



WFTDA Safety Protocol

September 28, 2011

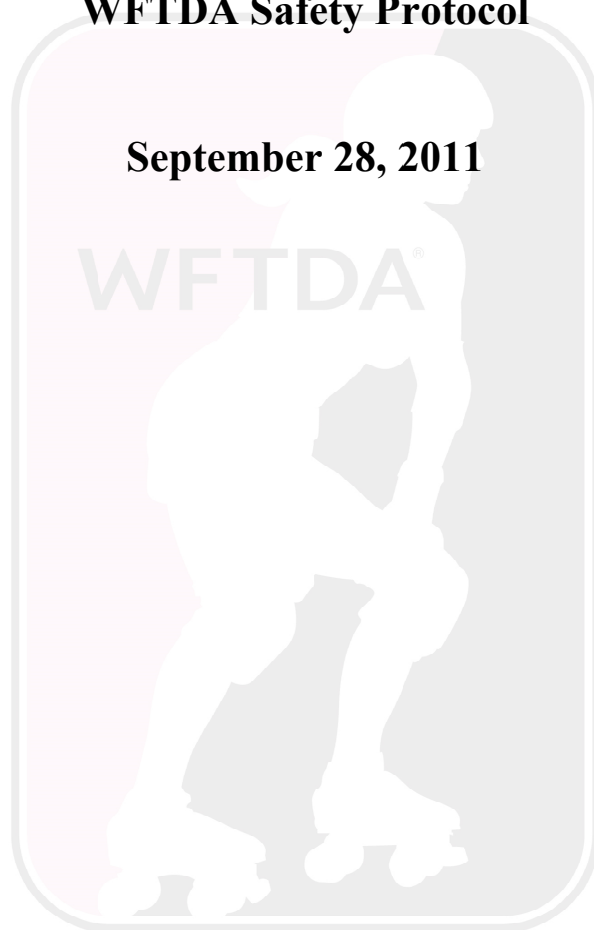


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Acknowledgements

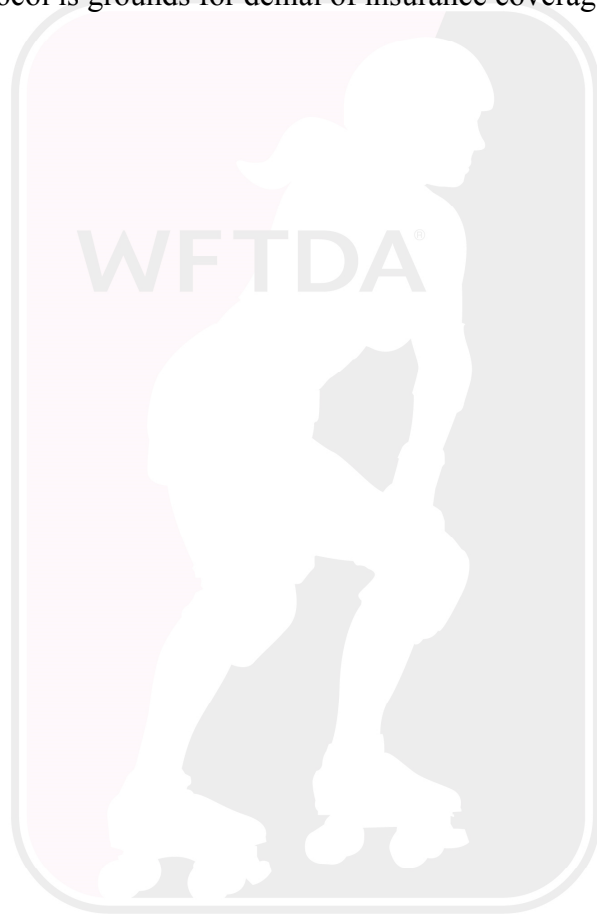
The WFTDA Risk Management Committee would like to recognize the efforts and assistance of the following contributors to the revision and enhancement of the Safety Protocol:

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1. Purpose

To help safeguard participants, the Women's Flat Track Derby Association (WFTDA) adopts certain safety guidelines for the activities of its members. Together, these guidelines are the WFTDA Safety Protocol. The following guidelines apply to bouts, practices, and other activities when WFTDA insurance is in effect. Compliance with these guidelines is a condition of coverage of the WFTDA General Liability and Accident Medical policies. The WFTDA Insurance Administrator must specifically approve in writing any deviations from these guidelines. Non-compliance with the WFTDA Safety Protocol is grounds for denial of insurance coverage.



2. Facilities

2.1. Spectators and seating

2.1.1. Spectators under 18 years of age must not sit within 15 feet of the track.

2.1.2. All spectators and seating must be located outside of the Safety Zones (see below).

2.2. No structures, speakers, lights, or other objects shall project into the track area within 10 feet overhead of the skating surface and 15 feet surrounding the track.

2.3. Safety Zones

During a jam, only skaters in the jam and referees or officials may be in the Safety Zones.

2.3.1. Outer Track Safety Zone

2.3.1.1. If a wall, or other approved barrier is present on the outside of the outer track boundary, a minimum five feet of clearance is required.

2.3.1.1.1. Approved barriers are fixed to the floor (unmoving), and a minimum height of three feet.

2.3.1.1.2. Approved barriers must completely prevent skater/spectator contact.

2.3.1.2. If no wall, or other barrier is present, a minimum of 10 feet of clearance is required.

2.3.1.3. Smooth continuous barriers do not need to be padded. All rough surfaces, protrusions, or sharp edges within 15 feet of the skating surface without a barrier protection shall be padded.

2.3.1.4. All doors within 10 feet of the skating surface will be closed while skaters are actively skating.

2.3.1.5. Team benches and the penalty box may be located outside of the track. Team bench areas must be located outside the Outer Track Safety Zone.

2.3.2. Inner Track Safety Zone

2.3.2.1. A minimum of five feet of clearance must surround the infield of the track.

2.3.2.2. Team benches and/or staff such as photographers are allowed in the center of the track.

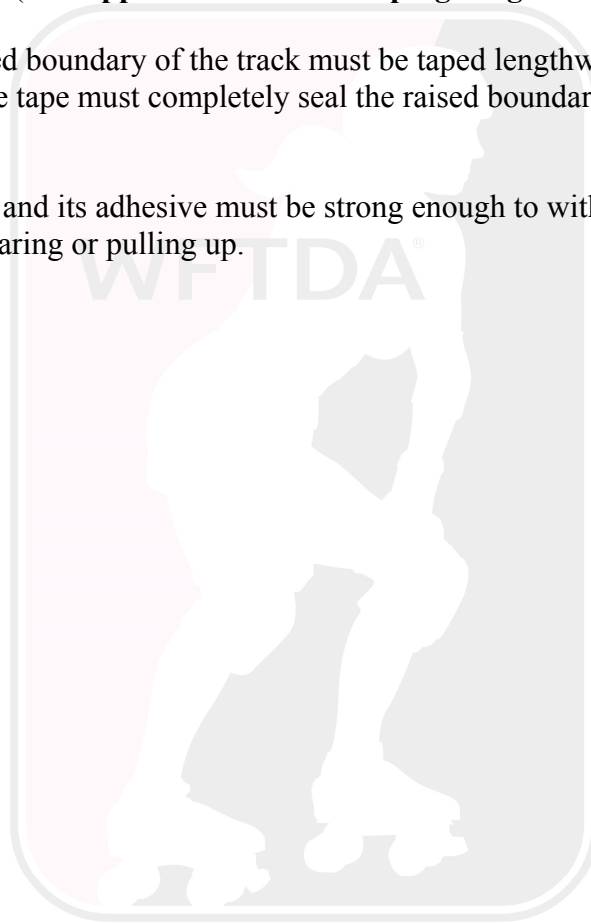
2.3.2.3. There must be a clearly designated area that is marked for team benches and/or photographers if they are located in the center of the track.

2.3.2.4. All individuals located in the center of the track, other than skaters in the jam, referees and officials, must remain within the designated areas while a jam is in progress.

2.4 Track Boundaries (See **Appendix A: Track Taping Diagrams**)

2.4.1. The raised boundary of the track must be taped lengthwise along every inch of the rope. The tape must completely seal the raised boundary to the floor on both sides.

2.4.2. The tape and its adhesive must be strong enough to withstand the strain of a bout without tearing or pulling up.



3. Security

3.1. Sufficient Security staff will be in place to:

3.1.1. Keep fans and unauthorized persons off the track and out of the surrounding 10-foot Safety Zone.

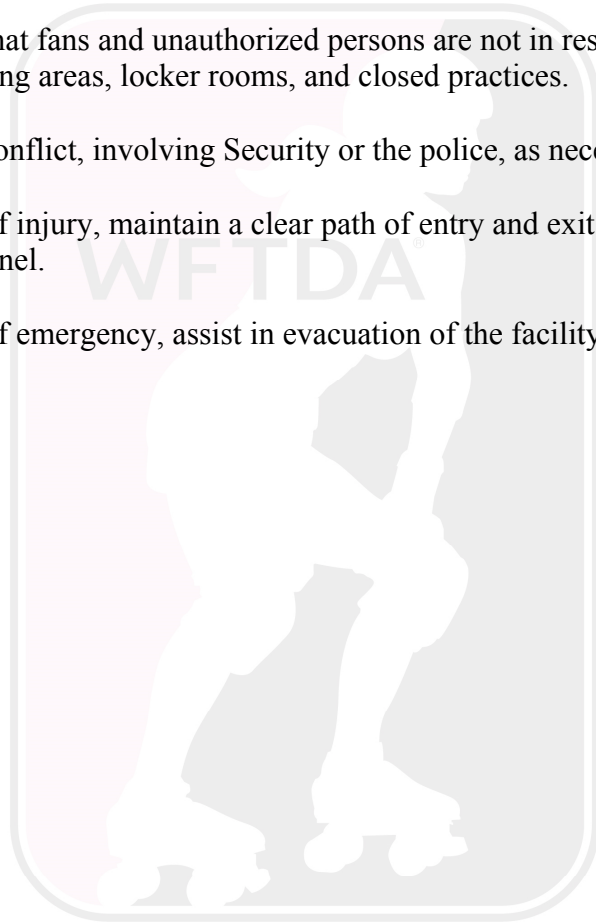
3.1.2. Monitor the facility or venue doors, ensuring that everyone entering the facility or venue has a ticket, wristband, or is authorized to enter.

3.1.3. Ensure that fans and unauthorized persons are not in restricted areas, such as staff area, staging areas, locker rooms, and closed practices.

3.1.4. Assess conflict, involving Security or the police, as necessary.

3.1.5. In case of injury, maintain a clear path of entry and exit for emergency medical personnel.

3.1.6. In case of emergency, assist in evacuation of the facility.



4. Protective Gear

4.1. Skaters and officials must wear all protective gear (also referred to as “gear”) as described in the most current version of the WFTDA Rules. Officials may forgo the use of mouth guards.

4.2. Gear must be well fitting, worn correctly, and in good condition. Proper fit and maintenance of gear is the responsibility of the skater.

4.3. Any flare (e.g., fake horns, mohawks, etc.) attached to helmets and gear must not present a danger to fellow competitors or alter the integrity of the helmet and be approved by the Head Referee.

4.4. Personnel on skates that are not a part of the competition (e.g., mascots, coaches, announcers) are also required to wear protective gear. They must remain outside of the Safety Zones during active play.

4.5. All safety personnel should be aware of the gear of everyone on skates. If any member is not wearing the required gear or wearing it improperly, the member must be removed from the skating surface.

4.6. Officials will follow recommended guidelines to assure safety for the competitors prior to and during bouts.

4.6.1. Officials will check the competitive area to make sure there is proper clearance and remove or address hazards to skater safety on or near the track before a bout.

4.6.2. Officials will verify that skaters’ protective gear is in compliance with the WFTDA Rules before a bout.

4.6.3. Officials will check that protective gear is worn and in place prior to each period.

5. Safety Personnel

5.1. It is the responsibility of each league to become knowledgeable about the ordinances and/or laws of their local area to determine the requirements for medical personnel for crowd support during events.

5.2. The following are definitions and responsibilities for key Safety Personnel (also referred to as “Safety Staff”)

5.2.1. Safety Officer: Leagues must identify a Safety Officer who is responsible for ensuring league activities meet safety standards. The Safety Officer is responsible for maintaining certification records and should be involved with coordinating CPR and First Aid training as needed.

5.2.2. Professional Safety Staff: Volunteer or hired professional Safety Personnel trained as Emergency Medical Technicians (EMTs), Certified First Responders (CFRs), or Paramedics. It is highly recommended that emergency medical personnel be used when possible. Alternate medical personnel may be used to supplement Professional Safety Staff requirements. Alternate medical licensure and certification might include:

5.2.2.1. Physician with orthopedic and/or emergency medical experience

5.2.2.2. Athletic trainer with CPR training

5.2.2.3. Licensed Practical or Registered Nurse with current CPR training and orthopedic and/or emergency experience

5.2.2.4. Nurse Practitioner, Physician’s Assistant, Physical Therapist with current CPR and orthopedic and/or emergency experience

5.2.3. Volunteer Safety Staff: Volunteer Safety Staff are league members or volunteers who volunteer to attend to medical situations within their level of training. Volunteer Safety Staff are trained in American Heart Association or American Red Cross or equivalent training recognized as the standard of practice for that country and basic first aid training. This first aid training should be a recognized standard of practice for the country of origin and should provide certification of training for recognition of life threatening emergencies and the ability to provide basic life saving techniques.

5.2.4. League Physician: It is recommended that each league have ongoing medical staff, including a licensed Physician, working with and backing up the emergency medical staff in person and/or by phone. A physician would help coordinate with a skater’s personal doctor to expand the care and follow-up rendered. A continuing medical presence would also provide an opportunity for the development of safety

data and procedures to prevent injuries. Retired physicians, sports medicine or orthopedic training programs, or a medical group that has treated skaters from the league are all possible sources.

5.3. Leagues will ensure that Safety Personnel are present based on the following levels

5.3.1. Internal non-bouting league practices (examples include endurance skating, light contact drills, passive blocking, stopping, and general skating skills development)

Minimum Standard: 1 Volunteer Safety Staff. Resources for this level need not be dedicated and may include a skater coach or referee who meet the Volunteer Safety Staff criteria. It is also recommended that if the Volunteer Safety Staff is on skates, an additional Volunteer Safety Staff be engaged.

5.3.2. Inter/Intra League bouting practice and scrimmaging, i.e., competitive bouting situations (examples include practice with full contact drills, opposing teams, and bouting with timed jams or periods)

Minimum Standard: 1 Volunteer Safety Staff. Resources for this level need not be dedicated and may include a coach or referee who meet the Volunteer Safety Staff criteria. It is also recommended that if the Volunteer Safety Staff is on skates, an additional Volunteer Safety Staff be engaged.

Recommended Level: 2 Professional Safety Staff with 1 available to treat patients at all times. It is understood and recognized that this recommendation may not be feasible for all leagues and all situations.

5.3.3. Inter/Intra League bouts and Tournament play, including sanctioned and regulation games

Minimum Standard: 2 Professional Safety Staff with 1 available to treat patients at all times. Resources for this level are to be dedicated to the event and should not have another role in the bout, which may cause distraction from the expected duties. If at any time the Safety Personnel become involved in the care and treatment of an athlete or fan, play should stop until an equivalent replacement for the Safety Staff member(s) can resume bout support or the patient is transferred to other equivalent medical staff. These resources should be quickly accessible from the track and have quick access to the track.

5.4. American Red Cross Sports Safety Training certification course or equivalent is highly recommended for coaches, referees, or anyone designated as Safety Personnel.

5.5. League Safety Personnel should be familiar with the proper use of any medical supplies provided for league events as well as safety protocols used for initiation of contact to Emergency Medical Services. Safety Personnel must also to be completely familiar with the emergency action plan.

6. Concussions

6.1. Concussions are a serious injury and will occur in roller derby. The risk is extremely high for compounded head injury if someone sustains re-injury before they are sufficiently rested and recovered. Athletes and participants suspected of having a concussion should be removed from play immediately.

6.2. A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth.

6.3. Concussions should be suspected in the presence of any one or more of the following: symptoms (e.g., headache), or physical signs (e.g., unsteadiness), or impaired brain function (e.g., confusion), or abnormal behavior.

6.4. The WFTDA has adapted policies based on The American Academy of Neurology Position Statement on Sports Concussion, which was adopted from the Consensus Statement on Concussion in Sport developed at the 3rd International Conference on Concussion in Sport held in Zurich, November 2008.

6.4.1. Any athlete who is suspected to have suffered a concussion must be removed from participation until the athlete is evaluated by a Physician with training in the evaluation and management of sports concussions

6.4.2. No athlete is allowed to participate in practices or bouts if they are experiencing symptoms from a concussion

6.4.3. Following a concussion, a neurologist or physician with proper training is to be consulted prior to clearing the athlete for return to participation

6.4.4. Safety Personnel are required to be present at practices and bout events

6.4.4.1. As a minimum standard, coaches, trainers, referees, captains or other support staff should be familiar with, have access to, and use the Sports Concussion Assessment Tools' (SCAT2) Pocket Cards for field screening of suspected concussions (See **Appendix B: SCAT2 Cards and Information**).

6.4.4.2. Safety Personnel for bouts and practices should have training and familiarization or certification with SCAT2, ImPACT, or a comparable system for the evaluation and assessment of concussions.

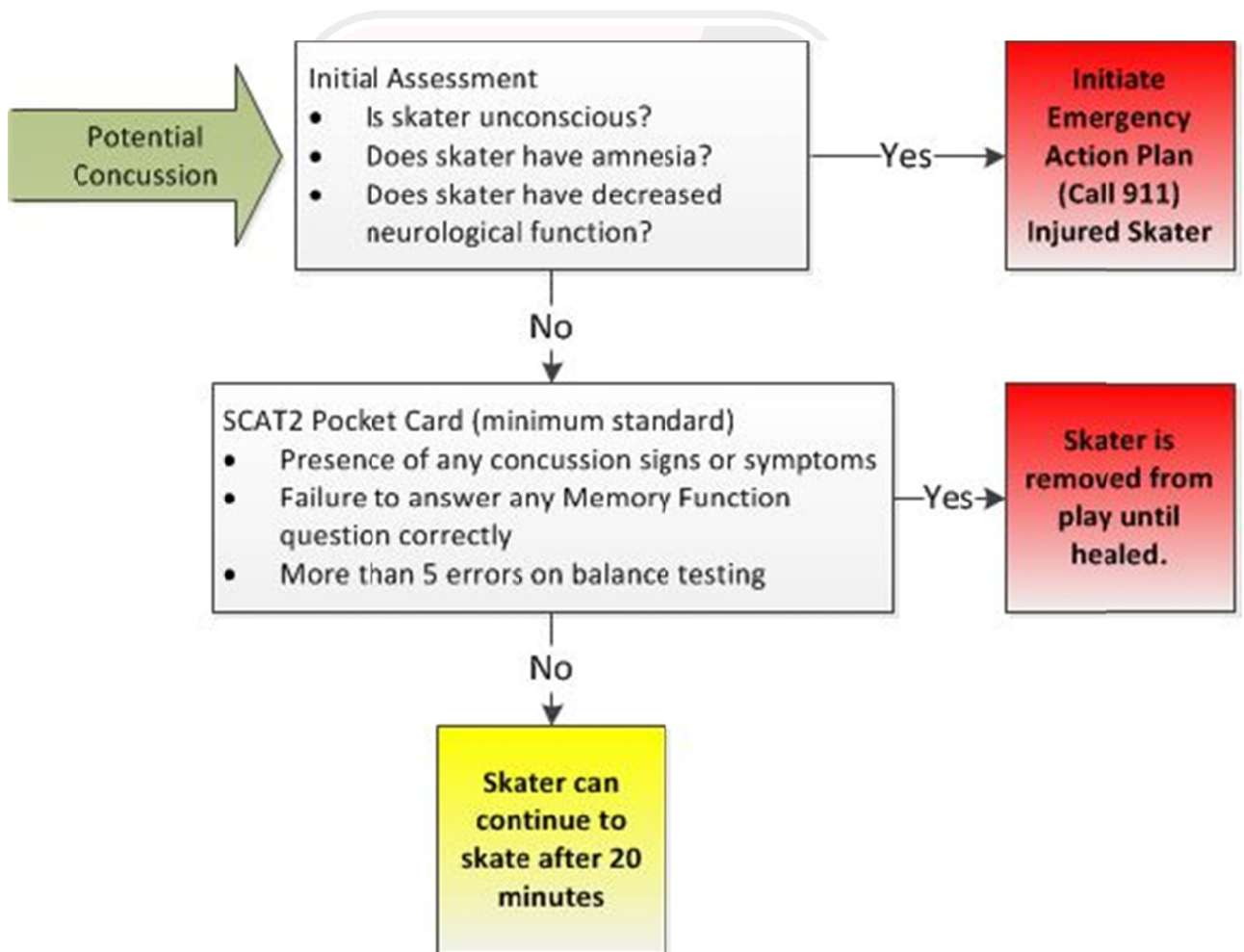
6.5. Concussion Assessment

6.5.1. Use caution when moving a potentially concussed athlete from the track area. Do not move an unconscious athlete. If an athlete is unconscious there is a good chance they could have a spinal injury as well. Initiate the Emergency Action Plan

(call 911), and wait for EMTs to assess and treat an unconscious athlete. Make sure the area is safe and the athlete's head and neck are stabilized.

6.5.2. An athlete who has been observed to have received a bump, blow, or jolt to the head, or a blow to the body that causes the head to move rapidly back and forth should be suspected of having a concussion. The figure below illustrates the basic process for assessing and responding to a situation where an athlete is suspected of having a concussion.

Figure 1: Concussion Assessment



6.5.3. As a minimum, league Safety Staff should be familiar with and use the SCAT2 Pocket Card as a basic standard for concussion assessment. Leagues are encouraged to adopt full SCAT2, ImPACT, or comparable programs for concussion assessment, management, and return to play.

Minimum Standard: (Based on the SCAT2 Pocket Card) When a concussion is suspected, Safety Staff must

Check for signs and symptoms of a concussion:

Loss of consciousness	Feeling slowed down
Seizure or convulsion	Feeling like “in a fog”
Amnesia	“Don’t feel right”
Headache	Difficulty concentrating
“Pressure in the head”	Difficulty remembering
Neck Pain	Fatigue or low energy
Nausea or vomiting	Confusion
Dizziness	Drowsiness
Blurred vision	More emotional
Balance problems	Irritability
Sensitivity to light	Sadness
Sensitivity to noise	Nervous or anxious

The presence of any of these symptoms may suggest a concussion.

Test memory function:

- What is your name (derby or given)?
- Where are you (venue name with city, state/province)?
- What happened to you?
- What is today’s date (month, day, year)?
- Can you count backwards from 20?

Failure to answer all questions correctly may suggest a concussion.

Test balance: Observe the athlete for at least 20 seconds, after skates have been removed and they are in a safe location off the track. Provide basic commands as follows:

- Walk in a straight line
- Stand up straight with feet heel-to-heel, eyes closed and hands on hips
- Open your eyes and walk heel to toe

If the athlete makes more than 5 errors on the basic commands given, or missteps, stumbles, or falls, or remains out of their start position for more than 5 seconds, this may suggest a concussion.

6.5.4. Any athlete with a suspected concussion must be immediately removed from play, urgently assessed medically, must not be left alone, and must not drive a motor vehicle.

6.5.5. An athlete who has suffered a concussion shall not participate in any bout or

practice until they are symptom free, and cleared for activity by a licensed Physician (Nurse Practitioner, Physician's Assistant, Medical Doctor). Clearance must indicate that the athlete is cleared for specific activity (see section **8. Injured Athletes Returning to Play**). For more information on return to play guidelines for concussions, please see **Appendix D: International Guidelines for Return to Play Following Concussions in Sports**.

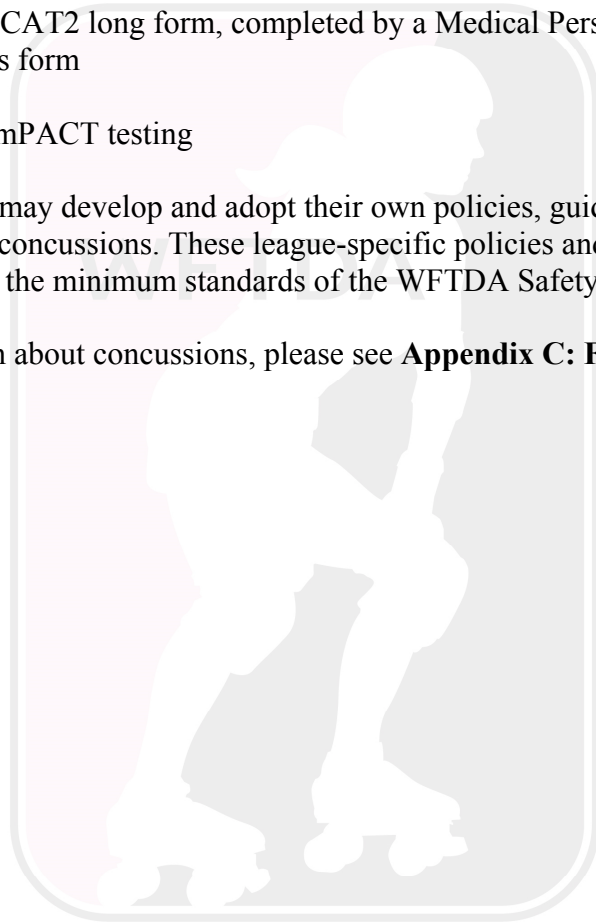
6.5.6. Leagues are encouraged to develop and maintain a database of baseline evaluations of all athletes for point of comparison in case of suspected concussion. Baseline evaluations could include:

6.5.6.1. SCAT2 long form, completed by a Medical Personnel trained in the use of this form

6.5.6.2. ImPACT testing

6.5.7. Leagues may develop and adopt their own policies, guidelines, and procedures for concussions. These league-specific policies and procedures must meet or exceed the minimum standards of the WFTDA Safety Protocol.

For more information about concussions, please see **Appendix C: Further Information about Concussions**.



7. Blood-borne Pathogens

7.1. Standard precautions (health care) are recommendations designed to minimize the risk of infection from blood-borne pathogens and other body fluids. These precautions apply to blood, body fluids, secretions and excretions, regardless of whether or not they contain blood. Sweat is not included in this group.

7.2. Though not all blood and/or body fluids will contain communicable pathogens, standard precautions state we should treat all body fluids as if they had known pathogens.

7.3. Participants with active bleeding should be removed from the track and immediately taken to a designated area. Bleeding must be stopped and the open wound covered with a dressing sturdy enough to withstand the demands of play before the athlete may continue to participate in practice or competition. Any skater (not just the injured) whose uniform is saturated with blood must change their uniform before continuing to participate. If blood is on the plastic of an athlete's gear, it should be cleaned with an approved blood pathogen disinfectant. Fabric areas of gear should be securely covered with duct tape or removed at the discretion of Safety Staff.

7.4. At a minimum, a blood pathogen kit should be available trackside for use whenever blood is spilled. The kit must consist of:

- Disposable gloves
- Paper towels
- Empty sealable bags (large enough to hold saturated clothing items)
- Black permanent marker
- Spray bottle with 1:10 bleach/water solution or medically approved blood pathogen cleaner

7.5. Procedure to clean biological hazards:

- Apply disposable gloves
- Spray surface with a solution of 1:10 bleach and water or other medically approved blood pathogen cleaner. Wipe up contaminated area.
- Place the waste in a sealable moisture proof bag or container
- Re-clean the entire area until the entire blood spill is cleared (i.e., paper towels no longer have any red tint)
- Place all contaminated waste in a sealable, moisture proof bag or container that is marked "Bio Hazardous." Dispose of the bag or container in a manner that will not lead to exposure of the contents.
- Do not touch anything or anyone else until gloves are removed (e.g., use your feet to open a door)
- Remove gloves. With both gloves on, remove one glove but do not touch anything but the glove and discard. To remove the other glove, take the index finger and place it inside the glove where no fluids have touched, and remove carefully. Do not touch the outside (contaminated) surface of the gloves with bare skin at any time.
- Dispose of gloves
- Wash hands with soap and water for a full minute

8. Injured Athletes Returning to Play

8.1. In all cases the health and well-being of the athletes must take precedence, not the game situation or outcome.

8.2. Athletes who are injured prior to a bout may play if they have received clearance from a licensed Physician (Nurse Practitioner, Physician's Assistant, Medical Doctor). Refer to WFTDA Rule 10.3.4.

8.2.1. Athletes who are suspected of having a concussion, either as a result of the use of the SCAT2 cards by non-professionals or other concussion assessment testing administered by a Medical Professional, must receive clearance from a licensed Physician (Nurse Practitioner, Physician's Assistant, Medical Doctor) before participating in practice or games.

8.3. Leagues are encouraged to develop and adopt their own Return To Play policies with clear and specific guidelines for what to do following a serious injury. These league specific policies should include and be consistent with the minimum standards of the WFTDA Safety Protocol. It is incumbent upon league coaches, captains, and skating officials to communicate with each other in advance of any scrimmage or WFTDA sanctioned competition, to ensure all athletes meet the league's defined criteria for Return to Play. Enforcement must occur at the league level. Please see **Appendix E: Examples of Return to Play Policies**.

8.3.1. Leagues are encouraged to develop specific and complimentary Return To Play guidelines for concussions that provide a check and balance to the medical clearance requirements. Please see **Appendix D: International Guidelines for Return to Play Following Concussions in Sports** for an example of how to reintroduce an athlete with a head injury to play through a graduated return to play cycle, depending on their symptoms.

9. Emergency Action Plan

9.1. Every league must develop an Emergency Action Plan, which describes what to do in case of the following events:

- Injury requiring medical attention
- Injury requiring Emergency Medical Services
- Fire
- Disaster requiring emergency evacuation of the facility

9.2. The Emergency Action Plan should be tailored to the particular league and facility.

9.2.1. In the event a league utilizes multiple facilities a plan should be developed for each facility.

9.3. The Emergency Action Plan shall contain all of the following:

- Include planning for the events listed in 7.1.1, 7.1.2, 7.1.3, and 7.1.4
- Identify Safety Personnel for the league, including the Safety Officer and athletes, coaches, referees and other volunteers certified in First Aid and/or CPR
- Describe the inventory and location of emergency equipment and supplies
- Identify nearby medical facilities equipped for urgent care and emergencies
- Identify the location of the nearest emergency medical facilities
- Identify the location of the nearest AED accessible to the public

The Emergency Action Plan shall also contain guidance regarding:

- Immediate care of the athlete based on basic First Aid standards or country equivalent
- EMS activation

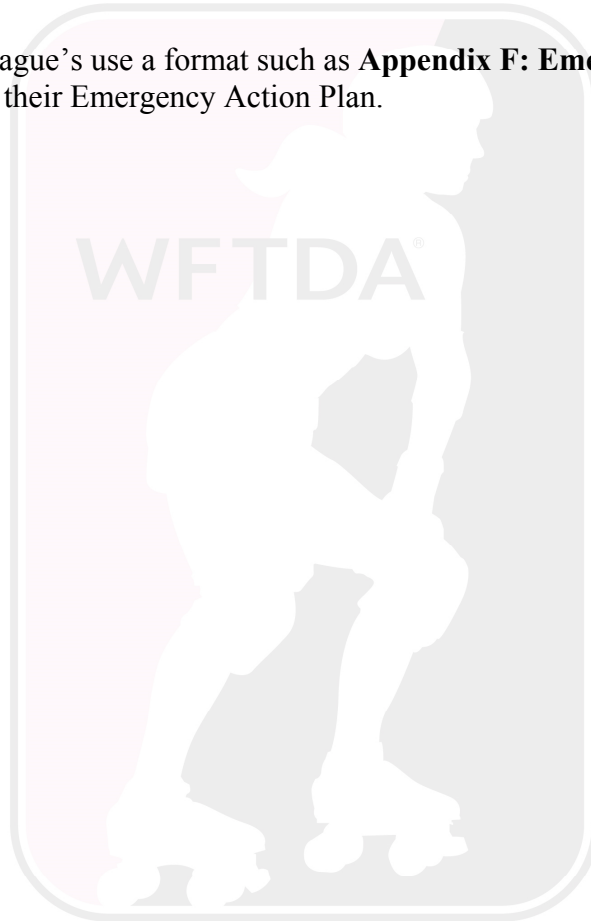
9.4. The Emergency Action Plan must be reviewed annually and updated as necessary.

9.5. The Emergency Action Plan must be communicated to the league.

9.6. The following information should be provided to visiting teams prior to arrival and should be posted in a highly visible manner in the visiting team's locker room:

- EMS phone numbers (even to confirm 911 is the number)
- The address of the event site (to give to EMS)
- The address and directions of the nearest hospital
- The athlete name, and cell number/contact info of the Safety Officer responsible for the event

It is suggested that league's use a format such as **Appendix F: Emergency Action Plan Template** to prepare their Emergency Action Plan.



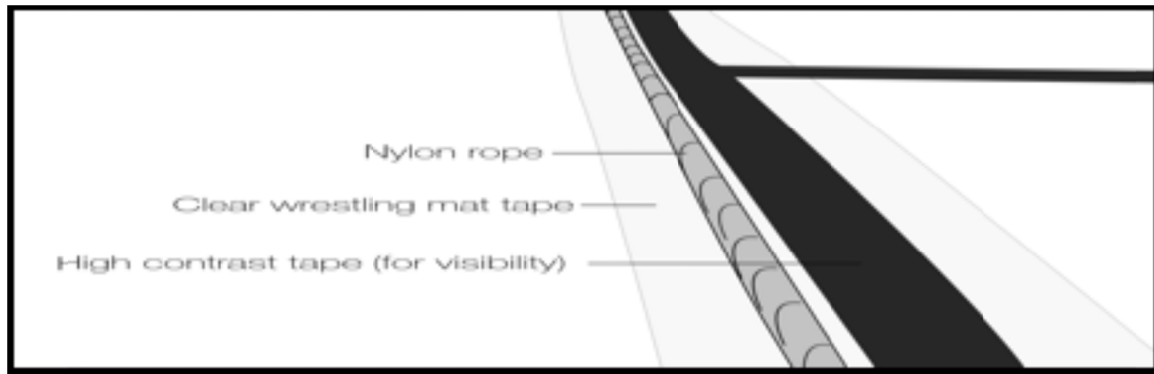
10. Documentation

10.1. Regardless of whether an injured athlete intends to file an insurance claim, an incident report should be filed with WFTDA within 2 weeks of the injury.

FIRST REPORT OF ACCIDENT		MUST BE SUBMITTED WITHIN 14 DAYS OF INJURY TO: EMAIL (PREFERRED): CLAIMS@WFTDA.COM FAX: 801-415-9648 MAIL: 1905 WEST 4700 SOUTH #531 SALT LAKE CITY, UT 84129	
DATE OF INCIDENT _____ TIME OF INCIDENT _____ AM/PM Team/Club/Organization: _____ Address: _____ Telephone Number: _____		DOES THE INJURED PERSON HAVE OTHER MEDICAL INSURANCE? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please provide: Name of Company: _____ Policy #: _____	
INJURED PERSON: <input type="checkbox"/> Athlete <input type="checkbox"/> Official <input type="checkbox"/> Coach <input type="checkbox"/> Spectator <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other _____		DID THIS TAKE PLACE DURING: <input type="checkbox"/> Practice <input type="checkbox"/> Pre-Game <input type="checkbox"/> During Game <input type="checkbox"/> Post Game <input type="checkbox"/> While Traveling <input type="checkbox"/> Other _____	
INJURED PERSON INFORMATION			
Last Name _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____ Age _____ D.O.B. _____ <input type="checkbox"/> Male <input type="checkbox"/> Female		Telephone Number () _____ <input type="checkbox"/> Single <input type="checkbox"/> Married Social Security Number _____ Employer Name _____ Address _____	
GUARDIAN/PARENT (IF INJURED PERSON IS A MINOR)			
Last Name _____ First _____ Middle _____ Address _____ City _____ State _____ Zip _____		Telephone Number () _____ City _____ State _____ Zip _____	
INCIDENT LOCATION <input type="checkbox"/> Competition area <input type="checkbox"/> Concession area <input type="checkbox"/> Parking lot <input type="checkbox"/> Admission area <input type="checkbox"/> Restrooms/locker rooms <input type="checkbox"/> Off property <input type="checkbox"/> Premises/grounds <input type="checkbox"/> Store area <input type="checkbox"/> Bleachers/stands		INCIDENT <input type="checkbox"/> Assault/Sexual <input type="checkbox"/> Slip, bodily reaction <input type="checkbox"/> Assault/Non-Sexual <input type="checkbox"/> Slip/Fall <input type="checkbox"/> Fall (different level) <input type="checkbox"/> Aquatic <input type="checkbox"/> Fall (same level) <input type="checkbox"/> Overexertion <input type="checkbox"/> Caught in, on, between <input type="checkbox"/> Collision (with object) <input type="checkbox"/> Collision (participant/participant) <input type="checkbox"/> Collision (participant/spectator) <input type="checkbox"/> Collision (spectator/spectator) <input type="checkbox"/> Struck by falling/flying object <input type="checkbox"/> Animal/insect bite/sting	
BODY PART INJURED <input type="checkbox"/> Eye (L/R) <input type="checkbox"/> Torso <input type="checkbox"/> Arm (L/R) <input type="checkbox"/> Nose <input type="checkbox"/> Back <input type="checkbox"/> Tooth <input type="checkbox"/> Neck <input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Ear (L/R) <input type="checkbox"/> Leg (L/R) <input type="checkbox"/> Knee (L/R) <input type="checkbox"/> Ankle (L/R) <input type="checkbox"/> Internal <input type="checkbox"/> Hip (L/R) <input type="checkbox"/> Shoulder (L/R) <input type="checkbox"/> Foot (L/R) <input type="checkbox"/> Elbow (L/R) <input type="checkbox"/> Hand (L/R) <input type="checkbox"/> Wrist (L/R) <input type="checkbox"/> Finger or Toe		DISPOSITION <input type="checkbox"/> Released to parent <input type="checkbox"/> Police <input type="checkbox"/> Refusal of care <input type="checkbox"/> Ambulance <input type="checkbox"/> Refer to doctor <input type="checkbox"/> Report only <input type="checkbox"/> Refer to hospital or clinic <input type="checkbox"/> Medical attention <input type="checkbox"/> EMS transport <input type="checkbox"/> Patient requested EMS transport <input type="checkbox"/> Released to personal vehicle	
PRIMARY INJURY <input type="checkbox"/> Allergy <input type="checkbox"/> Dislocation <input type="checkbox"/> Nausea <input type="checkbox"/> Amputation <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Stroke <input type="checkbox"/> Abrasion <input type="checkbox"/> Foreign Body <input type="checkbox"/> Burn <input type="checkbox"/> Laceration <input type="checkbox"/> Fracture <input type="checkbox"/> Death <input type="checkbox"/> Drowning <input type="checkbox"/> Heat Exhaustion <input type="checkbox"/> Pain <input type="checkbox"/> Hypertension <input type="checkbox"/> Cardiac <input type="checkbox"/> Illness <input type="checkbox"/> Cold Injury <input type="checkbox"/> Contusion <input type="checkbox"/> Seizures <input type="checkbox"/> Concussion <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Tooth/Mouth <input type="checkbox"/> Sting/bite		CLASSIFICATION <input type="checkbox"/> Non-injury <input type="checkbox"/> Minor injury or illness <input type="checkbox"/> Serious injury or illness	
Describe how the incident occurred: <i>(attach a separate sheet if necessary)</i>			
WITNESS INFORMATION			
NAME		ADDRESS	
1		()	
2		()	
SIGNATURE OF COACH (with no relationship to claimant) _____			
PHONE # _____ Generic Incident Report form		DATE _____ DME 2136264 (November 9, 2012)	

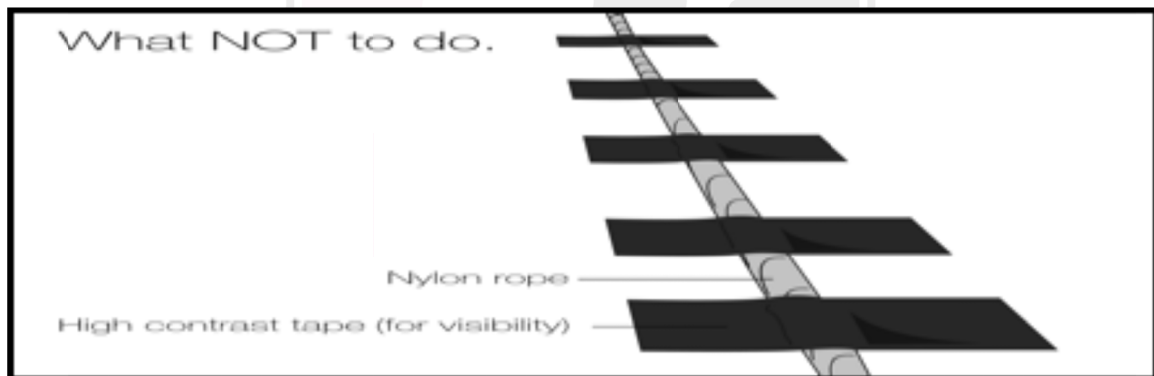
Appendix A: Track Taping Diagrams

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INCORRECT:




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Appendix B: SCAT2 Pocket Cards and Information

The images below are SCAT2 Pocket Cards that can be used by coaches, trainers, and other staff to assess the potential for concussion and should be considered a minimum standard for concussion assessment.

SCAT2 Pocket Cards are intended for general use and may be used when licensed medical professionals are not readily available.

Pocket SCAT2



Concussion should be suspected in the presence of **any one or more** of the following: symptoms (such as headache), or physical signs (such as unsteadiness), or impaired brain function (e.g. confusion) or abnormal behaviour.

1. Symptoms

Presence of any of the following signs & symptoms may suggest a concussion.

<ul style="list-style-type: none">▪ Loss of consciousness▪ Seizure or convulsion▪ Amnesia▪ Headache▪ "Pressure in head"▪ Neck Pain▪ Nausea or vomiting▪ Dizziness▪ Blurred vision▪ Balance problems▪ Sensitivity to light▪ Sensitivity to noise	<ul style="list-style-type: none">▪ Feeling slowed down▪ Feeling like "in a fog"▪ "Don't feel right"▪ Difficulty concentrating▪ Difficulty remembering▪ Fatigue or low energy▪ Confusion▪ Drowsiness▪ More emotional▪ Irritability▪ Sadness▪ Nervous or anxious
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2. Memory function

Failure to answer all questions correctly may suggest a concussion.

"At what venue are we at today?"
"Which half is it now?"
"Who scored last in this game?"
"What team did you play last week / game?"
"Did your team win the last game?"

3. Balance testing

Instructions for tandem stance

"Now stand heel-to-toe with your non-dominant foot in back. Your weight should be evenly distributed across both feet. You should try to maintain stability for 20 seconds with your hands on your hips and your eyes closed. I will be counting the number of times you move out of this position. If you stumble out of this position, open your eyes and return to the start position and continue balancing. I will start timing when you are set and have closed your eyes."

Observe the athlete for 20 seconds. If they make more than 5 errors (such as lift their hands off their hips; open their eyes; lift their forefoot or heel; step, stumble, or fall; or remain out of the start position for more than 5 seconds) then this may suggest a concussion.

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, urgently assessed medically, should not be left alone and should not drive a motor vehicle.

Trained medical professionals may use the SCAT2 forms and applications.

The SCAT2 forms can be found at the following link:

<http://www.sportconcussions.com/html/SCAT2.pdf>

There is also a SCAT2 iPhone application (<http://www.scat2.com/>)

Appendix C: Further Information about Concussions

The following information was consulted when developing the section on **Concussions**, and is recommended.

The Centre for Disease Control and Prevention (CDC) website (page on Concussion in Sports):

<http://www.cdc.gov/concussion/sports/resources.html>

Consensus Statement: International Conference on Concussion in Sport held in Zurich, November 2008

http://bjsm.bmj.com/content/43/Suppl_1/i76.full?sid=6a95a58d-2291-41a7-ab84-777b804839eb

SportsConcussions.org

<http://www.sportsconcussions.org/signs-symptoms.html>

Group Health Cooperative and the Healthwise Knowledgebase online resource guide:

<http://www.ghc.org/kbase/topic.jhtml?docId=tp23364spec>

Wikipedia (a collaborative tool with multiple references)

http://en.wikipedia.org/wiki/Post-concussion_syndrome

<http://en.wikipedia.org/wiki/Concussion>

Appendix D: International Guidelines for Return to Play following Concussions in Sports

This chart illustrates the Graduated Return to Play process following a concussion as published in the **Consensus Statement on Concussion in Sport** developed at the 3rd International Conference on Concussion in Sport in November 2008.

Once an athlete is symptom free (or back to baseline symptoms), each of the following steps should last for at least 24 hours. If any symptoms recur, the athlete should drop back to the previous step and wait 24 hours before trying to move to the next step again.

Step	Rehabilitation Stage	Goal	Description
1	No activity	Recovery	No extraneous activity. Rest until symptom free.
2	Light aerobic exercise	Increase heart rate	Light aerobic exercise such as walking, light jogging, light stationary bike, etc. for 15-20 minutes. No resistance training. Note activity and date.
3	Sport-specific exercise	Add movement	Moderate intensity sports activities: public skate, laps at practice, jogging, brief running, moderate stationary cycling, reduced weight lifting, etc. for 20 minutes. Note activity and date.
4	Non-contact training drills	Exercise, coordination and cognitive load	High intensity sports activities: Non-contact training/skill drills, sprinting-running, stationary cycling, complete regular lifting routine, etc.
5	Full contact practice	Restore confidence and assess functional skills	Full contact training in practice setting
6	Return to play		

Appendix E: Examples of Return to Play Policies

“In the event a skater takes leave for medical purposes, they are expected to perform every accessible action for full recovery. Upon their return, member may or may not be subject to provide written notice from a health care provider, or approval from an appropriate member of the training department. A skater must fulfill training requirements as set forth in Training Procedure.”

-Ohio Rollergirls

“Injured skaters may return to scrimmaging after they have been cleared medically and made up 50% of their total injured time or obtained a note from their physician clearing them for scrimmaging, in this case a shorter amount of time before returning to scrimmaging may be accepted. For example, you are unable to practice for 8 weeks; you must practice for 4 weeks before returning to scrimmage unless you have a note from your physician. If your injury is in excess of 6 months, the Coaches and Captains committee will review your return plan on a case by case basis.”

-Dutchland Derby Rollers

“Skaters are responsible for seeking medical attention for any injury sustained that affects the ability to safely skate and participate in roller derby. Skaters who have sustained serious injuries must be back practicing and fully participating in drills at least 4 weeks prior to competing in an official bout. Serious injuries include but are not limited to fractures, partial or complete ligament tears, concussions, and any medical condition requiring surgery or overnight hospitalization. This requirement permits the injured skater to re-enter derby safely and it allows the team to get used to skating with the skater again. Team captains must obtain a formal doctors’ note from seriously injured skaters that are returning to play. The doctors’ note must specify whether the skater can return to skating with contact or skating without contact. If a captain or coach feels the skaters’ health is at risk then they may ask for more specific clearance from the skaters’ medical professional. The doctors’ note will become part of the permanent skater file maintained by the league. If a skater, coach, or captain is unsure if an injury qualifies as “serious” or if the injured skater would like to appeal their situation then please consult with the Medical Committee lead. □ In addition to following the advice of a medical professional please also consider the following factors before returning to skating: □

- Full, pain free range of motion of affected body part □
- Normal or average strength and power of affected body part □
- No excessive emotional concerns about re-injury □
- Functional stability: no limping or excessive compensation by other parts of the body for the affected body part □
- Relative freedom from pain □ □

Please be aware that re-injury is common when players return to sport before recovery is complete. This may be due to the athlete wanting to return to play, inadequate rehabilitation or external pressure from other players or coaches. Other injuries may occur due to athletes trying to protect their original injuries and subsequent altered behavior or biomechanics.” □

-Jet City Rollergirls

Appendix F: Emergency Action Plan Template

The following is an example of an Emergency Action Plan. Each league shall develop an Emergency Action Plan to suit their particular organization and facilities. Leagues can, and should, tailor an Emergency Action Plan that specifically describes how they will prepare for and manage emergencies. Before creating an Emergency Action Plan from scratch, check with facilities to identify any pre-existing plan they may have in place.

Emergency Action Plan for _____ [league]

Facility name: _____

Facility address: _____

Designated Safety Personnel [list names]:

Reviewed and updated: _____ [date]

Nearest medical facility:

[Insert address, map, and directions to the nearest urgent care medical facilities]

League Management Facility Contact:

_____ [name and phone number]

Facility office/management: _____ [name and phone number]

Other important contacts:

_____ [names, titles, phone numbers]

Emergency Equipment

A fully functional and sufficiently stocked First Aid kit and an emergency cell phone must be available at all times. All personnel must be aware of this equipment and how it is operated.

Emergency equipment shall include but is not limited to:

- Cell phone
- First Aid kit
- Copy of Emergency Action Plan

The First Aid kit will include, at minimum:

- Bandage assortment, including wound closure/suture strips
- Ice packs or bags for ice
- Tape/pre-wrap
- Scissors
- ACE bandages, including triangular bandages for arm slings
- Alcohol swabs or other disinfectant/wound cleaning solution
- Splints
- Latex-free (e.g., nitrile) gloves
- Gauze pads and/or rolls
- CPR mask

Inventory of the first aid kit will be checked monthly by:

_____ [designated person]

All necessary emergency equipment should be on site and within quickly accessible reach of all participants.

Our emergency equipment is located: _____ [location]

Safety Personnel

All Safety Personnel may be involved as a first responder. There are times when the immediate care of an athlete will take place before EMS arrives. Immediate care should be deferred to the most highly qualified Medical Personnel on site.

It is the role of _____ [personnel] to clear the area so that the injured athlete can receive care, until the athlete is removed from the track or space.

All Safety Personnel must know the location of emergency equipment and supplies and be prepared to retrieve the required equipment if it is needed.

A designated person should meet EMS personnel close to the site and provide guidance to the exact location of the injured athlete. This person should have keys to locked gates or doors to facilitate entry of EMS personnel.

EMS Activation

Information to provide to 911 must be posted in clear view in an accessible place. The person calling 911 should be familiar with the facilities and be able to give clear, accurate information to the phone operator.

Call 911 for life threatening situations. For non-life threatening injuries the consent of the injured person will be needed to activate EMS (assuming they are mentally and

physically capable of giving consent).

When you call 911 from a cell phone, the call often lands in a regional center. A call-taker in a far away city or county may answer your call. To get help to you, there are two pieces of information the call-taker needs to know immediately:

- Tell the call-taker which **city** you're calling from.
- Tell the call-taker what **type of emergency** you have.

Different emergency services use different dispatch centers. Provide the right information so the call-taker will transfer you to the right center.

Information to provide when calling 911

Your name

Where you are calling from

Nature of emergency, whether it is medical or non-medical

Phone number you are calling from

Number of injured individuals

The last known condition of the injured individual(s)

Last known treatment

Directions to the location

Tell them someone will meet them at the _____ [designated place].

Stay on the line until the dispatcher tells you to hang up.

Medical Emergency Protocol

The most highly qualified Medical Personnel on site will evaluate the injured athlete and determine the needed course of action. If s/he deems the injury life threatening or requiring specialized care, EMS will then be activated.

Whenever possible, _____ [personnel] will accompany the injured athlete to the hospital.

Minor, non-critical injuries will be handled as follows:

- Evaluate injury
- Administer first aid
- Remove athlete from participation if the athlete is in a great deal of pain or cannot walk or skate
- Report the return to play status of injured athlete to _____ [designated person]. _____ [designated person] will complete an injury report.

Handling *serious injuries*:

- Check the athlete's level of consciousness, pulse, and breathing
- Send a contact person to call EMS (911)
- Send someone to wait for the rescue team, help open doors and gates, and to direct them to the injured athlete
- Assess the injury: if there is any risk of neck and/or back injury **do not move**

the person in any way. Wait for EMS.

- Administer first aid
- Designate a person to handle crowd control
- Assist rescue team in preparing the athlete for transport to a medical facility
- Provide the emergency information to the rescue team
- Whenever possible, have a person from emergency personnel accompany the athlete to the hospital.
- _____ [designated person] will complete an injury report.

Fire and Evacuation Plan

_____ [designated person] is responsible for making sure this Emergency Action Plan is kept up to date, practiced, and reviewed periodically.

Emergency escape route maps are enclosed and posted at _____ [locations].

[Insert floor plans identifying the location of exits, evacuation routes, manual fire alarm boxes, fire extinguishers, hose stations, fire alarm controls, and sprinkler control valves.]

Evacuation drills are conducted _____ [regularity] by _____ [designated person].

In the event that evacuation is necessary, _____ [designated person] will announce the evacuation order over the public address system. Once evacuated, people will meet at _____ [designated meeting point] for a head count and subsequent instructions. If that meeting point is not available, the secondary meeting point is _____ [location]. _____ [designated person] will serve as the liaison to authorities, and decide when it is “all-clear” to return to the facility.

Document Revision History

Date	Participants	Notes
02/2010	Bloody Mary and Diva Negativa	Reorganized the original, approved Safety Protocol document
02/01/2011	Sugar Daddy	Reformatted document, added table of contents, revision tracking page, and placeholder for Concussions section
02/15/2011	90° Johnson	Revised Safety Personnel section following discussions among WFTDA Risk Management Committee (RMC)
03/16/2011	90° Johnson	Revised Safety Personnel section
03/30/2011	Toss'er Assout	Revised Facilities section to include 5' minimum clearance for inside track
04/02/2011	Greta Gurney	Added Concussions section
04/19/2011	ForBidden	Revised Blood-borne Pathogens section
04/21/2011	Greta Gurney	Revised Concussions section, added SCAT2 (Appendix B), Acknowledgements , and Further Information sections
05/02/2011	90° Johnson	Revised Emergency Action Plan section
05/05/2011	Sugar Daddy, Lethally Blonde, Toss'er Assout	Revised Facilities section to be clear on Safety Zones and clearance
05/10/2011	ForBidden	Revised Blood-borne Pathogens section
05/11/2011	Sugar Daddy	Incorporated comments and feedback from the RMC conference call in Facilities section and Concussions appendices (B, C, D)
05/13/2011	Sugar Daddy	Incorporated feedback from Bloody Mary in organization and ambiguities with a focus on identifying the requirements for insurance coverage
05/25/2011	Collin de Shotz	Revised Protective Gear section to conform with Rules and Officiating Standardized Practices and protocols
06/10/2011	Sugar Daddy	Revised Protective Gear section to make it clear that gear is the responsibility of the athlete and aligned official responsibilities with NSO guidelines and RefCom pre-bout protocol

06/22/2011	Papa Doc, Bionika, Greta Gurney, ForBidden, Sugar Daddy	Revised Safety Personnel section to include one off skates or two certified CPR and First Aid staff, medical staff support recommendation, concussion baseline testing recommendation, moved Return To Play Guide to Appendix C: Concussions
07/06/2011	Papa Doc, Bionika, Greta Gurney, ForBidden, Sugar Daddy	Reviewed and approved modifications and revisions
08/03/2011	Sugar Daddy	Revised Safety Personnel section
08/19/2011	Eduskating Rita	WFTDA-ized
09/28/2011	Sugar Daddy	Minor revisions to text per feedback from ER and WFTDA RMC.
10/03/2011	Eduskating Rita	Final revisions/formatting
10/21/2011	Sugar Daddy	Revisions as per feedback from Tamarra. Fixed hanging indents for bullets, changed font of TOC, re-inserted clear image of SCAT2 Pocket Card, removed blue underline in headings of appendix F, added SCAT2 iPhone app link.
8/9/2013	Sugar Daddy	Replaced the WFTDA Incident Report example with the new version of the form.