



ISU MEMORANDUM/ MEDICAL SYNCHRONIZED SKATING

The ISU Medical Commission is appointed to assist local Organizing Committees and to report to the ISU Council on medical and Anti-Doping matters.

Rule 140 of the ISU General Regulations requires that Organizing Committees provide emergency medical services for all participants at the competition and practice sites. Details of the personnel and the facilities are outlined below.

The ISU Medical Protocol and Anti-Doping Protocol must be completed and returned to the ISU Director General as follows:

- a) if a site visit is conducted, the Medical Protocol and Anti-Doping Protocol will be provided to the Organizing Committee at that time. The ISU Medical Protocol must be completed and signed during the site visit and returned to the ISU Director General. The Anti-Doping Protocol must be completed and returned within four weeks of the site visit to the ISU Director General.
- b) if there is no site visit, the ISU Medical and Anti-Doping Protocols will be sent to the Organizing Committee and must be completed and returned to the ISU General Secretary within four weeks of receipt.

Members are responsible for obtaining their own health care coverage (insurance) for athletes and other team members and must present proof of coverage at registration for the competition/championship as per Rule 119 of the ISU General Regulations.

1. Documents / Announcement

For all ISU Championships the ISU office will forward to each organizer a Medical Information Package that contains the following:

1. ISU Memorandum: Medical Section for appropriate discipline
2. Copy of current ISU Anti-Doping Rules
3. Copy of current ISU Anti-Doping Procedures
4. Procedures for Chaperones for Anti-Doping Testing
5. Anti-Doping Station Sign-In Form
6. Sample Doping Control Form
7. Doping Control Form - Instructions
8. Sample Doping Control Chain of Custody Form
9. Current WADA List of Prohibited Substances (please note that an updated version of the List is valid from January 1 each year)
10. Current list of WADA Accredited Laboratories
11. Skater Health Care Form
12. Confidential Medical Report Form
13. ISU Withdrawal Notification Form
14. Standard Therapeutic Use Exemption Form for Emergency Use of Prohibited Substances
15. Nutrition guidelines



2. Personnel

The following recommendations regarding medical personnel are for the safety and treatment of skaters.

1. A qualified medical doctor with emergency/trauma and or sport medicine training or equivalent must be present during the scheduled practice sessions and competitions. At all other times a qualified medical practitioner must be available by phone.
2. All medical and paramedical personnel at rinkside must be trained in emergency first aid procedures.
3. Medical personnel (for example paramedics, emergency medical technicians, emergency first-aid responders, nurses, sport medicine physicians, emergency physicians or surgeons etc.) must be present at rinkside during all scheduled practice sessions and competitions. They must be able to respond quickly and with enough staff (minimum 2) and equipment to safely remove the injured skater from the ice and to manage any emergency resuscitation and treatment necessary. This includes cardiovascular collapse, respiratory compromise, lacerations (minor or major), upper and lower limb, spinal and head trauma. An AED (automatic electronic defibrillator) must be present in the rink.
4. For all practices at the competition/main rink there must be a minimum of 2 persons at rinkside and one in the medical room, one of whom must be a physician. At the practice rink there must be 2 persons at rink side one of which is a physician if the practice rink is not located in the same building as the competition rink.
5. For competition times there must be a minimum of 3 persons at rinkside, one of whom is a physician. Two persons should be located at one corner/side of the rink with the equipment and one person at the diagonally opposite corner of the ice surface. See attached Appendix A.
6. The designated medical area(s) at rinkside must be well marked, and have easy access to the ice surface. During competition these designated areas must be an area large enough for the two host emergency personnel and one visiting team medical person at one corner and one or two medical personnel at the opposite corner of the ice surface. The medical area must have an unobstructed view of the ice surface.
7. Only medical and paramedical staff with emergency first aid skills and the visiting team medical staff are allowed at the designated medical areas at rinkside during competition.
8. Pre hospital care including the personnel and equipment to provide airway management, supplemental oxygen, cardiac monitoring and defibrillation, head and spinal injury management and immobilization, and extremity injury management and immobilization must be present at the rink(s) at all times when skaters are on the ice. The equipment for this pre hospital care may be provided at the rink(s) by the Organizing Committee or by an onsite ambulance. If the equipment is provided by the Organizing Committee on site, then the ambulance response time must be within 10 minutes. If the equipment is provided by an onsite ambulance then a back up ambulance must be available within 10 minutes if transport is necessary.



9. At rinkside there must be the following equipment:
 - spine board and cervical hard collar
 - resuscitation equipment for airway maintenance (oral airways, pocket mask, bag valve mask /ambubag, portable suction)
 - supplies for lacerations (compression dressing pads, gloves)
 - stretcher (preferably with wheels) must be available for easy transport of skater immobilized on spine board.
 - AED
10. A member of the medical team who is able to communicate in English must be available at all times. If not, a dedicated translator must be provided. If the skater does not speak English then the skater's team medical official will assist with the translation and be allowed on the ice or in transfer to hospital.
11. There must always be enough emergency staff available to provide care at the ice surface if others are busy in transport to the hospital or in the medical room.
12. Medical personnel must always be available in the first aid room and at the rink side while competitors are on the ice. At rinkside the medical personnel must have easy access to the ice surface and be able to communicate with the Technical Delegates and medical staff at all times.
13. Medical personnel are expected to be on site 15 minutes before the start and 15 minutes after the end of practice and competition.
14. There must be a Chief Medical Officer, who is an appropriately trained physician, appointed by the Organizing Committee who is responsible for prearranging liaison with the clinics, hospitals and appropriate specialists for the care of the competitors during the competition.
15. It is the responsibility of the Chief Medical Officer that all medical encounters are recorded.
16. Physiotherapy care must be made available to skaters during ISU Championships and other ISU Events.
17. All personnel must be aware of the disaster plan and location of emergency exits for the facility and their responsibilities for the skater in their care.
18. All personnel must have a valid license to practice in the host country and carry the standard malpractice insurance for their scope of practice.
19. Protocols must be in place for emergency procedures such as evacuation of the skater from the ice surface. All medical personnel must have their roles in this situation clearly defined before the competition. The ISU Medical Advisor will review this with the Chief Medical Officer on arrival.
20. Before the beginning of the competition emergency medical personnel must review or, if time permits, carry out, a practice session with the ISU Medical Advisor or ISU



Technical Delegate, to ensure that all equipment is tested and all personnel understand and are able to carry out all emergency procedures.

21. All medical personnel must wear similar, specific clothing that easily identifies them as medical personnel from a distance.
22. Administrative staff must be available from the first day of the accreditation process in the registration room to collect the Skater Health Care forms from the Team Leaders, skaters or team doctors. The Skater Health Care Form will be collected by a designated staff person who will be responsible for providing the forms to the Chief Medical Officer.

3. Facilities

Communication

1. A telephone must be present in the medical room.
2. There must be a means of communication between the emergency medical personnel at rinkside and the medical/physiotherapy treatment room(s).
3. There should be a TV feed in the medical room.
4. Communication with the physician must be possible at all times.
5. The ISU Medical Advisor must be provided with a means of communication.
6. Each medical encounter must be recorded on an ISU Confidential Medical Report form.
7. In the event of blood stains on the ice it is the discretion of the Referee to conduct a flood and/or to decontaminate the area/s by spraying them with a 1:10 dilution of household bleach.

Medical Room

1. The medical room should be well signed and easily identified.
2. It should be close to the dressing rooms and ice surface and have clear access to the ice surface.
3. There must be an unobstructed and secure passage from the medical room and the ice surface to the ambulance.
4. The ambulance entrance should be as close as possible to the medical room and the exit from the ice surface.

Treatment Room

The treatment room must:

1. Be available and staffed at all times during official practice and competition.
2. Be large enough to deal with expected medical encounters.
3. Have at least two treatment tables, with blankets, table and chairs.
4. Have washing facilities i.e.: sink with running water.
5. Have medical equipment and pharmacological agents necessary for the examination and treatment of respiratory illness (for example asthma), cardiovascular stabilization (for example, blood loss, lacerations, or collapse), neurological complications (for example concussions, seizures) musculo-skeletal problems (for example fractures and soft tissue injury)-



Gastrointestinal illness (for example dehydration due to vomiting and diarrhoea), and minor skin care (for example lacerations and abrasions)

6. Cooler with ice bags must be available in the room and /or at rinkside.
7. Have a secure area for medical record keeping.
8. Have an area available for the visiting medical staff to use to treat their skaters.
9. Have a wheelchair available.

Physiotherapy Room

If physiotherapy services are provided during the competition they may be provided at the rink, the hotel or both. An area should be available for the visiting physiotherapists to examine and treat patients.

Skaters' Areas

1. Refreshments: drinks must be provided at the ice rink at competition and practice sites. Small sealed individual portion bottles must be available for all skaters. Snacks such as fruit, sandwiches, nutrition/fruit bars and soup should be available at the rink.
2. The proposed menu for the Event must be sent to the ISU Medical Advisor and/or the Technical Delegate for approval well in advance of the Event.
3. It is the responsibility of the local Organizing Committee to follow up on food and drink availability at competition and practice sites as per the agreed menu plan.
4. There will be no smoking in any skater areas at the rink or hotel. This includes the dining areas, dressing rooms, transportation, washrooms, anywhere skaters are warming up and all medical and Anti-Doping facilities.

Spectator Medical Care

If spectator medical services are available, these services must be provided in a room separate from the medical room and treatment room for security reasons.

4. Information

Information on access to medical care must be available to skaters, officials and ISU Office Holders at all times. This should include physician on call numbers and hospital numbers.

At the team leaders meeting, the Medical Advisor or Chief Medical Officer will emphasize the important points and will answer any questions.

5. Anti-Doping

See the current ISU Anti-Doping Rules and Procedures. **For specific details refer to the Anti-Doping Facilities and Equipment document attached as Appendix B.**

Arrangements must be made to have all necessary personnel to conduct the required Anti-Doping testing. It is the responsibility of the Organizing Committee to ensure that the Anti-Doping testing personnel are trained in ISU Anti-Doping procedures and that the chaperones are aware of their responsibilities. The chaperones must be of legal age under the laws of the host country and must not be in any manner related to the skaters being tested. The facilities and the equipment to carry out Anti-Doping testing at an ISU Championship or ISU Event and secure transport of the samples to a WADA accredited laboratory are the responsibility of



the Organizing Committee. ISU Doping Control Forms and Anti-Doping equipment can be obtained from the ISU Secretariat. The ISU Anti-Doping protocol must be completed and returned, within four weeks of its receipt, to the ISU Director General.

There must be arrangements made for the Medical Advisor or ISU Technical Delegate and all Anti-Doping personnel to discuss the Anti-Doping procedure and review or practice an Anti-Doping procedure prior to the date the testing officially begins.

At Championships the Anti-Doping Draw will be conducted by the ISU Representative in the presence of the ISU Medical Advisor and when available the Assigned Doping Control Officer at least 30 minutes before the Opening Ceremonies on the ice.

Facilities

1. The Anti-Doping station should be well signed and easily identifiable.
2. The Anti-Doping station must consist of two separate and secure (lockable) rooms of adequate size for use as a waiting room and an administrative room with a toilet and washing facilities.
3. The Anti-Doping room should be close to changing rooms yet secure from media and spectators.
4. If the samples will be stored on site prior to transport to the laboratory the administration area should contain a refrigerator or cabinet, which is lockable with only two keys.
5. There must be a telephone or an alternate means of communication in the Anti-Doping room.
6. There must be a live feed TV in the Anti-Doping room.
7. The waiting room must contain a refrigerator for the storage of cold sealed drinks (sealed, small bottles boxes or cans, caffeine free, alcohol free).
8. There must be a means of communication (walkie-talkies or cell phones) between the Anti-Doping station and all the chaperones.
9. After completion of Anti-Doping testing the Organizing Committee must provide transportation, food and refreshments for the ISU Medical Advisor and the skaters if the dining room is closed.
10. Only the ISU Medical Advisor/ISU Delegate and the Chief Doping Control Officer will have access to the Anti-Doping rooms, outside of the testing periods.





Appendix A

Synchronized Skating Medical Coverage for Events

Paramedical personnel 

ICE SURFACE

Note: This is the minimum coverage for the Competition venue.
Minimum coverage for practice venue would be two persons at rinkside.
For World Championships the coverage may increase to two personnel at either corner of the ice surface.
There should always be space available for one medical person from the team of the skaters performing to be present with the host medical team.

 
Physician and paramedical personnel



Suggested List of Supplies for Medical Room

General Equipment:

blood pressure cuff	stethoscope	gloves
reflex hammer	tape measure	tongue depressors
pens,clipboards, files	prescription pads	envelopes for meds
ophthalmoscope	otoscope	hard cervical collars
supply of ice and	dextro sticks	thermometer
AED (automatic electronic defibrillator)		
Oxygen if ambulance not onsite		
Large garbage cans	sharps disposable container	
WADA list of banned and restricted substances		
ISU medical withdraw forms		
ISU Confidential Medical Report forms		
Standard Therapeutic Use Exemption forms		
Filing system for forms and charts		

Airway Pack for use at Rinkside:

#14 catheter	bag valve mask/ pocket mask
3cc syringe	oral airways

Suture Pack:

disposable suture kits	or sterile needle driver, forceps, scissors
disposable scalpels	sutures various sizes
syringes and needles	local anesthetic (marcaine/ lidocaine)
¼" penrose	cleansing solutions (hibidil/ betadine)
steristrips	sterile gloves

Dressing Kit:

tensors	mole skin	Kling/Kerlex
tape regular and non allergic	bandaids	gloves
second skin	2% xylocaine jelly	
topical antibiotic cream/ointment		
gauze pads large and small	absorbent large pressure dressing pads	
telfa	kling	
vaseline gauze	alcohol swabs	
Anti-septic solution		



Medications:

Anakit for anaphylaxis
anti-emetic (gravol/stemetil) injectable and PO
nitrospray
glucogel and D50W 25cc
anti-histamines (benadryl/ claritin/beconase)
decongestants (dimetap)
inhalers: ventolin, beclovent nebulizers-ventolin/atrovent
anti-seizure (ativan/valium), injectable and PO
Steroids: Prednisone 5mg tabs, depomedrol, topical steroids
anti-inflammatories: motrin, naproxen, voltaren PO and suppository
analgesics: ASA, Tylenol plain /paracetamol, , tylenol # 3 with codeine,
antibiotics: penicillin, erythromycin, ceftin, Septra DS, doxycycline
GI: maalox/diovol, pepcid, immodium, kaopectate, proctosedyl, gravol,
dicolax, lubricating jelly, occult blood samplers and solution
GU: ovril, anti-candidals (monistat)
ENT: aluminum shield, otowicks, antibiotic ear/eye drops, soft eye patch,
tape, floresceine, alcaine, surgicel, nasal packs, silver nitrate sticks
otrivin, saline drops, #25 gauge needle, 4% xylocaine, mydriacil.5%,
nasal speculum, Q-tips, throat lozenges

**All drugs on the WADA List of Prohibited Substances should
be clearly marked**

If physiotherapy is at the rink the area will be larger and require more supplies that include:
physiotherapy tables

Electrical modalities at the host discretion
Tape 1 1/2"
Elastic tape
Pro wrap
Heel lace pads
Second skin
Moleskin
Anti-septic. Anti-bacterial spray
Tensors 2", 4", 6"
Massage lotion
Crutches available
Ankle splint available
Slings, Plaster to make splints if necessary



Appendix B

ANTI-DOPING EQUIPMENT AND FACILITIES

FACILITIES: Please refer to attached diagram

- two separate secure rooms:
 - a waiting room
 - a separate and secure testing room
- access to the anti-doping rooms must be controlled with only two keys so it may be necessary to provide a padlock for the competitions

Waiting room:

- large enough to accommodate the skaters, chaperones and the persons accompanying the skaters(one for each skater), minimum 15 persons
- fridge available to store individual sealed drinks
- table and two chairs for administration person to sign athletes and chaperones and accompanying persons in and out of anti-doping control
- radio or telephone contact with the chaperones
- TV or video feed of the Event
- 2 large garbage cans

Administration Room:

- large enough to accommodate the skater, the person accompanying the skater, DCO's and ISU Medical Advisor / ISU Representative
- sturdy table and four to five chairs two on one side of the table and two or three on the other
- separate table for selection of anti-doping control equipment
- washroom large enough for two persons yet private from others in administration area
- sink /washing facility
- if samples will be stored on site until transportation to the accredited laboratory then a lockable cupboard or refrigerator is required
- 2 large garbage cans

Communication:

- telephone in anti-doping station
- chaperones to have walkie-talkies to communicate with anti-doping station



EQUIPMENT:

- sealed individual drinks: no caffeine or alcohol
- collection vessels
- versapak or Berlinger kits for sample control
- partial sample kits
- transport bags for versapak or Berlinger containers
- seals for transport bag
- tape
- scissors
- signage on doors
- clipboards and pens -enough for each test being carried out for that day.
- paper towels and kleenex
- specific gravity measurement sticks or refractometer
- gloves

The numbers of collection vessels and sampling containers will vary depending on competition, please refer to attachment for recommended numbers to order for each competition.

PERSONNEL:

- adequate number of chaperones of appropriate sex, all of whom must be of legal age under the laws of the host country,.
- male and female trained witnesses or DCOs for sample collection
- one administration person
- one person responsible for running results of the competition to the Anti-Doping personnel after each event
- one certified Anti-Doping Control Officer to conduct tests and arrange courier to transport samples to the WADA accredited laboratory

FORMS:

- ISU Anti-Doping Forms (**may be ordered from the ISU Secretariat**)
- ISU Chain of Custody Form for transfer of samples to the laboratory (**may be ordered from the ISU Secretariat**)
- Chaperone procedure information
- Anti-Doping Sign in Form
- Form posted on door which lists competitors to be tested



MINIMUM NUMBER OF TESTS AT INTERNATIONAL COMPETITIONS AND CHAMPIONSHIPS

Please confirm with the ISU Medical Advisor or the ISU Technical Delegate how many tests are anticipated for your specific competition.

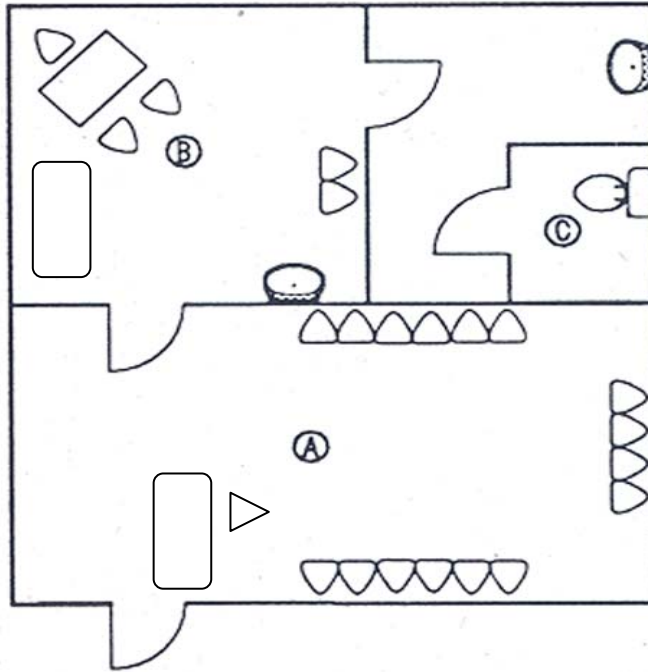
The following are the lists of the **minimum** tests to be conducted at each competition and the suggested number of sampling kits and partial sample kits to be available. It is advised that the Organizing Committee and Doping Control Officers be prepared to conduct additional tests at the direction of the Medical Advisor or ISU Delegate present at the Competition. This would include having additional chaperones available.

SYNCHRONIZED SKATING:

Event	Minimum Number of Tests	Minimum Number of Kits	Minimum Number of collection vessels	Minimum Number of partial Kits	Minimum Number of Chaperones per day
Synchronized Skating	8	12	16	4	8 ladies 2-3 men



An Ideal Station



- A Waiting Room
- B Administration Room
- C Sample Collection Room