# Medical Fitness to Travel (MFT) Overview

**Athlete Medical Fitness to Travel (MFT) Assessment Process:**

British Canoeing has a duty of care to all staff and athletes involved in its training and competition programmes. This duty includes a consideration of an athletes mental and physical health prior to travelling to ensure the appropriate risk assessments are completed. In this regard, British Canoeing has introduced a Medical Fitness to Travel (MFT) process which is designed to ensure timely and appropriate discussions take place between Medical & Scientific Support Staff[1] and Athlete Support Personnel[2] so that any necessary support (where possible) can be put in place to enable athletes to travel and partake in a Competition.

Athletes and staff are actively encouraged to disclose any injuries or illness that may affect their ability to travel or otherwise affect our duty of care to them. Where an athlete does disclose such information, or where we reasonably perceive that there is a failure to disclose an Injury or Illness, this MFT process will be enacted to assess risk and put in place risk reduction & support strategies wherever possible. This MFT process may involve appropriate and proportionate information sharing (in accordance with all relevant Data Protection legislation) between Medical & Scientific Support Staff and Athlete Support Personnel. An athlete will only be issued with a 'red' (no travel) rating where the assessed risk and our inability to fulfil our duty of care to them, means there is no realistic expectation that they can travel and/or partake in a Competition

The **risk assessment** process is outlined below. It is expected the MFT process will start from **-4 weeks** to departure and aim to be completed **-72 hrs** from international departure. It should be noted that occasionally there may be times where not all elements can be completed within the timeframes outlined below (depending on availability of information). Where this is the case, the elements contained within the MFT process will be *staggered* in line with feasibility and reasonableness.

[1] means members of our support team who are required to be professionally qualified such as doctors, physiotherapists, clinical psychologists, exercise physiologists, podiatrists, osteopaths, chiropractors, counsellors, nutritionists, performance lifestyles practitioners, psychologists, skill acquisition practitioners, strength and conditioning practitioners, massage therapists, and sports scientists.

[2] Including Performance Management Staff, coaches, officials, members of the Medical & Scientific Support Staff, and Personal Coaches.

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## -4 Weeks Prior to Travel (or when key info is available)

- **Trip risk assessment:** Team manager (Trip lead + Physio) review/complete trip risk assessment. Update attendee list (program/non-program athletes/staff). Feed key into trip briefings.
- **Personal info & medical forms** sent to any **non-program athletes** & staff travelling (via Team manager). Key medical details fed into ongoing medical team meets. Following review of disclosed medical info, medical team raise any concerns & confirm outstanding actions with team manager/others as approp.
- **Add to *PDMS (if required):** get parents' consent where required.

-***IF** travel is supported by UKSI staffing/contractor, Team manager to confirm all athletes attending to Anna Palfreyman (UKSI operations) at earliest opportunity (cc'ing program physio).

-Athletes not on PDMS will need registering (others may need re-activating). Anna will confirm if registration + form required to Team manager.

Those not on PDMS should be contacted by Team manager & sent PDMS registration form (alongside other wider trip communications as singular form of communication).

-Athlete sends registration form back directly to Anna Palfreyman and inform team manager of completion.

-All above should pertain to any **named reserves or training partners** (where relevant) following consultation with performance director.

# Medical Fitness to Travel (MFT) Overview

## -3 Weeks Prior to Travel (or when key info is available)

### Non program athletes

- **Review non-program athletes** (if travelling) medical forms as they come in. Physio follow up with a phone to all athletes for verbal assessment (if required).

### ALL athletes

- **Weekly Medical Meeting: <u>All</u>** proposed travelling athletes reviewed (Program + Non-Program). Factors including injury, illness & mental health status in relation to travel. Meeting documented by Physio.
    - **MFT assessment:** Each athlete **RAAG** assessed in relation to MFT. If red & there is no realistic expectation that the athlete can travel, MFT decision made at **this point**. Otherwise, assessment is delayed/ongoing e.g. pending insight, time, scans, performance tests etc.
    - **Risk reduction & support strategies** given perceived/known risks in relation to travel window. Collected & shared outwards where appropriate. e.g., asthmatic has appropriate inhalers & staff aware they are kept.
    - **Actions established:** per individual to aid MFT decision making (e.g. additional info such as awaiting a scan etc). R&Rs detailed below. **See process by which a request for medical information may be made by non-medical staff **<u>if</u>** risk cannot be assessed appropriately.*
- **EAP Generation (individual EAP *<u>if</u>* required):** Facilitate the creation, iteration/review of an Emergency Action Plan for upcoming travel period. **(medical team)**

*Medical information on **named reserves** discussed inside existing weekly medical meetings. If there is a reasonable likelihood of reserve being called up & additional medical insight is required to support decision, this should be done at earliest convenience in conjunction with Performance director.

# Medical Fitness to Travel (MFT) Overview

## -2 Weeks Prior to Travel (or when key info is available)

### ALL athletes

- **Weekly Medical Meeting:** **All** proposed travelling athletes reviewed. Meeting documented Physio.
    - **MFT assessment:** Each athlete RAAG assessed. If red & there is no realistic expectation that the athlete can travel, MFT decision made at **this point**. Otherwise, assessment is delayed/ongoing e.g. pending insight, time, scans, performance test.
    - **Undertake health risk assessment (as required):** Use below risk assessment if 'live' or perceived risk/health query (e.g. if **Red**). Documented by Physio (inside weekly medical meet).
    - **Risk reduction & support strategies** given perceived/known risks. Collected & shared outwards. If athlete has **existing health management plan**, this is reviewed at this point.
    - **Actions established:** per individual to aid MFT decision making (e.g. additional info to aid decision making, awaiting a scan etc). R&Rs detailed below. **See process by which request for medical info may be made by non-medical staff **if** risk cannot be assessed appropriately.*
- **EAP Generation (individual EAP if required):** Facilitate the creation, iteration/review of an Emergency Action Plan for upcoming travel period. **(medical team)**
- **Update/Inform (relevant others) early:** Athletes' MFT status shared by Physio/Dr with relevant others e.g. Head Coach, Team manager.
- Case Conference **(as required):** Where indicated to decide **if** risks are highlighted which challenge final MFT decision. Use **adjoining** risk assessment **+ document meeting**.
- **Update Int Panel (as required):** Under normal circumstances, this would not occur (i.e. PD + medical team make decision). **If deemed appropriate** the **PD** will inform the International Panel of any issues that might require deselection. Options to replace athletes with **reserves** will be considered.
- Once a no travel decision is made, Performance director (in conjunction with IP as required) to **communicate outwards** to athlete and affected others (e.g. crew boat scenario).

# Medical Fitness to Travel (MFT) Overview

## -1 Week Prior to Travel

### ALL athletes

- **Weekly Medical Meeting:** As per above
    - **Review actions from previous meet.**
    - **Update MFT assessment:** Each athlete RAAG assessed in relation to MFT. Note any **changes** in **health status** (e.g. if previous didn't have health problem but now do) and/or **new insight** has come to light requiring change in RAG assessment.
    - **Undertake health risk assessment (as required):** Use adjoining risk assessment if there is a live or perceived risk/query (e.g. if **Red**) **and** could stress test MFT decision making. Note if previously identified risks remain or have been mitigated? Documented by Physio.
- Case Conference **(as required):** Where indicated to decide **if** there are **risks** highlighted that challenge MFT decision. Decision on athletes' MFT. Use **adjoining** risk assessment **+ document meeting**.
- **Update Int Panel (as required):** Under normal circumstances, this would not occur (i.e. PD + medical team make decision). **If deemed appropriate** the **PD** will inform the International Panel of any issues that might require deselection. Options to replace athletes with **reserves** will be considered.
- Once a no travel decision is made, Performance director (in conjunction with IP as required) to **communicate outwards** to athlete and affected others (e.g. crew boat scenario).

## -72 Hours Prior to Travel

- **Opt-In Form:** All Athletes (programme and non-programme) to be sent an Opt-in form to highlight any acute medical issues or changes in medical status.
- **Follow up:** Physio on anything highlighted from athletes' Opt-in forms.
- **Last minute medical decisions:** Physio to agree with Dr agreed 'On-Call' window for medical advice if there is a **change to** athlete's **MFT status.** If Dr is on A/L, there is a window made available via multisport SEM.
- **Update/Inform (relevant others):** Based on outcome of MFT decision from case conference (if those individuals are not in case conference) vs change in medical status.
- Case Conference **(as required):** Where indicated decide **if** change in medical status poses additional risk and a challenge to MFT decision. Decision on athletes' MFT. Use **adjoining** risk assessment + document meeting.

# Medical Fitness to Travel (MFT) Overview

## MFT Assessment (RAG Rating)

**GREEN:** Athlete **IS** Medically Fit to Travel

*(Athlete has no issues or concerns related to their physical or mental health, which will impact their ability to travel and participate in all activities required)*

**YELLOW:** The Athlete **IS** Medically Fit to Travel but with supporting measures in place

*(The athlete has an open PDMS case and receiving active intervention. However, the athlete is fully training and available to compete with strategies in place e.g. Individual EAP, Emergency Medication, Treatment)*

**ORANGE:** The Athlete **NOT** currently Medically Fit to Travel

*(The athlete has an open case on PDMS and requires further input/investigation to aid the decision on fitness to travel. e.g. diagnostic imaging, GRTP, Second opinion)*

**RED:** Is **NOT** Medically Fit to Travel **OR** absence of relevant medical information/disclosure to assess risk

*(Athlete has a health concern which will directly impact their ability to participate the proposed activities which may result in more harm to themselves or others)* ***OR*** *reasonable grounds to suggest that non-disclosure is perceived and could affect our ability to assess risk and carry out our duty of care*

## Role and Responsibilities

**Physiotherapist:**

- Facilitate the **creation of EAP (individual if required)**.
- Review medical forms from non-programmed athletes with Team manager as approp.
- Follow up with non-programmed athletes (where warranted)
- Send self-declaration forms to all proposed travelling athletes.
- Ensure appropriate resources are available to carry out mitigation strategies.
- Inform/Update Coach, Head Coach and Team Leader of athletes MFT status.
- Assessment of Musculoskeletal injuries and develop appropriate strategies for Travel.
- Attend Case Conference where required.
- Collate info onto risk assessment (if case merits it). Liaise with Dr/Psych/relevant others as approp.

**Doctor:**

- Assessment and management of medical issues.
- Onward referral where required for investigations or interventions required to aid decision making or athlete attendance.
- On-call (windows) -72hrs prior to departure/input into decision making.
- Attend Case Conference where required.

**Team Manager**

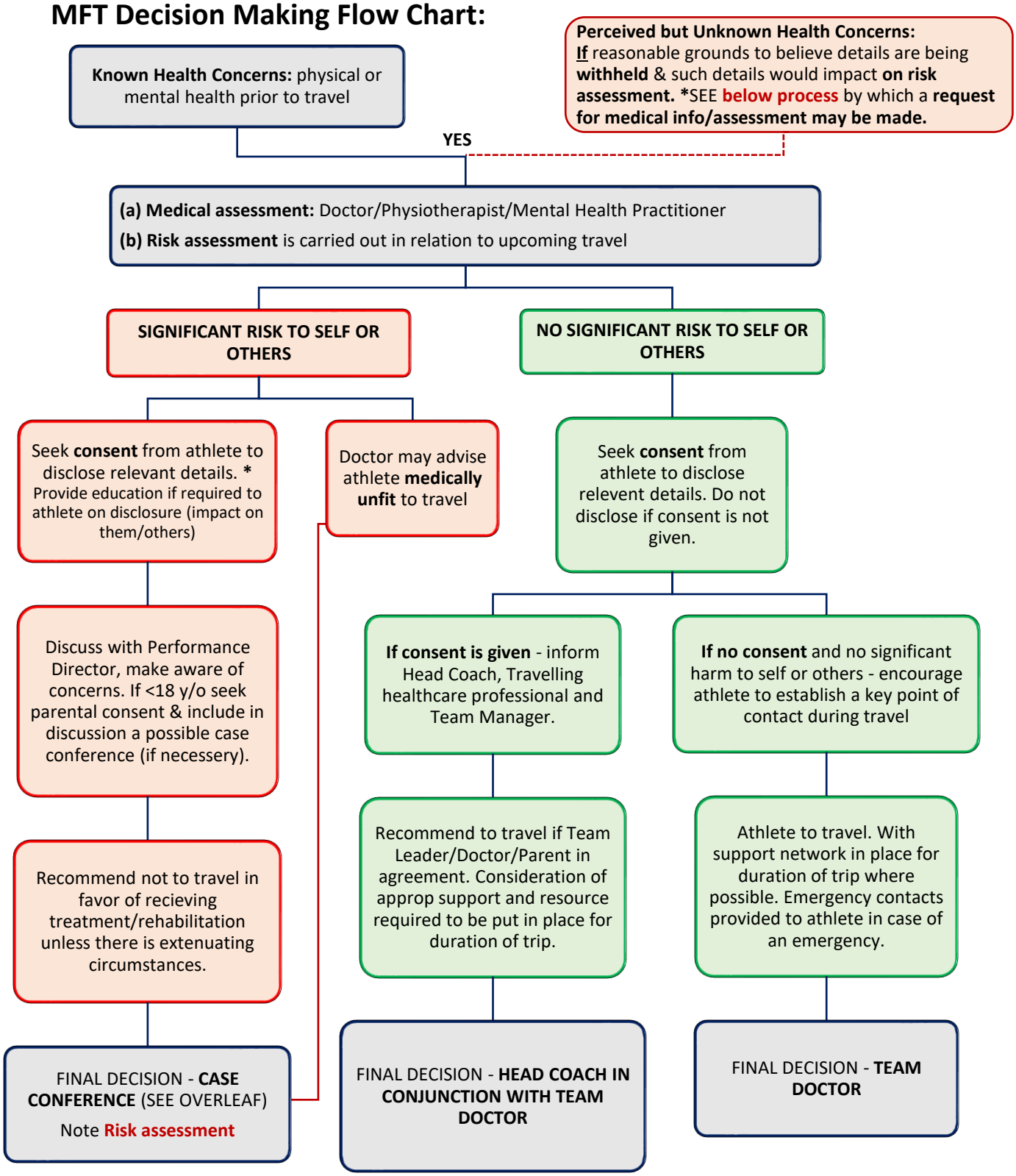
- Send and share medical and contact detail forms to non-programme athletes and staff.
- Send and share opt-in form to all travelling team members.
- Send PDMS form to non-program athletes

**Head coach / PD/ IP:**

- Deselecting athletes to travel or take part in competition based on medical team RAG rating for Medical Fitness to Travel. IP will be involved in decision making for Championships races & World Cups
- Communicating out to athletes when a ‘no’ travel decision is made.

# Medical Fitness to Travel (MFT) Overview

## MFT Decision Making Flow Chart:




***Disclosure** – In all circumstances where sharing of medical details is required, it is important to **educate athletes** on **'why'** relevant details are required and for whom. Make a **record of discussions** in athlete medical notes and reason for disclosure. Consider including **safeguarding officer** if deemed to be a vulnerable athlete. If there are reasonable grounds to suggest that non-disclosure is perceived and could affect our ability to assess risk and carry out our duty of care, please see **below process**.

## Appendix 1– Disclosure of information request made by non-medical staff:

### Process by which a request for medical information may be made by non-medical staff

If there are **reasonable grounds** to suggest that non-disclosure is perceived and could affect our ability to assess risk and carry out our duty of care:

(a) Requirement for athlete to submit to a medical exam and to waive their right of confidentiality for a medical note to be provided to the support team. **If a medical note is provided**, the support team (and examining medical practitioner) can make a decision on withdrawal or not etc.

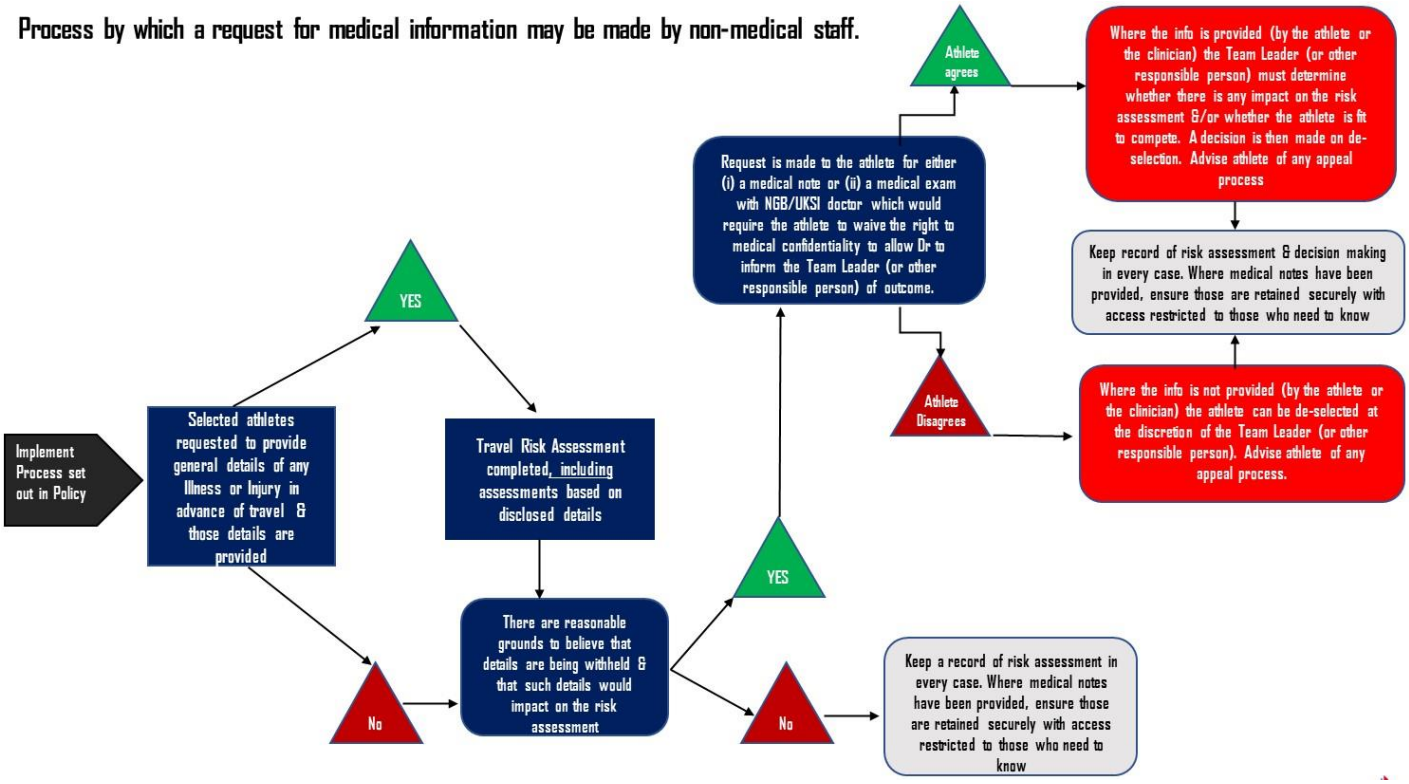
(b) **If a medical note is not provided** (either because the athlete does not consent or the medical practitioner decides there is no public interest in the disclosure), the support team can still make a decision on withdrawal etc. The decision can, in those circumstances be that the lack of information is, in and of itself, sufficient to suggest that the risks cannot be mitigated to the extent required and therefore the decision has to be to withdraw.

-**Encourage 1:1 discussion/education beforehand** ensuring athlete understands clearly why and how we have to manage risk (organisationally, to athlete themselves and to others).

-Staff should **familiarise** themselves with below **appendix/policy extracts** ahead of entering these conversations.

-**Publicise and educate:** Support Staff and Athletes must be made aware of the Policy and process. Copies must be provided and relevant parts highlighted or emphasised verbally.

Note withdrawal of an athlete from a competition is always last resort with our modus operandi to ensure we try get an athlete on the water.



# Medical Fitness to Travel (MFT) Overview

**CASE CONFERENCE POTENTIAL ATTENDEES (as appropriate)**

**Athlete**
**Team Physician**
**Head Coach/Trip lead**
**Athletes Coach**
**Parent/Gardain (U18's)**
**Performance Director**
**Lead/Travelling Physiotherapist**
**Sport Psychologist**
**Anyone at the athletes request**

**OBJECTIVES OF CASE CONFERENCE SHOULD BE TO:**

**1.** Est extent of risk posed to athlete and/or others (**See Risk Assessment**)

**2.** An assessment of safety to travel (resource & skillset required to support athlete)

**3.** Final decision on safety to travel

**4.** Develop and put in place a structured treatment/rehabilitation program

**5.** Establish criteria for re-selection

## Appendix 2: Example Case conference

Rationale for the athlete's need to travel / how does it fit within their (long term or short term) plan?

What are performance standards we would expect this athlete to be able to achieve to travel? What evidence do we have that this performance standard is realistically achievable?

Potential benefits for 1) the athlete (i.e. performance; wellbeing), 2) the wider programme (e.g. Olympic selection quota spots) of this athlete travelling?

Using risk assessment to guide the discussion, what are the potential risks to the athlete travelling? Do the benefits and/or risk mitigation strategies outweigh the risks?

*Consider:* therapy progression; risk of relapse, escalation risk/risk of medical deterioration.

What are the potential demands & resources (i.e. time; skillset) for coaches and support staff (in person and remote) to help manage risk? Do the resources match or surpass the demands?

RAG: Red (high demand, low resource); Amber (high demand, moderate resource; moderate demand; low resource); Green (high demand, high resource; moderate demand, high or moderate resource; low demand; high, moderate or low resource)

Any other considerations we need to make/anything we haven't discussed?

Do we feel we can support this athlete to travel safely?
What is our decision to travel?

Yes – full trip  Yes – shortened trip  No

If yes, at what time points during the trip (if any) will we re-assess risk & what would indicate decision to return home vs. staying away?

## Appendix 3: Risk Assessment to feed into Case Conference

### Suggested use of this template (Intention of this is not to be used for all athletes ahead of travel):

(a) When there is an ongoing medical condition (RAG assessed) as highlighted from existing medical meetings ahead of travel
(b) Acute change in medical status to an athlete ahead of proposed travel date
(c) All non-program athletes or remote athletes?
(d) Use inside a medical case conference where decision on travelling or de-selection from an event is under consideration.

| Performance | Yes/No (incl. comments) |
|---|---|
| **1:** Is attending the training camp/competition high in relation to **overall importance** to athlete year goals &/or longer-term development? Are **performance expectations** known/agreed *E.g* start line experience *vs* key selection event or medal target. | |
| **2:** Does **recent program engagement** (ability to complete sessions, cognitive engagement) suggest the athlete can **tolerate the demands** of the prospective competition/training effectively? E.g. athlete whom may have had period (weeks) of no/reduced training exposure | |
| **3:** Would attending increase likelihood **immediate and/or future risk(s) to self/others**? | |
| **4:** Would attendance stress test **staffing resources** beyond an acceptable level (duty of care to others)? E.g. athlete with minimal recent training history due to ongoing medical challenge that requires high level/intensive support that detracts from rest of travelling party. | |

| Known Risks (Understanding, Evaluation & Support): | Yes/No (incl. comments) |
|---|---|
| **1:** Any **early flags** in pre travel insight (via 1:1 conversations; medical forms, historical athlete knowledge, ongoing medical treatment) that presents **significant risk** to athlete/others.***See next slide** to tease out early flags in **greater detail.** | |
| **2: Non-Disclosure:** Does the support team have reasonable grounds (using risk assessments + info/insight available to them which create reasonable suspicions) to consider that there is a real risk (i.e. real risk to the duty of care owed to the athlete or the other members of the team) unless the medical information is provided to them? ****If Yes,** see outlined process by which a request for medical information may be made.* | |
| **3:** Is the athlete in receipt of **ongoing external support-treatment**? Have relevant elements of care been shared back into key decision makers (e.g. Dr, Psych) to understand (a) medical 'status' (b) risk evaluation (athlete and/or others) (c) support planning? (either via athlete or external practitioner) | |
| **4:** Anything flagged from pre-travel risk assessment and/or existing NGB knowledge that suggests **heighted within location risk**? E.g. lack of essential equipment, geographical challenges, other risks posed by lack of facilities/nearby? Does mitigation merit on site medical presence. | |
| **5:** Does **duration** of camp/competition pose heightened risk? Note difference between a (4-day travel window vs +10 day travel window; WC 1-2-3?)) | |
| **6:** Are the **demands** of camp/competition **known** & would they pose any significant risk to the athlete (over/above what they are used to or can currently tolerate?) e.g. If advance group-based training required which could heighten risk & associated support required *E.g:* if athlete are inside heavy training vs tapering, away from home for significant time, | |

| Risk management (resource considerations & support): | Yes/No (incl. comments) |
|---|---|
| **1:** Does a bespoke emergency action plan (**EAP**) need creation? | |
| **2:** Does athlete have a **care plan** that has been shared outwards with relevant stakeholders? Athlete have **remote ext. support**? | |
| **3:** Are there any known **outside of sport factors** that might pose any significant risk to the athlete? | |
| **4:** Does the athlete have strategies that they can and will be able implement to optimise physical/mental health and/or manage risk of relapse | |
| **5:** If Yes to Q1: Can the program source + provide necessary '**expertise' required** within EAP to support/manage known identified risk(s) e.g. on site? | |
| **6:** If Yes to Q1: Is there **budget available** to resource EAP/care plan support request and clarity where (budget owner) its come from? | |
| **7:** Is the ratio of athlete:program staff on the camp/competition approp. to ensure a sufficient level of **duty of care**? | |
| **8:** Are there other **support considerations** required e.g. rooming | |
| **9:** Are there **potential benefits** to this athlete of travelling (performance / health and wellbeing) | |

# Medical Fitness to Travel (MFT) Overview

| Supporting 'early flag' insight (Linked to items 1 + 2 in 'Known risks): | Yes/No | Risk Low/Medium/High |
|---|---|---|
| **1:** Has athlete any **ongoing medical interventions/treatment** or support (mental/physical)? | | Current medical status |
| **2:** Has the athlete engaged with or **reactivated external support recently** e.g. clinical psych inside the last 4 weeks? | | |
| **3:** Has the athlete reported and/or the program sensed **'change in mood and/or normal behaviours'** over the last 4 weeks? | | |
| **4:** Is Canoe medical team aware of **current status**/access to **updates** of athlete's current status? | | |
| **5:** If athlete is undergoing external support currently, is the **ext. practitioner aware** of intent to travel (via athlete direct and/or medical staff) incl. opportunity to feed into travel support planning/athlete care plan via Canoe support staff? | | |
| **6:** Has the athlete **completed** the pre travel **medical form** and is it devoid of health risks ahead of this travel window? | | |
| | | |
| **7:** Is there an **openness to discuss** nature of support they are receiving? | | Sharing of relevant information |
| **8:** Is the athlete **willing to disclose relevant info** to be shared with medical team from external provider? | | |
| **9:** Is the athlete willing to **share reasonable details** of medical condition into key stakeholders ahead of travel (e.g. team manager, coach?) | | |
| | | |
| **10:** Does the program have **working knowledge of athlete** (e.g. non program) and/or recent observations of the athlete in the environment? | | Working knowledge of athlete |
| **11:** If not, is there a clear point of contact (coaching/medical) by which key insights (recent training history, fitness, medical) comes back into the program ahead of proposed travel? Has a conversation happened (knowledge transfer)? | | |
| **12:** Do the program have working knowledge of athletes learnt **treatment strategies/treatment plan** (if intending to travel)? | | |
| **13:** Has the athlete completed the most recent **mental health screening** and/or complete a 1:1 MH screening with Dr ahead of travel? | | |
| | | |
| **14:** If health risks have been highlighted, are there any concerns over the **impact on** the health and performance of **others** (athletes/staff)? | | Risk mitigation and support |
| **15:** Has the athlete engaged with and created a **care plan**? | | |
| **16:** Do the program have working knowledge of risks associated with possible **relapse/worsening in health**? Warning signs & interventions | | |

## Summary of assessment

| Risk(s) posed (list below) | Likelihood of risk (H/M/L) | Severity/Impact of risk (H/M/L) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| Resources-advice to offset identified risks |
|---|
| |
| |
| |
| |

| Decision to travel (PD + Dr) | YES/NO |
|---|---|
| Comments: | |
| | |
| | |
| | |