Medical Standard of Care Guidelines
For Qualifying Competitions

2019-2020 Qualifying Season
U.S. Figure Skating
Sports Science & Medical Committee
**Medical Standard of Care Guidelines for Qualifying Competition**

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 Challenge and Sectional Challenge competitions, and the collective U.S. Championship events (Figure Skating, Synchronized, Adult and Collegiate).

**PERSONNEL**

**LOC Medical Chair**
1. Each LOC should establish within its committee a Medical Chair to organize and coordinate emergent/urgent medical services for each competition in accordance with local laws, venue policies, and the guidelines outlined subsequently within this document.

2. The Medical Chair should have experience in coordinating event medical coverage and familiarity with venue personnel and layout, as well the facility’s available emergent/urgent equipment and supplies.

3. The Medical Chair should work with the host venue to identify the Emergency Action Plan for the venue and each ice surface and ensure availability of a working Automated External Defibrillator (AED).

**LOC Medical Services Team**
1. The LOC medical team at the event should include at least two Certified Athletic Trainers (ATC), or combination of one certified ATC and additional licensed health care professionals.

2. Additional health care professionals may include: licensed physicians, physician assistants, nurse practitioners, nurses, chiropractors, physical therapists, athletic trainers, and massage therapists. It is expected that all respective health care professionals provide collaborative care within their scope of practice and in accordance with their state practice acts.

3. The LOC should ensure that the competition venue’s administration will secure the services of an emergency response team (EMS) to be on-site and/or immediately accessible (within a 5 minute response time) to venue for the duration of the competition.

4. It is in the best interest of the LOC that all LOC medical service providers be:
   A. Fully licensed to practice in the state of the competition and practice only within the scope of their professional license.
   B. CPR-certified.
   C. First-aid-certified.
   D. Experienced in event sports medicine coverage.
   E. Carriers of current, appropriate professional liability insurance that covers their actions and decisions at the competition.

5. It is required that all LOC medical service providers are compliant with U.S. FIGURE SKATING SafeSport Requirements ([https://www.usfigureskating.org/content/SafeSport%20compliance%20requirements.pdf](https://www.usfigureskating.org/content/SafeSport%20compliance%20requirements.pdf)) including background checks if necessary. LOC medical service providers must adhere to SafeSport standards of two-deep leadership during interactions with competitors.

6. LOC medical services team members should be provided with an easily identifiable uniform or tag and a designated private space for evaluation and treatment of individuals.

**U.S. Figure Skating Medical Advisor**
1. A U.S. Figure Skating Medical Advisor is a volunteer member of U.S. Figure Skating’s National Sports Science & Medicine Network who has experience overseeing the medical services provided at local figure skating events and possibly international coverage. Ideally this will be a licensed physician, athletic trainer, or...
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physical therapist who is board certified in Sports Medicine and has been involved with U.S. Championships and/or international U.S. Figure Skating events. A medical advisor represents the interests of U.S. Figure Skating and has a deep understanding of the issues and processes inherent to high level competition.

2. A medical advisor can assist the LOC with:
   a. Pre-/Post-competition Preparations (via telephone and/or email, or in person if local to venue)
      i. Reviewing Standard of Care Guidelines with LOC Medical Chair
      ii. Preparing venue, equipment and supplies in anticipation of common injuries, medical inquiries.
      iii. Interpreting U.S. Figure Skating rules and regulations regarding injuries, withdrawals and return to play.
      iv. Identifying local resources (hospitals, volunteers)
      v. Prepping Medical Chair and medical services team on handling media inquiries (*Medical teams respond ONLY to U.S. Figure Skating’s Director of Media Relations)
      vi. Preparing reports
   b. In-Competition Assistance (on-call, or on-site if part of the LOC medical team)
      i. Assistance with real-time calls regarding injuries, withdrawals and return to play.
      ii. Ensure medical plan has provisions for compliance with SafeSport standards in medical evaluations and treatments. If on-site, serve as a chaperone for medical encounters with competitors.
      iii. Communication with Chief Referee regarding medical disqualification or withdrawal of an athlete.

3. Medical advisor is not expected to assist with:
   a. 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.*
   b. Doping Control administration if applicable (drug testing is administered by USADA or ISU representatives only)

4. Any LOC Medical Chair may request from U.S. Figure Skating a list of medical advisors and choose one to assist them with their medical services plan. This should be considered valuable, but not mandatory.

5. Any expenses incurred by the LOC in relation to a medical advisor are the responsibility of the LOC.

**SCOPE OF CARE**

1. Under the guidance of the Medical Chair, the LOC medical staff shall provide care to eligible competition participants for acute medical problems that arise at the competition, and only at the competition.

2. Eligible competition participants include competitors, coaches, judges, LOC officials and U.S. Figure Skating officials and staff. All first aid and/or emergency medical services for spectators or other competition attendees not mentioned above should be provided and/or administered by the facility’s own medical personnel.
   *The LOC should ensure that the competition venue’s administration will secure the services of an emergency response team (EMS) to be on-site and/or immediately accessible (within a 5 minute response time) for the duration of the competition.*

**VENUE COVERAGE**

1. At least two members of the LOC medical services team should be present at the venue at all official practice and competition times. This includes at least one person for ice coverage plus one person in clinic at all times while ensuring SafeSport compliance.
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2. Ideal ice coverage includes two members of the LOC medical services team per ice surface for all official practices and competition segments. Medical coverage on all ice surfaces at all times when there are competitors on the ice should be considered mandatory.

3. Individual LOC medical services team members should be required to wear their LOC-issued tag or uniform at all times while on coverage duty.

4. The LOC should provide an appropriate communication device for the on-ice coverage personnel.

**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 and/or physician experienced in the stabilization and management of acute cervical spine injuries and necessary equipment, including a spine board, adult and pediatric hard cervical collars.

5. Prior to the competition, the LOC Competition Chair and LOC Medical Chair should:
   a. Create a medical coverage schedule for each day of the competition, mapping out the personnel present at the ice arena for the duration of the competition.
   b. Discuss steps to be taken in preparation for and response to a medical emergency. Include discussions on how ON-ICE emergencies will be handled (also refer to Appendix A: Blood Borne Pathogen / Spill Clean-up Guidelines).
   c. Discuss with the Chief Referee how ON-ICE emergencies, head injuries, and withdrawals from the event will be handled and communicated. A strategy for communication between the event referee and medical team should be determined BEFORE the first day of the competition.

MEDICAL ROOM

1. To uphold the highest standards of privacy and protection, every effort should be taken to ensure that all medical services provided by the LOC are provided in a private room or space accessible only by competition participants.

2. The room/area (ex. multi-purpose room, training room, curtained area) should be large enough to accommodate two treatment tables and other medical services equipment and medical supplies (see reference to Equipment and Supplies below).

3. The room/area should be clearly labeled and easy to locate. Provide directions within hallways, if necessary.

4. The room/area should be close to an unobstructed ice surface access door.

5. The routes from the treatment room/area and ice surface to the ambulance should be secure and unobstructed.

6. Supplies and Equipment (This is an ideal list of supplies. Not every LOC will have access to all items listed below. Consult with your LOC medical chair and team to ensure that the supplies that are readily available are sufficient for your competition.) Highlighted supplies that are considered essential.
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Room Requirements
Proper draping or enclosed room for privacy
1-2 padded treatment tables
Two large blankets
Forty (40) towels and access to laundry if possible
10-20 clean sheets
Telephone for emergency contact (working cell phones are permitted)
Computer and internet capability to access medical records
If multiple ice surfaces: Walkie-Talkie system for communication unless medical room is easily accessible and located between the two surfaces.

General Equipment
One (1) ice machine/Zamboni ice in close access
Glucometer
Reflex Hammer
Three (3) coolers for ice bag storage
Thermometer
Tape Measure
Twenty – fifty ice bags
Oxygen
Tongue Depressors
Blood pressure cuff
Large garbage cans
Tampons
Stethoscope
Disposible Container
Prescription pads
Ophthalmoscope
Otoscope
Pens/Plenight
Envelopes for Medications
Hard cervical collars
Clipboards
One (1) box (100 count) non-sterile examination gloves
Medical Report Forms
Blood Spill Kit
Gloves
Disinfectant bleach
Antiseptics
Bandages/gauze
Biohazard sharps container
Biohazard receptacle(s) for soiled towels, uniforms, etc

Please see APPENDIX A for Blood Borne Pathogen information and blood spill clean-up guidelines.

Please see APPENDIX B for suggested inventories for Additional Specific Supplies and Medications.
EMERGENCY ROOM, HOSPITAL, EMERGENCY MEDICAL SERVICES

1. The LOC should arrange in advance for the possible need for hospital emergency and in-patient services. Costs of treatment at an emergency facility or hospital are to be borne by the patient and his or her family.

2. Ambulance transportation to the hospital and emergency room should be ensured by the LOC Medical Chair.

3. Special parking should be made available near the venue entrances for emergency medical personnel and ambulance.

4. The LOC medical services team should coordinate the on-call availability of local EMS or support medical personnel for the duration of the competition.

MEDICAL INFORMATION

1. All competitors' medical information should be considered confidential and should be accessed only as needed by the treating LOC medical services team member.

2. Competitors complete a medical registry form online prior to the close of entry into the Qualifying Competition Season (usually by Sept. 1 annually). This form contains a record of past medical problems, injuries, insurance, and whom to notify in case of emergency. Medical registries are located at www.usfsaonline.org and can be accessed with a username/password.

3. The Medical Chair may receive temporary access to the medical registry website in order to access each competitor's medical history for the duration of the competition.

4. Medical registry and medical history reports are to be accessed on an as-needed basis only and should not be printed or left unattended.

5. Under no circumstances should any member of the LOC medical services team discuss a skater's medical record or condition with any outside party without the written (or otherwise recorded) permission of the skater (or legal guardian in skater is a minor) and LOC Medical Chair for release of such information.

6. All LOC medical services team members should fully understand and agree to comply with HIPPA regulations. Failure to do so is the full responsibility of medical service provider individuals and not of U.S. Figure Skating.

REPORTS

1. A First Report of Accident form (https://www.usfigureskating.org/content/About%20Us/Forms/First%20Report%20of%20Accident.pdf) should be completed when any competition participant is injured on-site and requires immediate evaluation and/or treatment. The treating medical services team member should log treatment details at the time of treatment and submit a report to the Medical Chair at the end of the shift. All reports and forms should be submitted to the designated U.S. Figure Skating headquarters staff member at the end of the competition.

2. A final report should be prepared by the LOC Medical Chair regarding medical coverage of the qualifying competition that is being covered. The report should include a summary of any problems experienced during the competition, suggestions for improving medical coverage, and a census of injuries treated. The report should be submitted to the designated U.S. Figure Skating headquarters staff member.
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APPENDIX A
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 blood-borne 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 a 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.
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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 ½ 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 bio hazardous 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 blood-borne 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.

APPENDIX B

Additional Specific Supplies & Medications Inventories

<table>
<thead>
<tr>
<th>Airway Pack</th>
<th>Pocket mask</th>
<th>Xylocaine spray</th>
<th>3cc Syringe</th>
<th>Cricothyrotomy kit</th>
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<table>
<thead>
<tr>
<th>Suture Pack</th>
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<tbody>
<tr>
<td>Disposable suture kits</td>
<td>Syringes</td>
</tr>
<tr>
<td>Local anesthetic</td>
<td>Scissors</td>
</tr>
<tr>
<td>Disposable scalpels</td>
<td>Sterile gloves</td>
</tr>
<tr>
<td>Tooth (2) cases (32 count) 1/2 inch athletic tape</td>
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</tr>
<tr>
<td>One (1) case (24 count) 2 inch conform stretch tape</td>
<td></td>
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<tr>
<td>Elastikon tape</td>
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<tr>
<td>Tooth (2) triangular bandages</td>
<td></td>
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<tr>
<td>One (1) bottle cleanser for tables</td>
<td></td>
</tr>
<tr>
<td>One (1) box (100 count) 4x4 sterile gauze</td>
<td></td>
</tr>
<tr>
<td>One (1) bottle Betadine (providone iodine)</td>
<td></td>
</tr>
<tr>
<td>One (1) bottle sterile water</td>
<td></td>
</tr>
<tr>
<td>Three (3) blood spill kits</td>
<td></td>
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<tr>
<td>Tenors, Adaptic, Xerofoam pads</td>
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</tbody>
</table>

### Preventing Further Damage
- Pediatric and adult knee immobilizers
- One (1) set rapid form vacuum splints
- Two (2) sets adult crutches

### Injectable Meds
- Xylocaine 1%
- Marcaine 0.5%
- Toradol- ketolunac (optional)
- Depomedrol (optional)

***(Injection is Prohibited in competition! Local injection requires Therapeutic Use Exemption.)***

### NSAIDS/Pain Relievers/urinary pain relief
- Ben-Gay Patch or Icy-Hot
- Uristat
- Aspirin
- Tylenol
- Tylenol with Codeine
- Aleve (naproxen)
- Advil (ibuprofen)
- Celebrex, Silexor or Bextra
- Imetrex tablets
- Maxalt - not in all bags

**Prednisone (NOTE: Prednisone is Prohibited in -competition and should be used only for urgent conditions i.e. severe asthma or allergic reaction)**

**Some substances listed here are USADA prohibited in certain circumstances. ALWAYS consult www.globaldro.org for the latest information prior to administering any drug to an athlete.**

### Antibiotics
- Metronidazole (Flagyl)
- Augmentin or amoxicillin
- Zithromax
- Cephalexin (Keflex) or Ceftin
- Erythromycin (ery-tab)
- Cipro, Levquinor. Te Quin
- Diflucan
- Acyclovir pills
- Zovirax ointment
- Amantidine
- Voltrex

### Topicals
- Betamethasone Varex 0.1%
- Silvadene 1%- not in all bags
- Hydrocortisone 1%
- Neosporin/Bactracin
- Terazol/clotrimazole vaginal cream
- Lidocaine Ointment 5%
- Nizoral 2%/ Lotrisone

### Eye & Ear Meds
- Erythromycin ophthalmic ointment
- Sulfacetamide drops 10%
- Neomycin/Polyoxin Otic Susp.
- Colgate oral anesthetic - for canker sores and cold sores

### URI Meds
- Albuterol (requires TUE)
- Benadryl
- Guafenisin syrup
- Saline nasal spray
- Nasal decongestant spray

### GI Meds
- Prilosec/Prevacid/ Nexium/Protonix
- Gaviscon/Mylanta/Gelusil (Tigan)
- Pepto Bismol
- Tagamet/Asid/Zantac
- Colace (docusate sodium)
- Immedium
- Medizine/Dramamine
- Trimethobenzamide Supp.