Medical *Team*

Guide to:

ROLLER DERBY

Written in collaboration with UKRDA and recognised as official UKRDA Guidance

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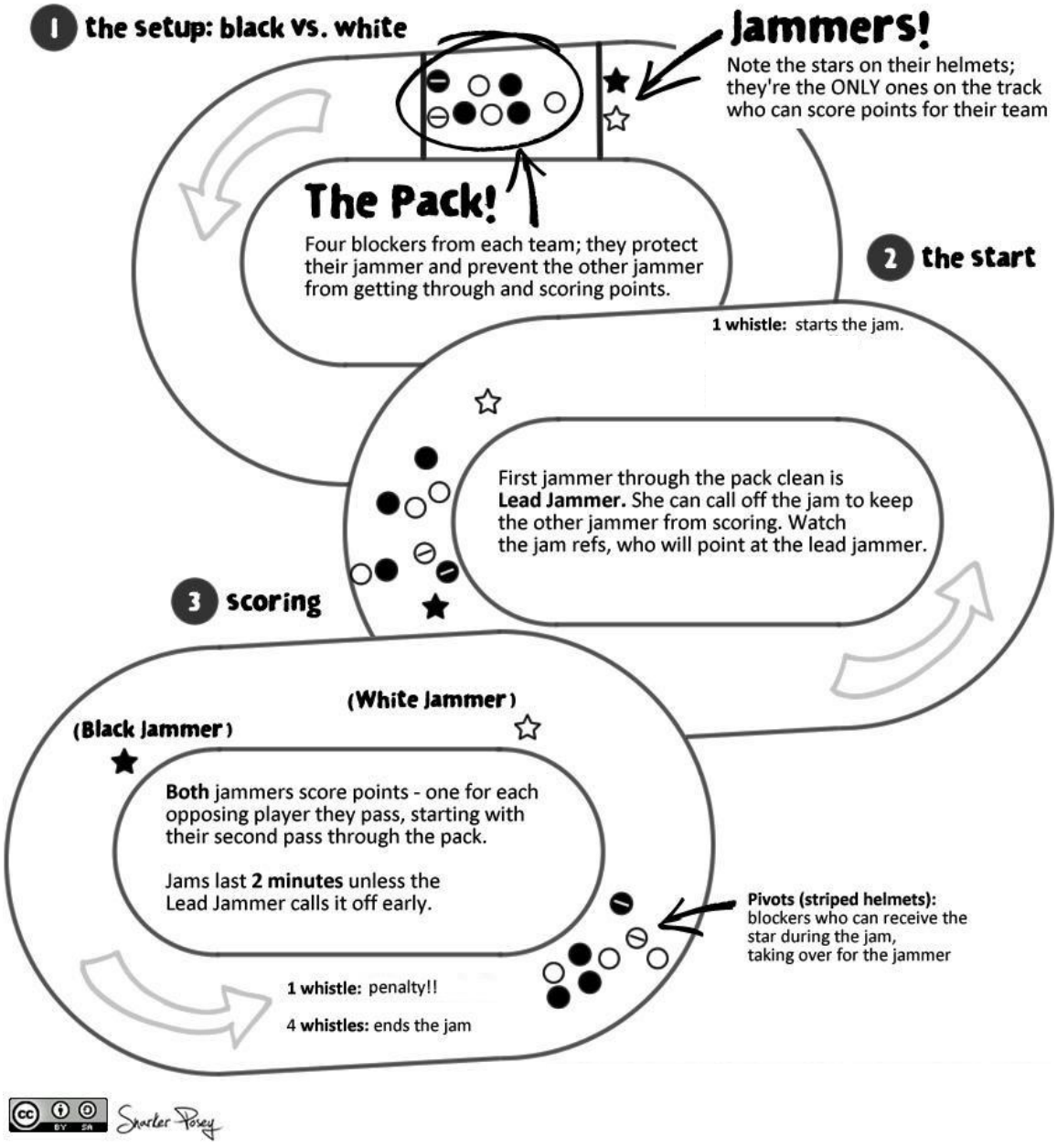
Roller Derby 101



Medical  Team

DISCLAIMER:

This Guide is not intended to be used as a substitute for proper, professionally trained, certified and insured medical cover at games/events. All games/events must be staffed in accordance with the current WFTDA Risk Management Guidelines.

Introduction:

I have been involved in Roller Derby since 2010 when, I linked up with the fledgling team Dorset Roller Girls providing First Responder level cover at their training nights through a Private EMS company. Together we learnt a lot about the sport, its rules, and became immersed in its community, even being invited to adopt the "Derby Names" worn proudly on the backs of our uniforms at games.
That company were shortly asked to provide Medical Cover to Bedfordshire Roller Girls games and their reputation grew from there. Until I stepped down in May 2013 I was responsible for managing the Medical bookings for more than 20 leagues around the country including the England team, London Rollergirls and Southern Discomfort, and I was also able to have the company recognised as the first Medical Team to be endorsed by the UKRDA whose patch is still proudly worn on their uniforms.
Although I have now resigned completely from that company, I am still actively involved in Roller Derby as an independent from my position as an Advanced Emergency Medical Technician and I've covered more than 200 games since 2011 including End of the World Series, Heartland Series, Team USA vs. Team England, the Men's European Roller Derby Championships, the SW:UK tournament, the British Championships, and Gold Coast Beach Brawl in the USA to name just a few.

What is Roller Derby?

Roller Derby is the fastest growing sport in the UK, played between 2 teams of 14 skaters, with up to 7 referees and there can also be as many as 11 NSO (Non Skating Officials), sometimes more.
The aim is simple: score more points than your opponent.
Wikipedia gives a simple definition as:
"A contact sport played by two teams of five members' roller skating in the same direction around a track. Game play consists of a series of short matchups ("jams") in which both teams designate a scoring player (the "jammer") who scores points by lapping members of the opposing team. The teams attempt to assist their own jammer whilst hindering the opposing jammer – in effect, playing both offense and defence simultaneously."

Medical Team

Do the rules affect Medical Teams?

To put it simply, YES. The sport is played at its highest level to rules set down by the Womens Flat Track Derby Association (WFTDA). These rules govern everything from Uniform Specifications to Penalties, Referees Hand Signals to Medical Provision ... This is where we, as the Medical Team come in. Since December 2016 there has been a change to the rules and we now have to be compliant to the WFTDA Risk Management Guidelines.

The main WFTDA Rule that applies to us is:

1.2 – **Skaters who are injured during play may return to play as long as they are no longer apparently injured or bleeding.**
A Skater whose injury alters the flow of the game (examples include a Jam being called, a period clock stoppage, or a substitute being seated in the Penalty Box) may not participate during the following three Jams.
A Skater whose injury alters the flow of the game more than once may not participate as a Skater for the rest of that period.

Medical Team

The WFTDA issue Risk Management Guidelines to their member leagues, regardless of whether you are covering a WFTDA sanctioned game, or a closed door friendly, this is something you must be aware of.

Within that document we come under the designation of “Professional Safety Staff”. Section 5.3.3 of the Guidelines states that, “for Interleague / Intraleague games and Tournament play, including Sanctioned and Regulation games” there is a “Minimum Standard: Two Professional Medical Staff with one available to treat patients at all times.”
5.2.2.1 clarifies this as “Certified First Responders (CFRs), Emergency Medical Technicians (EMTs), or Paramedics”
UKRDA guidance is that the First Responders MUST be Medical Gases trained and qualified to administer Entonox as a pain relief option.
First Aid or First Aid at Work level qualifications are no longer permissible in Roller Derby under this document.

As you are covering the game in a professional capacity therefore, the Gold Standard should be that if you have an injured skater, once they are clear of the track and skating resumes, one of you MUST be trackside again ready to respond.

Another thing the Guidelines highlight is precautions relating to Blood borne pathogens (Section 8 of the above document). Although a game will have staff able to clean up spillages (water, sweat etc) The 2017 WFTDA Risk Management Guidelines specify that a Blood Spill Kit must be present at each game to enable the track to be cleaned if there is a spillage.
It is the medical teams responsibility to provide & use this if necessary.

As with any event, Standard Precautions should be taken when coming into contact with these fluids. On a side note, it is worth remembering that “Any skater (not just the injured) whose uniform is saturated with blood must change their uniform before continuing to participate”. Whilst this is something that the Head Referee will enforce, it may be worth applying the Gentle approach and mentioning it whilst treating your casualty.

In the middle of a fast paced game, it is amazing how much respect you can earn just by knowing these simple rules. A good rule of thumb that avoids stepping on anyones toes is this ... If a jam is called off for a skater that was assumed to be injured, recommend to their line-up manager that they sit out the next three jams “for a breather” and to see how they feel, even if they’re ok. That will ensure that you get time to evaluate and double check your skater and the rules are adhered to.
As well as being there to patch up the injured, you are also there to help calm the situation in the event of an injury. The referees, coaches and officials look to you to take charge.

How will I know if there has been an injury on track?

The referees use whistles to signal various aspects of the game, the key one to be aware of is the “4 whistles”. This normally signals the end of a jam, the Lead Jammer (if there is one) will have just tapped her hips to call off the jam and the referees will blow. In the case of an injury on track however, the nearest referee will usually be the one to blow the 4 whistles and all the skaters are told to take a knee where they are. This is to make the track safe for you to enter without the danger of being knocked over.
In all honesty if you are paying attention you will usually spot it as it happens. You can sometimes see heavy collisions that see a skater temporarily downed and the jam is not called off. **DO NOT** go on the track. Be ready to go on if requested to by the head referee or (as is more common) attend the skater at their bench, don’t wait to be called over to the bench area, remember, we are there to help. Go and check on them, make sure they’re ok. It may be that you are not needed but you will be remembered as being helpful and, in a sport that has such a tight community, that can go a long way.

Tips of the Trade:

The key to a successful game as the medical team is **COMMUNICATION**.

- Be proactive, introduce yourselves to the Head Ref and Head NSO, ask the Referee how they will handle an injury, they all do it slightly differently. Some refs we know will stay with the injured skater initially so you know where you’re headed (not always easy with so many people on skates). Some will instead prioritise sorting out the skaters and leave the ref that called off the Jam to stay with them. Find out what is expected of you before it happens. You will be amazed at how much more confidence in your abilities it gives the officials.

- Know your skaters. Before the game starts you will have watched them warm up in turn ... when the first team have finished their warm up and returned to their bench, go and have a chat with the coaches. Find out if any of them are carrying any injuries. Some of them usually have a niggle that they’ve worked off during the week, one of them may have recently sprained a knee, whilst it may be ok now, if they go down injured clutching that knee it gives you somewhere to start looking. Make it clear that you’re not there to stop anyone skating (although don’t be afraid to recommend to the coach that someone doesn’t take part if you genuinely feel that a skater is at risk, if the coach won’t listen take it to the Head Ref, their word is law.). Then go and do the same with the second team.

Sometimes just you being there for a chat pre-game will help settle skaters' nerves, they realise that you are approachable, and believe me it makes them a lot easier to deal with later.

- Know your Officials as well. Are any of them diabetic, do they have any allergies? Do any of them have any niggles or injuries they are carrying? REMEMBER, unlike skaters the Referees and NSOs can't rest after a jam, they are there for the entire game. Don't forget about them. Without them there is no game.

- Do any of the Skaters or Officials identify as Deaf or Hard of Hearing?
Be aware that if they are deaf they might not be able to respond to you if concussed or in a lot of pain.
It is worth considering learning simple "closed" questions in sign language such as "Are you ok?" or "Where does it hurt?" Remember, you are aiming to ask questions that will result in yes/no answers or pointing to a place on their body. If you ask "Open" questions, chances are you will not be able to understand their reply in sign language.
Be aware also that hearing is often linked to balance, if someone appears to have vertigo / nausea it may be linked to their hearing ability.
NOTE: Just because the Skater / Official discloses to you that they are Deaf / Hoh, does not mean that they have disclosed it to their league, consider the disclosure as Confidential Patient Information unless you are told otherwise.

Further tips can be found here: : http://tinyurl.com/DeafHoH-Facebook

(Thanks to "Deaf and HoH Roller Derby Skaters Worldwide" for their input)

This sport is so fast that in the blink of an eye someone can be injured and it's not always the players. Refs and NSOs get injured too. Don't be the stereotypical medical team that sits there on the sidelines looking bored. Watch the sport, enjoy the atmosphere and be a part of it.

Are there any risks under the rules I should be aware of?

In a nutshell, YES
The WFTDA Rules now clarify in one place (Section 4.1) what is and isn't acceptable contact.
Section 4.1.3 states that whilst a skater that is skating clockwise (remember, normal direction is anti-clockwise) cannot initiate a block, "Skaters may initiate a block on an opponent who is straddling the track boundary, stopped, or skating clockwise".
To keep it simple, what it means to medical staff is that there is the possibility of a higher number of chest, head and facial injuries
The risk is that when you consider the speed of the two opposing skaters, any collision will be significantly harder than it would be if they were skating in the same

direction. Any hits therefore to the face, head or chest area will potentially have a bigger impact.

It is also still no longer a requirement for WFTDA play for the officials to carry out a pre-game gear check. It is down to the individual skaters.
As a medic it may be worth asking the question “have you all checked your kit?” when you are checking for any existing knocks etc.

Concussion

Modern contact sports are becoming increasingly aware of the dangers of Concussion and head injuries, it is something as Roller Derby Medical Team staff that you should definitely be aware of.
Despite skaters wishing to believe otherwise, helmets do not prevent Concussion.

There is also currently no evidence that mouth guards protect from concussion (British Journal of Sports Medicine - http://bjsm.bmj.com/content/35/2/81), *you will occasionally find skaters that assume that because they have a good mouth guard, they are better protected.*

The current Gold Standard initial assessment tool for Concussion is known as SCAT5 – Sports Concussion Assessment Tool v5 – it is currently used by FIFA *(Fédération Internationale de Football Association)*, IOC *(International Olympic Committee)*, IIHF *(International Ice Hockey Federation)*, and FEI *(Fédération Equestre Internationale)*.

The full SCAT5 protocol can be found here:
http://bjsm.bmj.com/content/bjsports/early/2017/04/26/bjsports-2017-097506SCAT5.full.pdf

There is currently no pocket guide for this but the SCAT3 pocket guide is still applicable and is shown below. The pocket guide can be downloaded from here:

http://tinyurl.com/PocketSCAT3

As a Medical Team member covering this sport it is something you should familiarise yourself with. If you are in any doubt then the skater must be advised to go to hospital to be checked.
Also be aware that in the UK, the current NHS guidance for concussion states:
“ Do not play any contact sports such as football or rugby for at least three weeks without talking to your GP (see below for more information on returning to sport).”

Medical Team

http://tinyurl.com/NHS-Concussion

Pocket CONCUSSION RECOGNITION TOOL™

To help identify concussion in children, youth and adults

RECOGNIZE & REMOVE

Concussion should be suspected **if one or more** of the following visible clues, signs, symptoms or errors in memory questions are present.

1. Visible clues of suspected concussion

Any one or more of the following visual clues can indicate a possible concussion:

Loss of consciousness or responsiveness
Lying motionless on ground/Slow to get up
Unsteady on feet / Balance problems or falling over/Incoordination
Grabbing/Clutching of head
Dazed, blank or vacant look
Confused/Not aware of plays or events

2. Signs and symptoms of suspected concussion

Presence of any one or more of the following signs & symptoms may suggest a concussion:

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

3. Memory function

Failure to answer any of these questions correctly may suggest a concussion.

"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?"

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, and should not be returned to activity until they are assessed medically. Athletes with a suspected concussion should not be left alone and should not drive a motor vehicle.

It is recommended that, in all cases of suspected concussion, the player is referred to a medical professional for diagnosis and guidance as well as return to play decisions, even if the symptoms resolve.

RED FLAGS

If ANY of the following are reported then the player should be safely and immediately removed from the field. If no qualified medical professional is available, consider transporting by ambulance for urgent medical assessment:

- Athlete complains of neck pain
- Increasing confusion or irritability
- Repeated vomiting
- Seizure or convulsion
- Weakness or tingling/burning in arms or legs
- Deteriorating conscious state
- Severe or increasing headache
- Unusual behaviour change
- Double vision

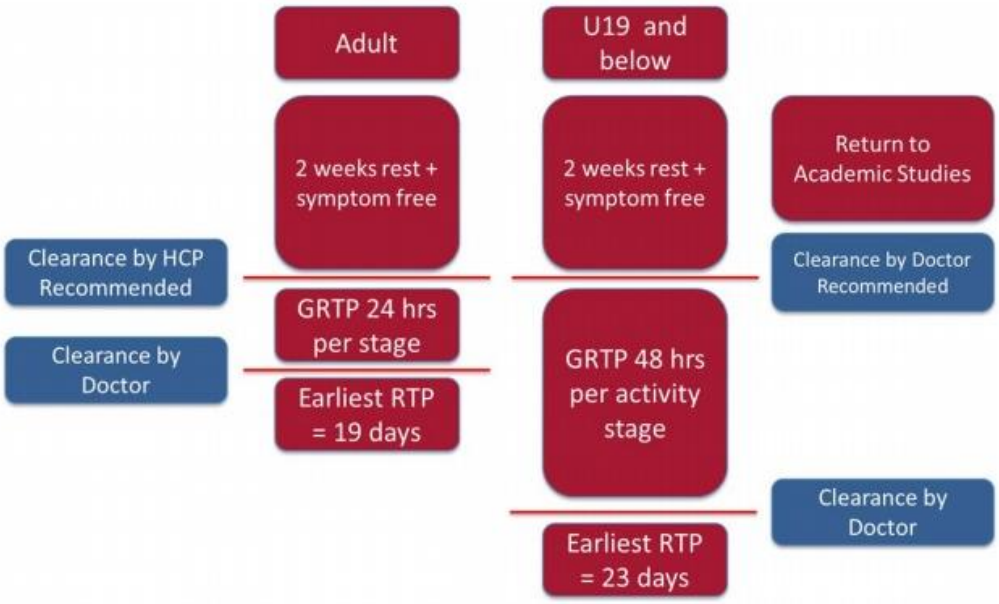
Remember:

- In all cases, the basic principles of first aid (danger, response, airway, breathing, circulation) should be followed.
- Do not attempt to move the player (other than required for airway support) unless trained to so do
- Do not remove helmet (if present) unless trained to do so.

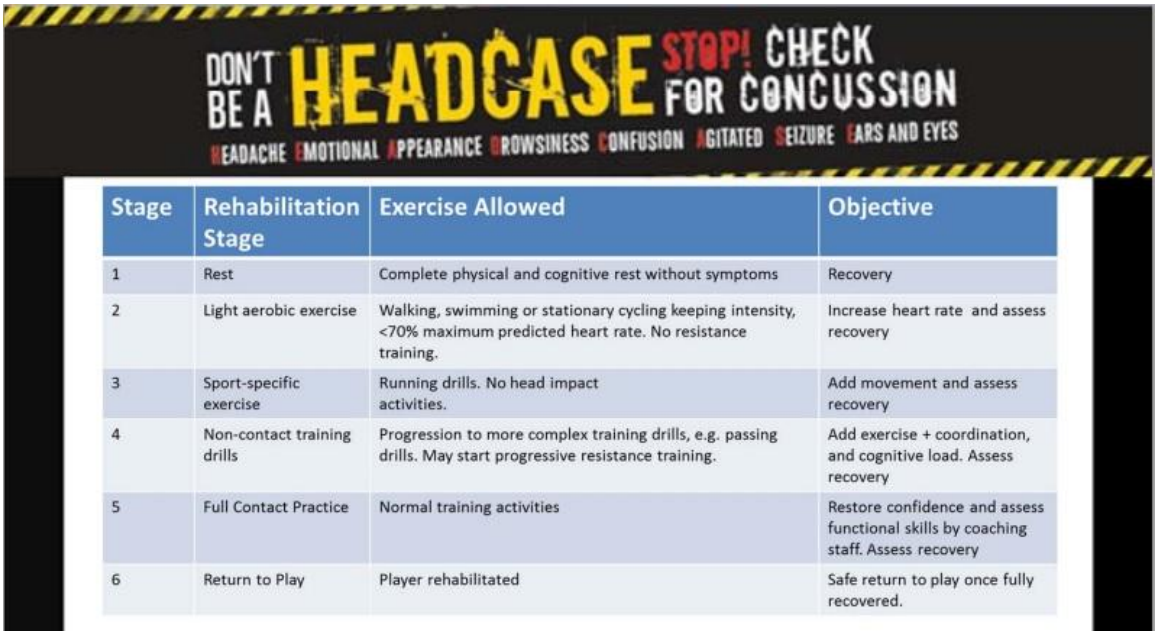
from McCrory et. al, Consensus Statement on Concussion in Sport. Br J Sports Med 47 (5), 2013

The England Rugby Union is currently promoting a huge drive in concussion awareness - http://tinyurl.com/RFU-Headcase - Given the amount of contact to the head / neck / facial area in Rugby it could be considered as an applicable standard for Roller Derby.

The current recommended Return To Play pathway is:



A player's age is deemed to be their age as at 1st September.



Stage	Rehabilitation Stage	Exercise Allowed	Objective
1	Rest	Complete physical and cognitive rest without symptoms	Recovery
2	Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity, <70% maximum predicted heart rate. No resistance training.	Increase heart rate and assess recovery
3	Sport-specific exercise	Running drills. No head impact activities.	Add movement and assess recovery
4	Non-contact training drills	Progression to more complex training drills, e.g. passing drills. May start progressive resistance training.	Add exercise + coordination, and cognitive load. Assess recovery
5	Full Contact Practice	Normal training activities	Restore confidence and assess functional skills by coaching staff. Assess recovery
6	Return to Play	Player rehabilitated	Safe return to play once fully recovered.

The full document can be found here: http://tinyurl.com/RFU-ReturnToPlay

Please Note the disclaimer for the document above: "The information contained in this resource is intended for educational purposes only and is not meant to be a substitute for appropriate medical advice or care. If you believe that you or someone under your

care has sustained a concussion it is strongly recommended that you contact a qualified health care professional for appropriate diagnosis and treatment. The authors have made responsible efforts to include accurate and timely information. However they make no representations or warranties regarding the accuracy of the information contained and specifically disclaim any liability in connection with the content on this site."

The current World Rubgy guidance is the Head Injury Assessment protocol (HIA), the initial assessment has 4 components, the first of which would be useful to be aware of as a Derby Medic due to the possibility of head injuries and contact related injuries. Its main component is shown below, these are the "Immediate and Permanent Removal from Play criteria" (Criteria 1 used pitch side is shown below and would initially be the most useful part at a game.)

Table 1. Criteria for permanent removal from play or medical room head injury assessment.

Immediate and permanent removal from play criteria (Criteria 1)	Off-pitch screening tool criteria (Criteria 2)
•Confirmed loss of consciousness	•Head impact event where diagnosis not immediately apparent
•Suspected loss of consciousness	•Possible behavioural changes
•Tonic posturing	•Possible confusion
•Convulsion	•Injury with the potential to result in concussion
•Balance disturbance / ataxia	•Other concerning feature
•Definite confusion	
•Not orientated in time, person, or place	
•Clearly dazed	
•Definite Behavioural changes	
•Oculomotor abnormalities	
•Other on-field identification of sign or symptoms of concussion	

There is also guidance from the CDC in the United States that, whilst aimed at Junior Athletes is also very applicable to Roller Derby, in fact the JRDA makes it a mandatory requirement in the USA that a leagues coaches MUST have completed the concussion training found on the link below:
http://tinyurl.com/CDC-YouthSports
Even for adult athletes it is **DEFINITELY** worth paying attention to, and, having completed the module myself, I recommend you do as well.

REMEMBER:
If you suspect a potential Spinal Injury, DO NOT move the skater and do not allow them to move. Follow your training, and protect the C-Spine. Call for an Ambulance and inform the Head Ref that the game will be stopped until the skater can be moved.
If you suspect a concussion, again, follow your training. This guide is not a substitute for your local protocols. If in any doubt about any injury, seek further advice from a Health Care Professional.

WFTDA Risk Management Guidelines are also very comprehensive on concussion and its presence as a risk in this sport. Section 6 is devoted entirely to this topic also giving mention to the risk of "Second Impact Syndrome". In addition to this now, the new guidelines state:

- 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.

(for UK game play "Volunteer" in this case is taken to mean the Medical Team covering the activity)

Is this sport just for adults?

No – there is a growing number of Junior leagues worldwide now, governed by the JRDA. Juniors skate under the same rules as WFTDA with a couple of exceptions.

The skaters are grouped by levels of ability (levels 1 to 3) and these levels dictate the amount of contact and or acceleration into a block can be used.

Level 1 – allows positional blocking only – no deliberate contact with an opposing skater is allowed.
Level 2 – allows lean blocking only – no acceleration into a block is allowed
Level 3 – Full Contact is allowed, contact between skaters is assessed to the same standards and penalties as Adult skaters.

The Safety Rules have also been amended with relation to Junior Skaters as shown below (applicable to all levels unless otherwise stated):

Addition to 8.2.7.1 – The Head Referee may call a forfeit for the following reasons: Game play that presents a danger to the health and safety of any person on, or off the track. This may include, but is not limited to, unsafe playing conditions due to venue problems, weather, multiple egregious and unsafe incidents on the track, or excessive/multiple injuries.
The head referee is encouraged to take advice from the officials crew and especially trackside emergency medical personnel before making this call. This type of situation seems more likely to occur at the end of a day in which players have skated multiple games.

Addition to 8.2.7.2 – The Head Referee **MUST** call a forfeit for the following reasons:
- Required emergency medical personnel are not present, or have left the venue with an injured skater (and no replacements are available). See WFTDA rule 9.2.1
- Unsafe playing conditions exist which cannot be resolved in a reasonable time to allow gameplay to continue.

Section 9.2 – Safety Personnel
Amended part of 9.2.2 – TEAM COACHES are responsible for supplying medical personnel with their skaters' medical and/or emergency contact information as necessary.

Addition 9.2.3 – Parents or legal guardians, coaches or medical staff may remove a skater from play at any time for safety reasons. Consensus agreement is not required for removal from play. A parent/legal guardian may only remove their child from play. If a skaters parent is not present, the skaters' coach assumes parental responsibility.

Addition 9.2.4 – Parents must sign a waiver authorising medical treatment in the case of an injury, and specify who exactly can obtain and/or administer medical treatment or over-the-counter drugs. Such waivers must be present at each game, in the team bench area or other designated area.

Amended 9.3.2 – Injured Skaters: If a skater is bleeding, they must be removed from play. That skater may not return to play until the bleeding is controlled, the wound is properly covered, and there I consensus agreement between the parents, medical staff and team coach(es) to allow the skater to return to play. If the jam is called off to remove the bleeding skater from play, they must sit out the next 3 jams.

Amended section 9.4 – Impaired Skaters
9.4.1 – Skaters, Coaches, Team Staff and Event Staff may not participate in a game under the influence of alcohol, narcotics or illegal drugs.

9.4.2 – Skaters, Coaches, Team Staff and Event Staff may not consume alcohol at games. *(notice, this is irrespective of whether they are on skates or not).*

In addition to the rule amendments/additions you also need to be aware of the human factors involved in Junior sports. Juniors, like adults, can be very passionate about this sport and may get frustrated more easily by an injury. Remember to treat the person as well as the injury, a little TLC goes a long way. Also bear in mind that the Parents sat in the crowd watching their child play will be understandably worried in the event of an injury. It is best to request they wait trackside with an official / other team member so they don't interfere with your treatment or removal of the injured skater off the track. It also gives you time to ask any questions you need and get answers from the Skater direct without the parents trying to answer for them.

Is there ANYTHING ELSE I should be aware of?

Yes, one last thing ...

Thank You for taking the time to read this guide. I hope it is a good introduction as to what is expected of you as a "Medic" at a game and gives you an idea as to what goes on.
If you see me trackside or in the crowd, feel free to come and say hi. I don't bite ☺

~ IcePax ~

Medical **Team**

QR Codes for URLs

Medical Team

THANK YOU
to

for their support and input into this document over the years

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Official Medical Team Guide for:

2014 2015 2016

The Medical Team guide to Roller Derby has so far been sent to Leagues all over the world including:

United Kingdom
United States of America
Australia
Canada
Germany
Sweden
Denmark
Brazil
Guernsey
Ireland
Iceland
New Zealand
South Africa
Mexico