

MEDICAL REQUIREMENTS AND RECOMMENDATIONS

COMPETITIONS

The following are *requirements* of all U.S. Figure Skating managed competitions; this includes, but is not limited to, the NQS series and Finals, the Excel Series and Final, all sectional championships, the U.S. Adult Figure Skating Championships, U.S. Collegiate Championships and Invitational, and all program finals. The following are *strong recommendations* for all other U.S. Figure Skating or Compete USA sanctioned competitions.

- The LOC must identify a Medical Chair who will complete the following tasks:
 - Identify and confirm LOC Medical Services Team – *Appendix A* (recommended 3-6 months prior to the event)
 - Local sports medicine/orthopedic practice
 - Local sports physical therapy practice
 - Per Diem ATs (Certified Athletic Trainer)
 - www.go4.io
 - Local EMS/ambulance service
 - Assist the LOC to understand and implement any local public health guidelines in place at the time of the event
 - Complete and/or submit the **Event Medical Plan** to U.S. Figure Skating Event Staff Liaison 6 weeks prior to event.
 - Note: for competitions not managed by U.S. Figure Skating, the Event Medical Plan does not need to be submitted to U.S. Figure Skating but should be maintained for the club's records.
- Obtain and/or create the event Emergency Action Plan (EAP) – *Appendix B*
- Ensure rink-side accessibility of a working Automated External Defibrillator (AED)
- Identify and ensure an unobstructed ambulance entrance for the duration of the event to enact the emergency action plan
- Identify local hospital to provide emergency care for traumatic and/or sport related injuries and/or illness for the duration of the event
- Identify other local medical resources (closest 24-hour pharmacy, local urgent care offices, emergency dental services)
- Enact a medical time out with on-site medical, chief referee, and event staff prior to beginning of event

- Abide by appropriate Blood Borne Pathogen Spill Clean Up and On Ice Blood Removal Guidelines – *Appendix C*
 - Ensure completion of [injury incident form](#)
- If the competition includes team (synchro, TOI) or partnered (pairs, ice dance) events, the LOC Medical Team MUST include an athletic trainer (AT) and/or physician (MD/DO) trained and experienced in the stabilization and management of acute cervical spine injuries and necessary equipment, including a spine board, adult, and pediatric hard cervical collars, if the EMS team is not on site.
- All medical providers must provide care within their scope of professional practice and [abide by all SkateSafe® policies](#) (click on hyperlink to view the policies).
- Any medical provider designated to provide more than emergency medical care must complete a U.S. Figure Skating background check and the online SafeSport™ Training. Additional information regarding compliance requirements can be found [in the medical compliance memo](#) (click on hyperlink to view the policies).
- Rink-side medical personnel must be easily identifiable, have a direct line of sight to the ice surface, and an unobstructed entrance to the ice to support athlete care.
- Athletes suspected of having a **head injury and/or concussion** must discontinue activity and seek an evaluation by a healthcare provider trained in concussion management and in accordance with their concussion state law.
 - Eligibility for return to the competition must be communicated to the Chief Referee before the athlete may continue.
 - The official rule is in effect for is below:

“If, in the opinion of the event referee, medical attention is required (mandatory for possible head injury or concern of concussion), the event referee must stop the performance. No deduction as per rule 1403 (D) applies. The event referee after consulting with medical personnel, if available, will decide if the competitor(s) is fit to continue their program with no further risk to themselves or their partner/teammates, if applicable. There will be a maximum of a three-minute allowance for evaluation before the event referee will be required to make their decision. If the event referee determines the competitor is not fit to continue, the competitor will be considered withdrawn.”
 - If athlete is to return after suspected head injury and/or concussion, the following form should be completed and provided to the Chief Referee – *Appendix D*

U.S. CHAMPIONSHIP EVENTS REQUIREMENTS

- Championship events include:
 - U.S. Figure Skating Championships
 - U.S. Synchronized Skating Championships
- The Chief Medical Officer (CMO)
 - Must be a physician with sports medicine experience (sports medicine fellowship trained, preferred)
 - Should be identified and confirmed 3 months prior to the event
 - Must be on site during official practice and competition (float)
- Rink-Side Medical Response
 - Must have 4 credentialed and licensed medical providers; 2 positioned at the end of ice surface
- EMT/Paramedic Transport (EMS)
 - Must be rink-side on site or within 5-minute response time.
- Medical Room
 - All medical providers servicing the medical room must be compliant (completed annual SafeSport™ Training and a bi-seasonal background check with NCSI)
 - Must be 2 credentialed and licensed medical providers who have the skill set to evaluate and treat injury and/or illness
 - If a minor athlete enters the medical room for treatment, there must be another adult present with the minor and medical provider (e.g., another medical provider, parent/permanent legal guardian, coach, etc.).
 - The medical room should have the following sign posted on the door and/or in the Medical Room – *Appendix E*
- Medical staff must have radio communication with the Chief Referee, Chief Medical Officer, medical provider at each end of ice coverage, the EMT/Paramedic (if on location), and the Medical Room.

CAMPS AND PERFORMANCES

The following are *required* for all U.S. Figure Skating managed camps and performances. The following are *strong recommendations* for all U.S. Figure Skating or Compete USA sanctioned performances.

- If two surfaces are within one building, at MINIMUM, one medical provider must be present.
- If there is more than one surface and/or participants are in an alternate building, at MINIMUM there must be two medical providers present.

Appendix A

IDENTIFICATION OF MEDICAL PROVIDERS

All medical providers must provide care and/or services to their highest level of professional competence and/or certification, abide by their professional scope of practice in accordance with their state license, as applicable to their site of professional practice. Licensed and certified providers should be able to reproduce their proof of certification/license for verification, upon request, when hired in a professional capacity. Medical provider's state license can be verified by any public member by searching the state of professional practice health care licensing website.

The following is a brief description of common sports medicine team members who support rink-side event medical response and/or care.

Athletic Trainer (AT)

Athletic Trainers are multi-skilled health care professionals specifically trained in the prevention, examination, diagnosis, treatment and rehabilitation of medical conditions and emergency, acute and chronic injuries. ATs must complete an accredited education program and pass a national board certification exam to earn the credential, ATC. ATs, in collaboration with, upon standing orders, and/or under the supervision of a physician (MD or DO) may diagnose, provide therapeutic intervention and treatment, make return to play decisions, and provide return to sport plans. The AT may be employed in a secondary school or collegiate sports setting, tactical or military setting, physician office, and/or rehabilitation clinics among others. To learn more, please visit here: www.atyourownrisk.org/who-we-are and www.nata.org

Emergency Medical Technicians (EMT) provide pre-hospital emergency care and transportation for critical and emergent patients who access the emergency medical services (EMS) system (call 911). EMTs have the basic knowledge and skills necessary to stabilize and safely transport patients ranging from non-emergency and routine medical transports to life threatening emergencies. EMTs perform interventions with the basic equipment typically found on an ambulance and are a critical link between the emergency scene and the health care system. They are not able to diagnose and/or provide return to sport medical clearance. To learn more, visit: <https://www.nremt.org/EMT/Certification>.

Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system (call 911). This individual possesses the complex knowledge and skills necessary to provide patient care and transportation and work. The paramedic is more advanced in emergency skills than the EMT and is a critical link between the emergency scene and the health care system. They are not able to diagnose and/or provide return to sport medical clearance. To learn more, visit: <https://www.nremt.org/Paramedic/Certification>

Physician (MD or DO)

A doctor responsible for diagnosing the athlete's condition and prescribing the treatment of care needed to facilitate their recovery, which may include diagnostic tests, procedures, and medications. A doctor (MD) has followed an allopathic medical training preparation which has a higher degree of focus on the treatment of the disease and a doctor (DO) has followed an osteopathic preparation which has a higher degree of focus on the whole person and competency in osteopathic manipulative

medicine. (AMA, 2022). Both types of physicians will pursue a residency, which may further their specialty area of focus. Examples of residencies may include pediatrics, internal medicine or physical medicine and rehabilitation. <https://www.ama-assn.org/about>

Sports Medicine Physician (MD or DO) Fellowship Trained Physician

An MD or DO who obtains additional training in sports medicine, after residency, and obtains a certificate of added qualification (CAQ). They specialize in the athlete and/or performing artist and may have areas of additional focus/training/competence that include concussion, musculoskeletal conditions, and/or woman's health. Sports medicine physicians can be located easily by searching the following publicly available database under the tab "Find a Sports DOC" located here:

<https://www.amssm.org/>

Orthopedic Surgeon

A physician, who has completed a residency as a surgeon, and may have completed a fellowship with a specific body part focus (ie: foot, shoulder, spine). An orthopedic surgeon is qualified to diagnose orthopedic problems, perform or prescribe treatments including surgery, and assist with rehabilitation. To learn more, visit here: <https://www.aaos.org/>

Physical Therapist (PT)

Physical Therapists are licensed health care professionals who diagnose and treat individuals of all ages. PTs are movement experts who improve quality of life through prescribed exercise, hands-on care, and patient education. Physical therapists examine, diagnose and develop treatment plans to improve an individual's ability to move, reduce or manage pain, restore function, and prevent disability. PTs are typically employed in the clinical and/or hospital setting. To learn more, please visit: www.apta.org. Physical therapists may pursue a secondary board certification in the sports physical therapy specialty area which involves evaluating and treating the physiological, psychological, pathological, and performance difficulties of athletes. To learn more, please visit: <https://specialization.apta.org/become-a-specialist/sports>.

In the international setting, the term "physio" is commonly used to describe the health care provider who possesses the therapeutic intervention skill set specific to the athlete musculoskeletal impairments, which may include manual techniques, interventions, and therapies, that are not exclusive to either the PT and/or AT profession.

Appendix B



**What is an Emergency Action Plan (EAP)?
and
Why should a LOC have one?**

I. What is an emergency action plan (EAP)?

An emergency action plan, or EAP, is a document that provides guidelines to prepare and ensure a timely and coordinated response in the event a serious or potentially life-threatening injury and/or illness occurs during practice/and or competition. Ideally, the EAP is constructed by the Chief Medical Officer and/or lead medical provider for the event.

II. Why is having an EAP important?

When hosting a sporting event, there is always a certain level of involved risk. Whether that risk lies with an athlete, official, coach, staff member, or even a spectator—preparation and timely response saves lives and minimizes harm.

III. What minimal information do you need in an EAP?

The EAP should have the following inclusions:

- Venue name and address
- Venue directions
- Map of venue to include emergency access points for an ambulance
- Identification of emergency personnel
- Medical team response roles (to be decided by event CMO)
- Location of emergency equipment
- Communication

IV. Where should an EAP be posted?

The complete EAP should be clear and concise for the medical team to review. An abbreviated EAP map and/or document should be posted throughout the venue for quick reference. At minimum, this document should be displayed by the ice surface(s), the referee stand, outside the entrance into the medical room, and with the LOC Chair.

V. How often should the medical team practice the EAP?

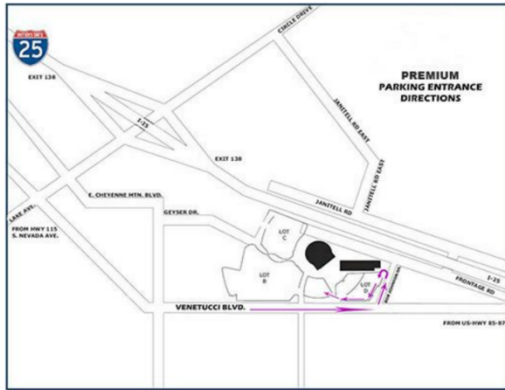
It is recommended that the medical personnel (MD, AT, EMTs, etc.) rehearse an on-ice emergency and coordinated response plan prior to the start of the competition.

If this is not possible, each shift should enact a coordinated “time -out” review of the on-ice plan of action. This will help the team to become familiar with one another, familiarize themselves with the ice-surface, and ensure a timely and coordinated response plan.

**Please see the template provided to construct your venue’s EAP for athlete on ice emergency*

Example: BROADMOOR WORLD ARENA EAP

Address: 3185 Venetucci Blvd, Colorado Springs, CO 80906



VENUE DIRECTIONS

There are two entrances off Venetucci Blvd. The first entrance will take you to the front of the building, and around on an access road. There, you will be able to access the loading dock, located on the south-east side of the building which will provide direct ice access to the World Arena.

GPS Coordinates (in the event of the need for a medical helicopter transport): **Latitude:** 38° 47' 26.20" N
Longitude: -104° 51' 9.54" W

EMS
Entrance

EMERGENCY PERSONNEL

Ice rink coverage: certified athletic trainers (ATs) and EMS personnel (EMT, paramedic) will be seated ice level. ★

Medical room: a physician (MD, DO) will be on site in or near the medical room, located on the ground first floor near tunnel 2. ✕

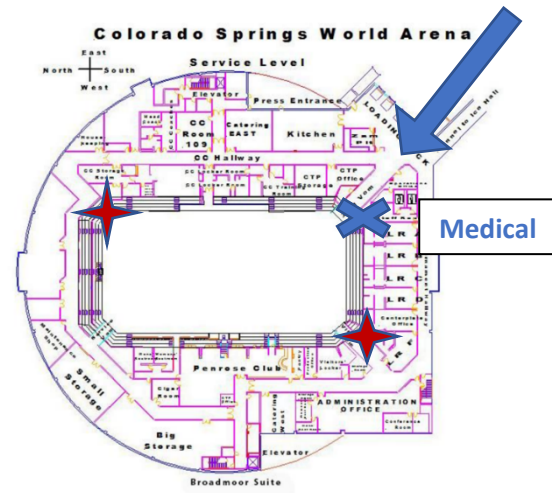
EMERGENCY COMMUNICATION

*Cell phone service is not always reliable in the world arena. There will be a walkie talkie, on channel 2, in the medical room and one stationed on each end of the ice (with AT's and EMT's).

EMERGENCY EQUIPMENT

Located **rink side:** AED, trauma kit, splint kit, spine board w/cervical collar. ★

Located within **medical room:** oxygen, crutches, wheelchair. ✕



ROLES OF FIRST RESPONDERS (Chain of Command as decided by event CMO)

1. Provide immediate care of the injured or ill athlete.
 - a. If on ice emergency occurs, initial responder will circle to hands in a circular motion for EMS activation and retrieval of emergency equipment.
2. If appropriate, activate emergency medical system (EMS).
 - a. Note: this number might not be 911, check with your venue/campus for clarification.
 - b. Provide EMS dispatch with name, address, telephone number, number of individuals injured, condition of injured, first aid treatment rendered, specific directions, and other information (if not on site).
 - c. Direct EMS personnel to scene/patient
 - d. Open any gates or access points
 - e. Designate individual to "flag down" EMS and direct to scene
 - f. Limit scene to medical providers and move bystanders away from area
3. Retrieve emergency equipment for care if summoned for by initial responder.
4. Document Incident Report.

Example: LOCAL CARE RESOURCES

Level 1 Trauma Center:	UC Memorial Hospital Trauma Center 1400 E. Boulder Street Colorado Springs, CO 80909 (719) 365-6820 EMERGENCY ROOM Open 24 Hours
Bone and Joint Express Care:	Colorado Springs Orthopaedic Group 1259 Lake Plaza Drive Suite 100 Colorado Springs, CO 80906 (719) 622-4550 M-F 9-5; Sat 8-12
Urgent Care:	Common Spirit Urgent Care 1263 Lake Plaza Dr. #120 Colorado Springs, CO 80906 (719) 776-3330 M-F 8-7; Sat 9-4
Dental Care:	Cheyenne Mountain Dental Care 1803 B St. Colorado Springs, CO 80906 (719) 576-1730
Pharmacy:	Walmart Pharmacy 4425 Venetucci Blvd. Colorado Springs, CO 80906 (719) 313-4385

Appendix C

Blood Borne Pathogen Information and Spill Clean-Up Guidelines

A. Background

Blood-borne pathogens are disease-causing microorganisms that can be potentially transmitted through blood or bodily fluid contact. The blood-borne pathogens of concern include, but are not limited to, the hepatitis virus and the human immunodeficiency virus (HIV). Because of the increasing prevalence of infections with these viruses among all portions of the general population and the potential for catastrophic health consequences, knowledge and awareness of appropriate preventative procedures is of greater importance. As a consequence, organizations involved with sports programs and competitions have a heightened concern about the risks of transmission of blood-borne pathogens between competing athletes and those closely associated with athletic competition. Certain precautionary procedures sometimes generally referred to as “universal precautions,” have been designed in an effort to minimize the risks of bloodborne pathogen transmission, with modifications relevant for athletes and care givers in the context of athletic events and activities.

B. Policy

U.S. Figure Skating has adopted the following recommended procedures as precautions:

1. Pre-event preparation includes proper care for wounds, abrasions, cuts or weeping wounds that may serve as a source of bleeding or as a port of entry for blood-borne pathogens. These wounds should be covered with an occlusive dressing that will withstand the demands of competition. Likewise, care providers with healing wounds or dermatitis should have these areas adequately covered to prevent transmission to or from a participant.
2. The necessary equipment and/or supplies important for compliance with universal precautions should be available to care givers. These supplies include appropriate gloves, disinfectant bleach, antiseptics, designated receptacles for soiled equipment and uniforms, bandages and/or dressings and a container for appropriate disposal of needles, syringes or scalpels.
3. During an event, early recognition and treatment of uncontrolled bleeding is the responsibility of officials, athletes, coaches and medical personnel. In particular, athletes should be aware of their responsibility to report a bleeding wound to the proper medical personnel.
4. When an athlete is bleeding, the bleeding must be stopped, and the open wound covered with dressing sturdy enough to withstand the demands of activity before the athlete may continue participation. Immediate treatment of open wounds or skin lesions that are deemed potential risks for transmission of disease is required. Participants with active bleeding should be removed from the activity as soon as is practical, with ability to return to be determined by appropriate medical staff personnel, in consultation with the athlete and the officials. Any participant whose clothing is saturated with blood, regardless of the source, must have that apparel suitably covered or disinfected and changed if necessary, before returning to participation.

5. Personnel managing an acute blood exposure must follow these guidelines. Sterile latex gloves should be worn for direct contact with blood or bodily fluids containing blood. Gloves should also be worn for touching mucous membranes or non-intact skin (e.g., abrasions, dermatitis) of all athletes and for handling items or surfaces soiled with blood or bodily fluids. Gloves should be changed immediately after treating an individual participant and, after glove removal, hands should be washed thoroughly under running water or solution provided for that purpose.

6. If at any time there is a possibility that blood or body fluids may spurt or become aerosolized (i.e., arterial bleeding, CPR, shock, multiple injuries or any injury or illness that might result in projectile emesis or blood), personnel are to wear goggles and surgical masks.

7. Proper disposal procedures should be practiced to prevent injuries caused by needles, scalpels and other sharp instruments or devices.

8. Costumes, clothing, equipment, ice surfaces, barriers and other surfaces may become contaminated with blood and other bodily fluids. Because potentially dangerous microorganisms can survive on these contaminated surfaces for various periods of time, it is necessary to apply disinfection procedures to interrupt cross-infection. Any surface contaminated with spilled blood or other bodily fluids should be cleaned and disinfected in accordance with the following procedures:

a. Mix $\frac{1}{2}$ cup or 5% chlorine bleach (or comparable solution) to one gallon of water (agents listed as "hospital disinfectants" may also be acceptable cleaning agents and can eliminate HIV and hepatitis).

b. While wearing medical gloves (and mask, goggles and gown, if necessary), clean all areas visibly contaminated with blood or bodily fluids. Wash from the outside of the area towards the center. For large spills, absorb as much fluid as possible using absorbent pads or granules prior to washing with bleach. The mechanics of scrubbing are much more important in eliminating organisms than the selected cleansing agent. The end result of all scrubbing and rinsing should be the thorough removal of all contaminated materials.

c. Dispose of all cleaning materials as biohazardous waste. Pour bleach/water mixture down drain with water running. Change to clean gloves.

d. While wearing another set of clean gloves, wash sink with bleach and package any cleaning materials. Immediately wipe all areas with materials dampened with clean water to remove bleach (while wearing clean gloves). Dry area and dispose of all cleaning items appropriately.

e. Soak goggles, PPV equipment, scissors and all other non-electrical reusable equipment in bleach/water solution or another approved solution for at least 10 minutes and then rinse thoroughly with clean water. Completely dry all equipment and inspect for any remaining contamination.

f. Dispose of gown, mask and goggles (in that order) and remove gloves last. Wash hands thoroughly.

g. Change any personal clothing contaminated with blood or body fluids. Clean in accordance with the procedures outlined above and treat as described below.

9. Costumes, clothing and equipment soiled with blood should be handled and laundered in accordance with hygienic methods normally used for treatment of any soiled equipment or clothing before subsequent use. This includes provisions for bagging the soiled items in a manner to prevent secondary contamination of other items or personnel. All linens grossly contaminated with blood or bodily fluids should be placed in a sealed plastic bag and marked for disposal as biohazardous waste.

10. Finally, all medical personnel should be trained in basic first aid and infection control, including the preventative measures outlined above. Arenas, ice facilities and competition organizers should also be aware that in 1992 the Occupation Safety and Health Administration (OSHA) developed a standard directed to eliminating or minimizing occupational exposure to bloodborne pathogens. Many of the recommendations set forth above are part of the OSHA standard. Arenas and ice facilities should determine the applicability of the OSHA standard to their personnel and facilities.

Blood on the Ice

Avoid using the ice resurfacer at all costs!

1. Put on appropriate personal protective equipment
 - a. Ice Cleats
 - b. Disposable Gloves
 - c. Protective eyewear
2. Spray the contaminated area with a bleach and water mixture. Kit includes pre-measured bleach and squirt bottle. Be sure to add bleach first!
3. Use hand-scraper to scrape up all blood.
4. Use plastic putty knife and plastic dustpan to sweep up these shavings into double-lined trash bag.
5. Inner bag should be double tied, then outer bag.
6. Ice should be visibly inspected and steps 2 – 5 repeated as necessary.
7. All tools used for cleanup should be thoroughly disinfected using the same bleach and water mixture and should be air dried.
8. Gloves should be removed following the steps below, then hands washed thoroughly.
9. Bleach/water mixture should be discarded at the end of day.

Removing Disposable Gloves

Courtesy of the American Red Cross



1. PINCH GLOVE: Pinch the palm side of one glove near your wrist. Carefully pull the glove off so that it is inside out.



2. SLIP TWO FINGERS UNDER GLOVE: Hold the glove in the palm of your gloved hand. Slip two fingers under the glove at the wrist of the remaining gloved hand.



3. PULL GLOVE OFF: Pull the glove until it comes off, inside out. The first glove should end up inside the glove you just removed.

4. DISPOSE OF GLOVES AND WASH HANDS:

After removing the gloves:

- Dispose of gloves and other personal protective equipment (PPE) in a proper biohazard container.
- Wash your hands thoroughly with soap and running water, if available. Otherwise, rub hands thoroughly with an alcohol-based hand sanitizer if hands are not visibly soiled.

Blood on the Ice

Ice Resurfacer Used as last Alternative

If the amount of blood on the ice is significant and hand scraping isn't a viable alternative, the following steps should be taken:

1. Ice Resurfacer Operator should remove flood towel
2. Water systems should be left off
3. Contaminated area should be sprayed with bleach and water mixture
4. Operator should minimize exposed skin by wearing safety glasses/face shield/mask, disposable gloves, long sleeves while removing contaminated ice.
5. Ice Resurfacer should be thoroughly rinsed with low pressure hot water while wearing PPEs. Conditioner and all components (blade, blade bar, horizontal auger, runners, squeegee, auger covers), vertical auger, snow dump tank, front of machine, lip of snow pit.
6. All rinsed components should then be sanitized with bleach and water solution and allowed to air dry before the machine goes back into service.

*Note – a second machine, if available, would then be needed to resurface the ice.

These steps when followed correctly will take a minimum of 20 minutes before skaters would be able to resume skating.

Appendix D

MEDICAL CLEARANCE FOR CONCUSSION RETURN TO PLAY FORM



This form is to be used after an athlete is removed from activity who is suspected of sustaining a head injury and/or concussion.

Athletes suspected of having a **head injury and/or concussion**, must discontinue activity and seek an evaluation by a healthcare provider trained in concussion management and in accordance with their concussion state law and U.S. Figure Skating Concussion Protocol.

ATHLETE NAME

DATE OF BIRTH

EVENT/RINK LOCATION OF INJURY

DATE OF INJURY

MEDICAL EVALUTION

I, the undersigned healthcare provider, have evaluated the above-named patient, who is suspected to have sustained a head injury and/or concussion.

Based on my evaluation and in accordance with the relevant guidelines and protocols, I hereby recommend the following:

- ☐ Full return to all sports and physical activities without restrictions.
- ☐ Gradual return to physical activities with the following restrictions or accommodations: (Please specify)

☐ Not Cleared

☐ Follow-up Care:

☐ The patient should continue to be monitored for any recurrence of symptoms, and any new or worsening symptoms should be reported immediately.

☐ A follow-up evaluation should be scheduled for _____ days/weeks from the date of this clearance.

NAME OF HEALTHCARE PROVIDER

DATE OF EVALUATION

CONTACT INFORMATION (PHONE/EMAIL)

HEALTHCARE PROVIDER SIGNATURE

ATHLETE/PARENT ACKNOWLEDGMENT

I, the undersigned patient (or parent/legal guardian, if applicable), acknowledge that I have discussed the above evaluation and recommendations with my healthcare provider. I understand the risks and potential consequences of returning to physical activities, and I agree to comply with the recommendations and restrictions provided.

ATHLETE SIGNATURE

DATE

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

Appendix E

MEDICAL ROOM POLICY

This room is reserved for Licensed Medical Professionals only to provide non-emergency treatment, evaluation, and/or therapy for athletes.

Any Medical Professional providing care in the Medical Room is compliant per SkateSafe® policy.

When a Minor athlete is receiving care, there must be a second Adult present with the Medical Professional and Minor athlete (meeting Two-Deep Leadership requirements).

Any violation of this policy is punishable under the U.S. Figure Skating SkateSafe® policy and U.S. Figure Skating Rulebook.

