

MEDICAL GUIDE

to assist local Organizing Committees in the preparation of a complete medical program at ISU Events.

The Guide is providing a standard of medical care that allows all Skaters to compete in a safe and healthy environment.



Version 3

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Changes and additions to Version 2 are underlined

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Abbreviations

ACLS	Advance Cardiac Life Support
ACMO	Assistant Chief Medical Officer
AED	Automatic Electronic Defibrillator
CMO	Chief Medical Officer
EMS	Emergency Medical Services
MAP	Medical Action Plan
MIP	Medical Information Package
OC	Organizing Committee
PEMP	Pre-Event Medical Protocol
TUE	Therapeutic Use Exemption

1. Introduction

The ISU Medical Commission is appointed to assist local Organizing Committees (OCs) and to report to the ISU Council on Medical matters.

The ISU Medical Guide is to be used by Organizers and medical personnel in the preparation of a complete medical program at ISU Events. The Guide provides a standard of medical care that allows all Skaters to compete in a safe and healthy environment.

Rule 140 of the ISU General Regulations requires that the OCs provide emergency medical services for all participants at the competition and practice sites. Details of the personnel and the facilities are outlined in this Medical Guide.

ISU Members are responsible for obtaining their own health care coverage (insurance) for athletes and other team members as per Rule 119 of the ISU General Regulations.

The ISU Event Manager and ISU Officials must confirm that the required medical personnel and equipment are in place before starting the Official training or competition.

2. Pre-Event Medical Protocol (PEMP)

The “Pre-Event Medical Protocol” has been created for organizing ISU Members to inform the ISU of the details concerning the planning of the competition’s medical program. It assists the Medical Doctor responsible for the Event, named Chief Medical Officer (CMO), with an outline for advance planning of medical services and provides the ISU with a contact name and details of the CMO for further communication with the CMO of the Event.

This information will assist the ISU and the local OC in providing the best possible health care for all the Skaters and officials at the competition.

The “Medical Pre-Event Medical Protocol” must be completed and returned to the ISU Office at adevents@isu.ch within the requested date mentioned on the Protocols, usually no later than 6 weeks before the start of the Event.

3. Medical Information Package (MIP)

For all ISU Events, the ISU Office will send a link to access the Medical Information Package (MIP) to the Organizing Committee. The Package contains the following specified documents which should be handed over to the CMO or the OC as indicated below. These documents are included on the MIP and on the Extranet of the ISU Website.

Table 1: The documents are available on the ISU extranet

MIP #	Title of the document	To be handed over to
1	ISU Medical Guide	OC & CMO
2.1	Skater Health Care Form for FS & SYS	CMO
2.2	Skater Health Care Form for SS & STSS	CMO
3	On Ice Medical Emergencies Protocols	CMO
4	Medical Meeting Agenda	OC & CMO
4.1	Medical Meeting Sign-in Form	CMO
5	Responsibilities of Host Medical and Visiting Medical Teams at ISU Events	CMO
6	Medical Action Plan Template (MAP)	OC & CMO

6.1	Instructions on completing MAP	CMO
7	Physician Assessment Form for return to competition	CMO
8	Withdrawal Notification Form	CMO
9	ISU Medical Form (Online Form)	CMO
10	Nutritional Guidelines	OC
ADIP #3	WADA The Prohibited List currently in force	CMO
ADD #1.c	Therapeutic Use Exemption (TUE) Application Form (for emergency use)	CMO

4. Medical Action Plan

A Medical Action Plan (MAP) (MIP #6) is necessary at all ISU Events to plan and prepare for the management of emergency life threatening medical situations. The MAP includes the “On Ice Emergencies Protocol” (MIP #3) for removal of injured Skaters from the ice surface and a template for the CMO to complete with information on how to access venue medical services and Prehospital care services. This item will be discussed at the Medical Meeting.

The MAP is to be completed and modified for each ISU Event at least one week before the start of the Event; it includes information on Managing Emergency Procedure for Emergency Medical Services (EMS) Requests by Medical Team.

5. Procedures / Protocols

5.1 Emergency Protocols

- All medical personnel must be familiar with the “On Ice Medical Emergencies Protocols”.
- Protocols must be in place for emergency procedures such as evacuation of the Skater from the ice surface. These must be practiced before the competition begins and all medical personnel must be familiar with the procedure.
- All medical personnel must have their roles in this situation clearly defined before the competition.
- The ISU Medical Advisor (if available) or the ISU Event Manager will review this with the CMO on arrival.

5.2 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.

5.3 Information on access to medical care must be available to Skaters, officials and ISU Office Holders at all times. This should include physician’s on call and designated hospital’s contact numbers.

5.4 At the Team Leaders Meeting in Figure Skating Events, the CMO will present the details of the Medical Services and will answer any questions. For the Speed Skating Branches Events, it is up to the CMO to include or not presentation of the Medical Services.

5.5 A Medical Meeting with the Host Medical Team and Visiting Medical Teams must be scheduled in addition to a Team Leaders Meeting in all skating disciplines. The items on the “Medical Meeting Agenda” (MIP #4) will be presented and discussed. The CMO will among others present the details of the Medical Services and will answer any questions.

6. Skaters Areas

6.1 Refreshments

- Snacks such as fruits, sandwiches, nutrition/fruit bars and soup must be available at the rink.
- Drinks must be provided at the ice rink at competition and practice sites.
- Fluids and high carbohydrates foods/fluids must be available to the Skaters at practices, competition and regularly throughout the day. Good choices would be water, juices (vegetable or fruit), sport drinks, soy beverages, hot drinks (tea, coffee, oolong team, green tea, hot chocolate), low fat milk or yogurt drinks, dried and fresh fruits, nuts and nut butters, low fat cheeses, bagels, crackers, granola/protein style bars.
- Small sealed individual portion bottles must be available for all Skaters.

6.2 The proposed menu for the Event must be compiled in accordance with Article 13 of this Medical Guide and the “Nutritional Guidelines” (MIP #10) and may be requested by the attending ISU Medical Advisor /ISU Delegate prior to the Event for review and possible comments.

6.3 It is the responsibility of the local OC to follow up on food and drink availability at competition and practice sites as per the agreed menu plan.

6.4 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.

7. Host Medical Team

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

- 7.1 A qualified medical doctor with emergency/trauma and or sport medicine training or equivalent must be present onsite during the scheduled practice sessions and competitions. At all other times, a qualified medical practitioner must be available by phone.
- 7.2 All medical and paramedical personnel at rinkside must be trained in emergency resuscitation, airway intervention and spine stabilization procedures (ACLS certified).
- 7.3 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. An Automatic Electronic Defibrillator (AED) must be present in the rink.
- 7.4 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

must be a physician, if the practice rink is not located in the same building as the competition rink.

- 7.5 For competition times there must be a minimum of four (4) medical personnel at rinkside, one of whom is a physician. The medical person with the radio, together with another medical person, will be positioned at one end of the ice surface with the equipment and the other two medical personnel will be located at the opposite end of the ice surface as shown in Figure 1, chapter 9 below.
- 7.6 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 management of 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 OC or by an on-site ambulance. If the equipment is provided by the OC on-site, then the ambulance response time must be within 10 minutes. If the equipment is provided by an on-site ambulance then a backup ambulance must be available within 10 minutes if transport is necessary. **For all Short Track Speed Skating Events, an ambulance MUST be on-site at all practices and competition sessions.**
- 7.7 A member of the Host Medical Team who is able to communicate in English must be available at all times at the practice and competition rink. Otherwise, a dedicated interpreter must be provided. The Skater's Team Medical official may assist with the translation and be allowed on the ice or in transfer to hospital.
- 7.8 Medical personnel must always be available in the Medical Room and at the rinkside while competitors are on the ice.
- 7.9 At rinkside the medical personnel must have easy access to the ice surface and be able to communicate with the Referee, ISU Event Manager, and the CMO at all times.
- 7.10 Medical personnel are expected to be on site **30 minutes before the start** and 15 minutes after the end of practice and competition.
- 7.11 There must be a Medical Doctor responsible for the Event, the CMO, who is an appropriately trained physician, appointed by the OC, and who is responsible for prearranging liaison with the clinics, hospitals and appropriate specialists for the care of the competitors during the competition.
- 7.13 Before the beginning of the competition, the CMO or the Assistant CMO, who is also an appropriately trained physician, should ensure that all equipment is tested and all personnel understand and are able to carry out all emergency procedures. They must carry out a Skater evacuation practice session at least once on the ice with their staff. The other practice scenarios may be practiced off ice daily or at change of shift when new personnel arrive. The ISU Medical Advisor or the ISU Event Manager will observe one of these evacuation practices.
- 7.14 The CMO or ACMO must be at the rink during all practice and competition times
- 7.15 It is the responsibility of the CMO/ACMO that all medical encounters are recorded. These encounters will be recorded on-line on the "ISU Medical Form" (MIP #9).
- 7.16 Physiotherapy care should be made available to Skaters during ISU Events.
- 7.17 All medical personnel must have a valid license to practice in the host country and carry the standard malpractice insurance for their scope of practice.
- 7.18 All medical personnel must wear similar, specific clothing that easily identifies them as medical personnel from a distance.

- 7.19 For Speed Skating and Short Track Speed Skating events, administrative staff must be available from the first day of the accreditation process in the registration room to collect the “Skater Health Care Forms” (MIP #2.2) 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 CMO.
- 7.20 Roles and Responsibilities of the Host Medical Team and Visiting Medical Team are described in “Responsibilities of Host Medical and Visiting Medical Teams at ISU Events” (MIP #5).
- 7.21 The Host Medical Team must be familiar with the “WADA Prohibited List” (ADIP #3) and requirement for TUE; the latter, if necessary, must be completed on the “TUE Application Form” (ADD #1.c).
- 7.22 The Host Medical Team must complete online the “ISU Medical Form” (MIP #9) for the Skaters whom they treat during the time of the Event; data are used for the Injury and Illness Surveillance Program.

8. Visiting Medical Team

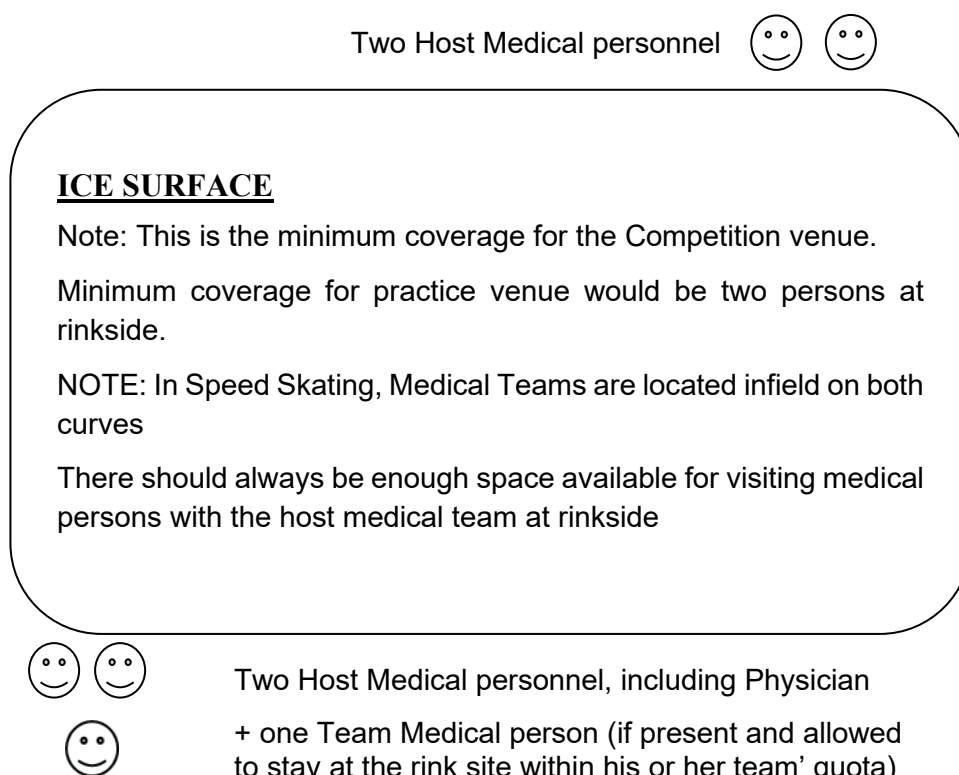
- 8.1 All Visiting Medical Team personnel must present at registration evidence of license to medical practice prior to obtaining a medical accreditation at the ISU Event.
- 8.2 A representative from each Visiting Medical Team is requested to attend the Medical Meeting, where all pertinent medical and facility information will be presented. This is also a time where any questions with regards to Skater and official medical care and field of play access can be discussed.
- 8.3 The Visiting Medical Team are requested to complete the “ISU Medical Form” (MIP #9) for the Skaters whom they treat during the time of the Event; data are used for the Injury and Illness Surveillance Program.

9. Medical Station at Rinkside

- 9.1 The two Medical Stations at the ice surface must
- Be well marked
 - Have easy and unobstructed access to the ice surface
 - Have an unobstructed view of the ice surface
- 9.2 One of the Stations must have an unobstructed egress to the ambulance.
- 9.3 The Medical Station closest to the Medical Room must have an unobstructed egress to the Medical room.
- 9.4 During competition the Medical Stations must be an area large enough to accommodate the two host medical personnel and one visiting team medical person at one corner and two medical personnel at the opposite corner of the ice surface. For Short Track Speed Skating Events, a separate designated area for the 5-6 Visiting Medical Team personnel of the racing’s Skaters might be made available near one of the corners but separated from the Host Medical Team area.
- 9.5 Only Host medical personnel and the Visiting Medical Team personnel are allowed at the Medical Station at rinkside during competition.
- 9.6 All rinkside personnel must be knowledgeable of the “On Ice Emergencies Protocol” (MIP #3)

- 9.7 The Minimum equipment required at rinkside must include:
- 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
 - Cooler with ice bags
- 9.8 See Appendix 1, article 12.1 for Equipment and supplies in Emergency kit

Figure 1: Medical Station and Personnel position at ice rink



10. Medical Room

- 10.1 The Medical Room should be well signed, easily identified and close to the Skater areas.
- 10.2 The Medical Room should be of a reasonable size relative to the number of Skaters participating at the event.
- 10.3 Telephone communication and internet access must be present in the medical room.
- 10.4 There must be a means of communication between the emergency medical personnel at rinkside and the Medical/Physiotherapy Room(s).
- 10.5 There must be a TV screen for live feed available in the Medical Room.

- 10.6 If physiotherapy is provided in a room separate from the Medical Room, there must be a TV available for live feed in this Physiotherapy Room.
- 10.7 Communication with the CMO or ACOMO must be possible at all times.
- 10.8 The ISU Medical Advisor must be provided with a means of communication.
- 10.9 The Medical Room should be close to the ice surface and have clear access to the ice surface. If possible, the Medical Room should also be close to the dressing rooms.
- 10.10 There must be an unobstructed and secure passage from the Medical Room and the ice surface to the ambulance.
- 10.11 The ambulance entrance should be as close as possible to the Medical Room and the exit from the ice surface.
- 10.12 Have a secure area for medical record keeping and workstation.
- 10.13 Medical Personnel must have a separate eating area from the treatment area.
- 10.14 An area available for the Visiting Medical Team to use to assess their Skaters.
- 10.15 Have a wheelchair or a stretcher available.
- 10.16 There should be an area that can be used as a designated isolation area if necessary.
- 10.17 The treatment area must:
 - Be open and staffed at all times during official practice and competition
 - Be large enough to deal with expected medical encounters
 - Have at least 2 to 4 treatment tables, depending on number of Skaters participating at the Event
 - Contain an area for Visiting Medical Team to treat their Skaters
 - Have blankets, table and chairs
 - Have washing facilities i.e. a sink with running water
 - Contain Cooler with ice bags
 - Have medical equipment and pharmacological agents necessary for:
 - The examination and treatment of acute respiratory illness, for example: asthma
 - Cardiovascular stabilization, for example: blood loss or collapse
 - Neurological complications, for example: concussions, seizures or spinal cord injury
 - 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

11. Physiotherapy

- 11.1 The physiotherapy services provided during the competition may be located at the rink, the hotel or both. This area can be separate from the Medical Room or a shared part of the Medical Room.
- 11.2 This area must have a sink and running water, either paper or linen for coverage of the plinths and cleansing solutions for plinth and equipment.

- 11.3 Secure record keeping and workstation.
- 11.4 There should be a minimum of 2 to 4 plinths for treatment at competitions depending on the number of participants and level of competition.
- 11.5 Cooler with ice and bags must be available and electrical modalities are optional.
- 11.7 An area should be available for the visiting physiotherapists to examine and treat patients. This can be a shared area with the host therapists.
- 11.8 The Physiotherapy staff must have a separate eating area from the treatment area.

12. Equipment and Supplies

Detailed equipment and supplies are listed in Appendix #1

- 12.1 Emergency Kit
- 12.2 Medical Clinic
- 12.3 Orthopedic/ physio supplies
- 12.4 First Aid Supplies
- 12.5 Office supplies
- 12.6 Pharmaceuticals
Any medications that are on the WADA prohibited list must be clearly identified and if possible, stored separately from all other medications.
- 12.7 Emergency Medications
Will be with the Emergency Equipment supplied by Ambulance, otherwise must be on site if no ambulance present. All medications that are prohibited should be marked as such.
- 12.8 Basic Medications

13. Nutrition/Meals

A nutritious diet is a key element in performance and maintaining healthy athletes. The Skaters need to have familiar and appropriate food choices to optimize their ability to perform.

Organizers must ensure that the host hotels provide adequate food for the Skaters. As well as ensuring adequate hotel meals at appropriate hours, considering the training and competition schedules, the organizers must also be sure that appropriate fluids and snacks are available at the training and competition venues. The meal times must be flexible in order to serve breakfast before early morning practices and dinner after late evening competitions.

The Skater lounges where the food is available for the Skaters must be totally separate from other lounges, for example the venue volunteer lounge. Skaters require meals or snacks served shortly after practice and competitions as food available at the rink is essential especially if the scheduled transportation service to the hotel takes time.

The proposed menu for the Event must be in accordance with the "Nutritional Guidelines" (MIP #10) and is usually sent to the ISU Medical Advisor /ISU Delegate prior to the Event for review and possible comments.

It is the responsibility of the local OC to follow up on food and drink availability at competition and practice sites as per the agreed menu plan.

14. Injury/Illness Surveillance

Any injury or illness during the ISU Event receiving medical attention regardless of the consequences with respect to absence from competition or training should be reported electronically. Both the Host and Visiting Medical Team who participate in ISU Events will be asked to complete, on line, the "ISU Medical Form" (MIP #9) whenever an injury or illness requires medical treatment.

The information on the forms is completely confidential. The information will be used solely for data collection. It is important to note that the forms are anonymous so that confidentiality is respected.

If the consequence of the Injury or Illness ends up as a withdrawal from the competition, the ISU Withdrawal Notification Form (MIP #8) together with the ISU Medical Form (MIP #9) must be completed. In this case, the Skater's name will be mandatory in order to check the compliance with the ISU Rule 140 para 5 of the ISU Constitution and General Regulations 2022.

Cooperation in data collection is imperative in making the Injury and Illness surveillance system a success. In this way we may be able to see trends and develop strategies for injury and illness prevention.

15. Special Considerations

15.1 Removal of blood from the ice

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.

15.2 Concussions

The Concussion in Sport Group (CISG) developed a guideline Sport Concussion Assessment Tool (SCAT 5) as well as the return to play guidelines. It is important that all Skaters and physicians who treat Skaters are aware of concussions' management, the SCAT 5 tool and the return to sport guidelines. Sport Related Concussion Consensus Statement can be reviewed at the following link: <https://bjsm.bmj.com/content/51/11/838>

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CONCUSSION RECOGNITION TOOL 5®

To help identify concussion in children, adolescents and adults



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RECOGNISE & REMOVE

Head impacts can be associated with serious and potentially fatal brain injuries. The Concussion Recognition Tool 5 (CRT5) is to be used for the identification of suspected concussion. It is not designed to diagnose concussion.

STEP 1: RED FLAGS – CALL AN AMBULANCE

If there is concern after an injury including whether ANY of the following signs are observed or complaints are reported then the player should be safely and immediately removed from play/game/activity. If no licensed healthcare professional is available, call an ambulance for urgent medical assessment:

- Neck pain or tenderness
- Double vision
- Weakness or tingling/ burning in arms or legs
- Severe or increasing headache
- Seizure or convulsion
- Loss of consciousness
- Deteriorating conscious state
- Vomiting
- Increasingly restless, agitated or combative

Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Assessment for a spinal cord injury is critical.
- Do not attempt to move the player (other than required for airway support) unless trained to do so.
- Do not remove a helmet or any other equipment unless trained to do so safely.

If there are no Red Flags, identification of possible concussion should proceed to the following steps:

STEP 2: OBSERVABLE SIGNS

Visual clues that suggest possible concussion include:

- Lying motionless on the playing surface
- Slow to get up after a direct or indirect hit to the head
- Disorientation or confusion, or an inability to respond appropriately to questions
- Blank or vacant look
- Balance, gait difficulties, motor incoordination, stumbling, slow laboured movements
- Facial injury after head trauma

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STEP 3: SYMPTOMS

- Headache
- "Pressure in head"
- Balance problems
- Nausea or vomiting
- Drowsiness
- Dizziness
- Blurred vision
- Sensitivity to light
- Sensitivity to noise
- Fatigue or low energy
- "Don't feel right"
- More emotional
- More irritable
- Sadness
- Nervous or anxious
- Neck Pain
- Difficulty concentrating
- Difficulty remembering
- Feeling slowed down
- Feeling like "in a fog"

STEP 4: MEMORY ASSESSMENT

(IN ATHLETES OLDER THAN 12 YEARS)

- Failure to answer any of these questions (modified appropriately for each sport) correctly may suggest a concussion:
- "What venue are we at today?"
- "Which half is it now?"
- "Who scored last in this game?"
- "What team did you play last week/game?"
- "Did your team win the last game?"

Athletes with suspected concussion should:

- Not be left alone initially (at least for the first 1-2 hours).
- Not drink alcohol.
- Not use recreational/ prescription drugs.
- Not be sent home by themselves. They need to be with a responsible adult.
- Not drive a motor vehicle until cleared to do so by a healthcare professional.

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ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE IMMEDIATELY REMOVED FROM PRACTICE OR PLAY AND SHOULD NOT RETURN TO ACTIVITY UNTIL ASSESSED MEDICALLY, EVEN IF THE SYMPTOMS RESOLVE

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15.3 Relative Energy Deficiency syndrome (RED-s)

The term 'Relative Energy Deficiency in Sport' (RED-S), points to the complexity involved and the fact that male athletes are also affected. The syndrome of RED-S refers to impaired physiological function including, metabolic rate, menstrual function, bone health, immunity, protein synthesis, cardiovascular health caused by relative energy deficiency. The cause of this syndrome is energy deficiency relative to the balance between dietary energy intake and energy expenditure required for health and activities of daily living, growth and sporting activities. Psychological consequences can either precede RED-S or be the result of RED-S. The clinical phenomenon is a syndrome that affects many aspects of physiological function, health and athletic performance. The IOC Consensus Statement recommends practical clinical models for the management of affected athletes. The 'Sport Risk Assessment and Return to Play Model' categorizes the syndrome into three groups and translates these classifications into clinical recommendations.

IOC consensus statement can be read on line. <https://bjsm.bmj.com/content/48/7/491>

15.4 Abuse and Harassment

Please refer to the [ISU Athlete Safeguarding Policy \(ISU Communication 2479\)](#)

16. Spectator Medical Services

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

12. Equipment and Supplies

12.1 Emergency Kit

- AED
- Full Oxygen tank with ventilation mask, nasal cannula and tubing
- Portable suction
- Oral and nasopharyngeal airways
- Laryngoscope
- Endotracheal tubes
- Ambu bag
- Cricothyroidotomy kit
- Back board (210 cm) with stiff cervical collar
- Intravenous fluids with infusion and venipuncture equipment
- Bleeding supplies/bandages/ compression bandages

12.2 Medical Clinic

- Therapy treatment (2-4) tables with adequate lighting
- Diagnostic Equipment :
 - Stethoscope
 - Sphygmomanometer (blood pressure cuff)
 - Oto/ophthalmoscope
 - Reflex hammer
 - Thermometer
 - Nasal speculum
 - Penlight
 - Tongue depressors
- Eye kit with saline, analgesics, fluorescein and patches
- Suture kits with non-latex gloves, suture material, needle driver, syringes, forceps, scissors, antiseptic solutions, xylocaine with and without adrenalin, sterile gauze, steri strips, bandages
- Non sterile gloves different sizes
- Assorted sterile and non-sterile gauze bandages, heavy duty scissors

12.3 Orthopedic/ physio supplies

- Treatment tables (plinths 3-4 depending to #participants and if separate from medical room)
- Crutches
- Triangular bandages
- Tensor bandages of different widths
- Splints – fingers, arms, legs
- Athletic tape, elastoplast-2.5 cm, 5 cm, 7.5 cm
- Under wrap/Pro wrap (pretaping wrap)
- De-adhesive spray
- Tape cutting scissors
- Taping material, fuixomull fixation tape,5cm width
- Taping materials: zinc oxide tape, 1.5 cm, and 2.5 cm and 5 cm width for skating it should be flesh coloured
- Luko tape 1.5 cm, 2.5 and 5 cmm width

- K taping (must be original Kinesio tape not generic)
- Elastocrepe bandaging various widths
- Vaseline
- Gauze 2x2 and 4x4
- Sterile water
- Blister kits
- Second skin
- Gels and lotions or oils for massage
- Drinking water in the room
- Wheelchair
- Cleaning agents for treatment tables
- Collar and cuff for upper extremity support
- Paper towels and hand wash liquid

12.4 First Aid Supplies

- Ice/Ice container
- Plastic bags
- Antiseptic solutions
- Alcohol swabs
- Sterile and non-Sterile gloves (latex and non-Latex)
- Suture tray with sterile dressings and instruments
- Sutures (absorbable and non absorbable) 3-0,4-0,5-0,6-0
- Suture glue
- Steri strips
- Suture removal kit
- Scalpel with blades-10,15
- Sterile and non-sterile gauze dressing-2x2,4x4
- Telfa pads
- Kling dressing roll 3", 4"
- Syringes- 3cc,5cc,10cc,
- Needles-18g 1.5; 21g 1.5, 25g1.5, 27g1.5
- Pill envelopes
- Urinalysis strips
- Nail clippers
- Bandages, butterfly, steristrips
- Water and kidney basin
- Eye patch
- Nasal packing/rhino rockets
- Sharps container

12.5 Office supplies

- Prescription pads
- Injury and illness forms and online access
- Withdraw from competition forms
- WADA list of prohibited substances
- Links to "global DRO" <https://www.globaldro.com/Home> and other resources to check medications
- Pens, tape, scissors, paper
- Copy of ISU Medical Guide
- Posted Emergency Action Plan

- Posted On ice emergencies
- TUE Forms

12.6 Pharmaceuticals

Any medications that are on the WADA prohibited list must be clearly identified and if possible, stored separately from all other medications.

12.7 Emergency Medications

Will be with the Emergency Equipment supplied by Ambulance, otherwise must be on site if no ambulance present.

All medications that are prohibited should be marked as such.

- Epipen or injectable epinephrine 1:1000 SQ (prohibited substance)
- Nitroglycerin spray 0.4 mb
- Dextrose 50% solution 50 ml
- Glucose oral solution
- Xylocaine 1%,2% with and without epinephrine
- B2 agonist inhaler (ventolin) (Restricted substance)
- Amiodarone 50mg/ml
- Atropine 0.5 mg/ml
- Ondansetron 4mg or other antiemetic IV
- Benadryl 25-50 mg IV/IM or other antihistamine
- Ativan IV or other anticonvulsant
- Toradol 10-30 mg IV or other non-opiate analgesic
- Analgesic ophthalmic drop

12.8 Basic Medications

- Antihistamine (Benadryl or other)
- Analgesis (Tylenol paracetamol)
- NSAIDS (Ibuprofen, naprosyn)
- Muscle relaxant (methacarbamol)
- Antibiotic ointment
- Throat Lozenges
- The following can be provided by prescription if pharmacy available on evenings and weekends
- Antibiotics
- Antacids
- Antiemetics
- Antidiarrheal
- Nasal decongestants (otrivin) be sure none of these are prohibited with ephedrine etc.
- Antibiotic and anti-inflammatory eye and ear drops
- Corticosteroid creams/ointments
- Antitussive medication