Sample Medical Protocol (4 Nations Cup)

The following is an example of a Medical Protocol from the 2014 4 Nations Cup. Please note that this is a guideline that you may use to guide you to develop a specific protocol to fit your event and venue needs.

Event Physicians duties will be the liaison between the 4 participating Team Physicians and the BC Medical System to ensure timely access to emergency care when or if required.

Physician to arrive a minimum of 45 minutes prior to game time

- Check in at volunteer center
    - Pick up accreditation
    - Pick up tickets for family members who may be accompanying you
    - (seats will be located behind the team benches in section D or E to allow easy access down to ice level if needed); get family members seated
- Check in with each team physician to ensure that you:
    - Familiarize yourself with the location of all equipment, and supplies
    - In the event that a suspected concussion occurs we will utilize the Medical Room as the 'Quiet Room' to assess the player and initiate the steps for return to play
- Meet team doctor for each team (and team therapist if applicable)
    - Show team trainers and/or team physicians where you will be sitting
    - Review on-ice evacuation protocol for seriously injured players, and clarify roles of all medical staff
    - Review off-ice protocol for injured players requiring further medical follow up, and clarify roles of all medical staff
    - Physicians associated with each of the teams are as follows:
        - Team A -
        - Team B -
        - Team C -
        - Team D -
    - Therapist staffs associated with each of the teams are as follows:
        - Team A -
        - Team B -
        - Team C -
        - Team D -
- Meet the MFR members.
    - _____ or his/her designate, - Please keep _____ cell number handy ***-***-****
    - Show MFR members where you will be sitting (section D or E above the team benches). They will also be stationed at the Zamboni gate.
    - Review on-ice evacuation protocol for seriously injured players, and clarify roles of all medical staff
- Return to your seats to enjoy an incident-free game!
- At the conclusion of the game please check in with the individual Team medical personnel to ensure no follow-up is required for any of their injuries.

See following pages for complete description, so that all medical personnel (physicians, physiotherapists, and MFR members) are aware of procedures and protocols, and the roles that each will play in the event that a serious on-ice injury occurs

Circumstances:

1. The Emergency Equipment is to be located by the Zamboni entrance (adjacent to the ice surface) and staffed by two (2) Medical First Responders (MFR) personnel. The assigned MFR members must have a clear view of the ice surface at all times.

   Equipment on Stretcher should be placed at 1/3 height position, optional is tether strap affixed on both ends:

   - Spine Board - ensure it is 18” width, spine straps
   - MFR Equipment Bag including AED, O2 with Airways & BVM
   - C-Collar, with head blocks & straps to secure head.

   Each team bench will be supplied with an AED and an O2 Kit, with airways, BVM.

2. The team physician should be physically present in the stands while the game is in progress. In the unlikely scenario where a second on-ice injury event occurs while the team physician is in the Medical Room attending to a previously injured athlete, the standby emergency staff shall notify the physician and the team physiotherapist shall assist with the second injury until the team physician arrives at the scene.

Protocol:

1. In the event of an on-ice injury, the team trainer will attend to the player & conduct initial assessment.

2. If injury is assessed as "Serious" (spinal injury, airway compromise, etc.) the trainer will signal their team physician and/or the event physician (by holding one fist in the air). The physician(s) will go onto the ice (accompanied by the Linesmen). Where applicable, the Team Physician will enter from their position on the players' bench. The Zamboni gate shall be opened and remain open but the MFR members should remain off the ice until summoned.

*NOTE that where applicable, the Team Physician & Event Physician shall consult with one another regarding the available treatment options, but the Event Physician will have the ultimate ruling due to licensure/jurisdictional within the Province of BC considerations.

3. Should the Event Physician determine that player evacuation is required, the MFR members will be signalled (by two fists crossed either over the chest or in the air) and the stretcher equipment (stretcher, backboard, straps, C-collar, MFR bags) shall be brought onto the ice.

4. If MFR members are signalled, then the member with the radio will request 911 be contacted and a BCAS Unit dispatched to overhead doors located at the east end of Interior Savings Centre, 300 Lorne Street, Kamloops.

THIS WILL BE DONE BEFORE THEY STEP ON THE ICE - OR AS THEY ARE ON THE ICE AND PROCEEDING TO THE PLAYER.

This will ensure additional EMS resources can be made available as a player is removed from the ice, and reduces the 'wait' time for transport. BCAS will load the player into their unit for transport to Royal Inland Hospital. Note that the BCAS Ambulance can always be cancelled - which would be done by the MFR members on site.

Signals are:

- Trainer looks to Physician(s) and raises a forearm/fist in the air … Physician(s) go directly to the scene.
- Trainer or Physician looks at MFR members, will raise <u>both forearms with/fists crossed over their chest or in the air</u> … MFR members will go directly to them
- Trainer or Physician looks at MFR members, raises their hand, <u>finger points in air & twirls</u> … means MFR members to go around to the team bench entrance in the hallway by the team dressing rooms
- In the event of obvious serious injury, team <u>trainer may signal team physician and MFR members simultaneously.</u>

5. As outlined above, while in Interior Savings Centre, the ***EVENT PHYSICIAN WILL BE IN CHARGE*** of all procedures, interventions, and directions, BUT will take the Team Physician's opinion (if present) under strong advisement.

6. The player will be removed from ice as quickly as possible, with resuscitation occurring off ice, ideally in the BCAS Ambulance.

7. Transportation will be to Royal Inland Hospital, 311 Columbia Street, Kamloops unless otherwise specified (e.g.: a dental emergency)

8. Upon arriving at Royal Inland Hospital the Emergency Physician, he/she shall assume care of the injured player

9. The Event Physician and/or Team Physician may or may not accompany the player to the hospital as circumstances dictate.

10. The MFR members will ensure that the cot, kits, and equipment are returned to operating conditions as soon as possible.

11. It is best that stretcher be placed at 1/3 height position and then rolled under the spine board from the side and NOT from the feet or head. This is preferred as the stretcher is being moved and not the player.

12. Straps on stretcher will always be done up, and player secured. Responders will place themselves at each end and take over control of the stretcher. Trainer and or Physician will always walk beside the stretcher as it is being taken off ice. *2 Linemen should accompany responders, supporting them by the arm/under the armpit

13. For routine injuries that require medical follow up, transportation will be provided via an event vehicle to Royal Inland Hospital, 311 Columbia Street, Kamloops

14. For all serious injuries the player will be transported via BCAS ambulance directly to Royal Inland Hospital, 311 Columbia Street, Kamloops.

15. One team representative will go to Royal Inland Hospital with the necessary player medical information. The representative may travel with the responding BCAS unit or be taken via an event vehicle.

16. Security is to clear the area from the ice surface at the East gates going back to and surrounding the Ambulance unit and make sure EMS, the Team Trainers and Physicians are not encumbered.

17. Game is typically not recommenced until responders are back in position and prepared

18. If a player is injured and found in a sitting/resting position against the boards: spinal support will be provided manually as the player is laid down (using vice grip method – trainer at head, second person at the shoulders) (moved away from the boards with the player's body at least 6 feet away) C-collar, log-rolled onto the spine board.

19. Full cage helmet removal will be done just like a motorcycle helmet removal. Trainer holding helmet/head. Second responder undoes chinstrap, holds head in occipital/chin area with 2 hands. Trainer takes helmet off, C-collar applied (if too much movement to put on collar – immobilize w/out collar), log roll, pad back of head with towels.

20. If a player is ‘face down’ on the ice the proper procedure for rolling the player is as follows:

- Helmet removed
- Player's arm at the bottom side (side to be rolled over) remains at his side
- Person at the head – crosses their hands, so when player is rolled the hands holding the head and C-spine are in the correct position.
- Roll player 90 degrees, pause, so spine board can be positioned, and then player is rolled remaining 90 degrees onto spine board.
- C-Collar is secured, while maintaining C-spine.
- Player is strapped to spine board with spider straps as per protocols.
- Foam head blocks placed and head is taped down
- END OF GAME – At the conclusion of the game please check in with the individual Team medical personnel to ensure no follow-up is required for any of their injuries.

Procedures in moving patient;

A. Long spine board is first choice for spinal injuries & for an immediate "load and go" (cardiac arrest)

B. MFR members to take out the Airway bag (ensures O2, Airways and BVM are on the ice)

C. Either the Team Trainers or Event Physicians will ALWAYS take over C-spine (head). This is the standard procedure for any injured player

D. Helmet always removed by Physician or Trainer – whoever is at the head

E. Helmet will always be removed on the ice surface and prior to C-collar being placed and player being placed on the spine board. At the discretion of the Event Physician, if there is enough access for an atraumatic placement of the C-collar without removal of the helmet &/or shoulder pads, then the decision can be made to do so.

F. Foam Blocks are to be used to support head after C-collar is placed on patient and patient is on the spine board

G. Player will be collared prior to being put on the spine board, with one **exception** and that being when player is face down, whereby player will be rolled directly on to spine board while maintaining C-spine

H. If Physician requests a C-collar:

    - Then shoulder pads should be undone or cut off so collar goes on correctly unless the collar can be placed without removing
    - The shoulder pads will be cut, then Physician will take over C-spine from trainer;
    - Body will be strapped PRIOR to strapping or taping the head down

I. Procedure for putting player on spine board – person at head will be in charge.

Open Ice:

- MFR members shall be called and assisted on ice by both Linesmen or by two Players who shall hold responding personnel under the arms.
- Once the equipment arrives at site of player down. If player has collapsed (or cardiac arrest), it is simply “load and go”, CPR, BVM and onto the stretcher and off the ice ASAP.
- One member takes equipment off stretcher, prepares spine board (brings spine board into position beside player)
- Team Trainer or Event Physician will be at Players head – immobilizing.
- Remove player helmet – whether Player is face down or face up.
- Other MFR assists with C-collar application.
- Head is immobilized, C-collared.
- One person at head, One person at Chest area, One Person at Thigh/leg area
- One person with the spine board is opposite/across from 2 people at chest and thigh areas with the spine board along ice, close to edge of body of player.
- Physician at head directs roll of player onto spine board.
- Player shall be strapped and secured to spine board. If conscious, arms will be outside the securing straps.
- MFR member shall bring the stretcher close to spine board and player.
- Two people at head of spine board (each corner), two people at feet (each corner), and if another person is available – at middle of spine board across from the stretcher.
- Person at head gives the commands for lifting the spine board.
- One person shall roll stretcher under Spine Board, from side NEVER from feet or head.
- Player will be secured to stretcher using all straps.
- Cot will not be raised until clear of the ice surface.
- Player is removed from ice and responding personnel will be assisted off the ice by both linesmen or by two players, with the two people on skates holding EMS personnel under the arms

Along Boards:

Responding personnel arrive at site of the injured player:

- MFR members will assist with movement of player away from boards – Player should be moved approximately 5 to 6 feet out into ice surface.
- Team Trainer or Physician will be at Players head – immobilizing.
- Same Procedure as above.

In Bench Area – Cardiac Arrest or Player collapse:

- Trainer or Team Physician will be first to player.
- Trainer to direct all players onto ice surface.
- Trainer will signal MFR members and Event Physician.
- The MFR members shall ensure the Team Physician to retrieve LP 12 from unit.

- Responders will to go around to the SOUTH hallway (behind the benches/in front of dressing room area), with Stretcher, back board, straps, C-collar, AED, MFR bags.
- Collapsed Player will be picked up and carried or dragged off bench area by Trainers & Physicians to SOUTH hallway and placed on floor in front of dressing rooms.
- Responders will treat as per protocols and direction from Physicians.