



ISU MEMORANDUM / MEDICAL and ANTI-DOPING SHORT TRACK SPEED SKATING

The updates are highlighted in yellow.

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

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

The ISU Medical Protocol and ISU Anti-Doping Protocol must be completed and returned to the ISU Office no later than two months before the start of the Event.

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

1. Documents / Announcement

The ISU Office will send to the ISU Members responsible of an ISU Event, a review of the Anti-Doping and Medical Information Package (AD&MIP).

Member will forward this information to the local Organizing Committee (OC).

All documents are available on the ISU website, which contains the following and of which specified documents should be handed over to the Chief Medical Officer (CMO) and Doping Control Officer (DCO) as indicated below:

AD&MIP #	Title of the document	To be handed over to
1	ISU Memorandum / Medical and Anti-Doping Short Track Speed Skating	CMO
2	ISU Anti-Doping Rules	DCO
3	ISU Anti-Doping Procedures	DCO
4	ISU Blood Screening Program	OC
5	ISU Haematological Module of the Skater Biological Passport Program	DCO
6	Procedure for Chaperones	DCO
7	Doping Control Station Sign-In Form	DCO
8	Doping Control Form Instruction	DCO
8.1	Doping Control Form (scanned copy)	DCO
9	Doping Control Chain of Custody Form	DCO
10	WADA The 2016 Prohibited List	DCO
11	WADA Accredited Laboratories for Doping Control Analysis	DCO
12	ISU Skater Health Care Form	CMO
14	ISU Withdrawal Notification Form	CMO
15	Therapeutic Use Exemptions_ Application Form	CMO
16	Nutritional Guidelines	OC
17	Doping Control Officer Report Form (scanned copy) / DCO Report Form Supplementary Report	DCO



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18	Supplementary Report Form for ABP / Haematological Passport	DCO
19	On Ice Medical Emergencies Protocols (ISU Communication 2049)	CMO
20	Responsibilities of Host Medical and Visiting Medical Teams at ISU Events	CMO
21	Medical Meeting Agenda	CMO
23	Medical Meeting Sign-in Form	CMO
24	ISU Return to Competition Form	CMO
25	ISU Injury Surveillance Form	CMO
26	Skaters selected for Testing	DCO
27	Physician Assessment Form	CMO

2. Personnel

The responsibilities of the Host Medical and Visiting Medical Teams are described in **Appendix D** the document AD&MIP #20: Responsibilities of Host Medical and Visiting Medical Teams at ISU Events.

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

1. A qualified medical doctor with emergency/trauma and or sport medicine training or equivalent must be present during the scheduled practice sessions and competitions. At all other times a qualified medical practitioner must be available by phone.
2. All medical and paramedical personnel at rinkside must be trained in emergency first aid assessment and procedures.
3. Medical personnel (for example paramedics, emergency medical technicians, emergency first-aid responders, nurses, sport medicine physicians, emergency physicians or surgeons etc.) must be present at rinkside during all scheduled practice sessions and competitions. They must be able to respond quickly and with enough staff and equipment to remove the injured Skater safely from the ice and to manage any emergency resuscitation and treatment necessary. This includes cardiovascular collapse, respiratory compromise, lacerations (minor or major), upper and lower limb, spinal and head trauma including concussion. An AED (automatic electronic defibrillator) must be present in the rink.
4. For all practices at the competition/main rink there must be a minimum of two (2) Medical Personnel at rinkside and one (1) in the medical room, one of whom must be a Physician. At the practice rink there must be two (2) Medical Personnel at rink side one of whom is a Physician if the practice rink is not located in the same building as the competition rink.
5. For competition times there must be a minimum of four (4) Medical Personnel at rinkside, one of whom is a Physician. Two persons should be located at one corner of the rink with the equipment and two persons at the diagonally opposite corner of the ice surface. See attached Appendix A.
6. Pre hospital care including the personnel and equipment to provide airway management, supplemental oxygen, cardiac monitoring and defibrillation, head and spinal injury management and immobilization, extremity injury management and immobilization and



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management of major lacerations must be present at the rink(s) at all times when Skaters are on the ice. The equipment for this pre hospital care may be provided at the rink(s) by the Organizing Committee or by an onsite ambulance. If the equipment is provided by the Organizing Committee on site, then the ambulance response time must be within 10 minutes. If the equipment is provided by an onsite ambulance then a backup ambulance must be available within 10 minutes if transport is necessary.

7. A member of the Host Medical Team who is able to communicate in English must be available at all times. If not, a dedicated interpreter must be provided.
8. The Host Medical Team is responsible for removing the Skater from the ice surface but the Visiting Medical Team may access the ice surface with the Host Medical Team to communicate with the Skater and assist the Host Medical Team as required.
9. There must always be enough emergency staff available to provide care at the ice surface if others are busy in transport to the hospital or in the medical room.
10. There must be easy access and egress to the ambulance from the ice surface and the medical room.
11. Medical personnel must always be available in the first aid room and at the rink side while competitors are on the ice. At rinkside the medical personnel must have easy access to the ice surface and be able to communicate with the representative of the ISU Officials and medical staff at all times.
12. Medical personnel are expected to be on site 15 minutes before and 15 minutes after practice and competition.
13. There must be a Chief Medical Officer (CMO) and an Assistant CMO (ACMO) who are appropriately trained physicians (see point 2 above), appointed by the Organizing Committee and who are responsible for prearranging liaison with the clinics, hospitals and appropriate specialists for the care of the competitors during the competition.
14. The CMO or the ACMO must be at the rink during all practice and competition times.
15. It is the responsibility of the CMO/ACMO that all medical encounters are recorded. These encounters will be recorded on the ISU Injury Surveillance Form.
16. Before the beginning of the competition, the Chief Medical Officer should ensure that all equipment is tested and all personnel understand and are able to carry out all emergency procedures, and if time permits, carry out a practice session with the ISU Medical Advisor or the representative of the Technical Committee.
17. Physiotherapy care should be made available to Skaters during ISU Championships and other ISU Events.
18. All personnel must have a valid license to practice in the host country and carry the standard malpractice insurance for their scope of practice.
19. All medical personnel must wear similar, specific clothing that easily identifies them as medical personnel from a distance.
20. Administrative staff must be available from the first day of the accreditation process in the registration room to collect the Skater Health Care Forms from the Team Leaders, Skaters or Team Doctors. The Skater Health Care Form will be collected by a designated staff person who will be responsible for providing the forms to the Chief Medical Officer.



3. Facilities and Procedures

An ambulance must be present at all time on site for Short Track practices and competitions as per Rules 140, paragraph 1c. A back-up ambulance must be available within 10 minutes if the onsite ambulance is used for transport

3.1 Medical Team Meeting

The date and time of the Medical Team Meeting will be communicated to the CMO by the ISU Office. The Medical Doctors / Team Leaders of the participating Teams will receive an invitation letter for this meeting at the accreditation desk. The Medical Meeting Agenda is defined in the document AD&MIP #21.

3.2 Emergency Procedures

Protocols must be in place for emergency procedures such as evacuation of the Skater from the ice surface. (Refer to the document AD&MIP #19: ISU Protocol for On Ice Medical Emergencies). All medical personnel must have their roles in this situation clearly defined before the competition. These emergency procedures and equipment will be reviewed with the Visiting Medical Teams at the Medical Team meeting prior to competition. The ISU Medical Advisor or the representative of the Technical Committee will review this with the Chief Medical Officer on arrival.

All personnel must be aware of the disaster plan and location of emergency exits for the facility and their responsibilities for the Skater in their care.

3.3 Communication

1. A telephone (or mobile phone) must be present in the medical room.
2. There must be a means of communication between the emergency medical personnel at rinkside and the medical/physiotherapy treatment room(s).
3. There should be a TV available in the medical room.
4. If physiotherapy is provided in a room separate from the medical room, there should be a TV available in this treatment room too.
5. Communication with the physician must be possible at all times.
6. The ISU Medical Advisor must be provided with a means of communication.
7. Each medical encounter must be recorded on an ISU Injury Surveillance Form.

3.4 Rinkside

The designated medical area(s) at rinkside must be

1. Well marked
2. Have easy access to the ice surface.

During competition these designated areas must be an area large enough for the two host emergency personnel and one visiting team medical person at one corner and two medical personnel at the opposite corner of the ice surface.

The medical area must have an unobstructed view of the ice surface.

Only medical and paramedical staff with emergency first aid skills and the visiting team medical staff are allowed at the designated medical areas at rinkside during competition.



3.5 Medical Room

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

3.6 Treatment Room

The treatment room must:

1. Be available and staffed at all times during official practice and competition.
2. Be large enough to deal with expected medical encounters.
3. Have at least two treatment tables, with blankets, table and chairs.
4. Have washing facilities i.e.: sink with running water.
5. Have medical equipment and pharmacological agents necessary for
 - the examination and treatment of respiratory illness; for example asthma
 - cardiovascular stabilization; for example, blood loss, lacerations, or collapse
 - neurological complications; for example concussions, seizures
 - musculo-skeletal problems; for example fractures and soft tissue injury
 - gastrointestinal illness; for example dehydration due to vomiting and diarrhoea
 - minor skin care; for example lacerations and abrasions
6. Cooler with ice bags must be available in the room and /or at rinkside.
7. Have a secure area for medical record keeping.
8. Have an area available for the visiting medical staff to use to treat their Skaters.
9. Have a wheelchair available.

3.7 Physiotherapy Room

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

3.8 Skater Areas

1. Refreshments: drinks must be provided at the ice rink at competition and practice sites. Small sealed individual portion bottles must be available for all Skaters. Snacks such as fruit, sandwiches, nutrition/fruit bars and soup should be available at the rink.
2. The proposed menu for the Event must be in accordance with the Nutritional Guideline attached as Appendix C (AD&MIP # 16) and may be requested by the ISU Medical Advisor or the representative of the Technical Committee prior to the Event for review and possible comments.
3. It is the responsibility of the local Organizing Committee to follow up on food and drink availability at competition and practice sites as per the agreed menu plan.



4. There will be no smoking in any Skater areas at the rink or hotel. This includes the dining areas, dressing rooms, transportation, washrooms, anywhere Skaters are warming up and all Medical and Anti-Doping facilities.

3.9 Spectator Medical Care

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

3.10 Ice surface

In the event of blood stains on the ice, it is the discretion of the Referee to conduct a flood and/or to decontaminate the area/s by spraying them with a 1:10 dilution of household bleach.

3.11 Isolation space

There must be a dedicated space that can be used for isolation precaution if necessary.

4. Information

Information on access to medical care must be available to Skaters, Officials and ISU Office Holders at all times. This should include physician on call numbers and hospital numbers. At the team leaders meeting or opening draw for Long Track Speed Skating, the Medical Advisor or Chief Medical Officer will emphasize the important points and will answer any questions.

5. Anti-Doping

See the current ISU Anti-Doping Rules and ISU Anti-Doping Procedures.

For specific details refer to Appendix B: Anti-Doping

It is the responsibility of the Organizing Committee:

1. To select the Sample Collection Authority (SCA) which will conduct the Testing at the Event
2. To keep informed the SCA of the ISU Anti-Doping Rules and ISU Anti-Doping Procedures
3. To arrange with the SCA to have all the necessary personnel to conduct the required Testing
4. To provide a sufficient number of chaperones as required in Appendix B
5. To ensure that chaperones are aware of their responsibilities.

The chaperones must be of legal age under the laws of the host country and must not be in any manner related to the Skaters being tested.

The facilities and the equipment to carry out the Sample Collection Session at an ISU Championships or ISU Event and secure transport of the samples to a WADA accredited laboratory are the responsibility of the Organizing Committee in collaboration with the Sample Collection Authority. ISU Doping Control Forms and all relevant Forms are sent by the ISU Secretariat and must be made available at the Doping Control Station on due time.



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Arrangements must be made for the Medical Advisor or the representative of the Technical Committee and all Anti-Doping personnel to discuss the Sample Collection Session and review or practice a Sample Collection Session prior to the date the Testing officially begins.

At Championships, the Anti-Doping Draw will be conducted by the ISU Representative, if available, in the presence of the ISU Medical Advisor and when available the assigned Doping Control Officer at a mutually agreeable time.

Facilities

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

APPENDIX A**Short Track Speed Skating Medical Coverage for Events**

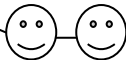
Paramedical personnel

**ICE SURFACE**

Note: This is the minimum coverage for the Competition venue.

Minimum coverage for practice venue is four persons at rinkside.

There should always be space available for one medical person from the team of the skater on the ice to be present with the host medical team at rinkside.



Physician and paramedical personnel

Minimum Equipment at Rinkside

- spine board and cervical hard collar
- resuscitation equipment for airway maintenance (oral airways, pocket mask, bag valve mask /ambubag, portable suction)
- supplies for lacerations (compression dressing pads, gloves)
- stretcher (preferably with wheels) must be available for easy transport of Skater immobilized on spine board.
- AED



Suggested List of Supplies for Medical Room (1/2)

General Equipment:

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

Airway Pack for use at Rinkside:

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

Suture Pack:

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

Dressing Kit:

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



Suggested List of Supplies for Medical Room (2/2)

Medications:

Anakit for anaphylaxis
anti-emetic (gravol/stemetil) injectable and PO
nitrospray
glucogel and D50W 25cc
anti-histamines (benadryl/ claritin/beconase)
decongestants (dimetap)
inhalers: ventolin, beclovent nebulizers-ventolin/atrovent
anti-seizure (ativan/valium), injectable and PO
Steroids: Prednisone 5mg tabs, depomedrol, topical steroids
anti-inflammatories: motrin, naproxen, voltaren PO and suppository
analgesics: ASA, Tylenol plain /paracetamol, , tylenol # 3 with codeine,

antibiotics: penicillin, erythromycin, ceftin, Septra DS, doxycycline
GI: maalox/diovol, pepcid, immodium, kaopectate, proctosedyl, gravol,
ducloax, lubricating jelly, occult blood samplers and solution
GU: ovrал, anti-candidals (monistat)
ENT: aluminum shield, otowicks, antibiotic ear/eye drops, soft eye patch,
tape, floresceine, alcaine, surgicel, nasal packs, silver nitrate sticks
otrivin, saline drops, #25 gauge needle, 4% xylocaine, mydriacil.5%,
nasal speculum, Q-tips, throat lozenges

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

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

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



APPENDIX B

Anti-Doping (1/4)

Facilities:

Please refer to attached diagram

- two separate secure rooms:
 - a waiting room
 - a separate and secure testing room
- access to the Doping Control Station must be controlled with only two keys, so
 - it may be necessary to provide a padlock for the Event

Waiting room:

- large enough to accommodate the Skaters, chaperones and the persons accompanying the Skaters (one for each Skater), minimum 15 persons
- fridge available to store individual sealed drinks
- table and two chairs for administration person to sign Skaters and chaperones and accompanying persons in and out of Doping Control Station administration room
- radio or telephone contact with the chaperones
- TV or video feed of the Event
- 2 large garbage cans

Administration Room:

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

Communication:

- telephone in Doping Control Station
- chaperones to have walkie-talkies to communicate with Doping Control Station



Anti-Doping (2/4)

Equipment:

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

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

Personnel:

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

Forms:

The Forms listed below are sent by the ISU Secretariat

- ISU Doping Control Forms
- ISU Chain of Custody Form for transfer of samples to the laboratory
- Doping Control Officer Report Form and DCORF Supplementary Form
- Chaperone procedure information
- Doping Control Station Sign in Form
- Form posted on door which lists competitors to be tested



Anti-Doping (3/4)

Minimum Number of Tests at ISU Events

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

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

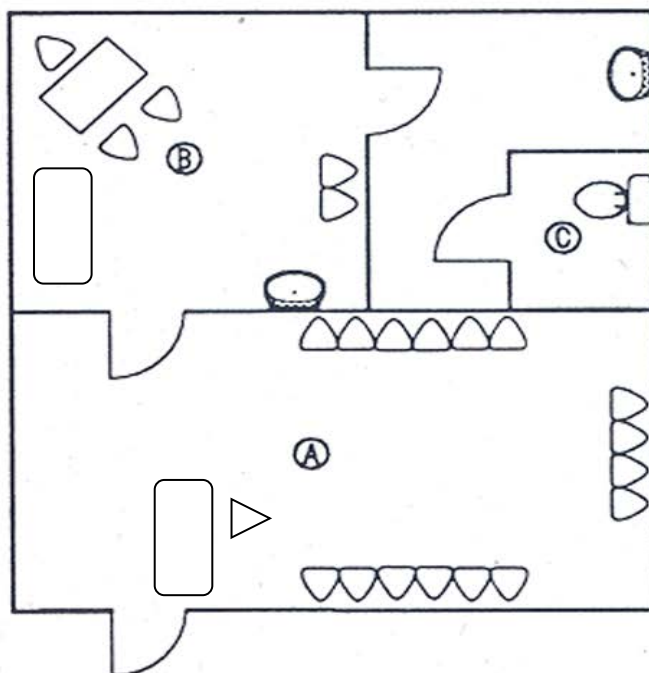
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Event	Minimum Number of Tests	Minimum Number of Kits	Minimum Number of collection vessels	Minimum Number of partial Kits	Minimum Number of Chaperones per day
World Cup Short Track	18	28	40	10	5 men 5 ladies
World and European Short Track	20	30	40	8	6 men 6 ladies
Jr. World Short Track	20	30	40	8	6 men 6 ladies
Olympic Qualifying	16	22	32	7	6 men 6 ladies



Anti-Doping (4/4)

An Ideal Station



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