

# MEDICAL STANDARD OF CARE GUIDELINES



The following information is provided by the U.S. Figure Skating Sports Science & Medicine Committee as a guideline for the medical standard of care that should be provided by the local organizing committees (LOCs) for U.S. Figure Skating National Qualifying Series (NQS), Regional and Sectional Challenges, U.S. Finals, and the collective U.S. Championship events (Figure Skating, Synchronized, Adult and Collegiate).

## PERSONNEL

### LOC MEDICAL CHAIR

- The Medical Chair should have a professional perspective and experience coordinating event medical coverage

Primary Responsibilities:

- Identify and confirm LOC Medical Services Team
  - o Local sports medicine/orthopedic practice
    - Recommended six-months prior to event
  - o Local sports physical therapy practice
  - o Per Diem ATCs (Certified Athletic Trainer): <https://www.go4ellis.com>
  - o Local EMS/ambulance service

*\*\*If the competition includes pair and/or ice dance events and EMS is NOT on-site for these competition segments, the LOC Medical Team MUST include an athletic trainer (ATC) 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*

- Obtain and or create the event Emergency Action Plan (EAP) (See Appendix A)
- 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
- Complete medical plan and submit to U.S. Figure Skating Event Staff Liaison 6 weeks prior to event start
- Identify other local medical resources, including closest 24-hour pharmacy, local urgent care offices, emergency dental services
- Assist the LOC to understand and implement any local public health guidelines in place at the time of the event

### LOC MEDICAL SERVICES TEAM

- At minimum, should include at least two Certified Athletic Trainers (ATC), or combination of one certified ATC and additional licensed health care professionals
- Additional medical services team members may include:
  - o Licensed physicians (MD/DO), physician assistants (PA-C), nurse practitioners (NP), nurses (RN), chiropractors (DC), physical therapists (PT), athletic trainers (ATC) and massage therapists (LMT)

*\*\*It is expected that all respective health care professionals provide collaborative care within their professional scope of practice and in accordance with their state practice acts*

- It is required that all LOC medical service providers are:
  - A. Fully licensed in the state of the competition to provide care
  - B. CPR-certified
  - C. First-aid-certified
  - D. Experienced in event sports medicine coverage
  - E. Carriers of current, professional liability insurance for care rendered during duty
- Emergency response team (EMS) must be on-site and/or immediately accessible (within a 5-minute response time) to venue for the duration of the competition
- Before providing event coverage, all LOC medical must meet U.S. Figure Skating's SafeSport compliance requirements

*\*\*Emergency response teams (EMS) are not required to meet U.S. Figure Skating's SafeSport compliance requirements if they are only providing emergency services*

## MEDICAL COMPLIANCE CHART

MEDICAL PERSONNEL	BACKGROUND CHECK REQUIRED VIA NCSI	SAFESPORT ONLINE TRAINING REQUIRED	COST OF BACKGROUND CHECK
Volunteer Medical Personnel	YES	YES	LOC
Sponsored Medical Personnel	YES	YES	LOC
Paid Medical Personnel	YES	YES	LOC
EMS Used for Emergency On-site Only	NO	NO	N/A

## SCOPE OF CARE

- Primary scope:
  - To provide care to competitors for acute injury and/or illness sustained through the duration of the competition
- Secondary scope:
  - To provide care to coaches, judges, LOC officials, U.S. Figure Skating officials and staff

## MEDICAL STAFFING

- At LEAST two members of the LOC medical services team should be present at the venue at all official practice and competition times
- Rink-side medical care for all ice surfaces should be considered first priority
- Ideal staffing includes two medical service members on each sheet of ice and an additional provider in the medical room
- Individual LOC medical services team members should wear their LOC issued tag or uniform at all times while on duty
- The LOC medical services team should be easily identifiable

## MEDICAL ROOM

- Medical care should be provided with private space, separated from public viewing to maintain privacy of the athlete while still ensuring SafeSport compliance
- The medical care room/area should be clearly labeled and easily accessible for competitors and EMS
- Example medical care supplies may be found at Appendix B
- Two-deep leadership must be met during the evaluation or treatment of minor athletes
- Two-deep leadership is strongly recommended for the evaluation or treatment of adults

## COMMUNICATION

- The LOC should provide fully functional communication devices to the medical care team to ensure proper activation and response of the EAP
- Prior to the competition, the LOC Competition Chair, LOC Medical Chair, and Chief Referee should create a coordinated communication management plan for the following scenarios:
  - On-ice emergencies
  - Head and/or neck injury
  - Medical withdrawal
  - Off-ice emergencies
  - Blood-borne pathogen exposure (See Appendix E for spill clean up guidelines)

# DOCUMENTATION

- The medical services team should maintain a treatment log (Appendix C) for the entirety of the event
  - This log should be submitted to the LOC Chair at the end of the event
- A First Report of Accident Form (Appendix D) should be completed for acute injury evaluations and/or care that occur at the competition venue
- The First Report of Accident forms and treatment log will be submitted with the Chief Referee report post event within 30 days

## U.S. FIGURE SKATING MEDICAL ADVISOR DESCRIPTION:

- A licensed physician (MD/DO), athletic trainer (ATC), or physical therapist (PT) who has previous experience providing care/coverage during a U.S. Championships and/or International U.S. Figure Skating event
- A medical advisor may assist the LOC with:
  - Pre-/post-competition preparations (via telephone and/or email, or in person if local to venue)
  - Enacting the Standard of Care Guidelines with LOC Medical Chair
  - Preparing venue, equipment and supplies in anticipation of common injuries and medical inquiries.
  - Interpreting U.S. Figure Skating rules and regulations regarding injuries, withdrawals and return to participation
  - Identifying local resources (hospitals, volunteers)
  - Prepping Medical Chair and medical services team on handling media inquiries (\*Medical teams must refer ALL media inquiries to U.S Figure Skating's Director of Communications, and must NOT speak directly with event media)
  - Preparing reports
  - In-competition assistance (on-call, or on-site if part of the LOC medical team)
  - Assistance with real-time calls regarding injuries, withdrawals and return to participation
  - SafeSport compliant treatment and/or care
  - Communication with Chief Referee regarding medical disqualification or withdrawal of an athlete
- Medical advisor is NOT expected to assist with:
  - Hands-on medical care (care to be provided by LOC medical team only); If the medical advisor is local to the competition venue, he or she may also be a member of the LOC medical service team.
  - Doping Control administration (drug testing is administered by USADA or ISU representatives only)
  - Any expenses incurred by the LOC in relation to a medical advisor are the responsibility of the LOC

# APPENDICES

## APPENDIX A

[Emergency Action Plan \(EAP\)](#)

## APPENDIX B

The supply list is an example of standard equipment necessary to provide adequate medical coverage of an event. The LOC should support the medical team in securing necessary supplies.

[Medical Supplies](#)

## APPENDIX C

[Treatment Log](#)

## APPENDIX D

[First Report of Action Form](#)

## APPENDIX E

[Blood Borne Pathogen Information and Spill Clean-Up Guidelines](#)