



INTERNATIONAL
GOLF FEDERATION

IGF Air Quality Guidelines

for Golf Events

Version 2.0 - 2026

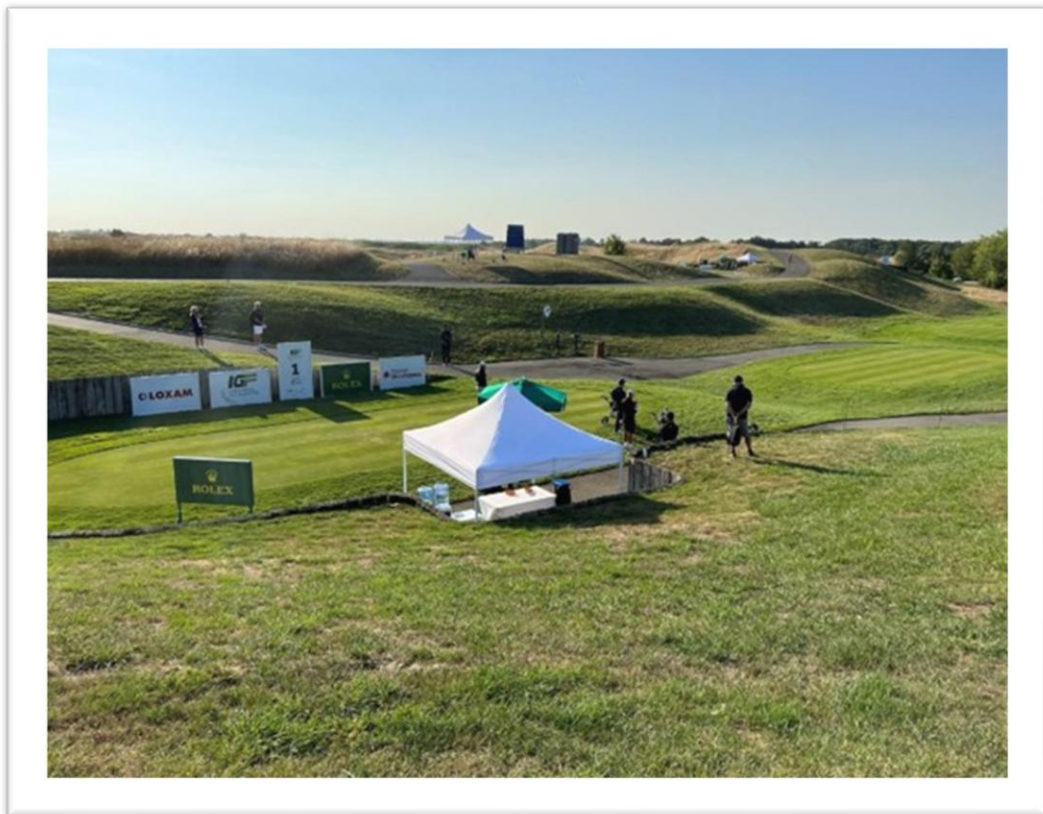


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Updated in alignment with WHO 2021 Air Quality Guidelines and US-EPA 2024 PM_{2.5} NAAQS revision

For reference use by event organizers, medical personnel, national federation, and designated IGF representatives only.

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Advisory Document — Not Mandatory

These guidelines represent recommended best practices for golf event organisers worldwide. They are advisory in nature and do not supersede local laws, regulations, or the specific requirements of event organisers or governing bodies. Organizers and Golf events directors retain full discretion over all decisions made in the context of their specific events.

1. Background

The IGF Air Quality Guidelines were first published in April 2023 following consultation with the IGF Medical Committee, Fairhurst Health and Safety, senior medical staff and tournament officials from the PGA European Tour, PGA Australasian Tour, PGA TOUR, The R&A, members of the IOC Medical and Scientific Commission, and professional golfers. Alignment was sought with other sports organisations that have experience hosting events where air quality required monitoring or mitigation.

This second edition (2026) has been updated to reflect:

- The WHO 2021 Global Air Quality Guidelines, which strengthened the recommended annual $\text{PM}_{2.5}$ limit from $10 \mu\text{g}/\text{m}^3$ (2005) to $5 \mu\text{g}/\text{m}^3$, and the 24-hour mean from 25 to $15 \mu\text{g}/\text{m}^3$.
- The US-EPA February 2024 revision, which strengthened the annual primary $\text{PM}_{2.5}$ NAAQS from 12.0 to $9.0 \mu\text{g}/\text{m}^3$ and updated the AQI breakpoints accordingly.
- Emerging evidence on the cognitive and performance effects of air pollution on athletes and officials during outdoor sporting events.
- Expanded guidance on vulnerable groups, mask selection, and communication protocols.

These guidelines are not mandatory. Final responsibility for specific courses of action remains with each organising committee, tournament organiser, or National Federation member, in accordance with local applicable laws and regulations.

These guidelines are subject to review every two years (next due: 2028).

2. Introduction

Organising committees and golf event organisers have a duty to protect the health and wellbeing of all persons participating in, working at, or attending events held in conditions where air quality is, or may become, a health concern. Poor air quality is one of several environmental hazards that must be addressed in a comprehensive event safety plan, alongside extreme heat and humidity, lightning, extreme wind, and sand or dust storms and other natural and meteorological occurrences.

Air pollution can harm health when individuals are exposed to elevated concentrations of particulate matter and gaseous pollutants. The Air Quality Index (AQI) provides a standardised, internationally recognised scale for communicating air quality risk to the public and to decision-makers. Higher AQI values correspond to greater health risk and shorter exposure times before adverse effects may occur.

The AQI, or Air Quality Index, is a standardized scale used by government agencies to communicate how polluted the air currently is or is forecast to become, and what associated health effects might be of concern.

What the AQI measures

The AQI converts measured concentrations of major air pollutants into a single, easy-to-understand number. The pollutants typically tracked are:

- **Ground-level ozone (O₃)**
- **Particulate matter** — both PM_{2.5} (fine particles ≤2.5 micrometers) and PM₁₀ (coarser particles ≤10 micrometers)
- **Carbon monoxide (CO)**
- **Sulfur dioxide (SO₂)**
- **Nitrogen dioxide (NO₂)**

Index reports the *worst* pollutant at a given time, so the overall AQI reflects whichever pollutant poses the greatest concern at that moment.

The U.S. EPA AQI scale

The most widely referenced standard is the one set by the U.S. Environmental Protection Agency. It runs from 0 to 500, divided into six categories:

AQI Range	Category	Colour	Health Concern
0–50	Good	Green	Air quality is satisfactory; little or no risk
51–100	Moderate	Yellow	Acceptable, but some risk for very sensitive people
101–150	Unhealthy for Sensitive Groups	Orange	Sensitive groups may experience effects
151–200	Unhealthy	Red	Everyone may begin to feel effects
201–300	Very Unhealthy	Purple	Health alert; serious effects for everyone
301–500	Hazardous	Maroon	Emergency conditions; entire population affected

A value of 100 generally corresponds to the national air quality standard for a pollutant — below that is considered acceptable, above it begins to be of concern.

Important caveats

Different countries use their own versions. India's AQI, the European AQI, and China's AQI use different scales, breakpoints, and category names, so a "150" in one system doesn't mean the same thing in another.

It's also worth noting that AQI standards do get revised over time — for example, the EPA has updated its PM_{2.5} breakpoints in the past as health research evolves.

Golf presents a distinct risk profile compared to other outdoor sports. While professional golfers typically engage in light-to-moderate physical activity, caddies carrying heavy bags, marshal teams, and spectators walking long distances may exert themselves considerably more — increasing respiratory volume and, consequently, the quantity of pollutants inhaled per hour of exposure. Events in major cities are most commonly affected by industrial and traffic-related pollution, while events in rural locations may face elevated risk from wildfires, agricultural burning, and dust storms.

Recent [research](#) (2023) demonstrates that elevated PM_{2.5} levels are associated with measurable reductions in decision-making accuracy in athletes during competition, underscoring the performance — as well as the health — implications of poor air quality for players and officials alike.

Good to know — Introduction

- The AQI is the primary tool for assessing and communicating air quality risk at events.
- Caddies, marshals, and spectators may be at higher risk due to greater physical exertion.
- Air pollution can affect cognitive performance as well as physical health.
- Both urban (traffic, industry) and rural (wildfire, dust) sources can affect golf events.



. What is Air Quality and Why Does it Matter for Golf?

Air quality describes the degree to which the outdoor (or indoor) air is free from pollutants that may be harmful to human health or the environment. The principal measure used in this document is the Air Quality Index (AQI), derived from concentrations of key pollutants — most commonly PM_{2.5} (fine particulate matter with a diameter of less than 2.5 microns), but also PM₁₀, ozone (O₃), nitrogen dioxide (NO₂), sulfur dioxide (SO₂), and carbon monoxide (CO).

PM_{2.5} is the pollutant of greatest concern in the context of outdoor sporting events. Its microscopic size allows it to penetrate deep into the lungs and enter the bloodstream, causing inflammation, cardiovascular stress, and respiratory impairment. For exercising individuals, increased breathing rate significantly amplifies the effective dose of inhaled PM_{2.5} compared to a person at rest.

Key regulatory thresholds (2024–2026)

The most relevant international standards are:

- WHO 2021 AQG: Annual mean PM_{2.5} ≤ 5 µg/m³; 24-hour mean ≤ 15 µg/m³
- US-EPA 2024 NAAQS: Annual primary PM_{2.5} standard strengthened to 9.0 µg/m³
- AQI Good category: 0–50 (PM_{2.5} concentration 0–12 µg/m³ under US-EPA 2024 breakpoints)

Tournament directors should be aware that air quality thresholds in the country hosting an event may differ from these international standards. Local regulatory limits always apply first; these guidelines represent a recommended minimum standard.

Good to know — Air Quality and Golf

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- PM_{2.5} is the most important pollutant to monitor at golf events.
- WHO 2021 recommends a 24-hour PM_{2.5} limit of 15 µg/m³ — lower than previous standards.
- US-EPA tightened its annual PM_{2.5} standard to 9.0 µg/m³ in February 2024.
- Exercise increases the effective inhaled dose of pollutants significantly.

4. Measurement of Air Quality

Accurate, timely measurement is the foundation of effective air quality management at a golf event. Where elevated air quality is anticipated — due to local geography, season, known pollution sources such as traffic or industry, or current events such as wildfires — the Tournament Director should appoint a suitably competent person to monitor, record, and report AQI readings on a regular basis throughout the event.

Measurement methods

- Online monitoring platforms: The website [waqicn.org](https://www.waqicn.org) aggregates real-time sensor and government monitoring station data from most major cities and many regional locations globally and is suitable for initial pre-event assessment and ongoing monitoring.
- On-site sensors: Portable PM_{2.5} sensors (e.g., PurpleAir, AirBeam) can be deployed at multiple course locations for localised readings. On-site measurement is strongly recommended where large variation across the course is expected (e.g., courses near highways or industrial areas).
- Third-party services: Environmental consulting firms and national meteorological agencies can provide forecast and real-time data services tailored to specific event locations.

Monitoring frequency

- Prior to each day of play: obtain the previous 24-hour AQI reading and next 12-hour forecast.
- During play: readings should be taken at minimum every 2 hours, increasing to every 30 minutes if AQI exceeds 150.
- All readings should be logged and timestamped and provided promptly to the Tournament Director and Medical Officer.

Good to know — Measurement

- Appoint a named individual to monitor and report AQI data before and during the event.
- Use [aqicn.org](https://www.waqicn.org) for online data; consider on-site sensors for courses near pollution sources.
- Increase monitoring frequency to every 30 minutes when AQI exceeds 150.
- All readings must be logged and communicated to the Medical Officer and Tournament Director.

5. Common Symptoms of Poor Air Quality

Individuals exposed to unhealthy or hazardous air quality may develop symptoms ranging from mild irritation to acute respiratory distress. Medical staff should be briefed to recognise and respond to all of the following and should be prepared for a higher-than-usual presentation volume when AQI exceeds 150.

Symptom	Signs to watch for	Recommended action
Eye irritation	Redness, tearing, burning sensation	Rinse with clean water; seek shade
Nose / throat irritation	Itching, dryness, soreness	Hydrate; wear mask; rest indoors if worsening
Cough	Dry or productive; persistent	Rest; bronchodilator if prescribed; medical review
Shortness of breath	Especially on exertion; wheezing	Stop activity immediately; medical assessment; consider B2 agonist*
Headache	Diffuse, worsening with exertion	Rest in clean air; hydrate; analgesic if needed
Nausea / dizziness	Lightheadedness, loss of concentration	Stop activity; rest; medical evaluation
Fatigue	Disproportionate to exertion level	Rest; monitor for respiratory progression
Worsening asthma	Increased wheeze, reduced peak flow	Bronchodilator; escalate to EMS if no improvement

* Beta-2 agonists (B2 agonists) such as salbutamol are on the WADA Prohibited List in certain contexts. Medical staff should be aware of anti-doping implications before administering these medications to players. Therapeutic Use Exemption (TUE) rules apply.

Good to know — Symptoms

- Shortness of breath or wheezing requires immediate cessation of activity and medical assessment.
- Symptoms may be delayed — persons should be monitored even after AQI returns to safe levels.
- ***B2 agonists are WADA-regulated: check TUE status before administering to players.
- Worsening asthma in any individual should trigger immediate escalation regardless of AQI level.

*** IF a B2 agonist is required for emergency health reasons, a retroactive TUE can be activated. It is important not to withhold emergency treatment if required. Some B2agonists are 'threshold substances' and don't require a TUE. For more information, please refer to :[WADA Medical Guidelines](#).

6. Vulnerable Groups

Certain individuals are at significantly greater risk of experiencing health effects from poor air quality and should be identified before the event and monitored throughout. Medical planning must specifically account for the needs of these groups.

- Persons with pre-existing asthma or other obstructive airways diseases (COPD, bronchiectasis)
- Persons with cardiovascular disease, including coronary artery disease, heart failure, and arrhythmia
- Elderly spectators and officials (typically those aged 65 and over)
- Caddies and marshals undertaking sustained physical exertion over long periods
- Children attending as spectators
- Pregnant women
- Persons with diabetes or immune compromise systems

All players, caddies, or any team members with known respiratory or cardiovascular conditions should be encouraged to notify the event medical team prior to the start of play, and to carry their own prescribed medications at all times. This information should be collected, with consent, as part of the pre-event medical registration process and can be provided to the relevant event staff during registration.

Good to know — Vulnerable Groups

- Pre-identify all players and staff with asthma, cardiovascular disease, or other risk factors before the event.
- Caddies are among the highest-risk group due to exertion and often staying on the course for long hours.
- Medical registration should capture relevant conditions with player/staff consent.
- Ensure clean indoor refuge space is available and accessible to vulnerable groups from AQI 101 onwards.
- Consider the applicable WADA prohibited list and any anti-doping applicable regulations prior to prescribing or assuming any medication.



7. Pre-event planning for tropical and high-heat environments

Events scheduled in tropical or high-heat locations require additional pre-event planning over and above standard air quality preparation. The following measures should be incorporated into the Event Medical and Safety Plan:

- **WBGT monitoring equipment:** Deploy calibrated WBGT monitors at a minimum of two representative open-air locations on the course. Readings should begin at least one hour before play and continue throughout.
- **Cold water immersion tubs:** At least one ice-water immersion tub must be available at the medical centre. For events where the nearest hospital is more than 30 minutes away, a minimum of two tubs should be provided — one at the medical centre and one positioned mid-course.
- **Ice supply:** Ensure a reliable and sufficient ice supply is secured for the entire event duration. Ice logistics should be confirmed at least 48 hours in advance and replenished daily.
- **Enhanced medical staffing:** In heat-risk environments, medical staffing should be increased to account for higher expected case volumes. At minimum, one doctor with experience in heat illness management and one additional nurse or paramedic should be on-site for events at WBGT risk levels.
- **Cooling stations for spectators:** Misting fans, shaded seating, and cold-water dispensing points should be provided at regular intervals across the spectator route. When possible indoor air-conditioned areas must be identified and accessible to all spectators.
- **Acclimatisation:** Players and caddies arriving from cooler climates should be advised to begin heat acclimatisation at least 10–14 days before competition. Physiological acclimatisation reduces heat strain by approximately 50% after 10 days of progressive heat exposure.
- **Schedule adjustment:** Consider early morning or late afternoon tee times to avoid peak heat hours (typically 11:00–15:00). Restructuring the draw or adjusting the course routing to maximise shade and minimise sun exposure during high WBGT periods should be explored.
- **Hydration stations:** Provide hydration stations with both water and electrolyte drinks at every 3rd hole at minimum, with electrolyte drinks mandatory from the 6th hole onward in high-heat events.

Tropical and High-Heat Environment — Additional Checklist

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|--------------------------|---|
| ☐ | WBGT monitors deployed and tested at minimum 2 on-course locations |
| ☐ | Cold water immersion tub(s) available and stocked with ice at the medical centre |
| ☐ | Ice supply confirmed and logistics agreed for each day of the event |
| ☐ | Enhanced medical staffing confirmed (including physician with heat illness experience) |
| ☐ | Cooling stations with misting fans and cold water confirmed at regular spectator intervals |
| ☐ | Indoor air-conditioned refuge areas identified and communicated to spectators |
| ☐ | Electrolyte drinks confirmed at all on-course hydration stations from hole 6 onward |
| ☐ | Players and caddies advised on pre-event heat acclimatisation at least 2 weeks in advance |
| ☐ | WBGT-based play modification thresholds agreed with Tournament Director and Medical Officer |
| ☐ | Hospital pre-notification protocol established for potential EHS cases |
| ☐ | Rectal thermometers available in medical kit (required for EHS diagnosis) |
| ☐ | All medical staff briefed on EHS cooling protocol and cold-water immersion procedure |
| ☐ | Tee time schedule reviewed to minimise play during peak heat hours (11:00–15:00) |

Good to know — Tropical Event Planning

- Cold water immersion is not optional in tropical environments — it is mandatory life-saving equipment.
- WBGT must be monitored on-site; do not rely on weather apps or forecast temperature readings.
- Acclimatisation takes 10–14 days — brief visiting teams and players well in advance of travel.
- Increase hydration station frequency and ensure electrolyte drinks are available from the start of play.
- Pre-notify the local hospital when WBGT exceeds 32°C so they can prepare for potential EHS admissions.



8. Strategies for Reducing Air Quality Risk

8.1 Event scheduling

- Where possible, events should be scheduled to avoid locations and historical periods known to carry a high risk of poor air quality. Historical AQI data for a venue should be reviewed as part of the pre-event site assessment.
- If poor air quality conditions are anticipated, event scheduling should consider local geography — courses situated away from urban centres, major roads, or industrial areas may experience meaningfully lower AQI than nearby stations.
- Where practical, the timing of practice rounds and warm-up sessions should be adjusted to avoid the highest-pollution periods of the day, which in urban environments typically occur during morning and evening traffic peaks.

8.2 Pre-event preparation

- Communicate expected air quality conditions to all players, caddies, officials, media, and spectators in advance of the event, via team communications, event apps, and on-site signage.
- Provide information on personal protective equipment (PPE), including mask types, correct fitting, and limitations.
- Ensure players and caddies with known respiratory conditions carry their personal prescribed medications and confirm that these are accessible during rounds.
- Procure and pre-position adequate supplies of surgical masks (minimum), and FFP2/KN95 or FFP3/N99 masks for use should AQI reach 151 or above.
- Identify and prepare indoor clean-air spaces (equipped with air purifiers where necessary) as refuges for vulnerable individuals and for medical treatment.
- Establish and brief all key personnel on the AQI threshold-based action framework (see Appendix A).
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8.3 Strategies during the event

- Display real-time AQI readings at key locations across the course and via the event app or public address system.
- Distribute masks at the first tee, halfway houses, and spectator entry points when AQI reaches 151.
- Advise players, caddies, and all participants to take any personal prescribed medication to reduce symptoms of pre-existing conditions before play.
- Provide first aid and medical areas with clean indoor spaces or air purifiers. Where a clean indoor space is not available, high-quality portable air filtration units should be deployed in the medical tent.
- Issue guidance to individuals experiencing symptoms to seek medical attention immediately rather than continuing activity.
- Monitor for accumulating cases: if multiple individuals present with air quality-related symptoms within a short period, this should trigger an immediate review by the Medical Officer and Tournament Director.

8.4 Mask selection

Masks vary significantly in their protective effect against $PM_{2.5}$. The following table summarises recommended mask types at different AQI thresholds:

Mask type	Protection level	Recommended AQI	Use
Surgical mask	Droplets, large particles; limited $PM_{2.5}$ filtration	AQI 101–150 (minimum)	Optional
FFP1 / N85	Filters ~85% of airborne particles	AQI 101–150	Recommended
FFP2 / KN95	Filters ~94% of airborne particles (incl. $PM_{2.5}$)	AQI 151–200	Strongly recommended
FFP3 / N99	Filters ~99% of airborne particles	AQI 200+ / Hazardous	Required for vulnerable groups

Note: Masks must be correctly fitted to provide meaningful protection. Loose-fitting surgical masks offer minimal protection against $PM_{2.5}$. Event organisers should provide brief fitting guidance when distributing respiratory protection.

Good to know — Strategies

- Pre-position FFP2/KN95 masks at key locations and brief staff on correct use before the event.
- Display real-time AQI at the first tee, halfway houses, and spectator entry points.
- If multiple cases present simultaneously, trigger an immediate review meeting with Medical Officer and TD.
- Indoor clean-air refuges must be identified and ready before the event opens.
- ***B2 agonists require WADA TUE clearance for professional players.

*** IF a B2 agonist is required for emergency health reasons, a retroactive TUE can be activated. It is important not to withhold emergency treatment if required. Some B2agonists are 'threshold substances' and don't require a TUE. For more information, please refer to :[WADA Medical Guidelines](#).



9. Roles and Responsibilities

Effective management of air quality at a golf event requires clear allocation of responsibilities across the organising team. The following table defines the key roles and their functions under normal conditions and under elevated AQI scenarios.

Role	Responsibilities	Actions under elevated AQI
Tournament Director	Overall decision-making authority; may suspend play; coordinates all stakeholder communications	Decides on play suspension or cancellation; Decides and issues organization communications
Medical Officer	Monitors AQI; advises TD on thresholds; manages medical response for affected persons	Triggers escalation protocol; coordinates with EMS; manages vulnerable individuals
Championship Director	Supports TD on scheduling and logistical decisions; manages broadcast and sponsor implications	Co-signs play suspension decisions; manages contingency scheduling
Safety Officer	Ensures PPE availability; identifies clean-air refuges; briefs marshals	Activates indoor refuges; distributes masks at key locations; supports crowd management
Player Liaison	Communicates AQI conditions and any action guidance to players and caddies	Issues individual player notifications; manages voluntary withdrawal process

The Medical Officer (or IGF Medical Delegate, where applicable) holds authority over all health-related recommendations. However, the Tournament Director retains ultimate decision-making authority over play suspension and cancellation. These decisions should be made jointly, in consultation, wherever circumstances allow.

Good to know — Roles

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- The Tournament Director has final authority on play suspension — but must consult the Medical Officer.
 - Medical Officer (or IGF Medical Delegate, where applicable) conducts an AQI Monitor before the event begins — do not underestimate the importance of this task.
 - The Player Liaison is the only person who should communicate directly with players about conditions.
 - All role assignments must be confirmed and briefed at the pre-event safety meeting.

10. Communication Protocol

Clear, timely, and consistent communication is essential to maintaining the safety and confidence of all event participants when air quality deteriorates. The following protocol should be activated when AQI reaches 101 or above.

Communication channels

- Official event app push notification — primary channel for players, caddies, and media
- On-course public address announcements — for spectators and general public
- Scoreboard and course signage — display current AQI and any active guidance
- Player liaison communication — direct communication to player representatives and team captains
- Media briefing — Tournament Director issues a brief statement to accredited media when AQI exceeds 200

Key messages by AQI threshold

- AQI 101–150: "Air quality monitoring is active. Persons with respiratory conditions should take precautions and carry their medication."
- AQI 151–200: "Air quality has reached the Unhealthy level. Masks are available at key locations. Medical support is on standby. Spectators with respiratory conditions are advised to use indoor refuge areas."
- AQI 201–300: "Air quality has reached the Very Unhealthy level. The Tournament Director and Medical Officer are reviewing the situation. Updates will follow. Masks are recommended for all persons on course."
- AQI 300+: "Air quality has reached the Hazardous level. Play may be suspended. All persons are strongly advised to move indoors. Further announcements will be made shortly."

Good to know — Communication

- Pre-draft and approve all threshold-based public messages before the event begins.
- The Player Liaison should brief players and caddies separately from general public announcements.
- Do not wait for symptoms to emerge before communicating elevated AQI to participants.
- Media statements at AQI 200+ should be issued by the Tournament Director only.

11. Pre-Event Planning Checklist

Use the following checklists to confirm that all necessary preparations have been made before the event opens. Items should be signed off by the responsible officer no later than 48 hours before play begins.

Medical and Safety Preparation

- ☐ Appointed a named AQI Monitor with access to aqicn.org and/or on-site sensors
- ☐ Reviewed historical AQI data for the event location and identified likely risk periods
- ☐ Briefed Medical Officer and safety team on AQI thresholds and escalation protocol
- ☐ Identified and prepared indoor clean-air refuge spaces with air purification if needed
- ☐ Procured adequate stocks of surgical masks, FFP2/KN95 and FFP3/N99 masks
- ☐ Confirmed medical facilities are stocked with appropriate medications (bronchodilators, antihistamines)
- ☐ Confirmed awareness of WADA TUE requirements for any respiratory medications
- ☐ Collected pre-event medical declarations from players and caddies with known conditions

Communications and Logistics

- ☐ Drafted and approved threshold-based public messages for each AQI level (101, 151, 201, 300+)
- ☐ Confirmed PA system, event app, and signage can display real-time AQI updates
- ☐ Briefed player liaison on communication protocol for players and caddies
- ☐ Identified mask distribution points (first tee, halfway houses, spectator entry gates)
- ☐ Issued pre-event participant communication including guidance on masks and personal medications
- ☐ Confirmed media briefing arrangements for AQI 200+ scenarios
- ☐ Identified and tested radio/phone communication chain between AQI Monitor, Medical Officer, and TD

Decision-Making Readiness

☐	Confirmed the decision-making chain for play suspension: Medical Officer → Tournament Director / Championship Director
☐	Confirmed no-penalty withdrawal arrangements for players wishing to withdraw citing air quality
☐	Reviewed local regulatory requirements and confirmed compliance obligations
☐	Planned contingency scheduling for delayed start, extended break, or suspended play
☐	Agreed AQI threshold at which a senior team meeting will be convened (recommended: AQI 200)

Good to know — Checklist

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- All checklist items should be completed at least 48 hours before play begins.
- No-penalty withdrawal for players citing air quality must be confirmed before the event opens.
- The decision-making chain must be confirmed in writing and communicated to all relevant parties.
- Contingency scheduling should be agreed with the Championship Director before the event starts.

Disclaimer

This document is intended for reference only and does not constitute a legal document. These guidelines are not intended to replace any existing local, national, or international legislation or regulations, but should be considered as guidance for a recommended minimum standard of practice. These guidelines are not intended to provide rules on how to plan and respond to any medical incidents, as this is more appropriately handled by trained professionals in medical and emergency services. Authors and their respective organisations accept no liability for acts or omissions at specific golf tournaments or other events outside their jurisdiction. Organising committees and tournament organisers bear sole responsibility for all decisions made in the context of their specific events.

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Appendix A — Golf-Specific Air Quality Index

Adapted from the International Cricket Council guidance and updated to reflect the US-EPA 2024 revised AQI breakpoints for PM_{2.5}. Recommended actions are specific to the golf event context and are intended as a minimum standard.

AQI	Level	Players / Caddies	Medical Team	Tournament Director	Spectators
0–50	Good	No restriction	No restriction	No restriction	No restriction
51–100	Moderate	No restriction	No restriction	Monitor	No restriction
101–150	Unhealthy (sensitive)	Caution advised	Monitor closely	Masks available	No restriction
151–200	Unhealthy	Consider mask	Medical on standby	Masks recommended	Masks advised
201–300	Very unhealthy	Mask required	Reduce intensity	Consider suspension	Stay informed
300+	Hazardous	Suspend activity	Emergency protocol	Suspend / evacuate	Leave course

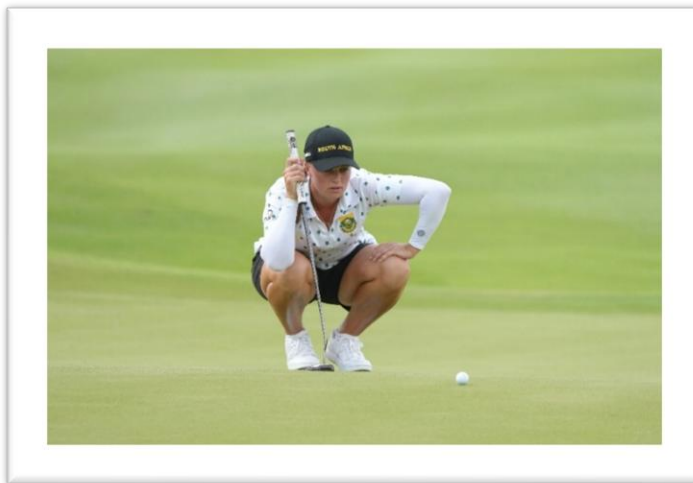
* Where play is suspended, the remaining available playing time for the day must be considered in the decision to resume or reschedule. Players withdrawing on grounds of air quality should not be penalised under any circumstances at AQI 201 or above.

** The AQI thresholds above are based on PM_{2.5}. If ozone (O₃) or nitrogen dioxide (NO₂) levels are also elevated, the higher of the available AQI readings for each pollutant should be used as the governing threshold.

Appendix B — Mask Selection Guide

The following table provides guidance on mask types, their filtration characteristics, and recommended use at different AQI levels. All masks should be correctly fitted according to manufacturer instructions to provide meaningful protection.

Mask type	Protection level	Recommended AQI	Use
Surgical mask	Droplets, large particles; limited PM2.5 filtration	AQI 101–150 (minimum)	Optional
FFP1 / N85	Filters ~85% of airborne particles	AQI 101–150	Recommended
FFP2 / KN95	Filters ~94% of airborne particles (incl. PM2.5)	AQI 151–200	Strongly recommended
FFP3 / N99	Filters ~99% of airborne particles	AQI 200+ / Hazardous	Required for vulnerable groups



Policy Updates

The IGF Medical Committee reviews all debrief reports and incident submissions on a rolling basis. Where a pattern of risk is identified, or a significant incident warrants immediate policy change, an emergency amendment to this Guide may be issued outside the standard review cycle.

Legal Disclaimer

IMPORTANT NOTICE – PLEASE READ CAREFULLY

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This Guide is provided solely for informational, educational and reference purposes only, and shall serve as a recommended framework. It does not, and is not intended to, constitute legal, medical, regulatory, or professional advice of any kind. It should not be treated as a substitute for qualified professional guidance in any of the foregoing fields or serve as a replacement of qualified healthcare professionals. Event organizers, safety personnel, and affiliated bodies should exercise their own professional judgment in evaluation of specific needs. Any reliance on the terms contained in this document shall be at such party's own risk.

2. Subject to Periodic Revision

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In all circumstances, applicable national laws, regulations, and local authority requirements take precedence over the recommendations set out in this Guide. Where any provision of this Guide conflicts with, or falls short of, mandatory legal or regulatory requirements in the host jurisdiction, those legal or regulatory requirements shall prevail without exception. Event organizers are solely responsible for identifying and complying with all such obligations and are strongly advised to seek independent legal and regulatory counsel specific to their jurisdiction and event.

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5. Professional Advice

Organizers are strongly advised to seek independent legal, medical, safety, and insurance counsel when implementing the recommendations or guidelines described herein. Nothing in this Guide should be taken as a representation that compliance with its recommendations will satisfy any specific legal obligation.



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