

**MEDICAL COVERAGE MANUAL**

**for a**

**MULTI-SPORT GAMES**

**Prepared by:**

**SportMedBC**

**April 2001**



## Table of Contents

### 1. Personnel

- 1.1 Establishing a Medical Services Directorate
- 1.2 Establishing Medical Personnel Requirements
  - On-Site at Venues
  - In the Medical Clinic
- 1.3 Role of SportMedBC
- 1.4 Role of Professional Associations
- 1.5 Role of Other Associations
- 1.6 Medical Accreditation
- 1.7 Housing of Medical Staff

### 2. Facilities

- 2.1 Location, Physical Installation
  - Central Clinic, Venue Sites, Playing Field

### 3. Equipment and Supplies

- 3.1 B.C. Games Society Supplies
- 3.2 Equipment
- 3.3 Supplies
  - Venue First-Aid Kit, Accommodation First Aid Kit,
  - Physician's Checklist
- 3.4 General Protocols

### 4. Standard Operating Procedures

- 4.1 Duties and Responsibilities
- 4.2 Venue Guidelines
- 4.3 General Philosophies
- 4.4 Staff Education and Orientation
- 4.5 Medical Records
- 4.6 Medical Intervention Regulations
- 4.7 Liability
- 4.8 Emergency Protocol
- 4.9 Post Games Report
- 4.10 Administrative

### 5. Administrative Guidelines

- 5.1 Advance Site Survey
- 5.2 Venue Checklist
- 5.3 Medical Volunteer Application Form
- 5.4 Suggested Timelines

## INTRODUCTION:

This manual prepared by SportMedBC, was designed to assist the Multi-Sport Games Host Community plan the medical coverage for a multi-sport Games. It is intended that this manual be used as a guideline since individual requirements will vary from Games to Games.

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



## 1.0 PERSONNEL

### 1.1 *Establishing a Medical Services Directorate*

It is strongly recommended that the Multi Sport Games Host Society should select a Medical Services Director early in the planning stages. This individual, who preferably has a Canadian Academy of Sport Medicine (CASM) designation, should be chosen from the local area. He/she should form a Medical Services Directorate. This committee is established approximately 12-16 months in advance of the Games and usually consists of the following members who are fully committed to the tasks ahead, as outlined in this manual:

Medical Services Director  
 Medical Clinic Chair  
 Therapy Chair  
 First-Aid Chair  
 Volunteer Chair

\* You may also wish to have an Ambulance Representative on your directorate \*

Each member of this committee should designate a core group of assistants at least 12 months in advance of the Games. Additional volunteers should be in place with approximately six months to go. Every effort should be made to secure an adequate number of professionally qualified medical personnel from the local area. If necessary, recruitment of additional experienced personnel from outside the local area may be incurred. SportMedBC can assist in the recruitment of these individuals.

The Medical Services Directorate should meet regularly prior to the Games in order to:

1. Liaise with the other Games Directorates and provide input regarding data collection systems, risk management, emergency services, accommodation and transportation, and nutrition during the Games.
2. Establish anticipated needs and outline flow of communication.
3. Establish the medical coverage for training and competition venues (including a review of geographical settings). It is often useful to review the injury statistics and trends from the previous Games medical reports and to consult with the Medical Services Director and Physiotherapy Chair from the last Games.
4. Identify strengths and weaknesses of medical support well in advance, and correct as necessary.
5. Establish the duty rosters prior to the onset of the Games for the clinic operation **and** for coverage of practice and competition venues. Careful scheduling is required for the high and moderate risk sports. It is recommended to have volunteers identify their area(s) of expertise (i.e. clinical work, sideline work).
6. Determine what supplies are on-hand, what supplies are available from the local community, and what supplies need to be purchased.
7. Determine the adequacy of the proposed facilities for the Central Medical Clinic and the geographical location in relation to the venue sites and the athlete's accommodation (advance work may need to be done if new facilities are being constructed).
8. Establish an emergency/disaster plan for single sport-related incidents as well as for major disasters. It will be necessary to familiarize all volunteers with this process.
9. Establish a plan for volunteer education that may include arranging Field Clinics and Educational Seminars to familiarize volunteer medical staff with venues, treatment protocols, and established emergency procedures.

In addition, the entire medical team should meet just prior to the Games (i.e. 5-10 days) to review protocols and work schedules. During the Games, the Medical Services Directorate should meet daily to deal with specific concerns and situations.

## 1.2 *Establishing Personnel Requirements*

### 1.2.1 *On-Site at Venues*

After assessing the risk and utilization level of each sport, the Medical Services Directorate should decide on the number and type of medical personnel required. The duty roster may include Physicians, Physiotherapists, Athletic Therapists, Nurses, Ambulance Attendants and First Aiders. The requirements for and the scheduling of personnel at the venue sites should be determined by the nature of the sport, the number of participants, the number of venues being used, and the types of injuries to be anticipated. In this regard, team managers should be prompted to make their needs known at least 6 months in advance to ensure adequate coverage.

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

When scheduling specific therapists, physicians and nurses to venue sites, regular breaks should be implemented throughout a shift. It is recommended that the shifts be 4-6 hours in length, unless otherwise specified by the practitioner. A schedule should be posted, both at the clinic and at the venue to identify who is on duty, what position he/she holds and his/her contact number(s).

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

#### (A) **High Risk Sports:**

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

**Summer:** Cycling, Diving, Equestrian, Field Hockey, Marathon, Parachuting, Pole Vault, Rugby, Triathlon, Water Polo, Water-skiing, Wrestling

**Winter:** Alpine and Freestyle Skiing, Boxing, Fencing, Figure Skating, Gymnastics, Ice Hockey, Judo, Karate, Luge, Ski-Jumping, Speed Skating, Weightlifting

The suggested *minimum* medical personnel requirements per "High Risk Sport" venue:

1 sport physician on-site  
 1 sport physiotherapist/athletic therapist on-site  
 1 nurse on-site  
 1 ambulance on-site

A medical doctor should be on-site at all high-risk venues during the competitions. A therapist(s) with extensive on-site experience is invaluable.

Additional physiotherapists, athletic therapists, and First Aid personnel are to be determined by number of athletes at that location and the degree of utilization of that sport. Additional coverage may also be provided by the local Ski Patrol in the winter and the Royal Life Saving Society for water sports.

**Note:** There is no substitute for Ski Patrol members and water rescue experts. Their services should be actively sought.

**(B) Moderate Risk Sports:**

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

**Summer:** Baseball, Basketball, Cricket, Handball, Lacrosse, Orienteering, Soccer, Softball, Slo-pitch, Track and Field, Volleyball,

**Winter:** Badminton, Wheelchair Basketball, Biathlon, Broomball, Cross-Country Skiing, Netball, Racquetball, and Squash.

Suggested minimum medical personnel requirements per "Moderate Risk Sport" venue:

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

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

**(C) Low Risk Sports:**

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

**Summer:** Archery, Canoe/Kayak, Golf, Horseshoe Pitching, Lawn Bowling, Rowing, Sailing, Shooting, Synchronized Swimming, Swimming, and Tennis.

**Winter:** Curling, Table Tennis

The number of First-Aid personnel required will depend on the number of participants, the number of venues and the degree of utilization of the sport. The Royal Life Saving Society may be available to provide additional coverage at the water sport venues.

**(D) Athletes with a Disability:**

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

**(E) Other:**

*Every* event or venue should be provided with some type of medical personnel (i.e. at least one First-Aid Attendant should be present at all venues). At multi sport events such as the BC Games, where the scope of competition is quite diverse, there may be individuals who require special consideration (i.e. Seniors Games).

Special events such as the Opening and Closing Ceremonies also require an established emergency action plan/disaster plan. It is suggested that one Physician be on-site in addition to nursing staff and First-Aid personnel.

**(F) Adverse Weather Conditions:**

The potential for extremes of weather or drastic changes in weather may make for special concerns with open water events such as rowing, canoe/kayaking and sailing or skiing and other winter sports. Therefore, additional experienced personnel should be available in the case of dangerous weather conditions.

Extremely hot or cold weather conditions may increase the number of medical personnel required at venues. All participants in events taking place in hot summer or cold winter conditions are vulnerable to heat or cold related injuries. Individuals with spinal cord injuries are particularly vulnerable to extreme environmental conditions. Due to the lack of sensation at the level of injury and below, spinal cord injured athletes are at risk to receive burns or frostbite. It is recommended that medical personnel be aware of the weather and possible adverse conditions that may predispose unprepared athletes to the above mentioned conditions. Medical volunteers experienced in dealing with environmental injuries should be scheduled at venues most exposed to the elements.

**(G) Typical Injuries and Scope of Utilization**

In addition to predicting the utilization of medical services, it is beneficial to outline the typical injuries that could be encountered. Typical injuries are listed in highest to lowest order of relative frequency. An asterisk (\*) indicates a definite predominance of a certain type of injury. This information was compiled as a result of an extensive review of relevant studies reported in the sport medicine literature.

<b>SPORT</b>	<b>TYPICAL INJURIES</b>	<b>NOTES</b>
<b>AQUATICS DIVING</b>	*Cervical pain, low back pain, quadriceps strain, shoulder trauma, wrist pain	Competitive diving has a relatively low injury rate. The potential for severe trauma, although rare, is possible. Due to the impact nature of the sport, divers suffer acute injuries (i.e. wrist sprains)
<b>AQUATICS SWIMMING</b>	*Shoulder strain, *rotator cuff tendonitis, knee pain ("breaststroker's knee"), ear & nose congestion, low back pain, thoracic pain	Swimmers are substantial users of medical services. Swimmers tend to have more chronic overuse injuries due to their long training sessions. This results in the extensive use of physiotherapy and massage therapy services.
<b>AQUATICS SYNCHRONIZED SWIMMING</b>	*Low back pain, chondromalacia, rotator cuff impingement, wrist, neck and elbow pain.	Most injuries are of the chronic overuse nature.
<b>AQUATICS WATERPOLO</b>	Knee joint complex (MCL), shoulder joint complex (rotator cuff), low back pain.	Knee injuries are often associated with the "e.g. beater kick" and shoulder injuries are associated with throwing. Most injuries are of the chronic overuse nature, acute injuries, such as contusions, occur on a regular basis.
<b>AQUATICS WATER-SKIING</b>	Knee and ankle joint complex, contusions, sprains, dislocations	Collisions are the most common mechanism of injury in water-skiing
<b>ARCHERY</b>	Tennis elbow, biceps strain, finger strains & sprains	Archery has a low rate of injury. Injuries are usually of the chronic overuse nature.
<b>ATHLETICS TRACK &amp; FIELD</b>	*Hamstring strains, *musculotendinous strains (i.e. Achilles tendon), low back pain, quadriceps strains, shin splints, foot and ankle sprains, iliotibial band syndrome, shoulder complex tendonitis, blisters, hyperthermia (associated with endurance events)	Athletics participants are very high users of medical services. Injury occurrence is moderate, ongoing therapy is high and the use of recuperative therapy (massage) is high.

<b>BADMINTON</b>	*Foot and ankle sprains, low back pain, musculotendinous strains (i.e. Achilles tendon), shoulder complex tendonitis, patello-femoral complex, elbow tendonitis, eye injuries	Badminton requires moderate use of medical services including athletic therapy, physiotherapy and some use of massage and taping.
<b>BASEBALL</b>	*Shoulder, *elbow, head injuries, lacerations, contusions, fractures	Baseball requires moderate utilization of experienced therapists. There are a large number of chronic as well as acute injuries.
<b>BASKETBALL</b>	*Ankle/knee/finger sprains, contusions (quadriceps), lower extremity strains, knee joint complex	Most basketball injuries are caused by direct impact with another player, the ball, or the floor, and by torsion movements.
<b>BOXING</b>	**Concussions, *wrist and finger sprains, *ankle sprain, cervical pain, calf/tendo-Achilles pain, low back pain, contusions and lacerations of the face and hands, fractures (cheek, nose, finger)	The potential for traumatic injury in boxing is high but relatively infrequent. Physicians <b>MUST</b> be present at all boxing matches. Team staff is usually responsible for taping.
<b>CANOE / KAYAK</b>	Extensor tenosynovitis, epicondylitis of the elbow, carpal tunnel syndrome, shoulder impingement syndrome, bicipital tendonitis, low back pain	Athletes who kayak and canoe sustain similar injuries, which are usually chronic and overuse in nature. Kayakers are at risk for blunt head trauma and hypothermia due to rollovers.
<b>CYCLING</b>	*Abrasions/lacerations, *calf strains, low back pain, cervical pain, quadriceps strain, iliotibial band syndrome, ankle sprain	Many cycling injuries are acute and occur in competition as opposed to practice. Massage is highly utilized by cyclists. Metabolic trauma such as dehydration and heat stress is increased during longer competitions.
<b>DISABLED SPORTS ALPINE SKIING</b>	Knee joint complex, fractures	
<b>DISABLED SPORTS WHEELCHAIR ATHLETES</b>	Sprains, strains, tendonitis, bursitis, *blisters, lacerations, abrasions, carpal tunnel syndrome	The mechanism of injury depends on the nature of the sport. There is a high risk of crashes in fast moving sports such as basketball, track, and road racing. Wheelchair athletes with spinal cord lesions have an increased vulnerability to heat and or cold because of thermoregulatory disorders below the level of the lesion.
<b>EQUESTRIAN</b>	Bruises, abrasions, fractures, sprains, strains, concussion, lacerations, and possible spinal cord injuries.	This sport has a low overall frequency of injury, but the potential exists for serious injury if a rider is thrown of his/her horse.
<b>FENCING</b>	Concussion, loss of vision and internal organ damage	The injury rate in fencing is low, but the possibility exists for catastrophic injury. Proper use and maintenance of equipment and the use of proper technique can prevent such occurrences.
<b>FIELD HOCKEY</b>	*Knee/ankle sprains, contusions, quadriceps strain, low back pain, dental / facial injuries.	Field Hockey requires the services of an experienced on-site therapist. Field conditions may increase the number of acute injuries.
<b>FIGURE SKATING</b>	Knee sprains, ankle sprains, Achilles tendonitis, chondromalacia, muscle strains, lacerations, contusions, fractures, and concussions.	Overuse mechanisms account for approximately 50% of figure skating injuries. Collisions and falls is also a major mechanism of injury, particularly during practice sessions. In singles skating, males are most commonly injured. In pairs, females usually sustain more injuries.

<b>GYMNASTICS</b>	*Low back pain, *knee and ankle sprains, patellofemoral syndrome, wrist strains, neck pain, fractures, spondylolisthesis	Gymnastics has a high rate of injury, which increases with the level of competition. Acute injuries occur mainly during the landing phase of vaults and dismounts.
<b>LAWN BOWLING</b>	Shoulder / AC joint sprains, knee and ankle sprains, muscle strains, dental/facial injuries, contusions, fractures and concussions.	Lawn bowling requires very little in the way of medical services. Although the players are generally older than other participants are, the injury incidence is very low. Medical history information may identify participants with cardiac or notable conditions. These conditions may necessitate making special arrangements such as having oxygen available on-site.
<b>MARTIAL ARTS (Judo, Karate)</b>	Knee joint complex, cervical pain, low back pain, and ankle sprain.	Most injuries in martial arts are mild to moderate in severity and most often occur to the extremities. The mechanism of injury is usually combative body contact. The rate of injury in martial arts is lower than that found for wrestling, basketball and football.
<b>PARACHUTING</b>	Contusions, abrasions, strains, sprains, fractures dislocations,	Collisions with the ground are the most common mechanism of injury. Most injuries are sustained to the ankles and knees.
<b>RAQUETBALL</b>	Contusions, abrasions, strains, sprains, fractures, dislocations	The ball causes eye injuries in racquetball most often. Open eye guards do not protect against these injuries and should therefore, be prohibited.
<b>ROWING</b>	*Eye injuries (hyphema), knee and ankle sprains, lumbar spine	Injuries in rowing are usually caused by overtraining, oversculling and poor technique
<b>RUGBY</b>	Upper/lower back pain, quadriceps strains, paddler's wrist, blisters, rib stress fractures	Collisions and body contact between players are the most common mechanisms of injury. Most injuries are sustained to the legs, arms, and the head/neck region.
<b>SHOOTING</b>	Contusion, concussion, strains, sprains, laceration, oral/dental injury, fractures, subluxations / dislocations, cauliflower ear.	Shooters present with a very high incidence of overuse cervical spine problems. The incidence of other injuries is low.
<b>SKIING CROSS COUNTRY</b>	*Chronic cervical pain, low back pain, thoracic pain, shoulder joint.	The incidence of injury is low and commonly due to the overuse at the shoulder, knee, lower leg, foot, heel, ankle and Achilles tendon.
<b>SKIING ALPINE</b>	Bursitis, tendonitis, low back pain, hypothermia, cuts/abrasions, sprains, dislocations, fractures.	Injury incidence among alpine skiers is high. Falls and/or collisions cause most injuries.
<b>SOCCER</b>	*Knee sprains (ACL), muscle strains, fractures, contusions, shoulder joint complex (dislocations, rotator cuff injuries)	The sport of soccer has a large number of injuries most of which are minor and confined to the lower extremity. Over 50% of the injuries are caused by body contact between opposing players. Field conditions, level of play and age all bear strong relationships to the number of injuries sustained. Youth soccer players have a higher incidence of head injuries than older participants do.
<b>SOFTBALL</b>	*Knee & ankle joint complex, quadriceps and hamstring strains, concussions, contusions, fractures, lacerations	The most common mechanisms of injury are sliding and base running.

<b>SPECIAL OLYMPICS</b>	Ankle joint complex (sprains/fractures), knee joint complex (sprains), hand sprains/fractures, contusions, subluxations, dislocations	
<b>SQUASH</b>	*Eye injuries (hyphema), knee and ankle sprains, lumbar spine	Eye injuries in squash are caused by the racquet (40%) and by the ball (60%). Open eye guards do not protect against these injuries. Most injuries are of the chronic and overuse type
<b>TENNIS</b>	Elbow joint complex (i.e. tennis elbow); shoulder joint complex (i.e. bicipital tendonitis), wrist flexor tendonitis, low back pain, gastrocnemius and adductor muscle strains.	
<b>VOLLEYBALL</b>	*Jumpers knee (patellar tendonitis), *ankle sprains, knee sprains, patellofemoral pain	Most serious injuries in volleyball occur when the participant is jumping and twisting on impact with the floor.
<b>WEIGHTLIFTING</b>	*Low back pain, *knee joint complex (patellar tendon), shoulder joint complex, quadriceps strain, wrist sprains, elbow joint complex, cervical pain.	Weightlifting is one of the most stressful sports on the musculoskeletal system, and has a high incidence of knee joint problems. Many injuries are caused by errors when performing maximal lifts.
<b>WRESTLING</b>	Knee sprains, foot and ankle sprains, shoulder and elbow subluxations / dislocations, fractures, wrist and finger sprains, neck and low back pain, muscle strains and contusions,	There is a high rate of injuries in wrestling. This sport requires experienced medical personnel due to the high rate of injury. A doctor should be at the venue site at all times.

### 1.2.2 In The Medical Clinic

- The medical clinic should be open 24 hours a day and serve as a central treatment area for athletes, coaches and volunteer staff.
- Physicians, nurses, physiotherapists, athletic therapists, medical office assistants, receptionists, and aids/volunteers as available should staff the medical clinic.
- Staffing of the medical clinic depends on the time of day. Based on past experience, suggested shifts and minimal personnel requirements are:

<b>0700-1100 Hrs</b>	2 Nurses, 1 Physician, 2 Therapists, 1 Medical Office Assistant/Receptionist
<b>1100-1500 Hrs</b>	(as above)
<b>1500-1900 Hrs</b>	3 Nurses, 2 Physicians, 4 Therapists 2 Medical Office Assistants/Receptionists
<b>1900-2300 Hrs</b>	(same as above)
<b>2300-0700 Hrs</b>	2 Nurses, 1 Physician on Call.

- There should be a *minimum* of 2 nurses (1 with critical care experience) on duty at all times.
- There should be a minimum of one physician on duty from 0700-2300 and one on call from 2300-0700. (A general practitioner with sports experience is most valuable).
- A minimum of 2 courtesy cars with drivers should be on duty from 0700-2300 and 1 on call from 2300-0700 Hrs.
- Other specialists such as Dentists, Podiatrists, Radiologists, Chiropractors, and Orthopedic Surgeons should be available on an "on-call" basis.

### 1.3 Role of SportMedBC

Over the past several years, SportMedBC has provided technical medical assistance and advice to the BC Games Society and, in particular, to the host community's medical services directorate. SportMedBC will:

#### 1.3.1 Act as a medical advisor available to:

- Meet with the host medical services directorate and assist during the preparation phases, providing specific consultations as required.
- Provide the names of qualified physicians and therapists who are willing to volunteer their services and travel to the host community to assist during the Games.
- Supplement available personnel, if requested. This will involve providing names of local members of CASM (physicians), SPC (physiotherapists) and CATA (athletic therapists) etc.
- Provide the BC Games Society with an *"Experts Panel"* which would be prepared to advise the Society on specific issues of concern relating to the provision of medical services that may from time to time arise.
- Assist in the integration of the local Sports First Aiders into the volunteer medical team.

#### The BC Games should provide travelling therapists with:

- Transportation to and from the Host Community as part of, not in addition to, the chartered service available to all BC Games participants.
- Games accreditation, accommodation, ground transportation, and meals as provided by Host Community to all out-of-town officials. This usually consists of dormitory-style sleeping arrangements, cafeteria style breakfasts and suppers, and box lunches at competition sites.

#### 1.3.2 Conduct a pre-Games educational symposium

A pre-Games educational symposium can be coordinated for all medical volunteers. SportMedBC has developed a standardized curriculum and experienced instructors are available to teach the program. Topics covered in this 2 day course include:

- General Injury Prevention Concerns
- Injury Protocols and Referral Patterns
- Emergency Protocols and Procedures
- Assessment and On-Site Management of Life Threatening Conditions
- Sport-Specific Common Injuries and Treatments
- Basic Principles and Techniques of Taping.

Fees are charged for both the educational symposium and any requested consultation meetings. Payment for these services, including travel to the Host Community, is the responsibility of the Medical Services Directorate. Specific details should be obtained from SportMedBC.

## 1.4 The Role of Professional Sport Medicine Associations

### 1.4.1 CASM .Canadian Academy of Sport Medicine

CASM is the national organization of physicians committed to excellence in the practice of medicine, including health promotion and disease prevention, as it applies to all aspects of physical activity. Members may be valuable additions to the medical volunteer staff at the games. SportMedBC can provide contact numbers for local CASM members.

### 1.4.2 CATA, Canadian Athletic Therapists Association

CATA provides leadership and direction in the athletic therapy profession in Canada. The association is dedicated to the promotion, development, and delivery of programs for the prevention, care, and rehabilitation of sports injuries. A Certified Athletic Therapist is devoted to rehabilitating an active individual from the inception of the injury to the return to sport. SportMedBC can provide contact numbers for members residing in BC.

### 1.4.3 (SPC), Sport Physiotherapy Canada

SPC is a Division of the Canadian Physiotherapy Association, whose primary goal is to provide quality therapy, rehabilitation, and counseling services to athletes and recreational participants, before, during and after injury. SportMedBC can provide contact numbers for members in BC.

## 1.5 The Role of Other Associations

### 1.5.1 St. John Ambulance

This organization can be of assistance, particularly in providing on-site first-aid. Local detachments should be contacted initially. If there are no local contacts available, the Public Duty Officer at the Provincial Office in Vancouver should be contacted.

### 1.5.2 British Columbia Ambulance Service

These services can be arranged by contacting the administration office in the local area a minimum of 2 months prior to the event. Service may be provided on a contracted hourly rate basis or, in some cases, on a volunteer basis.

### 1.5.3 Ski Patrol

Most ski hills will have their own ski patrol on duty during competitions. Members of this emergency team are trained to handle life-threatening injuries on the hill. Their presence during ski competitions is advised.

### 1.5.4 Royal Life Saving Society

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

### 1.5.5 Armed Forces

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

**NOTE:** The contact numbers are located in Appendix 5

## 1.6 Medical Accreditation

It is important that all members of the medical team be given ***All Access*** accreditation to the Games allowing access to:

- All venue sites
- The athlete's accommodation area and cafeteria
- Press area
- Transportation, etc.

An accreditation badge should *clearly* indicate that they are medical personnel. It should also indicate their profession, such as physiotherapist, physician etc. All professional medical personnel should be licensed to practice in their respective provinces.

At the venue site it is important that there is some means of clearly identifying the medical personnel. A coloured vest in addition to the accreditation badges best provides this distinction.

## 1.7 Housing of Medical Staff

### 1.7.1 Accommodations

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

## 2.0 Facilities

The Medical Services Director, Therapy Chair, Medical Clinic Coordinator, Head Nurse, and First-Aid Chair should examine the site(s) of the Games to determine the nature of the facilities available approximately 10 months prior to the Games.

## 2.1 Location, Physical Installation, Central Clinic

### 2.1.1 Location

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

### 2.1.2 Physical Installation

When examining a potential location for the medical clinic there are several important factors to consider (see Advance Survey in section 5.1). The proposed location must have:

- adequate lighting for examination and treatment of patients
- a water supply, (hot & cold)
- an adequate number of electric outlets (preferably separate circuits). If insufficient outlets are available, they should be installed on a temporary basis and supplementary lighting can be added for the duration of the Games.
- a washroom facility located in or very near the facility
- telephone services provided.

**NOTE:** The entire clinic must be accessible by wheelchair and stretcher with parking facilities and an ambulance entrance nearby. The clinic must also be accessible for the movement of large equipment items such as ice freezers, refrigerators, and supply crates into it.

### 2.1.3 Suggested clinic layout:

- A reception area should be located at the entrance to the clinic. This may be similar to a nurse's station and will act to control all medical traffic in the clinic regardless of need.
- The medical examining and treatment area should have a minimum of 6 beds that can be cordoned off by curtains when necessary.
- The physiotherapy area should contain a minimum of 6 treatment tables with 3 that are adjustable in height.
- Communication between various members of the medical team (physicians, therapists, nurses, etc.) can be facilitated by ensuring that the physical layout of the medical examination and reception areas allows for ready access from one to the other.
- A separate room should be obtained for the storage of supplies and venue medical kits. It should be large enough to facilitate the packing, restocking and unpacking of the venue first aid kits and easily accessible from the treatment rooms.
- A separate cabinet, equipped with a lock and key should be made accessible to store all drugs, oral, parenteral and topical.
- Provision should be made for X-rays, a local pharmacy to provide prescription items, a good supply of ice and a laundry service for towels.

### 2.1.4 At the Venue Site:

- The size of the medical area necessary at the various venue sites will be determined by the type of injuries that can be expected and by the protocol for that particular sport.
- All venues should only be equipped for immediate first-aid care and taping. They should be located in small first-aid rooms within the stadiums, sports halls or in an enclosed area (e.g. tent) in close proximity to the competition site. Athletes requiring medical attention and/or physiotherapy should be transported to the central clinic.

It is important that an immediate water source be available to medical personnel at each venue. Also, at each venue, there should be access to a telephone for communication with the central clinic and for emergency situations. Proper signs must identify the location. These spaces must be designated well in advance and maps of all venues and first-aid posts should be given to all medical personnel, sport chairs, team managers, and coaches. In addition, all medical personnel should have competition/practice schedules for all events taking place at their venue.

### 2.1.5 Parking

There are two needs for parking:

- 1.) emergency medical parking
- 2.) parking for medical volunteers

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

### 2.1.6 On the Playing Field/Surface

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

## 3.0 Equipment and Supplies

Early in the planning of any Games, the types of injuries to be expected should be reviewed. Once the review is complete, the equipment and supplies for the Games can then reflect anticipated requirements. Personnel selected for the medical team should have some input into the supplies and equipment needed for the events they are covering. The Medical Services Directorate should review the list of supplies that should be available from the Games office and, using the guidelines outlined in this chapter, make a list of extra supplies that will need to be secured elsewhere. The major area for equipment supply will be the central clinic. SportMedBC has an inventory of medical bags available for loan as well as a list of suppliers. The required equipment should be ordered six months prior to the Games to ensure delivery.

### 3.1 Host Organization Supplies & Equipment

The BC Games Society provides a field clinic of medical equipment and supplies contained in several crates. These supplies are sent directly from the previous Games to the Medical Services Directorate of the next Games. The actual inventory of supplies may vary, and a complete inventory list should be obtained from the previous Medical Services Directorate at the time the crates are forwarded. It is the responsibility of the new Medical Services Directorate to store the supplies as part of the overall Games Inventory until the Games takes place.

### 3.2 Equipment

Previous Games reports have identified the following equipment as useful for the establishment of a medical clinic and venue medical service. The local hospitals or medical supply companies may loan equipment.

Ambu-respirator	Endotracheal Tubes	Refrigerator
Cabinet with lock (for drugs)	Extension Cords	Room dividers for examination areas
Chairs for reception	Fans (in case of warm weather)	Splinting Materials (i.e. Aircast, post-operative knee braces, patellar stabilization devices, etc.)
Charts and writing pens	Filing cabinet	Stove hot plate to heat water
Communication devices (cellular phones, two-way radios)	Floating spine board for aquatic venues (confirm one is available)	Telephones (one for emergency and one for general use)
Computers	Freezer (small)	Therapy Mobilization Beds (3)
Coolers / Ice Chests for venues	Heaters (for the clinic in case of cold weather)	Therapy Treatment Tables (3)
Crutches	Ice machine	Towels and Linens
Cupboards	Laryngoscope	TV / VCR
Shelf space desks	Mats to cover treatment tables (6)	Waste Containers
ECO and Defibrillator	Otoscope	Weigh Scales
Electrotherapy modalities (TENS, Ultrasound, Laser, Interferential)	Photocopier	Wheelchairs
		Whirlpools or other Hydrotherapy devices

### 3.3 Supplies

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

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

#### 3.3.1 Venue First-Aid/Trainer Kit

A laminated label and an “**Emergency Protocol Sheet**” should be attached to the exterior of each kit. **An example of this sheet is available in Appendix 7.** Quantities of supplies will depend on the number of participants, available storage space and budget. Additional supplies should be added to the kit according to venue (high risk/utilization sports) and the qualifications of the personnel at the venue sites. At the end of the day, ensure a list is made of items that need replacing. In addition to the kit, each venue should have an ice chest, a running water supply or water jug, and a pair of adjustable crutches.

## Kit Contents:

LOCATION	ITEM	QUANTITY
<b>Side Pocket</b>	Airways (3,5,7)	1 set
	Pocket Mask	1
	Latex Gloves	5 pairs
	Bandage Scissors	1
	Tweezers	1
	Pen, Pencil, and Paper	1 each
<b>Main Compartment</b>	Clipboard & Injury Report Forms	
<b>Dressing Supplies</b>	Plastic Bags (for ice)	Lots
	Band-aids (knuckle, fingertip, strips)	Assorted
	Cling Gauze	2", 3", 4"
	Gauze Sponges (sterile)	2x2's, 4x4's
	Gauze Sponges (non-sterile)	2x2's, 4x4's
	Telfa Pads	2x6's, 2x3's
	Flexible Adhesive Dressing	1 package
	Safety Pins	10
	Second Skin	1 Jar
	Steri-Strips	4 packages
	Tensor Bandage (4")	2
	Tensor Bandage (6")	4
<b>Taping</b>	Adhesive Tape (1.5")	10 rolls
	Adhesive Remover	1 can
	Tape Adherent (Tuf Skin)	1 can
	Tongue Depressors	12
	Pro Wrap	3-4 rolls
	Orthopedic Felt	Assorted
	Foam Sponge	Assorted
	Moleskin	1 sheet
	Heel and Lace Pads	30 pairs
<b>Wound Cleansing Supplies</b>	Alcohol Swabs	12
	PhisoHex	1 bottle
	Q-Tips	15
	Savlon Soap	1 bottle
	Needles (22G & 25G)	2-3 each
	Sharps Container	
	Cotton Balls	1 package
<b>Topical Ointments</b>	Polysporin (Bacitracin)	1 tube
	Tinactin	1 tube
	Skin Lube (Vaseline)	1 tube
<b>Eye Injury Kit</b>	Saline Solution	10 or 20ml
	Gauze Eye Pads	5
	Hard Eye Patch	2
	Contact Lens Container	1
	Kleenex	1 package

Oral Medication	ASA (325mg)	12 tablets
	Glucogel	30ml tube or 1 package
Miscellaneous	Towel	1-2
	Garbage Bags	2
	Splints (Metal, SAM, Quick)	Assorted
	Pen Lights	1
	Thermometer (oral/rectal)	1
	Thermometer Sheaths	10
	Space Blanket (Emergency)	2
	Sunscreen (SPF 30)	1 bottle
	Disposable Razors	2
	Quarters (for telephone)	2-3

**NOTE:** *No oral medication should be administered without a physician's order. It is recommended that analgesics (such as Tylenol or Aspirin) NOT be handed out at the venues.*

### 3.3.2 First Aid Kit for Participant Accommodation Sites

This First-Aid Kit is for treatment of minor illness and injury occurring at the accommodation site. Personal care products should be supplied by the athletes themselves. There should be approximately 1 kit per 75 people.

#### Kit Contents:

ITEM	QUANTITY
<b>**DM Cough Syrup</b>	2-3 bottles
<b>Antihistamines (i.e. Benadryl, Chlortripolon)</b>	1 package
Q-Tips	10
Disposable Razors	2
Band-aids (Assorted)	1 package
Gauze (4x4)	20
Vaseline	1 tube
Antibiotic Cream/Ointment	1 tube
Antacid	1 bottle
Gravol (50mg)	1 bottle
ASA (325mg)	1 bottle
Throat Lozenges	1 package
Dispensing Cups	12
Thermometer	1
Thermometer Sheaths	1 package
Contact Lens Solution	2 bottles
Contact Lens Case	1
Feminine Hygiene Products	Assorted

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

### 3.3.3 Physician's Checklist

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

## General Supplies:

Oral Medications	Wound Care	Suturing
Laxatives	Savlon Soap	1% Xylocaine
Gravol	Bridine	1% Xylocaine w/ epinephrine
292's	Sterile Gauze (2x2's, 4x4's)	Ethilon 4-0, 5-0, 6-0
Tylenol #3	Cling Gauze	Plain Gut 5-0
Chlortripolon	Elastoplast Anchors	Needles P-3, FS-2, 19, 22, 25, 27
Duricef 500	Band-aids (Assorted)	Syringes 2cc, 5cc, 20cc
Septra	Tape (i.e. micropore)	Sterile Gloves
Kaopectate	Athletic Tape (1.5")	Suture Kits
Cloxacillin	Elastoplast Tape	Scalpels #11, #15
Erythromycin	Tensors (4", 6")	Small Penrose Drain
Antacid Tablets	Slings (Triangular Bandages)	Alcohol Swabs
Tylenol Plain	Saline Solution	Addson Forceps
Entrophen	Opsite	Suture Scissors
NSAID's	Sofra-tulle	Needle Drivers
Amoxil	Q-tips	Metzenbaum Scissors
Halcion	Tongue Depressors	Steri-Strips
Lomotil	Paramedic Scissors	Sterile Drapes

## General Supplies:

Parenteral Medications	Topical Medications	Eye/Ears, Nose & Throat	Examination
Gravol	Steroid Creams	Eye Patches	Ophthalmoscope
Valium	Combination Cream	Q-Tips	Otoscope
Atropine	Garamycin Cream	22G Needles	BP Cuff
<b>**Demerol</b>	Polysporin	Flouroscein Stain	Stethoscope
<b>**Morphine</b>	Antifungal Cream	Ophthaine	Visual Acuity Card
Tetanus Toxoid	Moisturizing Cream	Garamycin ggts/ung	Thermometer (Rectal/Oral)
Benadryl		Sofracort Eye/Ear	Reflex Hammer
<b>**Adrenaline</b>		Depo-medrol	Tuning Fork
		Nasulamyd	Laryngeal Mirror
<b>**Banned Substances</b>		Nasal Pack	Hemostat
			Glucometer
			Sliver Forceps

## Emergency Supplies:

Medications	Intravenous	Airway
<b>**Adrenaline</b>	Normal Saline	Argyle Suction Catheter
Atropine	Ringer's Lactate	60cc Syringe
Valium	5% Dextrose/Water	Laerdal Ambu Bag
%0% Dextrose	Angiocath 14, 16, 18, 20, 22	Laerdal Child/Adult Masks
Na Bicarb 8.4%	Scalp Vein 19, 22, 25	McGill Forceps
Isuprel	Blood Collection	Cryothyroid Stab with #11 Blade
<b>**Demerol</b>	Tourniquet	Endotracheal Tubes
<b>**Morphine</b>	Sterile Gauze (2x2)	Airways (Pediatric, Adult)
Ventolin	Tape (ie. Micropore)	Laryngoscope with Pediatric/Child Blades
<b>** Banned Substances</b>	Alcohol Swabs	Spare Batteries
		Cervical Collar

**Ice:**

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

### 3.4 General Protocols

#### 3.4.1 Distribution and Re-Stocking of Supplies

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

#### 3.4.2 Volunteer Daily Duties

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

##### **Pre-Competition: Venue Site**

- Trainer and medical kits/ice are stocked and carried by the individual therapist who arrives at least 30 minutes prior to the start of each event.
- At the time of arrival the venue chair double-checks the equipment to ensure everything is in place. Each kit should contain a list of what supplies should be found in it.
- Should any equipment be found missing or used through the run of the day, the volunteer responsible for using that equipment contacts the central clinic so that extra supplies may be delivered to that site as soon as possible.
- Each volunteer should familiarize themselves with the location of the nearest telephone, as well as mentally review the emergency protocols provided for them on paper.

##### **Competition(s)**

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

##### **Post Competition**

The venue chair (medical) should check with both teams to ensure that no further medical services are required. The equipment kits and first aid rooms should be checked and a list of what supplies need to be restocked prior to the next day should be prepared.

All equipment is picked up at the venue site and returned to the medical clinic at the end of each day.

##### **Medical Clinic**

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

## 4.0 Standard Operating Procedures

### 4.1 Duties and Responsibilities

#### 4.1.1 Medical Services Director

1. Act as a liaison between the medical support team and the administrative staff of the Host Organization.
2. Liaise with the Multi-Sport Games Society.
3. Collect all budget information.
4. Arrange medical personnel accreditation and access to all Games venues.
5. Ensure the availability of transportation, accommodations, and meals for out-of-town medical volunteers during the course of the Games.
6. Ensure all relevant information is included in the information packages provided to the coaches and athletes. This should include hours of operation and specific venue details.
7. Administer medical clearance of participants.
8. In conjunction with the Therapy, First Aid and Medical Clinic Chairs, develop the emergency protocol and procedures and ensure all medical staff is familiar with the plan. Additionally, safety checks must be made on all venues during the Games.
9. Assist and advise other members of the Medical Services Directorate, compile and present a final medical report with recommendations and send to the BC Games Office.

#### 4.1.2 Medical Clinic Chair

1. Ensure the establishment of the medical clinic and the necessary liaisons with the local medical community and emergency facilities (hospitals, dental clinics, etc.)
2. With the assistance from members of the medical services directorate, select the necessary medical equipment, supplies and medications. It may include contacting local companies for donations.
3. Be responsible, with the Therapy Chair, for the inventory of the supplies and equipment both on arrival at the Games site and again prior to the conclusion of the Games. An inventory of supplies forwarded by the Games office must be taken at the first opportunity and a list of required supplies should be arranged for by your Directorate.
4. Act as a facilitator and liaison in the clinic between physicians, therapists and nurses and between the staff in the clinic and those at the venues.
5. Be responsible for administrative duties such as are required for the operation of the clinic; i.e. ice supply, rental of equipment, laundry service etc.
6. Ensure that information regarding special medical requirements or conditions is gathered and kept on file at the clinic under lock and key.
7. Arrange the scheduling of physicians for both the clinic and the venues.
8. Establish, in conjunction with the Therapy Chair, the injury recording procedures to be used.
9. Arrange, in conjunction with the Therapy Chair, the volunteer education seminar prior to the Games.
10. Ensure that all medical personnel have proper licensure, malpractice insurance etc.
11. Oversee the re-packing and shipment of equipment and supplies following the Games.

#### 4.1.3 Staff Physician

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

#### 4.1.4 Therapy Chair

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

#### 4.1.5 Staff Therapists

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

#### 4.1.6 Nurse

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

#### 4.1.7 First Aid Chair

1. Inventory Games medical kits and ensures supplies are replenished after the event/game.
2. Inspect all venue sites prior to the beginning of the Games to determine adequacy of facilities, and to determine equipment needs.
3. Be responsible for scheduling all first-aid personnel at the venues.
4. Appoint assistants, ideally one for each sport venue.
5. Be responsible for liaising with the provincial ambulance personnel working at the venues.
6. Assist the Medical Clinic Chair and the Physiotherapy Chair in organizing the pre-Games volunteer seminar.
7. Establish a system for equipment and supplies to be available at venues.
8. Ensure the venue medical area is well marked and easily accessible to athletes.

#### 4.1.8 Sports First-Aiders

1. To take direction from the in-charge therapist and physician at the assigned venue site or clinic.
2. Could assist in the clinical operations by taking and recording information.
3. Could assist the in-charge therapist, when qualified, with taping and wrapping.
4. Provide on-site first-aid management as required.

#### 4.1.9 Venue Chair

1. Ensure that the established emergency procedures are known to all personnel on-site.
2. Ensure officials and coaches are aware of medical area location. Review the venue injury and emergency protocols with referees/umpires, coaches, and medical staff pre-Games through written communication and through verbal communication.
3. Liaise with the First-Aid Chair on all daily activities.

#### 4.1.10 Volunteer Chair

1. With assistance from members of the organizing committee, estimate the personnel requirements for the Games and coordinate recruitment of medical/paramedical volunteers.
2. Liaise with the Volunteer Registration Chairperson.
3. Ensure all volunteers in the Medical Services Directorate are registered.

## Venue Guidelines

### 4.2.1 Pre-Competition

Volunteers assigned to a venue should be expected to be on-site at least 30 minutes prior to the start. Upon arrival, or before each game, the medical volunteers should check in with the Venue Chair and familiarize themselves with the venue. This check should also include notifying the Sport Chair, the managers/coaches of the athletes competing, and the officials. If a volunteer does not show, the Venue Chair should report this to the First Aid Chair, so that a replacement volunteer can be assigned to the venue if necessary.

Prior to the beginning of the day's events the protocol for handling participant injuries should be reviewed by the venue chair and with the officials and other volunteer medical personnel. (Also, medical volunteers should ensure that any injuries or questions concerning the athletes are looked after prior to the game starting.)

### 4.2.2 Competition

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

### 4.2.3 Post-Competition

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

### 4.2.4 Village and Medical Clinic

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

## 4.3 General Philosophies

The following principles should apply to all volunteers:

### 4.3.1 General

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

### 4.3.2 Confidentiality of Information

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

### 4.3.3 Philosophy of Treatment

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

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

#### Remember:

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

#### 4.3.4 Safe Hygiene Practices, Infectious Diseases and Hepatitis B

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

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

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

- Gloves should be routinely used to prevent skin to skin exposure when in contact with blood or any other body fluids. They should also be worn for handling items or surfaces soiled with blood or bloody fluids. Gloves should be changed after each contact with an athlete. Hands should be washed immediately after gloves are removed.
- If a skin lesion is observed, the individual's participation should be interrupted until the bleeding has been stopped. The wound should be immediately cleansed with a suitable antiseptic and securely covered with an impervious dressing (i.e. no blood visible on the outside of the dressing).
- Officials and referees should be made aware of the two previous points. The protocol for dealing with such injuries should be clarified between the medical personnel and officials prior to the commencement of competition.
- Surfaces contaminated with blood or body fluids should be cleaned with soap and water and should be sanitized with solutions made from a 1:10 dilution of household bleach prepared fresh within 24 hours.
- Using face shields/barriers should minimize the need for direct contact for artificial respiration.
- If medical personnel have open wounds or weeping lesions on their skin, they should refrain from all direct athlete care until the conditions resolves.
- The medical history of an athlete with any type of open wound should be carefully reviewed and it should be ensured that all routine vaccinations (including tetanus & MMR) are up to date.

### 4.4 Staff Education and Orientation

#### 4.4.1 Pre-Games Meeting/Education

It should be the responsibility of the Medical Services Director, the Physiotherapy Chair, and the First Aid Chair to organize a local seminar or clinic to review emergency protocols, first-aid procedures and policies and to update and refresh practical skills. Usually the best time to organize this seminar is 2-4 weeks prior to the Games.

SportMedBC has developed a two-day workshop with curriculum that addresses the specific needs of the medical volunteers. Instructors who have had extensive Games experience teach these workshops which include theory, demonstration and practical sessions. Pre booking of these courses (3-4 months notice) is advised.

#### 4.4.2 Athlete/Coach Information

A participant's handbook called "Guide to the Games" is published for each Games approximately 5 weeks prior to the start of competition. A description of medical services available, hours of operation and any other medical information the Medical Organizing Committee would like to communicate to the athletes should be included. This information must be forwarded to the Games office 4 months prior to Games.

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

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

#### 4.4.3 Orientation and Set-Up

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

1. Specific meetings with each section involved.
2. To follow-up and reinforce this orientation, a manual should be provided for each member of the medical team. It should indicate overall protocol, floor plan and location of the central clinic, rules and regulations for transport, and complete schedules for all sporting events. The manual should also include a schedule of what medical personnel are to be in attendance at the events, clinic schedule, emergency protocol for each venue, mapping of the area and any other pertinent information that will assist them in carrying out their duties. It is particularly important that communication channels be clearly laid out so that volunteers know how to contact the clinic, how to call for emergency transportation, and where to report problems (either with equipment or lack of supplies).
3. The following contact numbers should be included:
  - Medical Clinic
  - Hospital Emergency Department
  - BC Games Office
  - Security
  - Chief Medical Officer and all Committee Chairs

All this should be clearly defined and contained within the manual. All medical staff should be given a wallet-size card that contains the important phone numbers.

## 4.5 Medical Records

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

SportMedBC and the BC Games Society provide a standardized injury report form for reproduction. All injuries and treatments rendered at each venue site must be recorded. The form should follow the patient from the time they are treated at a venue until they reach the clinic. Once treatment is finished, the form should be returned to the clinic for data entry.

Past experience has shown that a control/reception area in the clinic and a specific person (i.e. Medical Office Assistant) should be assigned to receive medical and venue reports and to generally control the documentation and reception area. This helps to increase the effectiveness of injury reporting throughout the Games.

## 4.6 Medical Intervention Regulations

### 4.6.1 Protocol for Handling Injured Athletes

1. The physiotherapist, athletic therapist or first aider will usually be the first responder to an athlete injured during a competition.
2. The first responder must follow the sport specific rule(s) for treating an injured athlete. This often entails not entering the playing surface unless called by the referee (unless a serious injury is in need of prompt attention).
3. When possible further evaluation should continue once the athlete has been removed from the playing surface.
4. The decision as to whether or not the athlete is able to return to the competition will be made by the most senior medical person on-site. If the athlete wishes to return to competition against medical advice, he/she should sign a waiver.
5. If there is no physician present, consultation may be made by contacting the physician at the Games Medical Clinic.
6. Documentation must be made on the correct injury report form.
7. If the athlete is not able to resume competition the coach, after an athlete gives consent, should be informed.
8. If the athlete must be sent for further treatment, the Games Medical Clinic should be contacted by telephone to allow them to adequately prepare and to arrange for transportation as necessary.
9. The athlete's medical history form should be sent with them if they are going to the clinic or to the hospital.
10. If the first responder suspects a serious injury, an ambulance should be immediately called. Also, the Games Medical Clinic should be informed as soon as possible. The Games Medical Clinic should contact the hospital regarding transfer of the patient by ambulance. The Medical Clinic Chair, or his/her appointee, should attend to the athlete while they are at the hospital to ensure that their needs are taken care of. This will include informing coaches and family contacts while allowing the hospital staff to provide medical treatment.

**Do not disclose any information to the media. Refer all questions to the Medical Services Director.**

### 4.6.2 Physician Intervention

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

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

### 4.6.3 Sport-Specific Protocols

Sport-specific protocols governing medical intervention during competition are listed below. Local rules may vary, however, and the following should be used as a guide only:

#### 1. Alpine Skiing

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

#### 2. Athletes with a Disability

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

#### 3. Badminton

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

#### 4. Baseball

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

#### 5. Basketball

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

#### 6. Boxing

##### *Weigh-In*

In the morning of the competition day, and in conjunction with the official weigh-in, all competitors must undergo a medical inspection. In addition, all referees must also undergo a physical examination prior to the beginning of a bout. These medical inspections are the responsibility of the attending physician. The equipment required includes: ophthalmoscope, otoscope, stethoscope, and blood pressure cuff. The athletes generally have a medical book which must be initialed by the medical officer prior to the fight. If they have been knocked out in the preceding 30/60/90 days (depending upon the severity), they are not allowed to fight (Boxing Commission of BC).

##### **Items to include in the pre-fight history include:**

- History of recent headaches
- History of any recent visual disturbances
- Recent nausea
- History of ever being knocked out
- Recent illnesses

**Items to examine include:**

- Pupils/ears (perforated TM is a contraindication to fight)
- Feel facial bones
- Examine for loose teeth (loose teeth or a facial fracture are contraindications to fight)
- Feel nasal bones
- Cannot fight with contact lenses
- Palpate clavicles
- Spring chest wall (palpate quickly for tender ribs)
- Listen to heart and lungs
- Look for any significant lacerations (cannot fight with a laceration)
- Look at hands and look for any evidence of a fracture
- Check for hernias
- Check headgear (concerns should be reported to the referee)
- Check vision (any impairment, e.g. swollen eye, is a contraindication to fight)

**During the Fight:**

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

**7. Canoeing**

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

**8. Cycling**

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

**9. Diving:**

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

**10. Equestrian**

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

## 11. Fencing

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

## 12. Field Hockey

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

## 13. Figure Skating

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

## 14. Ice Hockey

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

## 15. Judo

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

## 16. Karate

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

## 17. Lacrosse

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

## 18. Rugby

The use of metal braces (even if covered) is prohibited. Play is allowed to continue while minor injuries, are being attended to and treated by a medically trained person. When a player is injured, the referee should not allow more than a one-minute delay unless a longer period is necessary to remove the player or give essential treatment. A player who is off to have a bleeding wound attended to may temporarily be replaced for up to five minutes after which time the substitution is permanent. A player who has suffered a concussion should not participate in any match or training session for a period of at least 3 weeks from the time of injury, and then only subject to being cleared by a proper neurological examination.

## 19. Shooting

A therapist with massage skills could be made available.

## 20. Soccer

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

## 21. Speed Skating

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

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

## 22. Squash

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

## 23. Swimming

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

## 24. Synchronized Swimming

Should an emergency occur, usual pool emergency procedures would be followed. Once the athlete has entered the water for either the figures competition or routine competition, the athlete should not be attended to unless the referee has blown the whistle, and notified the judges. The coach can notify the referee for such an interruption. If the physician feels the athlete is in need of assistance, notification of the coach or referee is the correct course of action. If an athlete's performance has been interrupted for medical reasons, the athlete would most likely be allowed to re-swim her performance at a later time.

**25. Tennis**

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

**26. Track and Field**

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

**27. Pole Vault, Shot Put, Discus, Hammer, Javelin**

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

**28. Volleyball**

Medical personnel cannot enter the court until the referee has blown the whistle. The referee has the authority to end the play at any time. If the referee sees an athlete injured on the court, the whistle should go immediately. The medical personnel can then enter the court. An injured athlete is allowed a three-minute recovery once per match. If, after this period, no substitute is available the athlete is removed from the game. In the case of accident or illness, the referee may, at his/her discretion suspend the game for not more than three minutes. If the player is not ready to continue after this time, she/he must retire from the game.

**29. Weightlifting**

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

**30. Wrestling**

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

## 4.7 Liability

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

The BC Games has a \$10,000,000 liability insurance policy covering volunteers. For this reason, all medical personnel must complete volunteer registration forms. The Games policy states that "volunteer medical professionals", as a general statement, tend to have malpractice liability insurance available to them. This policy neither excludes volunteer medical professionals or medical malpractice claims. It contains a condition that applies "excess", i.e. over and above, any insurance available to the professional from another source."

The Good Samaritan's Act provides coverage to individuals rendering first aid when he/she "happens" upon an accident. The Act, however, does not apply when the person rendering medical/paramedical service is employed specifically to fulfill that duty (regardless of whether or not they are receiving payment). The Good Samaritan Act of BC has not been judicially considered nor have those of other provinces. As a result, it is difficult to determine exactly how the courts would deal with the use of the Act as a defense to a claim for compensation and assertion that liability should be found against those providing first aid during a Games situation.

Medical and paramedical staff working at the Games should:

1. Be licensed to treat athletes in their own provinces. Students and those not licensed to practice must work under the direction of a qualified, licensed individual.
2. Treat only accredited athletes, coaches, officials and volunteers within the medical arrangements for the Games and during the Games only.
3. Be covered by his/her own provincial insurance.

## 4.8 Emergency Protocol

A standardized emergency protocol must be established and adapted for each sport venue. As well, a disaster plan should be established in the event that a disaster or multiple casualty incidents were to occur.

### 4.8.1 Emergency Protocol

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

### 4.8.2 Disaster Plan

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

Most communities have put together extensive disaster plans. It is advised that the disaster plan of the Host Community is reviewed and implemented should a disaster occur.

## 4.9 Post Games Reports

Information and recommendations from each Games experience should be documented in a Post-Games Report. This valuable information can then be compiled and utilized by the subsequent Medical Organizing Committee. The Medical Services Director, Medical Clinic Chair and Physiotherapy Chair should collaborate in producing this report. The following report outline is provided as a reference:

### 1. Introduction

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

### 2. Preparations/Staging

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

### 3. Operation of Clinic

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

### 4. Field Clinic Supplies and Equipment

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

### 5. Medical Report

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

### 6. Communications

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

## 7. Educational Sessions

- a) topics
- b) invited guests
- c) evaluation

## 8. Evaluation and Recommendations

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

## 4.10 Administration

### 4.10.1 Medical Check-In

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

- Emergency protocol and contact numbers (if not already distributed)
- Games accreditation
- Identification (vest, hat, or whatever is being used)

### 4.10.2 Transportation/Communication

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

A courtesy car service, through rental cars and vans, should be arranged for the entire Games period to transport athletes with minor injuries from venue sites to the Games Medical Clinic. Direct communication, via cellular phones or two-way radios, with the vehicles should be available. All volunteers must be made aware of the method of accessing this service. Also, the medical team should make every effort to obtain independent vehicles for their own transportation.

### 4.10.3 Social Events

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

### 4.10.4 Meals

Only out of town medical volunteers are entitled to Games meals at BC Summer and BC Winter Games. See BC Games guidelines for clarification.

### 4.10.5 Press

The BC Games is televised and receives a tremendous amount of press, particularly within the host community. It should be made clear to all medical volunteers that the only person authorized to speak to the press regarding the medical condition of any of the participants is the Medical Services Director. The confidentiality of all medical records must be maintained.



## 5. Administrative Guidelines

### 5.1 Advance Site Survey

Please see the "Advance Site Survey" checklist in the Appendix. The checklist will be useful when determining facility, service and equipment requirements for the Games.

### 5.2 Venue Checklist

Please see the "Venue Checklist" in the Appendix. This checklist can be used to perform safety and equipment checks for each venue used at the Games. It can also be used to determine what additional equipment must be temporarily available on site during the BC Games.

### 5.3 Volunteer Registration Form

Each host community customizes the volunteer registration form, from a base form that is provided through the BC Games Society. Each volunteer **must** fill out a form, sign it and return it to the BC Games Host Organization Office. For those who are Medical Volunteers, and are employed in a medical or paramedical field, he/she must also enclose a copy of his/her current insurance policy.

## 5.4 Suggested Timelines

### 18 Months in Advance

- A Medical Services Director is elected
- Medical Services Director attends previous years Games as observer (w/ other key Directors)

### 1 Year in Advance

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

### 10 Months in Advance

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

### 6 Months in Advance

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

### 3 Months in Advance

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

### 1 Month in Advance

- Distribute medical volunteer manual
- Conduct educational seminar and emergency protocol reviews
- Divide up supplies (kits, accommodations, venue, and clinic)
- Ensure and finalize medical accreditations and access.
- Establish supplies inventory procedures.
- Establish kit/venue supply restocking procedures.
- 2nd tour of facilities by committee chairs

### During Games

- Keep track of movement of personnel and scheduling conflicts
- Ensure distribution of ice to all venues and clinic
- Daily re-stocking of supplies (kits/venues)
- Collect injury-reporting sheets daily
- Provide medical assessments and treatments as required for all BC Games participants

### Following Games

- Thank-you to sponsors, volunteers
- Supply inventory
- Inventory and re-pack BC Games supply crates
- Equipment inventory and return
- Complete medical report and forward it to the BC Games Office