INTERNATIONAL
GOLF FEDERATION

IGF Incident Response Guide

for Golf Events

Version 1.0 - 2026

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

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.

Version Control & Revision History

This document is maintained under formal version control. All amendments must be reviewed by the IGF Medical Committee prior to publication and communicated to all IGF members.

Version	Description	Approved By	Effective Date
3.0	Publication-ready draft – comprehensive expansion of all sections	IGF Safety Committee	January 2026
2.0	Expanded policy structure – added appendices and media management	IGF Executive Board	July 2025
1.0	Initial framework – baseline incident response procedures	IGF Secretariat	January 2025

Future revisions must document: (a) nature of change, (b) approval authority, (c) implementation date, and (d) distribution list notified. Version history is archived by the IGF Secretariat for a minimum of ten years.

1. Introduction

The International Golf Federation (IGF) is committed to ensuring the safety, wellbeing, and positive experience of all participants involved in golf events worldwide. This Golf Incident Response Guide (the Guide) has been developed in response to the evolving complexity of competitive and recreational golf environments, where large-scale events, outdoor conditions, and high-density spectator management require robust, evidence-based safety protocols.

This Guide establishes a comprehensive, recommended framework for incident preparedness, response, and recovery across all categories of golf events. It is designed for adoption and adaptation by event organizers, national and regional golf federations, host venues, and on-site safety personnel. The framework emphasizes four foundational principles:

- The safety as the highest priority in all operational decisions.
- Structured and coordinated response that minimizes confusion during high-pressure incidents.
- Reputational integrity through transparent, accurate, and timely communication.
- Continuous improvement through post-incident review and policy refinement.

This Guide does not seek to replace sound professional judgment or applicable legal obligations. Rather, it provides a structured reference point that event organizers can tailor to their specific regulatory environment, venue characteristics, and event scale. Adherence to this Guide is strongly recommended for all IGF-sanctioned events and is considered best practice for all affiliated competitions.

Purpose Statement

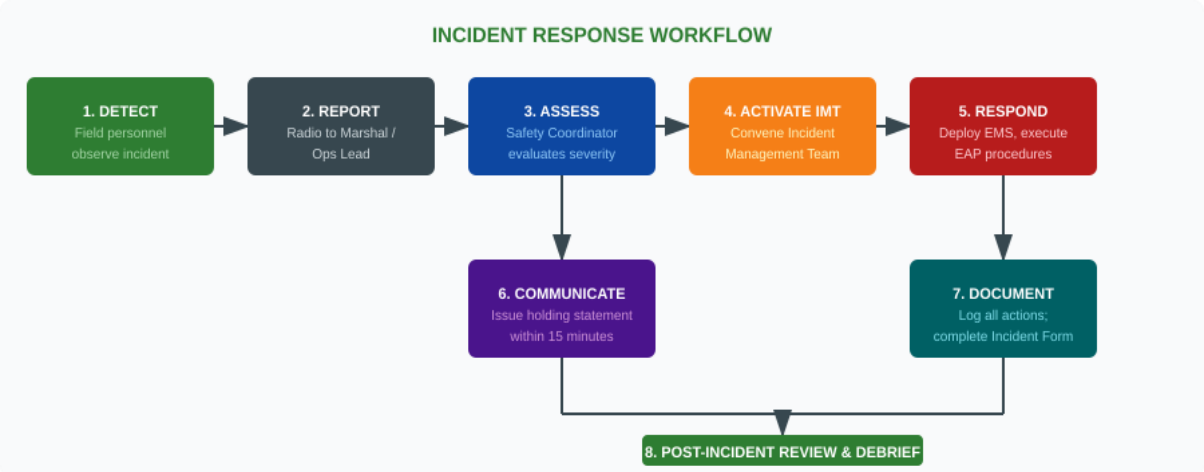
This Guide is intended to serve as a living document therefore subject to future changes and updates. Organizers are encouraged to supplement this Guide with venue-specific emergency plans and local regulatory requirements.

Medical Incident definition

For the purposes of these guidelines, a Medical Incident is defined as any event occurring within the boundaries of the tournament venue, or in directly associated areas under the control of the organizing committee (including practice facilities, spectator zones, hospitality areas, and player accommodation managed by the event), in which a player, official, volunteer, staff member, contractor, or spectator sustains an injury, illness, or sudden deterioration in health that requires assessment, treatment, or evacuation by medical personnel. This includes, but is not limited to, acute traumatic injuries, heat-related or environmental conditions, cardiac or respiratory events, allergic reactions, loss of consciousness, and any situation in which a person requests or is referred for medical attention. From the International Golf Federation (IGF) point of view, an event qualifies as a Medical Incident regardless of severity once medical resources are activated, and any incident involving hospitalization, an ambulance dispatch, or a threat to life must be escalated and reported in accordance with the relevant sections of this protocol.

Incident Response at a Glance

The following diagram illustrates the eight-step incident response workflow that underpins this Guide. All personnel should be familiar with this sequence before the event commences.



2. Scope & Application

This Guide applies to all golf event formats organized under the authority or affiliation of the International Golf Federation, including but not limited to:

- Professional tournaments (stroke play, match play, team formats)
- Amateur and collegiate competitions at national and international level
- Junior development events and youth championships
- Corporate and charity golf days with organized formats
- Recreational organized play involving defined competition rules

The scope of application extends to all personnel associated with event operations, including tournament directors, safety officers, marshals, volunteers, medical personnel, photographers, broadcast crews, and contracted service providers present within the event perimeter.

Geographical and Regulatory Adaptability

This Guide is designed to be adaptable to local regulatory environments. Event organizers operating across different countries must ensure that the procedures outlined herein are assessed against applicable national laws, occupational health and safety regulations, and governing body rules. Where local requirements are more stringent than the standards set out in this Guide, local requirements shall prevail.

Exclusions

This Guide does not apply to informal, non-competitive recreational golf played outside of organized event structures. However, course operators and golf clubs are encouraged to adopt relevant sections as part of their general duty-of-care obligations.

3. Governance & Compliance

This Guide reflects international best practices in event emergency services and safety management and has been developed in alignment with recognized frameworks including those published by the International Olympic Committee (IOC) and IGF Delivery Partners, under the supervision of the IGF Medical Committee. It does not supersede applicable national laws, regulations, or the rules of any recognized governing body.

Compliance Obligations

Event organizers are solely responsible for ensuring full compliance with all applicable legal and regulatory standards in the jurisdiction(s) where the event is held. This includes, but is not limited to:

- *Occupational health and safety legislation*
- *Public liability and insurance requirements*
- *Medical and first aid statutory obligations*
- *Emergency services notification and coordination requirements*
- *Data protection and privacy laws applicable to incident reporting*

IGF Oversight

For IGF-sanctioned events, the designated Technical Delegate holds authority to review and approve the Event Emergency Action Plan (EAP) no later than 3 weeks before and in any case prior to the commencement of play. Any significant deviations from this Guide must be disclosed to the IGF at least 30 days prior to the event. The IGF Medical Committee may conduct post-event audits of safety documentation upon request.

Policy Review Cycle

This Guide is subject to a formal review cycle not less than once every two years or immediately following any major incident that results in serious injury, fatality, or significant reputational impact. Reviews are conducted by the IGF Medical Committee with input from medical advisors, legal counsel, and experienced event directors.

4. Roles & Responsibilities

Effective incident response depends on clearly defined roles established before an event begins. The following positions must be pre-assigned and documented in the Event Emergency Action Plan. All personnel must be briefed on their responsibilities during the pre-event safety meeting.

Role	Key Responsibilities
Safety Coordinator	Overall leadership for incident preparedness and response. Chairs the Incident Management Team. Approves activation of the Emergency Action Plan. Signs off on incident reports.
Medical Lead	Oversees all on-site medical care and coordinates with external emergency services. Responsible for triage protocols, medical equipment readiness, and post-incident medical review.
Operations Lead	Manages course logistics, access control, equipment deployment, and communication of play suspension. Coordinates with venue staff and security personnel.
Communications Lead	Controls all official messaging including media statements, social media updates, and stakeholder notifications. Ensures only designated spokespersons release information.
Recorder / Documentation Officer	Maintains chronological incident logs, witness statements, and evidence preservation. Responsible for compiling the post-incident report.
Volunteer & Marshal Coordinator	Manages deployment and briefing of marshals and volunteers. Ensures all field personnel understand evacuation and communication protocols.

Each role must have a designated primary officer and at least one named deputy, when possible, or in any case according to the length of competition. Contact details for all role holders must appear in the Emergency Contact List (see Appendix A) and be available at the event operations office.

5. Risk Assessment

A formal, documented pre-event risk assessment is recommended for all events operating under this Guide. Risk assessments should be completed no less than 3 months prior to the event commencement date, to allow for implementation of mitigation measures and the related planning and reviewed by the event director and golf club management. The assessment should be updated if significant changes to the event, venue, or forecast conditions occur.

Risk Assessment Categories

1. Environmental Risks

- Weather forecasts and contingency thresholds (wind speed, lightning, rainfall)
- Terrain hazards including uneven ground, slopes, and unstable surfaces
- Temperature extremes and humidity conditions (heat exhaustion and cold exposure)
- Proximity to water features including ponds, lakes, and drainage channels
- Seasonal environmental conditions (smog, ground-level ozone, industrial emissions, UV exposure)

2. Operational Risks

- Equipment failure including golf carts, scoring systems, and electronic infrastructure
- Vehicle movement on course and collision risks
- Crowd management during high-attendance periods
- Contractor and vendor activity within the event perimeter
- Broadcast and photographers activity

3. Spectator and Participant Risks

- Spectator density and movement, particularly around holes and grandstands
- Participant fatigue, dehydration, and pre-existing medical conditions
- Unauthorized access by spectators to restricted areas
- Minor and vulnerable person safeguarding

4. Course-Specific Hazards

- Elevated or exposed holes susceptible to lightning strike
- Water hazards adjacent to spectator or player walkways
- Blind tee shots or narrow fairways with spectator corridor risk
- Limited vehicle or emergency access on remote holes

Risk Rating Matrix

- **All identified risks should be rated using a Likelihood x Severity matrix (1–5 scale).**
- **Risk Score 1–5: Low – Monitor and document. No immediate action required.**
- **Risk Score 6–12: Medium – Implement control measures. Assign responsible officer.**
- **Risk Score 13–25: High – Mandatory control measures. Escalate to Safety Coordinator.**
- **High-rated risks must have documented mitigation strategies before event approval is granted.**

Risk Assessment Matrix

		Consequence				
		Insignificant	Minor	Moderate	Major	Catastrophic
Likelihood		1	2	3	4	5
Rare	1	1	2	3	4	5
Unlikely	2	2	4	6	8	10
Possible	3	3	6	9	12	15
Likely	4	4	8	12	16	20
Highly likely	5	5	10	15	20	25

Lowest risk Low risk Medium risk High risk

Each hazard is identified in the assessment table opposite and the risk scored using the matrix. Any mitigating factors and additional risk strategies are then introduced, followed by a further assessment to assess efficacy.

Source: ASOIF Health care guidelines for Ifs events

6. Common Incident and Accidents at Golf Events

Golf events present a unique set of medical and safety challenges that distinguish them from most other sporting events. The combination of large spectator galleries moving across expansive, often remote terrain; players and caddies exposed to prolonged physical exertion and outdoor conditions; and the inherent risks associated with high-speed projectiles and swinging equipment creates an environment where a broad range of incidents can and do occur. The most frequently encountered emergencies include cardiac events, heat-related illness, lightning strikes, anaphylactic reactions from insect stings, injuries caused by errant golf balls or club contact, falls on uneven ground, and golf cart accidents.

Environmental hazards — particularly rapidly changing weather conditions — can affect thousands of spectators simultaneously, while the distributed nature of the course means that medical response times and access routes require careful pre-event planning. Incidents may involve players, caddies, officials, volunteers, or spectators, each of whom may present with different risk profiles and require different levels of intervention. The following sections provide reference guidance on the most relevant and commonly encountered incident types, including recommended response protocols, escalation criteria, and documentation requirements to support tournament medical coordinators, on-site EMS personnel, and marshal teams in delivering a timely and effective response.

The following hazards are considered inherent to the golf environment and require specific, pre-planned response protocols. All on-site personnel must be familiar with the procedures for each risk category.

Life-Threatening Incidents

Critical — Immediate EMS Response Required

All incidents in this category require immediate activation of emergency services. Do not wait for symptom progression before calling EMS.

Incident / Injury	Key Considerations
Cardiac arrest	Players, caddies, spectators — AED and CPR response essential. AEDs should be mapped across the course at no more than 3–4-minute walking distances. Clear, well-placed signage should be installed to ensure critical medical equipment is easily identifiable.
Lightning strike	Direct or ground current; common in open course environments. Evacuation protocol must be triggered when lightning is within 8 miles (13 km).
Heat stroke	Especially in players and elderly spectators. Requires rapid cooling; do not allow the person to stand or walk unassisted.
Anaphylactic shock	Insect stings (bees, wasps) trigger anaphylaxis. Call EMS without delay for epinephrine administration. All cases require hospital transport.
Major head trauma	Golf club or ball impact to head. Always to be treated as serious regardless of apparent severity. Apply concussion protocol.
Drowning / near-drowning	Water hazards pose risk to spectators and course staff. Designate marshals near water features during large galleries.

Serious Injuries Requiring EMS

High Priority — On-Site Assessment and EMS Notification

These incidents require immediate on-site medical assessment. EMS should be notified and standby activated. Incident Report Forms must be completed within 24 hours.

Incident / Injury	Key Considerations
Golf ball strike	Spectator or bystander hit by errant ball; head and eye injuries most common. Do not allow the person to resume activity if head strike is confirmed.
Golf club injury	Backswing or follow-through striking a nearby person. Common near tee boxes and practice areas with poor crowd control.
Falls and fractures	Uneven terrain, embankments, grandstands, and wet surfaces. Elderly spectators are highest risk.
Heat exhaustion	IV fluids and cooling may be required. Move to shade immediately; hydration and rest first; escalate if unresponsive.
Hypoglycaemia	Diabetic players or spectators. Glucose administration needed; monitor for loss of consciousness.
Seizures	Known or first-presentation epilepsy. Airway and safety management; do not restrain the person.
Crowd crush injuries	Gallery surges near tee boxes or greens. Requires EMS and security coordination; establish clear spectator corridors.
Golf cart accidents	Collisions and rollovers on slopes; occupant ejection risk. Treat occupants for spinal injury until assessed otherwise.

Moderate Injuries (First Aid Level)

Moderate — First Aid Response; Monitor for Escalation

These incidents can typically be managed with on-site first aid. All cases must be monitored for escalation. Do not discharge without an adequate observation period.

Incident / Injury	Key Considerations
Musculoskeletal injuries	Sprains, strains, and back injuries in players and caddies. Rest, ice, and assessment; monitor for delayed swelling.
Blisters and skin abrasions	Common in multi-day walking play. Clean and dress wounds; risk of infection if untreated over multiple rounds.
Dehydration	Long rounds in heat. Early intervention with oral fluids prevents escalation to heat exhaustion or syncope.
Insect stings (minor)	Pain and localised swelling. Monitor closely for allergic progression; do not discharge without 20-minute observation period.
Eye injuries	Debris, sand, or sunscreen contact. Flush with sterile water; do not rub. Refer to medical if vision is affected.
Sunburn / sunstroke	Prolonged gallery exposure. Cool environment and fluids; monitor for heat exhaustion signs in elderly attendees.

Environmental and Mass-Casualty Events

Event-Level Response — Pre-Event Coordination Required

These scenarios require pre-event planning and coordination with local emergency services, security, and venue management. Protocols must be confirmed before the tournament opens.

Incident / Injury	Key Considerations
Lightning storm evacuation	Shelter protocol for entire field of play and other outdoor areas. A defined horn or siren signal must be established and communicated to all players and spectators before the event.
Mass gathering emergency	Crowd crush, stampede, or multiple simultaneous casualties. Requires pre-event coordination with local EMS and police for mass casualty response.
Security incidents	Course invasion, threats, or violence. Lockdown coordination with venue security and law enforcement; establish a command post location.
Structural failure	Grandstand, hospitality tent, or scaffold collapse. Pre-event structural inspections required; emergency egress routes must be mapped.
Fire	Hospitality or media areas most at risk. Evacuation routes and fire marshal assignments must be confirmed before the event opens.
Missing person	Children separated from parents in large gallery. Establish a designated meeting point and radio communication protocol with all marshals.

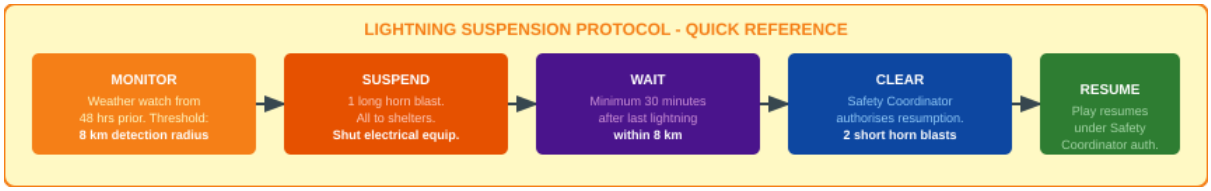
Notes

All incidents must be documented using the Incident Report Form (Appendix B) within 24 hours of occurrence. Medical personnel should review this guide at the pre-tournament briefing. AED locations and EMS contact numbers should be confirmed on-site before the event opens.

Lightning

Lightning represents the most significant life-threatening weather risk at outdoor golf events. Golf clubs and elevated terrain create particular exposure. The following protocol applies:

- Monitor weather forecast from an approved meteorological service from 48 hours prior to the event.
- Assign a designated Weather Monitor with authority to recommend suspension.
- Establish a lightning threshold: suspension is recommended when lightning is detected within 8 kilometres of the course.
- Sound the official suspension signal (typically one long horn blast) and direct all players, caddies, spectators, and staff to approved shelters immediately.
- Implement the course evacuation plans for all each and all potentially affected stakeholders, e.g. athletes and spectators, to ensure their safety
- Maintain suspension for a minimum of 30 minutes after the last detected lightning within the threshold distance.
- Resume play only on the authority of the Technical Delegate and Safety Coordinator. Two short horn blasts signal resumption.
- All electrical equipment, including scoring towers and scoreboards, must be shut down during a lightning suspension.



⚠ CRITICAL: Approved Shelters Only

Tents, marquees, and open-sided structures do NOT qualify as lightning shelters.

Only substantial permanent structures, purpose-built lightning shelters, or other types according to local laws and regulations are approved,

Vehicles with metal roofs (not convertibles) are acceptable secondary shelter if approved structures are unavailable.

Ball Strike Incidents

A ball strike to the head or body must be treated as a potential serious injury regardless of the apparent severity at the time of impact. Concussion symptoms may be delayed.

- Medical personnel must assess the injured person on-site.
- If head strike is confirmed or suspected, apply concussion protocol: do not allow the person to resume activity without the approval of the Medical Director.
- If the person is unconscious or loses consciousness at any point, call emergency services immediately and do not move the patient unless in immediate danger.
- Preserve the incident scene pending documentation. Record ball trajectory, location of the struck person, and the player involved.
- Complete an Incident Report Form (Appendix B) within 24 hours.

Golf Cart Incidents

Golf cart rollover, collision, and entrapment incidents require a structured and calm response to prevent secondary injury.

- Stabilize and secure the scene – prevent additional vehicle movement in the area.
- Do not attempt to move a victim who may have suffered spinal injury without trained medical personnel.
- Activate emergency services if any person is injured, trapped, or unresponsive.
- Preserve cart position and take photographic evidence before moving equipment.
- Withdraw the involved cart from service pending inspection.

Anaphylactic Shock — Insect Stings (Bees, Wasps)

Anaphylaxis is a severe, rapidly progressing allergic reaction that can become life-threatening within minutes of a sting. On a golf course, where players, caddies, and spectators are exposed to open ground, wooded areas, and flowering rough, the risk of bee and wasp stings is significant and must be treated as a medical emergency from the moment symptoms are reported.

- Medical personnel must assess the affected person immediately upon notification. Do not wait for symptoms to worsen — anaphylaxis can escalate from mild itching or hives to airway closure within minutes.
- If the person reports known allergies or is carrying a personal epinephrine auto-injector (EpiPen), assist them in administering it without delay. Medical staff should administer epinephrine intramuscularly if available and trained to do so.

- Call emergency services immediately following epinephrine administration, or at the first sign of systemic reaction — including throat tightening, difficulty breathing, swelling of the face or lips, drop in blood pressure, pale or bluish skin, or loss of consciousness.
- Place the patient in the appropriate position: sitting upright if experiencing breathing difficulty or lying flat with legs elevated if showing signs of shock. Do not allow the person to stand or walk.
- Monitor the patient continuously for a secondary (biphasic) reaction, which can occur up to four hours after the initial episode even if symptoms appear to have resolved.
- Do not leave the patient unattended at any point. EMS handover must include the time of the sting, time of epinephrine administration, dosage given, and the progression of symptoms.
- All persons treated for anaphylaxis on-site must be transported to hospital for evaluation regardless of apparent recovery, as epinephrine is a temporary measure and further medical intervention may be required.
- Complete an Incident Report Form (Appendix B) within 24 hours, noting the location of the incident, the type of insect if identified, treatment administered on-site, and the receiving hospital if applicable.

Earthquakes

In earthquake-prone regions, the following protocol shall apply:

- During shaking: instruct all persons to drop, cover, and hold on. Players and spectators must not attempt to run during active shaking.
- Immediately after shaking move all persons to open, safe ground away from trees and structures.
- Conduct a head count of all personnel using the pre-event attendance records.
- Assess course infrastructure for damage before considering resumption of play.
- Report any structural damage to the venue operator and relevant authorities.

Typhoons and/or Tropical Storms

In typhoon-prone regions, the following protocol shall apply:

- Upon issuance of a typhoon warning signal, monitor updates from the national meteorological authority and suspend play if winds are forecast to reach dangerous levels.
- Immediately move all persons indoors to a designated shelter area away from windows, glass facades, and exterior doors.
- Do not allow players or spectators to remain on the course or in open structures such as tented areas, grandstands, or maintenance sheds.
- Conduct a head count of all personnel using the pre-event attendance records and confirm all individuals are accounted for in the shelter area.
- Remain sheltered until the competent authority officially downgrades or lifts the warning signal. Do not resume outdoor activity based solely on a temporary lull in conditions, as this may indicate the eye of the storm passing overhead.
- Following the all-clear, assess the course infrastructure for damage, including fallen trees, debris, flooding, and compromised structures, before considering resumption of play.
- Report any structural damage to the venue operator and relevant authorities.

7. Emergency Action Plan (EAP)

Each scenario discussed in this Guide, when applicable, must have an Emergency Action Plan outlining procedure to follow in the event of occurrence and to maintain a documented Emergency Action Plan (EAP) till the conclusion of the event. The EAP(s) serves as the reference document for all different and possible incident response protocols and procedures during the event.

The EAP must be distributed to all key personnel no less than 72 hours prior to the event. Digital and printed copies must be accessible at the central command location and at key positions across the course.

Required EAP Components

- Emergency contact list – all role holders, local emergency services, hospital details, and IGF Technical Delegate and Safety Coordinator.
- Site maps and emergency access routes – including GPS coordinates for remote holes
- Roles and responsibilities – as defined in Section 5 of this Guide
- Incident procedures – tailored protocols for each risk category identified in the risk assessment
- Communication protocols – signal systems, radio channels, and public address procedures
- Medical station locations and AED positions
- Shelter locations for weather-related suspensions
- Evacuation assembly points and procedures
- Media holding area and spokesperson contact details

8. Incident Management Team (IMT)

The Incident Management Team (IMT) is the central decision-making body responsible for coordinating the response to any significant incident during the event. The IMT operates from a designated Central Command Location which must be identified in the EAP.

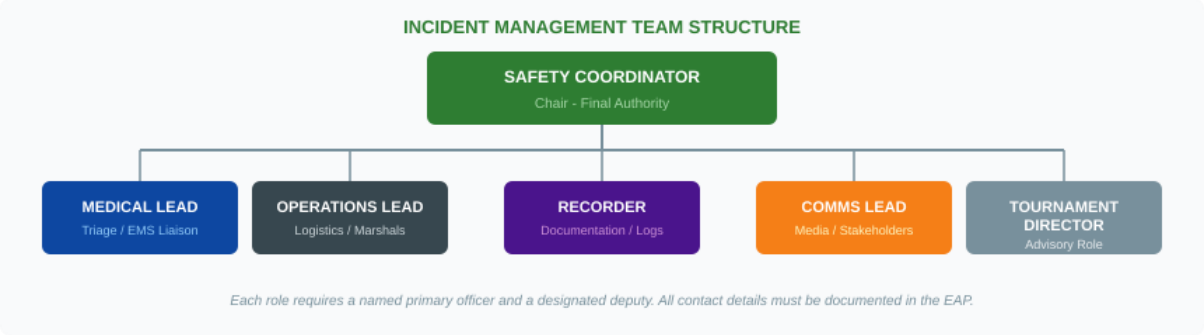
IMT Composition

- Safety Coordinator (Chair)
- Technical Delegate (Co-Chair)
- Medical Lead
- Operations Lead
- Communications Lead
- Recorder / Documentation Officer
- Tournament Director (advisory)

Activation Criteria

The IMT is formally activated when any of the following conditions are met:

- A medical emergency involving one or more persons
- A weather-related suspension of play
- A security or crowd control incident
- Any event that attracts media attention or has potential reputational impact
- Any fatality or serious injury
- Direction from a Technical Delegate or authorized safety authority

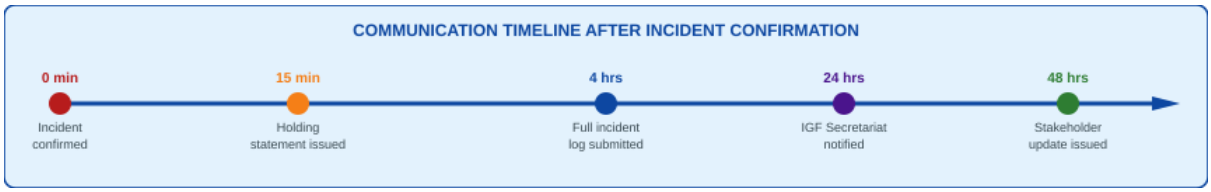


IMT Operating Principles

- The Safety Coordinator chairs all IMT sessions and has final authority on operational decisions in coordination with the Technical Delegate (Co-Chair)
- All decisions must be logged in real time by the Recorder.
- Only the Communications Lead or their deputy may release information externally.
- The IMT meets at the Central Command Location. In the event of damage to this location, a secondary location must be pre-identified in the EAP.
- IMT members must carry charged communication devices at all times during the event.

9. Communications Policy

Clear, controlled, and accurate communication during an incident is critical to maintaining operational effectiveness, protecting individual privacy, and preserving the reputation of the event and the IGF. The following policy governs all internal and external communications during an incident.



Core Principles

- Only designated spokespersons – as identified in the EAP – may release information externally. All other personnel must decline to comment and direct enquiries to the Communications Lead.
- All messaging must be factual. No speculation, no estimates, and no information about individuals without their explicit consent or legal requirement.
- Timeliness is important. Issue a holding statement within 15 minutes of confirming a significant incident. Do not leave a communication vacuum.
- Respect the privacy of injured parties. No names, images, or identifying information may be released without the consent of the individual or their next of kin.
- Consistency is paramount. All communications channels – media, social media, stakeholder briefings – must carry identical, approved messaging.

Internal Communication Protocol

- All field personnel report incidents to their section marshal or volunteer coordinator.
- Marshal or coordinator contacts the Operations Lead via radio on the designated event channel.
- Operations Lead notifies the Safety Coordinator and activates the IMT if warranted.
- The Recorder logs all communications with timestamps.
- IMT updates are issued to field leads every 15 minutes during an active incident.

Media Management

Media engagement during or following an incident must be managed carefully to ensure accurate reporting, protect the privacy of affected individuals, and maintain the credibility of the IGF and event organizers. All media interactions are the responsibility of the Communications Lead.

Holding Statement

Approved Holding Statement Template

"An incident has occurred at [Event Name] at [Location]. We are actively assessing the situation and working closely with all relevant authorities and emergency services. The safety of all participants, spectators, and personnel is our absolute priority. We will provide a further update as soon as verified information is available. We ask that the media and spectators respect the privacy of all individuals involved at this time."

Note: Issue within 15 minutes of confirmed incident. Do not speculate on cause, severity, or identity of individuals.

Confirmed Statement

Once facts have been verified by the IMT, a confirmed statement may be issued. The confirmed statement must include:

- A factual description of what occurred, without speculation
- Confirmation of actions taken by the event team
- Status of any affected individuals (general terms only – e.g., 'receiving medical attention')
- Next steps and any impact on the competition schedule
- A contact channel for media enquiries

Social Media Protocol

No event-affiliated social media accounts may post about an incident without explicit approval from the Communications Lead. Event personnel must not post personal commentary, images, or video of any incident on personal or professional social media platforms.

10. Course Mapping & Zoning

Accurate course mapping is a fundamental component of incident preparedness. Prior to the event, the Operations Lead must produce or update a Master Course Map that is incorporated into the EAP and distributed to all key personnel.

Required Map Elements

Zone / Feature	Requirements
Emergency Access Routes	Clearly marked entry and exit routes for emergency vehicles. Must be kept clear at all times during the event.
High-Risk Zones	Areas identified in the risk assessment as carrying elevated hazard (lightning-exposed holes, elevated terrain, water hazards adjacent to spectator areas).
Spectator Areas	Defined spectator corridors, grandstands, and viewing areas with capacity limits noted.
Medical Stations	Location of all first aid posts and AED units. AED locations must also be posted on signage throughout the course.
Evacuation Routes	Designated paths from all areas of the course to evacuation assembly points.
Shelter Locations	Approved shelters for weather suspensions – must be substantial structures or purpose-built shelters. Tents and marquees do not qualify as lightning shelters.
Helicopter Landing Zone (HLZ)	Pre-agreed landing zone for air ambulance. Must be communicated to local emergency services in advance.

Course maps must be reviewed and approved by the Technical Delegate and the Safety Coordinator and shared with local emergency services before the event commences.

Helicopter Emergency Evacuation — Golf Events

Due to the expansive and often remote nature of golf courses, helicopter response may represent the fastest and most practical means of medical transport when ground ambulance access is delayed or impractical. Event organizers should incorporate helicopter protocols into their Emergency Action Plan (EAP) well in advance of the event.

Pre-Event Coordination

Before the event, medical coordinators must contact the designated EMS provider to discuss helicopter availability, activation protocols, and response times specific to the venue. This discussion should confirm the preferred method of dispatch — whether through standard emergency services national telephone number (e.g. 911), a direct air medical dispatch line, or through on-site EMS personnel — and establish clear communication procedures for tournament staff.

Landing Zone Designation and Requirements

Each golf course should pre-identify at least one primary and one secondary helicopter landing zone (LZ), that can be located in close proximity with the golf course. Suitable LZ locations on a golf course typically include large fairways, driving ranges, or open practice areas. The designated LZ must meet the following criteria:

- Minimum clear area of approximately 100 feet by 100 feet (30m × 30m), free of overhead obstructions including trees, power lines, and lighting structures
- Firm, level ground — avoid areas with loose sand (such as near bunkers), dry divots, or dusty rough that could create dangerous debris during rotor wash
- No spectators, gallery fencing, sponsor banners, or temporary structures within the cleared perimeter
- Identified and marked in advance, with GPS coordinates shared with EMS and air medical dispatch prior to the tournament
- Clear of all cart traffic and personnel during approach and landing

On-Site Staff Responsibilities

When helicopter response is activated, designated staff should immediately clear the LZ perimeter and control spectator access. A staff member should be assigned to make visual contact with the incoming aircraft and use standardized ground signals or radio communication to guide the pilot. High-visibility vests and a two-way radio are recommended for the LZ coordinator role.

Communication and Activation

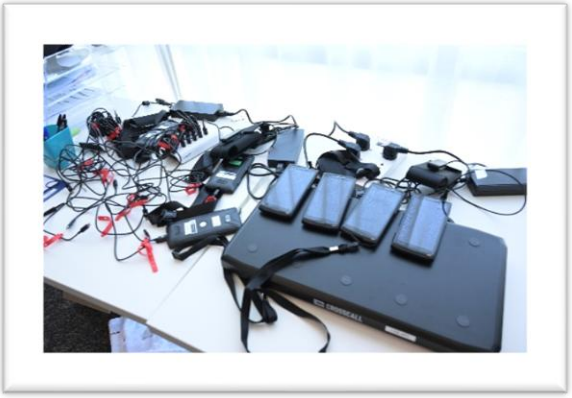
The EAP should include the LZ's GPS coordinates, a clear chain of command for activating air transport, and the radio channel or phone number used to communicate with the inbound crew. On-course marshals and medical personnel should know in advance which holes or areas are nearest to each designated LZ, enabling faster patient transport to the site.

11. Post-Incident Management

Effective post-incident management is essential for organizational learning, legal compliance, and stakeholder confidence. The following procedures apply to all incidents requiring IMT activation or external emergency services involvement.

Immediate Post-Incident Actions (0–24 hours)

- The Recorder compiles the full incident log and submits to the Safety Coordinator within 4 hours of the incident being resolved.
- The Safety Coordinator completes and signs the Incident Report Form (Appendix B).
- Notification to the IGF Secretariat must be made within 24 hours for any incident involving serious injury, fatality, or emergency services response.
- All personnel involved in the response should be offered a confidential psychological support contact, particularly following traumatic incidents.



Stakeholder Communication (24–72 hours)

- A stakeholder update must be issued to registered participants, sponsors, and officials within 48 hours of the incident.
- If media coverage has occurred, the Communications Lead should monitor coverage and prepare a factual correction if inaccurate reporting is identified.
- Next-of-kin of seriously injured persons must be contacted directly by a designated welfare officer or the Medical Lead.

Debrief and Review (7–30 days)

- A formal debrief meeting of all IMT members must be scheduled within 7 days of the event.
- The debrief must produce a written review identifying what happened, what worked well, what could be improved, and specific policy or procedural recommendations.

- The Safety Coordinator submits the debrief report to the IGF Safety Committee within 30 days.
- Recommendations from the debrief must be incorporated into the next revision of the EAP and, where applicable, into this Guide.

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.

Appendix A – Emergency Action Plan Template

The following template provides the minimum required structure for a compliant Event Emergency Action Plan. Organizers may expand sections to meet the specific requirements of their event.

Section 1: Event Details

Field	Details
Event Name	
Venue / Course Name	
Event Dates	
Tournament Director	
Safety Coordinator	
Medical Lead	
IGF Technical Delegate	

Section 2: Emergency Contact List

Role / Service	Name	Phone (Primary)	Phone (Secondary)
Safety Coordinator			
Medical Lead			
Operations Lead			
Communications Lead			
Local Police			
Ambulance / EMS			
Fire Service			
Nearest Hospital (A&E)			
IGF Secretariat (24hr)	+41 22 XXX XXXX		

Section 3: Site Maps

Attach current course map clearly indicating all zones and features as required under Section 11 of this Guide (Course Mapping & Zoning). GPS coordinates for all medical stations, AED locations, and the Helicopter Landing Zone must be included.

Section 4: Procedures Summary

Reference Section 10 (Incident Response Procedures) and Section 7 (Golf-Specific Risks) of this Guide. Document any event-specific adaptations below.

Section 5: Communication Protocols

- Primary radio channel for IMT: _____
- Secondary radio channel: _____
- Public address system operator: _____
- Lightning suspension signal: One long horn blast
- Play resumption signal: Two short horn blasts
- All-clear evacuation signal: Three short horn blasts

Appendix B – Incident Report Form

This form must be completed for every incident requiring IMT activation or emergency services response. Completed forms are retained for a minimum of seven years.

Field	Entry
Date of Incident	
Time of Incident (24hr)	
Location on Course (Hole / Area)	
Reported By (Name & Role)	
Report Received By (Name & Role)	
Nature of Incident	
Persons Directly Involved	
Description of Incident	
Immediate Actions Taken	
Medical Response Provided	
External Services Activated (Yes / No / Details)	
Outcome	
Witnesses (Names & Contact)	
Equipment or Property Involved	
Play Suspended? (Yes / No / Duration)	
Report Completed By	
Safety Coordinator Sign-Off	
Date of Report Completion	

Appendix C – Media Scripts

Holding Statement (Issue within 15 minutes of confirmed incident)

Template – Holding Statement

"An incident has occurred at [Event Name] at [Venue/Location]. We are actively assessing the situation and are working closely with all relevant authorities and emergency services."

"The safety of all participants, spectators, and event personnel remains our absolute priority. We will provide a further update as soon as verified information is available."

"We ask that the media and spectators respect the privacy of all individuals involved at this time. Media enquiries should be directed to [Communications Lead Name] at [Contact Number / Email]."

Confirmed Statement (Issue once facts are verified)

Template – Confirmed Statement

"At approximately [Time] today, [brief factual description of incident] occurred at [Location]."

"[Name of team / event] responded immediately. [Description of response actions taken]. Emergency services were [contacted / on-site] and [brief status of any injured parties in general terms, e.g., 'one individual received medical attention on-site']."

"The safety of all persons involved is our primary concern. [Competition status: e.g., 'Play has been suspended / is continuing']. We are cooperating fully with all relevant authorities."

"Further updates will be issued as information becomes available. We ask for respect for the privacy of all involved parties."

Social Media Clearance Checklist

- Approved by Communications Lead: Yes / No
- Reviewed by Safety Coordinator: Yes / No
- Consistent with media statement: Yes / No
- Names of individuals removed: Yes / No / N/A
- Time-stamped and archived: Yes / No

Appendix D – EMS Coordination Form

This form must be completed and shared with local emergency medical services at least 48 hours prior to the event start.

Field	Details
Event Name	
Venue Name & Address	
Event Date(s)	
Expected Attendance	
Medical Lead (On-site)	
Medical Lead Phone	
On-site Medical Capability	
AED Locations (number and positions)	
Known Hazards on Course	
Emergency Vehicle Access Points	
Helicopter Landing Zone (HLZ) GPS Coordinates	
HLZ Dimensions (metres)	
HLZ Obstructions (if any)	
Nearest Hospital (name, address, distance)	
Designated EMS Liaison (on-site)	
Radio Channel for EMS Communication	
EMS Confirmation Received (Yes / No)	

Appendix E – Course Map Template

A standard course map for IGF events must include the following zones and features, clearly differentiated by colour or symbol coding.

Feature	Recommended Colour / Symbol
Emergency Vehicle Access Routes	Red dashed line
High-Risk Zones	Orange shading
Spectator Corridors and Areas	Blue shading
Medical / First Aid Stations	Green cross symbol
AED Locations	Green heart/AED symbol
Weather Shelters (approved)	Yellow shelter symbol
Evacuation Assembly Points	Green assembly point symbol
Helicopter Landing Zone (HLZ)	Purple H symbol
Central Command Location	Star symbol
Restricted Access Areas	Red cross / hatching

Course maps must be produced at a scale sufficient to clearly identify individual holes and distances. A legend must be included on every map. Maps should be laminated for field use and must be provided to all IMT members, medical personnel, and emergency services prior to the event.

Appendix F – Training & Preparedness

Ongoing training and simulation exercises are essential components of incident preparedness. The following drills and training activities are recommended for all events operating under this Guide.

Recommended Periodical Training Drills

Drill Type	Objective	Recommended Frequency	Lead Responsibility
Lightning Evacuation Drill	Test speed and effectiveness of full-course evacuation to approved shelters, including communication system performance.	Once per season	Safety Coordinator
Medical Response Simulation	Simulate a ball strike or cardiac arrest incident. Test first response, AED deployment, and EMS communication.	Pre event and with every change of shift of personnel. (daily practice of different scenarios as needed)	Medical Lead
Mass Incident Coordination	Simulate a multi-casualty incident such as a grandstand collapse or major weather event.	Once per season	Safety Coordinator & Operations Lead
IMT Table-Top Exercise	Walk through the Emergency Action Plan for a simulated incident without live deployment.	Once prior to each major event	Safety Coordinator
Media Response Exercise	Rehearse holding statement delivery and stakeholder communication under simulated media pressure.	Once per season	Communications Lead

Mandatory Personnel Training Requirements

- Safety Coordinator: Current first aid certification. Incident command training recommended.
- Medical Lead: Registered medical or paramedical professional with current clinical certification.
- All Field Marshals and Volunteers: Basic first aid awareness training (minimum 3-hour course). AED awareness training.
- Operations Lead: Crowd management awareness training. Emergency vehicle access and coordination.
- Communications Lead: Media relations training. Crisis communications awareness.

Training records must be retained and available for review by the IGF Technical Delegate and Safety coordinator upon request. Training currency must be confirmed prior to each event in the EAP.

Legal Disclaimer

IMPORTANT NOTICE – PLEASE READ CAREFULLY

1. For Reference Purposes Only

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

This Guide is a living document. It is subject to periodic review, revision, and/or withdrawal by the IGF Medical Committee, at any time, in its discretion. Users are responsible for verifying they are working from the most current version, which is published on IGF's website. No prior version of this Guide should be used as the basis for event planning without first checking for updates. The IGF accepts no liability for reliance on superseded versions of this document.

3. Local Laws and Regulations Prevail

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.

4. Limitation of Liability

The IGF makes no representation or warranty, express or implied, regarding the completeness, accuracy, currency, or suitability of this Guide for any particular event or circumstance. To the fullest extent permitted by applicable law, the IGF, its officers, committees, employees, and agents accept no, and expressly disclaims, all liability for any loss, injury, damage, or claim of any kind arising from the use of, reference to or reliance on this Guide, including but not limited to losses arising from failure to comply with applicable laws or regulations.

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.

The International Geriatric Federation (IGF) gratefully acknowledges the invaluable contributions, expert guidance, and dedicated support provided by the IGF Medical Committee and medical consultants form the Professional Members, and Delivery Partners. Their collective expertise, commitment, and collaboration have been instrumental in the development and creation of these guidelines.