
MEDICAL COVERAGE GUIDELINES FOR

MULTI-SPORT GAMES



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INTRODUCTION

This manual was prepared by the Sport Medicine and Science Council of Saskatchewan (SMSCS) to assist host communities as they plan the medical coverage for multi-sport Games, such as the Sask. Games. This manual is intended to be used as a guideline; individual requirements will vary from Games to Games.

The coordination of medical and paramedical coverage for a large event such as the Sask. Games is involved and complex. The SMSCS, in addition to providing this manual to the medical organizing committee, is prepared to act as a resource in the preparation for any multi-sport Games within the Province.

The material in this manual has been adapted from content originally prepared by the Sport Medicine Council of British Columbia (SMCBC) for their manual: Medical Coverage for Multi-Sport Games. The SMSCS gratefully acknowledges the SMCBC for their permission to reproduce portions of their publication.

The SMSCS continually updates this resource. The last update was completed following the 2005 Canada Summer Games held in Regina.

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SECTION 1 - PERSONNEL

1.1 Establishing a Medical Organizing Committee (M.O.C.)

A Medical Services Director should be selected by the Sask. Games Host Society very early in the planning stages. This individual, who preferably has had sports medicine experience, is designated from the local area. He/she should form a Medical Organizing Committee (M.O.C.). This committee should be established approximately 18 months in advance of the Games and usually consists of the following members, which includes Unit Chairpersons, who are fully committed to the tasks ahead:

- 1. Medical Services Director**
- 2. CMO (M.D.)**
- 3. Personnel Unit Chair**
- 4. Spectator and Emergency Services Unit Chair**
- 5. Central Medical Clinic (Polyclinic) Unit Chair**
- 6. Support Services Unit Chair**

Each Unit Chairperson should designate a core group of assistants known as **Unit Team Leaders** at least 14 - 16 months in advance of the Games. Examples of Team Leaders within a specific unit would be the Personnel Unit having a Team Leader for each of the following areas within that unit: Doctors, Physical Therapists, Athletic Therapists, Massage Therapists, Chiropractors, R.N's/L.P.N.'S, Pharmacists, Educational Services, etc. Another example would be the Support Services unit having Team Leaders for Transportation, Communication, Medical Equipment and Supplies, etc. Additional volunteers should be in place approximately 6 months prior to the event. Every effort should be made to secure an adequate number of professionally qualified medical personnel from the local area. (e.g. physicians, physiotherapists, athletic therapists, chiropractors, massage therapists, nurses, etc.). If needed, it may be necessary to recruit additional experienced personnel from outside the local area. You will also want to recruit EMT's, "sport first aiders", St. John Ambulance, Royal Life Saving Society or Ski Patrol members to complete your medical team. The Sport Medicine and Science Council of Saskatchewan can assist in the recruitment of these individuals.

The Medical Organizing Committee should meet regularly prior to the Games to:

1. Liaise with the other Games Committees to ensure all interdependencies between the various committees are realized such as the data collection systems, risk management, emergency services, accommodation and transportation, equipment and supplies, communication requirements, and nutrition needs during the Games are being dealt with.
2. Establish anticipated needs and outline flow of communication. Cell phones, two-way radios, etc, and their distance of transmission must be researched.
3. Establish the medical coverage for training and competition venues (including a review of geographical settings). It is often useful to review the injury statistics and trends from previous Games medical reports and to consult with the Medical Services Director and Personnel Chair from the last Games. Duty rosters must be established at the onset both for the clinic operation and for coverage of practice and competition venues. Careful scheduling is required for the high and moderate risk sports and as well as the high and moderate injury rate sports. (It is a good idea for volunteers identify their area(s) of expertise, (eg. clinical, field, taping, etc.).
4. Determine what supplies are on hand, available from the local community, and that need to be purchased.

5. Set up the central medical clinic (polyclinic) operation and determine the adequacy of proposed facilities and their geographical location in relation to the venue sites and the athlete's accommodation site (advance work may need to be done if new facilities are being constructed).
6. Identify strengths and weaknesses of medical support well in advance, and correct as necessary.
7. Establish an emergency action plan (EAP) for each venue and sport as well as for major disasters. It will be necessary to familiarize all volunteers with this process.
8. Establish a plan for educating the volunteers. This should include the following: (1) arranging Field Clinics, (2) familiarizing volunteer medical staff with venues, (3) educational clinics. The SMSCS has a number of qualified medical personnel who are able to conduct educational seminars on sport first aid, sport taping, emergency procedures and treatment protocols. This type of seminar should be presented to the medical team of volunteers prior to the games (approximately 1 month).
9. Develop a budget. Budgetary items to consider include: medical supplies, pharmaceuticals, medical equipment, out-of-town medical personnel (meals, accommodations, honorariums), etc.

In addition, the entire medical team should meet just prior to the Games to review protocols and policies that have been established, as well as review all work schedules.

During the Games, the Medical Organizing Committee should meet daily to deal with specific concerns and situations.

1.2 Establishing Medical Personnel Requirements

A. On Site at Venues

After assessing the risk and utilization level of each sport, the Personnel Unit should decide on the number and type of medical personnel required. The on site duty roster may include Physicians, Nurses, Physiotherapists, Athletic Therapists, First-Responders, "Sport First Aiders" and EMT's. Requirements for and scheduling of personnel at the sport venue sites should be determined by the nature of the sport, the number of participants, the number of venues being used, and the type and frequency of injuries to be anticipated. In this regard, team managers should make their needs known at least 6 months in advance to ensure adequate coverage.

To ensure continuity and familiarity, the medical personnel assigned to each sport venue should have sport-specific expertise and fulfill their assignment until the end of the Games. Every effort should be made to place less experienced volunteers with individuals who have experience. This will ensure that the highest degree of medical care is received by the athletes and that the inexperienced volunteers have an opportunity to gain valuable experience.

When scheduling specific therapists, physicians and nurses, keep in mind that shifts should not be overly long without some type of break, unless a therapist specifically requests to be left on-site throughout the entire day. Also, it is often more practical to assign individuals to a specific sport venue (venue chairs). A schedule should be posted, both at the clinic and at the venue as to who is on duty and what position they hold.

The following guidelines are recommended as minimum requirements. Each situation will be different due to the number of venues, and the number of events scheduled at one time in a given location.

(i) High Risk Sports

The following sports are relatively high risk and the potential for a serious or life threatening injury exists:

SUMMER: Cycling, Diving, Equestrian, Field Hockey, Football, Marathon, Pole Vault, Rugby, Triathlon, Water Polo, Water-Skiing, Lacrosse

WINTER: Alpine and Freestyle Skiing, Broomball, Boxing, Fencing, Figure Skating, Gymnastics, Ice Hockey, Judo, Karate, Luge, Ringette, Free Style-Skiing, Ski-Jumping, Snowboarding, Speed Skating, Waterskiing, Weight Lifting, Wrestling (NOTE: Wrestling event will require skin checks by a medical doctor).

Suggested minimum medical personnel requirements per venue (on site):

- 1 sport physician
- 2 sport physiotherapists/athletic therapists with extensive on-site experience
- 1 nurse
- 1 ambulance

Additional physiotherapists, athletic therapists, and “sport first-aiders” are to be determined by the number of athletes at that location and the degree of utilization of that sport. Additional coverage may also be provided by the local Ski Patrol in the winter and the Royal Life Saving Society for water sports. **Note:** There is no substitute for Ski Patrol members and water rescue experts. Their services should be actively sought.

(ii) Moderate Risk Sports:

The vast majority of injuries in the following sports are of a more minor to moderate severity although the possibility of a serious or life-threatening injury does exist. The expertise of an experienced sport therapist would be useful on-site.

SUMMER: Athletics, Baseball, Cricket, Handball, Orienteering, Soccer, Softball, Slo-pitch, Tennis, Volleyball

WINTER: Badminton, Basketball, Biathlon, Racquetball, Squash, Cross-Country Skiing

Suggested minimum medical personnel requirements per venue:

- 1 physician on call
- 1 therapist on site
- 1 ambulance on call

Additional physiotherapists, athletic therapists and sport first-aiders who have on-site experience and good taping skills are to be determined by the number of athletes at the location and the degree of utilization of the sport.

(iii) Low Risk Sports:

Non-contact, low risk sports require a physician, therapist and ambulance on call only for competitions. First-Aid personnel should be stationed on site at all venues.

SUMMER: Archery, Canoe/Kayak, Golf, Horseshoe Pitching, Lawn Bowling, Rowing, Rhythmic Sportive Gymnastics, Sailing, Shooting, Synchronized Swimming, Table Tennis

WINTER: Curling, Swimming

The number of medical/paramedical personnel required will depend on the number of participants, number of venues and the degree of utilization of the sport.

The Royal Life Saving Society will be available to provide additional coverage at the water sport venues.

(iv) Physically Challenged Sports:

Participants with disabilities are subject to the same Risk and Utilization categories as previously described. Special considerations may apply depending on the nature of the participants' disabilities. Athletes with disabilities should, where possible, be fully integrated into the Games. To ensure the best possible situations are created for these athletes, the medical facilities should be toured to ensure accessibility and that adequate shelter is provided at outdoor venues. It is advisable to recruit medical volunteers with knowledge and experience working with individuals with disabilities.

(v) Special Olympics:

When working with Special Olympians the main thing to consider is if the athlete is on any medications. Some athletes are on medication to control seizures. Thus medical personnel should always review the athlete's medical history.

Special Olympics participants are susceptible to similar sport-specific injury patterns. Of note, however, is atlantoaxial instability of the spinal cord, which is common in individuals with Down's Syndrome. A medical examination for this condition should precede participation by these individuals in any activity which could forcibly flex the cervical region of the spinal cord. Athletes that test positive may not participate in the following activities; gymnastics, alpine skiing, diving, soccer, pentathlon, butterfly stroke in aquatics, diving starts in swimming, high jump, floor hockey and equestrian sports.

Saskatchewan Special Olympics has a comprehensive policy in force for athletes with Down's Syndrome. Please contact their office for further details; 353 Broad St., Regina Sask, S4R 1X2, Toll Free Phone Number 1-888-307-6226, Fax 780-9441, E-Mail: sos@specialolympicssask.ca

(vi) Other:

There should be no event or venue without some type of medical personnel. At least one First-Aid Attendant should be present at all venues for spectator and volunteer needs. At sporting events such as the Sask. Games, where the scope of competition is quite diverse, there may be individuals who require special consideration.

Special events such as the Opening and Closing Ceremonies also require coverage with a system of first-aid and emergency evacuation. It is suggested that one Physician be on-site in addition to nursing staff and First-Aid personnel. The numbers required will be determined by the number of participants involved in these functions. This coverage is particularly important during hot weather.

(vii) Adverse Weather Conditions:

The potential for extremes of weather or drastic changes in weather may make for special concerns in events such as rowing, canoe/kayaking and sailing. Additional experienced personnel should be available in the case of dangerous weather conditions.

Extremely hot or cold weather conditions may increase the number of medical personnel required at venues. All participants in events taking place in hot summer or cold winter conditions are vulnerable to heat or cold related injuries. Individuals with spinal cord injuries are particularly vulnerable to extreme environmental conditions. Medical volunteers experienced in dealing with environmental injuries should be scheduled at venues most exposed to the elements.

(viii) Typical Injuries and Scope of Utilization

In addition to predicting the utilization of medical services, it is beneficial to outline the typical injuries that could be encountered. Typical injuries are listed in highest to lowest order of relative frequency. A '*'

indicates a definite predominance of a certain type of injury. This information was compiled as a result of an extensive review of relevant studies reported in the sport medicine literature.

Prior to the games the Medical Organizing Committee should review the technical packages for the sports participating in the games and familiarize themselves with the rules related to medical care and protective equipment during competition.

Aquatics - Diving

Injuries: cervical pain*, low back pain, quadriceps strain, shoulder trauma, wrist pain

Competitive diving has a relatively low injury rate. However, although a rare occurrence, the potential for severe trauma is great. Because of the impact nature of the sport, divers suffer acute injuries and require the services of experienced therapists.

Aquatics - Swimming

Injuries: shoulder strain*, rotator cuff tendonitis*, knee pain ("breaststroker's knee"), ear & nose congestion, low back pain, thoracic pain.

Swimmers are substantial users of medical services. Swimmers tend to have more chronic overuse injuries due to their long training sessions. This results in the extensive use of physiotherapy and massage therapy services.

Aquatics - Synchronized Swimming

Injuries: low back pain*, chondromalacia, rotator cuff impingement, wrist, neck and elbow pain.

Most injuries are of the chronic overuse nature.

Aquatics - Waterpolo

Injuries: knee joint complex (MCL), shoulder joint complex (rotator cuff), low back pain.

Knee injuries are often associated with the "egg beater kick" and shoulder injuries are associated with throwing. Most injuries are of the chronic overuse nature.

Aquatics - Water-skiing

Injuries: knee & ankle joint complex, contusions, sprains, dislocations.

Collisions are the most common mechanism of injury in water-skiing.

Archery

Injuries: tennis elbow, biceps strain, finger strains & sprains.

Archery has a low rate of injury. Injuries are usually of the chronic overuse nature.

Athletics - Track & Field

Injuries: **Track:** hamstring strains*, calf/tendo-achilles strains*, low back pain, quadricep/hamstring strains, tibial muscle strains, foot & ankle sprains, iliotibial band syndrome, blisters, hypothermia (usually endurance events).

Field: foot and ankle sprains*, low back pain*, hamstring strains, calf/tendo-achilles pain, tendinitis of the shoulder muscles, cervical pain, other tibial muscle strains.

Athletics participants are very high users of medical services. Injury occurrence is moderate, ongoing therapy is high, and the use of recuperative therapy (massage) is high.

Badminton

Injuries: foot & ankle sprains*, low back pain, calf/tendo-achilles pain, tendinitis of shoulder, patello-femoral complex, tendonitis of elbow, eye injuries.

Badminton requires moderate use of medical services including athletic and physiotherapy and some use of massage and taping.

Baseball

Injuries: shoulder*, elbow*, head injuries, lacerations/contusions, fractures.

Baseball requires moderate utilization of experienced therapists. There are a large number of chronic as well as acute injuries (which may increase with poor field conditions).

Basketball

Injuries: ankle/knee/finger sprains*, contusions(quadriiceps), lower extremity strains, knee joint complex.

Most basketball injuries are caused by direct impact with another player, the ball or the floor, and by torsion movements.

Boxing

Injuries: wrist & finger sprains*, cervical pain, calf/tendo-achilles pain, low back pain, contusions & lacerations of the face and hands, fractures (cheek, nose, finger), concussion, ankle sprain.

The potential for traumatic injury in boxing is high but relatively infrequent. Physicians must be present at all boxing matches. Team staff are usually responsible for taping.

Canoe/Kayak

Injuries: extensor tenosynovitis, epicondylitis of the elbow, carpal tunnel syndrome, shoulder impingement syndrome, bicipital tendinitis, low back pain.

Athletes who kayak and canoe sustain similar injuries which are usually chronic and overuse in nature. Kayakers are at risk for blunt head trauma and hypothermia due to roll overs.

Cycling

Injuries: abrasions/lacerations*, calf strains*, low back pain, cervical pain, quadriceps strain, ankle sprain.

Many cycling injuries are acute and occur in competition as opposed to practice. Massage is highly utilized by cyclists. Metabolic trauma such as dehydration and heat stress is increased during longer competitions.

Equestrian

Injuries: bruises, abrasion, fractures, sprains, strains, concussion, laceration, spinal

This sport has a low overall frequency of injury, but the potential exists for serious injury if a rider is thrown off their horse.

It may be beneficial to have a veterinarian "on call" as well.

Fencing

The injury rate in fencing is low but the possibility exists for catastrophic injury such as concussion, loss of vision and internal damage. Proper use and maintenance of equipment and the use of proper technique can prevent such occurrences.

Field Hockey

Injuries: knee/ankle sprain*, contusion, quadriceps strain, low back pain, dental/facial injuries.

Field Hockey requires the services of an experienced on-site therapist. Field conditions may increase the number of acute injuries.

Figure Skating

Injuries: knee/ankle joint complex*, tendinitis, chondromalacia, strains & sprains, lacerations, contusions, fractures, concussions.

Overuse accounts for approximately 50% of figure skating injuries. Collisions and falls are also a major mechanism of injury, particularly during practice sessions. In singles skating, males are most commonly injured. In pairs, females usually sustain more injuries.

Football

Injuries: contusions, lacerations, ankle/knee sprains/strains*, fractures, neurotrauma (brachial plexus, concussion, cervical spine), shoulder dislocation/separation.

Football is a high user of medical personnel including trainers, therapists, and physicians. Participants often incur more injuries during practice than during game.(60% versus 40%)

Gymnastics

Injuries: knee and ankle sprains, patellofemoral syndrome, wrist strains, low back pain, neck pain, dislocated elbows, shoulder injuries

Gymnastics has a high rate of injury, which increases with the level of competition. Acute injuries occur mainly during the landing phase of vaults and dismounts.

Ice Hockey/Ringette/ Broomball

Injuries: contusions, lacerations, fractures, dislocations, muscle strain (groin*), knee ligament sprains.

The most common areas for injury are the shoulder & knee joints, head/face, arm/wrist, hand and thigh. Many injuries are a result of contact with other players, sticks, the ice surface, and the boards. The potential for traumatic injury is high but uncommon. Extensive use is made of all medical personnel.

Lacrosse

Injuries: shoulder, knee, ankle joint complex, clavicle, quadriceps/hamstrings - contusions, strains, sprains, dental/facial injuries. Fractures and concussions are rare.

Lawn Bowling

Injuries: knee joint complex, cervical pain, low back pain, ankle sprain

Lawn bowlers require very little in the way of medical services. Although the players are generally older than other participants, the injury incidence is very low. Medical history information may identify participants with cardiac or other notable conditions, which may necessitate making special arrangements such as having oxygen available on-site.

Martial Arts

Injuries: contusions & abrasions, strains & sprains, fractures, dislocations

Most injuries in martial arts are mild to moderate in severity and are confined to the extremities. The mechanism of injury is usually combative body contact. The rate of injury in martial arts is lower than that found for wrestling, basketball and football.

Racquetball

Injuries: eye injuries (Hyphema), knee & ankle sprains, lumbar spine

Most eye injuries in racquetball are caused by the ball. Open eye guards do not protect against these injuries and should therefore be prohibited.

Rowing

Injuries: upper/lower back pain, quadriceps strains, paddler's wrist, blisters, piles, rib stress fractures.

Injuries in rowing are usually caused by overstraining, oversculling and poor technique.

Rugby

Injuries: contusion, concussion, strain, sprain, laceration, oral/dental injury, fracture, subluxation/dislocation, cauliflower ear

Collisions and body contact between players are the most common mechanisms of injury. Most injuries are sustained to the leg, arm, and head/neck region.

Shooting

Injuries: chronic cervical pain*, low back pain, thoracic pain, shoulder joint

Shooters often have a very high incidence of overuse cervical spine problems. The incidence of other injuries is low.

Skiing - Cross Country

Injuries: bursitis, tendinitis, low back pain, hypothermia, cuts/abrasions, sprains, dislocations, fractures

The incidence of injury is low and commonly due to overuse at the shoulder, knee, lower leg, foot, heel ankle and achilles tendon.

Skiing - Alpine

Injuries: knee sprains (ACL) & strains, fractures, contusions, shoulder joint dislocation rotator cuff injuries

Injury incidence among alpine skiers is high. Most injuries are caused by falls and/or collisions.

Skiing for the Disabled

Injuries: knee joint complex, fractures

The mechanism and type of injuries sustained by disabled skiers are similar to those of non-disabled skiers.

Soccer

Injuries: knee & ankle joint complex*, quadriceps & hamstring strains, contusion, fractures, lacerations

The sport of soccer has a large number of injuries most of which are minor and confined to the lower extremity. Over 50% of the injuries are caused by body contact between opposing players. Field conditions, level of play and age all bear strong relationships to the number of injuries sustained. Youth soccer players have a higher incidence of head injuries than older participants.

Softball

Injuries: ankle joint complex (sprains/fractures), knee joint complex (sprains), hand (sprains/fractures), contusions, subluxations, dislocations

The most common mechanisms of injury are sliding and base running.

Squash

Injuries: eye injuries (Hyphema), knee & ankle sprains, lumbar spine

Eye injuries in squash are caused by the racquet (40%) and by the ball (60%). Open eye guards do not protect against these injuries and should be prohibited.

Tennis

Injuries: elbow joint complex - lateral epicondylitis (tennis elbow), shoulder joint complex-tendinitis, tendinitis of wrist flexors, low back pain, gastrocnemius & adductor muscle strains.

Most injuries are of the chronic overuse type.

Volleyball

Injuries: knee sprains, jumper's knee, patellofemoral pain, ankle sprains, shoulder tendonitis (overuse)

Most serious injuries in volleyball occur when the participant is jumping and twisting on impact with the floor.

Weightlifting

Injuries: kneejoint complex (patellar tendon), low back pain, shoulder joint complex, quadriceps strain, wrist sprains, elbow joint complex, cervical pain.

Weightlifting is one of the most stressful sports on the musculo-skeletal system, and has a high incidence of knee joint problems. Many injuries are caused by errors when performing maximal lifts.

Wheelchair Athletes

Injuries: sprains, strains, tendinitis, bursitis, blisters*, lacerations, abrasions, carpal tunnel syndrome.

The mechanism of injury depends on the nature of the sport. There is a high risk of crashes in fast moving sports such as basketball, track, and road racing. Wheelchair athletes with spinal cord lesions have an increased vulnerability to heat and or cold because of thermoregulatory disorders below the level of the lesion.

Wrestling

Injuries: knee sprains, wrist & finger sprains, low back pain, muscle strain/contusion (quadriceps, adductor, calf), elbow, and foot & ankle sprains, cervical pain

There is a high rate of knee injuries in wrestling. This sport requires experienced medical personnel due to a high rate of participant injuries.

B. In the Central Medical Clinic (Polyclinic)

The central medical clinic should be open 24 hours a day (or have an on call system from 11:00 p.m. - 7:00 a.m.) and serve as a central treatment area for athletes, coaches and volunteer staff. The medical clinic should be staffed by physicians, nurses, physiotherapists, certified athlete therapists, chiropractors, massage therapists, medical office assistants, receptionists, and aids/volunteers as available. Courtesy drivers who will be responsible for the transport of participants with injuries of a minor nature and supplies to and from the venues should be based out of the clinic. Staffing of the medical clinic depends on the time of day.

Taping and wrapping - In addition to the therapists noted below, it may also be beneficial to have one or two qualified therapists assigned to just do "taping and wrapping" as certain times of the day in the polyclinic. A good idea would be to make it a requirement that any athlete needing to be taped should do so in the polyclinic prior to leaving for their sporting activity. This will ensure they have been properly

diagnosed again that morning with all previous medical records/treatments on that athlete readily available for the therapist who is doing the taping. This process will also enable the therapists at the various sport venues the opportunity to provide proper coverage without having to worry about being bombarded with numerous tape jobs prior to the start of the game or competition at the site.

Based on past experience, suggested shifts and minimal personnel requirements are:

0700 - 1500 Hrs: Nurses (2), Physicians (1), Chiropractors (1), Therapists (PT/AT – 2, M – 2)
Medical Office Assistant/Receptionist (1)

1500 - 2300 Hrs: Nurses (3), Physicians (2), Chiropractors (1), Therapists (PT/AT – 4, M – 4)
Medical Office Assistant/Receptionist (2)

2300 - 0700 Hrs: Nurses (2), Physician on Call

There should be a minimum of 2 nurses (1 with critical care experience) on duty at all times. There should be a minimum of one physician on duty from 0700 - 2300 and 1 one on call from 2300 - 0700. A general practitioner with sports experience is most valuable. A minimum of 2 courtesy cars/vans with drivers should be on duty from 0700 - 2300 and 1 on call from 2300 -0700 Hrs. Other specialists such as Dentists, Podiatrists, Radiologists, Orthopedic Surgeons, pharmacist, etc. should be available on an on-call basis. The Chiropractor may only need to be available on a on-call basis, or a set clinic time can be set-up each day.

1.3 Role of the Sport Medicine and Science Council of Saskatchewan

Over the past several years, the SMSCS has provided medical technical assistance, administrative advice and equipment to the Sask. Games Council and, in particular, to the host community's medical organizing committee. The SMSCS will:

1. Act as a medical advisor available to meet with the host medical organizing committee and assist during the preparation phases, providing specific consultations as required.
2. Provide the names of qualified physicians and therapists who are willing to volunteer their services and travel to the host community to assist during the Games. Note: The role of the SMSCS is to supplement available personnel, if requested. This will involve providing names of local members of SPC – Sask Section (physiotherapists), SASM (physicians), SATA (athletic therapists), CSMTA – Sask Section (massage therapists), and CAS – Sports Science Council (chiropractors).
3. Provide medical equipment which includes CASM Medisacs, (doctor bags), trainers kits, trauma kits, spine boards, B and air splint kits, treatment tables, ultrasound interferential unit, tens units.
4. A pre-Games educational workshop can be coordinated for all medical volunteers. The Council has developed a standardized curriculum and experienced instructors are available to facilitate the workshop. Topics covered in this one day course include General Injury Prevention Concerns, Injury Protocols and Referral Patterns, Emergency Protocols and Procedures, the Assessment and On-site Management of Life Threatening Conditions, Sport-Specific Common Injuries and Treatments, and Basic Principles and Techniques of Taping.
5. Provide the Host with an "Experts Panel" which would be prepared to advise the Host on specific issues of concern relating to the provision of medical services that may from time to time arise. Modest fees are charged for both the educational symposium and any requested consultation meetings. Payment for these services, including travel to the Host Community, is the responsibility of the Medical Organizing Committee. Specific details should be obtained from the SMSCS.

Note: The Games Host should provide traveling medical personnel with Games accreditation, accommodation, transportation and meals.

1.4 The Role of Professional Sport Medicine Associations

SASM - Saskatchewan Academy of Sport Medicine

SASM is a provincial organization of physicians committed to excellence in the practise of medicine including health, promotion and disease prevention as it applies to all aspects of physical activity. Members may be valuable additions to the medical staff at volunteer games. The SMSCS can provide contact numbers and addresses for provincial SASM members.

SATA - Saskatchewan Athletic Therapists Association

SATA provides leadership and direction in the athletic therapy profession in Saskatchewan. The association is dedicated to the promotion, development, and delivery of programs for the prevention, care, and rehabilitation of sports injuries. The SMSCS can provide contact numbers for members residing in Sask.

Sport Physiotherapy Canada (SPC) - Sask. Section

SPC-Sask Section's primary goal is to provide quality therapy, rehabilitation, and counseling services to athletes and recreational participants, before, during and after injury. The SMSCS can provide contact addresses for members in Sask.

Canadian Sport Massage Therapists Association – Sask Section

CSMTA- Sask Section can provide a list of qualified sport massage therapists in Saskatchewan to assist with the Games. In general their role would be post-event massage.

Chiropractic Association of Saskatchewan – Chiropractic Sport Council

The CSC can provide chiropractic services if the event organizers wish to utilize this service.

1.5 The Role of Other Associations

St. John Ambulance

This organization can be of assistance, particularly in providing on-site first-aid and first-aid for spectators. Local detachments should be contacted initially. If there are no local contacts available, the Provincial Office in Regina can be contacted a 306-522-7226. One should speak to the Public Duty Officer.

Emergency Medical Services (EMS) (Ambulance)

These services can be arranged by contacting the EMS office in the local area a minimum of 2 months prior to the event.

Ski Patrol

Most ski hills and trails will have their own ski patrol on duty during competitions. Members of this emergency team are trained to handle life-threatening injuries on the hill. Their presence during ski competitions is advised. Please contact **the Saskatchewan Ski Association at 780-9240** if you require their assistance.

Life Saving Society

The Royal Life Saving Society may be available to assist in providing lifeguarding coverage at water sport venues. Contact your local representative or the Provincial Office at 306-780-9473 for details.

Armed Forces

The Armed forces may be available depending on the area and games requirements. They may be able to provide tents, cots, and field ambulance set ups.

(RCMP, Local Police, Fire Dept.

These public service groups can be of assistance, particularly in providing security and emergency services.

1.6 Medical Accreditation

It is important that all members of the medical team be accredited to the medical services of the Games allowing access to all venue sites, the athlete's accommodation area and cafeteria, press area, transportation, etc. An accreditation badge should clearly indicate that they are medical personnel. It should also include their function, i.e., physiotherapist, physician, etc.

All professional medical personnel must be licensed to practice in their respective professions.

At the venue site it is important that there is some means of visually identifying the medical personnel. This is best provided by a distinctively colored t-shirt, vest, hat, etc. in addition to the accreditation badges.

1.7 Housing of Medical Staff

Accommodations for the Medical Staff should be located as close to the medical clinic facility as possible. This is particularly important for those individuals involved in the off hour call schedule.

No cost should be incurred by volunteer medical personnel for lodging. The host society shall ensure that all medical personnel have adequate accommodations.

SECTION 2 - FACILITIES

The Medical Services Director, CMO, Personnel Chair and his/her various Team Leaders should examine the site(s) of the Games to determine the nature of the facilities available approximately 10 – 12 months prior to the Games. Ideally, the medical committee should have one representative on each of the venue planning committees to ensure the needs of the medical committee are being met as site plans are being developed.

2.1 Location, Physical Installation

A. Central Medical Clinic (Polyclinic)

(i) Location

It is important that the polyclinic be central to all venues and athlete residences. It should be easily accessible by Games transportation with parking facilities for both emergency vehicles and medical personnel. It is recommended that the clinic's location be one that allows sufficient space for the proper functioning of an autonomous unit. The ideal location would be separate from the local hospital (it should be used for emergency referrals only). If this is not possible, the clinic should be set up in an area where it can function properly without impeding the normal operations of the hospital.

(ii) Physical Installation

When examining a potential location for the medical clinic there are several important factors to consider (see Advance Survey in section 5.1). The proposed location must have adequate lighting for examination and treatment of patients, a water supply, (hot & cold), and an adequate number of electric outlets (preferably separate circuits). If insufficient outlets are available, they should be installed on a temporary basis and supplementary lighting can be added for the duration of the Games. A washroom (toilet) facility must be located in or very near the facility and telephone services must be provided. The entire clinic must be accessible by wheelchair and stretcher with parking facilities and an ambulance entrance nearby. The clinic must also be accessible for the movement of large equipment items such as ice freezers, refrigerators, and supply crates into it.

iii) Suggested clinic layout:

A reception area should be located at the entrance to the clinic. This may be similar to a nurse's station and will act to control all medical traffic in the clinic regardless of need. The medical examining and treatment area should have a minimum of 6 beds which can be cordoned off by curtains when necessary. The physiotherapy, massage therapy, chiropractic treatment and pre-event taping area should contain a minimum of 6 treatment tables with 3 that are adjustable in height. Communication between various members of the medical team (physicians, therapists, nurses, etc.) can be facilitated by ensuring that the physical layout of the medical examination and reception areas allow for ready access from one to the other.

A separate room should be obtained for the storage of supplies and venue medical kits. It should be large enough to facilitate the packing, restocking and unpacking of the venue first aid kits and easily accessible from the treatment rooms.

Provision should be made for X-rays, a local pharmacy to provide prescription items, a good supply of ice and a laundry service for towels and bedding.

Figure 1 - A "Typical" Clinic Layout

B. Venue Sites

The size of the medical area necessary at the various venue sites will be determined by the type, amount and frequency of injuries that can be expected and by the protocol for that particular sport.

All venues should be equipped for immediate first-aid care and taping only, and be located in small first-aid rooms in stadiums, sports halls or in an enclosed area (e.g. tent) in close proximity to the competition site. Athletes requiring medical attention and/or physiotherapy should be transported to the polyclinic. It should be noted that taping at venue sites should only be re-enforcement (tape becoming loose, un-done, etc) of tape jobs already completed at the polyclinic prior to the athlete traveling to the sport venue site.

It is important that an immediate water source be available to medical personnel at each venue. Also, at each venue, there should be access to a telephone (or preferably a cellular phone) for communication with the polyclinic and for emergency situations.

Proper signs must identify the location. These spaces must be designated well in advance and maps of all venues and first-aid posts should be given to all medical personnel, sport chairs, team managers, and coaches. In addition, all medical personnel should have competition/practice schedules for all events taking place at their venue.

C. Parking

There are two needs for parking: emergency medical parking and parking for medical volunteers. At each venue site, parking space for emergency vehicles should be designated as close as possible to the medical area. This should be clearly marked and well patrolled to make sure that there is always access to that spot. At venue sites where more than one high risk sport is taking place, more than one spot should be allocated. In addition, there should be adequate parking for the medical volunteers who will be at that particular site.

D. On the Playing Field/Surface

In some sports, usually the high/moderate risk ones, the therapist and/or physician will stand on the immediate sideline. Discuss the best location with the coach(s) and umpire/referee. In addition to having a venue first-aid kit on hand, other equipment should include a chair, ice, splints, spine board and, depending upon the sport, a cervical collar.

It is important to note that each sport has specific sport requirements involving medical care. These guidelines should be obtained months in advance of the event to ensure all medical personnel are educated on these rules.

SECTION 3 - EQUIPMENT AND SUPPLIES

Early in the planning of any Games, estimation should take place as to the frequency and types of injuries expected. Equipment and supplies can then reflect anticipated requirements. Reviewing past Games inventory and usage records are extremely useful in determining quantities required. Also, personnel with experience covering specific sports should be consulted and have some input into the supplies and equipment needed for the events occurring at the Games. The Support Services Chair, with input from the Personnel Chair and the various Personnel Unit Team Leaders, should review all recommendations, and past usages lists from previous Games, and then develop a list of supplies and equipment that should be available for the Games. The guidelines outlined in this chapter will give you a fairly accurate idea of what needs to be secured. The primary area the equipment will be needed as at the central medical clinic (polyclinic).

3.1 Sport Medicine and Science Council of Saskatchewan (SMSCS)

The SMSCS has an inventory of medical equipment available for loan. This equipment includes first aid kits, physicians trauma kits, spine boards, treatment tables, splint sets, ultrasound, interferential, nerve and muscle stimulators.

The SMSCS also has a list of supplies for sale on a cost recovery basis and can also secure additional supplies through their supplier.

3.2 Equipment

Previous Games reports have identified the following equipment as useful for the establishment of a medical clinic and venue medical services. Equipment may be loaned by the local hospitals, or medical supply companies.

- ambu respirator
- cabinet with lock (for drugs)
- chairs for reception
- charts and writing pens
- communication devices (cellular phones, two-way radios)
- computers
- coolers/ice chests for venues
- crutches
- cupboards and shelf space
- desks
- ECG and defibrillator
- electrotherapy modalities (TENS,US, laser, interferential, etc.)
- endotracheal tubes
- extension cords
- fans (in case of warm weather)
- filing cabinet
- floating spine board for aquatic venues (confirm one is available at the venue)
- freezer (small) /ice machine for clinic
- heaters (in case of cold weather)
- laryngoscope
- mats to cover treatment tables
- medical treatment tables (6)
- otoscope
- photocopier
- physiotherapy tables (6) - 3 adjustable
- refrigerator
- room dividers for examination areas
- splinting materials (such as Aircast, post-operative

- knee braces, patellar stabilization devices, etc.)
- stove hot plate to heat water
- telephone (one for emergency only and one for general use)
- towels and linen
- TV/VCR
- waste containers
- wheelchairs
- whirlpools or other hydrotherapy devices
- weighing scales

3.3 Supplies

It is advised that personnel selected for the medical team have input into the supplies and equipment needed for the events they are covering.

All supplies must be distributed between the central clinic, the sport venue kits, and the accommodation first-aid kits.

(i) Venue First-Aid/Trainer Kit

A plasticized label & an "Injuries Protocol sheet" should be attached to the exterior of each kit. Quantities of supplies will depend on the number of participants, available space and budget. Additional supplies should be added to the kit according to venue (high risk/utilization sports) and personnel qualifications. At the end of the day, ensure a list is made of items that need replacing. In addition to the kit, each venue should have an ice chest, water supply or container, and a pair of adjustable crutches.

Side Pocket:

- 1 set - Airways (3,5,7)
- 1 - CPR Pocket Mask
- 4 pair - Latex Gloves
- 1 - Bandage Scissor
- 1 - Tweezer
- 1 each - Pen and Pencil

Main Compartment:

- 1 - Clipboard with Injury Report Forms
- 100 - Plastic Bags (for ice)

Dressing Supplies:

- Band-Aids (anchors, etc.) assorted
- Cling Gauze(2", 3", 4")
- Gauze Sponges (sterile)(2x2's)(4x4's)
- Telfa Pads(2x6's, 2x3's)
- 1 pkg. - Flexible Adhesive Dressing (Adhesive Knit, Hypafix)
- 1 pkg - 2nd Skin
- 2-4" Tensor Bandage
- 2-6" Tensor Bandage
- 4 pkgs. - Steri-Strips
- 4 - Triangular Bandage
- 10 - Safety Pins

Taping Supplies:

- 10 rolls - Adhesive Tape (1.5")
- 1 can - Adhesive Remover
- 1 can - Tape Adherent (Tufskin)

- 12 - Tongue Depressors
- 1 roll - Underwrap (Pro Wrap)
- 1 can - Cold Spray
- Assorted Orthopedic Felt
- Assorted Foam Sponge
- 1 Sheet Moleskin
- 30 Heel and Lace Pads

Wound Cleansing Supplies:

- 12 - Alcohol Swabs
- 1 bottle - PhisoHex
- 15 - Q-Tips
- 1 bottle - Savlon
- 2 each - Needles (22G and 25G)
- 1 - Sharps Container
- 1 pkg. - Cotton Balls

Topical Ointments:

- 1 tube - Polysporin (Bactroban)
- 1 tube - Tinactin
- 1 tube - Skin Lube (Vaseline)

Eye Injury Kit:

- 10 or 20 ml - Saline Solution
- 4 - Gauze Eye Pads
- 1 - Hard Eye Patch
- 1 - Contact Lens Container
- 1 pkg. Kleenex

Oral Medication:

- 12** tabs - ASA (325 mg)
- 30 ml. tube or pkg. - Glucogel

Miscellaneous:

- 1 - Towel
- 2 - Garbage Bags
- Assorted Splints (metal, SAM)
- 1 - Pen Light
- 1 - Thermometer (oral/rectal, subnormal for winter)
- 10 - Thermometer Sheaths
- 1 - Space Blanket
- 1 bottle - Sunscreen (SPF 30)
- Disposable Razor
- 2 - Quarters(for telephone)

**** No oral medication should be administered without a physician's order. The Games Medical Clinic should be contacted should an athlete request an analgesic.**

(ii) First Aid Kit for Athlete Residences

The First-Aid Kit is for treatment of minor illness and injury occurring at the athlete residence site. Personal care products should be supplied by the athletes themselves. There should be approximately 1 kit per 100 people.

Suggested contents and quantities:

2-3 bottles - **DM syrup
 1 package - ** Antihistamines (i.e. Benadrylm , Chlortripolon)
 10 - Q-tips
 Disposable Razor
 1 package - Band-Aids (assorted)
 20 - Gauze (4"x4")
 1 tube - Vaseline
 1 tube - Antibiotic cream/ointment
 1 bottle - **Gravol (50 mg)
 1 bottle - **ASA (325 mg)
 1 package - Throat Lozenges
 12 - Dispensing cups
 1 - Thermometer
 2 bottles - Contact Lens Solution
 1 - Contact Lens Case
 Assorted Feminine Hygiene Products

**** No oral medication should be administered without a physician's order. The Games Medical Clinic should be contacted should an athlete require medication.**

(iii) Physician's Checklist

Medications must be locked in a secure location. All medications should be distributed by a physician. Accurate recording of distribution is essential. This documentation should include the name of athlete/patient, date, reason and physician's signature. The following list of supplies is recommended for the clinic physician's use:

a) General Supplies

ORAL MEDS

Laxative
 Gravol
 *292's
 Tylenol #3
 Chlortripolon
 Duricef 500
 Septra
 Kaopectate

SUTURING

Savlon
 Bridine
 4x4's, 2x2's
 Tape (several)
 Elastoplast anchors
 Band-Aids
 Elastoplast tape
 Tensors

DRESSINGS

1% xylocaine
 1% xylocaine w epinephrine
 ethilon 4-0, 5-0, 6-0 sutures
 FS-2, p-3 needles
 Plain Gut 5-0 suture
 Syringes 2cc, 5cc, 20cc
 Needle 27, 25, 22, 19
 Sterile Gloves

ORAL MEDS

Cloxacillin
 Erythromycin
 Antacid Tabs
 Tylenol plain
 Entrophen
 NSAID
 Amoxil
 Halcion
 Lomotil
 Flycox
 Suture scissors

SUTURING

Slings
 Kling/Kerlex
 Saline
 Opsite
 Sofra-tulle
 Q-tips
 Tongue Depressors
 Paramedic Scissors
 Tape
 Metzenbaum Scissors
 Steri-strips

DRESSINGS

Sterile Drapes
 Scalpels #11, #15
 Small penrose drain
 Alcohol swabs
 Needle drivers
 Addson forceps
 Hemostat
 Sliver forceps
 Lubricant
 Nasal pack

PARENTERAL MEDS

Gravol
 Valium
 Atropine

TROPICAL MEDS

Steroid cream
 Combination cream
 Garamycin cream
 22 ga needles

OPHTH/ENT

Eye patches
 Q-tips

* Demerol	Polysporin	Fluorescein stain
* Morphine	Antifungal cream	Ophaine
Tetanus Toxoid	Moisturizing cream	Garamycin gtts/ung
Benadryl	Sofracort eye/ear	*Adrenalin
Depo-medrol	Nasulamyd	

***Prohibited Medications Note: An updated copy of the Canadian Centre for Ethics in Sport Prohibited Substance List should be available at all times and can be obtained from their website at www.cces.ca**

EXAMINATION

Oph/otoscope
 BP cuff
 Stethoscope
 Visual acuity card
 Low-read thermometer (rectal)
 Oral thermometer
 Reflex hammer
 Tuning fork
 Laryngeal mirror

b) Emergency Supplies

MEDICATION

***adrenalin**
 atropine
 valium
 50% dextrose
 Na Bicarb 8.4%
 Isuprel
 ***demerol**
 * **morphine**
 ventolin
 alcohol swab

INTRAVENOUS

Normal Saline
 Ringer's lactate
 5% Dextrose/water
 Angiocath 14, 16, 18, 20, 22
 McGill forceps
 Scalp vein 19, 22, 25
 Blood collection
 Tourniquet
 2x2 tape

AIRWAY

Argyle suction catheter
 60 cc syringe
 Lederle ambu bag
 child, adult masks
 Cryothyroid stab with (#11 blade)
 Endotracheal tubes
 Airways
 Oral screw
 Laryngoscope with
 pediatric/adult blades
 and spare batteries
 Cervical collar

Note: You should also have oxygen and related supplies available.

(iv) Ice

A continuous supply of ice must be ensured throughout the Games. A van/driver should be designated to drop ice off at the venues at regular intervals. In past Games, local hospitals and local businesses have been sources for ice. These businesses may also be able to loan out ice coolers and chests.

3.4 General Protocols

(i) Distribution and Re-Stocking of Supplies

It is important that a method for the distribution and re-stocking of kits be established. Also a check-in/out system should be utilized in order to keep track of all bags and other supplies. It is recommended that the re-stocking take place each evening at the central clinic with the staff in charge at that time completing the task. The physiotherapist/trainer on duty could then pick up the bag the next day or it could be delivered to the site by van. One person should be in charge of kits (distribution and re-stocking) throughout the Games.

(ii) Volunteer Daily Duties

A typical schedule of responsibilities including equipment and supplies may be as follows:

(a) Pre-Competition: Venue Site

Trainer and medical kits/ice are stocked and carried by the individual therapist who arrives at least 30 minutes prior to the start of each event.

At the time of arrival the venue chair double-checks the equipment to ensure everything is in place. Each kit should contain a list of what supplies should be found in it. Should any equipment be found missing or used throughout the day, the volunteer responsible for using that equipment contacts the central clinic so that extra supplies may be delivered to that site as soon as possible.

Each volunteer should familiarize themselves with the location of the nearest telephone, as well as review the emergency protocols.

(b) Competition(s)

Each volunteer is responsible for the equipment supplied to him/her at that site. If the supplies are running out, that person should contact the central clinic so that replacement supplies may be delivered.

(c) Post Competition

Prior to leaving the site for the day, the venue medical rep should check with both teams to ensure that no further medical services are required. The equipment, kits and first-aid rooms should be checked and a list of what supplies need to be restocked prior to the next day should be prepared.

All equipment is picked up at the venue site and returned to the medical clinics at the end of each day. If locked storage and security is available on site some equipment and treatment tables may be left at venue.

(d) Medical Clinic

Night shift can ensure that all trainer and medical kits required for the next day are re-stocked.

SECTION 4 - STANDARD OPERATING PROCEDURES

4.1 Duties and Responsibilities

NOTE: The following Duties and Responsibilities are to be used as guidelines only. Various duties and job titles may be assigned in accordance with specific roles that have been designated by your medical team.

Medical Services Director

1. Act as liaison between the medical division, the administrative staff of the Host Society, and the other divisions of the Games
2. Liaise with the Sask. Games Council.
3. Responsible for all budgetary matters regarding the Medical Division.
4. Ensure procedures for medical personnel accreditation are developed and they have access to all Games venues.
5. Ensure, with the assistance of the Personnel Chair, the availability of transportation, accommodations and meals for out-of-town medical volunteers during the course of the Games.
6. Ensure all relevant information is included in the information packages sent to the coaches and athletes. This should include hours of operation and specific venue details.
7. In conjunction with the all pertinent Chairs and the CMO, develop the emergency protocol and procedures and ensure all medical staff are familiar with the plan. Additionally, safety checks must be made on all venues during the Games.
8. Assist and advise other members of the Medical Organizing Committee in any capacity possible.
9. In conjunction with the Medical Organizing Committee, compile and present a final medical report with recommendations and send to the Sask. Games Council and the Sport Medicine and Science Council.
10. Ensure the development of a communication and reporting strategy which includes a chain of command.
11. Develop a medical information manual for the participant's handbook.
12. In general, responsible for the entire Medical Division of the Games

Chief Medical Officer (CMO)

1. Ensure all health and medical services are performed in accordance with the Games requirements and applicable Saskatchewan professional associations' standards and regulations.
2. Act as the liaison with the various Zone Chef de Missions.
3. In medical matters during the Games, such as the medical status of an athlete and his/her readiness for competition, the CMO will make final decisions on appeals following appropriate consultation.
4. The CMO or designate will be the designated person to speak to the media on medical incidents/issues.
5. Participate in Chef de Mission meetings and daily Medical Division meeting during the Games.
6. Ensure all medical legal matters are dealt with before and during the Games.
7. Assist in the scheduling of physicians for both the clinic and the venues.

Polyclinic Chair

1. Assist in the development of a overall budget for the Medical Services Division and specifically, develop the budget for the Polyclinic Unit.
2. Attends Medical Division meetings.
3. Chairperson for Unit meetings.
4. Ensure accurate recording of meeting minutes and action items.
5. Ensure action items are dispersed to appropriate personnel and are acted upon and completed.

6. Recruits Team Leaders for all Polyclinic Service Areas.
7. Develops goals and objectives for the Unit and its teams.
8. Develops job descriptions for the Team Leaders and works with the Team leaders to develop other volunteers' job descriptions.
9. Orients Team Leaders and Volunteers.
10. Coordinates the schedules for personnel.
11. Develops related policies and procedures for Unit.
12. Ensure the establishment of the medical clinic and the necessary liaisons with the local medical community and emergency facilities (hospitals, dental clinics, etc.).
13. Be responsible, with the Support Services Chair, for the inventory of supplies and equipment both on arrival at the Games site and again at the conclusion of the Games. Oversee the repackaging and shipment of equipment and supplies following the Games.
14. Act as facilitator and liaison in the clinic between physicians, therapists, and nurses and between staff in the clinic and those at the venues.
15. Be responsible for administrative duties such as are required for the operation of the clinic, i.e. ice supply, rental of equipment, laundry service, etc. This will be done in cooperation with the Support Services Unit.
16. Ensure that information regarding special medical requirements or conditions is gathered and kept on file at the clinic.
17. Establish, in conjunction with the Personnel Chair, the volunteer education seminar prior to the Games.

Personnel Chair

1. The primary duty is to develop and oversee the Personnel Unit of the Medical Organizing Committee. These service professionals include, physicians (including chief medical officer), physiotherapists, massage therapists, athletic therapists, chiropractors, nurses, emergency medical personnel, pharmacists and other consultative (eg. dentist, neurologist, orthopedist, ophthalmologist, psychiatrists, veterinarian, psychologist, etc)
2. Ensure the availability of transportation, accommodations and meals for out-of-town medical volunteers during the course of the Games.
3. Organize the educational workshop prior to the Games.
4. Assist in the development of an overall budget for the Medical Services Division and specifically, develop the budget for the Personnel Services Unit.
5. Attends Medical Division meetings.
6. Chairperson for Unit meetings.
7. Ensure accurate recording of meeting minutes and action items.
8. Ensure action items are dispersed to appropriate personnel and are acted upon and completed.
9. Recruits Team Leaders for all Personnel Services Areas.
10. Develops goals and objectives for the Unit and its teams.
11. Develops job descriptions for the Team Leaders and works with the Team Leaders to develop other volunteer job descriptions.
12. Orients Team Leaders and Volunteers.
13. Coordinates the schedules for personnel.
14. Develops related policies and procedures for Unit.
15. Ensure that all medical personnel have proper license, malpractice insurance, etc.
16. Develop and implement a system for volunteer recruitment.

Support Services Chair

1. With assistance from members of the medical organizing committee, secure the necessary medical equipment, supplies and medications. This may include contacting local companies for donations.
2. Assist in the development of an overall budget for the Medical Services Division and specifically, develop the budget for the Personnel Services Unit.
3. Attends Medical Division meetings.
4. Chairperson for Unit meetings.

5. Ensure accurate recording of meeting minutes and action items for your unit.
6. Ensure action items are dispersed to appropriate personnel and are acted upon and completed.
7. Recruits Team Leaders for all Support Services Areas.
8. Develops goals and objectives for the Unit and its teams.
9. Develops job descriptions for the Team Leaders and works with the Team leaders to develop other volunteers job descriptions.
10. Orients Team Leaders and Volunteers.
11. Coordinates the schedules for personnel.
12. Develops related policies and procedures for Unit.
13. Ensure the transportation needs for the medical division are developed and implemented.
14. Ensure the communication needs and requirements are developed and secured.
15. Develop a plan for the assurance that all liability and risk management issues are researched and dealt with.
16. Ensure that a system is set up that will ensure the medical requirements at all sport venues are met (equipment, access and flow, communication needs, room/tent set up, etc.).
17. Appoint Medical Venue Reps, ideally one for each sport venue.

Spectator and Emergency Services Chair

1. Assist in the development of an overall budget for the Medical Services Division and specifically, develop the budget for the Spectator and Emergency Services Unit
2. Attends Medical Division meetings
3. Chairperson for Unit meetings.
4. Ensure accurate recording of meeting minutes and action items.
5. Ensure action items are dispersed to appropriate personnel and are acted upon and completed.
6. Recruits Team Leaders for all Spectator and Emergency Services Areas
7. Develops goals and objectives for the Unit and its teams.
8. Develops job descriptions for the Team Leaders and works with the Team leaders to develop other volunteers job descriptions.
9. Orients Team Leaders and Volunteers.
10. Coordinates the schedules for personnel.
11. Develops related policies and procedures for Unit.
12. Be charged with the development, orientation, recruitment and scheduling of Spectator and Emergency type services such as ambulance, Red Cross, Water Rescue, St John's, Royal Life Saving, Sask Ski Patrol, etc.
13. Be responsible for ensuring there is first-aid personnel at the non sport venues as well as at all sport venues for spectator care.
14. Be responsible for liaising with the provincial ambulance personnel working at the venues

The following are few examples of the job descriptions for each of the Team Leaders as well as individual service providers within the Personnel Unit. These templates can be incorporated into the other Units as well.

Physician Team Leader

1. Assist in the selection and collection of medical supplies and drugs.
2. Provide medical diagnoses and treatments to athletes in the clinic and, as assigned, at the competition site.
3. Attend the pre-Games educational seminar.
4. Utilize the Games Injury Reporting Protocols.
5. Recommend treatment programs, to be followed by the athletes upon returning home from competition.
6. Establish and maintain personal and professional rapport with the other medical personnel.
7. Report any problems to the Medical Services Director that detract from allowing the best possible care of the athletes.

Therapies Team Leaders

1. Recruit and coordinate the placement and movement of therapists. Establish work schedules for these volunteers making sure to take the individual needs of each venue into account.
2. Be involved in selection of therapy equipment and supplies. Assist in taking the initial inventory of supplies forwarded by the Games office and again prior to departure at the conclusion of the Games. Obtain appropriate calibration and safety checks of all therapy equipment.
3. Ensure all therapists are familiar with emergency procedures and explain referral patterns for the Games.
4. Liaise with the Medical Services Director and, where possible, the sport chairs in regards to the sport specific needs of the athletes.
5. Ensure proper accumulation of statistics. Instruct all medical volunteers in the accurate and thorough completion of the medical assessment and treatment forms. Ensure these are collected daily.
6. Report any problems that detract from allowing the best possible care of the athletes to the Medical Services Director.
7. Assist in organizing the pre-Games educational seminar and arranging the safety checks for the venues.
8. Ensure that trainers kits are re-stocked daily and ready for immediate use. Ensure that ice is supplied daily to the venues.
9. Compile and present a final therapy report with recommendations for the Sask. Games Council.

Pharmacy Team Leader

1. Establish and maintain an inventory of all pharmaceutical equipment and supplies.
2. Make sure all medications available are permitted substances.
3. Keep an updated copy of the Canadian Centre for Drug-free Sport Banned Substance Booklet on hand at all times.
4. Keep an accurate record of all medications given to athletes.
5. Keep the Medical Services Director informed of any problems that detract from allowing the best possible care of athletes.
6. Work cooperatively with all other medical team members.

Staff Physiotherapists

1. Provide athlete assessments and treatment as indicated within the clinic or at the venues.
2. Keep accurate records of all athlete treatments, both in the clinic and at the venues.
3. Assist in maintaining all equipment and supplies.
4. Keep the Personnel Chair informed regarding movement between the venues and the clinic and report to the Medical Services Director any problems that detract from allowing the best possible care of the athletes.
5. Recommend treatment programs that can be followed by the athlete upon returning home and/or liaise with home practitioners.
6. Work cooperatively with all other medical team members.
7. At the venues, provide primary first-aid for injured athletes on the field or playing surfaces. May also be called upon to provide preventive taping and/or massage.
8. At the venues, aid in, and in some cases, supervise the evacuation of an injured athlete to the medical clinic when necessary.

Staff Athletic Therapists

1. Provide athlete assessments and treatment as indicated within the clinic or at the venues.
2. Keep accurate records of all athlete treatments, both in the clinic and at the venues.
3. Assist in maintaining all equipment and supplies.

4. Keep the Personnel Chair informed regarding movement between the venues and the clinic and report to the Medical Services Director any problems that detract from allowing the best possible care of the athletes.
5. Recommend treatment programs that can be followed by the athlete upon returning home and/or liaise with home practitioners.
6. Work cooperatively with all other medical team members.
7. At the venues, provide primary first-aid for injured athletes on the field or playing surfaces. May also be called upon to provide preventive taping and/or massage.
8. At the venues, aid in, and in some cases, supervise the evacuation of an injured athlete to the medical clinic when necessary.

Staff Chiropractors

1. Provide athlete assessments and treatment as indicated within the clinic
2. Keep accurate records of all athlete treatments, both in the clinic and at the venues.
3. Assist in maintaining all equipment and supplies.
4. Report to the Medical Services Director any problems that detract from allowing the best possible care of the athletes.
5. Recommend treatment programs that can be followed by the athlete upon returning home and/or liaise with home practitioners.
6. Work cooperatively with all other medical team members.

Staff Massage Therapists

1. Provide athlete assessments and treatment as indicated within the clinic or at the venues. During the games, athletes should not be massaged prior to an event unless this is normal practice for that individual athlete. Post-Event massage will be the majority of massage done during the Saskatchewan Games, as the athletes attending the games will generally not be exposed to sport massage prior to an event. Massage should be limited to once per day per athlete following the completion of the day's competition.
2. Keep accurate records of all athlete treatments, both in the clinic and at the venues.
3. Assist in maintaining all equipment and supplies.
4. Keep the Personnel Chair and Polyclinic Chair informed regarding movement between the venues and the clinic and report to the Medical Services Director any problems that detract from allowing the best possible care of the athletes.
5. Recommend treatment programs that can be followed by the athlete upon returning home and/or liaise with home practitioners.
6. Work cooperatively with all other medical team members.

Staff Nurse

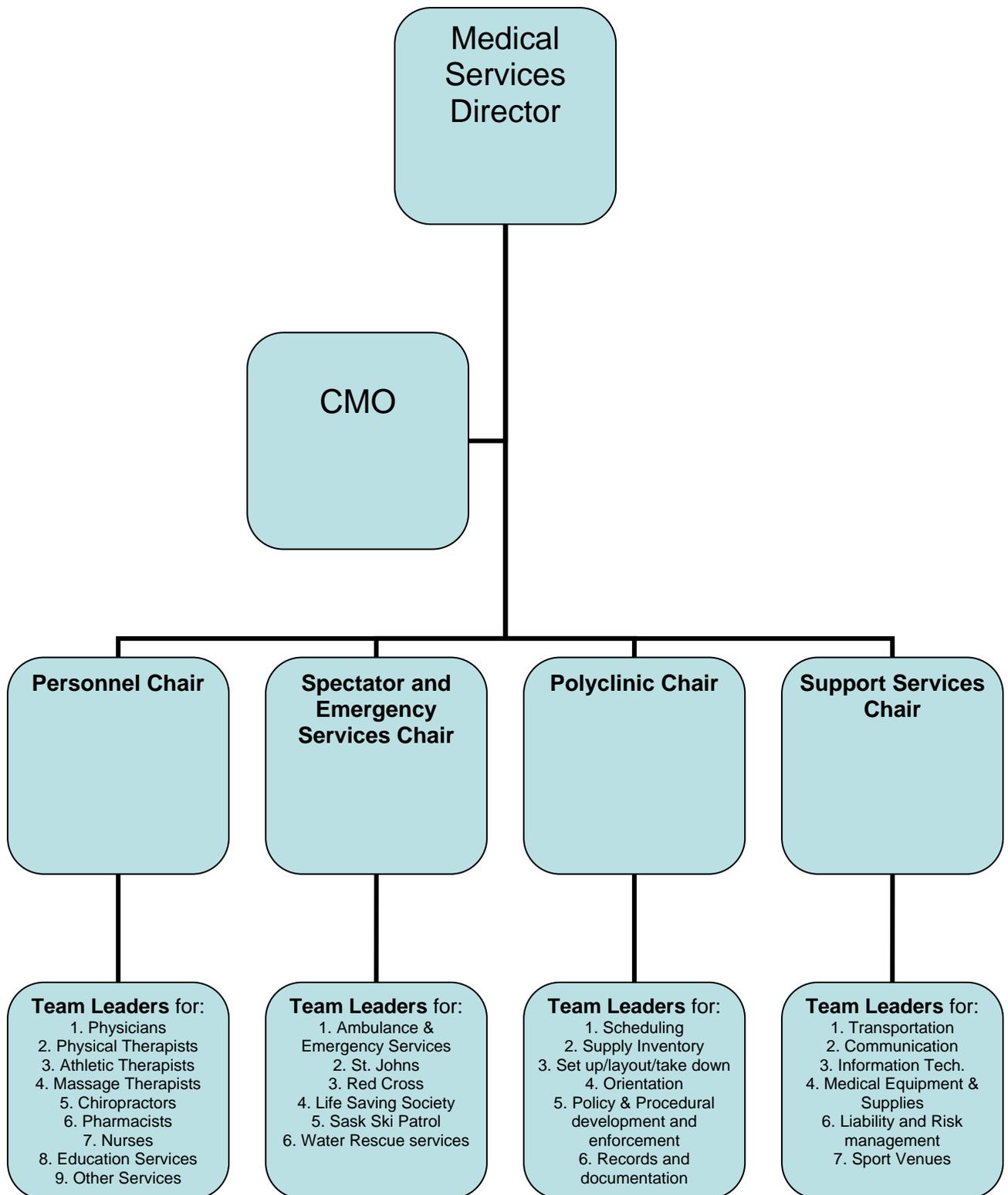
1. Act as a "triage" person in the clinic making sure the most urgent problems are dealt with first.
2. Assist with various medical/surgical procedures while providing support and information to the athlete.
3. As requested by the physician, give injections, take blood samples, remove sutures, perform simple laboratory tests, change dressings and perform simple diagnostic examinations.
4. Maintain an accurate and up to date inventory of the field clinic for the medical team. Keep the inventory in order and, in conjunction with the Medical Services Director and Polyclinic Chair, ensure that all necessary items are packed and returned.
5. Organize and keep a record of the various drugs/medications used in the clinic.
6. Control the reception area and documentation flow in the medical clinic.
7. Act as facilitator and liaison between the physicians, therapists, and athletes.

Sports First-Aiders

1. To take direction from the in-charge therapist and physician at the assigned venue site or clinic.

2. Could assist in the clinical operations by taking and recording information.
3. Could assist the in-charge therapist, where qualified, with taping and wrapping.
4. Provide, on-site first-aid management as required.

4.2 Medical Organizing Committee Flow Chart



4.2 Venue Guidelines

(i) Pre-Competition

Volunteers assigned to a venue should be expected to be on-site at least 30 minutes prior to the start. Upon arrival, or before each game, the medical volunteers should check in with the Medical Venue Rep and familiarize themselves with the venue. The Medical Venue Rep should then check in with the clinic confirming that all volunteers have arrived and that everything is set for the day's events. This check should also include notifying the Sport Chair, the managers/coaches of the athletes competing, and the officials. Prior to the beginning of the day's events the protocol for handling participant injuries should be reviewed by the Medical Venue Rep and with the officials and other volunteer medical personnel. (Also, medical volunteers should ensure that any injuries or questions concerning the athletes are looked after prior to the game starting.)

(ii) Competition

Medical volunteers are expected to be on-site and available to deal with athletes throughout the time they have been assigned to the venue site. If a replacement is needed, unless during an emergency, the volunteer should remain on-site until his or her replacement arrives.

(iii) Post-Competition

Each medical volunteer should be prepared to remain at the venue for approximately 30 minutes following the end of a competition. This will allow time to deal with any injuries or questions concerning the athletes. Prior to departure, the Medical Venue Rep should check with the coaches to ensure no further medical coverage is required.

(iv) Central Clinic (Polyclinic)

If the clinic is set up at the athletes residence site, specific hours for out-patient clinics should be designated on a daily basis. The hours for the clinic should be specifically noted by all persons involved including all coaches, managers and athletes. When the clinic is not staffed, an on-call system should be set up for emergency medical care. An on-call system should also be set up for specialists such as dentists, orthopedic surgeons, ophthalmologists, etc.

4.3 General Philosophies

The following principles should apply to all volunteers:

(i) General

- Be familiar with the sport-specific rules pertaining to the emergency on field/court treatment of injuries. In some sports, you may not rush out to treat an injured athlete without the authorization of an official or umpire. Also, be familiar with the rules pertaining to playing with an injury or the use of braces or any support for an injured part (see sport protocols).
- At all times be courteous and respectful to coaching staff and officials.
- Be familiar with the established chain of command. Be present 30 minutes before an event or practice is due to start and be prepared to stay half an hour to one hour afterwards.
- Medical personnel should conduct themselves in a professional manner at all times especially when treating an injured athlete during the course of an event. Medical personnel should attempt to be as brief as possible when dealing with an injury, removing the injured athlete as soon as it is safely possible. Medical personnel are there to facilitate the event not to disrupt it with medical treatment.

- Dental emergencies must be treated as such. There should be a dentist on call at all times. Any request to see a specialist should go through the attending physician and referral should be at his/her discretion.

(ii) Confidentiality of Information

It is essential that confidentiality, in keeping with good medical practice, prevail. No information should be given out concerning an athlete without the athlete's consent. No medical volunteer should give information to the press about any athlete. Any request for medical information by the family should be directed to the Medical Services Director. Medical records must be accurately recorded, securely stored and respected as to their confidentiality.

(iii) Philosophy of Treatment

The first half hour of treatment for a sport injury is usually the most crucial time. Bear in mind that your immediate treatment includes:

- Immediate assessment of the injury and recognition of the potential for complication.
- Prevention of the injury getting worse and prevention of further injury.
- Initiation of primary care.

Remember:

- Do not treat or deal with problems or injuries outside of the area of your expected level of expertise.
- Always respect an athlete's request for another opinion.
- Physiotherapists and athletic therapists often have expertise and skills in the care and prevention of sports injuries which physicians and nurses do not. Their opinion as to what they can do to help an athlete should be sought frequently.
- Each member of the medical team brings complimentary skills and expertise. Each member's specific skills should be recognized and respected. The athlete should be provided treatment by the member(s) who can best serve the injury at hand.

(iv) Safe Hygiene Practices - Infectious Diseases and Hepatitis B

When providing first-aid to athletes, the possibility exists of coming into contact with various infectious diseases including HIV and Hepatitis B. All medical volunteers, coaches, and officials should be aware of the precautions that should be taken when treating injured athletes.

The risk of transmission during exposure to open wounds or to mucous when an individual has a blood born disease is low. Very few reported cases of blood contact on inflamed areas of skin of health care workers have caused the transmission of the HIV virus. The risk of transmission would principally involve the combative sports with direct body contact and other sports where bleeding may be expected to occur. Although the risk of contracting any of these diseases from an injured athlete is very low, all athletes should be treated as potentially infectious.

In light of this information, the following precautions should be taken when treating injured athletes:

- Gloves should be used to prevent skin to skin exposure when in contact with blood or any other body fluids. They should also be worn for handling items or surfaces soiled with blood or bloody fluids. Gloves should be changed after each contact with an athlete. Hands should be washed immediately after gloves are removed.
- If skin lesion is observed, the individual's participation should be interrupted until the bleeding has been stopped. The wound should be immediately cleansed with a suitable antiseptic and securely covered with an impervious dressing (i.e. no blood visible on the outside of the dressing).

- Officials and referees should be made aware of the two previous points. The protocol for dealing with such injuries should be clarified between the medical personnel and officials prior to the commencement of competition.
- Surfaces contaminated with blood or body fluids should be cleaned with soap and water and should be sanitized with solutions made from a 1:10 dilution of household bleach prepared fresh within 24 hours.
- The need for direct contact for artificial respiration should be minimized by using mouth pieces.
- If medical personnel have open wounds or weeping lesions on their skin, they should refrain from all direct athlete care until the condition resolves.
- The medical history of an athlete with any type of open wound should be carefully reviewed and it should be ensured that all routine vaccinations (including tetanus & MMR) are up to date.

4.4 Staff Education and Orientation

(i) Pre-Games Meeting/Education

It should be the responsibility of the Medical Services Director and the Personnel Chair to organize a local seminar to review emergency protocols, first-aid procedures and policies and to update and refresh practical skills. Usually the best time to organize this seminar is 2-4 weeks prior to the Games. The Sport Medicine and Science Council of Sask. has developed a one day curriculum which addresses the specific needs of the medical volunteers. Instructors who have had extensive Games experience teach these workshops which include theory, demonstration and practical sessions. Pre-booking of these courses (6 months notice) is advised.

(ii) Athlete/Coach Information

A participant's handbook is published for each Games approximately 5 weeks prior to the start of competition. A description of medical services available, hours of operation and any other medical information the Medical Organizing committee would like to communicate to the athletes should be included.

Communications can also be made with the coaches prior to the Games through the Sask. Games Council. A letter can be sent detailing the medical coverage arrangements that are being made and any recommendations the MOC feels necessary to communicate to the coach (i.e.):

- Medical History Forms should be filled out for each athlete on every team prior to arrival at the Games. One copy should be kept at all times with the team coach or manager, one at the polyclinic and one at each sport venue with the medical personnel.
- Distribute a list of available services, hours of operation, medical contact numbers and other important contacts.
- Outline emergency protocol and procedures.
- List basic supplies for the coach to bring (i.e.) supply own tape if medical committee deems it is necessary.
- Caution them to bring "healthy" athletes. Many of the problems seen in the past are of a chronic nature and, in many cases, the athletes shouldn't be participating in the Games.

(iii) Orientation and Set-Up

Often there is a shortage of time for preparation, since the medical facilities for the Sask. Games are usually set up immediately prior to the athletes arriving. It is important, however, that all members of the medical team are oriented to the venue sites, emergency protocols, equipment dispersal, the kits they will be having, etc. This should be done in two ways:

1. Specific meetings with each section involved.
2. To follow-up and reinforce this orientation, a medical policies and procedures manual should be developed and provided for each member of the medical team. This manual should include items such as the overall protocol, floor plan and location of the central clinic, rules and regulations for transport, liability issue, lines of communication and procedures, transportation guidelines, complete personnel schedules for the polyclinic, schedules to all sporting events including a schedule of what medical personnel are to be in attendance at the events, emergency protocol for each venue, map of the area, copies of all forms and procedures, and any other pertinent information that will assist them in carrying out their duties. It is particularly important that communication channels be clearly laid out so that volunteers know how to contact the clinic, how to call for emergency transportation, and where to report problems (ie. with equipment, lack of supplies, problems with coaches, etc.). The following contact numbers would be included: Medical Clinic, Hospital Emergency Dept., Sask. Games Council office, Security, and all Committee Chairs. All this should be clearly defined and contained within the manual. All medical staff should be given a wallet-size card that contains all of the important phone numbers.

4.5 Medical Records

An injury reporting system has been developed to standardize the information collected on each athlete and to allow more accurate statistics to be compiled.

A standardized injury report form should be developed by the Host Medical Committee. All injuries and treatments rendered at each venue site must be recorded. The form should follow the patient from the time they are treated at a venue until they reach the polyclinic. Once treatment is finished, the form should be returned to the polyclinic for data entry. The Sport Medicine and Science Council of Saskatchewan can assist the Host Medical Committee with the development of an injury report form (see appendix). Past experience has shown that a control/reception area in the polyclinic and a specific person (i.e. Medical Office Assistant) should be assigned to receive medical and venue reports, and to generally control the documentation and reception area. This helps to increase the effectiveness of injury reporting throughout the Games.

4.6 Medical Intervention Regulations

(i) Protocol for Handling Injured Athletes

1. The physiotherapist, athletic therapist or first aider will usually be the first responder to an athlete injured during a competition.
2. The “first responder” must follow the sport specific rule(s) for treating an injured athlete. This often entails not entering the playing surface unless called by the referee (unless a serious injury is in need of prompt attention).
3. When possible, further evaluation should continue once the athlete has been removed from the playing surface.
4. The decision as to whether or not the athlete is able to return to the competition will be made by

- the most senior medical person on-site, with assistance from the CMO if available. If the athlete wishes to return to competition against medical advice, he/she should sign a waiver (“against medical advice” form).
5. If there is no physician present, consultation must be made by contacting the physician at the Polyclinic.
 6. Documentation must be made on the correct injury report form.
 7. If the athlete is not able to resume competition, the coach must be informed, as well as the head mission staff person for that Zone or province.
 8. If the athlete must be sent for further treatment, the Polyclinic should be contacted by telephone to allow them to adequately prepare and to arrange for transportation as necessary.
 9. The athlete's injury reporting form should be sent with them if they are going to the polyclinic. If they are being transferred directly to the hospital, then their medical history form should also be sent.
 10. If the medical personnel on site suspect a serious injury, an ambulance should be immediately called. Also, the Polyclinic should be informed as soon as possible. The Polyclinic should contact the hospital regarding transfer of the patient by ambulance. The CMO, or his/her appointee, should attend to the athlete while they are at the hospital to ensure that their needs are taken care of. This will include informing coaches and family contacts while allowing the hospital staff to provide medical treatment. The head Mission Staff person from the athlete’s Zone or Province must also be informed.

Do not disclose any information to the media. Refer all questions to the CMO.

(ii) Physician Intervention

Physicians treat medical illness. Therapists and others will, if alone, refer such medical illnesses to a physician or to the polyclinic as soon as it is possible or necessary. It is recommended that the following conditions be seen by a physician at all times:

- All unconscious and paralyzed patients (includes concussion with or without loss of consciousness).
- All injured athletes with respiratory difficulties.
- All athletes with neck injuries; this includes athletes complaining of a sore neck after a fall or dive, or who participate in any contact sport.
- All dislocations.
- All eye injuries.
- Following basic sports first-aid, (i.e. rest, ice, compression, elevation) all new injuries should be seen by a physician with appropriate referral to a therapist and/or further investigation. For example, X-rays.
- Any athlete who has a knee effusion should be seen by a physician and referred, if necessary, to the appropriate consultant.

(iii) Sport-Specific Protocols

Sport-specific protocols governing medical intervention during competition are listed below.

It should be noted that local, provincial and national rules in these matters tend to change over time, so updates should be obtained from the proper authorities on this issue. Nonetheless, the following can be used as a guide only:

Athletics

Medical and paramedical personnel are not allowed on the track or in the field during competition unless directed to do so by the Field Marshall. Medical personnel may be in these areas only during the warm-up period.

Note: Pole Vault, Shot Put, Discus, Hammer, Javelin

Competitors are allowed to place a substance on their hands to obtain a better grip. The use of a forearm cover, or tape on the hands or fingers shall not be allowed except in the case of the need to cover an open wound.

Badminton

If a participant is injured during play, the Umpire will signal the referee who will request the medical personnel enter the court to assess the injured athlete.

Baseball

Medical personnel must wait until the umpire interrupts the play in order to attend injuries on the field. Pitchers cannot wear white bandages or tape on their arms, wrists or fingers (on the throwing hand). Bandages must be skin color or a long sleeve shirt must cover the bandages. Pitchers also are forbidden to wear batting gloves underneath their catching gloves.

Basketball

Medical and paramedical personnel cannot go onto the court until play has been stopped by the official's whistle.

Boxing

a) Weigh-in

In the morning of the competition day, and in conjunction with the official weigh-in, all competitors must undergo a medical inspection. Specifically, conduct a visual examination for contagious skin conditions (eg. ringworm). In addition, all referees must also undergo a physical examination prior to the beginning of a bout. These medical inspections are the responsibility of the attending physician (see appendix). The equipment required includes: Ophthalmoscope/Otoscope, Stethoscope, BP Cuff. The athletes generally have a medical book which must be initialed by the medical officer prior to the fight.

Items to include in the pre-fight history include:

History of recent headaches

History of any recent visual disturbances

Recent nausea

History of ever being knocked out

Recent illnesses

Items to examine include:

Pupils/ears (perforated T.M. is a contraindication to fight)

Feel facial bones

Examine for loose teeth (loose teeth or a facial fracture are contraindications to fight)

Feel nasal bones

Cannot fight with contact lenses

Palpate clavicles

Spring chest wall (palpate quickly for tender ribs)

Listen to heart and lungs

Look for any significant lacerations (cannot fight with a laceration)

Look at hands and look for any evidence of a fracture

Check for hernias
Check headgear (concerns should be reported to the referee)
Check vision (any impairment, e.g. swollen eye, is a contraindication to fight)

b) During the Fight:

A physician is required to be in attendance at all times during competition. If the attending physician wishes to examine a boxer, he or she may instruct the referee during the 1 minute inter-round rest interval to stop the bout. After the bell has sounded starting the next round, the referee will bring the boxer to the physician for examination. However, during a round, the referee can call for time and have the boxer examined by the physician. The referee has the ultimate authority to stop a bout, however, the referee must follow the advice of the ring-side physician. The boxer must not appear with bandages, dressings, or sutures on the face, neck or hands during a bout.

Broomball

In-charge medical personnel must wait until the play has stopped prior to going on the ice. The player is eligible to return to competition after the injury has been treated. Medical personnel must wear broomball shoes in order to be allowed on the ice.

Canoeing

"Life saving" personnel must be present to follow the races.

Curling

When competitors are on the playing surface area (rink or arena), the Head Official will request that the Medical Personnel enter and assess the injured athlete (unless a serious injury is in need of prompt attention).

Cycling

In road races, ambulance or medical personnel are to follow the race and are directed to crashes by the race commissioner. If a track race is stopped for a crash, ten minutes is allowed for tending to a rider.

Diving

Fully trained paramedical personnel should be present at all times during competition and practices (i.e. lifesaving, ambulance). Emergency drills should be practiced prior to competition. Paramedical personnel should be trained to use a spine board. Medical intervention during competition is allowed. The life guard crew from the pool will be the first responders when a participant is injured. Other medical personnel must wait until the injured person is on the pool deck before beginning an assessment. The athlete is eligible to return to competition but must do so by his/her next turn to dive.

Equestrian

Ambulance and medical/paramedical personnel should be available on-site. In addition, a horse ambulance must be available close to ring side for the removal of an injured horse. The F.E.I. rule pertaining to international competition states that "a competitor who is injured during a competition may not start in a subsequent competition of the same event without the express permission of the Ground Jury advised by the event Medical Officer."

Fencing

There are specified periods of rest for injury during combat (20 minutes) during which the fencer may leave the piste (fencing strip) to be treated and then return to combat. If the fencer is unable to continue within that period of time due to the severity of the injury, that person is retired from competition.

Field Hockey

No one from the bench may enter the field until permission has been given by one of the umpires. When an injury occurs, the umpire will ask the player if he or she requires medical assistance and, if necessary, will wave one member of the medical team on to the playing field. Usually only one medical person is allowed on the field. Once the injury situation has been assessed, the umpires are under the general direction to see that the injured player leaves the field of play for treatment unless medical reasons prohibit this action. If a substitute enters the game, they are then able to return to the field and play resumes once the injured player

leaves the field. If no substitute has entered the game for the injured player, that player may re-enter the game through the umpire at an appropriate stoppage in play.

Figure Skating

Medical or paramedical personnel must wait for the referee's signal for assistance. On several occasions, skaters have fallen, remained on the ice for seconds/minutes and have then managed to get up and finish the program.

Gymnastics

Medical personnel should be on-site at all training and competition sessions. Medical personnel are allowed to enter area of competition once an injury has occurred.

Ice Hockey

In-charge medical personnel must wait until the play is stopped prior to going on the ice. The player is eligible to return to competition after the injury has been treated.

Judo

There are strict rules concerning medical assistance. When a judoka is allegedly injured during a match, the referee will stop the match. If she/he judges it necessary, or if the contestant requests it, the referee will stop the match. If she/he judges it necessary, or if the contestant requests it, the referee will call for assistance on the mat. Medical personnel can only go on the mat (taking their shoes off) when called by the referee. Any treatment or assistance must be performed on the mat as quickly as possible. This treatment may only be performed after consultation with the referee. Illegal treatment without the referee's expressed opinion may result in disqualification. Leaving the mat area means disqualification by withdrawal for the fighter. Matches run 4 to 5 minutes and 7 minutes for the finals (stopped time). Contestants are allowed a total of two time outs per match for medical reasons. If a contestant is purposely injured by his opponent, the medical time out will not be counted. If he/she is unable to continue the match after being medically cleared, she/he forfeits the match.

Karate

If a participant is injured, medical personnel must be waved into the competition area by the referee. Five minutes is allowed for injury assessment. The referee, in consultation with the physician, will decide if the match is to continue.

Lacrosse

Medical personnel must wait to be waved on to the playing surface by the referee. Participants cannot wear exposed metal braces.

Physically Challenged Sports

A list of the medical problems of each athlete should be made available to those covering this venue. This information should be collected on the registration forms.

Ringette

If a participant is injured during play, the referee will stop the play and if required request medical personnel to step onto the ice to assess the injured athlete.

Rowing

First Aid/Water Safety personnel are the first respondents to an incident on the field of play. Given the field of play is water, the injured participant is removed from the field of play by the first respondents to a shore location where further medical attention may be had. On the playing field situations would include: collisions, capsizing of vessels, collapse of athletes due to overexertion or heat stroke.

The level of injury would be any injury or perceived injury that the first respondents deem serious enough to escort or carry the injured party from the field of play. The protocol for the removal of an athlete from competition is left up to the chief medical officer.

Rugby

The use of metal braces (even if covered) and eye glasses is prohibited. Play may continue during minor injuries with a medically trained person being permitted to come on the field to attend to the injured player. When a player is injured, the referee should not allow more than a one minute delay unless a longer period is necessary to remove the player or give essential treatment. A player who is off to have a bleeding wound attended to may be temporarily replaced. There is no time limit for his absence from the match. A player who has suffered a definite concussion should not participate in any match or training session for a period of at least 3 weeks from the time of injury, and then only subject to being cleared by a proper neurological examination.

Shooting

A therapist with massage skills could be made available.

Skiing - Alpine

No specific regulations. Skiing can be considered relatively high risk and a physician and emergency personnel should be scheduled to cover the races. The local ski patrol should also be on duty.

Skiing - Cross Country

If the athlete is on the track (race course) during a race, the athlete cannot be aided without disqualifying the athlete. The race protocol dictates that the race cannot be stopped unless approved by the Chief of the Course or Technical Delegate. If the injury or position of the injured athlete warrants immediate medical help then the athlete should be removed from danger so that medical personnel can treat the injury without further injury to the athlete or themselves

Note: The local ski patrol should also be requested to be on duty at all races

Soccer

The referee will not allow medical personnel to enter the field while a game is in progress. If she/he deems it necessary, the referee will wave the medical team member onto the field. It is up to the discretion of the referee, in consultation with the attending medical person, as to whether the injured player will be removed from the field.

Speed Skating

Short Track - If participants fall or are injured during a competition, medical personnel must wait until the end of the race to attend to the athlete(s). If it appears that a participant has sustained a serious injury, the referee will consult with the medical personnel and decide if the race should continue.

Long-Track - If a participant falls or is injured during a competition, medical personnel may attend to them immediately.

Squash

Medical personnel must be "waved on" the court by the referee. Three minutes is allowed for injury assessment. The referee has the discretion to extend this time allotment. For all other injuries, the referee will decide on a reasonable time frame for medical assessment.

Swimming

The life guard crew from the pool will be the first responders when a participant is injured. Other medical personnel must wait until the injured person is on the pool deck before beginning an assessment.

Synchronized Swimming

Should an emergency occur, usual pool emergency procedures would be followed. Once the athlete has entered the water for either the figures competition or routine competition, the athlete should not be attended to unless the referee has blown the whistle, and notified the judges. The coach can notify the referee for such an interruption. If the physician feels the athlete is in need of assistance, notification of the

coach or referee is the correct course of action. If an athlete's performance has been interrupted for medical reasons, the athlete would most likely be allowed to re-swim her performance at a later time.

Tennis

Players are allowed one three minute break for medical assessment during a match. Medical personnel must wait to be "waved on" to the court by the referee before performing an assessment. If tape is applied to a player's serving hand, it must not be the same color as the balls being used in the match.

Volleyball

Medical personnel cannot enter the court until the referee has blown the whistle. The referee has the authority to end the play at any time. If the referee sees an athlete injured on the court, the whistle should go immediately. The medical personnel can then enter the court. The injured player must then be substituted, either legally or exceptionally. If the injured player cannot be substituted, the player is given a 3-minute recovery time, but not more than once for the same player in the match. If he/she does not recover, his/her team is declared incomplete.

Water Polo

If a player is bleeding, the referee shall immediately order the player out of the water with the immediate entry of a substitute and the game shall continue without interruption. If accident, injury or illness, other than bleeding occurs, a referee may at his discretion suspend the game for not more than three minutes. If the player leaves the game through any medical reason including cramps, the referees shall allow the immediate entry of a substitute. The injured player shall not return with one exception. A bleeding athlete may return once the bleeding has completely stopped.

Weightlifting

Extensive bandaging rules exist (i.e. wrist and knee bandages are allowed to a maximum width of 10 cm at the wrist and 30 cm at the knees). No bandages are allowed on the elbows or thighs. Any other bandages worn by the athlete must be requested by the physician on duty and authorized by the jury prior to competition.

Wrestling

Supervision of the weigh-in, in addition to the bouts is required. During the weigh-ins, physicians can examine the athletes and evaluate their condition of health (eg. conduct a visual check for contagious skin conditions such as ringworm). This is the case in all international competitions. In domestic meets when the presence of a physician is not possible, the official will administer the weigh-ins. If there appears to be a condition, the official will hold back the admittance of the wrestler to the meet until a physician can diagnose the condition. The wrestler must never leave the platform unless he sustains a serious injury requiring his immediate removal, or if he is vomiting or if an illness is clearly evident. The total time out in case of injury in a bout cannot exceed two minutes for each wrestler. Following a minor injury, however, the physician can allow an injured wrestler to continue competing in the following round.

4.7 Liability & Risk Management

It must be clearly understood by all medical staff that their time at the Games is of a volunteer nature. Any treatment rendered to the athletes during the Games may not be charged to the athlete's medical plan, to the Sask. Games Council or to the Host Community, Society or Municipality. Any athletes requiring attention at the hospital will be admitted through the usual channels. Any costs incurred through the Provincial Ambulance Service will be paid by the Host Community Medical Directorate.

The Host Society has a liability insurance policy covering all volunteers. For this reason volunteer information forms must be completed by all medical personnel. *Note:* All volunteer "medical and paramedical professionals" should have their own malpractice insurance as well. (see below)

The Good Samaritan's Act provides coverage to individuals rendering first-aid. The Act, however, may not apply when the person rendering medical/paramedical service is employed specifically to fulfill that duty (regardless of whether or not they are receiving payment). The Good Samaritan Act of Sask. has not been

judicially considered nor have those of other provinces. As a result, it is difficult to determine exactly how the courts would deal with the use of the Act as a defense to a claim for compensation and assertion that liability should be found against those providing first-aid during a Games situation.

Medical and paramedical staff working at the Games must:

1. Be licensed to treat athletes in their own provinces. Students and those not licensed to practice must work under the direction of a qualified, licensed individual.
2. Treat only accredited athletes and officials within the medical arrangements for the Games and during the Games only.
3. Have their own malpractice liability insurance and be able to quote their insurance number.
4. If possible, obtain a temporary license in the province of the Games.

GOOD SAMARITAN ACT

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| <ol style="list-style-type: none">1. No liability for emergency aid unless gross negligence2. A person who renders emergency services or aid to an ill, injured, or unconscious person at the immediate scene of an accident or emergency that has caused illness, injury, or unconsciousness, is not liable for damages for injury to or death of that person caused by his/her act or omission in rendering the medical services or aid unless he/she is grossly negligent. |
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4.8 Emergency Protocol

A standardized emergency protocol must be established and adapted for each sport venue and the Polyclinic. As well, a disaster plan should be established in the event that a disaster or multiple casualty incidents were to occur. Also, a plan should be developed in the event that athletes need to be isolated or quarantined during the Games.

(i) Emergency Protocol

The established protocol should be posted (along with all emergency telephone numbers) at each venue telephone location as well as in each venue first-aid kit. A generic emergency protocol form is included.

(ii) Disaster Plan

It is recognized that, should a disaster or multiple-casualty incident (MCI) occur during the Games, many people would be working in an unfamiliar environment that they are not used to and that they will be exposed to stresses that are unfamiliar to them. With an established disaster plan, the number of decisions these people need to make while under stress will be reduced which should decrease the number of incorrect decisions made. Everyone is expected to contribute, but nobody should be put in a position that is above their level of training or experience.

Most communities have put together extensive disaster plans.

iii) Quarantine Plan

In the event that something like a virus begins to spread through the athletes village, a prepared plan must be in place to deal with this situation. This would involve such items as an isolation room, staffing, transportation if required, equipment and supplies, medications, and so on.

4.9 Post Games Report

Information and recommendations from each Games experience should be documented in a Post-Games Report. This valuable information can then be compiled and utilized by subsequent Medical Organizing

Committees. The Medical Services Director, CMO and each Unit Chairperson should collaborate in producing this report. The following report outline is provided as a reference:

(i) Introduction

- a) composition of team: athletes, coaches, etc.
- b) medical team personnel mix of experience and specialties
- c) additional designated medical/paramedical personnel qualifications, accreditation, access to clinic.

(ii) Preparations/Staging

- a) advance survey and report (climate, etc.)
- b) suppliers/equipment orders
- c) medical mission/team briefing
- d) correspondence with medical team
- e) medical records
- f) travel arrangements
- g) venue tour, medical facilities tour

(iii) Operation of Clinic

- a) description of facilities and location
- b) communication and transportation system
- c) medical scheduling and assignments - venue, clinic shifts, peak hours, emergency hours, hours worked (minimums, maximums average).
- d) administration support; clinical records
- e) services offered
- f) meetings held

(iv) Field Clinic Supplies and Equipment

- a) description of stock ordered and received: adequacy? as ordered? overstock?
- b) recommended additions/deletion of items
- c) comments on donations
- d) process of obtaining additional supplies/equipment on-site
- e) packing/unpacking
- f) other suggestions

(v) Medical Report

- a) details on major injuries, epidemics occurring at the Games
- b) daily log, charts
- c) medical: breakdown by system, sport, patient type, etc.
- d) therapy; breakdown by site/clinic; treatments; acute/chronic problems; treatment/modality; body part/injury type; etc.

(vi) Communications

- a) among staff: team cohesiveness and morale
- b) with other Games committees and volunteers
- c) with coaches and athletes

(vii) Educational Sessions

- a) topics

- b) invited guests
- c) evaluation

(viii) Evaluation and Recommendations

- a) staff
- b) supplies/equipment
- c) facilities
- d) general

4.10 Administration

(i) Medical Personnel Check-In (Registration)

A “check-in” system should be set up for medical personnel. They should each receive a personal Games itinerary by mail prior to arriving on-site. Their registration package should include:

- Emergency protocol and contact numbers (if not already distributed).
- Games Accreditation
- Identification (vest, hat, or whatever is being used)
- Medical Policies and Procedures Manual

(ii) Transportation/Communication

A courtesy van service should be arranged for the entire Games period to transport athletes with minor injuries from venue sites to the Games Medical Clinic. Direct communication with the vehicles should be available to all charge medical personnel. All volunteers must be made aware of the method of accessing this service. Also, the medical team should make every effort to obtain independent vehicles for their own transportation.

In terms of communication, the medical team should have the use of either a two-way radio system, or cellular phones. Emergency telephones should be placed in the Polyclinic and at each of the venues. In order to allow physicians at the Polyclinic to intervene in triage, a phone or extension connecting them to the reception area should be located in the treatment area. The Polyclinic Chair, Personnel Chair and the Medical Services Director should be on-call at all times. The on-call physician should also have a cellular phone or pager.

(iii) Social Events

The Medical Organizing Committee may consider hosting one or two social events for medical personnel.

(iv) Meals

Only out of town medical volunteers are entitled to Games meals. See Sask. Games Council guidelines for clarification.

(v) Press

The Sask. Games is televised and receives a tremendous amount of press. It should be made clear to all medical volunteers that the only person authorized to speak to the press regarding the medical condition of any of the participants is the CMO. The confidentiality of all medical records must be maintained.

14. Hot water _____ Cold water _____

15. Sink _____ Toilet _____

16. Adequate lighting for: examinations _____
treatment of patients _____

17. Telephones for: clinic _____
emergency line _____
non emergency line? _____

18. Is electrical supply adequate? Wall outlets - six for therapy (preferably separate circuits plus medical/treatment/examination area). _____

19. Extension cords _____

20. Linen supply: towels _____
sheets _____
pillows _____
pillow slips _____

Daily exchange and pick-up? _____

21. Laundry service available for: towels _____
turn around time _____

General Support Services

22. Stretchers/spine boards or scoop stretchers at event sites? _____

23. Emergency oxygen kits at event sites _____

24. Ambulance service _____

25. Access to local hospitals _____

26. Access to X-ray equipment and services of a radiologist? _____

27. What physiotherapy equipment and modalities will be available in the clinic?

Ambulance
 Trainer
 Life Guard

Sports Aider
 St. John Ambulance
 Ski Patrol

5.3 Suggested Timelines

2 Years in Advance

Appoint a Medical Services Director
 Medical Services Director attends previous years Games as observer

18 Months in Advance

Establish Medical Organizing Committee (Unit Chairpersons and CMO)

15 Months in Advance

Determine site and facility specifications
 Designate core group of assistants (Team Leaders)
 Establish personnel guideline requirements
 Establish emergency/disaster plans
 Conduct advanced site survey
 Initiate local contacts (hospital, suppliers, St. John, etc.)

12 Months in Advance

Establish equipment requirements
 Establish supply requirements
 Receive technical package from Sask. Games Host Society
 Establish an initial budget
 Establish equipment requirements
 Liaise with other Games Committees (transportation, security, accommodation, communication)

6 Months in Advance

Tour facilities & venues
 Review site survey
 Complete facility checklist
 Establish injury recording procedures
 Book educational seminar for volunteers
 Designate remaining assistants

3 Months in Advance

Establish duty rosters based on venue requirements
 Name traveling therapists (receiving Sask. Games Council support)
 Submit medical coverage details to Sask. Games Council for distribution in coaches' packages.
 Develop medical volunteer manual.

1 Month in Advance

Distribute medical volunteer manual
 Conduct educational seminar and emergency protocol reviews
 Divide up supplies (kits, accommodations, venue, clinic)
 Ensure and finalize medical accreditations and access.

- ___ Establish supply inventory procedures.
- ___ Establish kit/venue supply restocking procedures.
- ___ 2nd tour of facilities by committee chairs

During Games

- ___ Keep track of movement of personnel and scheduling conflicts
- ___ Ensure delivery of ice to all venues and clinic
- ___ Ensure delivery of meals to medical personnel at venues
- ___ Daily re-stocking of supplies (kits/venues)
- ___ Collect injury reporting sheets daily
- ___ Provide medical assessments and treatments as required for all Sask Games participants
- ___ Daily MOC meeting to review daily activities

Following Games

- ___ Thank-you to sponsors, volunteers
- ___ Supply inventory
- ___ Inventory and re-pack Sask. Games supply crates
- ___ Equipment inventory and return
- ___ complete medical report and forward to the Sask. Games office.

APPENDIX

Various Athlete Medical History Form
Medical Volunteer Application Form
Various Injury Reporting Forms
Medical Assessment/Referral Form
Infirmary Log Form
Therapy Rehabilitation Report Form
Emergency Protocol Form
Wrestling Skin Check Guidelines

(SEE ATTACHED)

ATHLETE MEDICAL HISTORY FORM

To: ALL PARTICIPANTS IN THE SASK GAMES

The Medical Services directorate of the Sask. Games would appreciate your cooperation in providing the best possible medical care in case of illness or injury. Please complete the form below and return it no later than _____ (date) to:
Medical Services - Confidential

BRING YOUR HEALTH CARD WITH YOU TO THE GAMES

Name _____ Birthdate _____
Address _____
Postal Code _____ Telephone _____
Emergency Contact Person _____ Phone (W) _____ (H) _____
Sask Personal Health Number _____
I am Participating in(sport) _____ For Zone _____ at these Games

MEDICAL INFORMATION

A. Allergies

- a) to food _____
b) to medication _____
c) to other _____

B. Significant Medical Conditions (i.e. heart, lung or kidney disease, diabetes, asthma, epilepsy)

C. Prescription Medications (include dosage)

D. Therapeutic Diet Requirements

E. Do you wear contact lenses?

yes _____ no _____

F. Do you have a disability? Please specify

A Medical desk will be set up at registration. If you have any questions or concerns, please discuss these with the Medical Directorate staff. We wish you an enjoyable, successful and HEALTHY stay.

CONSENT FOR MEDICAL TREATMENT

Please sign below as consent for treatment at the Sask. Games Medical Clinic, should the need arise. For minors (under age 16) please have a parent or guardian sign.

Signature

Print Signature