-on-call as well as the local general emergency call number, the nearest pharmacy and hospital shall be provided.

## **4. Environmental Health and Safety –Food Poisoning and Contagious Diseases Prevention**

The LOC Medical Committee/Team shall supervise environmental health, sanitation, quality and safety (to prevent inadvertent contamination) of food at all venues, including housing facilities, and training and competition sites.

The Medical Committee/Team should make a comprehensive public health plan including, at least, the following aspects:

- Food Safety and Food manipulation Control;
- Contagious diseases;
- Drinking Water / Air conditioning / Swimming pools sanitation;
- Air Sanitation and Air Quality;
- Vector Control;
- Biological Waste Disposal (refer to IWF Needle Policy too).

## **5. Communication with Media**

The communication of medical information to the Media should be in strict accordance to the international and local regulations of medical confidentiality and data protection. ***All members of the LOC Medical Staff*** should keep all medical information confidential, and ***are not authorised to give any kind of information to the media.***

## **6. Translation Services**

The LOC shall arrange availability of adequate interpreters for at least English in medical care areas.

## **7. Security**

The LOC shall ensure that Security personnel are posted at key medical areas to control access. Security personnel must allow medical staff rapid access to competition venues in cases of emergency.

## **8. Communication**

Ensure telephone service between all fixed medical care facilities. Make sure that all phone numbers are in the Championship Directory, or in the information package provided to all Teams. Arrange portable

radios (walkie-talkies or cellular phones) for key medical personnel; especially the Medical Director; Doctor on Duty; field facilities and staff.

## **9. Transportation/Ambulances**

### **9.1 Pre-competition**

Ambulance service, or emergency vehicle transportation, should be available on-call for all accommodations and the training venue. Site and route maps should be provided to emergency ambulance personnel, who may not be familiar with the training sites and access routes. Ambulance services must be coordinated as part of the entire emergency response.

### **9.2 Competition**

During the competition, one ambulance should be located as close as possible to the First Aid Room in the competition hall. The ambulance should be able to provide Advanced Cardiovascular Life Support (ACLS) and Advanced Trauma Life Support (ATLS)(see 3.1).

## **10. Supplies and Equipment**

Consideration must be given to facilities in medical care areas:

- clerical desks, chairs, laptop computers connected to the internet service, printers, record files and copying machine, at least to be provided by the LOC secretariat.
- Examination room tables and chairs, examination equipment; therapy/massage tables; crushed ice & ice-making equipment (freezer); equipment for suturing lacerations and removal of foreign bodies; and
- Fluids, containers and cups for training venue, warm-up area, treatment area, field facilities, and technical officials.

Adequate cooled water, bottled water, and non-caffeinated drinks should be provided. Treatment supplies should include arm-slings, various dressings, bandages, tape, under-wrap, ointments, massage lotions, syringes, needles, alcohol wipes, as well as supplies and equipment for managing major emergencies, etc.

## **11. Miscellaneous**

### **11.1 Temporary license for team doctors and physiotherapists**

The LOC Medical Committee/Team should check with Local Health authorities on the regulations for visiting Doctors on Duty, Team Physicians and Physiotherapists. Usually a temporary license is needed for practicing medicine or physiotherapy just for the period of the Championships and only within the own Team. All the related regulations (documents, protocols) shall be communicated well in advance to the participants by the LOC .

### **11.2 Requirement for medicine importation**

The LOC Medical Committee/Team should check with Local Health authorities on the regulations for the importation of medicines by visiting team physicians. Visiting Team Physicians wishing to

bring their own medical bags should be advised well in advance of the documents and protocols needed to obtain the medicine importation approval.

### **11.3 Medical Insurance for visiting Teams**

The LOC is only responsible for covering first-aid treatment for accredited people on the venue (possible transfer to the hospital included) during the period of the Championships. Any further medical need should be covered by the visiting Team. For that purpose visiting Teams should come to the host country with valid medical insurance to cover any medical cost. The LOC Medical Committee/Team should implement the necessary arrangements to determine medical costs to the relevant body, and to obtain payments before departures.

### **11.4 Registration of medical records and statistics**

The LOC Medical Committee/Team shall register all medical records during the Championships. The LOC will use an individual 'Injury Report and Medical Encounter Record Form (see Appendices).

### **11.5 Athletes' Injury Report – Annex 3.**

The Injury Report provides not only important epidemiological information, but also direction for injury and illness prevention. The aim of this report is to record all newly acquired illnesses and sports injuries incurred in competition and/or training during the Championships.

### **11.6 Disaster management**

The LOC Medical Committee/Team should work in cooperation with relevant LOC departments to produce a plan against full-scale disasters and accidents.

### **11.7 Medical Coordination Centre**

It is recommended that the LOC medical committee/team will set up a medical co-ordination centre at the completion site.

*Edited by*

**Dr. Dominik Doerr MD**  
IWF Medical Committee

2015

# APPENDICES

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## ANNEX 1- Medication Supplies

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### 1. Anti-infective agents

Anti-bacterials - oral and systemic Anti-fungal – oral, vaginal and topical Anti-viral - oral and topical

1. **Anti-histamines (local, nasal, ophthalmic and systemic):** Cetirizine or Loratadine

2. **Central Nervous System Agents:** Analgesics, Entonox, Anti-pyretic (f. ex. Acetaminophen, Salicylates, Morphine and/or similar for emergencies); Anxiolytics, Sedative, Hypnotics (f. e.x. Diazepam, flurazepam, lorazepam, midazolam etc.); Anticonvulsants; Naloxone; Myorelaxants

3. **Non-steroidal anti-inflammatories (NSAID's) local and systemic:** Ibuprofen, Diclofenac, Piroxicam or Ketorolac

4. **Electrolyte and Fluid Balance** Calcium gluconate, Sodium Chloride 0.9% in Water Sodium Bicarbonate injection, Glucose (dextrose) water solution 5-50%

### 6. Eye, Ear, Nose and Throat Preparations

- . Anti-bacterial Ophthalmic solution and/or ointment Optic solution
- . Anti-inflammatory Ophthalmic solution and/or ointment; Nasal aerosol
- . Vasoconstrictor Oxymetazoline or naphazoline (local solutions or nasal spray)
- . Expectorant/Anti-tussive Dextromethorphan, Levodropropizine, etc. Acetylcysteine, carbocysteine, etc.

### 7. Gastro-intestinal

Antacids, Anti-diarrheic, Antispastics, Antiemetics, Stool softeners, Histamine (H2) antagonist and/or proton pump inhibitors (PPI)

### 8. Hormones and Synthetic Substitutes

- . Glucocorticosteroids (refer to IWF TUE Standard!) oral, local and systemic Beclomethasone, Budesonide, Fluticasone Methylprednisolone Betametasone, Dexamethasone Hydrocortisone or Fludrocortisone
- . Oral contraceptives

## 9. Local Anesthetics

Lidocaine, xylocaine, carbocaine, mepivacaine, or procaine, etc.

## 10. Skin and mucous membranes

11. Anti-cholinergic/Atropine/belladonna alkaloids

12. Sympathomimetic Agents

- a. (i) Epinephrine for anaphylaxis, cardiac arrest
- b. (ii) Salbutamol(aerosolandsystemic)
- c. (iii) Salmeterol or formoterol (aerosol)
- d. (iv) Aminophylline
- e. (v) Ipatropium Bromure (aerosol)

13. Anti-inflammatories, Inhaled Glucocorticosteroids (Budesonide, fluticasone, beclomethasone, etc.)

## 14. Cardiovascular system (emergency)

a. Nitrates (oral and/or systemic) b. Diuretics (furosemide)c. Heparin, enoxaparin etc.d. Beta-blockers (metoprolol)

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## **ANNEX 2 - Medical Supplies and Equipment**

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### **Tape**

4 cm, 2.5 cm, 2.5 cm elastic tape, 5 cm elastic tape, 7.5 cm elastic tape, Under wrap

### **Suture Supplies**

Suture sets w/tape envelopes Disposable suture sets 3-0, 4-0, 5-0, 6-0 polypropylene sutures 4-0, 5-0, 6-0 vicryl, chromic gut, Suture removal sets, Sterile gloves, Sterile towels, Eye drapes, Sterile saline, Instrument germicide, Instrument trays, Alcohol preps, Iodine preps, Steri-strips, Xylocaine 1% with epinephrine

### **Pharmaceutical Supplies**

Assorted prescription and non-prescription medications needed by physicians.

### **Record Keeping**

Pharmaceutical record forms, Injury Report form, Medical Encounter Form, Referral forms, Insurance forms, Prescription pads

Anti-doping Prohibited Substances and Methods List "Safe" Substances List (or online), IWF TUE Standard (or online), Drug information booklets Prescription/non-prescription clipboards Pens/pencils/markers/hi-lighters

Tape - packing/mending, Stapler, File folders, Post-it notes, Note pads

Legal pads

An electronic based solution of the above mentioned is recommended.

### **Chemicals**

Skin lubes, Analgesic lotion, Athletic liniment, Massage lotion/oil, Tape adherent Powder, Ammonia Inhalants, Isopropyl Alcohol Tape Remover

### **Syringes/Needles/others**

TB syringes w/needles 3 ml syringes w/needles

5 ml syringes w/o needles, 20 ml syringes w/o needles, Tourniquets, Needles 18G, 20G and 23G

## **Diagnostic Instruments**

Electrocardiograph, Oximeter, Oto/ophthalmoscopes, Stethoscopes, Sphygmomanometers, Reflex hammer, Nasal specula, ear syringes, ear cures, Electronic thermometers, w/probe covers rectal thermometers; or Tympanic membrane; Thermometers lab supplies

## **Treatment Modalities**

ACLS & ATLS Equipment is mandatory.

For physio areas: Ultrasound, Laser therapy, Electrical stimulation, TENS units, Electrophoresis units w /electrodes Pressure unit w/sleeves are recommended.

## **Miscellaneous**

Felt padding, Rolls 125 mm vinyl foam

Rolls 30 mm adhesive foam, 7.5 cm x 7.5 cm adaptive dressings, Large dermicel pads, XL band-aids, ointment tins, Iodine solution, Moleskin, Topper sponges, Cotton swabs, Cotton balls, Plastic bags, Prep razors, KY jelly, Eye-aid eye wash, Pill envelopes, Assorted foam, 60 mm adhesive foam, Steripads 7.5 cm x 20 cm, adaptive dressings, 2.5 cm band-aids, bacitracin ointment, Iodine scrub, Hydrogen peroxide packages, 2nd skin, Basins emesis, Basins portable Tongue blades, Back plasters, #15 sunscreen Scalpel, #11 & #15

Exam gloves (M & L), Flexible collodion, Paper towels, 150 ml paper cups, 300 ml paper cups, Electrolyte drink

## **Non-Expendable Items**

Refrigerator, 1-litre squeeze bottles, Universal knee mobilisers

2-3 Arm-Slings, Clavicle and Gilchrist straps (s, m, l, xl) Triangular bandages, Air-cast standard ankle brace, right Air-cast standard ankle brace, left Air-cast training ankle brace, right Air-cast training ankle brace, left Heel cups, padded / non-padded

Felt podiatry supplies, Tape cutters, 7.5 cm elastic wraps, 10 cm elastic wraps, 15 cm elastic wraps, Crutches (various sizes),

Thigh elastics (s, m, l, xl), Double length 10 cm elastic wraps, Double length 15 cm elastic wraps.



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**INJURY REPORT (Annex 3)**

Name: \_\_\_\_\_

M F

Date of injury \_\_\_\_\_

Member Federation: \_\_\_\_\_

Present Medications: \_\_\_\_\_

Name of competition \_\_\_\_\_

Location (City/State/Country): \_\_\_\_\_

**Body Part Injured/ill/Chief Complaint:** \_\_\_\_\_

Pain is: Localized  Radiating  Instability:  Where? \_\_\_\_\_

Swelling:  Where? \_\_\_\_\_ Head  Redness  Stiffness  Cramping  Loss of strength

Tingling:  Numbness  Loss of Motion  Loss of Sensation  Noticeable Defect  Where: \_\_\_\_\_

**Describe the mechanism of injury/illness:**

\_\_\_\_\_  
\_\_\_\_\_

Is this a CHRONIC  or ACUTE  injury  illness  Recurrence of a Previous Injury?

On which specific Lift did the injury occur? SNATCH  OR CLEAN  OR JERK   
OR OTHER \_\_\_\_\_

When did the injury occur? Warm-up  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup> Attempt  ?

**Describe objective findings:**

Describe First Aid measure taken: Ice  Compression  Sling/Splint  Crutches

General Recommendations for Management: X-Rays  MRI  CAT Scan  Surgery  Hospital Now

Medications Provided: \_\_\_\_\_

Is the athlete able to continue with competition? YES  NO

If not why? \_\_\_\_\_

Is the athlete referred for further evaluation? YES  NO

If Yes, to Whom? \_\_\_\_\_

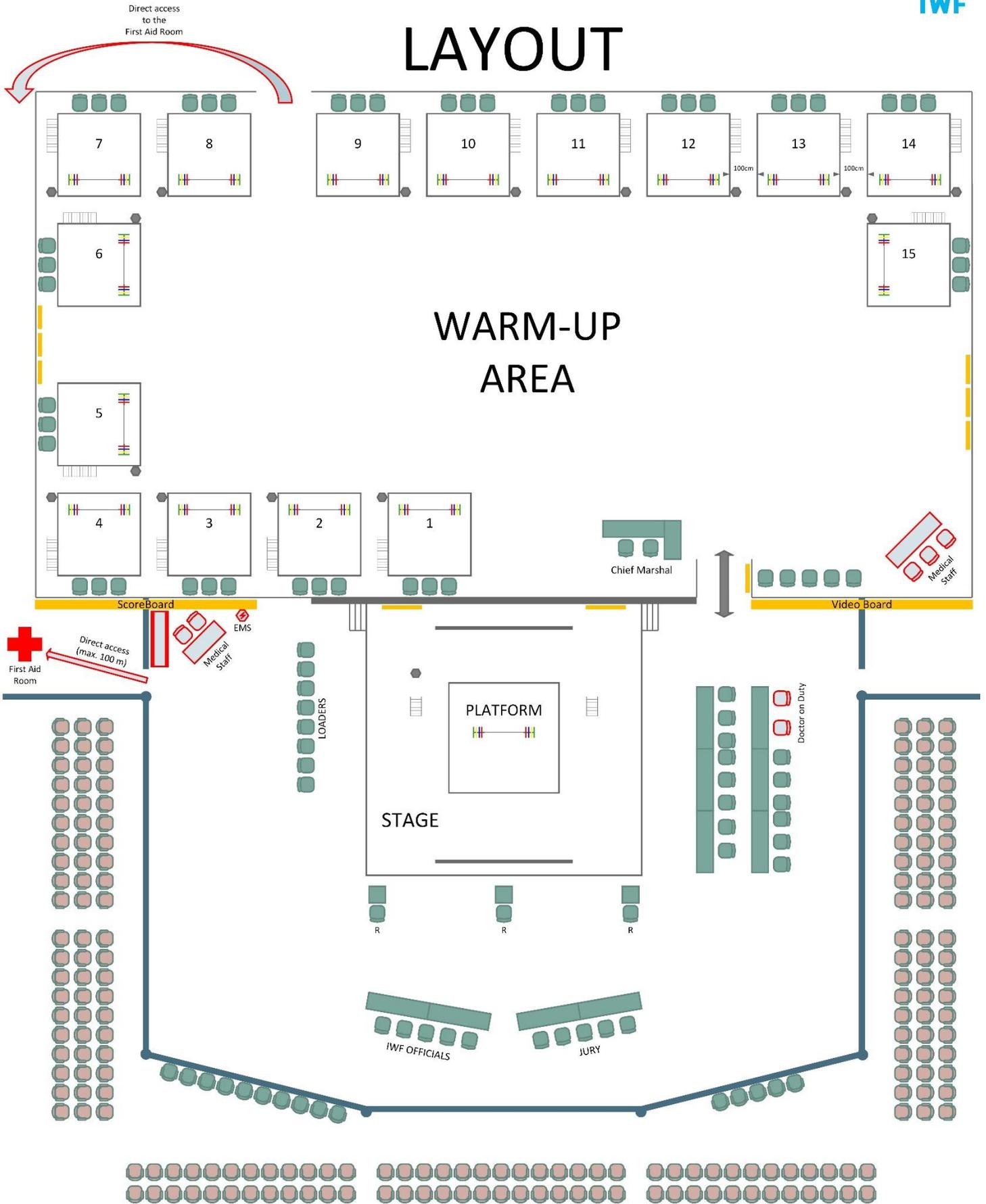
\_\_\_\_\_  
Signature of Sportsmedicine Professional

\_\_\_\_\_  
Date

## ANNEX 4 – Checklist & Display Proposal

<b>Medical Competition Check-List</b>	
<b>Hotel(s)</b>	
Information Board: Emergency Call/Ambulance, Doctor, Hospital, Pharmacy (in each hotel)	<input type="checkbox"/>
Quality of Food	<input type="checkbox"/>
<b>Competition Hall</b>	
Defibrillator/AED	<input type="checkbox"/>
Emergency Bag (ACLS-Standard)	<input type="checkbox"/>
Stretcher with scoop/vacuum mattress or spine board & C-spine protection	<input type="checkbox"/>
Ambulance (at least 1 Paramedic & 1 EMT)	<input type="checkbox"/>
Local Doctor with knowledge of local medical facilities/logistics	<input type="checkbox"/>
Disinfection & Cleaning material for the handlebar	<input type="checkbox"/>
Water in closed bottles for Athletes/Coaches & Officials	<input type="checkbox"/>
Crushed Ice in the Warm-up Area	<input type="checkbox"/>
First-Aid Material for wound care (Wound cleaning + disinfection, Bandages, Tapes, Scissors)	<input type="checkbox"/>
<b>Training Hall (if not in the Competition Hall)</b>	<input type="checkbox"/>
Disinfection & Cleaning material for the handlebar	<input type="checkbox"/>
First-Aid Material for wound care (Wound cleaning + disinfection, Bandages, Tapes, Scissors)	<input type="checkbox"/>
Crushed Ice in the Warm-up Area	<input type="checkbox"/>
Ambulance coverage	<input type="checkbox"/>

# MEDICAL LAYOUT



## ANNEX 5 - Medical Encounter Form

### Medical Encounter Record Form

AD No. :	Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: __/__/____ dd mm yyyy	Time: __: __ __/__/____ dd mm yyy
Country	<input type="checkbox"/> Athlete <input type="checkbox"/> Team Official <input type="checkbox"/> Competition Judge/Official <input type="checkbox"/> IAAF Family <input type="checkbox"/> Media <input type="checkbox"/> Spectator <input type="checkbox"/> LOC Worker / Volunteer <input type="checkbox"/> Other(s): _____			
Site:	<input type="checkbox"/> Stadium <input type="checkbox"/> Warm Up Area <input type="checkbox"/> Training Area, <input type="checkbox"/> Athletes' Village <input type="checkbox"/> Headquarters Hotel <input type="checkbox"/> Road Race, <input type="checkbox"/> Other(s): _____			
Event : Round or Heat:				<input type="checkbox"/> During competition <input type="checkbox"/> During training
Vital Signs	BP : / mmHg	Pulse : beats / min	Temperature : °C	
<b>Injury (sport musculoskeletal conditions)</b>				Pre-existing <input type="checkbox"/> New <input type="checkbox"/>
Cause of injury	<input type="checkbox"/> _____ (See back cover for coding)	Diagnosis	<input type="checkbox"/> _____ (See back cover for coding)	
Complaint	1. Acute Pain 2. Chronic Pain 3. Blister 4. Abrasion 5. Bleeding 6. Cramps 7. Swelling 8. Discomfort 9. Numbness 10. Other (specify): _____			
Injured body part	Location of injury: <input type="checkbox"/> _____ (See back cover for coding)	Absence in days: _____ (See back cover)		
Type of injury	<input type="checkbox"/> _____ (See back cover for coding)			
<b>Illness (non sport musculoskeletal conditions)</b>				Pre-existing <input type="checkbox"/> New <input type="checkbox"/>
Affected System	<input type="checkbox"/> _____ (See back cover for coding)			
Main Symptoms	<input type="checkbox"/> _____ (See back cover for coding)			
Cause	<input type="checkbox"/> _____ (See back cover for coding)			
Past History				
Diagnosis				Absence in days: _____ (See back cover)
<b>All Conditions</b>				
Physical Examination				
Special Investigations	Test(s):	Findings:		
Treatment				
Actions	<input type="checkbox"/> Transfer to _____ Hospital <input type="checkbox"/> Discharged to Team Physician. <input type="checkbox"/> Discharged			

**Doctor Name:** \_\_\_\_\_ **Date:** / /20

**Signature:** \_\_\_\_\_

## Codes and classifications

### For injuries

#### Event

Please state the event (e.g. 100m hurdles; shot put; 4x 400m relay; Decathlon – long jump).

#### Round, heat or training

If the injury occurred during competition, please state the round (e.g. heats, qualification B, final).

If the injury occurred at another occasion, please specify whether it was training, warm-up or others.

#### Injured body part - Location of injury

Head and trunk	Upper extremity	Lower extremity
1 face (incl. eye, ear, nose)	11 shoulder / clavicle	21 hip
2 head	12a/p upper arm (anterior/posterior)	22 groin
3 neck / cervical spine	13a/p elbow (anterior/posterior)	23a/p thigh (anterior/posterior)
	13m/l elbow (medial/lateral)	24a/p knee (anterior/posterior)
4 thoracic spine / upper back	14a/p forearm (anterior/posterior)	24m/l knee (medial/lateral)
5 sternum / ribs	15a/p wrist (anterior/posterior)	25a/p lower leg (anterior/posterior)
6 lumbar spine / lower back	16a/p hand (anterior/posterior)	26 Achilles tendon
7 abdomen	17a/p finger (anterior/posterior)	27m/l ankle (medial/lateral)
8 pelvis / sacrum / buttock	18a/p thumb (anterior/posterior)	28a/p foot / toe (anterior/posterior)

#### Type of injury - Diagnosis

1 concussion (regardless of loss of consciousness)	11 contusion / haematoma / bruise
2 fracture (traumatic)	12 tendinosis / tendinopathy
3 stress fracture (overuse)	13 arthritis / synovitis / bursitis
4 other bone injuries	14 fasciitis / aponeurosis injury
5 dislocation, subluxation	15 impingement
6 tendon rupture	16 laceration / abrasion / skin lesion
7 ligament rupture	17 dental injury / broken tooth
8 sprain (injury of joint and/or ligaments)	18 nerve injury / spinal cord injury
9 lesion of meniscus or cartilage	19 muscle cramps or spasm
10 strain / muscle rupture / tear	20 other

#### Cause of injury

1 overuse (gradual onset)	11 contact with another athlete	21 field of play conditions
2 overuse (sudden onset)	12 contact: moving object (e.g. discus)	22 weather condition
3 non-contact trauma	13 contact: immobile object (e.g. hurdles)	23 equipment failure
4 recurrence of previous injury	14 violation of rules (obstruction, pushing)	24 other

#### Estimated duration of absence from training or competition (in days)

Please provide an estimate of the number of days that the athlete will not be able to undertake his/her normal training programme or will not be able to compete.

0 = 0 days	7 = 1 week	28 = 4 weeks
1 = 1 day	14 = 2 weeks	> 30 = more than 4 weeks
2 = 2 days	21 = 3 weeks	>180= 6 months or more

### For illnesses

#### Affected system

1 gastro-intestinal	5 allergic / immunological	9 dermatologic
2 uro-genital / gynaecological	6 metabolic / endocrine	10 musculoskeletal
3 respiratory / ear, nose, throat	7 haematological	11 dental
4 cardio-vascular	8 neurological / psychiatric	12 other

#### Main symptom(s)

1 fever	5 palpitations	9 syncope, collapse
2 pain	6 hyperthermia	10 anaphylaxis
3 diarrhoea, vomiting	7 hypothermia	11 lethargy, dizziness
4 dyspnoea, cough	8 dehydration	12 other

#### Cause of illness/symptom(s)

1 pre-existing (e.g. asthma, allergy)	3 exercise-induced	5 drug reaction
2 infection	4 environmental	6 other