



NATIONAL CHAMPIONSHIPS

MEDICAL MINIMUM STANDARDS





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1. PREAMBLE

The following Policies and Procedures represent the minimum standards for medical care related to athletes playing within a U SPORTS National Championship. An Institution can create levels of care that exceed those outlined in this Policy and Procedures dependent on the institution's liability and risk management policies. If individual league sport governing bodies have policies that exceed the minimum standard of care outlined in this document, the most conservative guideline will be required by the host institution.

Where possible these policies and procedures have been created based on current literature, existing standards & policies, professional consensus statements, and consensus within the medical community. It is a living document that develops as sport medicine and risk management evolves. Any changes to this document will be brought forward by the U SPORTS Sport Medicine & Research Science Committee.

2. DEFINITIONS

Athletic Therapist – A medical professional who has successfully completed the national certification examination and is in good standing with the Canadian Athletic Therapists Association (CATA).

Emergency Action Plan (EAP) – A document that identifies the correct course of action when responding to an injured athlete for all medical and non-medical members of staff, which will activate appropriate emergency services in a timely manner.

Emergency Situation – Life or limb threatening injury.

Event Medical Specialist – In the case a physician is not available at a designated event, a staff Certified Athletic Therapist or Physiotherapist with a certificate in Sport Physical Therapy will be allowed to work as the medical specialist for the event. It will be recognized they will only work within their scope of practice and refer to emergency medical services or the hospital if an athlete needs more extensive injury care.

Competition – Any game or match that occurs under the jurisdiction of a U SPORTS institution.

Host medical staff – Physician, Athletic Therapist, Physiotherapist, or medical team representative.

Massage Services – Services supplied by a registered Massage Therapist (or highest provincial qualification), or student massage therapists under the direction of a registered Massage Therapist (RMT).





Medical Team Representative – This individual works directly with each team as the front-line care provider and link to the institution’s medical system. She/he is responsible for immediate care, injury referral, team preparation, and activation of the EAP when necessary. She/he could be a professional staff member, student or community member. This individual is commonly known as the ‘team trainer’. The minimum medical training requirements are standard first aid, CPR and AED training.

Nutritional Counselling – Services supplied by a registered Dietitian (dietitian, registered nutritionist, R.D.)

Physician, Institution – An institution-identified physician who will be responsible for varsity athlete population/community/general health issues. She/he will be able to field questions regarding infectious disease control, legal liability, risk management, institution policy, etc. independently or in conjunction with the institution’s risk management department.

Physician, Match Day – A Sport Medicine physician as designated by the Canadian Academy of Sport and Exercise Medicine Diploma (CASEM) OR equivalent (i.e. CFPC CAC in Sport and Exercise Medicine). In the absence of this qualification, a medical physician with the following skill base: 1) knowledge and ability to run the institution's on-field emergency protocols, 2) musculoskeletal assessment and management skills, 3) suturing skills 4) neurological assessment skills, 5) concussion assessment and management, 6) knowledge of contemporary return to play guidelines. Common substitutes may include Emergency physicians, Orthopedic surgeons with team coverage experience, Sport Medicine residents/fellows with an independent license. The Match Day physician will be responsible for return to play decisions.

Physician, On-Call - A physician identified by the institution to be able to arrive on-site within the hour for event specific situations. The On-Call physician should also be available after-hours for phone consultations with medical team representatives for guidance and assistance with coordination of care but are not expected to attend to athletes after competition hours.

Physiotherapist - A medical professional who is licensed as a physiotherapist by the respective provincial College of Physiotherapists

Physiotherapist, Sport – A physiotherapist who has earned the Sport Physiotherapy Canada credentials.

Psychological Services – Services supplied by a licensed psychotherapist, psychologist or psychiatrist.





Rehabilitation Services – Services supplied by a Certified Athletic Therapist or a Licensed Physiotherapist for athletic injury rehabilitation.

Therapist, Head – A Certified Athletic Therapist or a Sport Physiotherapist who is employed or contracted by each individual institution to act as the Corporate Executive Officer (CEO) and Corporate Operations Officer (COO) for medical services within the institution’s varsity program. They are the gatekeepers of the institution’s liability and risk management policies.

Therapist, Assistant – A professional therapist (athletic therapist or physiotherapist) who is contracted with an institution who is aware of the institution’s policy and procedures as well as risk management and emergency protocols.

Sport, Collision & Combative – A sport where athletes contact one another with the intention to tackle the opponent to the ground or knock them off their feet; into submissive or vulnerable positions. In U SPORTS, Men’s Football, Men’s Ice Hockey, Women’s Rugby and Wrestling will be classified as collision/combative sports.

Sport, Contact – A sport where athletes are interspersed on the playing field, and body contact is common. In U SPORTS, Soccer, Basketball, Women’s Ice Hockey, and Field Hockey will be classified as Contact Sports.

Sport, Non-Contact – An individual or team sport where body contact or interference of an opposing player is against the rules of the sport. In U SPORTS, Volleyball, Cross Country, Track & Field, and Swimming will be classified as non-contact sport.

3. ADMINISTRATION

3.1 Athlete Medical Requirements

Institutions are responsible to ensure International athletes and athletes from Quebec have valid, accessible health insurance that covers the costs of physician visits, diagnostic testing, and hospitalizations (Appendix A).

Institutions are responsible to ensure all Athletes have access to 3rd party extended medical insurance that includes ambulance, dental accident, and injury rehabilitation (Appendix A).





3.2 Service Requirements Introduction

All competing institutions will have the following services available to the athletes competing in a U SPORTS Championship. Each institution may determine how the care is delivered/accessed by athletes, but each component should be part of the institution's medical portfolio. Specific positions may overlap with one another, but skill sets should be represented.

A) Overview of an Athletics Department Medical Team

- Physician, Institution
- Physicians, Match Day (collision/combatative sports only)
- Head Therapist
- Medical team representatives

B) Allied Health Resources

- Certified Athletic Therapist and/or Licensed Physiotherapist
- Massage Therapist
- Chiropractor
- Dentist

C) On-Site Medical Coverage and Skill Requirements for Competition

Each sport has different risk factors associated with training and competition. Consequently, sports will be classed as Collision/Combative, Contact, and Non-Contact (see definitions above). Competition medical staffing and equipment needs will differ with each sport classification. The skill sets outlined are required to be available on the sideline during competition.

D) Host Staff for Collision/Combative Sports

Match Day Physician Skills and Duties

**If the host team is unable to locate a physician in advance of an event, the situation is to be reported to U SPORTS and the visiting teams to discuss appropriate action. This report is to be received a minimum of four weeks prior the competition and is the responsibility of the host to cover travel expenses to ensure a physician is present at all collision/contact sport National Championships. The U SPORTS Sport Medicine & Research Science Committee is willing to assist in locating an appropriate physician to cover the event if the host cannot identify a local physician to be present on site.





- Skills required (see Match Day Physician definition):
 - Initiation and performance of emergency protocols.
 - Suturing in an athletic venue.
 - Conducting a musculoskeletal/orthopedic physical assessment.
 - Conducting a neurological assessment.
 - Concussion assessment and management.
 - Implementing contemporary return to play protocols.

- Duties:
 - Arrive a minimum of 20 minutes prior to event initiation.
 - Make direct contact with the medical representative of each team prior to game.
 - Review EAP with host medical representative (Appendix B).
 - Be visible and accessible during the entire competition in a neutral location for both teams (i.e. Avoid sitting on the home team bench even if affiliated with that institution).
 - Be dressed in neutral or U SPORTS attire during all games for which they are serving as Match Day Physician.
 - Function in a team-oriented environment with all members of the event medical staff.
 - Up-to-date on current concussion best practice.
 - Recommend injury assessments for an athlete on either team if an injury has been observed (i.e. Concussion).
 - Make return to play decisions using contemporary return to play protocols and keeping the best interest of the athlete in perspective. The Match Day physician would have final say in all removal from play decisions. If there is a discrepancy between a team physician and Match Day physician, correspondence may occur but the Match Day physician will stand to have the final decision.
 - Assess and advise athletes and team personnel regarding injuries.
 - Provide emergency care in cooperation with event medical staff while following established emergency protocols.
 - Provide suturing for minor lacerations in the competition venue.
 - Identify and assist with coordinating follow-up care (i.e. referral to another physician or hospital for injuries requiring tertiary care).
 - Complete an Injury Report Form for all injuries seen and provide copies of reports to appropriate team personnel.
 - At the immediate conclusion of the competition, the physician will check





with each team's medical staff to determine whether physician services are required.

- Monitor and control the provision of any medication as required.
- Where non-emergent physician assistance is requested by a visiting team prior to a game's commencement, the head therapists will facilitate contact between the Match Day physician and the visiting team. Examples of this would be medication prescriptions, pre-event medication administration or pre-event injury assessment.

Host Medical Staff Skills and Duties (remainder of staff in addition to Match Day Physician)

- Skills:
 - Current Sport First Responder, Emergency Medical Responder or equivalent certification.
 - Knowledge and ability to perform a contemporary return to play evaluation and decision.
 - Local emergency protocol knowledge and ability to activate a pre-established EAP.
 - Wrapping, taping, splinting and support skills.

- Duties
 - Distribute "Medical Services Information Form" to medical staff of attending teams (Refer to Appendix D).
 - Be in communication with the Match Day physician and ensure the physician is aware of the time and location of the game.
 - Identify him/herself to the visiting team medical representative upon arrival at the venue.
 - Review EAP with visiting medical representative (Appendix B).
 - Assist visiting medical representative in emergency situations when requested.
 - Assist visiting medical staff to secure travel for non-emergent medical care.
 - Ensure all emergency equipment is on-site and operational.
 - Ensure his/her team's medical information is accessible in the case of an emergency.
 - Ensure water and ice is available to visiting teams.
 - Ensure biohazardous waste management agents and disposal devices are available to both teams.
 - Ensure medical care of the visiting team in the case where the on-site visiting medical representative has left the playing surface with an injured





athlete

- Assist the Match Day physician with emergency situations when requested.
- Ensure the Match Day Physician is informed of any injuries/illnesses requiring attention at the immediate conclusion of the competition.
- Complete an Injury Report Form for all Injuries seen and provide copies of reports to appropriate team personnel.

E. Host Staff for Contact & Non-Contact Sport Competition

** Although minimum standards for Contact and Non-Contact Sport Competition only require an 'On-Call' Physician for all competitions, institutions that are capable of providing Match Day physicians for these competitions are encouraged to arrange this. Please reference the suggested Skills and Duties of the Match Day physician as above.

On-Call Physician Skills and Duties

- Skills:

- Licensed physician in the province of the U SPORTS event with knowledge of musculoskeletal conditions, concussion and general medical conditions (as would be encountered in a family medicine or walk-in clinic environment).
- Knowledge and ability to perform a contemporary return to play evaluation and decision.
- Knowledge of local resources such as walk in clinics, emergency departments and pharmacies.
- Preference would be for physicians with equivalent skills and qualifications as the 'Match Day Physician' as outlined above.

- Duties:

- A physician identified by the institution to be able to arrive on-site within the hour for event specific situations in order to perform typical duties of the 'Match Day Physician' other than emergency protocols.
- The On-Call physician should also be available after-hours for phone consultations with medical team representatives for guidance and assistance with coordination of care but are not expected to attend to athletes after competition hours.





Host Medical Team Skills and Duties

- Skills:
 - Minimum training – Current Standard First Aid and CPR
 - Preferred training – First Responder, Emergency Medical Responder or equivalent.
 - Knowledge and ability to perform a contemporary return to play evaluation and decision.
 - Local emergency protocol knowledge and ability to activate a pre-established EAP.
 - Wrapping, taping, splinting and support skills.

- Duties:
 - Distribute "Medical Services Information Form" to medical staff of attending teams (Refer to Appendix D).
 - Identify him/herself to the visiting team medical representative upon visiting teams' arrival at the venue.
 - Review EAP with visiting medical representative (Appendix B).
 - Assist visiting medical representative in emergency situations when requested.
 - Assist visiting medical staff to secure travel for non-emergent medical care.
 - Ensure all required emergency equipment is on-site and operational.
 - Ensure water and ice is available to visiting teams.
 - Ensure biohazardous waste management agents and disposal devices are available to both teams.
 - Ensure medical care of the visiting team in the case where the on-site visiting medical representative has left the playing surface with an injured athlete.
 - Assist the On-call Physician with coordination of care or implementation of emergency protocols as directed
 - Complete an Injury Report Form for all injuries seen and provide copies of reports to appropriate team personnel.

F. Visiting Medical Representative Skills and Duties for all Sport Classifications

Each team should travel with a medical team representative for all competitions as outlined in the definitions. A team traveling without a dedicated medical representative must make alternative staffing arrangements. If an institution is unable to have an institution medical representative present to travel to the National Championship, the visiting institution is responsible to ensure a





medical staff is "hired/contracted" for coverage during the Championship. This is to be organized by the Head Therapist of the two institutions prior to the event. Visiting teams will complete and return the "Nationals Advance Medical Information Form" to the host medical staff.

- Skills:
 - Minimum – Current Standard First Aid and CPR; preferred – First Responder, Emergency Medical Responder or equivalent.
 - Wrapping, taping, splinting and support skills.
 - Knowledge of visiting team athlete's health status.

- Duties:
 - Visiting team athlete preparation, taping and preparation for competition.
 - Visiting team injury management.
 - Introduce him/herself to the Match Day physician prior to competition initiation.
 - Review EAP with host medical representative (Appendix B).
 - Assist in all emergency situations under the direction of the host medical staff.
 - Secure travel to and from the hospital in cases of non-emergent medical care.
 - Familiarize him/herself with all onsite emergency equipment.
 - Ensure the team's medical information is accessible in case of an emergency.
 - Ensure medical care of the opposition's bench in the case where the oppositions' medical representative AND the on-site host medical representative has to leave the playing surface with an injured athlete.
 - Assist the Match Day physician with emergency situations when requested.
 - Ensure the Match Day physician is informed of any injuries/illnesses requiring attention immediately at the conclusion of the sporting event.
 - Travel with all the taping supplies necessary to prepare the team for competition, as well as medical supplies to perform non-emergent injury care.

3.3 Equipment

To support the skill sets outlined above, certain equipment is to be on hand at all competitions. It is the responsibility of the host medical to have the following equipment on site and operational. It is the responsibility of the visiting team to treat the host's equipment respectfully. Visiting teams will be charged by host institutions for damage or theft of equipment.





A) General Medical Equipment Requirements

Reference: Canadian Red Cross Emergency Care Manual (2008) The Staywell Health Company Ltd., Guelph Ontario.

All events will have the following at the playing facility:

- Automated External Defibrillator (AED) (See Part II, Section 2)
- Oxygen and delivery devices (bag valve mask, non-re-breather mask, nasal cannula, OP airways, NP airways. (Unless demonstrated in writing that use of these items is a protected act in the province)
- Long and short limb splints/slings with appropriate strapping materials
- Crutches
- Blanket
- Ice and ice bags
- Water accessibility
- Biohazardous waste management agents and disposal devices
- Taping supplies & Adhesive spray
- Assessment table
- Team sports competitions– an assessment table will be provided at the venue for the visiting team
- Tournament competitions – all teams will have access to assessment tables to be used on a communal basis
- Sheltered or designated area that creates a working area to manage patient care and confidentiality issues
- Garbage cans
- Stretcher

B) Collision/Combative Sport Medical Equipment Requirements

In addition to the list of equipment above, collisions and combative sport events will also have the following items in the facility:

- Physician Medical Bag (Appendix C).
- Spine board, straps, stiff neck collar and head blocks when local protocols allow for their use.

C) Contact/Non-Contact Sport Medical Equipment Requirements

In addition to the list of equipment above, contact & non-contact sport events will also have the following items in the facility:





- Spine board, straps, stiff neck collar, and head blocks when local protocols allow for their use.

D) Equipment Borrowing

Equipment that is borrowed by the visiting team (e.g. crutches) will either:

- The head therapists will communicate to determine the cost of the equipment borrowed and invoice the institution for the equipment.
- Equipment will be shipped back to the host institution in a timely manner, at the expense of the visiting team.

3.4 Facilities

The following facility requirements are necessary for medical purposes for all sports.

- An identified space where medical staff can assess, discuss, and/or treat an athlete's injury in a confidential manner.
 - This space should be designated for this purpose rather than for multi-purpose reasons (e.g. team dressing room).
 - This space should not be directly attached to the opponent's dressing room.
 - For field sports, a small tent that can provide shelter and a barrier to identify a "no go" area for teammates and spectators.
- Male and female washrooms
 - For field events that lack dressing rooms close by, a porta-potty is required to be on site.
- A private area for doping control.

3.5 Pre-Event Hosting Duties

These are the duties that each institution must perform prior to the initiation of a U SPORTS National Championship.

- Send a Nationals Advanced Medical Information Form to all competing members of the respective U SPORTS National Championship (Appendix I).
- Send a Medical Services Information Form to all competing members of the respective U SPORTS National Championship (Appendix D).
- Host U SPORTS Championship Medical Meeting for attending tournament therapists. This can coincide with "coaches technical meeting" if timing is appropriate.





3.6 Signals

During competition, on field medical staff can call for help by using the following signals. Signals will be reviewed; examples below.

- One fist in the air – Host medical staff assistance is necessary.
- Hand to the top of the head – EAP activation is necessary.

4. RISK MANAGEMENT

4.1 Emergency Replacement of a Match Day Physician

If for any unforeseen reason the Match Day Physician is absent for a competition (e.g. car accident, illness, family emergency etc.), the following mechanism outlined below shall be enacted. This mechanism is meant as a temporary replacement for a Match Day Physician, to accommodate unforeseen emergencies during the match day physician's absence.

- The Head Therapist or Assistant Therapist(s) for the host institution will act as the event medical specialist, working within her/his own scope of practice. No unknown, unsolicited physician or paramedical professional will be used in this case (e.g. a physician who happens to be attending the game).
- If the Head/Assistant Therapist is directly in charge of medical care for the competing teams, when possible due to staffing situations he/she should remove herself/himself from the team bench and observe the competition from a neutral location.
- The visiting team medical staff must be notified as soon as the issue has been identified. The onsite institution representative must also be advised of the situation by the host medical staff. A report must be sent to the U SPORTS Office within 48 hours with copies sent to both Athletic Directors, and Institution Physicians. The report will be written by the Head Therapist of the host Institution.

4.2 AED Availability

For competition, the AED Position Statement of the Heart and Stroke Foundation of Canada will be followed.

Specifically, for U SPORTS Championship Competition:

- Every hosting sport facility in U SPORTS should have an AED available in the case of sudden cardiac arrest.
- If an AED is not specifically on the sidelines, a 3-minute response time should be targeted.
- The AED should be checked and maintained in accordance with institutional policy.
- Every host institution will have a staff member who is trained in AED use present at each competition.





Heart and Stroke Foundation of Canada. www.Hartandstroke.com. July 2012

<https://www.heartandstroke.ca/-/media/pdf-files/canada/other/pad-eng-final.ashx?la=en&hash=73928FF55F82FCB70D2A1FD2CE6865B97FD516C>

5. SPECIFIC MEDICAL CONDITIONS

5.1 USPORTS Concussion Statement

Each U SPORTS member institution should have a Concussion Management Strategy based on current evidence informed best practices customized for its context and available resources. U SPORTS National Championship Concussion Policy strategy includes six key components: awareness, prevention, detection, management, surveillance, and research. Appendix G includes references applicable to the development of this strategy.

6. SPORT SPECIFIC REGULATIONS

6.1 Wrestling

Skin Conditions Responsibility:

- It is the responsibility of the athlete to report any suspicious skin lesions to his/her Medical Team Representative and follow recommended treatment protocols.
- It is the responsibility of the athlete to provide the appropriate documentation of treatment (Skin Check Examination and Record Form- Appendix E) when requested by Tournament Officials.

6.2 Procedure

- Skin reviews will be performed by the Medical Team Representative early in the week prior to competition.
- Athletes with suspicious skin lesions will be referred to the Institution Physician for diagnosis and appropriate treatment.
- When treatment is necessary, the Institution Physician will complete the Skin Check Examination and Record Form and give the completed form to the athlete.
- U SPORTS Championships: Skin Checks performed during the Weigh In session will be conducted by the Host Competition Physician. Athletes with skin lesions will be required to have written documentation of treatment for presentation to the Host Competition Physician.
- All decisions regarding participation status due to communicable skin diseases shall follow the guidelines provided in Wrestling Skin Conditions Treatment Guidelines (Appendix F).





These are to be used as guidelines only, in order to aid participation decisions:

- All participation decisions made by the Host Competition Physician are FINAL.
- Appendix F will be reviewed and updated as necessary on an annual basis by the U SPORTS Sport Medicine & Research Science Committee.

6.3 Medical Coverage

Host medical staff members are expected to be able to execute a complete emergency action plan (EAP) with adequate staffing (**minimum 4 people**). Execution of the emergency action plan may include both host and visitor medical staff.

For U SPORTS National Championship, the host will provide 3 staff for this purpose – one (1) physician and two (2) other host medical staff.

The visiting institution will be responsible for providing one medical staff member to complete the complement of 4 medical team members. The minimum requirement is 4 people for up to 4 mats. For tournaments that utilize more than 4 mats, one host medical staff member will be added for every 2 mats above 4. (e.g. 7 mat tournament = 6 medical staff).





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Appendix A Athlete Insurance

The following appendix identifies the different types of Insurance common in Athletic Competition.

Health Insurance

All Canadian's are eligible for provincial Health Care Cards. The number on the card links the individual to a provincially regulated, public health care system. This publicly funded insurance covers physician visits, diagnostics and hospitalization costs. In some provinces, other services such as chiropractic care and physiotherapy coverage are part of the provincial insurance plan.

International Athletes

International athletes who compete for Canadian Universities do not inherently have health insurance. Some provinces allow these athletes to apply for a health care number. If the provincial health plan excludes coverage for international students, institutions need to ensure the athlete has purchased a health care policy. Most institutions have international student offices that can help guide the athlete and medical team in the application for health care insurance.

Quebec Athletes

When an athlete is reviewed by a physician outside of the athlete's home province, the payment for the service is governed by provincial reciprocity agreements. This is true for all provinces except Quebec. Experience has shown Quebec Health Care is delinquent or negligent in paying for these services. Many physicians and hospitals will not accept Quebec Health Care numbers and thus treat Quebec residents in the same manner as International patients. Outside of Quebec, Athletes who hold Quebec Health Care, have been asked to pay cash or produce a credit card to pay for services. It is then up to the individual to recoup the cost of treatment from the Quebec Government (RAMQ). In some situations, they have been sent back to Quebec to receive their care. Institutions need to ensure access to alternative health insurance for these athletes or at the very least create a plan to manage the situation if it should arise.

Third Party Extended Medical/Dental insurance

Third party extended health insurance is a purchased policy that covers incidental medical expenses that are excluded from provincial health care. This includes but is not limited to, ambulance costs, prescription drugs, dental care, dental injuries, etc. It is common practice for





Universities to have their students pay into a plan as part of their fees. A student can opt out of this plan if they have coverage from a parent's/guardian's plans as dependants.

Listed below is a consideration that can leave an athlete open to incidental expenses:

Athletes over 25 - Most insurance policies have an 'age out' clause. This means students who are 25 years of age are no longer covered under a parental plan. Athletes who are typically older (e.g. hockey players), may age out in a playing year and effectively have no coverage if they opted out at the beginning of September.

Travel Insurance

This is insurance that is purchased to cover Health Insurance costs normally covered by provincial Health Care. It is the type of insurance that is commonly purchased when teams travel internationally for exhibition. It can also be purchased for Quebec athletes competing outside of the province of Quebec.





Appendix B
Emergency Action Plan (EAP)

The information template is to be completed by each institution, submitted, and discussed with visiting institutions on-site, prior to competition.

Institution:	
Name of Facility:	
Location within facility:	
Charge Person:	<i>Name, phone number</i>
Assistant Charge Person:	<i>Name, phone number</i>
Call Person:	<i>Name, phone number</i>
Control Person:	<i>Name, phone number</i>
Location of nearest phone within facility:	
Number to dial for EMS:	
Number to dial for campus security:	
Phone number where call person/facility person can be reached:	
Directions to location:	
Obstacles that may be in the way:	
Name and Location of physician:	
Location of nearest emergency facility	
Emergency equipment available:	
Protocol Information	<i>Include any information on protocol that visiting teams need to know (management, operations, protocols, etc.).</i>





Appendix C
Physician Medical Kit Inventory

This list was created with the help of CASEM physicians and represents a minimum standard list of equipment that a CASEM physician would potentially need at a competition site.

Dressing Supplies		
Item	Amount	Details
Sterile band-aids	10 each size	Knuckle, fingertip, regular
Kling wrap / stretch gauze	4	Size 3"
Tape	2 rolls each	Dermicel®, Micropore
Hypafix	1-foot length of each	2", 3"
Cotton tip applicators	10	
Antibiotic ointment	1 tube	
Arm sling	1	
Elastic (Tensor®) bandage	2	Different sizes
Non-sterile gloves	1 box each	Small and medium
Sterile surgical gloves	4 pair each size	Size 6 - 8
Trauma shears	1 pair	

Wound Care		
Suture tray	4	Disposable sterile tray wrapped containing forceps, needle driver, scissors, gauze, drapes
Drapes	4 each	Blue Green
Anesthetic	2 bottles each	Xylocaine 1% plain Xylocaine 1% with epinephrine Marcaine
Suture Material	10 each size	3.0 Nylon 4.0 Nylon 4.0 absorbable (Chromic gut/Vicryl) 5.0 Nylon
Sterile gauze	10 each size	4x4; 2x2
Steri-strips™	6 each size	1/8", 1/4", 1/2"
Syringes	6 each	3ml; 5ml; 10ml (also for airway purposes)
Needles	5 each	18 G x 1½; 22 G x 1½; 25 G x 1½; 25 G x 7/8; 27 G x 1½
Scalpel with handle	6	Disposable
Iodine Prep pads	20	
Alcohol prep pads	20	





Suture removal kits	2	Sterile packet containing suture removal scissors, forceps and gauze
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Cleaning Solutions		
Sterile water / normal saline	2	10 ml mini vials or pressurized bottles
Chlorhexidine/Baxidin	1 bottle	
Betadine® swab sticks or liquid	10	

Eye Kit		
Soft eye patches	2	
Visual acuity card	1	
<i>Fluorascein strips</i>	10	
Topical anaesthetic eye drops	1 bottle	Tetracaine 0.5%
Sodium Chloride	1 bottle	
Lubricating eye drops	1 bottle	Samples

Medications		
Salbutamol Inhaler	1	
EpiPen®	1	
Drug Samples	10 each (samples)	Eg. Tylenol, NSAIDS, Antihistamines.
Tylenol # 3	20	
Epinephrine	2 ampoules	
Dimenhydrinate (Injectible) Benadryl®	2 ampoules	
Diphenhydramine (injectible Gravol®)		50mg x 1ml x 2
NSAIDs		
Tums®	1 bottle	
Zantac®	1 box	
Glucose Tablets/paste/gel		
Nasal Decongestant	1 Bottle	Otrivin®
Sterile Water for Injection		

Airway and Emergency supplies		
Stethoscope		
Glucometer		
Blood Pressure cuff		
Resuscitation Mask		
Suction unit		





Cauterization Unit		
Sterile Tongue Depressors		
Reflex hammer		
Pen light		
Tourniquet		
Thermometer	1	
Otoscope/ <i>ophthalmoscope</i>	1 each	

Airway Management		
	1	
*Ambu Bag	1	
*Oral Airways - OPA	Selection	Various sizes
*Nasal Pharyngeal airway	1 each	27; 28
*Oxygen equipment	1 each	Cylinder, tubing and mask

Miscellaneous		
Item	Amount	Details
Head lamp/camping head lamp		Allows hands to be free for suturing
Tongue depressors	10	
Sharps container	1	
Specimen container	1	
AA / AAA batteries	Package 4 each	
Forms		
SCAT 5 Forms	10	
USports Injury report forms	1 pad	
Prescription pads	1	
Envelops	10	
Diagnostic Requisition forms	1 pad each	Blood work; Imaging

* If oxygen use is a protected act in the province, these supplies can be included in the physician's kit. Otherwise, these items are on the General Equipment Supplies list outlined in Part I, Section 3, A, and should already be present on the sidelines at competition.





Appendix D
Medical Services Information

TO: University Head Therapist
Visiting Teams at U SPORTS National Championship
FROM: (Name)
DATE: dd/mm/yy
RE: (Academic year) USPORTS Medical Services to Visiting Teams

The following information will clarify the medical and therapy services available during your stay at (University_____). Should you have any questions, please do not hesitate to contact me by phone, fax, or E-mail.

Services Provided	<ul style="list-style-type: none">• The Host Therapist or Designated First Aid personnel will discuss the appropriate emergency action protocol with the visiting medical staff prior to competition time.• Medical services during optional visiting team practices?• Medical services during USPORTS Championship scheduled competitions (ie host therapist on-site, on-call, student therapists on-site, first aider available, doctor)• If you do not have a therapist travelling with your team, arrangements may be provided, if available. Requests must be made at least <u>one week</u> prior to your arrival.• Teams travelling without a medical representative will be billed \$100/game, \$150 /tournament half day (under 4 hours) and \$300/day of tournament competition (4 hours or more).• All supplies must be provided by the visiting team or a charge back of our supplies will apply.• To Purchase supplies:
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Emergency Equipment	Equipment supplies provided at each venue site: listed AND specified as to on-site or stored <ul style="list-style-type: none">• Emergency telephone:• Ice and ice bags:• Crutches:• Splints:• Spine board and accessories:• Oxygen:• Blanket:• Water:• Towels:• Other:
Additional Equipment	<i>(Add only if available)</i> Bikes, Table, Coolers, etc.
Training Room	<ul style="list-style-type: none">• Visiting therapists can use the taping/training room located ---• List event sites• Contact the Head Therapist (other event medical personnel) for access upon arrival

Clinic: (name)	<ul style="list-style-type: none">• Access information, i.e.: Monday to Friday, 0900-1700 hours• Equipment available:• Modalities available / accessible:
Physician Services	<ul style="list-style-type: none">• Indicate availability: Example: by appointment only during the regular operating hours of the “clinic” from Monday to Friday, 0900-1700 hours.• All athletes must present their Provincial Health Care Insurance number and emergency contact information when registering for treatment.• Physician On-site: Football, Men’s Ice Hockey, Wrestling and Women’s rugby conference competitions• Physician On-call information (if available or appropriate):• Where non-emergent physician assistance is requested by a visiting team, the head therapists will facilitate contact between the host and visiting team physicians.





Therapy Services	<ul style="list-style-type: none">• Requests for therapy for visiting athletes may be provided, if available by host institution. An appropriate referral from the school's Head Therapist, outlining the injury description and treatment plan are required.• By appointment only, if available.• Usage of the clinic will be granted to Certified Athletic Therapists or Licensed Physiotherapists based on clinic availability.• Massage therapy:• Chiropractor:• Other:• Any costs incurred for any of the above services will be the responsibility of the athlete or visiting school.
Injury Communication	<ul style="list-style-type: none">• Injury Form
Medi-centers / Clinics	<ul style="list-style-type: none">• Name, open hours, address, phone number
Pharmacy	<ul style="list-style-type: none">• Name, open hours, address, phone number
Important Phone Numbers	<ul style="list-style-type: none">• Emergency: 911• Campus Security:• Clinic:• Hospital:• Head Therapist:• Phone: Fax: Email:• Athletic Director:• Phone: Fax: Email:



Appendix E
Wrestling Skin Check Examination and Record Form

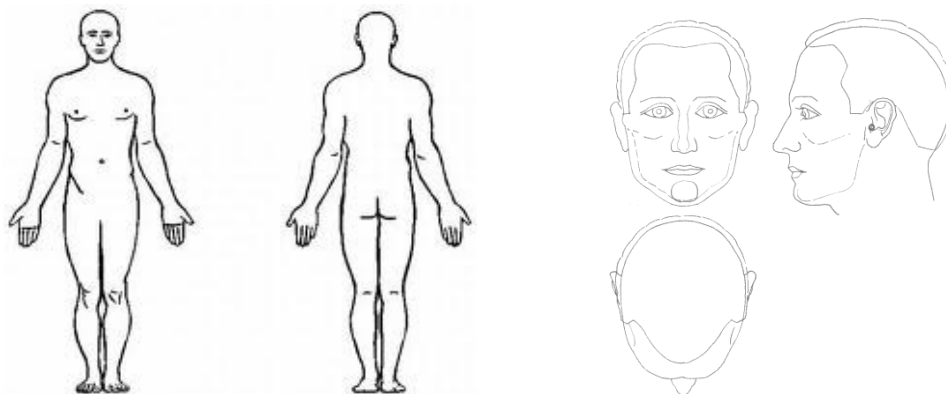
Athlete: _____ Date of exam: _____

Institution/Team: _____

Number of lesions: _____ Diagnosis: _____

Medication prescribed: _____

Please mark location of lesion below:



Date treatment started: _____

Earliest date athlete can return to participation: _____

Physician (Please print name): _____

Physician (signature): _____ Specialty: _____

Office address: _____

Contact phone number: _____

Institution Head Therapist notified: Yes _____ No _____

Institution Head Coach notified: Yes _____ No _____

This form must be completed in full, by the treating physician, prior to submission to the host medical staff





Appendix F

Wrestling Skin Conditions Treatment Guidelines

The following are guidelines for the diagnosis and treatment requirements for skin infections in Athletics:

Bacterial Infections:

- Wrestler must have been without any new skin lesions for 48 hours before the meet or tournament.
- Wrestler must have no moist, exudative or purulent lesions at meet or tournament time.
- Active purulent lesions shall not be covered to allow participation.

Hidradenitis Suppurativa:

- Wrestler will be disqualified if extensive or purulent draining lesions are present.
- Extensive or purulent draining lesions shall not be covered to allow participation.

Pediculosis (lice):

- Wrestler must be treated with appropriate pediculicide and re-examined for completeness of response before wrestling.

Herpes Simplex – Primary Infection

- Wrestler must be free of systemic symptoms of viral infection (fever, malaise, etc.).
- Wrestler must have developed no new blisters for 72 hours before examination.
- Wrestler must have no moist lesions; all lesions must be dried and covered by a firm adherent crust.
- Wrestler should have completed at least one course of valacyclovir (for herpes simplex: 2-gram bid for one day; for herpes zoster: 1 gm tid for 7 days) and show no signs of active infection. Wrestler should also be treated on the first day of competition.
- Active herpetic infections shall not be covered to allow participation.

Herpes Simplex – Recurrent Infection

- Blisters must be completely dry and covered by a firm adherent crust at time of competition, or wrestler shall not participate.
- Wrestler should have completed at least one course of valacyclovir (for herpes simplex: 2-gram bid for one day; for herpes zoster: 1 gm tid for 7 days) and show no signs of active infection. Wrestler should also be treated on the first day of competition.
- Active herpetic infections shall not be covered to allow participation.

Wrestlers with a history of recurrent herpes labialis or herpes gladiatorum could be considered





for season-long prophylaxis. This decision should be made after consultation with the team physician.

Herpes Zoster (chicken pox):

- Skin lesions must be covered by a firm adherent crust at meet or tournament time and have no evidence of secondary bacterial infection.
- Wrestler should have completed at least one course of valacyclovir (1 gm tid for 7 days) and show no signs of active infection. Wrestler should also be treated on the first day of competition.

Molluscum Contagiosum:

1. Lesions must be curetted or removed before the meet or tournament.
2. Solitary or localized, clustered lesions can be covered with a gas permeable membrane, followed by tape.

Verrucae:

- Wrestlers with multiple digitate verrucae of their face will be disqualified if the infected areas cannot be covered with a mask. Solitary or scattered lesions can be curetted away before the meet or tournament.
- Wrestlers with multiple verrucae plana or verrucae vulgaris must have the lesions adequately covered.

Tinea Infections (ringworm):

- A minimum of 72 hours of topical therapy is required for skin lesions.
- A minimum of two weeks of systemic antifungal therapy is required for scalp lesions.
- Wrestlers with extensive and active lesions will be disqualified. Activity of treated lesions can be judged by a review of the therapeutic regimen. Wrestlers with solitary, or closely clustered, localized lesions will be disqualified if lesions are in a body location that cannot be properly covered.
- The disposition of tinea cases will be decided on an individual basis as determined by the examining physician.

THE ABOVE CRITERIA ARE TO BE USED AS GUIDELINES ONLY. ALL RETURN TO PARTICIPATION DECISIONS MADE BY THE HOST PHYSICIAN WILL BE CONSIDERED FINAL.

References:

Klossner, D. (2011). Skin Infections in Athletics. National Collegiate Athletic Association Sports Medicine Handbook 2012-2013, pg. 59-64.





Appendix G **Concussion Statement Guidelines and Discussion**

Preamble

U SPORTS is home to champion student-athletes who excel on the field, in the classroom and in their communities. U SPORTS is committed to a student-athlete experience where athletic and academic excellence, along with sportsmanship, equally contribute to moulding their future as high-performance athletes and leaders. We celebrate these remarkable young individuals who pursue the toughest double major of all: full-time scholar and full-time athlete. U SPORTS believes that physical activity and sport participation provide positive developmental and health outcomes in terms of physical, cognitive, social and emotional domains. We recognize that many physical activities and sports have an inherent risk of sport injury, including concussion.

Although U SPORTS' jurisdiction and control is limited to national championships and U SPORTS-organized events, U SPORTS is also committed to assisting our member institutions in their efforts to provide a safe and healthy environment for sport participation throughout the year. We are providing this Concussion Statement and Guidelines in order to assist member institutions to reduce the incidence of concussion and improve concussion outcomes for university student-athletes. Concussion in sport is a significant public health issue that requires a multifaceted approach. National organizations such as the Canadian Concussion Collaborative (CCC) and Parachute Canada have made recommendations for policy development regarding sport-related concussion prevention and management in Canada. U SPORTS supports their recommendation that organizations responsible for operating, regulating or planning sport and sporting events with a risk of concussion should be required to develop/adapt and implement a concussion management protocol. This protocol must be based on current laws, scientific evidence, and informed best practices but can be customized for context and available resources.

The Government of Canada has committed to address the issue of concussion in sport. The Federal/Provincial-Territorial Ministers Responsible for Sport, Physical Activity and Recreation are working towards the development of Pan-Canadian Concussion Guidelines. They endorse, in principle, a harmonized approach to address the issue of concussions including five key components: awareness, prevention, detection, management and surveillance. The pan-Canadian Concussion Guidelines incorporate the updated International Consensus Statement on Concussion in Sport in the development of national return to learn and return to play protocols.

U SPORTS references the most recent 2016 Berlin Consensus Statement on Concussion in Sport as the recognized international guideline for concussion management. The Consensus Statement affirms that all athletes should be managed using the same treatment and return to play paradigms. U SPORTS will continue to monitor international progress regarding concussion in sport and integrate new research and knowledge as appropriate.





Ultimately, the responsibility for implementing, enforcing, and overseeing concussion management protocols falls to each member institution. Below are U SPORTS' recommendations to member institutions, based on current industry standards, for consideration and inclusion in their respective protocols, based on the five key components noted above.

1. Awareness

The Consensus Statement identifies education as a mainstay to concussion management. There is evidence that concussion education leads to a reduction in incidence and improved outcomes for concussion. Member institutions are encouraged to use education to promote an environment that optimizes the early identification of suspected concussions by all stakeholders including student-athletes, coaches, and health care providers. Each institution should provide annual education about the signs and symptoms of concussion to student-athletes.

2. Prevention

Member institutions are encouraged to foster an environment of fair play. This includes teaching student-athletes respect for themselves, their teammates and opponents, and keeping themselves and teammates safe and healthy when they play. All participants should be aware of the importance of respecting the rules of the game and the rules should be consistently enforced. Member institution coaches should be knowledgeable and current in safe practices in sport. They should be familiar with the risks of concussion and how to minimize risks. Coaches, where appropriate by sport, should be up to date with current body contact skills and techniques.

Member institutions should strive to create a concussion culture where student-athletes feel safe to report a concussion. Student-athletes should be encouraged to tell the coach and health care provider when they are injured or hurt (or suspect that another student-athlete may be concussed). The health and safety of the student-athlete is our top priority and should be our member institutions' top priority. Member institutions should encourage strong lines of communication between the student-athlete, coach, and health care provider in the management of a concussed student-athlete to ensure a safe return to learn and play.

3. Detection

A student-athlete who has experienced a mechanism of injury that is associated with an increased risk of concussion should be removed from play. A concussion should be suspected when a student-athlete experiences an injury or impact that may result in concussion, and is exhibiting unusual behavior and/or reports symptoms that could be consistent with concussion sequelae.

4. Management

Each U SPORTS member institution should have a documented Concussion Management Plan. As per national guidelines, further evaluation by a physician should be required to assist with





diagnosis and management of concussion prior to returning to learn and play. Management should also involve identification of comorbid conditions that can impair recovery. The Concussion Protocol and Management Plans should include protocols for return to learn and play, which should be developed and applied according to best practice guidelines.

5. Surveillance

Each U SPORTS member institution should work toward developing mechanisms to track injury and concussion incidences to allow them to make program-specific decisions to reduce concussions and injuries overall.

Research

In addition to the five key components noted above, the U SPORTS Sport Medicine and Research Science Committee supports ethics-approved research initiatives to study the detection, diagnosis, sequelae, morbidity, and reinjury rates related to concussions.

References

1. Canadian Concussion Collaborative. <http://casem-acmse.org/education/ccc/> (January 2017)
2. McCrory P, Meeuwisse W, Dvorak J, et al. Consensus statement on concussion in sport—the 5th international conference on concussion in sport held in Berlin, October 2016. *Br J Sports Med* Published Online First: 26 April 2017. doi: 10.1136/bjsports-2017-097699
3. Can West Concussion Statement Guidelines. *Can West Medical Handbook*. (June 2017)
4. OUA Student-Athlete Health Protection Policy (July 2015)
5. Parachute Canada. www.parachutecanada.org
6. Sport Information Resource Center. <https://sirc.ca/concussion>





Appendix H
Medical Services Advanced Notice Form



MEDICAL SERVICES ADVANCED NOTICE FORM

TEAM:

DATE:

1. Will there be medical staff traveling with the team? If yes, please specify (name, qualifications, etc.).
2. Are there any special medical conditions/concerns (of anyone traveling with your team, athletes/staff) that we should be advised of and any important instructions?
3. Will any of your athletes require treatment from Host therapists? If yes, please provide names of athletes, conditions and attached referral.

Please fax form back to (School) Clinic by

University:

Attn:

Phone:

Fax:





THANK YOU !

