

**75<sup>th</sup> FAI/ISC PLENARY MEETING, 1-2 FEBRUARY 2025, ROME. ITALY**

<i>SUBJECT:</i>	ISC Injury Protocol Document	<i>AGENDA #</i>	20.1
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## **INTERNATIONAL SKYDIVING COMMISSION (FAI)**

### **INJURY PROTOCOL DOCUMENT**

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## ISC INJURY ASSESSMENT FORM

Date: \_\_\_\_\_ Time:- \_\_\_\_\_

Competitor Name: \_\_\_\_\_

Competitor Date of Birth: \_\_\_\_\_

Competitor NAC: \_\_\_\_\_

Name of FAI Controller Initiating this Assessment: \_\_\_\_\_

**INSTRUCTIONS:** This form must be completed by the FAI Controller, and is designed to be completed by a non-medically trained person. Both Category A and B Sections must be completed.

**NOTICE TO THE COMPETITOR:** Any POSITIVE assessment means you must complete a medical evaluation using the ISC Medical Evaluation Form and be cleared by a Licensed Medical Doctor (MD or DO.) If any assessment is POSITIVE or NEGATIVE, you must complete and sign the RETURN TO COMPETITION STATEMENT before further competition activity is permitted.

**CATEGORY A:** Please mark if any of the following conditions apply:

- Obvious bone deformity or fracture
- Difficulty breathing
- Disorientation or abnormal vision
- Severe pain after landing or exiting tunnel
- Heat exhaustion
- Required assistance to walk
- Loss of consciousness (no matter how brief)

### **CATEGORY A INJURY ASSESSMENT:**

- POSITIVE. (Any above box marked.) A medical evaluation by a Licensed Medical Doctor is required.
- NEGATIVE. This competitor is free to decide about further sporting competition activity (unless Category B is positive.)

**ISC INJURY ASSESSMENT FORM, continued.**

**CATEGORY B:** If any of the following conditions apply, complete the Concussion Screening below. If the Concussion Screening is NEGATIVE, a medical evaluation is not required due to that specific Category B item (but may be required due to other items.)

- Headache or any symptoms after hard opening (Concussion Screening below)
- Head or neck collision with tunnel wall, another competitor, aircraft, or ground/object during freefall, landing, or while in tunnel. (Concussion Screening below)

To complete this Concussion Screening, your general observations must be based upon an interview with the competitor, and completed as soon as possible after any potential head injury or concussion.

Mark below if you observe any behavior that is abnormal or concerning based on your best judgement. Keep in mind the safety of the competitor is the primary objective. You must ask the competitor to describe what happened, and if they are experiencing any of the following symptoms. Mark below if any are present. Questions should be answered by the competitor quickly and without confusion.

- Nausea or vomiting
- Blurry or double vision
- Headache
- Dizziness
- Behavior observed by the interviewer that appears abnormal (such as slow to answer, confusion, unable to answer, memory loss, or difficulty walking or standing.)
- Ringing noise in ears
- Confusion or disorientation
- Light bothering their eyes
- Off balance or feeling groggy

**Category B Screening** for potential concussion/head injury is:

- POSITIVE (any above box marked.)
- NEGATIVE. This competitor is free to decide about further sporting competition activity (unless Category A is positive.)

**A positive Category A or B result requires the competitor to have a medical evaluation and clearance by a Licensed Doctor before further competition activity is permitted.**

FAI Controller, Meet Director, and Chief Judge Notified: \_\_\_\_\_

HoD/Team Manager Notified: \_\_\_\_\_

Notifications by (FAI Controller): \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**ISC INJURY ASSESSMENT FORM, continued.**

**RETURN TO COMPETITION STATEMENT**

I request to return to competition, and accept all liability as a result of any known or unknown injuries. I agree to release and hold harmless the FAI Controller and all meet officials as a result of my return to competition. If a Medical Evaluation was performed, I agree to follow any instructions and requirements issued by the Licensed Medical Doctor as a condition for my returning to competition.

Note: If a competitor is less than eighteen (18) years of age, a Parent or Legal Guardian must also sign below.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Competitor Name: \_\_\_\_\_

Competitor Date of Birth: \_\_\_\_\_

Competitor NAC: \_\_\_\_\_

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Competitor Signature

Parent or Legal Guardian Name: \_\_\_\_\_

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Parent or Legal Guardian Signature

FAI Controller, Meet Director, and Chief Judge Notified: \_\_\_\_\_

HoD/Team Manager Notified: \_\_\_\_\_

Notifications by (FAI Controller): \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_



**ISC MEDICAL EVALUATION FORM  
(for Competitor Due to Concussion/Injury)**

**To: Licensed Medical Doctor**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Competitor Name: \_\_\_\_\_

Competitor Date of Birth: \_\_\_\_\_

Medical Clearance ID Number: \_\_\_\_\_

ISC Official Initiating this Evaluation: \_\_\_\_\_

The above-named competitor/athlete was identified as having a possible concussion or other injury including head injury. Your medical evaluation is critical for this athlete to safely continue in a skydiving competition.

**INSTRUCTIONS:** Please complete this form and return a copy to the competitor or any competition official. If a head injury is suspected, you may refer to the attached "*Returning After a Head Injury During a Sporting Event*" pages, if in your judgement, it is appropriate to do so.

The minimum criteria for an athlete to safely continue in a skydiving competition are as follows:

1. The competitor must have clear mental faculties and situational awareness to make rapid decisions and initiate normal and emergency procedures if necessary.
2. There must be no physical or mental limitation that would preclude a skydive operation which includes preparing equipment; climbing to, exiting, and descending from an aircraft altitude up to 14,000 feet (4267 meters) above ground; deploying and steering a parachute; and completing a safe landing. Some competitors may instead operate inside of a circular enclosed glass wind tunnel that simulates continuous freefall.

3. The competitor must not be prescribed or under the influence of any drug that could alter perception or mental faculties including narcotics, tramadol, or other sedating substances. Consult WADA Drug List for more information.

The competitor and skydiving competition officials are relying on your experience and expertise to perform this assessment. The safety of all concerned is the primary objective.

Please indicate the results of your medical assessment by completing the attached section on Page 2.

**To: ISC/FAI Competition Officials**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Competitor/Athlete: \_\_\_\_\_

I have examined the above-named competitor and have determined (select only 1 result):

\_\_\_\_\_ NO, this competitor may not resume skydiving competition at this time.

\_\_\_\_\_ YES, this competitor may resume skydiving competition with no limitations.

\_\_\_\_\_ YES, this competitor may resume skydiving competition ONLY after the limitations and/or requirements described are met:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licensed Doctor Name: \_\_\_\_\_

Contact information: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

.....  
Received by ISC/FAI Official: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Meet Director and Chief Judge Notified: \_\_\_\_\_

HoD/Team Manager Notified: \_\_\_\_\_

Notifications by (FAI Controller): \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

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### **Returning After a Head Injury During a Sporting Event**

Anyone who has a head injury during a sporting event needs to immediately stop all activity and not return to sporting activity that day. Being active again before the brain returns to normal functioning increases the person's risk of having a more serious brain injury.

Every person involved in a sporting event needs to know the importance of getting medical help when a competitor has a head injury.

The decision about when a competitor can safely return to competition must be made by a doctor. The doctor decides on a case-by-case basis. Things that help the doctor decide when a competitor may resume competition include:

1. The competitor's symptoms
2. The competitor's medical history
3. The competitor's concussion history
4. The competitor's medication and alcohol use
5. The competitor's ability to stand and balance on one foot with eyes closed
6. How quickly the competitor can solve simple math problems
7. The competitor's ability to pay attention and answer questions to test learning and memory.

Doctors and other concussion specialists agree that competitors must not return to competition until symptoms are completely gone, both at rest and during exercise or exertion. Using medicine to improve concussion symptoms is not the same as being symptom-free. Young adults have longer recovery times, so they may need to wait longer before returning to competition.

In most places, a doctor must give written permission for children, young adults, and adult athletes to return to competition sporting activity.

The first treatment for a concussion is 1 to 2 days of rest, both physical and mental. A doctor must specify a follow up activity program based on the competitor's injury and symptoms. After resting, the competitor can gradually increase activity PROVIDED IT DOES NOT CAUSE NEW SYMPTOMS OR WORSEN EXISTING SYMPTOMS. The competitor must be symptom-free for 24 hours at the maximum level of activity authorized by the doctor, and then rechecked by the doctor.

*A doctor must always make the decision if the competitor may resume sporting competition activity.*

**An FAI Controller does not have the authority to overrule a Medical Doctor's decision.**

The above rules apply for competition after a first concussion. After more than one concussion, the competitor will most likely need a longer recovery time. Because the risk for a second concussion is greatest within the first 10 days of the first concussion, it's extremely critical to make certain the competitor is completely recovered before they return to competition. A second injury, even if not a head injury, can cause permanent brain damage or death.

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**COMPETITOR VERIFICATION OF ACCEPTANCE OF FAI/ISC INJURY PROTOCOL**

In the event that the injury assessment procedure would clear me to return to competition without the requirement of a medical evaluation and I would accordingly decide to do so,

I understand that the injury assessment procedure is not a medical procedure but only a screening process to potentially identify *prima facie* elements justifying to making a medical evaluation a required condition to return to competition. I recognize that the outcome of the assessment only confirms that the person who conducted it, and who I understand and accept is not medically trained, is making the observations reported in the form to the best of his/her knowledge and capacities. I expressly confirm that my decision to return to competition following the incident is an entirely free personal decision which does not rely on the assessment as providing me with any reliable assessment of my actual health condition. I do expressly confirm that I accept all risks and liabilities linked with my participation in the given circumstances and which might arise out of injuries that I may have been suffering, whether or not objectively detectable at the time.

If the assessment outcome is that a medical evaluation has to be performed and I still want to continue to compete, I agree that as a condition for my possible returning to competition,

I must submit to a formal examination by a qualified doctor and that I can only return with formal medical clearance declaring me fit to participate after such evaluation. If such clearance cannot be obtained in time for any reason, I accept that the FAI Controller may refuse my further participation in the competition. I understand and agree that it is my responsibility to seek medical support for the purpose of this evaluation. Whilst medical services may be available for purposes such as first aid in case of injuries or health issues at the Competition, neither the FAI nor the meet organisers have an obligation to provide access to medical evaluation services for the specific purpose of the above clearance.

The medical evaluation is to be conducted under the sole professional responsibility of the medical professionals who accept to perform it.

I agree to release and hold harmless the FAI and its officers, FAI officials including specifically but without limitation the FAI Controller and all Competition officials from claims arising out of or in connection with my return to or exclusion from competition in the circumstances contemplated in this form.

This declaration including without limitation the above release and indemnity is subject to Swiss Law. Any dispute in respect of its validity and enforcement is to be exclusively settled by arbitration pursuant to the Code of Sports related arbitration of the Court of Arbitration for Sport in Lausanne. The arbitral tribunal shall consist of a sole arbitrator.