

INTERNATIONAL SKATING UNION

Communication No. 1951

On Ice Medical Emergencies in Figure Skating Protocol

The following procedure must be followed in case of evacuation of a skater from the ice surface in Figure Skating.

1. As stated in the ISU Memorandum / Medical and Anti-Doping for Figure Skating, four (4) Medical Personnel must be present during competition and be positioned in pairs at opposite corners of the ice surface and two (2) Medical Personnel must be present during practice and be positioned at one end of the ice surface.
2. The Medical Personnel will have radio contact with the Referee via the Timekeeper.
3. When an emergency occurs on the ice that the Medical Personnel believes requires immediate attention, the Medical Personnel will radio the Referee via the Timekeeper to inform him/her that they need to enter the ice surface.
4. The Referee will clear the ice surface.
5. Medical Personnel with the respective Team physician (if present) enter the ice surface and assess the Skater.
6. Skater is removed from the ice surface by the Medical Personnel and taken to the medical room for further assessment.
7. The assessment is conducted by the Skater's Team Physician (if present). If there is no Team Physician present the assessment will be conducted by the CMO or Assistant CMO for the event.
8. If the respective Team Physician is present to assess the Skater, he/she will provide the Referee via the Timekeeper with his/her assessment if the Skater is fit to compete or not.
9. If there is no Team Physician present, the CMO/Assistant, will provide the Referee via the Timekeeper with his/her assessment if the Skater is fit to compete or not.
10. ISU rule 515 paragraphs 3-7 of the Special Regulations & Technical Rules Single and Pair Skating and Ice Dance is applied.
11. The Referee makes the final decision if the skater is allowed back onto the ice surface to compete.
12. The Physician who conducted the assessment completes the attached ISU Return to Competition Form which is provided to the Skater and the Referee.

Milan,
June 30, 2015
Lausanne,

Ottavio Cinquanta, President
Fredi Schmid, Director General

ISU RETURN TO COMPETITION FORM

The Physician who conducted the return to compete assessment must complete this Form and have it signed by the Skater and her/his Guardian if requested.

Name of the Event _____ Location _____

This form confirms that Skater

Family Name _____ Given Name _____ Date of Birth – (dd/mm/yy) _____

after being examined by Doctor _____ has been medically approved by Doctor _____ to return to full competition.

The diagnosis and follow up treatment have been explained to the Skater (or guardian if under age 16) and has been recorded on the medical record.

Skater Name _____ Skater Signature _____

Guardian Name _____ Guardian Signature _____

Physician Signature _____ Physician Signature _____

Designation of Physician at competition: Please check appropriate box.

Chief /Assistant Medical Officer

Team Physician

Date: _____

This Form must be given to the ISU Event Referee / ISU Event Coordinator

The ISU Event Referee / ISU Event Coordinator must send he Form to the ISU Office either by post or by email at antidoping@isu.ch