



POLICY #8

Edmonton Combative Sports Policy: Medical

Description

One of the core values of the Edmonton Combative Sports Commission (ECSC) and the City of Edmonton is to protect the safety of contestants involved in combative sports events. In order to meet this goal, the Executive Director arranges for the services of physicians to ensure that contestants have access to basic medical care and assessment before, during and after each event.

Emergency medical personnel must also be in attendance at each event.

Promoters benefiting from hosting combative sports events are required to pay the cost of the medical services required for their events.

Rationale

The purpose of this policy is to regulate combative sports by creating a procedure to enhance the safety of contestants. Safety is enhanced by having physicians assigned by the Executive Director to:

1. review medical information provided by contestants prior to events;
2. check blood pressure and heart rate before events;
3. administer basic physical tests to determine fitness and health to participate in events;
4. provide basic medical care during events;

5. refer contestants to hospital or other medical treatment facilities in the event of more serious injuries;
6. stop the contest if one of the contestants ceases to be fit to participate in the event;
7. provide post-event examinations;
8. provide post-event rehabilitation recommendations;
9. determine whether medical suspension from competing is warranted; and
10. inform event officials of medical suspensions issued.

Procedure

The Executive Director will, at his discretion, retain the services of a Chief Medical Officer (CMO) and a Chief Medical Advisor (CMA) to provide the Executive Director with medical advice and to locate and schedule physicians to provide pre-event, during event, and post-event medical services. The CMO and CMA may also attend as physicians during events.

- 1.1. The Executive Director will arrange for the services of physicians to provide pre-event, post-event and during event medical services.
- 1.2. The Executive Director will arrange for the services of EMS personnel to provide paramedical emergency services during events.
- 1.3. Promoters will pay for all costs for physicians and EMS personnel providing medical services during events.
- 1.4. Promoters will provide the Executive Director the name of each contestant the promoter proposes to have compete at an event preferably not later than five (5) days prior to the date of the contestant's weigh-in.
- 1.5. Promoters or contestants will provide, the contestant's medical information to the Executive Director preferably not later than five (5) days prior to

the date of the contestant's weigh-in. The contestant's medical information must include:

- 1.5.1. A CT Scan or MRI taken once by each competitor (no date is required as to when the CT Scan or MRI is taken);
- 1.5.2. 12 Lead tracing or tape for ECG taken within twelve (12) months prior to the date of the event;
- 1.5.3. Blood serology taken within three (3) months prior to the date of the contestant's weigh-in showing a negative result for the following conditions:
 - 1.5.3.1. Hepatitis B - Surface Antigen – (NOT just HbsAB);
 - 1.5.3.2. Hepatitis C;
 - 1.5.3.3. HIV; and
 - 1.5.3.4. Syphilis.
- 1.5.4. Indirect Fundoscopy – indirect eye exam – conducted by an optometrist or ophthalmologist within twelve (12) months prior to the date of the event.
- 1.5.5. the name and contact information of an emergency medical contact person.
- 1.6. The Executive Director may request medical information from any contestant in addition to the information specified in 1.5 and it is the contestant's responsibility to ensure that the requested information is provided in a timely manner.
- 1.7. The Executive Director will not permit a contestant to compete if the contestant has not provided the medical information specified in 1.5 or if the contestant has failed to sign and return to the Executive Director the contestant's Acknowledgment and Release and Waiver forms attached to this policy.
- 1.8. If a contestant does not provide the medical information in 1.5 or any additional medical information requested by the Executive Director in accordance with this policy, in time for the physicians to review the information prior to weigh-in, or at all, the Executive Director has the discretion to deny that contestant permission to compete at the event.
- 1.9.

- 1.9.1. The Executive Director will advise contestants of the level of medical care provided by the City prior to or on the date of the contestant's weigh-in in order to allow the contestant to make an informed decision about whether or not to participate given the level of medical care provided.
- 1.9.2. Contestants will be provided the following pre-event medical services from physicians assigned by the Executive Director:
 - 1.9.2.1. Physicians will review the medical information provided by each contestant;
 - 1.9.2.2. Physicians will measure each contestant's blood pressure and heart rate and will undertake any additional tests they feel essential to ensure fighter safety;
 - 1.9.2.3. Physicians will require the contestant to participate in physical testing to determine fitness of the contestant's hands, knuckles, wrists, knees, or ankles.
- 1.9.3. Contestants will be provided the following medical services by physicians assigned by the Executive Director during the event:
 - 1.9.3.1. Medical examination to determine the nature and seriousness of injuries sustained during the contest;
 - 1.9.3.2. Determination of whether the contestant is fit to continue the contest;
 - 1.9.3.3. Determination of whether the contest must be stopped entirely or temporarily if a contestant is injured;
 - 1.9.3.4. Basic medical care for less serious injuries;
 - 1.9.3.5. Referral to hospital or other medical treatment facilities if the physician determines that the contestant's injuries warrant more than basic medical care such that treatment at a medical facility would be medically required;
 - 1.9.3.6. Arrangements for EMS transport of contestants who require medical treatment at a medical facility;
- 1.9.4. Contestants will be provided the following post-event medical services by physicians assigned by the Executive Director:

- 1.9.4.1. Post-event medical assessment;
 - 1.9.4.2. Recommendations for rehabilitation prior to competing at another event;
 - 1.9.4.3. Physicians may issue a medical suspension with respect to a contestant, who in the opinion of the assessing physician, is not fit to compete for a specified period of time.
- 1.10. Conscious contestants may decline medical care or referral to a hospital or other medical facility, and bear the risks associated with that decision. Such a contestant must sign a waiver confirming his/her decision not to go to a hospital even though advised to do so by the attending physician. Unconscious contestants will be transported to a hospital or other medical facility for further examination.
- 1.11. Physicians may disclose a contestant's medical information to medical personnel providing medical services to the contestant.
- 1.12. Physicians will report medical suspensions to the official recording the results for the event.
- 1.13. The Executive Director will report medical suspensions to the governing body of the contestant's sport that retains records of all medically suspended contestants.
2. The contestant's Acknowledgment and Release and Waiver forms attached to this policy form part of this policy. All contestants must complete them prior to weigh-in.
3. Medical information collected from contestants is collected pursuant to the *Freedom of Information and Protection of Privacy Act*, R.S.A. 2000, c. F-25. That information will be retained and disclosed in accordance with the Act.
4. All records created by physicians while providing services to the ECSC are the City's and the ECSC's records and may not be used by the physician or anyone else without permission.

Attachments

- 1. Contestant's Acknowledgement of the Level of Medical Care
- 2. Release and Waiver
- 3. Against Medical Advice (AMA) Waiver (Refusal to go to Hospital)

Latest Revision by the ECSC: NJ

Date: June 17, 2013

Bylaw Initial Approval Date: May 10, July 10, Jan 11

Commission Approval Date (revision): December 18, 2017

**CONTESTANT'S ACKNOWLEDGMENT
OF THE LEVEL OF MEDICAL CARE PROVIDED TO CONTESTANTS
PARTICIPATING IN EVENTS REGULATED BY THE EDMONTON COMBATIVE
SPORTS COMMISSION**

EVENT: _

DATE OF EVENT: _

NAME AND LOCATION OF EVENT: _

NAME OF CONTESTANT: _

I, _ , ("**Contestant**") wish to compete in the above noted Regulated Combative Sports Event (the "**Event**").

As a condition of competing in the Event, I represent and warrant that I have been informed about the level of medical care that will be provided to me during the event. I am agreeing to compete in this Event after being specifically informed of the following matters regarding this Event:

1. The Edmonton Combative Sports Commission ("**ECSC**") is responsible for regulating Combative Sports as defined in Bylaw 15594, including professional boxing, mixed martial arts, wrestling and other combative sports.
2. Physicians and Emergency Medical Services personnel, acting under the direction and authority of the ECSC will attend the Event and perform the following duties:
 - a. Review my pre-Event medical information provided to the Executive Director by me or my promoter or agent, in order to decide whether or not I am medically fit to participate in the Event;

- b. Examine me prior to the Event, and such examination will include measuring my heart rate and blood pressure and may include directions to complete physical tasks to determine my fitness to participate in the Event;
 - c. Provide basic medical care to me during the Event if I am injured;
 - d. Refer me to a hospital or other health services facility for treatment if in the medical professional's opinion the treatment I require exceeds the level of basic medical care that is provided at the Event;
 - e. Stop the event to examine me, and to determine whether or not I am medically fit to continue participating in the Event;
 - f. Examine me if I am rendered unconscious and direct that I be transported to a hospital or other medical facility for emergency care if in the medical professional's opinion that is required;
 - g. Exercise the medical professional's discretion to stop the contest if I am not medically fit to continue to participate;
 - h. Conduct a post-Event medical examination;
 - i. Make recommendations for post-Event rehabilitation;
 - j. Impose a medical suspension on me on the basis of my post-Event medical condition, a suspension I will respect; and
 - k. Inform the official recording the results of the event that the physician ordered a medical suspension.
3. If a medical suspension is imposed, the Executive Director will report the medical suspension to the Association of Boxing Commissions' international database, or to the body that governs reporting of medical suspensions for my sport and it is my responsibility, as the medically suspended fighter, to abide by the suspension.
4. I may decline to accept the recommendation that I be transported to a medical facility for treatment and if I do so, I assume all risks known and unknown, arising out of or related to my decision to refuse to follow the medical professional's recommendation.
5. I am informed that under the *Municipal Government Act* of Alberta, the ECSC, its members, officers, employees or any officials, contractors or volunteers acting

under their direction are not liable for anything done by them in good faith in the performance of their duties.

6. I agree to adhere to all rules, regulations and conditions of this Event.
7. I consent to allowing the ECSC or its Executive Director, to release my medical information to any medical personnel providing care to me, and details of my medical suspension, if any, to the body that governs reporting of medical suspensions for my sport.
8. Any dispute regarding this document is governed by the law of Alberta, and the forum for resolution of any dispute regarding this document is Alberta.

SIGNED AND DELIVERED by the Contestant, this _ day of ,
20 .

<hr/>	<hr/>
Contestant Name	Witness Name
<hr/>	<hr/>
Contestant Signature	Witness Signature

RELEASE AND WAIVER

Between:

Edmonton Combative Sports Commission

and

The City of Edmonton

and

(the “Contestant”)

I, _____, Contestant, of _____,
wish to compete in a combative sports event identified as _____
_____ (the “**Event**”)
on _____, at _____, Edmonton, Alberta.
The Event is sanctioned by the Edmonton Combative Sports Commission (“**ECSC**”)
which is a committee of the City of Edmonton’s City Council (the “**City**”).

REPRESENTATIONS

1. I represent that I am fully informed and understand that competing in this Event is an inherently high risk activity, but I wish to compete in this Event, despite that risk.
2. I am fully informed of the level of medical care that will be provided to me before, during and after the Event, and have signed the Contestant's Acknowledgment

of the level of care that will be provided to me for this Event, prior to signing this Release and Waiver.

3. I warrant that I am medically fit to participate in this Event, and that I have provided full and complete information about my medical condition to the Executive Director.

RELEASE AND WAIVER

1. In consideration for the ECSC and the City permitting me to compete in this Event, I, for myself, and my heirs, executors, administrators, successors and assigns, waive any actions, claims, suits, demands, complaints or other cause which I might otherwise have been entitled for injury or damages of any kind as a result of my attendance at, or participation in this Event, and further release the ECSC, its members, its sponsors, volunteers, contractors, agents, and employees, and the City from liability for actions, claims, suits, demands or other cause which I might otherwise have pursued for damages or injury suffered as a result of my attendance at or participation in the Event, notwithstanding that such damages or injury may not have arisen in the absence of negligence, and I further release ECSC and the City with respect to any recourse I might have had as a result of any decision made, or omitted to be made, by the ECSC, its members, its sponsors, volunteers, contractors, agents, and employees or the City, or both of them.
2. Without limiting the generality of the preceding, I release the ECSC, its members, its sponsors, volunteers, contractors, agents, and employees, and the City, from all actions, claims, suits, demands, complaints or other cause with respect to disclosure of my personal information to medical personnel providing care to me, or to my sports governing body in relation to any medical suspension issued against me after this Event.
3. This Release and Waiver is governed by the law of Alberta and the forum for resolution of any dispute regarding this document is Alberta.

I freely and voluntarily sign and deliver this Release and Waiver, this _ day of
_, 20 _.

Contestant Name	Witness Name
Contestant Signature	Witness Signature

AGAINST MEDICAL ADVICE (AMA)

INTRODUCTION

- A. All contestants will be offered treatment and/or transport following a complete post-fight assessment by ringside physicians working combative sports events in Edmonton that are sanctioned by the Edmonton Combative Sports Commission (ECSC).
- B. Adults have the right to accept or refuse any and all pre-hospital care and transportation, provided that the decision to accept or refuse these treatments and transportation is made on an informed basis and provided that these adults have the mental capacity to make and understand the implications of such a decision. To meet the standard of “meaningful understanding” the patient must be informed and must understand (best demonstrated by the patient’s ability to restate) the nature and consequences of the consent or refusal at the time the care and/or treatment is being offered.

Contestants have been advised of the following by the assigned ringside physician:

- The risks involved, including any possible complications;
- The benefits of the treatment; and
- The consequences for not seeking care and treatment.

RELEASE AT SCENE (RAS) FORM

1. After evaluation by the assigned ringside physician and consultation with a second ringside physician, and the patient is deemed a competent adult.
2. The patient shall sign the AMA/RAS form.
3. At no time are the assigned ringside physicians to put themselves in danger by attempting to transport or treat a patient who refuses treatment or transport. At all times, good judgment should be used, appropriate assistance obtained, and supporting documentation completed.

AGAINST MEDICAL ADVICE (AMA)–RELEASE AT SCENE (RAS) FORM CRITERIA FOR REFUSING CARE

The patient meets all of the following:

1. Is an adult (18 or over);
2. Exhibits no evidence of:
 - a. Altered level of consciousness; or
 - b. Alcohol or drug ingestion that impairs judgment;
3. Understands the nature of the medical condition, as well as the risks and consequences refusing care.

1. ACKNOWLEDGMENT OF INFORMATION:

A. Advised: I have been advised that medical assistance on my behalf is necessary, and that refusal of said assistance could be hazardous to my health, and under certain circumstances, including disability and/or death. I have been advised to discuss my medical complaints with my regular health care provider as soon as possible. Nevertheless, I refuse to accept treatment or transport to a medical facility and assume all risks and consequences of any decision.

B. Release at Scene: I acknowledge that I have been duly informed by a medical doctor that I have a medical problem, for which they have advised I immediately be transported to a nearby hospital for additional medical attention, and that an ambulance is available to transport me to the hospital. Instead, I elect to refuse further treatment and/or transport and will seek alternative medical care on my own.

2. RELEASE OF LIABILITY: By signing this form, I am releasing the ringside physicians assigned to this event and the ECSC, its members, its sponsors, volunteers, contractors, agents, and employees, and the City of Edmonton, of any liability or medical claims resulting from my decision to refuse the medical care/transport offered.

I have read and understand the “Acknowledgment of Information” and “Release of Liability.”

Released in care or custody of self.

- If you change your mind or your condition changes, call 9-1-1 (in an emergency) and go to the nearest hospital.

Date: _

Patient's Name: _

Patient's Signature: _

Refused to sign, Reason:

-

.

- Physician Consulted: _

- Interpreter used:

-

—

Witness Information

Signature: _

Name (Printed):_

Address: _

City: _

Province: _

Phone: _