British Columbia Speed Skating Association (BCSSA)

Medical Requirements/Protocol for Speedskating Events in BC

Safety First For All Our Athletes!

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**Mission Statement:** Protecting the safety of speed skaters is the primary concern of all of us at BCSSA.

**Introduction:** This white paper will set out the terms of the medical service that should be provided by BC clubs for all non-sanctioned BCSSA speed skating events and **must** be followed for all sanctioned BCSSA speedskating events in British Columbia. If the event is sanctioned by SSC and the speed skating event is on the National Competition calendar then the Medical requirements: “SSC Competition Hosting Manual, A guide for hosting speed skating competitions, Section 8/10: Medical Requirements” will supersede the BCSSA medical requirements. This document can be used as an adjunct to the SSC guidelines.

**PART 1**

**Medical Personnel**: The term “Medical Personnel” within this document shall refer to a Level 3 Occupational First Aid attendant or a person with equivalent or higher training.

1. All Medical Personnel must be oriented to the sport of speedskating so that the Medical Personnel understand what types of injuries can occur during the warm-up/practice/competitions.
2. The Medical Personnel must be oriented to the facility where the speedskating event will occur.
3. The Medical Personnel must always be present at rink side during all scheduled practices, warm-ups and competitions. The practice, warm-up and or competition cannot start until Medical Personnel have arrived. The Medical Personnel should be at the facility no later than 15 minutes before the event.
4. The Medical Personnel will decide on the equipment required to properly treat/manage the injured athlete at the warm-up/practice/competition.
5. There must be enough Medical Personnel to look after the injured skater off ice and have someone at ice level at all times. At least 2 Medical Personnel is the minimum recommended at the competition and at practices and warm-ups.
6. Medical Personnel must be designated and dedicated to the medical needs of the skaters. The Medical Personnel cannot also be a track steward, referee, clerk, starter, coach, recorder, competitive skater or any other position within the meet other than the Medical Personnel.
7. The Medical Personnel must respond quickly to the needs of the skater(s) on the ice. The Medical Personnel may:
	* Stabilize and move the injured skater(s) to the treatment room for further treatment or assessment
	* Call 911 (or request  911 be called by the designated 911 caller)  for an ambulance
	* Determine that the skater may get up off the ice without assistance
8. All Medical Personnel will wait for the chief referee or other designate as decided by the chief referee before enter the playing surface.
9. All Medical Personnel must be aware of the Medivac Plan, understand the plan, and be oriented to the arena and to the dangers of speedskating.
10. Only Medical Personnel with emergency skills or personnel designated by the chief referee are allowed in the designated medical areas at rink side.
11. Before the start of the competition, members of the medical team and Meet Coordinator must ensure that all equipment is functional and that all the team members understand their use and are entitled to respond to all emergency procedures for this equipment.
12. All members of the medical team should be easily identifiable by specific clothing or safety vest (bright green or orange work well) or some other type of identifying garb.
13. All on ice personnel should have nitrile gloves on their personage.
14. There should be a cut kit (see ‘Medical Equipment’) at each end of each ice surface, on the playing surface, accessible to on ice officials and the Medical Personnel in order to rapidly address major bleeding.
15. Medical Personnel at the field of play must evaluate for a concussion using the ‘[Pocket CONCUSSION RECOGNITION TOOLTM](http://bjsm.bmj.com/content/47/5/267.full.pdf)’. See the ‘BCSSA Concussion Protocol’ for details.

**Facilities:** There must be a medical/treatment room. This room must be easily identified to all. The signage should be easily readable and visible. There must be an unobstructed access to the ice surface and the room should be no more than 100 meters from the ice surface. The treatment room must:

1. Be open at all times during the competition, warm-up or practice. If for some reason the medical/treatment room is locked the Medical Personnel must have the key.
2. Be large enough to deal with multiple injuries at once.
3. Have washing facilities if possible i.e. sink, toilet.
4. Cooler with ice bags (ice bags can be snow in zip lock bags) should be readily available at rink side.

**Medical Equipment:**

1. The Medical Personnel will determine the equipment needed as per the level of speedskating competition that will be occurring. Make sure the Medical Personnel know what injuries can occur in the sport of speedskating. Please see the ‘Questions for the Medical Personnel when Booking’.
2. Cut Kits: Two cut kits should be available, one at either end on the ice surface, within the corner located next to the track stewards. The cut kit should consist of:
* 4 sets of Sterile gloves (2 of size 7, two of size 8 in each kit)
* 4 sets of non-sterile gloves (nitrile preferably in each kit)
* 5 Abdominal sterile compression pads (minimum 5 in each kit)
* 10 Sterile 4x4 gauze (minimum 10 individual sterile packets in each kit)
* 2 disposable tourniquets (in each kit).

**PART 2**

**Medical Plan Day of Competition:**

1. Positioning the mats: The chief referee will make sure the mats are positioned so that they can be easily moved for ambulance access. The Meet Coordinator can assist the chief referee or designate with this. The referee will use the SSC recommendations for mat placement.
2. Medivac Protocol: Meet prior to Coaches/Officials Meeting with your on-site emergency response team. They are:
	1. Referee(s)
	2. Track Stewards
	3. Medical Personnel
	4. The Medical Personnel will decide if 911 will to be called and the Medical Personnel will become the trauma leader. The Medical Personnel may decide to have a dedicated 911 caller. This 911 caller can be anyone who is an official with a working cell phone. The cell phone must be tested in the arena prior to the event. The dedicated 911 caller must have the physical address and location description of the venue.
	5. A person that will assist opening doors to access ice and directing ambulance to ice.
	6. Clerk of the Course
	7. Meet Coordinator.
3. Physically walk with the emergency response team to all the locations and make sure everyone knows what to do. Test opening doors and go outside to where the ambulance will enter. Answer questions, take suggestions, and make changes if necessary. Here the team needs to be clear and agree on what to do. You need the support of the chief referee- make sure he/she understands the importance of the Medivac Plan. Make sure the cut kits are on the playing surface before the start of practice and competition.
4. At the Coaches/Officials Meeting, the FIRST THING after good morning and welcoming everyone is to inform every one of the “Emergency Action Plan (EAP)” and then the Medivac Protocol.
5. Go through the ‘BCSSA Concussion Protocol’ and the ‘BCSSA Suspected Concussion Form’ at the Coaches/Officials meeting.

**Coaches/Officials Meeting:** During the Coaches/Officials Meeting the Meet Coordinator must discuss where the treatment room is located, who the Medical Personnel will be and where they will be located at ice surface. The Meet Coordinator will make sure the Medical Personnel are easily identified. The Meet Coordinator will review the Emergency Action Plan and the Medivac Protocol at the Coaches/Officials Meeting.

**Emergency Action Plan:** Please see the “Emergency Action Plan (EAP)” document.

**Medivac Protocol:**

* + 1. The medical team is ready to intervene at any time.
		2. Upon injury or suspected injury occurring, the chief referee and/or designates, at their discretion, will stop the race and signal the Medical Personnel onto the ice.
		3. Track Steward(s)/referees may help the Medical Personnel get to the injured skater.
		4. The Medical Personnel decide if 911 will be called and the Medical Personnel will become the trauma leader. The Medical Personnel may decide to have a dedicated 911 caller. This 911 caller can be anyone who is an official with a working cell phone. The cell phone must be tested in the arena prior to the event. Know the physical address of the competition/practice/event location.
		5. An official will be designated to open the doors at ice level and direct the ambulance to the injured skater. If necessary the track stewards will move the mats for the ambulance to have access to the ice playing surface.
		6. The Meet Coordinator/clerk of the course will direct the skaters off ice and marshal the skaters away from ice level and back to their designated change rooms. This process will take place at the discretion of the chief referee and/or trauma leader.
		7. If a concussion is suspected the ‘BCSSA Concussion Protocol’ will be followed.

**Concussion Protocol:** Please see the “BCSSA Concussion Protocol” document.

**Spectator Medical Care:** Spectator medical care is not mandatory. The primary concern of the Medical Personnel is for the competitors, officials, coaches and support staff directly related to the speedskating event. However the Medical Personnel may help spectators if it does not put the competitors, officials, coaches and support staff at risk during the event.

**PART 3**

**Meet Coordinator Checklist:**

Name of company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Certification: Yes \_\_\_\_\_\_\_\_\_\_\_No\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location Description of Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Booking Medical Personnel:** The following are questions for the Meet Coordinator to ask and information to provide when booking Medical Personnel:

1. Medical Personnel: There must be at least two Medical Personnel at the event. They must be at the event/warm-up or practice at least 15 minutes before the event.
2. Make sure the Medical Personnel know they will have to administer the ‘Pocket CONCUSSION RECOGNITION TOOLTM’ to the skater at the field of play. They will also have to fill out the ‘BCSSA Suspected Concussion Form’.
3. Injuries: Upon booking the Medical Personnel, explain type and severity of the possible injuries. Let the companies know what the minimum they should be prepared for:
* Fractures– C1, C2, femur, humerus, ankle, wrist, clavicle
* Dislocations- shoulder, hip, wrist, elbow
* Injuries of the neck- whip lash
* Concussions (all age levels)
* Lung puncture
* Small Cuts- 2cm
* Large cuts- +22 cm or larger
* Major bleeding
	+ Vascular cuts- carotid, jugular vein, posterior tibial artery, femoral artery, etc.
	+ Visceral puncture- liver, spleen, abdominal, diaphragm rupture, etc.
1. Please explain to the Medical Personnel that they have to watch the races at all times. The Medical Personnel may use the washrooms or eat, but only when all the officials are taking their breaks. Hospitality volunteers will bring food and drink to the Medical Personnel at the rink side. Please make sure Hospitality is aware of this.
2. Equipment: Make sure the Medical Personnel have the equipment necessary to deal with the type of injuries found in the competition. Please make sure the Medical Personnel bring their equipment to the event (stretcher, wheelchair, spine board, etc.) If Medical Personnel or company do not have the equipment to deal with the types of injuries (as outlined above) that can occur please, please book another company. It is too late to double check on the day of the competition.
3. Access : Make sure the plan for access to the injured skater is done:
* Identify the arena access door for the ambulance
* Identify ice rink door(s) for Medical Personnel and/or ambulance access to the injured skater. Mark it in your arena map for the Medivac Protocol.
1. Cut Kits: Make sure the cut kits are made up by the organizing committee and are on ice at the beginning of the meet/ warm-up/practice. The cut kits should be put at the end of each arena at the crash zone. One cut kit per end.

**Citations:**

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7. ISU Special Regulations & Technical Rules, ST Speed Skating 2014
8. ISU Constitution and General Regulations 2014
9. FVPQ Competition Medical Protocol 2013-2014 (Translated from French)
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11. WCB Standard OFA1: Certification of Occupational First Aid Attendants Issued March 30, 2004; Revised November 1, 2004; Revised January 1, 2010
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