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Recruitment
If you would like to contribute to the Risk Management Committee’s endeavor and dedication to Skater safety, we’re always recruiting committee members, contributors, and advisors. A background in sports medicine is appreciated, but not required. No experience necessary. Please contact the Risk Management Committee Chair, Rolli Cannoli, at rolli@wftda.com for more information.
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WFTDA Risk Management Guidelines

1. Purpose

The WFTDA Risk Management Guidelines have been developed in order to increase awareness and help members reduce the risks to individuals and organizations from damages and unexpected injuries in the sport of roller derby. These guidelines include minimum standards and recommendations for WFTDA members and may be considered best practices for all roller derby organizations.

The following guidelines apply to all games, practices, and other activities when WFTDA insurance is in effect. Compliance with these guidelines is a condition of coverage of the WFTDA Insurance General Liability and Personal Accident policies. The WFTDA Insurance Administrator must specifically approve in writing any deviations from these guidelines. Noncompliance with the WFTDA Risk Management Guidelines 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 (4.57 meters) of the track.

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

2.1.3 All spectators in trackside seating (within 15-20 feet or 4.57-6.1 meters) must be seated, with their limbs and possessions completely behind the track boundary line.

2.2 No structures, speakers, lights, or other objects shall protrude into the track area within 10 feet (3.05 meters) overhead of the skating surface and 15 feet (4.57 meters) surrounding the track.

2.3 The arrangement of seating (tracksid or general) shall provide ready egress by aisle paths. These shall not be obstructed.

2.4 Safety Zones (see Appendix A: Safety Zones)

During a jam, only Skaters in the jam and Officials may be in the Safety Zones.

2.4.1 Outer Track Safety Zone

2.4.1.1 If a wall or other approved barrier is present on the outside of the outer track boundary, a minimum 5 feet (1.52 meters) of clearance is required.

2.4.1.1.1 Approved barriers are fixed to the floor (unmoving) and a minimum of 3 feet high (0.9 meters).

2.4.1.1.2 Approved barriers must completely prevent skater/spectator contact.

2.4.1.2 If no wall or other barrier is present, a minimum 10 feet (3.05 meters) of clearance is required, and no structures may exist within 15 feet (4.57 meters). Trackside seating may begin at 10 feet (3.05 meters).

2.4.1.3 Smooth continuous barriers do not need to be padded. All rough surfaces, protrusions, or sharp edges within 15 feet (4.57 meters) of the skating surface without barrier protection must be padded.

2.4.1.4 All doors within 10 feet (3.05 meters) of the skating surface must be closed while Skaters are actively skating.

2.4.1.5 Team benches and the Penalty Box may be located outside of the track. Team benches must be outside of the Outer Track Safety Zone.

2.4.2 Inner Track Safety Zone

2.4.2.1 A minimum 5 feet (1.52 meters) of clearance must surround the infield of the track.

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

2.4.2.3 There must be a clearly designated area marked for team benches and/or photographers if they are located in the center of the track.
2.4.2.4. All individuals located in the center of the track—other than Skaters in the jam—and Officials may return to their designated area if they can exit safely without interfering with gameplay.

2.5 Track Boundaries

2.5.1 Any raised boundary must be no more than ½ inch (1.27 cm) in height and must be marked in such a way that is highly visible to Skaters and Officials and does not present a safety hazard.

2.6 Skating Surface

2.6.1. The skating surface must conform with The Rules of Flat Track Roller Derby and be clean and clear of debris. The WFTDA recommends smooth concrete or sport court.

2.6.1.1. Sport court must be maintained, free of breakage, and big enough to cover the safety lane.

2.6.2. Rubber-coated or other soft-surface flooring is NOT recommended.

3. Security

3.1. Sufficient security staff will be in place to:

3.1.1. Keep spectators and unauthorized persons off the track and out of the surrounding safety zone (see graph in Appendix A: Safety Zones).

3.1.2. Monitor the facility or venue doors, ensuring that everyone who enters the facility or venue is authorized to enter.

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

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

3.1.5. In case of injury, keep required egress pathways clear.

3.1.6. In case of emergency, assist in evacuation of the facility according to the emergency action plan.

4. Protective Gear

4.1. Skaters and Officials must wear all protective gear as defined in The Rules of Flat Track Roller Derby.

4.1.1. Protective gear shall include, at a minimum, wrist guards, elbow pads, knee pads, mouth guards, and helmets. Officials may forgo the use of mouth guards.

4.1.2. Wrist guards, elbow pads, knee pads, and helmets must have a hard protective shell or inserts.

4.1.2.2. Skaters are strongly encouraged to replace pads that have ineffective Velcro.
4.1.3 Optional protective gear such as padded shorts, chin guards, knee or ankle support, shin guards, turtle shell bras, protective cups, tailbone protectors, non-formfitting clear full-face shields, non-formfitting clear half-face shields, and formfitting face shields such as nose guards may be worn at the Skaters’ discretion as long as they do not impair or interfere with the safety or play of other Skaters, support staff, or Officials.

4.1.3.1 Chin guards, turtle shell bras, cups, tailbone protectors, shin guards, non-formfitting clear full-face shields, non-formfitting clear half-face shields, and formfitting face shields such as nose guards may have a hard protective shell. No other optional protective gear may have hard protective shells.

4.1.3.2 Cage-style face shields are not permitted.

4.1.3.3 Non-formfitting full- and half-face shields must be designed for use on the brand and type of helmet with which they are paired.

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.

4.2.1 Leagues may assign someone to check their teams’ gear.

4.3. Safety gear, uniforms, and optional features worn by a participant must not pose safety risks to other participants (e.g., safety gear, adornments with sharp edges, etc.). The Head Referee (HR) has the authority to require a participant to replace or mitigate potential safety hazards or remove the participant from gameplay when no reasonable alternatives are available.

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

4.5. Officials will follow recommended guidelines to ensure safety for the competitors during games.

4.5.1. 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 game.

4.5.2 Before and during gameplay, Officials are able to notify a Skater if their protective gear is noncompliant. The Skater then must resolve the issue before returning to gameplay.

4.6. Jewelry may be worn during gameplay unless deemed a safety hazard by the HR. It is recommended that jewelry be taped or removed. Jewelry must not interfere with gameplay or cause danger to other Skaters. Jewelry is worn at the risk of the wearer.

4.6.1 Nails should be trimmed to no longer than ¼ inch, as measured from the fingertip. If nails are longer than ¼ inch, each finger must be taped.

5. Safety Personnel

5.1. It is the responsibility of each league to be 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 “Medical Staff” and “Safety Staff”).

5.2.1. Safety Officer: Leagues must identify a Safety Officer who is responsible for ensuring league activities meet safety standards (see Appendix B for job description).

5.2.2. Professional Medical Staff: Volunteer or hired professional Medical Personnel. Medical licensure and certification might include:

5.2.2.1. Certified First Responders (CFRs), Emergency Medical Technicians (EMTs), or Paramedics

5.2.2.2. Physician with sports medicine, orthopedic, and/or emergency medical experience

5.2.2.3. Athletic trainer with CPR training

5.2.2.4. Licensed Practical or Registered Nurse with current CPR training and sports medicine, orthopedic, and/or emergency experience

5.2.2.5. Nurse Practitioner or Physician’s Assistant with current CPR and sports medicine, orthopedic, and/or emergency experience

5.2.3. Volunteer Safety Staff: Volunteer Safety Staff are league members or volunteers who volunteer to handle medical situations within their level of training. Volunteer Safety Staff are trained in American Heart Association or American Red Cross CPR, or equivalent training recognized as the standard of practice for that country, and basic first aid training. The 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 lifesaving techniques.

5.2.4. League Physician: It is recommended that each league have an 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 and/or Medical Personnel are present based on the following levels:

5.3.1. Internal league practices (ex., endurance skating, light contact drills, passive blocking, stopping, and general skating skills development)

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

5.3.2. Interleague/Intraleague practice and scrimmage, i.e., competitive game situations (ex., practice with full contact drills, opposing teams, and scrimmages with timed jams and/or periods)

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

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

5.3.3. Interleague/Intraleague games and Tournament play, including sanctioned and regulation games.

*Minimum Standard:* Two Professional Medical Staff with one 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 game, which may cause distraction from the expected duties. If at any time the Medical Staff become involved in the care and treatment of an athlete or spectator, play should stop until an equivalent replacement for the Medical Staff can resume game 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, Officials, 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 be completely familiar with the emergency action plan.
6. Concussions

Definition of a Concussion and its Risks

A concussion is a type of traumatic brain injury caused by a bump, blow, or jolt to the head that can change the way the brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth. Concussions should be suspected in the presence of any one or more of the following: symptoms (e.g., headache, nausea), physical signs (e.g., unsteadiness, loss of coordination), impaired brain function (e.g., confusion, aggression), or abnormal behavior.

Concussions are serious injuries and will occur in roller derby. The risk is extremely high for second-impact syndrome (SIS) if someone obtains re-injury before symptoms of an earlier concussion have subsided. SIS can be catastrophic and even fatal. The brain should be sufficiently rested and recovered before returning to play.

Reference on Concussions in Sports

The WFTDA Risk Management Guidelines and policies related to concussions have been developed in consideration of the Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012 (http://bjsm.bmj.com/content/47/5/250.full).

Legal Consideration

Member leagues and roller derby organizations hosting events and activities (including practices and skills development activities as well as games and tournaments) must be familiar with local, state/province, and federal laws related to concussions in youth sports when these activities involve youth participants and must comply with the provisions of these laws.

Potential Concussion Assessment

Member leagues and roller derby organizations hosting events and activities (including practices and skills development activities as well as games and tournaments) must identify the person(s) responsible for conducting potential concussion assessment of participants who have been observed to experience conditions where a concussion may occur. These situations include receiving a significant blow to the head from contact with the floor or other participants, or other physical actions where significant force may have impacted the head (e.g., a violent shake). Participants and Officials who observe actions where a concussion may have occurred should discuss their observations with a Head Official or Volunteer Medical Staff.

- The most qualified person(s) should be on hand for potential concussion assessment and must operate within their scope of practice and certification.
- It is recommended that person(s) responsible for potential concussion assessment be formally trained in concussion management.
- The minimum standard for public events and formal games is to engage a volunteer who is an athletic training or medical professional familiar with concussion symptoms and assessment. The volunteer must operate within their scope of practice and training.
- The minimum standard for all roller derby activities is to engage a volunteer who is familiar with the Pocket Concussion Recognition Tool (see Appendix C) (http://bjsm.bmj.com/content/47/5/267.full.pdf).
• It is recommended that leagues and roller derby organizations encourage volunteers who will administer potential concussion assessments to complete online training courses equivalent or superior to Centers for Disease Control (CDC) Heads Up Concussion Training (www.cdc.gov/concussion/Headsup/training/index.html).

• It is recommended that leagues and roller derby organizations incorporate regular baseline concussion assessment testing and engage appropriately trained and certified staff to administer the baseline and on-site potential concussion assessment testing when possible. Examples of concussion management systems that may be used include ImPACT and SCAT3. It is important to continue to monitor concussion testing system quality and acceptance in the medical community as the knowledge base is continually changing.

Participants Deemed to Have Potentially Incurred a Concussion

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 provisionary 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. It is recommended that the participant follow the graduated return to play protocol identified in Table 1 of the Consensus statement on concussion in sport identified above.
Table 1
Graduated Return to Play Protocol

<table>
<thead>
<tr>
<th>Rehabilitation Stage</th>
<th>Functional exercise at each stage of rehabilitation</th>
<th>Objective of each stage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No activity</td>
<td>Symptom limited physical and cognitive rest</td>
<td>Recovery</td>
</tr>
<tr>
<td>2. Light aerobic</td>
<td>Walking, swimming, or stationary cycling, keeping intensity &lt; 70% maximum permitted heart rate</td>
<td>Increase heart rate</td>
</tr>
<tr>
<td>exercise</td>
<td>No resistance training</td>
<td></td>
</tr>
<tr>
<td>3. Sport-specific</td>
<td>Skating drills in ice hockey, running drills in soccer. No head impact activities</td>
<td>Add movement</td>
</tr>
<tr>
<td>4. Non-contact</td>
<td>Progression to more complex training drills, e.g., passing drills in football and ice hockey. May start progressive resistance training</td>
<td>Exercise, coordination and cognitive load</td>
</tr>
<tr>
<td>training drills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Full-contact</td>
<td>Following medical clearance, participate in normal training activities</td>
<td>Restore confidence and assess functional skills by coaching staff</td>
</tr>
<tr>
<td>practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Return to play</td>
<td>Normal gameplay</td>
<td></td>
</tr>
</tbody>
</table>

7. Injured/Ill Athletes Returning to Play

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

7.2 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 or contagious illness. These league-specific policies should include and be consistent with the standards of the WFTDA Risk Management Guidelines. It is incumbent upon league coaches, Captains, and Officials to communicate with each other in advance of any scrimmage or game to ensure all athletes meet the league’s defined criteria for Return to Play. Enforcement must occur at the league level. Please see Appendix D: Examples of Return to Play Policies.

7.3 Ultimately, the participant is the decision maker on return to play following an injury—with the exception of concussions. It is their decision on whether or not to participate in the sport (not the case in youth sports and there may be legal requirements for non-adult participants).

7.3.1 The participant should seek the best medical advice and counsel possible in returning to play following an injury. While pain is a good indicator for return to play, it is not always an indicator and some injuries may require a longer recovery and more active development to reduce the risk of re-injury. Failure to seek medical care and follow advice may affect insurance coverage for re-injury.
7.3.2 Fit to play is a lower standard than fit to perform. Avoiding re-injury is an important consideration in determining fit to play.

8. Blood Borne Pathogens

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

8.2 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 or Official (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.

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

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

8.4 Procedure to clean biological hazards:

- 8.4.1 Apply disposable gloves.
- 8.4.2 Spray surface with a solution of 1:10 bleach and water or other medically approved blood pathogen cleaner. Wipe up contaminated area.
- 8.4.3 Place the waste in a sealable moisture-proof bag or container.
- 8.4.4 Re-clean the entire area until the entire blood spill is cleared (i.e., paper towels no longer have any red tint).
- 8.4.5 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.
- 8.4.6 Do not touch anything or anyone else until gloves are removed (e.g., use your feet to open a door).
- 8.4.7 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.
- 8.4.8 Dispose of gloves.
8.4.9 Wash hands with soap and water for a full minute.

8.5 The Safety Officer is responsible for designating a person to clean up blood and fluids on the track, and ensuring that person has access to the cleanup kit and knows how to use it properly.

8.5.1 Returning to play following an injury or other health-related issues must not increase the risk of injury or health of other participants. For example, appliances such as casts should not pose a risk to other participants. Participants with highly contagious conditions should not participate unless their condition has been determined safe for others by a medical professional.

9. Impaired Skaters

9.1 Skating while under the influence puts the impaired skater and all participants at risk, and is not acceptable under any circumstance.

9.1.1 Skaters may not participate in a game while under the influence of alcohol, narcotics, opiates, stimulants, tranquilizers, depressants, hallucinogens, illegal drugs, or any other substance or drug that may affect or impair that person’s judgment, ability, and/or motor skills.

9.1.2 Skaters may not consume alcohol at games, practices, or scrimmages while wearing skates.

10. Emergency Action Plan (see Appendix E)

10.1 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

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

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

10.3 The Emergency Action Plan shall contain all of the following.

- Include planning for the events listed in 7.1, 7.2, 7.3, and 7.4;
- Identify Safety Personnel for the league, including the Safety Officer, athletes, coaches, Officials, and other volunteers certified in first aid and/or CPR and a method for identifying person(s) responsible for concussion assessment.
- Describe the inventory and location of emergency equipment and supplies (see Appendix F).
- 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.

10.4 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

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

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

10.5 The following information should be provided to visiting teams prior to arrival and should be posted in a highly visible manner:

• 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 name and contact information of the Safety Officer responsible for the event

10.6 The Emergency Action Plan must be provided to the visiting league, medical personnel, and anyone designated as safety personnel for an event

It is suggested that leagues use a format such as Appendix E: Emergency Action Plan Template to prepare their Emergency Action Plan.

11. WFTDA Insurance Documentation

For events held in the United States:

11.1 Waivers are required at ALL TIMES. Skaters must sign prior to being permitted to participate.

11.1.1 Visiting Skaters/volunteers must sign the Event Waiver prior to participating, each time they participate (the Event Waiver pertains to an event on a specific date, so a new one must be signed each time a Skater/volunteer visits).

11.1.2 Members of your league, including volunteers, must sign the Membership Waiver, prior to participating. League members sign an electronic version the Membership Waiver when they obtain WFTDA Insurance online. Skaters trying out must sign the Membership Waiver prior to trying out. Waivers should be kept on file for a minimum of one year.

11.2 WFTDA Injury Report: In the event of an injury, the WFTDA Injury Report must be completed and sent to claims@wftda.com within two weeks of the date of injury – even if the injured Skater does not intend to file a claim. WFTDA Injury Reports received outside of the allowable reporting grace period will not be eligible for claims. Which injuries should be reported? We recommend that if a jam is called off for an injured Skater, or if a Skater ceases participation due to an injury, it should be reported, even if the injury appears to be minor.

11.3 Outside of the United States, waivers should be used as permitted by local law.

11.4 If you do not have WFTDA Insurance, please consult with your insurer for all reporting and form requirements.

All WFTDA insurance forms, including injury reports and waivers, can be downloaded from: https://www.wftda.org/resources
Appendix A: Safety Zones
Appendix B: Safety Officer Job Description

Leagues must identify a Safety Officer who is responsible for ensuring league activities meet safety standards.

Functions:

- Meets the expectations of the WFTDA position titled "Safety Officer"
- Maintains an up-to-date emergency contact list for active Skaters
- Maintains file drawer of up-to-date Medical History forms for active Skaters (see Appendix B: Medical History Form)
- Maintains log of Skater injuries and communicates Skater status to coaches
- Collects Medical Clearance (see Appendix D) forms and communicates Skater status to coaches
- Ensures league WFTDA representative receives WFTDA Injury Reports
- Provides, at minimum, annual training for professional and volunteer safety personnel pertaining to the sideline management of injuries
- Maintains an Emergency Action Plan for both practice and game venues
- Develops and adjusts wellness policies as needed by the league
- Ensures clear communication of the wellness policies to all members
- Serves as an advocate for the health and well-being of all Skaters
- Monthly inventory of medical supplies (expiration dates, items used, bandages should be replaced yearly if stored in a non-temperature controlled space)
Appendix B, Cont.

Safety Officer Checklist for Games

Pre-event

- Familiarize yourself with all policies and procedures, including:
  - WFTDA Risk Management Guidelines
  - The Rules of Flat Track Roller Derby track and safety requirements
  - WFTDA and/or tournament track setup requirements
  - League or event policies
- Conduct a review of the league or event planner’s Emergency Action Plan (EAP) and assign roles and edit plans as required for the particular event/location.
- Obtain medical staffing per WFTDA Risk Management Guidelines.
- Verify insurance coverage for participating leagues, Skaters, and Officials.
- Download and print copies of the WFTDA Event Waiver and WFTDA Injury Report

Event Setup

- Review safety procedures and EAP with all safety staff and game/event managers to ensure readiness.
- Review track and venue setup to ensure that the following safety requirements are met:
  - Track setup
  - Medical seating and exit lanes
  - Safety lanes for track and spectator egress
- Verify that all medical supplies and ice are available per guidelines.
- Check in with medical personnel and explain expectations, concussion guidelines, and explanation of roller derby if unfamiliar.
- Make sure there is a copy of the EAP in each locker room and in medical areas, and copies of the WFTDA Injury Report is available for completion.
- Check in with game/event manager, Head Officials, and team captains.
- Review communication protocols and safety processes with safety staff prior to the start of the event. Ensure that this is communicated to Officials and captains in pre-game meetings.
- Designate a person responsible for cleanup of blood and fluids on the track, and ensure that person has access to the cleanup kit and knows how to use it properly.

During the Event

- Verify that all medical supplies and ice are available per guidelines.
- Ensure compliance with all track safety requirements by participants and spectators.
- Ensure that adequate medical staff is in place during any warm-ups or gameplay.
- In the case of an injury or cleanup, ensure that medical personnel respond quickly and provide support per the EAP protocols.
- In the case of an injury, ensure that the WFTDA Injury Report is completed

Post-event

- Submit completed WFTDA Injury Report(s) to corresponding insurer (as directed on report).
- Review medical supplies and replace any items used during the event.
- Review EAP and make adjustments, if needed.
Appendix B, Cont.

Medical History Form Example

Date:________________________

Legal Name:______________________________________________________________

D.O.B.:___________________________

Derby Name:_____________________________________

Emergency Contact (name and phone #):_____________________________________

Allergies:________________________________________________________________

Medical Conditions:________________________________________________________________

Medications:__________________________________________________________________

(This form should be updated yearly or with changes in condition or medication.)
Appendix C: SCAT3 and Information

The images below are SCAT3 forms that can be used by coaches, trainers, and other staff to assess potential for concussion and should be considered a minimum standard for concussion assessment.

Trained medical professionals may use SCAT3 forms and applications.

The SCAT3 forms may be found at the following link:
http://bjsm.bmj.com/content/47/5/259.full.pdf
Appendix D: Examples of Return to Play

"In the event a Skater takes leave for medical purposes, they are expected to perform every accessible action for full recovery. Upon their return, the 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 scrimmaging 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 allows the team to get used to skating with the Skater again. Team captains must obtain a formal doctor’s note from seriously injured Skaters who are returning to play. The doctor’s note must specify whether the Skater can return to skating with contact or skating without contact. If a captain or coach feels the Skater’s health is at risk, then they may ask for more specific clearance from the Skater’s medical professional. The doctor’s 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, they must 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 D, Cont.

Medical Clearance Form

Name of Participant:__________________________________________

Roller derby is a full-contact sport with risks similar to hockey, football, or rugby. The Skater must be able to complete all of the following skills to be able to participate in full contact.

• One-knee/two-knee falls while skating
• Baseball-type slides
• Jump over an object of at least 3 inches
• Can look left, right, and behind quickly without hindrance
• Giving/Receiving pushes
• Give/Receive hip and shoulder hits

The participant above has medical clearance for the following:

1. Skate only (no contact) YES NO
2. Skate with full contact YES NO

Signature of Medical Professional:____________________________________________________________

Name (printed):______________________________________________License#:______________________________________________

Address:___________________________________________________________________________________________

Phone#:__________________________________________ Date:__________________________________________
Appendix E: 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 Contact [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:

- Copy of Emergency Action Plan
- Splints (arm/leg)*
- Adhesive bandages
- Bandage assortment, including wound closure/suture strips (4x4s,Kerlix)
- Tape/Prewrap
- ACE bandages/Coban
- Wound cleanser
- Scissors
- CPR mask
- Eye wash
- Antibiotic ointment
- Latex-free gloves
- Blood spill kit (spray bottle with 1:10 bleach/water solution or medically approved blood pathogen cleaner like Vyrex)*
- Ice packs
- Petroleum jelly
- Nose plugs
- Printed copy of SCAT3 Card (in Appendix C)

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: ________________________________
Safety Personnel

All Safety Personnel may be involved as first responders. 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:

- Which city you’re calling from
- 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 (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 they deem 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 unable to walk or skate.
- Report the return to play status of injured athlete to [designated person].
- ______________ [designated person] will complete the WFTDA 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 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 the WFTDA 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 location is

________________________ [secondary location].

________________________ [designated person] will serve as the liaison to authorities, and decide when it is "all-clear" to return to the facility.
Appendix F: Medical Equipment Minimums

- Splints (arm/leg)*
- Bandage assortment including:
  - Adhesive bandages
  - ACE Bandages/Coban
  - Wound closure/suture strips (4x4s, Kerlix)
- Tape/Prewrap
- Wound cleanser
- Scissors
- CPR mask
- Eye wash
- Antibiotic ointment
- Latex-free gloves
- Blood spill kit (must include):
  - Vyrex, or spray bottle with 1:10 bleach/water solution** or medically approved blood pathogen cleaner
  - Paper towels/disposable rags
  - Sealable, disposal bags (ziplock)
  - Disposable gloves
- Ice packs
- Petroleum jelly
- Nose plugs

* Roll splint like a SAM splint or equivalent, minimum length 36 inches. Can be cut down if needed.

** Bleach solution is a ratio of 1:10, one part water, 10 parts bleach. Should be changed monthly.

Make the bag of items available for easy retrieval for going on the track.