

To: Our Track Side Emergency Medical Volunteers

From: Emerald City Roller Derby (ECRD) Risk Management Team

Welcome to The Big O! This outline is meant as a guideline and does not supersede instructions included in the Emergency Response Plan or from the Harmony Event Medicine management or your professional training and judgement. 😊

If you haven't watched much modern Flat Track Roller Derby – you're in for a treat. It's exciting, and loud, and there is a lot more going on than can be explained here. So if you're curious, there are other documents and things to read that we can bring you – just ask. This page is about what you need to know to be our partner in responding to injuries on the track.

There are three types of staff you may interact with: Referees, in the black & white stripes, NSOs (non-skating officials) in the pink WFTDA shirts, and teams – e.g. coaches, captains, skaters.

Do not go out on the track when there is active skating. Wait to be waved over by a referee or Team member (coach, team medical).

When a skater is injured during the course of play, what you will usually see and hear is a) the jam being called off (four short whistles and hands repeatedly touching hips) and b) everyone on skates getting down on one knee. When this happens, get ready to run out on the track to the injured skater, but wait to be waved over. Fortunately, most of the time, a skater will be able to leave the track on their own accord.

If the skater is going to be down for some time while you're seeing to him/her, the Refs may make a wall around you, facing outward. This is done as a measure of respect and to protect the skater's privacy.

If you are outside of the outer 'Ref Lane' assessing or treating a downed skater, the game may start up again – as long as there is **ONE PERSON OBSERVING THE TRACK**: For competition to happen, the undistracted attention of one medical staff must be focused on the play. The head ref will not permit the game to continue if all medical staff are at the bench treating a skater. If this needs to happen, please call for back up so that the game can continue.

CALL FOR ECRD RISK MANAGEMENT: If *the jam is called off* due to injury, if there is a **suspected concussion**, any other injury that will possibly prevent the skater from skating any more that day, or **someone requires transport**, please **notify ECRD immediately** over the HEM radio.

Potential Concussion: We use the Concussion Recognition Tool and SCAT5. **Please see the Concussion Protocol** on the reverse. A skater who exhibits symptoms and has a suspected concussion is not permitted to return to skating. Please inform the skater and the Head Ref.

Biohazard/BBP clean-up kit: At each track, usually in the EMS area is a box containing gloves, spray, paper towels and disposal bag for BBP clean up. We are working this year to get our track maintenance (aka Track Monkeys) trained for this. Please call ECRD RM on the radio if there is clean up needed.

Concussion Protocol

When a participant (Skater, coach, or Official) shows any signs of a potential concussion or an action where it is reasonable to suspect a blow to the head and/or body has been observed, the participant must be assessed for potential concussion symptoms. The assessment should occur shortly after the incident, but the participant may request a short time to rest before being assessed.

- If the participant is unconscious or unresponsive at any time following the acute injury, professional medical services must be engaged (e.g., 911 emergency call and transport to medical facilities for care and disposition). The participant may not return to play or other activities without medical clearance.
- A volunteer trained in concussion recognition and management in sports may follow their scope of practice and guidelines in managing concussion assessments and monitoring participant activities including provisionally continued participation. As concussion symptoms may take several hours to manifest, the concussion assessment volunteer may require the participant to return for continued assessment and observation. For example, a participant may be required to check in with volunteer responsible for concussion assessment before warming up for their next game in a multi-game event.
- When the minimum standard for concussion assessment is employed (volunteer using the Pocket Concussion Recognition Tool), a single symptom is grounds for removing the participant from further activities.
- Failure to comply with an assessment is grounds for removing the participant from further activities.
- An Injury Report is required for WFTDA Insurance and may be required for other insurance providers. It is recommended that an injury report be completed for each incident a participant is assessed for a potential concussion regardless of the insurance coverage.
- A participant who is assessed for a potential concussion should not be left alone and should be continually monitored for signs of a potential concussion for several hours (including overnight) regardless of the outcome of the assessment.

Return to Play Following a Potential Concussion

A participant who is determined to show signs of a concussion following assessment may not return to play on the day of the injury. A participant who is determined to show signs of a potential concussion following assessment may return to play under medical or athletic training supervision by a professional trained and certified in return to play following concussions.