



NATIONAL GOVERNING BODY

MEDICAL STANDARDS AND RESOURCES



IN PARTNERSHIP WITH U.S. COUNCIL FOR ATHLETES' HEALTH
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The U.S. Olympic and Paralympic Committee (USOPC) is dedicated to protecting the health and safety of Team USA athletes. The purpose of this document is to provide guidance to U.S. National Governing Bodies (NGBs) regarding medical best practices for personnel, policies, and guidelines for athletes eligible for Elite Athlete Health Insurance (EAHI). This information can also be used to inform the inclusion of medical personnel and development of policies and guidelines for non-EAHI eligible athletes, other sports organizations, and sports teams. The NGB Medical Standards Best Practice Recommendations were developed after reviewing similar guidelines used by professional sports and collegiate athletics organizations, other National Olympic Committees (NOC) and National Paralympic Committees (NPC), and International Federations (IFs); receiving input from medical leaders across Olympic and Paralympic NGBs, the International Olympic Committee (IOC), International Paralympic Committee (IPC), International Federations, and other sports organizations; obtaining feedback from USOPC and NGB leadership; and most importantly, listening to the athletes' voice.

This document categorizes the Best Practice Recommendations into three categories:

1. **Foundational:** Fundamental best practices that should be in place for any NGB medical program; these practices are where NGBs should start when considering how to build out their medical program;
2. **Program Buildout:** Best practices that may be added to build upon the Foundational best practices; and
3. **Aspirational:** Best practices that should be in place if they are relevant to the NGB and the NGB has the resources to do so.

I hope you find these recommendations informative and that they help guide your implementation of medical best practices in your setting. I welcome your feedback at sports.medicine@usopc.org, and look forward to partnering with you for the health and safety of our athletes. Go Team USA!

Respectfully,

Jonathan Finnoff, DO, FAMSSM, FACSM

Chief Medical Officer

U.S. Olympic & Paralympic Committee



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FOUNDATIONAL
MEDICAL STANDARDS AND RESOURCES



United States Olympic & Paralympic Committee

Foundational Job Description



Position Title:	Medical Director/Chief Medical Officer
Location:	[Insert Location and On-Site, Hybrid, Remote]
Type of Position:	[Full-time, Part-time, Internship/Fellowship, Consultant, Volunteer]
Salary/Pay Rate:	[Insert Salary/Pay Rate]
Date Posted:	[Insert Date]

Position Summary

[NGB] is seeking a dynamic and experienced professional for the role of [medical director/chief medical officer]. This leadership position serves as the primary liaison to the national governing body (NGB) on matters of athlete mental and physical health, safety and performance, and they will provide and oversee comprehensive medical and behavioral health services for [NGB]'s diverse athlete population. The [medical director/chief medical officer] will provide crucial advice and guidance to key [NGB] officials to formulate industry-leading policies, procedures, guidelines and best practices. This position will help [NGB] create the highest standards for athletic healthcare to ensure a safe and healthy environment for all athletes to thrive in. The [medical director/chief medical officer] will also serve as a [NGB] spokesperson for all medical and healthcare matters.

Qualifications

Minimum Requirements

- An athletics health care provider (i.e., physician, athletic trainer, physical therapist, or chiropractor) with an unrestricted license in good standing to practice in their related field of practice
 - Physician (i.e., Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO), board certification in sports medicine, currently licensed or eligible for licensure in [state(s)], and registered through the U.S. Drug Enforcement Agency (DEA) to prescribe controlled substances)
 - Athletic trainer (i.e., Board of Certification (BOC) certified athletic trainer and currently licensed or eligible for licensure in [state(s)])
 - Physical therapist (i.e., graduated from a Commission on Accreditation in Physical Therapy Education (CAPTE) accredited physical therapist education program, sports clinical specialist (SCS) from the American Board of Physical Therapy Specialties (ABPTS), and currently licensed or eligible for licensure in [state(s)])
 - Chiropractor (i.e., Doctor of Chiropractic (DC) from a Council on Chiropractic Education (CCE) accredited program, certification through the National Board of Chiropractic Examiners (NBCE), certification through the American Chiropractic Board of Sports Physicians (DACBSP), and currently licensed or eligible for licensure in [state(s)])
- Current CPR and AED certification for healthcare providers or equivalent
- At least [#] years of experience as a practicing athletics healthcare provider trained in sports medicine working with NCAA Division 1, Power 5, national governing body (NGB), US Olympic & Paralympic Committee (USOPC), professional, or elite athletes/teams
- Currently hold or eligible to obtain a passport for travel
- Active professional liability and malpractice insurance without pending claims
- Practical and ethical knowledge regarding the provision of telehealth services
- Computer competency and experience with documentation through use of electronic medical records (EMR)
- Excellent communication skills, both orally and in writing
- Work effectively with a wide range of constituents in a diverse community
- Commitment to valuing diversity and contributing to an inclusive working and learning environment

Preferred Requirements

- Strong leadership and management skills in building a positive and empowering work environment
- Ability to operate in a fast-paced environment, be solution oriented, and perform in stressful circumstances while communicating effectively
- Excellent problem-solving, critical thinking, and time management skills

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United States Olympic & Paralympic Committee

Foundational Job Description (*continued*)



- Strong judgment skills and decision-making abilities
- Demonstrated knowledge and applied experience understanding and prioritizing mental health
- Experience collaborating with others as part of a health care team

Duties and Responsibilities

[NGB] Leadership

- Serve as the medical lead for [NGB] while modeling and reinforcing expectations of professionalism, ethical standards, and aligned [NGB] values
- Lead all [NGB] sports medicine programming and initiatives, including policy development, research, educational opportunities, and public outreach
- Implement best practices and standards of care to include compliance associated with the USOPC's medical and safety requirements
- Provide advice and guidance to [NGB] leadership, team physicians, athletic trainers, mental health professionals, coaches, and other key professionals, to develop industry-leading practices and procedures
- Review and provide feedback to [NGB] leadership on compliance concerns related to medical and safety issues
- Advise key stakeholders on latest trends, data, and research in health and medicine
- Assist [NGB] leadership with annual budgeting for health, wellness and medical initiatives
- Establish contractual relationships with relevant companies and vendors (e.g., medical supply companies, EMR, etc.)
- Understand the resources available to athletes through [NGB] and external organizations (e.g., USOPC sports medicine, Elite Athlete Health Insurance, Sport Accident Insurance, Medical Network partners, etc.)
- Serve as the primary medical liaison between [NGB] and external organizations (e.g., USOPC sports medicine, USOPC Medical Network, etc.) and health care providers.
- Liaise with USOPC, local and national legislators, and other NGBs to develop alignment in the areas of athlete health, safety, and wellness
- Serve as a spokesperson for [NGB] to effectively communicate health and medical matters to internal and external stakeholders as needed
- Attend meetings and conferences as a representative of [NGB]
- Have a comprehensive working knowledge of all [NGB] and sports medicine departmental policies and procedures, as well as understanding and adherence to external governing agencies' regulations and requirements
- Have a comprehensive working knowledge of and remain current on rules and regulations of the United States Anti-Doping Agency (USADA) regarding banned drugs and restricted substances while providing education to athletes and coaches

Administrative and Clinical

- Remain current and compliant with all state and national requirements for certification and licensure while requiring and developing a procedure to ensure the same of all direct reports
- Maintain CPR and AED certification (i.e., Basic Life Support for healthcare providers)
- Remain current and compliant with all relevant [NGB] requirements (e.g., background checks, anti-doping and SafeSport education, etc.)
- Provide and coordinate appropriate medical coverage for camps, training sessions, and competitions
- Acquire supplies for the medical and healthcare team
- Recruit, train, and develop the medical and healthcare team and ensure that they meet relevant requirements (e.g., board certification, licensure, background checks, anti-doping education, SafeSport education, etc.)
- Coordinate and advise day-to-day sports medicine services for [NGB] athletes (in collaboration with the head team physician, if applicable)
 - Coordinate and provide care for injured and ill athletes
 - Coordinate ordering, reviewing and interpreting screening and diagnostic medical tests

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United States Olympic & Paralympic Committee Foundational Job Description (*continued*)



- Coordinate and provide periodic health evaluations (PHEs) and associated screening tests
 - Collaborate in the scheduling of appropriate referrals to medical and mental health specialists when appropriate (e.g., mental health, women's health, substance abuse, surgical care, etc.)
 - Collaborate with sports medicine team members (i.e., surgeons, athletic trainers, physical therapists, etc.) regarding rehabilitation and return to play progressions and protocols
 - Communicate with external providers as needed for continuity of care
 - Develop and implement medical policies and procedures (e.g., emergency action plans, concussion, etc.)
 - Generates appropriate insurance claim forms
 - Ensure access to an EMR is available for healthcare and medical professionals
 - Utilize the assigned EMR to complete compliant, clear, timely, and consistent medical documentation
 - Complete documentation audits on a regular basis
- Serve as the clinical lead of a multi-disciplinary performance team (i.e., physicians, athletic training, physical therapy, mental health, nutrition, strength and conditioning, etc.) in conjunction with the head team physician
 - Review, develop, and enforce streamlined policies and procedures that are rooted in best practices and optimal standard of care for each performance area, in conjunction with the directors of each respective area
 - Communicate effectively and efficiently with members of the multi-disciplinary performance team
 - Research the healthcare systems and medical resources available to [NGB] athletes and staff prior to travel to domestic and international host sites and create a plan for utilizing these systems and services if needed
 - Determine the level of care that healthcare and medical professionals can provide [NGB] athletes and staff according to laws, rules, and regulations of domestic and international host sites prior to travel
 - [NGB] travel [% of the time]

All offers of employment are contingent upon successful completion of a background inquiry.

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United States Olympic & Paralympic Committee

Foundational Job Description



Position Title:	Head Team Physician
Location:	[Insert Location and On-Site, Hybrid, Remote]
Type of Position:	[Full-time, Part-time, Internship/Fellowship, Consultant, Volunteer]
Salary/Pay Rate:	[Insert Salary/Pay Rate]
Date Posted:	[Insert Date]

Position Summary

[NGB] is seeking a dynamic and experienced professional for the role of head team physician. This position serves as the primary coordinator and provider of sports medicine services for [NGB] athletes. The head team physician will work in collaboration with the [medical director/chief medical officer] to maintain standards promoting matters of athlete mental and physical health, safety and performance while assisting in oversight of these areas.

Qualifications

Minimum Requirements

- A Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) with an unrestricted license in good standing to practice
- Board certification in sports medicine
- Currently licensed or eligible for licensure in [state(s)]
- Registered through the U.S. Drug Enforcement Agency (DEA) to prescribe controlled substances
- Current CPR and AED certification for healthcare providers or equivalent
- At least [#] years of experience as a practicing athletics healthcare provider trained in sports medicine working with NCAA Division 1, Power 5, national governing body (NGB), US Olympic & Paralympic Committee (USOPC), professional, or elite athletes/teams
- Currently hold or eligible to obtain a passport for travel
- Active professional liability and malpractice insurance without pending claims
- Practical and ethical knowledge regarding the provision of telehealth services
- Computer competency and experience with documentation through the use of electronic medical records (EMR)
- Excellent communication skills, both orally and in writing
- Work effectively with a wide range of constituents in a diverse community
- Commitment to valuing diversity and contributing to an inclusive working and learning environment

Preferred Requirements

- Strong leadership and management skills in building a positive and empowering work environment
- Ability to operate in a fast-paced environment, be solution oriented, and perform in stressful circumstances while communicating effectively
- Excellent problem-solving, critical thinking, and time management skills
- Strong judgment skills and decision-making abilities
- Demonstrated knowledge and applied experience understanding and prioritizing mental health
- Experience collaborating with others as part of a health care team

Duties and Responsibilities

- Remain current and compliant with all state and national requirements for certification and licensure while requiring and developing a procedure to ensure the same of all direct reports
- Maintain CPR and AED certification (i.e., Basic Life Support for healthcare providers)
- Remain current and compliant with all relevant [NGB] requirements (e.g., background checks, anti-doping education, SafeSport education, etc.)
- Collaborate with the [medical director/chief medical officer] to provide and coordinate appropriate medical coverage for camps, training sessions, and competitions

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United States Olympic & Paralympic Committee

Foundational Job Description (*continued*)



- Collaborate with and assist the [medical director/chief medical officer] on day-to-day sports medicine services for [NGB]
 - Coordinate and provide care for injured and ill athletes
 - Coordinate ordering, reviewing and interpreting screening and diagnostic medical tests
 - Coordinate and perform periodic health evaluations (PHEs) and ordering and reviewing associated screening tests
 - Collaborate in the scheduling of appropriate referrals to medical and mental health specialists when appropriate (e.g., mental health, women's health, substance abuse, surgical care, etc.)
 - Collaborate with sports medicine team members (i.e., surgeons, athletic trainers, physical therapists, etc.) regarding rehabilitation and return to play progressions and protocols
 - Communicate with external providers as needed for continuity of care
 - Assist with developing and implementing medical policies and procedures (e.g., emergency action plans, concussion, etc.)
 - Utilize the assigned EMR to complete compliant, clear, timely, and consistent medical documentation
- Represent physicians on a multi-disciplinary performance team (i.e., physicians, athletic training, physical therapy, mental health, nutrition, strength and conditioning, etc.) in collaboration with the [medical director/chief medical officer]
 - Review, develop, and enforce streamlined policies and procedures that are rooted in best practices and optimal standard of care for each performance area, in conjunction with the directors of each respective area
 - Communicate effectively and efficiently with members of the multi-disciplinary performance team
 - Coordinate the rehearsal of emergency action plans in collaboration with the athletic training staff
- Provide oversight to team physicians, healthcare providers (i.e., athletic trainers, physical therapists, etc.), and consultants; conduct respective performance evaluations
- Educate and counsel athletes regarding medical conditions that could affect their safety and performance
- Understand the resources available to athletes through [NGB] and external organizations (e.g., USOPC sports medicine, Elite Athlete Health Insurance, Sport Accident Insurance, Medical Network partners, etc.)
- Have a comprehensive working knowledge of all [NGB] and sports medicine departmental policies and procedures, as well as understanding and adherence to external governing agencies' regulations and requirements
- Have a comprehensive working knowledge of and remain current on rules and regulations of the United States Anti-Doping Agency (USADA) regarding banned drugs and restricted substances while providing education to athletes and coaches
- Collaborate with the [medical director/chief medical officer] and athletic training staff to research the healthcare systems and medical resources available to [NGB] athletes and staff prior to travel to domestic and international host sites and create a plan for utilizing these systems and services if needed
- Collaborate with the [medical director/chief medical officer] and athletic training staff to determine the level of care that healthcare and medical professionals can provide [NGB] athletes and staff according to laws, rules, and regulations of domestic and international host sites prior to travel
- [NGB] travel [% of the time]

All offers of employment are contingent upon successful completion of a background inquiry.

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United States Olympic & Paralympic Committee

Foundational Job Description



Position Title: Mental Health Provider- Psychologist/Counselor/Social Worker
Location: [Insert Location and On-Site, Hybrid, Remote]
Type of Position: [Full-time, Part-time, Internship/Fellowship, Consultant, Volunteer]
Salary/Pay Rate: [Insert Salary/Pay Rate]
Date Posted: [Insert Date]

Position Summary

[NGB] is seeking a dynamic and experienced professional for the role of [psychologist/counselor/social worker]. This position serves as the primary coordinator and provider of mental health services for [NGB] athletes. The [psychologist/counselor/social worker] will work in collaboration with the [medical director/chief medical officer] to maintain standards promoting matters of athlete mental health and wellness while also providing oversight of counseling and sport psychology personnel and services.

Qualifications

Minimum Requirements

- A PhD or PsyD in clinical or counseling psychology from an APA-accredited program, a master's degree in counseling psychology or clinical psychology from an CACREP-accredited program, a master's degree in social work from a CSWE-accredited program, or an equivalent combination of education and experience
- At least [#] years of experience as a practicing athletics healthcare provider trained in sports medicine working with NCAA Division 1, Power 5, national governing body (NGB), US Olympic & Paralympic Committee (USOPC), professional, or elite athletes/teams
- Currently licensed or eligible for licensure in [state(s)]
- Current CPR and AED certification for healthcare providers or equivalent
- Currently hold or eligible to obtain a passport for travel
- Active professional liability and malpractice insurance without pending claims
- Knowledge of developmental and social issues related to sport participation
- Knowledge, skills, and expertise required to proficiently conduct, document and evaluate individuals, and counseling, crisis intervention, and consultation/outreach with an elite athlete population
- Practical and ethical knowledge regarding the provision of telehealth services
- Computer competency and experience with documentation through use of electronic medical records (EMR)
- Excellent communication skills, both orally and in writing
- Work effectively with a wide range of constituents in a diverse community
- Commitment to valuing diversity and contributing to an inclusive working and learning environment

Preferred Requirements

- Certification as a Certified Mental Performance Consultant (CMPC®) or eligible for certification through the Association for Applied Sports Psychology
- Experience with disordered eating, REDs, alcohol and drug (AOD) assessment and treatment, and demonstrated competency in multicultural counseling skills
- Strong leadership and management skills in building a positive and empowering work environment
- Ability to operate in a fast-paced environment, be solution oriented, and perform in stressful circumstances while communicating effectively
- Excellent problem-solving, critical thinking, and time management skills
- Strong judgment skills and decision-making abilities
- Experience working within an athletic healthcare team

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United States Olympic & Paralympic Committee

Foundational Job Description (*continued*)



Duties and Responsibilities

- Remain current and compliant with all state and national requirements for certification and licensure while requiring and developing a procedure to ensure the same of all direct reports
- Maintain CPR and AED certification (i.e., Basic Life Support for healthcare providers)
- Understand and comply with state statutes governing the ethical provision of psychological care, as well as those rules governing the USOPC
- Remain current and compliant with all relevant USOPC requirements (e.g., background checks, anti-doping education, SafeSport education, etc.)
- Serve as the primary mental health liaison between [NGB] and external mental health providers and services (e.g., USOPC psychological services team)
- Coordinate and provide day-to-day mental health services for [NGB] athletes
 - Provide clinical mental health care (e.g., evaluation, treatment, and education) virtually and in person for athletes
 - Diversity, equity, inclusion, accessibility, and trauma are important influencing factors that should be addressed in mental health care
 - Provide mental health screening services
 - Serve as lead point of contact for emergency mental health crises intervention and triage
 - Coordinate referrals for higher level of care, and coordinate with the multi-disciplinary team of professionals to support sport reintegration efforts when appropriate
 - Coordinate service delivery for special cases such as substance use, disordered eating, severe-persistent mental illness education and treatment, and more
 - Consult and collaborate closely with the sports medicine staff (i.e., physicians, athletic trainers, etc.)
 - Utilize the assigned EMR to complete compliant, clear, timely, and consistent clinical records/medical documentation
 - Assist the [medical director/chief medical officer] with developing mental health policies and procedures
- Represent mental health professionals on a multi-disciplinary performance team (i.e., physicians, athletic training, physical therapy, mental health, nutrition, strength and conditioning, etc.)
 - Review, develop, and enforce streamlined policies and procedures that are rooted in best practices and optimal standard of care for each performance area, in conjunction with the directors of each respective area
 - Communicate effectively and efficiently with members of the multi-disciplinary performance team
- Understand the resources available to athletes through [NGB] and external organizations (e.g., USOPC sports medicine, Elite Athlete Health Insurance, Sport Accident Insurance, Medical Network partners, etc.)
- Develop and deploy mental health educational resources to the sports medicine team, coaches, and other [NGB] staff.
- Have a comprehensive working knowledge of all [NGB] and sports medicine departmental policies and procedures, as well as understanding and adherence to external governing agencies' regulations and requirements
- Research the healthcare systems and mental health resources available to [NGB] athletes and staff prior to travel to domestic and international host sites and create a plan for utilizing these systems and services if needed
- Determine the level of care that mental health professionals can provide [NGB] athletes and staff according to laws, rules, and regulations of domestic and international host sites prior to travel
- [NGB] travel [% of the time]

All offers of employment are contingent upon successful completion of a background inquiry.

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United States Olympic & Paralympic Committee

Foundational Job Description



Position Title:	Athletics Health Care Provider- Athletic Trainer, High or Extreme Risk Sports w/ Practice and Competition Coverage
Location:	[Insert Location and On-Site, Hybrid, Remote]
Type of Position:	[Full-time, Part-time, Internship/Fellowship, Consultant, Volunteer]
Salary/Pay Rate:	[Insert Salary/Pay Rate]
Date Posted:	[Insert Date]

Position Summary

[NGB] is seeking a dynamic and experienced professional for the role of athletic trainer to assist the [medical director/chief medical officer] and head team physician in the day-to-day management of sports medicine operations while serving as the primary athletic trainer for [NGB] athletes. The athletic trainer will work in collaboration with the [medical director/chief medical officer] and head team physician to maintain standards promoting matters of athlete mental and physical health, safety and performance.

Qualifications

Minimum Requirements

- Bachelor's degree in athletic training, sports medicine, or related discipline
- Certified through the Board of Certification for the Athletic Trainer
- Currently licensed or eligible for licensure in [state(s)]
- At least [#] years of experience as a practicing athletics healthcare provider trained in sports medicine working with NCAA Division 1, Power 5, national governing body (NGB), US Olympic & Paralympic Committee (USOPC), professional, or elite athletes/teams
- Current CPR and AED certification for healthcare providers or equivalent
- Currently hold or eligible to obtain a passport for travel
- Active professional liability and malpractice insurance without pending claims
- Experience in using and applying rehabilitation modalities (e.g., whirlpools, hydrocollator, ultrasound, electrical stimulation, etc.)
- Experience in using and applying evaluation tools (e.g., goniometers, thermometers, sphygmomanometers, tape measures, etc.)
- Knowledge of the use and application of rehabilitation equipment (e.g., weights, bike, shuttles, physio balls, proprioception equipment, Alter-G, underwater treadmills, dynamic air compression, percussion therapy, etc.)
- Practical and ethical knowledge regarding the provision of telehealth services
- Computer competency and experience with documentation through use of electronic medical records (EMR)
- Excellent communication skills, both orally and in writing
- Work effectively with a wide range of constituents in a diverse community
- Commitment to valuing diversity and contributing to an inclusive working and learning environment

Preferred Requirements

- Master's degree in athletic training, sports medicine, or related discipline
- Excellent skills in the use of the specific equipment and tools as identified above
- Experience in using and applying advanced therapeutic interventions (e.g., dry needling, cupping, Graston, spinal manipulation, blood flow restriction therapy, etc.)
- Ability to work independently and effectively with minimal supervision
- Strong leadership and management skills in building a positive and empowering work environment
- Ability to operate in a fast-paced environment, be solution oriented, and perform in stressful circumstances while communicating effectively
- Excellent problem-solving, critical thinking, and time management skills
- Strong judgment skills and decision-making abilities
- Demonstrated knowledge and applied experience understanding and prioritizing mental health

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United States Olympic & Paralympic Committee

Foundational Job Description (*continued*)



- Experience collaborating with others as part of a health care team

Duties and Responsibilities

- Complete clinical duties and responsibilities under the supervision of a team physician (i.e., the [medical director/chief medical officer] and/or head team physician)
- Remain current and compliant with all state and national requirements for certification and licensure while requiring and developing a procedure to ensure the same of all direct reports
- Maintain CPR and AED certification (i.e., Basic Life Support for healthcare providers)
- Remain current and compliant with all relevant [NGB] requirements (e.g., background checks, anti-doping education, SafeSport education, etc.)
- Coordinate the day-to-day operations of the athletic training room
 - Assist with athletic training supplies and equipment inventory and maintenance
 - Coordinate equipment repair and athletic training room maintenance
- Coordinate and provide day-to-day athletic training services for [NGB] athletes
 - Provide emergency care and implement emergency care procedures and facilitate transportation logistics to expedite emergency care as needed
 - Evaluate acute and chronic injuries with referrals to team physician(s) or other health care professionals as needed
 - Assess illnesses with referrals to team physicians or other health care professionals as needed
 - Collaborate in the scheduling of appropriate referrals to medical and mental health specialists when appropriate (e.g., women's health, substance abuse, surgical care, mental health, etc.)
 - Administer therapeutic modalities, design and implement injury rehabilitation programs, and instruct the athlete on proper rehabilitation procedures
 - Evaluate the athlete's physical condition, response and progress, and discuss with the appropriate physician as needed
 - Implement a sport-specific and injury-specific "return to play" plan
 - Design exercise programs (i.e., "prehab") that aid in minimizing/preventing athletic injury
 - Assist the head team physician with scheduling and organizing periodic health evaluations (PHEs) and reviewing each athlete's health history
 - Apply therapeutic and protective taping, bandaging and wrapping for practices and competitions
 - Design and fit specific orthopedic devices
 - Communicate with external providers as needed for continuity of care
 - Utilize the assigned EMR to complete compliant, clear, and consistent medical documentation, daily treatment records, and rehabilitation progress notes
 - Work with coaches and the strength and conditioning/sport performance staff to reduce and control environmental hazards, thereby creating a safe environment
 - Inform coaches and the strength and conditioning/sport performance staff of the status of the athletes' condition
 - Advise the coaching staff of general and specific health practices, training activities and programs
 - In cooperation with the strength and conditioning/sport performance staff, advise the coaching staff of appropriate weight training and conditioning programs while setting restrictions for athletes at risk
 - Provide in-person medical and athletic training care at all practices and competitions
- Practice Occupational Safety and Health Administration (OSHA) Universal Precautions when exposed to bodily fluids and other bloodborne pathogens
- Represent athletic trainers on a multi-disciplinary performance team (i.e., physicians, athletic training, physical therapy, mental health, nutrition, strength and conditioning, etc.)
 - Review, develop, and enforce streamlined policies and procedures that are rooted in best practices and optimal standard of care for each performance area, in conjunction with the directors of each respective area

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United States Olympic & Paralympic Committee

Foundational Job Description *(continued)*



- Communicate effectively and efficiently with members of the multi-disciplinary performance team
- Coordinate the rehearsal of emergency action plans in collaboration with the head team physician
- Educate and counsel athletes regarding medical conditions that could affect their safety and performance
- Understand the resources available to athletes through [NGB] and external organizations (e.g., USOPC sports medicine, Elite Athlete Health Insurance, Sport Accident Insurance, Medical Network partners, etc.)
- Have a comprehensive working knowledge of all [NGB] and sports medicine departmental policies and procedures, as well as understanding and adherence to external governing agencies' regulations and requirements
- Collaborate with the [medical director/chief medical officer] and head team physician to research the healthcare systems and medical resources available to [NGB] athletes and staff prior to travel to domestic and international host sites and create a plan for utilizing these systems and services if needed
- Collaborate with the [medical director/chief medical officer] and head team physician to determine the level of care that healthcare and medical professionals can provide [NGB] athletes and staff according to laws, rules, and regulations of domestic and international host sites prior to travel
- [NGB] travel [% of the time]

All offers of employment are contingent upon successful completion of a background inquiry.

High Risk Sports

Olympic Summer	Paralympic Summer	Olympic Winter	Paralympic Winter
Road Cycling Track Cycling Triathlon Equestrian Modern Pentathlon Boxing Judo Taekwondo Karate Weightlifting Wrestling Artistic Gymnastics Trampoline Rugby	Blind Soccer Road Cycling Track Cycling Equestrian Goalball Judo Powerlifting Taekwondo Triathlon Wheelchair Rugby Athletics – Wheelchair Sprint, Middle, and Long-Distance Events	Ice Hockey Short Track Speed Skating Long Track Speed Skating Bobsleigh Luge Skeleton Ski Jumping Nordic Combined Alpine Skiing Technical Events Snowboard Slalom	Sled Hockey Snowboard Alpine Skiing Technical Events

Extreme Risk Sports

Olympic Summer	Paralympic Summer	Olympic Winter	Paralympic Winter
BMX Cycling Mountain Bike Cycling		Ski and Snowboard Half Pipe Ski and Snowboard Cross Ski and Snowboard Slopestyle Aerials Alpine Skiing Speed Events Ski and Snowboard Big Air Ski Moguls	Alpine Skiing Speed Events

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United States Olympic & Paralympic Committee

Foundational Job Description



Position Title:	Athletics Health Care Provider- Athletic Trainer, Moderate Risk Sports w/ Competition Coverage
Location:	[Insert Location and On-Site, Hybrid, Remote]
Type of Position:	[Full-time, Part-time, Internship/Fellowship, Consultant, Volunteer]
Salary/Pay Rate:	[Insert Salary/Pay Rate]
Date Posted:	[Insert Date]

Position Summary

[NGB] is seeking a dynamic and experienced professional for the role of athletic trainer to assist the [medical director/chief medical officer] and head team physician in the day-to-day management of sports medicine operations while serving as the primary athletic trainer for [NGB] athletes. The athletic trainer will work in collaboration with the [medical director/chief medical officer] and head team physician to maintain standards promoting matters of athlete mental and physical health, safety and performance.

Qualifications

Minimum Requirements

- Bachelor's degree in athletic training, sports medicine, or related discipline
- Certified through the Board of Certification for the Athletic Trainer
- Currently licensed or eligible for licensure in [state(s)]
- At least [#] years of experience as a practicing athletics healthcare provider trained in sports medicine working with NCAA Division 1, Power 5, national governing body (NGB), US Olympic & Paralympic Committee (USOPC), professional, or elite athletes/teams
- Current CPR and AED certification for healthcare providers or equivalent
- Currently hold or eligible to obtain a passport for travel
- Active professional liability and malpractice insurance without pending claims
- Experience in using and applying rehabilitation modalities (e.g., whirlpools, hydrocollator, ultrasound, electrical stimulation, etc.)
- Experience in using and applying evaluation tools (e.g., goniometers, thermometers, sphygmomanometers, tape measures, etc.)
- Knowledge of the use and application of rehabilitation equipment (e.g., weights, bike, shuttles, physio balls, proprioception equipment, Alter-G, underwater treadmills, dynamic air compression, percussion therapy, etc.)
- Practical and ethical knowledge regarding the provision of telehealth services
- Computer competency and experience with documentation through use of electronic medical records (EMR)
- Excellent communication skills, both orally and in writing
- Work effectively with a wide range of constituents in a diverse community
- Commitment to valuing diversity and contributing to an inclusive working and learning environment

Preferred Requirements

- Master's degree in athletic training, sports medicine, or related discipline
- Excellent skills in the use of the specific equipment and tools as identified above
- Experience in using and applying advanced therapeutic interventions (e.g., dry needling, cupping, Graston, spinal manipulation, blood flow restriction therapy, etc.)
- Ability to work independently and effectively with minimal supervision
- Strong leadership and management skills in building a positive and empowering work environment
- Ability to operate in a fast-paced environment, be solution oriented, and perform in stressful circumstances while communicating effectively
- Excellent problem-solving, critical thinking, and time management skills
- Strong judgment skills and decision-making abilities
- Demonstrated knowledge and applied experience understanding and prioritizing mental health

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United States Olympic & Paralympic Committee

Foundational Job Description (*continued*)



- Experience collaborating with others as part of a health care team

Duties and Responsibilities

- Complete clinical duties and responsibilities under the supervision of a team physician (i.e., the [medical director/chief medical officer] and/or head team physician)
- Remain current and compliant with all state and national requirements for certification and licensure while requiring and developing a procedure to ensure the same of all direct reports
- Maintain CPR and AED certification (i.e., Basic Life Support for healthcare providers)
- Remain current and compliant with all relevant [NGB] requirements (e.g., background checks, anti-doping education, SafeSport education, etc.)
- Coordinate the day-to-day operations of the athletic training room
 - Assist with athletic training supplies and equipment inventory and maintenance
 - Coordinate equipment repair and athletic training room maintenance
- Coordinate and provide day-to-day athletic training services for [NGB] athletes
 - Provide emergency care and implement emergency care procedures and facilitate transportation logistics to expedite emergency care as needed
 - Evaluate acute and chronic injuries with referrals to team physician(s) or other health care professionals as needed
 - Assess illnesses with referrals to team physicians or other health care professionals as needed
 - Collaborate in the scheduling of appropriate referrals to medical and mental health specialists when appropriate (e.g., women's health, substance abuse, surgical care, mental health, etc.)
 - Administer therapeutic modalities, design and implement injury rehabilitation programs, and instruct the athlete on proper rehabilitation procedures
 - Evaluate the athlete's physical condition, response and progress, and discuss with the appropriate physician as needed
 - Implement a sport-specific and injury-specific "return to play" plan
 - Design exercise programs (i.e., "prehab") that aid in minimizing/preventing athletic injury
 - Assist the head team physician with scheduling and organizing periodic health evaluations (PHEs) and reviewing each athlete's health history
 - Apply therapeutic and protective taping, bandaging and wrapping for practices and competitions
 - Design and fit specific orthopedic devices
 - Communicate with external providers as needed for continuity of care
 - Utilize the assigned EMR to complete compliant, clear, and consistent medical documentation, daily treatment records, and rehabilitation progress notes
 - Work with coaches and the strength and conditioning/sport performance staff to reduce and control environmental hazards, thereby creating a safe environment
 - Inform coaches and the strength and conditioning/sport performance staff of the status of the athletes' condition
 - Advise the coaching staff of general and specific health practices, training activities and programs
 - In cooperation with the strength and conditioning/sport performance staff, advise the coaching staff of appropriate weight training and conditioning programs while setting restrictions for athletes at risk
 - Provide in-person medical and athletic training care at all competitions
- Practice Occupational Safety and Health Administration (OSHA) Universal Precautions when exposed to bodily fluids and other bloodborne pathogens
- Represent athletic trainers on a multi-disciplinary performance team (i.e., physicians, athletic training, physical therapy, mental health, nutrition, strength and conditioning, etc.)
 - Review, develop, and enforce streamlined policies and procedures that are rooted in best practices and optimal standard of care for each performance area, in conjunction with the directors of each respective area

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United States Olympic & Paralympic Committee

Foundational Job Description *(continued)*



- Communicate effectively and efficiently with members of the multi-disciplinary performance team
- Coordinate the rehearsal of emergency action plans in collaboration with the head team physician
- Educate and counsel athletes regarding medical conditions that could affect their safety and performance
- Understand the resources available to athletes through [NGB] and external organizations (e.g., USOPC sports medicine, Elite Athlete Health Insurance, Sport Accident Insurance, Medical Network partners, etc.)
- Have a comprehensive working knowledge of all [NGB] and sports medicine departmental policies and procedures, as well as understanding and adherence to external governing agencies' regulations and requirements
- Collaborate with the [medical director/chief medical officer] and head team physician to research the healthcare systems and medical resources available to [NGB] athletes and staff prior to travel to domestic and international host sites and create a plan for utilizing these systems and services if needed
- Collaborate with the [medical director/chief medical officer] and head team physician to determine the level of care that healthcare and medical professionals can provide [NGB] athletes and staff according to laws, rules, and regulations of domestic and international host sites prior to travel
- [NGB] travel [% of the time]

All offers of employment are contingent upon successful completion of a background inquiry.

Moderate Risk Sports

Olympic Summer	Paralympic Summer	Olympic Winter	Paralympic Winter
Athletics – High Jump and Pole Vault Basketball Diving Field Hockey Soccer Handball Volleyball Beach Volleyball Water Polo Rhythmic Gymnastics Sailing Fencing	Wheelchair Basketball Wheelchair Fencing	Cross-Country Skiing Biathlon Figure Skating	Biathlon Cross-Country Skiing

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United States Olympic & Paralympic Committee Policy

Concussion Management



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following policy provides guidelines and expectations as it relates to the concussion and head injuries protocol for all [NGB] athletes.

Definitions and Education

According to the *Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport–Amsterdam, October 2022*:

- **“Sport-related concussion** is a traumatic brain injury caused by a direct blow to the head, neck or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities. This initiates a neurotransmitter and metabolic cascade, with possible axonal injury, blood flow change and inflammation affecting the brain. Symptoms and signs may present immediately, or evolve over minutes or hours, and commonly resolve within days, but may be prolonged.

No abnormality is seen on standard structural neuroimaging studies (computed tomography or magnetic resonance imaging T1-and T2-weighted images), but in the research setting, abnormalities may be present on functional, blood flow or metabolic imaging studies. Sport-related concussion results in a range of clinical symptoms and signs that may or may not involve loss of consciousness. The clinical symptoms and signs of concussion cannot be explained solely by (but may occur concomitantly with) drug, alcohol, or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction) or other comorbidities (such as psychological factors or coexisting medical conditions).”

- The following definitions have been adopted:
 - **“Symptom resolution at rest:** resolution of symptoms associated with the current concussion at rest.
 - **Complete symptom resolution:** resolution of symptoms associated with the current concussion at rest with no return of symptoms during or after maximal physical and cognitive exertion.
 - **Return-to-learn (RTL):** return to preinjury learning activities with no new academic support, including school accommodations or learning adjustments.
 - **Return-to-sport (RTS):** completion of the RTS strategy with no symptoms and no clinical findings associated with the current concussion at rest and with maximal physical exertion.”

According to the *Sport Concussion Assessment Tool 6 (SCAT6)*, symptoms and red flags include:

Symptom	Red Flags
<ul style="list-style-type: none"> • Headaches • Pressure in head • Neck pain • Nausea or vomiting • Dizziness • Blurred vision • Balance problems • Sensitivity to light • Sensitivity to noise • Feeling slowed down • Feeling like “in a fog” 	<ul style="list-style-type: none"> • “Don’t feel right” • Difficulty concentrating • Difficulty remembering • Fatigue or low energy • Confusion • Drowsiness • More emotional • Irritability • Sadness • Nervous or anxious • Trouble falling asleep
	<ul style="list-style-type: none"> • Neck pain or tenderness • Seizure or convulsion • Double vision • Loss of consciousness • Weakness or tingling/burning in more than 1 arm or in the legs • Deteriorating conscious state • Vomiting • Severe or increasing headache • Increasingly restless, agitated or combative • Glasgow Coma Scale (GCS) Score <15 • Visible deformity of the skull • Tonic posturing* • Ataxia* • Poor balance* • Confusion* • Behavioral changes* • Amnesia*
	<p>*Per the <i>Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport–Amsterdam, October 2022</i></p>

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United States Olympic & Paralympic Committee Policy

Concussion Management (*continued*)



Prevention and Concussion Management Guidelines

Pre-Participation Education

- Prior to participating in any [NGB] activity, all [NGB] athletes, coaches, sports performance staff, sports medicine staff (e.g., team physicians, athletic trainers, physical therapists, chiropractors, etc.), and staff involved in athlete health and safety decision making must complete [NGB] concussion education annually. Additionally, all members of an official team travel party will also receive this education.
- These stakeholders will have the opportunity to discuss the educational materials that they receive and ask questions.
- These stakeholder will provide signed acknowledgment (i.e., physically or virtually) that they have reviewed and understand the material received.
- The [medical director/chief medical officer] or their designee is responsible for tracking this information.

Pre-Participation Testing

- Prior to participating in any [NGB] activity, all [NGB] athletes will complete the following baseline evaluations, screenings, and questionnaires:
 - Sport Concussion Assessment Tool-6 (SCAT6)
 - Other concussion assessment technologies (e.g., [list relevant tests])
 - Components of the Sport Concussion Office Assessment Tool (SCOAT6):
 - History of Head Injuries
 - History of Any Neurological, Psychological, Psychiatric or Learning Disorders
 - List All Current Medications
 - Family History of Any Diagnosed Neurological, Psychological, Psychiatric, Cognitive or Development Disorders
 - Symptom Evaluation (Pre-injury column)
 - Modified Vestibular/Ocular-Motor Screening for Concussion (Baseline symptoms)
 - Anxiety Screen
 - Depression Screen
 - Sleep Screen
 - Incoming medical/health history questionnaire (for new athletes) and yearly periodic health examination and yearly mental health screen (for returning athletes)
- The [medical director/chief medical officer] is responsible for selecting the appropriate baseline concussion assessment systems, clearing [NGB] athletes for participation, and for tracking this information in collaboration with the head team physician.
- Testing and screening will be coordinated by the [medical director/chief medical officer], head team physician, and/or their designee. Results must be kept in the athlete's electronic medical record.
- Results will be reviewed by the sports medicine team. Clearance for participation or further referral/consultation will be determined by the [medical director/chief medical officer], head team physician, and/or their designee.
- Baseline testing will be updated every [# months/years] and after the resolution of a diagnosed concussion. The timeline may change at the discretion of the [medical director/chief medical officer] or if the athlete has a previous history of complicated or multiple concussions.

Authority and Medical Coverage

- In accordance to nationally recognized medical best practices and the standard of care expected by [NGB] personnel, team physicians and athletic trainers have the unchallengeable autonomous authority to make decisions as it relates to the medical management and return to sport decisions of all [NGB] athletes. These professionals are responsible with evaluating an athlete with a suspected concussion and determining their return to sport status (i.e., the athlete's ability to resume activity).

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United States Olympic & Paralympic Committee Policy

Concussion Management (*continued*)



- The [medical director/chief medical officer], head team physician, athletic trainer, or other medical personnel (as designated or identified by the [medical director/chief medical officer]) who are trained in the initial diagnosis, treatment, and management of an acute concussion will be [present/on-site/on-call] for all [NGB] [training sessions/practices/competitions].
 - To be present means the medical professional is in attendance of the training session, practice, or competition.
 - To be on-site means the medical professional is at the training facility or competition site.
 - To be on-call means the medical professional is available via phone, messaging, beeper, or other designated means of communication.

Injury Recognition

- Once an athlete is suspected (i.e., showing signs, symptoms, or behaviors) of having a concussion, they must immediately be removed from training, practice, or competition for further evaluation.
 - Any athlete who is suspected of having a concussion may not return to activity on the same calendar day that the concussion is suspected or diagnosed.
 - The athlete may only return to activity if a concussion is no longer suspected following evaluation by the team physician, athletic trainer, or the physician's designee.
- If the team physician, athletic trainer, or the physician's designee are not available, any athlete displaying signs or symptoms of a concussion should be removed and withheld from activities until further evaluation by these healthcare providers can occur.
 - The team physician, athletic trainer, or the physician's designee should be contacted in a timely fashion.
- If the athlete is displaying significant symptoms and/or red flags, emergency services/care (i.e., calling 911 or going to the emergency room) should be pursued as soon as possible.

Diagnosis and Initial Evaluation

- If immediate red flags are not displayed, a team physician or an athletic trainer will conduct an initial (i.e., "sideline") evaluation once the athlete is removed from training, practice, or competition and is relocated to a quiet and controlled environment that replicates the one in which baseline assessments were completed (if possible). At least 10-15 minutes should be allotted to complete the initial evaluation.
 - In the absence of a team physician or an athletic trainer, the physician's designee (e.g., [physician assistant/associate or nurse practitioner]) may conduct the evaluation.
- The initial evaluation will include:
 - Assessing for additional red flags
 - SCAT6 (if the initial evaluation occurs within 72 hours and up to one week of injury)
 - Symptom assessment
 - Physical and neurological exam
 - Cognitive assessment
 - Balance exam
- If results of the initial assessment identifies any red flags, the athlete must be transported to a hospital/trauma center for further evaluation as soon as possible.
 - Please see the emergency action plan for further instructions.
- Results may be compared to baseline assessments to aid in the diagnosis of a concussion.
- After being diagnosed with a concussion, the athlete and their designated adult caretaker will receive oral and written instructions that outlines their post-concussion plan. This document should be signed by the athlete and their caretaker. The original copy should be given to the athlete as discharge instructions and a copy should be made for the athlete's medical chart.

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United States Olympic & Paralympic Committee Policy

Concussion Management (*continued*)



Treatment and Management

- At the discretion of the [medical director/chief medical officer], head team physician, and/or their designee, the athlete:
 - will complete a daily symptom tracker
 - may complete activities of daily living and light aerobic physical activities within the first 24-48 hours (i.e., beginning RTS step 1) as tolerated
 - may reduce screen use in the first 48 hours post injury
- During the subacute phase (i.e., evaluations after 72 hours to weeks post injury) in the office/clinical setting, the following multimodal and serial evaluations will be conducted at the discretion of the [medical director/chief medical officer], head team physician, and/or their designee:
 - Sport Concussion Office Assessment Tool (SCOAT6)
 - Symptom assessment
 - Cognitive assessments (i.e., memory, concentration, etc.)
 - Physical assessment (i.e., orthostatic vital signs, cervical spine assessment, etc.)
 - Neurological evaluation
 - Balance evaluation
 - Modified vestibular/ocular-motor screening (mVOMS)
 - Mental health evaluation (e.g., anxiety, depression, etc.)
 - Sleep screening
 - Graded aerobic exercise testing
- The use and results of other concussion assessment technologies (e.g., ImPACT, King-Devick, Sway, etc.) will be considered at the discretion of the [medical director/chief medical officer] and head team physician. However, the results of these technologies will not be the sole source for management and diagnostic decisions.
- If symptoms persist, worsen, or do not progressively resolve within 10 days to 4 weeks post injury, further evaluation and referral for rehabilitation will be recommended.
- The athlete will continue to be re-evaluated by the [medical director/chief medical officer], head team physician, and/or their designee and any additional specialists, as needed, until the athlete has complete symptom resolution and has returned to their baseline values.
 - If complete symptom resolution or a return to baseline values is unable to be obtained, the [medical director/chief medical officer], head team physician, and/or a multidisciplinary team of specialists will determine when follow-up evaluations may cease.
 - Care may also be transitioned to external healthcare providers if the athlete's do not resolve or the athlete changes their geographical location.

Return to Learn

- For athletes who are enrolled in classes and if symptoms indicate, the [medical director/chief medical officer], head team physician, and/or their designee will communicate with the athlete's on campus sports medicine/academic staff regarding return to learn (RTL) recommendations. The on campus sports medicine/academic staff will be responsible for coordinating academic accommodations and disability services in collaboration with the athlete.
- Following the initial 24-48 hours of relative rest, the athlete may begin the following return to learn (RTL) guidelines:
 - Step 1- Daily mental activities (e.g., reading)
 - Activities can begin with 5-15 minutes at a time. Cognitive load activities may gradually increase.
 - During activity, concussion symptoms can't exceed the mild threshold.
 - Screen time should be minimized.
 - Step 2- School activities (e.g., homework, reading, and other cognitive activities)
 - These activities will occur outside of the classroom.
 - Step 3- Return to school part time
 - The athlete's return will be gradual (e.g., partial school day and rest breaks).

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Concussion Management (*continued*)



- Step 4- Return to school full time
 - Gradually progress in school activities until a full day can be tolerated without more than mild* symptom exacerbation.
- The athlete will be supervised and monitored by the [medical director/chief medical officer], head team physician, and/or their designee for any return of concussion symptoms.
- The duration/intensity of an activity may advance and progression to the next step may occur as long as exacerbation of concussion symptoms are mild and brief when compared to pre-activity levels. For reference:
 - Mild exacerbation means concussion symptoms increase no more than a 2 point increase on a 0 to 10 point scale.
 - Brief exacerbation means concussion symptoms last <1 hour.
 - There should be symptom resolution with rest.
- Mental activities must be slowed if symptoms are more than mild or brief.
- RTL and return to sport (RTS) plans can occur in tandem, however the athlete should complete the full RTL protocol before they resume unrestricted RTS.

Return to Sport

- Within 24 hours of the injury, athletes may begin the following RTS guidelines:
 - Step 1- Symptom-limited activities of daily living (e.g., walking)
 - Step 2- Aerobic exercise (e.g., slow/medium pace stationary cycling or light resistance training)
 - 2A - Light (up to approximately 55% max heart rate) then
 - 2B - Moderate (up to approximately 70% max heart rate)
 - During activity, concussion symptoms can't exceed the mild and brief threshold
 - Step 3- Individual sport-specific exercise (e.g., running, change of direction and/or individual training drills)
 - Training will take place away from the team environment.
 - This step can't include any risk of inadvertent head contact/impact unless the athlete is medically cleared prior to beginning this step. Otherwise, head impact is not permitted.
 - All clinical findings (i.e., symptoms, cognitive function concerns, etc.) related to the current concussion must be resolved prior to beginning steps 4-6.
 - Step 4- Non-contact training drills (e.g., more challenging high intensity passing and multiplayer training drills)
 - The athlete may be integrated into the team environment to complete this stage.
 - Step 5- Full contact practice
 - Step 6- Clearance for full return to sport
- There should be at least 24 hours of recovery in between each step, and the athlete will be supervised and monitored by the [medical director/chief medical officer], head team physician, and/or their designee for any return of concussion symptoms.
- The duration/intensity of an activity may advance and progression to the next step may occur as long as exacerbation of concussion symptoms are mild and brief when compared to pre-exercise levels. For reference:
 - Mild exacerbation means concussion symptoms increase no more than a 2 point increase on a 0 to 10 point scale.
 - Brief exacerbation means concussion symptoms last <1 hour.
 - There should be symptom resolution with rest.
- Exercise must cease if symptoms are more than mild or brief. However, activity may resume once symptoms have returned to pre-exercises levels.
 - If concussion symptoms increase above mild and brief exacerbation during steps 1-3, the athlete will stop activity and they are not permitted to exercise the following day.
 - If concussion symptoms increase above mild and brief exacerbation during steps 4-6, the athlete will return to step 3 until all concussion symptoms have resolved with activity.
- All athletes who have been diagnosed with a concussion will be cleared by the [medical director/chief medical officer] or head team physician before returning to unrestricted training/sport activities. This personnel has the final authority.

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United States Olympic & Paralympic Committee Policy Concussion Management (continued)



Concussion Management Considerations for Para Sport Athletes

According to the *Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport–Amsterdam, October 2022*, the Concussion in Para Sport Group (CIPS) summarized the following expert opinions (in 2017) regarding the prevention, assessment, and management of concussions in para sport athletes:

- (1) “Individuals may benefit from baseline testing given the variable nature of their disability and the potential for atypical presenting signs/symptoms of concussion”
- (2) “Individuals with a history of central nervous system injury (eg, cerebral palsy, stroke) may require an extended period of initial rest”
- (3) “Testing for symptoms of concussion through recovery may require modification such as the use of arm ergometry as opposed to a treadmill/stationary bike”
- (4) “RTS protocols must be tailored and include the use of the individual’s personal adaptive equipment and, for applicable participants with visual impairment, partnership with their guide”

When following the aforementioned prevention and concussion management guidelines (beginning on page 2), the following will also be considered:

- Concussion testing, treatments, and management protocols must accommodate for any impairments (i.e., visual, intellectual, physical, etc.) of the athlete and must be individualized to meet the athlete’s specific needs.
- The athlete’s treatment and management team should include clinicians who have a comprehensive understanding of the athlete’s abilities and cognitive function prior to the current concussion injury.
- In addition to the athlete’s current team of clinicians, they will have access to the same medical and clinical support (e.g., physicians, athletic trainers, and specialists) as non para athletes as identified by the [medical director/chief medical officer].
- All para sport athletes who have been diagnosed with a concussion will be cleared by the [medical director/chief medical officer], head team physician, or their designee before returning to unrestricted training/sport activities. This personnel has the final authority.

Policy revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee Policy

Environmental Guidelines- Heat Exposure



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following policy provides environmental guidelines and expectations for participation as it relates to heat exposure for all [NGB] athletes.

Definitions and Education

[NGB] leadership refers to executive or director level staff who serve as decision makers regarding athlete health, safety, and wellness.

Heat cramps are sudden or progressive involuntary muscle contractions that are painful. They are a type of **exercise-associated muscle cramps** that occur in during or after exercise in warm environments. This may be a precursor to other more progressive heat illnesses' and should be addressed as such.

Heat syncope (i.e., orthostatic dizziness) is a loss of consciousness that often occurs in individuals who are unfit or not acclimatized to heat.

Heat exhaustion occurs when an individual's energy has been depleted and they're unable to pump enough blood back to the heart. This is the most common type of heat illness.

Exertional heat stroke (EHS) is the most severe of heat illnesses and a medical emergency. If it's not promptly and correctly recognized and treated, it can result in multi-organ system failure. The risks of morbidity and mortality increase the longer the individual's body temperature remains elevated above the critical threshold (104°F/219.2°C) and are significantly reduced if body temperature is lowered promptly.

	Signs and Symptoms	
Exercise-Associated Muscle Cramps	<ul style="list-style-type: none"> Cramping in part or all of the muscle or muscle groups Localized pain Dehydration 	<ul style="list-style-type: none"> Thirst Sweating Fatigue
Heat Syncope	<ul style="list-style-type: none"> Dizziness Tunnel vision Pale or sweaty skin Decreased pulse rate Weakness 	<ul style="list-style-type: none"> Occurs in the first 5 days of unaccustomed heat exposure Sudden changes in posture in the heat (e.g. laying to standing quickly, etc.) Loss of consciousness
Heat Exhaustion	<ul style="list-style-type: none"> Elevated body temperature 96.8-105°F (36-40.5°C) Low blood pressure, hyperventilation, rapid pulse Dehydration Extreme fatigue and weakness Headache Chills Diarrhea 	<ul style="list-style-type: none"> Decreased urine output Cognitive changes Profuse sweating Electrolyte loss Pale, cold, clammy skin Dizziness Nausea or vomiting
Exertional Heat Stroke	<ul style="list-style-type: none"> Central nervous system (CNS) dysfunction High core body temperature 104°F (219.2°C) or higher Quick breathing, low blood pressure, rapid pulse Loss of balance, staggering, or collapse Loss of muscle function or muscle cramping Disorientation or dizziness Nausea or vomiting 	<ul style="list-style-type: none"> Aggressiveness, irrational, irritability Confusion Coma or altered consciousness Flushed, hot, red skin Excessive sweating Shallow breathing

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United States Olympic & Paralympic Committee Policy

Environmental Guidelines- Heat Exposure *(continued)*



Wet Bulb Globe Temperature (WBGT) measurement device/tool uses temperature, humidity, wind speed, and solar radiation to determine heat stress.

Acclimatization involves progressively increasing the intensity and duration of physical activity and phasing in protective equipment (if applicable) in the desired environmental conditions.

Hypohydration is the deficit of body water that is caused by acute or chronic dehydration.

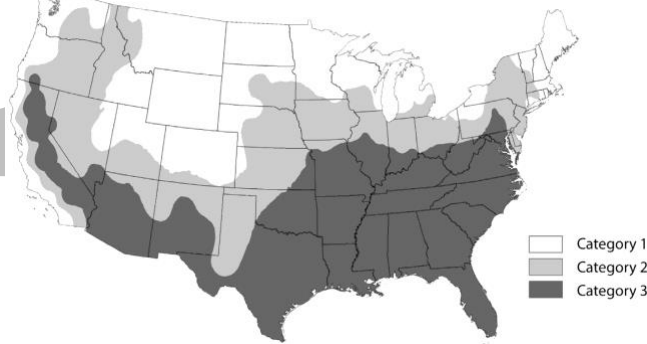
Hyponatremia is low sodium concentration in the blood.

Signs and Symptoms	
Hypohydration	<ul style="list-style-type: none"> • Thirst • Fatigue • Feeling ill or weak • Flushed skin • Apathy • Dizziness or lightheadedness • Nausea, diarrhea, or vomiting • Heat sensations or chills • Headache • Shortness of breath (in severe cases) • Gastrointestinal cramping • General discomfort • Acute body weight loss
Hyponatremia	<ul style="list-style-type: none"> • Altered mental status • Muscular twitching or weakness • Apathy • Dizziness or lightheadedness • Nausea or vomiting • Acting "out of sorts" • Headache (progressive and severe) • Acute weight gain • Shortness of breath • Swelling of hands, feet, or both • Mood changes • Disorientation or confusion • Seizures or coma • Death

Guidelines for Activity Modification

Wet Bulb Globe Temperature (WBGT) and Activity

- If environmental conditions warrant, a wet bulb globe temperature (WBGT) must be measured at least one hour before training or practice sessions begin, and cold ice water tanks/tubs and towels should be prepared to immerse and soak a patient with a suspected heat illness. For competitions, a reading should be obtained at least one hour before warm-ups begin.
- The athletic trainer (AT) will notify the [medical director/chief medical officer] of the current WBGT with the associated risk. The [medical director/chief medical officer], in consultation with NGB leadership and other experts, has the authority to modify practice/competition plans. The categories and the table below will be used to determine these plans.
- Determine the regional category:



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Environmental Guidelines- Heat Exposure *(continued)*



- Determine the activity guidelines and work to break ratios:

WBGT Reading			Activity Guidelines	Work to Rest Ratio
Category 1	Category 2	Category 3		
< 76.1° F (< 24.5°C)	< 79.7° F (< 26.5°C)	< 82.1° F (< 27.8°C)	Normal Activities	Minimum of 3 separate rest breaks per hour of exercise for 3 minutes each
76.2°F - 81.0°F (24.6 - 27.2 °C)	79.8°F - 84.6°F (26.6 - 29.2°C)	82.2°F - 86.9°F (27.9 - 30.5°C)	Use discretion for intense or prolonged exercise. Watch at-risk student-athletes carefully.	Minimum of 3 separate rest breaks per hour of exercise for 4 minutes each
81.1°F - 84.1°F (27.3 - 28.9°C)	84.7°F - 87.6°F (29.3 - 30.9°C)	87.0°F - 90.0°F (30.6 - 32.2 °C)	All protective equipment must be removed for conditioning activities.	Minimum 4 separate rest breaks per hour of exercise for 4 minutes each
84.2°F - 86.0°F (29.0 - 30.0 °C)	87.7°F - 89.6°F (31.0 - 32.0°C)	90.1°F - 92.0°F (32.3 - 33.3 °C)	No protective equipment may be worn during practice No conditioning activities may take place	There must be 20 minutes of rest breaks provided during the hour of practice/training.
≥ 86.1°F (≥ 30.1°C)	≥ 89.7°F (≥ 32.1°C)	≥ 92.1°F (≥ 33.4°C)	No outdoor workouts. Delay practices until a cooler WBGT occurs or cancel exercise.	No activity

- When the WBGT reading is greater than normal activity guidelines, cold ice water tanks/tubs and towels must be available for all practices, training sessions, and competitions.
- Rest breaks should occur in an area that's not in direct sunlight and should involve unlimited hydration intake and rest without any activity involved.

Acclimatization and Conditioning

- Training and conditioning sessions should be introduced intentionally, gradually and progressively in environmental conditions to encourage proper exercise acclimatization to the heat. Repeated exposure to a hot environment while progressively increasing the volume and intensity of physical activity in that environment is needed.
- This should occur over a 7 to 10 day period. This period may need to be extended. The first 4 days should include, but is not limited to total volume, intensity, body part, work to rest, and total (i.e., time duration) of exercise limitations on all activities.
- All training and conditioning sessions will be created, approved, and documented by credentialed sports performance staff. Environmental conditions should always be considered when planning and scheduling workouts.
- The details of all training and conditioning sessions should be shared with the [medical director/chief medical officer], head team physician, athletic training staff, and coaching staff before they occur. Practice plans should also be shared with this group including the sports performance staff before they occur.
- Athletes who are currently sick, who have a fever, or serious skin rash should not participate until the condition resolves. After resolution the athlete may still be susceptible to heat illness and should be monitored closely upon return to exercise in the heat. Athletes who are predisposed to heat illness should also be monitored closely.

Hydration and Perspiration

- Athletes will have unlimited access to fluids (e.g., water and sports drinks).
- During days of multiple practice sessions, athletes will be weighed before and after each practice session by a member of the sports medicine or sports performance staff.
 - Any athlete losing [#]% of their body weight during a session will not be permitted to practice until the weight has returned.
 - Athletes should not gain body weight during exercise due to excessive consumption of fluids.
- If signs or symptoms of hypohydration or hyponatremia are detected, provide appropriate medical care and seek medical attention.

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United States Olympic & Paralympic Committee Policy

Environmental Guidelines- Heat Exposure *(continued)*



Emergency Management and Treating Heat Illness

Treatment and Emergency Care

- Emergency action plans (EAPs) are readily available to all members of [NGB]’s staff and are posted clearly at every [NGB] facility.
- The head team physician and the athletic training staff will coordinate the education and rehearsal of emergency action plans regarding heat illness. The following individuals will receive this training [frequency]:
 - [List titles/groups/individuals]
- The following emergency equipment will be available at every scheduled [training session/practice/competition]:
 - [List equipment]
- Unscheduled practices or training sessions will have access to AEDs.
- The [medical director/chief medical officer], head team physician, or other medical personnel (as designated or identified by the [medical director/chief medical officer]) who are trained in exertional heat illness prevention, recognition and treatment will be [present/on-site/on-call] for all [NGB] [training sessions/practices/ competitions].
- All training and conditioning sessions should be administered by personnel who are CPR and AED certified and who have necessary training to respond to emergency situations.

Treatment and Emergency Care	
Exercise-Associated Muscle Cramps	If the athlete is displaying signs and symptoms: <ul style="list-style-type: none"> • Remove the athlete from the activity until cramping has been treated and has resolved. • Treat the athlete with proper hydration techniques. This should include an added electrolyte supplement. • If cramping cannot be controlled, the athlete should not return to any physical activity for the remainder of the day.
Heat Syncope	If the athlete is displaying signs and symptoms: <ul style="list-style-type: none"> • Remove the athlete from the activity and move them to a shaded area. • Monitor vital signs, elevate the legs above the level of the heart, cool the body, and rehydrate. • Activate the EAP* if the cause is unknown or if the observer is unsure.
Heat Exhaustion	If the athlete is displaying signs and symptoms: <ul style="list-style-type: none"> • Remove the athlete from the activity, move them to a shaded area, and remove excess clothing and equipment. • Cool the body with fans or ice towels/bags. If possible, move them into an air conditioned space. • Monitor vital signs, elevate the legs above the level of the heart, and rehydrate. • If recovery is not rapid (within 30 minutes of initiation of treatment) or if the condition worsens, activate the EAP*. • A rectal temperature should be obtained to differentiate heat exhaustion from the more serious exertional heat stroke. If rectal temperature is above 104°F (219.2°C), the athlete should be treated for exertional heat stroke.
Exertional Heat Stroke	If the athlete is displaying signs and symptoms this is a medical emergency: <ul style="list-style-type: none"> • Activate the EAP* immediately. • A rectal thermometer should be inserted into the rectum immediately and should remain in the body for continuous monitoring. If this tool is not available, do not use other methods. • The athlete’s full body should be immersed in ice water (35-58°F/1.7-14.4°C) and they should remain in the ice water immersion until the body has cooled to a temperature below 101-102°F (38.3-38.9°C). <ul style="list-style-type: none"> ○ If immersion is not available, find a shaded area and cool the body with as many ice towels/bags as possible. • Rectal temperature and other vital signs should be monitored during cooling continuously. <ul style="list-style-type: none"> ○ The athlete’s breathing, airway, and circulation need to be maintained • The athlete should not be removed from immersion until their core body temperature cools to 101-102°F (38.3-38.9°C) even if emergency services (EMS) arrive before this occurs. Cold water immersion is the priority for this emergency. • Once cooled, the athlete may be transported by EMS.

*Please see the emergency action plan for further instructions.

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United States Olympic & Paralympic Committee Policy

Environmental Guidelines- Heat Exposure *(continued)*



Return To Activity After Heat Illnesses And Emergencies

- Exercise-Associated Muscle Cramps and Heat Syncope
 - The athlete should not return to participation until symptoms have fully resolved, other medical conditions have been ruled out, and they've received medical clearance.
- Exertional Heat Exhaustion
 - Same day return to activity is not recommended and should be avoided. Return may be delayed for 24-48 hours following physician clearance.
- Exertional Heat Stroke
 - The athlete should not return to activity for at least 1 week following the incident.
 - The athlete must be asymptomatic, all testing must be normal, and they must receive physician clearance prior to resuming any form of activity.
 - The athlete's return to play progression will be monitored by the [medical director/chief medical officer], head team physician, and/or athletic training staff.

Policy revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee Policy

Environmental Guidelines- Cold Exposure



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following policy provides environmental guidelines and expectations for participation as it relates to cold exposure for all [NGB] athletes.

Definitions and Education

[NGB] leadership refers to executive or director level staff who serve as decision makers regarding athlete health, safety, and wellness.

Hypothermia is the lowering of the body’s core temperature below normal 95°F (35°C). Shivering will occur in an attempt to increase body temperature, but it begins to cease when the body’s core temperature reaches 90-87°F (32-30°C). Once shivering stops body temperature decreases and death is imminent.

	Signs and Symptoms	Prevention
Mild Hypothermia 95-89.6 °F (35-32 °C)	<ul style="list-style-type: none"> Pale skin color Uncontrolled shivering Exhaustion/fatigue Trouble speaking Confusion Slow movements and clumsiness Slow reactions/ reflexes Poor judgement Weak pulse Fast heart rate Rapid breathing 	<ul style="list-style-type: none"> Dress in layers and accessorize with hats, gloves, wool socks, etc. Wear proper clothing Complete a proper warm up before activity Eat and drink warm foods and drinks Take breaks and warm up inside Avoid prolonged under protected exposure to cold
Moderate Hypothermia 89.6-82.4 °F (32-28 °C)	<ul style="list-style-type: none"> Bluish color to skin Mental status changes Decrease in shivering Slurred speech Hallucinations Muscle stiffness Decrease in heart rate and breathing Abnormal heartbeat Decreased blood pressure Weak reflexes Loss of consciousness 	
Severe Hypothermia < 82.4 °F (28 °C)	<ul style="list-style-type: none"> Shivering stops No reflexes Total muscle stiffness Unable to move voluntarily Low blood pressure Cardiac arrest Coma Death 	

Frostnip is the precursor to frostbite and occurs due to exposure with cold temperatures. Damage to tissue isn’t permanent.

Frostbite occurs due to prolonged exposure to excessive/freezing temperatures 32°F (0°C). Tissue damage is permanent.

	Signs and Symptoms	Prevention
Frostnip	<ul style="list-style-type: none"> Skin turns red and/or purple Skin is cold to the touch and numb There may be pain 	<ul style="list-style-type: none"> Dress in layers and accessorize with hats, gloves, wool socks, etc. Keep the head, ears, hands, and feet covered Wear proper clothing Complete a proper warm up before activity Eat and drink warm foods and drinks Take breaks and warm up inside Avoid prolonged under protected exposure to cold
Superficial Frostbite	<ul style="list-style-type: none"> Skin may become pale or white Within skin ice crystals start to form Skin may sting Skin may swell 	
Severe Frostbite	<ul style="list-style-type: none"> Complete numbness, pain, or discomfort Hard and black skin forms Skin can't be depressed 	

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United States Olympic & Paralympic Committee Policy

Environmental Guidelines- Cold Exposure (continued)



All of the above conditions can still occur with cold-weather clothing and accessories.

Guidelines for Activity Modification

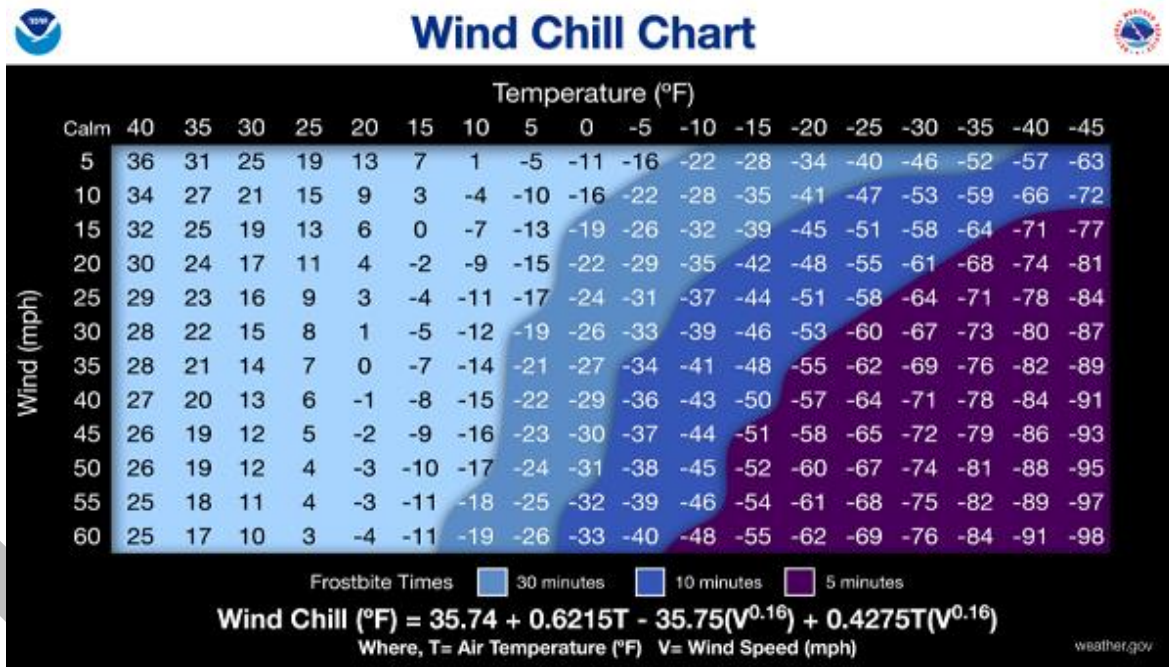
Outdoor Land Practices

- The athletic trainer (AT) will notify the [medical director/chief medical officer] of current temperature/windchill with the associated risk. The [medical director/chief medical officer], in consultation with NGB leadership and other experts, has the authority to modify practice/competition plans. The wind chill factor table below will be used to determine these plans.

Outdoor Water Practices

- Exercising in water or over water can increase the rate of heat loss significantly due to the evaporation from wet clothing in the cold environment.
- The athletic trainer (AT) will notify the [medical director/chief medical officer] of current temperature/windchill with the associated risk. The [medical director/chief medical officer], in consultation with NGB leadership and other experts, has the authority to modify practice/competition plans. The wind chill factor table below will be used to determine these plans in addition to the current status of the water (e.g., presence of ice, temperature, etc.).

Wind Chill Chart and Activity Modification



Risk	Temperature/ Wind Chill	Modifications
Low Risk	30°F to 26°F	Outside participation allowed with appropriate clothing
Moderate Risk	25°F to 16°F	Mandate additional protective clothing (hat, gloves, layers, etc.) Limit practice sessions to 60-90 minutes/ 15 minute re-warming Provide re-warming facilities (warm, dry environment, fluids, blankets, hot packs, etc.)
High Risk	15°F to 0°F	All participants must have appropriate clothing Cover all exposed skin (cover helmet ear holes) Outside participation limited to 45 minutes/ 15 minute re-warming Provide re-warming facilities (warm, dry environment, fluids, blankets, hot packs)
Extreme Risk	0°F or below	Termination of all outside activities

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United States Olympic & Paralympic Committee Policy

Environmental Guidelines- Cold Exposure *(continued)*



Emergency Management and Treating Cold Related Injuries

Treatment and Emergency Care

- Emergency action plans (EAPs) are readily available to all members of [NGB]’s staff and are posted clearly at every [NGB] facility.
- The head team physician and the athletic training staff will coordinate the education and rehearsal of emergency action plans regarding cold related injuries. The following individuals will receive this training [frequency]:
 - [List titles/groups/individuals]

Treatment and Emergency Care	
Mild Hypothermia	If the athlete is displaying signs and symptoms: <ul style="list-style-type: none"> • Remove the athlete from the cold immediately. • Remove wet clothing and put on warm, dry clothing. • Cover the athlete in warm dry blankets. • Activate the EAP* or seek immediate emergency services for medical attention.
Moderate/Severe Hypothermia	If the athlete is displaying signs and symptoms this is a medical emergency: <ul style="list-style-type: none"> • Remove the athlete from the cold immediately. • Remove wet clothing and put on warm, dry clothing. • Activate the EAP* or seek immediate emergency services for medical attention. • Do not attempt to re-warm the athlete. • Do not allow further heat loss.
Frostnip	If the athlete is displaying signs and symptoms: <ul style="list-style-type: none"> • Remove the athlete from the cold immediately. • Remove wet clothing and put on warm, dry clothing. • Gradually rewarm the body. • DO NOT use hot water. • Follow up with the team physician.
Frostbite	If the athlete is displaying signs and symptoms this is a medical emergency: <ul style="list-style-type: none"> • Activate the EAP* and seek immediate emergency services for medical attention. • Remove the athlete from the cold immediately. • Gently remove clothing and any accessories, which may restrict circulation. • Place dry, sterile gauze between fingers/toes. • Do not rub, massage, or apply heat to frostbitten area.

*Please see the emergency action plan for further instructions.

Return To Activity After Cold Injuries And Emergencies

- The athlete must be asymptomatic, all testing must be normal, and they must receive physician clearance prior to resuming any form of activity following a hypothermia or frostbite diagnosis.
- The athlete’s return to play progression will be monitored by the [medical director/chief medical officer], head team physician, and/or athletic training staff.

Policy revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee Policy

Environmental Guidelines- Air Quality



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following policy provides environmental guidelines and expectations for participation as it relates to air quality for all [NGB] athletes.

Definitions and Education

[NGB] leadership refers to executive or director level staff who serve as decision makers regarding athlete health, safety, and wellness.

Air quality index (AQI) is the Environmental Protection Agency's (EPA) rating of air quality using measurements of outdoor air pollutants including, ozone, carbon monoxide, sulfur-based compounds, and particulate matter. The AQI does not include indoor air pollutants as indoor air pollutant levels are unique to each venue.

Competition/Game officials refer to the individuals in charge of officiating the event and managing the event. This may also include those involved with domestic or international governing bodies related to the sport.

Guidelines for Activity Modification

Detection Method

- In the case of poor quality of air due to environmental concerns (i.e., fires, pollution, smog, etc.), the athletic training staff, the [medical director/chief medical officer], and [NGB] leadership will monitor the air quality index (AQI) using the government's [AirNow website](#) for U.S. locations or the [World's Air Pollution website](#) for international locations to determine the associated risk.
 - If there is not an AirNow testing location within reasonable proximity of the training, practice, or competition facility, an alternate monitoring device or online air quality system can be used. This alternate option will be predetermined [frequency] by the [medical director/chief medical officer] and [NGB] leadership.
- All readings and recommendations will be recorded.

Authority: Practices and Training Sessions

- The AQI will be monitored beginning at least 24 hours prior to a practice/training session.
- The medical staff in conjunction with [NGB] leadership will inform all coaches of the air quality using the AQI information referenced below.
- The responsibility of removing athletes from a practice area or training session due to poor air quality lies with the coaching staff.
- All [NGB] personnel must comply with the decision of the medical staff and [NGB] leadership.

Authority: Domestic Competitions/Games

- The AQI will be monitored beginning at least 24 hours prior to a competition/game.
- If at any point during the 24-hour period, the AQI reaches [insert AQI level] discussions about delaying the start of the contest or rescheduling will begin.
- Once the competition/game has started the AQI will be monitored by the medical staff, [NGB] leadership and competition/game officials, and the contest can be canceled/postponed if the AQI surpasses a predetermined threshold.
- The medical staff in conjunction with [NGB] leadership will inform [NGB] coaches, competition/game officials, and visiting team staff of the air quality using the AQI information referenced below.

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United States Olympic & Paralympic Committee Policy

Environmental Guidelines- Air Quality *(continued)*



- The responsibility of removing athletes from a competition/game area due to poor air quality lies with the coaching staff of both teams and competition/game officials.
- All [NGB] and visiting team personnel must comply with the decision of the medical staff, [NGB] leadership, and competition/game officials.

Activity Guidelines

- The websites and the table below will be used to determine activity guidelines.
- Determine the current AQI. Domestic and international AQI levels can be found by clicking the following links or scanning the QR codes:



[United States AQI](#)



[International AQI](#)

- Determine the activity guidelines:

AQI Reading	Activity Guidelines
<100	No specific action needed.
100-150	<p>Consider implementing training modifications, particularly for those with known pollution sensitivities or respiratory disease. Training modifications may include:</p> <ul style="list-style-type: none"> • Exercising indoors • Avoiding sustained heavy outdoor exercise such as interval training • Avoiding exercising longer than 90 minutes • Athletes exercising outdoors may consider wearing an N95 or KN95 face mask <p>When exercising indoors, the facility should be equipped with an HVAC system using a high-quality air filter such as a MERVE 13 to remove air pollutants.</p> <p>Outdoor sports event organizers should communicate to their participants that moderate levels of air pollution exist and those with known pollution sensitivities or respiratory disease should consider not participating in the event, reducing the intensity of their exercise during the event and/or wearing an N95 or KN95 face mask during the event, if possible.</p>
151-200	<p>Indoor exercise is recommended. Athletes with known pollution sensitivities or respiratory disease should avoid outdoor exercise and consider wearing an N95 or KN95 face mask when outside.</p> <p>Exercise can take place indoors, preferably in a facility equipped with an HVAC system using a high-quality air filter such as a MERVE 13 to remove air pollutants.</p> <p>Athletes without known pollution sensitivities or respiratory disease should strongly consider exercising indoors rather than outdoors, and if they do exercise outdoors, shorten the duration, reduce the intensity, and wear an N95 or KN95 face mask while exercising.</p> <p>Outdoor sports event organizers should consider moving their event indoors, if possible. Otherwise, they should communicate to their participants that high levels of air pollution exist, participants with known pollution sensitivities or respiratory disease should not participate in the event, and participants without known pollution sensitivities or respiratory disease should consider not participating in the event, reducing the intensity of their exercise during the event and/or wearing an N95 or KN95 face mask during the event, if possible.</p>
>200	<p>All athletes should avoid outdoor exercise and consider wearing an N95 or KN95 face mask when outside at any time.</p> <p>Exercise can take place indoors, preferably in a facility equipped with an HVAC system using a high-quality air filter such as a MERVE 13 to remove air pollutants.</p> <p>Outdoor sports event organizers should move their event indoors, if possible, or consider canceling their event.</p>

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United States Olympic & Paralympic Committee Policy

Environmental Guidelines- Air Quality *(continued)*



- Athletes are never required to participate in activities if they personally feel the air quality is unsafe.

Emergency Management

- Emergency action plans (EAPs) are readily available to all members of [NGB]’s staff and are posted clearly at every [NGB] facility.
- The head team physician and the athletic training staff will coordinate the education and rehearsal of emergency action plans regarding individuals who are having difficulty breathing. The following individuals will receive this training [frequency]:
 - [List titles/groups/individuals]
- The following emergency equipment will be available at every scheduled [training session/practice/competition]:
 - [List equipment]
- Unscheduled practices or training sessions will have access to AEDs.
- The [medical director/chief medical officer], head team physician, or other medical personnel (as designated or identified by the [medical director/chief medical officer]) who are trained in the treatment of individuals who are having difficulty breathing will be [present/on-site/on-call] for all [NGB] [training sessions/practices/ competitions].
- All training and conditioning session should be administered by personnel who are CPR and AED certified and who have necessary training to respond to emergency situations.
- If an individual is having difficulty breathing, activate the EAP immediately.

Policy revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee Policy

Environmental Guidelines- Altitude



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following policy provides environmental guidelines and expectations for participation as it relates to altitude for all [NGB] athletes.

Definitions and Education

[NGB] leadership refers to executive or director level staff who serve as decision makers regarding athlete health, safety, and wellness.

Acclimatization involves progressively increasing the intensity and duration of physical activity and phasing in protective equipment (if applicable) in the desired environmental conditions.

Hypoxia occurs when the body's tissues have low levels of oxygen.

High altitude is typically defined as an elevation above 8,200 feet (2,500 meters).

Altitude illness occurs due to lower levels of oxygen and reduced air pressure at high altitudes resulting in hypoxia. It occurs before acclimatization is completed by the individual. The 3 main factors for developing altitude sickness are exertion, elevation at the current destination, and the rate of ascent. Below are the types of altitude sickness:

- **Acute mountain sickness (AMS)** is the most common and mildest form of altitude sickness. This may feel like an alcohol hangover.
- **High-altitude pulmonary edema (HAPE)** occurs when altitude sickness affects the lungs, causing fluid to accumulate in them. There may or may not be warning symptoms. HAPE can occur with or without AMS and HACE. This is a medical emergency that needs immediate medical attention as death is rapid.
- **High-altitude cerebral edema (HACE)** is the most severe form of altitude sickness resulting in the brain accumulating extra fluid and swelling. It's considered "end stage" of altitude sickness. This is a medical emergency that needs immediate emergency care.

According to the *Centers of Disease Control* altitude sickness signs and symptoms are as follows:

Signs and Symptoms	
Acute Mountain Sickness (AMS)	<ul style="list-style-type: none"> • Headache (almost always present) • Anorexia • Dizziness • Fatigue • Nausea • Occasional vomiting <ul style="list-style-type: none"> • Symptom onset is ~2 to 12 hours after ascent to a high altitude/higher elevation • Symptoms typically resolve in ~12 to 48 hours if ascension stops • AMS will improve rapidly with descent ≥1,000 feet (~300 meters)
High-Altitude Pulmonary Edema (HAPE)	<ul style="list-style-type: none"> • Initial symptoms <ul style="list-style-type: none"> ○ Chest congestion ○ Cough ○ Exaggerated shortness of breath on exertion ○ Decreased exercise performance and fatigue • If unrecognized and untreated: <ul style="list-style-type: none"> ○ Shortness of breath at rest ○ Respiratory distress ○ Bloody saliva <ul style="list-style-type: none"> • Progression typically occurs over 1 to 2 days • Crackling or rattling lung sounds with a stethoscope • Oxygen saturation levels will be at least 10 points lower than in healthy people at the same elevation (values of 50%–70% are common) • Blue or gray lips and fingernails • A fever may be present

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United States Olympic & Paralympic Committee Policy

Environmental Guidelines- Altitude (continued)



High-Altitude Cerebral Edema (HACE)	<ul style="list-style-type: none"> • Rare at elevations <14,000 feet (~4,300 meters) • Altered mental status (e.g., hallucinations, behavioral changes, etc.) • Poor muscle control and clumsy movements <ul style="list-style-type: none"> ◦ Without treatment or descent from altitude, coma is likely to ensue within 12–24 hours of the onset 	<ul style="list-style-type: none"> • Confusion • Drowsiness and fatigue • Worsening headache and vomiting
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Guidelines for Activity Modification

Preparation

- If exposure to high altitude is expected, the medical staff will determine the destination’s elevation/altitude (i.e., distance above sea level) prior to travel to domestic and international host sites. If the destination is determined to be high altitude, altitude sickness preventative measures will be implemented.
- Those with a previous history of altitude sickness, underlying medical conditions, and risk factors for altitude illness must be cleared by the [medical director/chief medical officer], head team physician, or their designee before ascent to the destination.
 - Physical fitness does not decrease one’s risk of developing altitude illness.
- All athletes and coaches traveling to high altitude will be educated of this risk and potential signs and symptoms of altitude illness development.

Acclimatization and Activity Guidelines

- Acclimatization should occur over weeks to months depending on the individual, but the first 3 to 5 days after ascent to each new elevation are extremely important.
 - Only mild exercise should occur in the first 48 hours at elevation change. Vigorous exercise is to be avoided.
 - This period may need to be extended and should include, but is not limited to total volume, intensity, body part, work to rest, and total (i.e., time duration) of exercise limitations on all activities.
- The below recommendation provided by the *Wilderness Medical Society* will be used to aid in the acclimatization process for [NGB] athletes enroute to a high altitude destination:
 - Ascending to a sleeping elevation of ≥9,000 feet (~2,750 meters) in a single day will be avoided.
 - Once above 9,800 feet (~3,000 meters), the ascension rate will not be greater than 1,650 feet (~500 meters) per night in sleeping elevation.
 - An extra night will be added to acclimatize for every 3,300 feet (~1,000 meters) of sleeping elevation gain.
 - Drink plenty of fluid during altitude exposure.
- It should take at least 2 days at a minimum to reach 8,200–9,800 feet (~2,500–3,000 meters).
- Never ascend to a higher elevation if any symptoms of altitude illness are being experienced.
- Individuals should descend if the symptoms worsen while resting at the same elevation.

Emergency Management and Treating Altitude Illness

Treatment and Emergency Care

- Emergency action plans (EAPs) are readily available to all members of [NGB]’s staff and are posted clearly at every [NGB] facility.
- The head team physician and the athletic training staff will coordinate the education and rehearsal of emergency action plans regarding altitude exposure. The following individuals will receive this training [frequency]:
 - [List titles/groups/individuals]
- The following emergency equipment will be available at every scheduled [training session/practice/competition]:
 - [List equipment]
- Unscheduled practices or training sessions will have access to AEDs.

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Environmental Guidelines- Altitude *(continued)*



- The [medical director/chief medical officer], head team physician, or other medical personnel (as designated or identified by the [medical director/chief medical officer]) who are trained in altitude exposure prevention, recognition and treatment will be [present/on-site/on-call] for all [NGB] [training sessions/practices/ competitions].
- All training and conditioning session should be administered by personnel who are CPR and AED certified and who have necessary training to respond to emergency situations.

Treatment and Emergency Care	
Acute Mountain Sickness (AMS)	<p>If the athlete is displaying signs and symptoms:</p> <ul style="list-style-type: none"> • The [medical director/chief medical officer], head team physician, and/or medical staff will be notified. • Stop ascending until the athlete's symptoms are completely gone. • If available, supplemental oxygen will be provided. <ul style="list-style-type: none"> ◦ Headache relief should occur within 30 minutes and other symptoms should resolve over the following hours. • If there are no signs or symptoms of HACE or HAPE, the athlete can remain safely at their current elevation and rest. • Medications such as acetaminophen or non-steroidal anti-inflammatory drugs may be helpful.
High-Altitude Pulmonary Edema (HAPE)	<p>If the athlete is displaying signs and symptoms:</p> <ul style="list-style-type: none"> • Activate the EAP* and seek immediate emergency services for emergency care. • The [medical director/chief medical officer], head team physician, and/or medical staff will be notified. • Descending in elevation is urgent and mandatory regardless of the time of day. • If available, administer oxygen. • Limit exertion. • Provide the appropriate medications (i.e., physicians or their designees). • If immediate descent is not an option, supplemental oxygen will be provided or the use of a hyperbaric chamber may be necessary.
High-Altitude Cerebral Edema (HACE)	<p>If the athlete is displaying signs and symptoms:</p> <ul style="list-style-type: none"> • Activate the EAP* and seek immediate emergency services for emergency care. • The [medical director/chief medical officer], head team physician, and/or medical staff will be notified. • Descending in elevation is urgent and mandatory regardless of the time of day. • If available, administer oxygen. • Provide the appropriate medications (i.e., physicians or their designees).

*Please see the emergency action plan for further instructions.

Return To Activity After Altitude Illness

- Acute Mountain Sickness (AMS)
 - The athlete should not return to participation until symptoms have fully resolved (typically 2 to 3 days at a lower altitude), other medical conditions have been ruled out, and they've received medical clearance.
- High-Altitude Cerebral Edema (HACE) and High-Altitude Pulmonary Edema (HAPE)
 - The athlete must be asymptomatic, all testing must be normal, and they must receive physician clearance prior to resuming any form of activity.
 - Recovery may take weeks to months.
 - The athlete's return to play progression will be monitored by the [medical director/chief medical officer], head team physician, and/or their designee.

Policy revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee Policy

Return to Play and Medical Disqualification



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following policy provides guidelines and expectations as it relates to return to play and medical disqualification protocols for all [NGB] athletes.

Definitions and Education

Return to play is defined as the completion of a process in which an athlete has completed medical protocols prescribed by healthcare providers that results in the athlete's ability to return to full participation in [NGB] activities.

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]'s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified as an expert or a part of the athlete's treatment team.

A **medical disqualification** describes an athlete who is deemed to no longer be able to compete in future [NGB] activities by healthcare personnel either due to physical or mental limitations or disqualifiers. These disqualifiers may be due injuries, illnesses, or conditions sustained either during [NGB] activities or during activities not associated with [NGB].

Athletic related injuries, illnesses, or conditions are medically diagnosed issues that were sustained during [NGB] activities (i.e., training sessions, practices, or competitions).

The **exit physical process** is a process that take places once an athlete is no longer a [NGB] athlete for any reason.

Guidelines for Return to Play Decisions

Authority, Medical Coverage, and Recognition

- In accordance to nationally recognized medical best practices and the standard of care expected by [NGB] personnel, team physicians and athletic trainers have the unchallengeable autonomous authority to make decisions as it relates to the medical management and return to play decisions of all [NGB] athletes. These professionals are responsible with evaluating an athlete with a suspected injury, illness, or condition and determining their return to play status (i.e., the athlete's ability to resume activity).
- The [medical director/chief medical officer], head team physician, and athletic training staff who are trained in the initial diagnosis, treatment, and management of acute and chronic injuries, illnesses, and conditions will be [present/on-site/on-call] for all [NGB] [training sessions/practices/competitions].
 - To be present means the medical professional is in attendance of the training session, practice, or competition.
 - To be on-site means the medical professional is at the training facility or competition site.
 - To be on-call means the medical professional is available via phone, messaging, beeper, or other designated means of communication.

Return to Play Decisions

- A return to play decision may be immediate or prolonged dependent on the:
 - nature of the injury, illness, or condition
 - setting in which the injury, illness, or condition occurs
 - urgency in which a decision needs to be made
 - findings of any medical/mental evaluation(s), testing, or treatments

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United States Olympic & Paralympic Committee Policy

Return to Play and Medical Disqualification (*continued*)



- The [medical director/chief medical officer], head team physician, and/or athletic training staff are responsible for clearing an athlete to return to play.
 - Athletic trainers may make return to play decisions as outlined in standing protocols or as defined by the [medical director/chief medical officer] and/or head team physician.
- In cases of dispute or differing opinions, the [medical director/chief medical officer] and head team physician have the final authority to determine which athletes are cleared for [NGB] activities on an individualized case by case basis.
- If the athlete is unable to complete a return to play protocol, a medical disqualification may be pursued.

Guidelines for the Medical Disqualification of Athletes

Medical Disqualification Process

- A medical disqualification decision may be short or prolonged dependent on the nature of the injury, illness, or condition and the subsequent medical/mental evaluation(s), testing, or treatments conducted.
- [NGB] healthcare providers will meet to do a full medical chart review of the athlete's potential medically disqualifying injury, illness, or condition. Medical documentation from external medical professionals will also be considered if supplied by the athlete.
 - If this group determines that the athlete should not be medically disqualified, a new or revised return to play protocol will begin.
- If this group determines that the athlete should be medically disqualified, the exit physical process will begin. The athlete will complete an exit questionnaire and exit physical with the [medical director/chief medical officer], head team physician, and/or athletic training staff.
 - The athlete must outline any athletically related injuries, illnesses, or conditions that have been reported to [NGB] healthcare providers, have not resolved, **AND** are currently being treated by [NGB] healthcare personnel.
 - The disqualifying condition will also be categorized as athletically related or non-athletically related.
 - All athletically related injuries, illnesses, or conditions that meet the above standard will be evaluated by the [medical director/chief medical officer] or head team physician to determine their current status.
 - Recommendations will be provided to the athlete by the physician regarding the short term and long term care and treatment for the disqualifying condition.
 - The prescribed plan of care provided by the physician must be agreed upon by the athlete.
 - If the athlete does not agree, the athlete's medical chart will be considered closed and [NGB] is no longer financially responsible.
 - If the athlete agrees and ongoing medical care is required, care will be coordinated and begin immediately following the exit physical at the discretion of the physician.
 - All exit questionnaire and exit physical forms and medical disqualification documentation must be completed or uploaded to the [NGB]'s designated EMR.
- If a disqualifying condition or a condition identified during the exit physical process has been deemed non-athletically related, all medical bills incurred are the responsibility of the athlete.
- [NGB] will provide financial support for athletically related injuries, illnesses, or conditions that meet the above standard for a period of [#] years or until the condition(s) resolve (whichever comes first) immediately following the completion of the exit physical and medical disqualification.
 - The level of financial support will be defined by the [NGB] during the exit physical process.
 - If treatment for a disqualified athlete will exceed the [#] year guideline, approval must be received by the [medical director/chief medical officer] for extension of care.
- [NGB]'s financial support will end and the athlete's medical chart will be closed for any of the following reasons:
 - The athlete has completed the prescribed plan of care for athletically related conditions and the disqualifying condition has resolved.
 - The athlete chooses to discontinue the prescribed plan of care.
 - The athlete becomes non-compliant with the prescribed plan of care.

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United States Olympic & Paralympic Committee Policy

Return to Play and Medical Disqualification (continued)



- o [#] years of from the completion of the exit physical and medical disqualification have passed, and an extension has not been awarded.
- o The athlete resumes athletic performance, training, or competition with another organization/institution.
- Once treatment ceases on an injury, care will not be resumed.
- As deemed appropriate per physician orders, the athlete may continue to receive care coordinated by the [medical director/chief medical officer], head team physician, athletic training staff, or the physician’s designee for [#] years following medical disqualification.
 - o All evaluations, treatments, and tests as part of the plan of care provided by [NGB] healthcare personnel must be documented in the [NGB]’s designated EMR.

Athlete Appeals Process

- If an athlete chooses to appeal their medical disqualification, they must follow the below guidelines:
 - o The athlete must notify the [medical director/chief medical officer] of their decision to appeal their medical disqualification in writing.
 - o The athlete may receive second opinions regarding their disqualifying condition.
 - If the athlete is seeking financial assistance through this process, they must notify the [medical director/chief medical officer] and receive approval.
 - If the athlete seeks a second opinion without approval, they will be financially responsible for all charges/bills incurred for those appointments.
 - o Once approval from the [medical director/chief medical officer] is received, [NGB] will provide financial support at the approved amount until a diagnosis and prognosis is reached by the physician(s)/specialist(s) used for the second opinion(s).
 - These physician(s)/specialist(s) must be approved by the [medical director/chief medical officer].
 - o The athlete must submit medical documentation to support their claim along with providing approval to allow for communication between the physician(s)/specialist(s) used for the second opinion(s) and [NGB]’s healthcare providers.
- The [medical director/chief medical officer] and the head team physician will review the submitted medical documentation and communicated with the physician(s)/specialist(s) used for the second opinion(s) (if needed).

Final Decisions

- The [medical director/chief medical officer] and/or the head team physician will make the final decision on whether the medical disqualification stands or has been reversed.
 - o If the [medical director/chief medical officer] and/or the head team physician determines that the athlete should not be medically disqualified, a new or revised return to play protocol will begin.
 - o If the [medical director/chief medical officer] and/or the head team physician determines that the athlete should be medically disqualified, the exit physical process will begin.

Policy revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee Policy

Medical Documentation



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following policy establishes minimum guidelines and expectations as it relates to medical documentation for all [NGB] healthcare personnel. Incorporating these guidelines may aid in mitigating the risk of malpractice and risk to athletes and [NGB].

Definitions and Education

Medical documentation is any information that provides a record of medical, mental, or health care/services that the patient (i.e., athlete) has been provided by medical, mental, or health care personnel. This documentation may include but is not limited to health history questionnaires, physical forms, evaluation notes, progress notes, treatment/intervention notes, mental health notes, and communication history. Medical documentation provides an accurate and complete history of the patient's medical history while also improving communication between clinicians, collaboration, patient outcomes, and the consistency and continuum of care.

A **patient encounter** is defined as any interaction (e.g., in person/verbal, written, or electronic) that a patient has with healthcare personnel where that healthcare provider is providing their medical, mental, or health care services or communication occurs regarding the patient's health status (e.g., past, present, or future).

Informed consent refers to the process in which a patient is made fully aware of all information associated with the type of care or medical/treatment intervention, the potential benefits and risks of the care/intervention, and other alternative options to the proposed care/intervention available to them.

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]'s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified.

External healthcare providers are any medical, mental, or health care providers who are not hired by or have a contractual agreement with [NGB].

Psychotherapy notes are defined as notes recorded by a medical provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session. Psychotherapy notes does not include information about medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, or any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date. These excluded items should be documented in the patient's general medical record without additional access restrictions. For clarity, psychotherapy notes are notes to capture the therapist's impression of the patient and details about conversations in the session that the mental health provider deems inappropriate to include in the general medical record because they are relevant only to the treating provider.

Medical Documentation Guidelines

Medical Documentation Platform(s)

- The [medical director/chief medical officer] has identified [name of electronic medical record platform(s)] as the chosen electronic medical record (EMR) platform(s) for [NGB] athletes. This platform is Health Insurance Portability and Accountability Act (HIPAA) compliant.

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United States Olympic & Paralympic Committee Policy

Medical Documentation *(continued)*



- As noted above, documentation may only be entered into the [NGB]'s EMR system of record. Other electronic outlets are not secure and do not protect patient privacy. Unless otherwise approved by the [NGB], they must never be used to maintain clinical notes.
- All healthcare personnel will be provided access to [name of electronic medical record platform] as their primary medical documentation platform for all of the care/services that they provide to [NGB] athletes.
- All paper medical documentation pertaining to [NGB] athletes will be uploaded into the patient's medical record within [name of electronic medical record platform(s)]. This will also include any documentation received from external healthcare providers.
 - Paper documentation, once uploaded, should be shredded and discarded.
- The [medical director/chief medical officer] will complete audits of medical documentation on a regular basis.

Authenticity and Confidentiality

- Healthcare personnel are not permitted to share their EMR password or otherwise make their EMR password accessible to any other person.
- Healthcare personnel are not permitted to chart in a medical record opened with a password other than their own.
- Healthcare personnel must always log out when they have finished their work in a patient record and/or when they are stepping away from the computer.
- Healthcare personnel are not permitted to access records for patients they're not treating or have no legitimate business need to know or access the information.

Integrity of Authorship

- A time and date stamp must be included on every entry into a patient's medical record.
- Healthcare personnel are not permitted to copy patient-specific documentation from another author unless appropriate attribution is included.
- Healthcare personnel may only document notes related to care they provided and not the care provided by others, unless they jointly provided care – in which case the primary healthcare provider should enter the documentation and list by name the other healthcare personnel involved in the joint provision of care.
- Healthcare personnel are not permitted to edit the documentation notes made by another healthcare provider.

Additional Healthcare Personnel Considerations

- In addition to [NGB]'s medical documentation guidelines, all healthcare personnel are responsible for ensuring that they remain compliant with their profession's national standard and state practice laws associated with documentation and record keeping.
- Healthcare personnel will be able to access medical documentation completed or uploaded by other clinicians. Medical documentation access must be in compliance with HIPAA and Federal Education Rights and Privacy Act (FERPA).
- Each healthcare provider is responsible for the entire content of their documentation, whether the content is original, copied, pasted, imported, or re-used. Further, each healthcare provider is responsible for the accuracy, medical necessity, and documentation requirements of each of their notes.
- Prior to providing care or an intervention, healthcare personnel must receive informed consent from the patient. This must be documented in the patient's medical record. This is best obtained via written permission.
- Prior to sharing medical records with external providers, written consent must be received from the athlete.

Documenting Patient Encounters in a Healthcare Office or Clinical Setting

- All patient encounters must be documented by healthcare personnel in the patient's medical record within [name of electronic medical record platform(s)] 100% of the time in a timely manner.

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Medical Documentation *(continued)*



- Entries should be made when the treatment described is given or the observations to be documented are made, or as soon as possible thereafter. Entries should never be made in advance and any entries made after the encounter must accurately identify the time and date the documentation was created. Late notes may not be backdated to the intended date and/or time of the original note.
- Documentation should appear in chronological order so that they are easily retrievable and reproducible.
- Documentation must be concise, accurate, and easy to read and understand.
- A documentation entry should:
 - Contain sufficient information to identify the patient and support the diagnoses/condition
 - Justify the care, treatment, and services
 - Document the course and results of care, treatment, and services and allow for the continuity of care among the healthcare providers
- Documentation must be specific to the patient's condition at the time of their encounter and must include the date, time, and duration of the appointment. This information should also include:
 - Medical prescriptions
 - Results of clinical tests/assessments
 - Disposition and a brief summary of diagnosis
 - The patient's functional status, the treatment plan, their symptoms, prognosis and progress to date
- Entries carried forward from a previous encounter, auto-texts, and any pre-completed notes must be medically necessary, relevant to the patient and services provided in the current encounter and reviewed for accuracy and edited appropriately.
- Healthcare personnel are not permitted to copy entries from patient to patient.
- If a medical record needs to be corrected or amended due to an error, the correct or amended note must be:
 - Clearly and permanently identified as an amendment or correction
 - Completed as soon as possible after it is discovered that a correction or amendment is needed
 - Clearly identify the date, time, and author
 - Not delete the original content but instead clearly identify what correction or amendment is being made
 - Identify why the record has to be amended or corrected.

Documenting Medical Communication with Athletes

- Communication regarding a patient's status may occur in many forms outside of a healthcare office or clinical setting. These interactions should be documented by all healthcare personnel in the patient's medical record. Examples include but aren't limited to emails, text messages, and social media (e.g., WhatsApp) messages.
- Healthcare personnel will educate [NGB] athletes on the importance of limiting electronic communication through unencrypted resources. These resources are often not HIPAA compliant.
 - Unencrypted emails, texts, and other electronic messaging are not considered protected due to the ability of unauthorized users intercepting private information.
- If healthcare personnel receive a non-secure message or email from an athlete or other healthcare personnel (internal or external), it is the responsibility of the healthcare provider to contact (i.e., phone call, secure text or secure email) the sender to further discuss the situation. This contact should then be documented in the patient's medical record.
 - For non-secure messages or emails, it's recommended that healthcare personnel copy and paste the entire message/email including the timestamp into the patient's medical record.

Documenting and Maintenance of Psychotherapy Notes

- While the documentation standards above apply to the documentation of psychotherapy notes, psychotherapy notes must be maintained within the EMR but separate from the patient's general medical record and only accessible to the mental health provider that created them.

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United States Olympic & Paralympic Committee Policy

Medical Documentation *(continued)*



Failure to Comply

- Any violation of the standards set forth in this policy may result in disciplinary action, up to and including termination of employment or the provision of services (as applicable) and/or reporting to the relevant state licensing board.

Record Retention

- [NGB] will retain former [NGB] athlete EMRs for a period of [enter timeframe] after medical disqualification or the completion of the exit physical process.

Policy revision history

- [previous date]
- [previous date]



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United States Olympic & Paralympic Committee Policy

Medical Equipment and Supplies



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following policy provides guidelines and expectations as it relates to medical equipment and supplies including over the counter (OTC) and prescription medications and dietary supplements.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]'s behalf.

Over the counter (OTC) identifies medications and dietary supplements that are available to the public without the need of a prescription by a medical professional.

Medical Equipment and Supplies Guidelines

Identifying Companies/Vendors and Acquiring Medical Equipment and Supplies

- The [medical director/chief medical officer] will establish contractual relationships with relevant companies and vendors who source medical equipment, supplies, and OTC medications and dietary supplements. These relationships will be reviewed on [enter time] basis at a minimum by the [medical director/chief medical officer].
- The following companies and vendors have been identified as approved providers for the following equipment, supplies, and OTC medications and dietary supplements:
 - Taping supplies – [list companies and vendors]
 - Wound care supplies – [list companies and vendors]
 - Topicals – [list companies and vendors]
 - Medical instruments – [list companies and vendors]
 - Orthotics – [list companies and vendors]
 - Braces, casting, and splinting – [list companies and vendors]
 - OTC medications and dietary supplements – [list companies and vendors]
 - Modalities and modality accessories – [list companies and vendors]
 - Exercise and rehabilitation equipment – [list companies and vendors]
 - Emergency equipment and supplies – [list companies and vendors]
 - Miscellaneous equipment and supplies – [list companies and vendors]
- Special requests from companies and vendors not on the above list must be approved by the [medical director/chief medical officer].
- All purchases must be approved by the [medical director/chief medical officer] in writing before an order is made.
- Healthcare personnel must follow [NGB] policy regarding the invoicing and purchasing process once approval has been received in writing.
- Medical equipment and supplies may also be acquired via sponsors or donations and used with [NGB] athletes once approved by the [medical director/chief medical officer] and [NGB] leadership.

Availability of Medical Equipment and Supplies

- Medical equipment, supplies, and OTC medications and dietary supplements will be available to [NGB] athletes in the athletic training and medical facility. With the exception of OTC medications and dietary supplements, athletes may utilize these items with assistance from the athletic training staff, team physicians, or healthcare providers identified by the [medical director/chief medical officer]. Excess of these items will be stored in [state the specific location].

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United States Olympic & Paralympic Committee Policy

Medical Equipment and Supplies *(continued)*



- The [medical director/chief medical officer], head team physician, and/or the athletic training staff will have select equipment, supplies, and OTC medications and dietary supplements available at [training sessions/practice sessions/competitions].
- The [medical director/chief medical officer], head team physician, and/or the athletic training staff will coordinate the transportation of equipment, supplies, and OTC medications and dietary supplements prior to travel to domestic and international host sites. If they are unable to transport the needed items, they will research resources available to [NGB] athletes and staff at the specific destination and create a plan for utilizing those resources.

Maintenance of Medical Equipment and Supplies

- Maintenance (e.g., calibration) of modalities, emergency equipment, exercise equipment, and rehabilitation equipment will occur on [enter time] basis or per the manufacturer's guidelines (whichever occurs first).
- The [enter staff title(s)] or any additional healthcare personnel will be responsible for scheduling any maintenance needs. Once maintenance is completed, this information will also be documented in [location of documentation].
- Should equipment, supplies, and OTC medications and dietary supplements expire, they will be disposed of per the manufacturer's guidelines or per industry standards.

Inventory Management

- The minimum amounts of medical equipment, supplies, and OTC medications and dietary supplements considered adequate will be documented in [location of documentation]. Should inventory be near these numbers when checked, those specific items should be purchased to replenish supply.
- The [enter staff title(s)] or any additional healthcare personnel identified by the [medical director/chief medical officer] will coordinate the completion of inventory and ordering as needed or [enter time] basis at a minimum to ensure adequate levels of medical equipment, supplies, and OTC medications and dietary supplements are available.

Medication and Dietary Supplement Specific Guidelines

General

- A pharmacist will be identified by the [medical director/chief medical officer] to aid with the pharmacological needs of [NGB] athletes and staff.
- The inventory of OTC and prescription medications will be monitored on a regular basis by the pharmacist so that damaged, expired and recalled medication can be removed. These medications should be disposed of in accordance with state and federal regulations.
- Documentation will be kept in accordance with federal and state regulations so that a clear chain of custody can be identified regarding all medications and dietary supplements.

OTC Medications and Dietary Supplements

- OTC medications and dietary supplements will be stored in a secure location identified by the [medical director/chief medical officer] and in line with state and federal regulations.
- OTC medications and dietary supplements are currently stored in [enter secure location] in cabinets, drawers, and/or containers which are all able to be locked. Only the [medical director/chief medical officer], head team physician, athletic training staff, and healthcare personnel identified by the [medical director/chief medical officer] have access to this space.
- In addition to physicians and their designee(s) (i.e., physician's assistant or nurse practitioner), ATs may administer and dispense OTC medications and dietary supplements in the management of orthopedic injuries and medical illnesses as stated in the standing order policy.
 - The athletic training staff may also travel with these items to provide them to [NGB] athletes and staff under the directives of the [medical director/chief medical officer], head team physician, and team physicians as outlined in the standing order policy.

USOPC and USCAH Legal Notices:

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United States Olympic & Paralympic Committee Policy

Medical Equipment and Supplies *(continued)*



- The standing order policy serves as permission from the designated physicians for ATs to dispense OTC medications as needed.
- All dispensed OTC medications and dietary supplements will be documented in [location of documentation] by the individual who dispensed the medication or dietary supplement at the time it was dispensed.

Prescription Medications

- Should prescription medications be kept in [NGB] athletic training or medical facilities, they will be stored in locked cabinets and/or containers in a secure location. The [medical director/chief medical officer], head team physician, team physicians, their designee(s), and the pharmacist will have access to this space.
 - Each facility that contains prescription medication must maintain the appropriate state license.
 - Controlled substances that are administered and/or dispensed for any reason through [NGB] team physicians or their designee(s) are subject to federal and state laws and regulations.
 - If any controlled substances are maintained in an athletic training facility (including physician travel bags, practice arenas, and game stadiums), all practicing physicians at said facility, must maintain proper licensing and follow any federal and state regulations for these controlled substances. Each facility that stores controlled substances on site must maintain proper and current DEA licenses for storage of controlled substances.
- All federal and state regulations should be followed when dealing with the labeling of prescription medications.
- In accordance with state and federal regulations, proper records are to be maintained in each facility and cabinet from which prescription medications are dispensed or administered.
- The [medical director/chief medical officer], head team physician, and/or their designee(s) will coordinate the transportation of prescription medications prior to travel to domestic and international host sites. If they are unable to transport the needed items, they will research resources available to [NGB] athletes and staff at the specific destination and create a plan for utilizing those resources.
 - ATs are not permitted to travel with or have in their possession, prescription medications prescribed to [NGB] athletes or staff with the exception of rescue inhalers and Epi-Pens.

Policy revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee Policy

Standing Orders for Athletic Trainers



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following policy provides the standing orders for [NGB] athletic trainers as it relates to their ability to provide medical, mental, and health care services to [NGB] athletes under the supervision of a [NGB] team physician.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]'s behalf.

According to the *National Athletic Trainers' Association (NATA)*:

- **“Athletic trainers (ATs)** are highly qualified, multi-skilled health care professionals who render service or treatment, under the direction of or in collaboration with a physician, in accordance with their education, training and the state's statutes, rules and regulations. As a part of the health care team, services provided by athletic trainers include primary care, injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions.”

For [NGB], athletic trainers must:

- Be a certified through the Board of Certification (BOC) for the Athletic Trainer
- Be licensed in the state of [state] and be compliant with the state practice act for athletic trainers
- Maintain CPR and AED certification (i.e., Basic Life Support for healthcare providers)
- Be compliant with state and national athletic training, sports medicine, and medical best practices as they relate to the athletic training profession
- Be compliant with [NGB] policies and procedures
- Review these standing orders annually

A **state practice act** defines the scope of practice for the healthcare provider in that specific state.

First aid is the immediate care provided to a person following an injury or illness in an effort to prevent the condition from becoming worse and preserving their life until emergency services arrive and transport the individual.

Routine treatment is provided maintenance and preventative measures.

Restorative treatment is care provided to help maintain or improve a patient’s physical or mental wellbeing after acute or chronic injuries, illnesses, or conditions.

Standing Orders for Athletic Trainers

Per the state practice act, athletic trainers must work under the supervision of a licensed physician in the state. [NGB] athletic trainers will work under the supervision (i.e., direct and indirect) and standing orders of [NGB] team physicians when working with [NGB] athletes and staff. The standing orders below align with the rules and regulations outlined in [state]’s state practice act for athletic trainers (ATs).

- ATs will obtain referrals when required before providing care to [NGB] athletes. This referral may be obtained through direct communication with the team physician in the patient’s medical record via a prescription.

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United States Olympic & Paralympic Committee Policy

Standing Orders for Athletic Trainers (*continued*)



- ATs may assess and screen for potential injuries, illnesses and conditions and for risk factors that could increase the risk of injuries, illnesses, and conditions. These screening procedures may include, but aren't limited to:
 - Pre-participation physical exams
 - Musculoskeletal flexibility assessments
 - Muscular strength and endurance assessments
 - Cardiovascular fitness assessments
 - Postural and ergonomic assessments
 - Body composition assessments
- ATs may advise in aspects of injury prevention and management.
- ATs may provide first aid, routine treatments, and restorative treatments.
- ATs may select, apply, evaluate, and modify prophylactic and protective equipment and other custom devices to minimize the risk of injury or re-injury.
- ATs may administer and dispense over the counter (i.e., nonprescription) medications and dietary supplements in the management of orthopedic injuries and medical illnesses.
- ATs are not permitted to travel with or have in their possession, prescription medications prescribed to [NGB] athletes or staff with the exception of rescue inhalers and Epi-Pens.
- ATs may provide clinical therapy modalities including, but not limited to:
 - Electrical stimulation
 - Therapeutic ultrasound
 - Therapeutic laser
 - Dry needling
 - Heat agents or thermotherapy
 - Cold agents or cryotherapy
 - Cupping
 - Biofeedback
- ATs may provide first aid and emergency care at all [NGB] athletic activities. The AT should perform primary and secondary assessments and employ the appropriate management strategies for non-life threatening injuries or illnesses including, but not limited to:
 - Head trauma
 - Spinal cord and peripheral nerve injuries
 - Thoracic, respiratory, and internal organ injury and illness
 - Seizure
 - Acute asthma attack
 - Anaphylaxis
 - Diabetic emergency
 - Open and closed wounds
 - Acute musculoskeletal injury
 - Environmental illness
 - Different types of shock
 - Toxic drug overdose
 - Allergic, thermal, and chemical reactions to the skin
- ATs may order and schedule diagnostic testing and imaging such as x-rays, MRIs, diagnostic ultrasounds, and labs.
- ATs may obtain/interpret environmental data (e.g., ambient temperature, relative humidity, heat index, lightning, etc.) and athlete specific data (e.g., hydration status) to make appropriate recommendations for athlete safety and the continuance or suspension of activity.
- ATs may return athletes to sport activity for injuries provided the athlete has functional range of motion (ROM), functional strength, and can perform functional sport activity.
 - The AT must have physician clearance to return athletes to activity for moderate to severe injuries, concussions, fractures, dislocations, cardiovascular and respiratory issues, heat illness, and any other injury or condition as directed by the team physicians.
 - ATs may work within verbal orders from the team physician. It is the responsibility of the team physician and AT to follow up with documentation from those orders.
- ATs may provide visiting teams traveling without an AT or team physician, first aid/emergency care and routine care.
 - Return to play decisions for visiting student-athletes are at the discretion of the supervising team physician.
- ATs and team physicians must review these standards annually and provide acknowledgment of their understanding of these guidelines. It is the responsibility of the [medical director/chief medical officer] to provide documentation supporting the completion of this task.

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United States Olympic & Paralympic Committee Policy

Standing Orders for Athletic Trainers *(continued)*



- It is the responsibility of the [medical director/chief medical officer] to review and revise these standing orders on an annual basis at a minimum.

Policy revision history

- [previous date]
- [previous date]

USOPC

USOPC and USCAH Legal Notices:

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United States Olympic & Paralympic Committee Policy

Needling and Injections



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following policy provides guidelines and expectations to [NGB] healthcare providers as it relates to providing injections and the use of needles for medical and therapeutic purposes.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]’s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified.

Needling refers to the use of acupuncture or dry needles.

Informed consent refers to the process in which a patient is made fully aware of all information associated with the type of care or medical/treatment intervention, the potential benefits and risks of the care/intervention, and other alternative options to the proposed care/intervention available to them.

A **patient encounter** is defined as any interaction (e.g., in person/verbal, written, or electronic) that a patient has with healthcare personnel where that medical provider is providing their medical, mental, or health care services or communication occurs regarding the patient’s health status.

Acupuncture is an ancient Chinese medicine technique in which a thin needle is inserted into specific areas of the body to improve health, relieve pain, and balance your energy.

Dry needling is a medical treatment in which a solid (i.e., unable to administer liquid) thin needle is inserted into or near muscular trigger points. The goal is to relieve pain, improve mobility, and increase blood flow.

An **injection** is the act of using a needle and a syringe to administer a form of liquid into the body.

Needle Usage and Injection Guidelines

General

- Needling treatments may only be provided by medically qualified providers.
- Injections may only be provided by the [medical director/chief medical officer], head team physician, or their designee.
 - The only exception, auto-injectors (e.g., EpiPen) may be administered by non-medically qualified individuals such as athletes and coaches in the event of an emergency.
- Healthcare personnel who are able to provide these services in accordance with their profession’s state practice act must also have comprehensive working knowledge of all relevant policies and procedures that apply to national governing bodies (NGBs) associated with providing injections and using needles as a form of treatment.
 - Prior to travel to domestic and international host sites, these professionals are responsible for determining their ability to provide needling treatments and injections based on the destination’s regulations. If they are unable to provide these treatments, they will research resources available to [NGB] athletes and staff at the specific destination and create a plan for utilizing those resources.

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United States Olympic & Paralympic Committee Policy

Needling and Injections *(continued)*



Additional Educational/Training Requirements

- Acupuncture
 - To provide acupuncture treatments and services, in addition to following state practice acts healthcare providers must meet the following qualifications and training requirements and be able to provide evidence:
 - Hold a current and active designation from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) as a diplomate in acupuncture or oriental medicine.
- Dry Needling
 - To provide dry needling treatments and services, in addition to following state practice acts healthcare providers must meet the following qualifications and training requirements and be able to provide evidence:
 - Hold a certificate of completion in therapeutic dry needling from a program/programs
 - Have completed at least [#] treatments post certificate completion

Administering Needling Treatments and Injections

- Prior to performing any therapeutic needling treatment or injection, approval must be provided by the [NGB]'s [medical director/chief medical officer]. This approval may be outlined in standing orders or via a prescription/referral that's documented in the athlete's individual electronic medical record (EMR).
- All [NGB] athletes must be educated on the form of treatment that they're receiving and informed consent must be documented in the patient's medical record. Additionally, [NGB] athletes must complete a [Needling (Acupuncture or Dry Needling) Consent Form] prior to receiving treatment. A copy of this must also be included in their EMR.
- Needling treatments and injections must take place in a location in which Universal Precautions may be followed during the patient encounter.
- Should the athlete have any severe adverse reactions or they express any issues or concerns, the [medical director/chief medical officer] should be notified immediately.
- All patient encounters must be documented by healthcare providers in the patient's medical record within [name of electronic medical record platform(s)] 100% of the time in a timely manner.

Disposal of Needles and Associated Materials

- All used needles and associated materials (e.g., vials, syringes and swabs) must be safely disposed of in an appropriate bio-hazards container (i.e., sharps container/bin). Medications used with injections must be disposed of in accordance with state and federal regulations.

Policy revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee Policy

Medical and Healthcare Provider Code of Conduct



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

All medical and healthcare providers¹ of [NGB] must agree to abide [NGB] Code of Conduct in addition to the following Code of Conduct specifically for medical and healthcare providers. The determination of compliance will be made by the [medical director/chief medical officer] and/or [NGB].

1. Medical and healthcare providers are subject to the jurisdiction of the United States Olympic & Paralympic Committee (USOPC) Bylaws, the [NGB] Bylaws, the [NGB] Code of Conduct, and this [NGB] Medical and Healthcare Provider Code of Conduct.
2. Medical and healthcare providers must abide by United States federal, state and local law as well as foreign law as applicable.
3. When traveling, training, or competing domestically or abroad in connection with [NGB], medical and healthcare providers will abide by and respect the laws governing the state and/or country. This includes abiding by custom and travel regulations, currency regulations, and regulations on the possession and use of drugs and alcohol of the host country. Medical and healthcare providers must not commit any criminal acts.
4. Medical and healthcare providers must show respect for all team delegations, host communities, the USOPC, the IOC, and/or countries.
 - a. If they are unable to provide specific medical or healthcare treatments or services due to laws/regulations, they will research resources available to Team USA athletes and staff at the specific destination and create a plan for utilizing those resources.
5. Medical and healthcare providers as representatives of United States of America, the USOPC, [NGB], their region, division, state or club must exhibit behaviors and attitudes reflective of integrity, compassion, and respect for self and for others at all times, during and outside of the provision of health care to the patient (e.g., athlete). Medical and healthcare providers must maintain high standards of moral and ethical conduct, which includes self-control and responsible behavior, consideration for the physical and emotional well-being of others, and courtesy and good manners.
6. Medical and healthcare providers must abide by and maintain a thorough understanding of [NGB], United States Olympic and Paralympic Committee (USOPC), International Olympic Committee (IOC)/International Paralympic Committee (IPC), and U.S. Center for SafeSport policies and procedures that relate to athlete health, safety, and wellbeing. This also includes abiding by and maintaining a thorough understanding of competition rules and procedures.
7. Medical and healthcare providers must remain current and compliant with their profession's state and national certification and licensure requirements in addition to their code of ethics.
8. Medical and healthcare providers must maintain CPR and AED certification.
9. Medical and healthcare providers must have professional malpractice/liability insurance.
10. Medical and healthcare providers will not practice, either for compensation or without compensation, on [NGB] property with non-[NGB] individuals unless it's within the confines of their employment status or contract.
11. Medical and healthcare providers must adhere to USOPC, IOC/IPC, U.S. Anti-Doping Agency (USADA), and World Anti-Doping Agency (WADA) anti-doping rules and policies.
12. When making medical or healthcare decisions in the best interest of their patient, medical and healthcare providers must remain independent and impartial and not influenced by external pressure, expectation of reward, self-interest, or fear of criticism.
13. Medical and healthcare providers must provide patients with equitable and fair medical and healthcare treatment and services.

¹ Medical and healthcare providers refers to the staff [NGB] has hired (i.e., full-time, part-time, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] Team USA athletes.

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United States Olympic & Paralympic Committee Policy Medical and Healthcare Provider Code of Conduct (continued)



14. All patient encounters must be documented in the patient’s individual electronic medical record (EMR) within the [NGB]’s EMR system in a timely manner by medical and healthcare providers.
15. Medical and healthcare providers must maintain patient confidentiality pursuant to HIPAA, state, and professional standards.
 - a. In relation to a medical or healthcare provider’s affiliation with [NGB] and Team USA athletes, they may utilize athletes for social media and marketing with the athlete’s expressed and documented consent. To provide consent, an athlete must sign [name of signed form]. This document will be [stored in/submitted to name of location, person, etc.].
 - i. Under no circumstances may a patient encounter², the athlete’s health status, or information that may breach HIPAA, state, professional, or other federal standards of consenting athlete(s) or other athletes be utilized for content (i.e., pictures, videos, graphics, verbiage, etc.).
 - ii. Pictures and videos may not be taken in the clinical setting while patient encounters are occurring.
 - iii. Content cannot breach [NGB]’s Code of Conduct, this Code of Conduct, or [NGB]’s social media and marketing policy.
16. Medical and healthcare providers will attend events, functions, competitions, and medical or healthcare related meetings as directed by the [medical director/chief medical officer] and/or [NGB].
17. Medical and healthcare providers will comply with uniform and apparel requirements as designated by [NGB] during travel and [NGB] events.
18. Medical and healthcare providers are required to report violations of this Code of Conduct whether actual or suspect to [insert title/group].
19. Conduct detrimental to [NGB] or conduct in violation with this Code of Conduct may be ground for disciplinary action.

[The NGB may choose to include a legal statement on reporting violations or further information on investigating violations. This policy is meant to be a supplement to the overall NGB protocol.]

Policy revision history

- [previous date]
- [previous date]

² A patient encounter is defined as any interaction (e.g., in person/verbal, written, or electronic) that a patient has with healthcare providers where that medical provider is providing their medical, mental, or health care services or communication occurs regarding the patient’s health status.

USOPC and USCAH Legal Notices:

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United States Olympic & Paralympic Committee Policy

Athlete Abuse Prevention



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following policy provides guidelines and expectations to [NGB] healthcare providers as it relates to preventing athlete abuse.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]’s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified.

A **chaperone** should be an impartial healthcare provider. However, if one is not available they may be a teammate, friend or family member of the athlete or another team staff member of the athlete’s choosing. If this individual is a healthcare provider, they should:

- Comply with the patient’s privacy and confidentiality per HIPAA
- Be familiar with the treatment or therapy being performed
- Stay for the entirety of the examination
- Be attentive to the healthcare provider’s actions and the athlete being treated
- Reassure the patient and be respectful if they show any signs of discomfort or distress
- Be prepared to report a healthcare provider’s inappropriate actions or behaviors should they occur.

Informed consent refers to the process in which a patient is made fully aware of all information associated with the type of care or medical/treatment intervention, the potential benefits and risks of the care/intervention, and other alternative options to the proposed care/intervention available to them.

Athlete Abuse Prevention Guidelines

Education and Training Requirements

- Health care providers will complete [NGB] required athlete safety education through SafeSport and meet relevant continuing education requirements prior to working with their athletes.
- The required courses are as follows:
 - Initial Coursework
 - SafeSport® Trained Core Courses (90 minutes)
 - Unit 1: Sexual Misconduct Awareness and Education
 - Unit 2: Mandatory Reporting
 - Unit 3: Physical and Emotional Misconduct
 - Core Refresher Courses- required after one year
 - Refresher: Recognizing and Reporting Misconduct (30 minutes)
 - Refresher: Creating a Positive Sport Environment (30 minutes)
 - The recommended courses are as follows:
 - Health Professionals: Your Role in Preventing Abuse in Sport (90 minutes)
 - Creating Safe and Inclusive Environments for Athletes with Disabilities (60 minutes)
 - Required for staff working with the para community.

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United States Olympic & Paralympic Committee Policy

Athlete Abuse Prevention (continued)



Examination/Evaluation Procedures

- All rehabilitation programs and massage therapy treatments will occur in an open setting that can be accessed by all athletes, staff, and other personnel (e.g., the athletic training room, weight room, etc.).
- All healthcare providers who perform examinations/evaluations, treatments, and medical procedures in a private closed door setting will offer [NGB] athletes the option of having a chaperone present for the duration of the appointment. A private closed door setting may include but is not limited to a physician's office and examination rooms.
 - If a chaperone is not available or there are no other witnesses available, the patient or the healthcare provider have the right to refuse this care if it's not an emergency. If this decision is made, the healthcare provider should discuss the risk(s) of refusing care, provide alternatives, and document the situation.
 - The patient (i.e., adult athlete) also has the right to decline the use of a chaperone. If they do, this will be documented in the patient's medical record. Otherwise, the chaperone should be present prior to the start of the examination/evaluation, treatment, or medical procedure.
 - For minor athletes, please refer to [NGB]'s athlete abuse prevention policy for further instructions and information.
- Prior to beginning a physical exam (i.e., physical contact), all [NGB] athletes must be educated on the type of evaluation or form of treatment that they're receiving and informed consent must be documented in the patient's medical record.
- In the event of an emergency, if the patient is unable to provide consent due to being unconscious or having an altered mental state, emergency care and referral should be provided immediately. This information should also be documented in the patient's medical record.

Reporting Misconduct

- All healthcare personnel must understand their duty to report any misconduct to the appropriate officials (e.g., [NGB] leadership, human resources, law enforcement, etc.).

Considerations for Minor Athletes

- Please refer to [NGB]'s athlete abuse prevention policy and the United States Olympic & Paralympic Committee (USOPC) minor athlete abuse prevention (MAAP) policies for further instructions and information.

Policy revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee Policy

Health Care Team Communication



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following policy provides guidelines and expectations to [NGB] healthcare providers as it relates to the health care team’s communication plan.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]’s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified.

[NGB] leadership refers to executive or director level staff who serve as decision makers regarding athlete health, safety, and wellness.

Health Care Team Communication Guidelines

General Communication Guidelines

- Communication between [NGB] healthcare personnel, sports performance staff, and coaching personnel regarding an athlete’s (i.e., patient’s) health status will only occur in person, via voice or video call, or through encrypted electronic communication resources. The encrypted electronic communication resources must be Health Insurance Portability and Accountability Act (HIPAA) compliant and approved by the [medical director/chief medical officer] and [NGB] leadership.
- Healthcare personnel will educate [NGB] healthcare personnel, sports performance staff, coaching personnel, and athletes on the importance of limiting electronic communication through unencrypted resources due to these resources often not being HIPAA compliant.
- All healthcare personnel will be provided access to [name of electronic medical record platform] as their primary medical documentation platform for all of the care/services that they provide to [NGB] athletes to aid in the accuracy and efficiency of communication between the athlete’s care team.

Communication Plan for the Multi-Disciplinary Performance Team

- The [medical director/chief medical officer] will serve as the clinical lead of a multi-disciplinary performance team in conjunction with the head team physician. This team will meet on a [frequency] basis to discuss overall wellness of each [NGB] athlete and to determine how they can collectively meet an athlete’s individualized needs. The frequency of these meetings may change at the discretion of the [medical director/chief medical officer] and head team physician.
- The multi-disciplinary performance team consists of the following leaders from each [NGB] health and performance area:
 - [List individuals/titles]
- HIPAA protected information may only be shared with specific healthcare personnel and [NGB] staff on a need to know basis with the permission of the [NGB] athlete.

Communication Plan for Volunteer, Contractual, and Consultant [NGB] Healthcare Personnel

- All volunteer, contractual, and consultant healthcare personnel are required to communicate directly with the [medical director/chief medical officer] and/or head team physician on a [frequency] basis regarding the [NGB] athletes to whom they’re providing care. This communication will occur in the following manner:
 - [Describe how communication will occur]

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United States Olympic & Paralympic Committee Policy

Health Care Team Communication (*continued*)



- The [medical director/chief medical officer] and/or head team physician will then be responsible for sharing pertinent information that can't be found in the athlete's medical record with other healthcare personnel (e.g., athletic training staff) who are a part of the athlete's care team. This information may also be shared in the multi-disciplinary performance team meetings if applicable.
- Prior to practices and training sessions (e.g., "daily check-ins"):
 - The [medical director/chief medical officer] and/or head team physician will be responsible for communicating with sport coaches and sports performance coaches on a [frequency] basis regarding the positives, limitations, activity modifications, and overall plan of care related to the health and overall wellness of each [NGB] athlete. These individuals will also summarize the information collected from all other healthcare providers who are involved in the care of [NGB] athletes.
- Prior to competitions (e.g., "pre competition huddles"):
 - The [medical director/chief medical officer] and/or the head team physician will be responsible for communicating directly with sport coaches and sports performance coaches on a [frequency] basis regarding the limitations and activity status related to the overall wellness of each [NGB] athlete's ability to compete.
- Volunteer/contractual athletic trainers may communicate directly with sport coaches and sports performance coaches regarding the status of [NGB] athletes if given permission by the [medical director/chief medical officer] and/or head team physician.

Communication Plan for Full-Time/Part-Time [NGB] Healthcare Personnel

- All full-time/part-time healthcare personnel are required to communicate directly with the [medical director/chief medical officer] and/or head team physician on a [frequency] basis regarding the [NGB] athletes to whom they're providing care. This communication will occur in the following manner:
 - [Describe how communication will occur]
- The [medical director/chief medical officer] and/or head team physician will then be responsible for sharing pertinent information that can't be found in the athlete's medical record with other healthcare personnel (e.g., athletic training staff) who are a part of the athlete's care team. This information may also be shared in the multi-disciplinary performance team meetings if applicable.
 - Full-time/Part-time healthcare personnel may also choose to communicate directly with each other regarding the athletes under their collective care. Full-time/Part-time athletic trainers may also communicate with volunteer, contractual, and consultant healthcare personnel on an as needed basis.
- Prior to practices and training sessions (e.g., "daily check-ins"):
 - The [medical director/chief medical officer], head team physician, and/or athletic training staff will be responsible for communicating directly with sport coaches and sports performance coaches on a [frequency] basis regarding the positives, limitations, activity modifications, and overall plan of care related to the health and overall wellness of each [NGB] athlete. These individuals will also summarize the information collected from all other healthcare providers who are involved in the care of [NGB] athletes.
- Prior to competitions (e.g., "pre competition huddles"):
 - The [medical director/chief medical officer], head team physician, and/or athletic training staff will be responsible for communicating directly with sport coaches and sports performance coaches on a [frequency] basis regarding the limitations and activity status related to the overall wellness of each [NGB] athlete's ability to compete.

Communication Plan for Major Injury or Illness

Should an athlete sustain a major injury or illness:

- All healthcare providers and [NGB] staff must activate the emergency action plan (EAP) in the event of an emergency. Once the athlete has been transported or is in the care of emergency services personnel:
 - [NGB] staff must notify the athletic training staff who will then notify the [medical director/chief medical officer] and/or head team physician.

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United States Olympic & Paralympic Committee Policy

Health Care Team Communication (continued)



- Healthcare providers must report the incident directly to the [medical director/chief medical officer] and/or head team physician.
- If the major injury or illness is not classified as an emergency:
 - [NGB] staff must notify the athletic training staff immediately who will then notify the [medical director/chief medical officer] and/or head team physician.
 - Healthcare providers will contact the [medical director/chief medical officer] and/or head team physician directly.
- The [medical director/chief medical officer] and/or head team physician will then communicate directly with [NGB] leadership and the communications team.
- The [medical director/chief medical officer], head team physician, and/or the athletic training staff will notify sport coaches, sports performance coaches, and additional healthcare personnel as needed.

Communication Plan for Medical Hand-Offs

- As an athlete's care is being transitioned between healthcare providers, it is the responsibility of the [medical director/chief medical officer] and/or head team physician to ensure that the former healthcare provider (e.g., volunteer healthcare provider) has updated the athlete's medical record per the medical documentation policy.
- The [medical director/chief medical officer] and/or head team physician will meet with this individual to discuss each athlete's health status and any medical conditions that the former healthcare provider is treating or has treated to determine the need for continued care.
- The [medical director/chief medical officer] and/or head team physician will then communicate with the receiving healthcare team regarding the current status of the patient and to discuss the plan for continued care.
- The receiving healthcare team will resume the care of the patients in need, and they will document and communicate per this policy and the medical documentation policy.
- Under no circumstances may healthcare personnel speak with individuals associated with the media, communications, or considered external from [NGB] without the explicit consent of the [medical director/chief medical officer] and/or head team physician and the athlete.

Policy revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee Policy

Medical Care Delivery for Minors Professional



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following policy provides guidelines and expectations to [NGB] healthcare providers as it relates to delivering medical care to minors.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]’s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified.

A **minor** is an individual who is under the age of 18.

A **chaperone** should be an impartial healthcare provider. However, if one is not available they may be a teammate, friend or family member of the athlete or another team staff member of the athlete’s choosing. If this individual is a healthcare provider, they should:

- Comply with the patient’s privacy and confidentiality per HIPAA
- Be familiar with the treatment or therapy being performed
- Stay for the entirety of the examination
- Be attentive to the healthcare provider’s actions and the athlete being treated
- Reassure the patient and be respectful if they show any signs of discomfort or distress
- Be prepared to report a healthcare provider’s inappropriate actions or behaviors should they occur.

Informed consent refers to the process in which a patient is made fully aware of all information associated with the type of care or medical/treatment intervention, the potential benefits and risks of the care/intervention, and other alternative options to the proposed care/intervention available to them.

Medical Care Delivery for Minors Guidelines

Prior to Participation

- Parent(s)/Guardian(s) will sign the following forms providing appropriate authorization for [NGB] healthcare personnel to deliver medical care that’s in the best interest of their minor athlete:
 - [List forms]
- The minor cannot participate in [NGB] activities until all forms have been completed.
- Once the minor turns 18, they will sign the following forms to allow for continued medical care:
 - [List forms]

[NGB] Healthcare Providers

- As defined above, [NGB] healthcare providers are professionals that provide medical, mental, or healthcare to [NGB] athletes. These individuals have all been approved by the [medical director/chief medical officer] and have completed all of the necessary onboarding requirements (i.e., background checks, SafeSport training, etc.) prior to working with [NGB] athletes.
- The [medical director/chief medical officer], head team physician, and athletic training staff will serve as the primary healthcare providers for the minor athlete. If needed, this team will refer the athlete to other healthcare providers for further medical, mental, or health care services.

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United States Olympic & Paralympic Committee Policy

Medical Care Delivery for Minor *(continued)*



Delivery of Medical Care

- The minor athlete may receive medical care from [NGB] healthcare providers while they are participating on-site with [NGB]. This may include but is not limited to consultation for injuries, illnesses, mental health concerns, nutrition, and other medical conditions.
- Minor athletes will always be in the presence of at least two adults when participating in [NGB] activities such as meetings, appointments (e.g., physician, rehabilitation, etc.), and transportation.
- All healthcare providers who perform examinations/evaluations, treatments, and medical procedures in a private closed door setting will provide a chaperone who will be present for the duration of the appointment. A private closed door setting may include but is not limited to a physician’s office and examination rooms.
 - The minor athlete’s parent may also designate a specific individual who will act in this capacity. This information should be documented in the athlete’s electronic medical record.
- If a chaperone is not available or there are no other witnesses available, the appointment will be postponed if it’s not an emergency. If this decision is made, the healthcare provider should provide alternatives to the parent(s)/guardian(s) and document the situation.
 - The parent(s)/guardian(s) may also wave the need for a chaperone via forms or via direct verbal authorization at the time of the appointment. This information should be documented in the athlete’s electronic medical record.
- In the event of an emergency, [NGB] healthcare providers will also provide emergency care and seek emergency services for the minor athlete. Parent(s)/Guardian(s) will provide this authorization prior to the athlete participating in [NGB] activities.
- Should a minor athlete sustain an injury, illness, or other medical condition while they’re not participating in [NGB] activities, it is the responsibility of the parent(s)/guardian(s) to notify the [medical director/chief medical officer], head team physician, and/or athletic training staff.

Policy revision history

- [previous date]
- [previous date]

USOPC and USCAH Legal Notices:

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United States Olympic & Paralympic Committee Policy Liability/Malpractice Insurance



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following policy provides recommendations for [NGB] healthcare providers as it relates professional liability/malpractice insurance.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]’s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified.

Professional liability/malpractice insurance provides healthcare professionals with a layer of protection against patient lawsuits and malpractice accusations.

Professional Liability/Malpractice Insurance Guidelines

- Prior to delivering health care to an athlete on behalf of [NGB], healthcare providers should have a professional liability/malpractice insurance policy that covers their work with [NGB] and meets the [NGB]’s professional liability/malpractice requirements.
- Healthcare providers should have limits of liability coverage in the amounts of 1 million per claim with an annual aggregate cap of \$3 million at a minimum. These professionals include:
 - Physicians
 - Athletic Trainers
 - Physical Therapists
 - Psychologists/Counselors/Social Workers
 - Sports Dietitians
 - Advanced Practice Providers- Physician Assistants/Associates or Nurse Practitioners
 - Chiropractors
 - Massage Therapists
- Each healthcare provider is responsible for determining the coverage amounts that are most suitable for their needs while taking into consideration the risks associated with their profession and possible legal expenses.
- [If the healthcare provider is unable to obtain professional liability/malpractice insurance, [NGB] may purchase insurance on the healthcare provider’s behalf and/or cover the individual under the [NGB]’s insurance policy.]
- It is the responsibility of the [medical director/chief medical officer] to review the professional liability/malpractice insurance policy coverage of each healthcare provider on [frequency] basis at a minimum.

Policy revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee Emergency Action Plan



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following emergency action plan (EAP) provides guidelines and expectations as it relates to handling emergency situations while at or away from [NGB] facilities.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]’s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified as an expert or a part of the athlete’s treatment team.

Scheduled [training sessions/practices/ competitions] are regularly scheduled activities in which [NGB] healthcare personnel is present, on-site, and/or on-call.

Unscheduled [training sessions/practices] are voluntary activities in which [NGB] healthcare personnel is not present, on-site, or on-call.

Other medical personnel are qualified individuals as designated or identified by the [medical director/chief medical officer].

[NGB] leadership refers to executive or director level staff who serve as decision makers regarding athlete health, safety, and wellness.

Emergency Preparedness and Management Guidelines

Education and Training

- The head team physician and the athletic training staff will coordinate the education and rehearsal of emergency action plans regarding various emergency situations and conditions. The following individuals will receive this training [frequency]:
 - [List titles/groups/individuals]
- All healthcare providers associated with scheduled [training sessions/practices], unscheduled [training sessions/practices], competitions, skills instruction, and strength and conditioning/sports performance activities should have current training and certification in automatic external defibrillator (AED) and cardiopulmonary resuscitation (CPR) usage, and training in first aid.
 - It’s recommended that all other [NGB] staff who work directly with athletes be CPR/AED certified.
- The EAP should be distributed to all [NGB] staff and athletes and rehearsed [frequency].
- This education and training should be documented.
- A daily huddle should take place prior to all training sessions and/or competitions to:
 - Review the [NGB]’s EAPs and condition specific signs/symptoms
 - Review/Determine the role and location of each person present (i.e., physician, AT, [NGB] staff, etc.)
 - Review/Establish primary and secondary (i.e., back-up) methods of communication (e.g., radio, voice commands, etc.) for an emergency
 - Review the location(s) of AEDs
 - Review the location(s) of emergency equipment (e.g., splints, spine board, etc.) and that the equipment is functional
 - Review the facility’s address
 - Review the location’s emergency services number (e.g., 911)
 - Review access and egress routes to the facility

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United States Olympic & Paralympic Committee

Emergency Action Plan (*continued*)



- Review the location of the closest medical facility/hospital
- Review any issues that could potentially impact the EAP (e.g., construction, weather, crowds, road closure, etc.)
- For high risk events/competitions- Review/Determine the location of the ambulance, its entrance/exit routes, and ensure that both routes are clear
- If an ambulance is not on site- Review the venue specific EAP
- Review environmental guidelines (if needed)
- Review the participation status/restrictions of athletes
- All relevant personnel should participate in the huddle (e.g., [NGB] medical/healthcare personnel, venue medical personnel, [NGB] sport performance staff, [NGB] and venue operations staff, local EMS personnel, etc.).
- See the Condition Specific Recognition and Emergency Management document for the signs/symptoms that are considered life-threatening and require activation of this EAP.
- See the Mental Health Emergency Action Plan document for the signs/symptoms that are considered life-threatening and require activation of the mental health EAP.

Coverage of Events

- The [medical director/chief medical officer], head team physician, athletic training staff, or other medical personnel who are trained in emergency management will be [present/on-site/on-call] for all scheduled [NGB] [training sessions/practices/ competitions].
- It's recommended that all practices, training and conditioning sessions be supervised by personnel (i.e., coaches, sports performance coaches, etc.) who are CPR and AED certified and who have necessary training to respond to emergency situations.
- For unscheduled [training sessions/practices/ competitions], the [medical director/chief medical officer], head team physician, and athletic training staff may not be [present/on-site/on-call].

Emergency Equipment

- AEDs are located in the following locations:
 - [List the location(s)]
- Other emergency equipment will be stored in the following locations:
 - [List the item and location(s)]
- The following emergency equipment will be available at every scheduled [training session/practice/competition]:
 - [List equipment]
- It is recommended that athletes have access to an AED during unscheduled practices, if possible.
- All emergency equipment will be checked [frequency] to assess functionality.

EAP Signage

- All [NGB] facilities in which [NGB] athletes or teams practice, train, and/or compete will have an EAP posted at various obvious locations throughout the facility.
 - If a team has an organized practice, training session, and/or competition in a facility that is not an [NGB] facility, it is the responsibility of the [medical director/chief medical officer], head team physician, and/or athletic training staff to seek information regarding the emergency action plan.
- It is the responsibility of the [medical director/chief medical officer], head team physician, and/or medical staff to determine and communicate the EAP content, location, changes, and resources when traveling domestically and internationally.

Communication/Notification Plan

- If [NGB]'s medical team is present during the medical emergency:

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Emergency Action Plan (*continued*)



- One of these individuals or the individual designated by the [medical director/chief medical officer], head team physician, or other medical personnel will activate the emergency action plan (EAP).
- If any member of this team is not present, they will be notified after the individual's care has been transferred to emergency services.
 - Notification may come sooner if there is enough [NGB] personnel present to notify them and/or they're available on-site to assist.
- If [NGB]'s medical team **is not** present during the medical emergency:
 - The EAP will be activated by any [NGB] athlete, coach, staff member, or personnel.
 - [NGB]'s medical team will be notified after the individual's care has been transferred to emergency services.
 - Notification may come sooner if there is enough [NGB] personnel present to notify them and/or they're available on-site to assist.
- The [medical director/chief medical officer], head team physician, and/or athletic training staff are responsible for notifying [NGB] leadership of the situation once the individual's care has been transferred to emergency services.

Activating the Emergency Action Plan

Responsibilities of the On-Site Medical Team

- [NGB] personnel are responsible for summoning appropriate assistance and clearing uninvolved individuals from the area in the event of an emergency.
 - Athletes, the coaching staff, sports performance staff, [medical director/chief medical officer], head team physician, athletic training staff, or other designated [NGB] staff may be involved in this process.
 - Individuals supervising or organizing practice should have access to a cell phone and/or landline at all times.
- If an individual is suspected (i.e., showing signs, symptoms, or behaviors) of sustaining an injury, illness, or condition that may be deemed a medical emergency, they must be evaluated immediately by the [medical director/chief medical officer], head team physician, or other medical personnel. These individuals will determine if the EAP must be activated.
 - If the medical team is not available, any individual displaying signs or symptoms of a medical emergency should be withheld from activity, and the EAP should be activated immediately by any individual.

Activation

- EMS should be activated by the most qualified individual if deemed necessary, by calling 9-1-1.
 - For competitions in which venue operations personnel are present, those individuals may assist with activation of the EAP.
- The [medical director/chief medical officer], head team physician, first responder or the most qualified individual will evaluate the emergency and initiate the appropriate first aid treatment. If assistance is needed, the individual will signal others to assist with first aid and emergency care.
 - The first responder, if not the [medical director/chief medical officer], head team physician, or athletic trainer, should delegate an appropriate individual to immediately contact the medical staff either at the practice facility, in the medical clinic, or by cell phone.
- The caller should:
 - Clearly explain who they are and where they are
 - Explain what has happened
 - Provide an address and give clear directions
 - Provide relevant phone numbers (if applicable)
 - Stay on the line until instructed to hang up
 - Meet emergency medical services (EMS)/relevant personnel or direct someone to help direct EMS at the venue
- If transportation to a medical facility/emergency room is necessary, EMS will determine the best medical facility for the patient based upon the medical condition or injury and the medical facility's status/capabilities.

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United States Olympic & Paralympic Committee Emergency Action Plan (continued)



Venue Address and EMS Access Routes

- [Name of the venue]
[Address]
[Address]
- EMS may access the facility via the following access points:
 - [Provide instructions]

Closest Medical Facilities

- The following medical facilities may be utilized by EMS or [NGB] personnel in the event of an emergency:
 - [List the name of the facility, the address, and it's capabilities]

Domestic and International Travel Emergency Preparedness Checklist

On Arrival at a New Location

- Meet with the host team's/venue's medical staff
- Determine if the venue has an EAP (if available)
- Review [NGB]'s EAP and condition specific signs/symptoms
- Check the location(s) of AEDs
- Check the location(s) of emergency equipment (e.g., splints, spine board, etc.)
- Determine/Review the venue's address
- Determine/Review access and egress routes to the venue
- Determine/Review the location of the closest medical facility/hospital
- Determine if language translations services will be needed
- Determine the location's emergency services number (e.g., 911)
- Create written EAP and distribute to all athletes, medical and NGB staff
- Huddle to review the EAP and assign EAP responsibilities within the current travel party

Subsequent Days

- Ensure that AEDs are in the same location as the previous day
- Ensure that emergency equipment is in the same location as the previous day
- Ensure that access and egress routes to the facility are still available/clear
- Conduct a pre-training/event huddle

Venue Specific EAP

- Call the location's emergency services number (e.g., 911)
- The caller states their name
- Provide the venue's address
- Explain the emergency
- Provide directions to the venue's meeting location for emergency medical services (EMS)
- Send someone to the meeting location to meet EMS (if available)
- The caller provides their callback number
- The operator should hang up first

[Add map of venue with medical station locations, AED locations, access/egress routes for EMS personnel once they enter the venue]

EAP revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee

Condition Specific Recognition and Emergency Management



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following condition specific signs and symptoms provides guidelines for activating the emergency action plan (EAP) if they're present.

Education and Training

- Emergency action plans (EAPs) are readily available to all members of [NGB]'s staff and are posted clearly at every [NGB] facility.
- The head team physician and the medical staff will coordinate the education and rehearsal of EAPs regarding various emergency situations and conditions. The following individuals will receive this training [frequency]:
 - [List titles/groups/individuals]
- All healthcare providers associated with scheduled [training sessions/practices], unscheduled [training sessions/practices], competitions, skills instruction, and strength and conditioning/sports performance activities should have current training and certification in automatic external defibrillator (AED) and cardiopulmonary resuscitation (CPR) usage, and training in first aid.
 - It's recommended that all other [NGB] staff who work directly with athletes be CPR/AED certified.
- This education and training should be documented.
- See the Emergency Action Plan (EAP) document for further emergency preparedness and management guidelines and directions on activating an EAP for the below conditions.

Anaphylaxis (i.e., allergic reaction)

Anaphylaxis is an allergic reaction; the body's autoimmune response to any number of allergens including but not limited to medications, foods, environmental objects (e.g., pollen, dust, trees, plants, etc.), chemicals, animals, pets, or dander.

Initial recognition: Signs and Symptoms		
<p>Mild Allergic Reaction:</p> <ul style="list-style-type: none"> • Sneezing • Runny nose or congestion • Red, itchy, watery eyes • Hives on the skin (can be dry, cracked, itchy, raised, patchy, or red) 	<p>Severe Allergic Reactions (i.e., Anaphylaxis):</p> <ul style="list-style-type: none"> • Difficulty breathing • Chest tightness • Coughing/wheezing • Swelling in the throat (including tongue, lips, and face) • Lightheadedness 	<ul style="list-style-type: none"> • Confusion • Loss of consciousness • Hives all over the body • Vomiting
Emergency Response		
<p>Treatment for mild reactions:</p> <ul style="list-style-type: none"> • Provide antihistamine, nasal spray, and/or allergic medications (e.g., Benadryl, Zyrtec, Claritin, hydrocortisone cream, etc.) • Monitor for progression to severe allergic reaction. <p>An epinephrine auto-injector (i.e., Epi-Pen) should be available at all times if an individual has a history of severe allergic reactions.</p> <p>Emergency response for severe reactions:</p> <ul style="list-style-type: none"> • Activate the EAP immediately for severe cases that cannot be controlled. • Maintain an airway. • Administer oxygen therapy, if available. • Be prepared to assist with bag-valve mask for ventilation. • Administer the epinephrine auto-injector (i.e., Epi-Pen). • Seek further medical attention immediately as the effects of the Epi-Pen are short-acting and signs and symptoms may return as the drug wears off. • Continue to monitor the individual until EMS arrives. <p>**Activate the EAP if an Epi-Pen is administered, even if the individual feels better.</p>		

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United States Olympic & Paralympic Committee

Condition Specific Recognition and Emergency Management

(continued)



Sudden Cardiac Arrest

Sudden Cardiac Arrest (SCA) is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood flow to the brain and other vital organs ceases. If not treated within minutes, it usually leads to death.

Comotio cordis is caused by a blunt, non-penetrating blow to the chest that induces a ventricular arrhythmia in an otherwise structurally normal heart. Athletes who collapse shortly after being struck in the chest by a firm projectile or by player contact should be suspected of having SCA from commotio cordis.

An **automated external defibrillator (AED)** is used to treat victims who experience sudden cardiac arrest. An AED is a portable device that checks heart rhythm and if needed, can send an electric shock to the heart in an attempt to restore normal rhythm. It must only be applied to victims who are unconscious, without a pulse and not breathing. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and advise the operator to deliver a shock.

Initial recognition: Signs and Symptoms	
Initial recognition: <ul style="list-style-type: none"> Chest pain or discomfort Passing out or almost passing out Palpitations (or irregular heartbeat) Shortness of breath or wheezing Unexplained decline in performance Nausea or Vomiting 	Sudden cardiac arrest: <ul style="list-style-type: none"> Athlete collapses No pulse Not breathing
Emergency Response	
<ul style="list-style-type: none"> Assess the individual's responsiveness and vital signs. If no pulse is present and the athlete is not breathing: <ul style="list-style-type: none"> Initiate emergency cardiac care. Activate the EAP immediately. Start CPR. Attach an AED and turn it on for rhythm analysis as soon as possible in any collapsed and unresponsive individual. Resume CPR and follow AED instructions for defibrillation. Continue CPR and AED defibrillation until advanced life support providers (e.g., EMS) arrive. 	

Asthma (and/or Respiratory Distress) Emergency

Asthma is a chronic inflammatory disorder of the airways characterized by wheezing, difficulty breathing, coughing, and/or chest tightness. Asthma can be triggered by many stimulants, including exercise, allergens, pollutants, respiratory infections, NSAIDs, aspirin, inhaled irritants, particulate exposure, and exposure to cold.

Exercise induced asthma and **exercise induced bronchospasm** are variants of asthma brought on by physical activity and exercise.

Initial recognition: Signs and Symptoms		
Mild to Moderate Symptoms: <ul style="list-style-type: none"> Minor difficulty breathing Coughing or Wheezing 	Life-Threatening Symptoms <ul style="list-style-type: none"> Uncontrolled cough Significant increase in wheezing or chest tightness Significantly prolonged expiration phase of breathing Weak respiratory efforts Weak breath sounds Skin discoloration (e.g., blue lips) 	<ul style="list-style-type: none"> Drowsy, confused, collapsed or unconscious Gasping for breath Hypoxic seizures Paradoxical abdominal movement Unconsciousness
Severe Symptoms: <ul style="list-style-type: none"> Inability to speak in full sentences Chest tightness Breathlessness Respiratory rate greater than 25 breaths per minute Nasal flaring 		

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United States Olympic & Paralympic Committee

Condition Specific Recognition and Emergency Management

(continued)



Emergency Response

All athletes with asthma should have a rescue inhaler available during any physical activity.

- If symptomatic, take the prescribed bronchodilator (e.g., albuterol inhaler) immediately.
- Monitor symptoms.
- If there's no change in symptoms, symptoms are rapidly worsening, or the individual is experiencing distress while breathing:
 - Activate the EAP immediately.
 - Maintain the airway and monitor circulation and breathing.
 - Administer CPR and attach an AED if the individual is not breathing and does not have a pulse.
 - Administer oxygen therapy, if available.
 - Be prepared to assist with ventilation (e.g., bag-valve mask).
 - Administer epinephrine, if available.

Catastrophic Cervical Spine Injury

A **catastrophic cervical spine injury** is a structural distortion of the cervical spinal column associated with actual or potential damage to the spinal cord.

Initial recognition: Signs and Symptoms

- Unconsciousness or altered level of consciousness
- Bilateral upper and/or lower extremity or unilateral upper and lower extremity neurologic signs or symptoms
- Significant midline spine pain with or without palpation
- Obvious spinal column deformity

Emergency Response

- If a spine injury is suspected, activate the EAP immediately.
- The injured individual should be stabilized in a neutral position immediately. If trained medical personnel are present, a cervical collar should be placed on the injured individual and they should be transferred and secured to a spine board.
- Any neck movement to a neutral position or equipment removal decisions should only be made at the discretion of trained professionals.
 - Appropriate tools may be needed.
- During airway management, rescuers should cause as little motion as possible.
- Once EMS arrives, manual stabilization of the head should be converted to an external device consisting of a cervical collar and foam blocks (if not already done).
- Once the external device is applied and when possible, manual stabilization on top of the external device should be continued.
- The responding individuals should assist with spine boarding as needed (if not already done).

Concussion and Moderate/Severe Traumatic Brain Injury

According to the *Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport–Amsterdam, October 2022*:

“**Sport-related concussion** is a traumatic brain injury caused by a direct blow to the head, neck or body resulting in an impulsive force being transmitted to the brain that occurs in sports and exercise-related activities. This initiates a neurotransmitter and metabolic cascade, with possible axonal injury, blood flow change and inflammation affecting the brain. Symptoms and signs may present immediately, or evolve over minutes or hours, and commonly resolve within days, but may be prolonged.

No abnormality is seen on standard structural neuroimaging studies (computed tomography or magnetic resonance imaging T1- and T2-weighted images), but in the research setting, abnormalities may be present on functional, blood flow or metabolic imaging studies. Sport-related concussion results in a range of clinical symptoms and signs that may or may not involve loss of consciousness. The clinical symptoms and signs of concussion cannot be explained solely by (but may occur concomitantly with) drug, alcohol, or medication use, other injuries (such as cervical injuries, peripheral vestibular dysfunction) or other comorbidities (such as psychological factors or coexisting medical conditions).”

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Condition Specific Recognition and Emergency Management

(continued)



Initial recognition: Signs and Symptoms	
<p>Recognition:</p> <ul style="list-style-type: none"> • Headaches • Pressure in head • Neck pain • Nausea or vomiting • Dizziness • Blurred vision • Balance problems • Sensitivity to light • Sensitivity to noise • Feeling slowed down • Feeling like “in a fog” • “Don’t feel right” • Difficulty concentrating • Difficulty remembering • Fatigue or low energy • Confusion • Drowsiness • More emotional • Irritability • Sadness • Nervous or anxious • Trouble falling asleep 	<p>Red Flags:</p> <ul style="list-style-type: none"> • Neck pain or tenderness • Seizure or convulsion • Double vision • Loss of consciousness • Weakness or tingling/burning in more than 1 arm or in the legs • Deteriorating conscious state • Vomiting • Severe or increasing headache • Increasingly restless, agitated or combative • Glasgow Coma Scale (GCS) Score <15 • Visible deformity of the skull • Tonic posturing* • Ataxia* • Poor balance* • Confusion* • Behavioral changes* • Amnesia* <p style="font-size: small; margin-top: 10px;">*Per the <i>Consensus statement on concussion in sport: the 6th International Conference on Concussion in Sport–Amsterdam, October 2022</i></p>
Emergency Response	
<ul style="list-style-type: none"> • If the athlete is displaying significant symptoms and/or red flags, activate the EAP immediately. • Monitor vital signs and maintain an airway. • If a cervical spine injury can't be ruled out, stabilize the individual's head and neck and follow the emergency response for a cervical spine injury. • Continue to monitor the individual until EMS arrives. 	

Diabetic Emergency

Diabetes mellitus is a chronic endocrine disorder characterized by **hyperglycemia**, in which blood glucose levels are too high. Insulin is a hormone that controls glucose levels. The body of an individual with diabetes does not make insulin (type I diabetes) or does not make or use insulin well (type II diabetes).

Type I Diabetes

- Typically occurs in children and young adults and is more prevalent than type II diabetes in student-athletes
- Characterized by insulin deficiency (i.e., the body does not make insulin).
- Symptoms include frequent urination, thirst, hunger/increased appetite (polyphagia), weight loss, visual disturbances, fatigue and ketosis.
- The primary risk of physical activity in type I diabetes is exercise-induced hypoglycemia.

Type II Diabetes

- Typically occurs in adults 40 years of age and older and is also known as “adult-onset diabetes.”
- The body does not produce enough insulin, or it resists insulin.

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Condition Specific Recognition and Emergency Management

(continued)



Hypoglycemia is low blood glucose/sugar levels. It is the most severe acute complication of intensive insulin therapy in diabetes and is the result of overinsulinization, both during and after exercise. Although responses are individualized, signs and symptoms of hypoglycemia typically occur when blood glucose levels fall below 70 mg/dL.

Initial recognition: Signs and Symptoms	
<p>Early Signs and Symptoms of Hypoglycemia:</p> <ul style="list-style-type: none"> • Extreme hunger • Paleness • Dizziness • Restless sleep • Shakiness • Difficulty concentrating • Drowsiness • Feeling weak and fatigue • Irritability • Sweating • Anxiety • Headache • Nausea • Irregular or fast heartbeat <p>Severe Hypoglycemia:</p> <ul style="list-style-type: none"> • Blurry vision or tunnel vision • Muscle weakness • Behavior change • Poor coordination or clumsiness • Difficulty speaking or slurred speech • Confusion • Inability to eat or drink (i.e., swallow) • Unconscious • Seizure 	<p>Early Signs and Symptoms of Hyperglycemia:</p> <ul style="list-style-type: none"> • Thirst • Frequent urination • Blurred vision • Feeling weak • Fatigue/sleepiness • Increased hunger • Headache <p>Severe Hyperglycemia/Ketoacidosis:</p> <ul style="list-style-type: none"> • Nausea and vomiting • Very weak • Dehydration • Stomach/Abdominal pain • Labored breathing or hyperventilation • Lack of concentration • Sweet/Fruity breath • Dry Mouth • Unconscious
Emergency Response	
<p>Mild Hypoglycemia</p> <ul style="list-style-type: none"> • Administer 10-20g of fast acting carbohydrates orally. • Recheck blood glucose levels after 15 minutes. • If blood glucose levels remains low, administer another 10-20g fast acting carbohydrates orally. • Recheck blood glucose levels after 15 minutes . • If blood glucose level does not return to the normal range after the second dosage of carbohydrates, activate the EAP. <p>*Once blood glucose levels are back in the normal range, the individual may wish to consume a snack.</p> <p>Severe Hypoglycemia- unable to swallow or follow directions, unable to eat or is unconscious</p> <ul style="list-style-type: none"> • If the individual is displaying sever signs of hypoglycemia, activate the EAP. • Do not attempt to give the individual anything by mouth. • Prepare glucagon for injection following directions in the glucagon kit, if prescribed. • Monitor the individual until EMS arrives. 	<p>Mild Hyperglycemia</p> <ul style="list-style-type: none"> • Encourage the individual to drink sugar free drinks or water. • Recheck blood glucose levels and administer insulin as prescribed. • If blood glucose level does not return to the normal range, activate the EAP. <p>Severe Hyperglycemia/Ketoacidosis</p> <ul style="list-style-type: none"> • If the individual is displaying sever signs of hyperglycemia/ketoacidosis, activate the EAP. • Monitor the individual until EMS arrives.

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United States Olympic & Paralympic Committee
Condition Specific Recognition and Emergency Management
(continued)



Collapse Associated Sickle Cell Trait

Sickle cell trait is the inheritance of one gene for sickle hemoglobin and one for normal hemoglobin. During intense or extensive exertion, the sickle hemoglobin can change the shape of red cells from round to quarter-moon, or sickle. The change, exertional sickling, can pose a grave risk for some athletes.

Acute Exertional Rhabdomyolysis (explosive muscle breakdown) Sickle red cells can accumulate in the bloodstream during intense exercise. Sickle cells can “logjam” blood vessels and lead to collapse from ischemic rhabdomyolysis, the rapid breakdown of muscles starved from blood. Major metabolic problems from explosive rhabdomyolysis can threaten life.

Initial recognition: Signs and Symptoms	
<ul style="list-style-type: none"> • Muscle cramping and weakness • Intense pain • Slow collapse from muscle weakness rather than quick collapse • Conscious collapse 	<ul style="list-style-type: none"> • Often occurs early in workout • Increased breathing rate - no wheezing • Normal core (rectal) temperature
Emergency Response	
<ul style="list-style-type: none"> • Stop activity immediately. • Check vital signs and rule out other conditions, if necessary. • Activate the EAP immediately. • Administer high-flow oxygen, 15 liter per minute (if available) • Attach an AED. • Monitor the individual until EMS arrives. • Encourage EMS to start an IV. • Transport to a hospital as quickly as possible. 	

Exertional Heat Stroke

Exertional heat stroke (EHS) is the most severe of heat illnesses and a medical emergency. If it’s not promptly and correctly recognized and treated, it can result in multi-organ system failure. The risks of morbidity and mortality increase the longer the individual’s body temperature remains elevated above the critical threshold (104°F/219.2°C) and are significantly reduced if body temperature is lowered promptly.

Initial recognition: Signs and Symptoms	
<ul style="list-style-type: none"> • Central nervous system (CNS) dysfunction • High core body temperature 104°F (219.2°C) or higher • Quick breathing, low blood pressure, rapid pulse • Loss of balance, staggering, or collapse • Loss of muscle function or muscle cramping • Disorientation or dizziness • Nausea or vomiting 	<ul style="list-style-type: none"> • Aggressiveness, irrational, irritability • Confusion • Coma or altered consciousness • Flushed, hot, red skin • Excessive sweating • Shallow breathing
Emergency Response	
<p>If the athlete is displaying signs and symptoms this is a medical emergency:</p> <ul style="list-style-type: none"> • Activate the EAP immediately. • A rectal thermometer should be inserted into the rectum immediately and should remain in the body for continuous monitoring. If this tool is not available, do not use other methods. • The individual’s full body should be immersed in ice water (35-58°F/1.7-14.4°C) and they should remain in the ice water immersion until the body has cooled to a temperature below 101-102°F (38.3-38.9°C). <ul style="list-style-type: none"> ◦ If immersion is not available, find a shaded area and cool the body with as many ice towels/bags as possible. • Rectal temperature and other vital signs should be monitored during cooling continuously. <ul style="list-style-type: none"> ◦ The individual’s breathing, airway, and circulation need to be maintained. • The individual should not be removed from immersion until their core body temperature cools to 101-102°F (38.3-38.9°C) even if emergency services (EMS) arrive before this occurs. Cold water immersion is the priority for this emergency. • Once cooled, the individual may be transported by EMS. 	

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Condition Specific Recognition and Emergency Management
(continued)



Exertional Rhabdomyolysis

Rhabdomyolysis is the breakdown of skeletal muscle.

Exertional rhabdomyolysis from strenuous exercise is the major muscle breakdown and leakage into the bloodstream of muscle contents, as reflected by a sharp rise in serum creatine kinase (CK).

<p>Initial recognition: Signs and Symptoms</p> <ul style="list-style-type: none"> • Muscle pain more severe and sustained than expected • Weak muscles, especially in the hip or shoulder girdle • Limited active or passive range of motion • Swelling of muscles and adjacent soft tissues • Brown (i.e., Coca-Cola color) urine from myoglobin
<p>Emergency Response</p> <ul style="list-style-type: none"> • If you suspect that an athlete is developing exertional rhabdomyolysis from novel overexertion (absent of exertional heat stroke or sickle cell trait), the EAP should be activated and the head team physician should be notified promptly. • If an individual develops signs or symptoms, all members of the team who participated in the same training session(s) should be evaluated.

EAP revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee Mental Health Emergency Action Plan



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following mental health emergency action plan (EAP) provides guidelines and expectations as it relates to handling mental health crisis/emergency situations while at or away from [NGB] facilities.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]’s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified as an expert or a part of the athlete’s treatment team.

Scheduled [training sessions/practices/ competitions] are regularly scheduled activities in which [NGB] healthcare personnel is present, on-site, and/or on-call.

Unscheduled [training sessions/practices] are voluntary activities in which [NGB] medical/healthcare personnel is not present, on-site, or on-call.

Other medical personnel are qualified individuals as designated or identified by the [medical director/chief medical officer].

[NGB] leadership refers to executive or director level staff who serve as decision makers regarding athlete health, safety, and wellness.

Immediate Mental Health Crisis Management Guidelines

Education and Training

- The head team physician, the athletic training staff, and [NGB]’s mental health provider(s) will coordinate the education and rehearsal of the emergency action plan (EAP) regarding mental health crisis/emergency situations and conditions. The following individuals will receive this training [frequency]:
 - [List titles/groups/individuals]
- All healthcare providers associated with scheduled [training sessions/practices], unscheduled [training sessions/practices], competitions, skills instruction, and strength and conditioning/sports performance activities should have current training and certification in automatic external defibrillator (AED) and cardiopulmonary resuscitation (CPR) usage, and training in first aid.
 - It’s recommended that all other [NGB] staff who work directly with athletes be CPR/AED certified.
- The EAP should be distributed to all [NGB] staff and athletes and rehearsed [frequency].
- This education and training should be documented.
- A daily huddle should take place prior to all training sessions and/or competitions to discuss the EAP.
 - All relevant personnel should participate in the huddle (e.g., [NGB] medical/healthcare personnel, venue medical personnel, [NGB] sport performance staff, [NGB] and venue operations staff, local EMS personnel, etc.).
- The following signs/symptoms are considered life-threatening and require activation of the mental health EAP:
 - Suicidal and/or homicidal ideation
 - Victims of physical or sexual assault
 - Highly agitated, threatening behavior, acute psychosis, or paranoia
 - Acute delirium/confused state

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Mental Health Emergency Action Plan (*continued*)



- Acute intoxication or drug overdose
- Manic episode

Coverage of Events

- The [medical director/chief medical officer], head team physician, or other medical personnel who are trained in emergency management will be [present/on-site/on-call] for all scheduled [NGB] [training sessions/practices/competitions].
- All practices, training and conditioning sessions should be supervised by personnel (i.e., coaches, sports performance coaches, etc.) who are CPR and AED certified and who have necessary training to respond to emergency situations.
- For unscheduled [training sessions/practices/competitions], the [medical director/chief medical officer], head team physician, and athletic training staff may not be [present/on-site/on-call].

Emergency Equipment

- AEDs are located in the following locations:
 - [List the location(s)]
- Other emergency equipment will be stored in the following locations:
 - [List the item and location(s)]
- The following emergency equipment will be available at every scheduled [training session/practice/competition]:
 - [List equipment]
- It is recommended that athletes have access to an AED during unscheduled practices, if possible.
- All emergency equipment will be checked [frequency] to assess functionality.

EAP Signage

- All [NGB] facilities in which [NGB] athletes or teams practice, train, and/or compete will have an EAP posted at various obvious locations throughout the facility.
 - If a team has an organized practice, training session, and/or competition in a facility that is not an [NGB] facility, it is the responsibility of the [medical director/chief medical officer], head team physician, and/or medical staff to seek information regarding the emergency action plan.
- It is the responsibility of the [medical director/chief medical officer], head team physician, and/or medical staff to determine and communicate the EAP content, location, changes, and resources when traveling domestically and internationally.

Initial Management Recommendations

- If a non-life-threatening mental health situation is occurring, [NGB]'s mental health providers/resources should be utilized to provide direct intervention that could stabilize the situation and to determine next steps. These resources include:
 - [List resources]
- If a life-threatening mental health emergency is occurring, emergency services should be contacted immediately.

Communication/Notification Plan

- If [NGB]'s medical or mental health team **is** present during the mental health crisis/emergency:
 - One of these individuals or the individual designated by the [medical director/chief medical officer], head team physician, mental health provider, or other medical personnel will activate the mental health EAP.
 - If any member of this team is not present, they will be notified after the individual's care has been transferred emergency services.
 - Notification may come sooner if there is enough [NGB] personnel present to notify them and/or they're available on-site to assist.

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Mental Health Emergency Action Plan (*continued*)



- If [NGB]'s medical or mental health team **is not** present during the mental health crisis/emergency:
 - The EAP will be activated by any [NGB] athlete, coach, staff member, or personnel.
 - [NGB]'s medical and mental health team will be notified after the individual's care has been transferred to emergency services.
 - Notification may come sooner if there is enough [NGB] personnel present to notify them and/or they're available on-site to assist.
- The [medical director/chief medical officer], head team physician, and/or medical staff are responsible for notifying [NGB] leadership of the situation once the individual's care has been transferred emergency services.

Activating the Emergency Action Plan

Responsibilities of the On-Site Medical and Mental Health Team

- [NGB] personnel are responsible for summoning appropriate assistance and clearing uninvolved individuals from the area in the event of a mental health crisis/emergency.
 - Athletes, the coaching staff, sports performance staff, [medical director/chief medical officer], head team physician, medical staff, or other designated [NGB] staff may be involved in this process.
 - Individuals supervising or organizing practice should have access to a cell phone and/or landline at all times.
- If an individual is suspected (i.e., showing signs, symptoms, or behaviors) of a mental health crisis/emergency, they must be evaluated immediately by the [medical director/chief medical officer], head team physician, mental health provider, or other medical personnel. These individuals will determine if the EAP must be activated.
 - If the medical or mental health team is not available, any individual displaying signs or symptoms of a mental health crisis/emergency should be withheld from activity, and the EAP should be activated immediately by any individual.

Activation

- The [medical director/chief medical officer], head team physician, medical staff, mental health provider, first responder or the most qualified individual will evaluate the emergency and initiate the appropriate first aid treatment (if applicable). If assistance is needed, the individual will signal others to assist with first aid and emergency care.
 - The first responder, if not the [medical director/chief medical officer], head team physician, medical staff, or mental health provider should delegate an appropriate individual to immediately contact the medical staff/mental health team either at the practice facility, in the medical clinic, or by cell phone.
- Emergency services should be activated by the most qualified individual if deemed necessary, by calling 9-8-8 or 9-1-1.
 - For competitions in which venue operations personnel are present, those individuals will assist with activation of the emergency action plan.
- The caller should:
 - Clearly explain who they are and where they are
 - Explain what has happened
 - Provide an address and give clear directions
 - Provide relevant phone numbers (if applicable)
 - Stay on the line until instructed to hang up
 - Meet emergency medical services (EMS)/relevant personnel or direct someone to help direct EMS at the entrance
- If transportation to a medical or mental health facility/emergency room is necessary, EMS will determine the best medical facility for the patient based on medical situation and the medical facility's status/capabilities.

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United States Olympic & Paralympic Committee

Mental Health Emergency Action Plan *(continued)*



Venue Address and EMS/Mental Health Services Access Routes

- [Name of the venue]
[Address]
[Address]
- EMS/mental health services may access the facility via the following access points:
 - [Provide instructions]

Closest Medical Facilities

- The following mental health and/or medical facilities may be utilized by EMS/mental health services or [NGB] personnel in the event of a mental health emergency:
 - [List the name of the facility, the address, and it's capabilities]

Domestic and International Travel Emergency Preparedness Checklist

On Arrival at a New Location

- Meet with the host team's/venue's medical staff
- Determine if the facility has an EAP (if available)
- Review [NGB]'s EAP and condition specific signs/symptoms
- Check the location(s) of AEDs
- Check the location(s) of emergency equipment (e.g., splints, spine board, etc.)
- Determine/Review the facility's address
- Determine/Review access and egress routes to the facility
- Determine/Review the location of the closest medical facility/hospital
- Determine if language translations services will be needed
- Determine the location's medical and/or mental health emergency number (e.g., 988 or 911)
- Create written mental health EAP and distribute to all athletes, medical and NGB staff.
- Huddle to review the EAP and assign EAP responsibilities within the current travel party

Subsequent Days

- Ensure that AEDs are in the same location as the previous day
- Ensure that emergency equipment is in the same location as the previous day
- Ensure that access and egress routes to the facility are still available/clear
- Conduct a pre-training/event huddle

EAP revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee Periodic Health Examination



If the athlete is 18 years of age or older, this form must be completed by the athlete.

Demographic Information and Background

Personal Information

Full Name: _____ Preferred Name: _____
 Birthdate (mm/dd/yyyy): _____ Sex Assigned at Birth: _____
 Gender: _____ Pronouns: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____ Country: _____
 Phone Number (Home): _____ Phone Number (Cell): _____
 Preferred Language: _____ NGB/Sport: _____

Paralympic specific questions:

What is/are your disability/disabilities? _____
 What is your classification? _____

Parent/Guardian Contact Information (If the athlete is under 18 years old)

If at the same address:

Parent/Guardian Name: _____ Phone Number (Cell): _____

If at a different address:

Parent/Guardian Name: _____ Phone Number (Cell): _____

Street Address: _____
 City: _____ State: _____ Zip Code: _____ Country: _____

Emergency Contacts

Name #1: _____ Relationship: _____ Phone #: _____
 Name #2: _____ Relationship: _____ Phone #: _____

Primary Care Physician

Name: _____ Phone Number (Office): _____

Health Care Insurance

Insurance Company: _____ Phone Number (For Claims): _____
 Subscriber's Name: _____ Subscriber's Birthdate (mm/dd/yyyy): _____
 Identification Number: _____ Group#: _____ Effective Date: _____

General Background Questions

Do you have any religious convictions that could affect your medical treatment? Yes No

Please describe:

What is your ethnic origin? _____

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United States Olympic & Paralympic Committee

Periodic Health Examination (continued)



When was the last time you had a complete physical examination? _____

Have you ever failed a pre-participation examination for sports, or has your doctor ever stopped you from participating in sports for any reason? Yes No

Please describe:

In total, how many days have you missed practice or competition in the past year because of injury or illness?: _____

Have you participated in other sports in the past (include those sports you have done competitively)? Yes No

Please describe:

General Medical History Questionnaire

Cardiac (Heart) Health

Have you ever experienced any of the following during or after exercise: Yes No

- Chest discomfort or pain
- Chest tightness or pressure
- Unexplained/abnormal fatigue
- Felt dizzy or lightheaded
- Fainting/passed out or near fainting/passing out
- Excessive or unexplained shortness of breath
- Heart racing or fluttering
- Skipped (irregular) beats

Please describe:

Have you ever been informed that you have, or have had any of the following: Yes No

- Heart murmur
- High blood pressure
- High cholesterol
- Heart infection or inflammation
- Rheumatic fever
- Heart valve problems
- Marfan's Syndrome
- Any other heart related problem

Please describe (when?):

Have you ever had a seizure? Yes No

Please describe (when?):

Have you ever had an EKG/ECG, echocardiogram, or other heart tests? Yes No

Please list the test(s) and describe the results of the test(s):

Have you ever been hospitalized, had surgery, or seen a cardiologist for a cardiovascular (heart) related concern? Yes No

Please describe the diagnosis and approximate date of diagnosis:

Has a physician ever denied or restricted your participation in sports for any cardiovascular (heart) related problem? Yes No

Please describe:

Does anyone in your family have any of the following: Yes No

- Heart disease (relationship and age): _____
- High blood pressure (relationship and age): _____
- High blood cholesterol (relationship and age): _____

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United States Olympic & Paralympic Committee

Periodic Health Examination (continued)



Genetic heart problem* (relationship and age): _____

*Examples: hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)

Pacemaker or an implanted defibrillator before age 35 (relationship and age): _____

Has anyone in your family died of heart problems, heart disease or sudden death prior to age 50? Yes No

Please provide the cause, your relationship, and their age: _____

Has anyone in your family had disability or symptoms from heart disease before age 50? Yes No

Please provide the disability/symptoms, your relationship, and their age: _____

Does anyone in your family have any other heart related conditions, treatments, or devices such as electrical problems (arrhythmia) or heart enlargement, cardiomyopathy, heart surgery, pacemaker or defibrillator? Yes No

Please provide the condition, your relationship, and their age: _____

Pulmonary (Respiratory) Health

Have you ever been diagnosed with asthma, exercise induced asthma (EIA), exercise induce bronchospasm (EIB), vocal cord dysfunction (VCD), exercise induced laryngeal obstruction (EILO), or any other respiratory issue? Yes No

Please describe the diagnosis and approximate date of diagnosis: _____

Do you currently take or have you previously taken an inhaler or other medications for any of the above listed conditions? Yes No

Please list the medication and how often it's taken (e.g., per day/week): _____

Are the above listed medications effective in preventing or treating your symptoms? Yes No

Do you have any triggers (e.g., cold or warm air, allergies, etc.) that make your symptoms worse? Yes No

Please describe the trigger(s): _____

Do you have any other symptoms of pulmonary (respiratory) disease including: Yes No

- Wheezing Cough Postnasal drip Hay fever Repeated flu like illness

Do you cough, wheeze, have chest tightness or have more difficulty breathing than you should during or after exercise? Yes No

Please describe: _____

Do you cough, wheeze, have chest tightness or have more difficulty breathing than you should at rest? Yes No

Please describe: _____

Do you cough, wheeze, have chest tightness or have more difficulty breathing after exposure to allergens or pollutants? Yes No

Please describe: _____

Have you ever had: Yes No

- Bronchitis Pneumonia Tuberculosis Cystic fibrosis Other respiratory or other breathing problem

Please describe the diagnosis and approximate date of diagnosis: _____

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United States Olympic & Paralympic Committee

Periodic Health Examination (continued)



Have you ever been hospitalized for asthma, exercise induced asthma (EIA), exercise induce bronchospasm (EIB), vocal cord dysfunction (VCD), exercise induced laryngeal obstruction (EILO), or any other respiratory issues? Yes No

Please describe the diagnosis and approximate date of diagnosis:

Allergies

Are you allergic to, or have you ever had an allergic reaction to any prescription and/or over-the-counter medications? Yes No

List allergen(s) and your reaction:

Are you allergic to, or have you ever had an allergic reaction to food and/or drink products? Yes No

List allergen(s) and your reaction:

Are you allergic to, or have you ever had an allergic reaction to any other materials or products? Yes No

List allergen(s) and you reaction:

Do you have seasonal or environmental allergies? Yes No

List allergen(s) and your reaction:

Have you ever been prescribed an Epi-Pen (Epinephrine Auto-Injector)? Yes No

Are you presently, or have you ever taken medication for allergies or allergic reactions? Yes No

Please describe the incident and the approximate date:

Have you ever been hospitalized for an allergic reaction or any other allergy issues? Yes No

Please describe the diagnosis and approximate date of diagnosis:

Ear, Nose, and Throat Health

Have you ever sustained an injury or serious illness to your ear(s), nose, and/or throat? Yes No

Please describe the incident and the approximate date/year:

Do you have a hearing deficit in either/both ear(s)? Yes No

Please describe:

Do you routinely wear a device(s) for your ears (i.e. hearing aids, ear plugs, etc.)? Yes No

Please describe:

Do you suffer from any of the following: Yes No

- Bloody noses
- Recurrent throat infections
- Chronic congestion
- Vestibular dysfunction
- Recurrent sinus infections
- Frequent ear infections

Have you ever been hospitalized, had surgery and/or been seen by an ear, nose, throat specialist for injury or illness? Yes No

Please describe the incident and the approximate date/year:

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United States Olympic & Paralympic Committee

Periodic Health Examination (continued)



Head and Neck: Dental Health

When was your last dental exam (approximate date)? _____

Please describe the findings: _____

Have you ever sustained an injury to your teeth, mouth, jaw or temporomandibular (TM) Joint? Yes No

Please describe the injury and the approximate date: _____

Were diagnostic tests performed (i.e., MRI, X-ray, CT Scan, etc.)? Yes No

Please list the test(s) and describe the results of the test(s): _____

Do you have any artificial dental devices (i.e., braces, veneers, dentures, implants, partials, etc.)? Yes No

Please describe: _____

Do you wear a mouth guard for your sport? Yes No

Do you have any other decayed, missing or filled teeth? Yes No

Have you had your wisdom teeth removed? Yes No

Have you ever been hospitalized, had surgery and/or been seen by a dentist or oral surgeon for a dental injury? Yes No

Please describe the incident and the approximate date: _____

Head and Neck: Vision and Eye Health

When was your last eye exam or vision check (approximate date)? _____

Please describe the findings: _____

Do you have full use of both eyes? Yes No

Do you routinely wear glasses, contacts, protective eyewear, etc.? Yes No

Please describe: _____

Have you ever had problems with your vision (e.g., abnormal eyesight, blurred vision, double vision, tunnel vision, etc.)? Yes No

Please describe: _____

Have you ever been hospitalized, had surgery and/or been seen by an ophthalmologist or optometrist for eye injury, illness, or disease? Yes No

Please describe the incident and the approximate date: _____

Head and Neck: Head Injuries/Illnesses and Concussions History

Have you ever suffered a seizure? Yes No

Briefly describe the incident, treatment and approximate date: _____

Do you suffer from frequent headaches or migraines? Yes No

If yes, how frequently? _____

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United States Olympic & Paralympic Committee

Periodic Health Examination (continued)



Do you suffer from headaches or migraines with exercise?
If yes, how frequently?

Yes No

Have you sought treatment for this? If yes, please describe:

What medication(s) have you utilized or what treatment was prescribed?

If you wear a helmet for sports, how old is it? I do not wear a helmet for my sport(s)

Have you ever had an injury to your face, head, skull or brain including a concussion, confusion, memory loss or headache from a hit to your head, having your "bell rung" or getting "dinged"? Yes No

Please describe the injury and the approximate date(s):

Have you ever been hospitalized due to a head injury or illness, concussion or other head-related cause? Yes No

Please describe the injury or illness and the approximate date(s):

How many head injuries or concussions have you sustained?

If you have not sustained a head injury or concussion, please proceed to the next section.

Briefly describe incident(s) and date(s):

Amount of time missed:

Did you lose consciousness? Please explain:

Did you sustain memory loss? Please explain:

Were diagnostic tests performed due to a head injury or a concussion (i.e., X-ray, MRI, CT Scan, neuro- psychological testing, ImPACT testing, etc.)? Yes No

Please describe test used, results of diagnostic testing and approximate date(s):

Have you ever required academic assistance related to a concussion? Yes No

Have you ever experienced post-concussive depression or other mental health conditions? Yes No

Briefly describe (length of time, treatments, etc.):

General Nervous System Health Questions

Do you have, or have a past history of: Yes No

- Stroke or transient ischemic attack (TIA)
- Frequent or severe headaches
- Dizziness
- Blackouts
- Epilepsy
- Depression
- Anxiety attacks
- Muscle weakness
- Nerve tingling
- Loss of sensation
- Muscle cramps
- Chronic fatigue

Please describe:

Have you ever had numbness, tingling or weakness in your arms and legs or been unable to move your arms or legs after being hit or falling? Yes No

Please describe the incident and the approximate date:

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United States Olympic & Paralympic Committee Periodic Health Examination (continued)



Do you have, or have you been x-rayed for, neck (atlantoaxial) instability?

Yes No

Please describe the findings:

Have you ever been hospitalized, had surgery and/or been seen for nervous system issues?

Yes No

Please describe the incident and the approximate date:

Heat Related Injuries and Illnesses History

Have you ever become ill while exercising in the heat?

Yes No

Have you ever suffered from a heat-related injury or illness (e.g., heat cramps, syncope, heat exhaustion, and/or heat stroke)?

Yes No

Please describe the diagnosis and approximate date(s):

Have you ever had trouble or complications from exercising in the heat (e.g. feeling sick, throwing up, dizzy, lack of energy, decreased performance, muscle cramps, etc.)?

Yes No

Please describe:

Do you get frequent muscle cramps while exercising?

Yes No

Would you consider yourself to sweat excessively compared to others performing similar conditioning activities?

Yes No

Do you consistently have trouble hydrating or would you say you have poor hydration habits?

Yes No

Have you ever had electrolyte (salt) or fluid imbalance?

Yes No

Have you ever been hospitalized or missed a practice or competition due to a heat related injury or illness?

Yes No

Please describe the diagnosis and reason(s):

Blood Disorders and Abnormalities

Have you ever been tested for sickle cell anemia?

Yes No

Date of diagnosis and the results:

Do you or any members in your family carry sickle cell trait or sickle cell disease?

Yes No

Please list the family member(s) and your relationship:

Have you ever been diagnosed with anemia (low hematocrit) or low iron or ferritin?

Yes No

Date of the diagnosis and what treatment was prescribed:

Do you or have you ever taken prescription medications, vitamins, and/or supplements for anemia or low iron or ferritin?

Yes No

Do you or have you ever had abnormal bleeding tendencies?

Yes No

Please describe:

Do you have a personal or family history of blood clotting disorders or abnormalities?

Yes No

Please list the family member(s), condition(s) and your relationship:

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United States Olympic & Paralympic Committee

Periodic Health Examination (continued)



Have you ever been hospitalized, had surgery and/or been seen for blood clotting disorder or abnormality issues?

Yes No

Please describe the incident and the approximate date:

Metabolic and Hormonal History

Do you have a family history of diabetes?

Yes No

Please list the family member(s) and your relationship:

Have you ever been diagnosed with diabetes, by a physician?

Yes No

Please describe the diagnosis and approximate date of diagnosis:

If no (i.e., you have not been diagnosed with diabetes), please proceed to the next section.

Are you currently taking or have you ever taken diabetic medications?

Yes No

Please list the medication(s) used:

Do you monitor your blood sugar level on a daily basis?

Yes No

How many times per day?

What is your average daily blood sugar level?

When did you last have your A1c level tested?

Results:

Have you ever been diagnosed with thyroid gland disorder or other metabolic or hormonal disorder, by a physician?

Yes No

Please describe:

Have you ever been hospitalized, had surgery and/or been seen for diabetes related issues?

Yes No

Please describe the incident and the approximate date:

Abdominal, Gastrointestinal (GI), Reproductive and Internal Organ Health

Have you ever been diagnosed with an injury or illness to your stomach, abdomen, reproductive or internal organ(s)?

Yes No

Please describe the diagnosis and approximate date of diagnosis:

Were diagnostic tests performed (i.e., endoscopy, CT scan, colonoscopy, ultrasound, X-ray, etc.)?

Yes No

Please list the test(s) and describe the results of the test(s):

Have you ever had symptoms (see below) or been diagnosed with a kidney or bladder disease?

Yes No

- Blood in the urine Loin pain Kidney stones Frequent urination Burning during urination

Please describe the diagnosis and approximate date(s) of diagnosis:

For Paralympic athletes, do you use medications to prevent incontinence or infections?

Yes No

Please list the medication(s) used:

For Paralympic athletes, do you use a catheter for urination? and if so, to describe their bladder program.

Yes No

Please describe your bladder program:

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Periodic Health Examination (continued)



Due to injury, illness or at birth, are you missing a kidney, a testicle, an ovary or any other paired organ? Yes No

Please list missing organ(s) and the approximate date of the incident:

Have you sustained an injury or illness to any internal organs such as your liver, spleen, kidney(s) or lung? Yes No

Please describe the injury/illness and the approximate date of the incident:

Have you sustained an injury or illness to a reproductive organ? Yes No

Please describe the injury/illness and the approximate date of the incident:

Have you ever been diagnosed with gastrointestinal disease? Yes No

- Heartburn Nausea Vomiting Abdominal pain
- Weight loss or gain (> 5kg) A change in bowel habits Chronic diarrhea Blood in the stools
- Past history of liver disease Past history of pancreatic disease Past history of gallbladder disease

Please describe the diagnosis and approximate date(s) of diagnosis:

Do you suffer from chronic or recurrent diarrhea, constipation or been diagnosed with irritable bowel syndrome? Yes No

Please describe the diagnosis and approximate date(s) of onset:

For Paralympic athletes with a spinal cord injury, how often do you have a bowel movement?

Please describe how often:

For Paralympic athletes with a spinal cord injury, do you use any stool softeners or bowel motility medications? Yes No

Please list the medication(s) used:

Please describe your bowel program:

Have you ever been treated, hospitalized or had surgery for abdominal, GI, and/or organ injuries or illness' (i.e., appendicitis, hernia, kidney/liver disease, etc.)? Yes No

Please describe the incident and the approximate date:

Have you ever been diagnosed with infectious mononucleosis (mono)? Yes No

Please list the date:

Have you ever been diagnosed with a communicable disease (e.g., sexually transmitted infections, hepatitis, etc.)? Yes No

Please describe the diagnosis and approximate date(s) of diagnosis:

Have you ever been diagnosed with flu like symptoms of viral illness within the past month? Yes No

Please list the date:

Have you ever been treated, hospitalized or had surgery for a communicable disease, flu like symptoms or a viral illness? Yes No

Please describe the incident and the approximate date:

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Periodic Health Examination (continued)



Dermatology Health

Have you ever been under the care of a dermatologist or physician for any skin-related conditions? Yes No

Please describe the condition(s) and approximate date(s):

Do you, or have you ever had a skin infection(s) or condition(s) (e.g., itching, acne, warts, eczema, fungus, herpes, decubitus/pressure ulcer, etc.)? Yes No

Please describe the diagnosis and approximate date(s) of diagnosis:

Do you regularly use or take prescription medication for skin infections or conditions? Yes No

Please list the condition(s) and the medication(s) used:

Have you ever been diagnosed with MRSA (Methicillin-resistant Staphylococcus aureus)? Yes No

Please list the date(s):

Do you have a personal or family history of skin cancer? Yes No

Please list the family member(s) and your relationship:

Have you ever been advised not to participate in athletic activities due to a skin condition or skin infection? Yes No

Please describe the diagnosis and the reason(s):

Have you ever been treated, hospitalized or had surgery for a dermatology issue? Yes No

Please describe the incident and the approximate date:

Gender Specific Health: Female

Have you ever had a menstrual period? Yes No

At what age did you have your first period? At what age did your periods become regular?

What date did your last period start?

How many days do your periods last?

Do you currently have regular menstrual cycles? Yes No

How many periods have you had in the last 12 months?

Have you ever missed 3 or more consecutive months of your menstrual periods? Yes No

If yes, does it become:

- Lighter Heavier Shorter Longer Disappear

When was your last pelvic exam? When was your last breast exam?

Are you presently taking any female hormones (e.g., estrogen, progesterone, birth control pills, etc.)? Yes No

If yes, was it prescribed for:

- Irregular Periods No Periods Painful Periods Birth Control

Other:

Please describe:

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Periodic Health Examination (continued)



Have you ever had an abnormal pelvic exam or PAP smear?

Yes No

Please describe abnormal results, treatment(s), and the approximate date(s):

Have you ever had a sexually transmitted disease such as gonorrhea, syphilis, venereal warts, chlamydia or any other infection?

Yes No

Have you ever been identified as having a problem with your bones such as low bone density (osteopenia or osteoporosis)?

Yes No

Please describe the diagnosis and approximate date(s) of diagnosis:

Have you had a stress fracture in the past?

Yes No

Please provide how many and the approximate date(s) :

Gender Specific Health: Male

Do you have two normal testicles?

Yes No

Have you ever had a testicular exam?

Yes No

Most recent date:

Have you ever had an abnormal testicular exam?

Yes No

Please describe abnormal results, treatment(s), and the approximate date(s):

Do you or have you ever examined your testicles for masses?

Yes No

Please describe the diagnosis and approximate date(s) of diagnosis:

Have you ever had a painful testicle or lump/bump?

Yes No

Please describe the diagnosis and approximate date(s) of diagnosis:

Have you ever had a hernia or swelling around the testicle (e.g., varicocele, hydrocele)?

Yes No

Please describe the diagnosis and approximate date(s) of diagnosis:

Have you ever had an injury to a testicle?

Yes No

Please describe the incident and the approximate date:

Have you ever had surgery for an undescended testicle, testicular injury or problem?

Yes No

Please describe the incident and the approximate date:

Are you currently or have you ever been treated with hormonal medication(s)?

Yes No

Please provide the medication(s), approximate date(s) and treatment(s):

Have you ever had a sexually transmitted disease such as gonorrhea, syphilis, venereal warts, chlamydia or any other infection?

Yes No

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Periodic Health Examination (continued)



Gender Specific Health: Transgender

What sex were you assigned at birth, on your original birth certification? Female Male

How do you describe yourself? (check one) Yes No

Female Male Trans female/ Trans man Trans male/ Trans woman Genderqueer/ Gender non-conforming

Different identity (please state): _____

Are you currently or have you ever been treated with hormones? Yes No

Please describe the medication(s), approximate date(s) and treatment(s):

Are you currently or have you ever undergone hormone suppression therapy? Yes No

Please describe the medication(s), approximate date(s) and treatment(s):

Medications History

Are you currently taking any medications prescribed by a physician? Yes No

Include insulin, allergy shots or pills, sleeping pills, anti-inflammatory medications etc.

Please list (attach an additional page if necessary):

Are you currently taking any non-prescription/over-the-counter medications? Yes No

Include pain killers, anti-inflammatories, etc.

Please list (attach an additional page if necessary):

Do you currently have a therapeutic use exemption (TUE) for any of your medications? Yes No

Please list the medication(s): _____

When did you receive the TUE? _____

When does the TUE expire? _____

Other Substances: Supplements and Ergogenic Aids

Are you currently taking or have you taken other substances to improve your athletic performance such as supplements and/or ergogenic aids? Yes No

Include substances like creatine, weight gain products, amino acids, protein shakes, energy drinks, vitamins, minerals, etc.

Please list the substances, supplements and/or ergogenic aids and your reason for using them (attach an additional page if necessary):

Are you currently or have you ever taken supplements to help gain or lose weight to improve performance? Yes No

Have you ever been offered or encouraged to use banned performance enhancing drugs? Yes No

Immunizations

Indicate which immunizations you have received:

Tetanus / Diphtheria (Td or Tdap)- Date of the last shot: _____

Influenza vaccination- Date of the last shot: _____

COVID vaccination- Date of the last shot: _____

Chicken Pox (Varicella)

Meningitis (Menomune or Menactra)

Measles / Mumps / Rubella (2 shots)

Hepatitis A (2 shots)

Hepatitis B (3 shots)

Malaria

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Periodic Health Examination (continued)



Have you had a TB Test (PPD)?

Yes No

Date and Result: _____

Have you had any other immunizations?

Yes No

Please list (attach an additional page if necessary):

Other General Medical History

Do you get motion sickness (car, air or sea sickness)?

Yes No

Do you or have you ever had any conditions that impact your immune system (e.g., HIV/AIDS, leukemia, other forms of cancer, current infections, recurrent infections, etc.)?

Yes No

Please describe the condition(s) and approximate date(s):

Are you using any immunosuppressive medication?

Yes No

Please list the medication(s) used: _____

Do you or have you ever had infections such as meningitis, hepatitis (jaundice), or chicken pox?

Yes No

Please describe the condition(s) and approximate date(s):

Other Family History

Do any of your family members have a history of any of the following conditions (in male relatives < 55 years, female relatives < 65 years):

Sudden death for no apparent reason (including drowning, unexplained car accident, or sudden infant death syndrome, etc.)?

Yes No

Please provide the cause, your relationship, and their age: _____

Unexplained fainting, seizures, or near drowning?

Yes No

Please provide the cause, your relationship, and their age: _____

Tuberculosis or hepatitis?

Yes No

Please provide the cause, your relationship, and their age: _____

Anesthetic reaction or problem?

Yes No

Please provide the cause, your relationship, and their age: _____

Other condition such as stroke, diabetes, cancer, arthritis (describe)?

Yes No

Please provide the cause, your relationship, and their age: _____

Are you unsure of your family history?

Yes No

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Periodic Health Examination (continued)



Orthopedic/Musculoskeletal Medical History Questionnaire

Neck and Cervical Spine

Have you ever had pain or suffered an injury to your neck and/or cervical spine? Yes No

Briefly describe:

Were diagnostic tests performed (i.e., X-ray, CT scan, MRI, bone scan, etc.)? Yes No

List the date(s) of diagnostic imaging, the test performed and the results:

Have you ever been hospitalized or had surgery for a neck and/or cervical spine injury? Yes No

Please describe the incident and the approximate date:

Have you had numbness, burning or sharp pain in your arm(s) or hand(s) (e.g., stinger, burner, pinched nerve, etc.)? Yes No

Please describe and provide the approximate date(s):

Have you ever missed practice(s) and/or competition(s) due to a neck or cervical spine injury? Yes No

Briefly describe:

Spine (Thoracic and Lumbar), Ribs, and Chest

Have you ever had pain or suffered an injury to your thoracic or lumbar spine, rib(s), or chest? Yes No

Briefly describe:

Were diagnostic tests performed (i.e., X-ray, CT scan, MRI, bone scan, etc.)? Yes No

List the date(s) of diagnostic imaging, the test performed and the results:

Have you ever been diagnosed with a stress fracture in your spine or sustained a spondylolysis, or spondylolisthesis injury? Yes No

Please describe the diagnosis and the approximate date of diagnosis:

Have you ever been hospitalized or had surgery for a thoracic or lumbar spine, rib(s), or chest injury? Yes No

Please describe the incident and the approximate date:

Have you ever been told that you were born with a spinal defect? Yes No

Briefly describe:

Have you ever had pain, numbness, burning or sharp pain into your buttocks, legs or feet? Yes No

Please describe the incident(s) and the approximate date:

Have you ever missed practice(s) and/or competition(s) due to a thoracic or lumbar spine, rib(s), or chest injury? Yes No

Briefly describe:

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Periodic Health Examination (continued)



Shoulders and Upper Arms

Have you ever had pain or suffered an injury to your shoulder(s) and/or upper arm(s)? Yes No

Briefly describe:

Were diagnostic tests performed (i.e., X-ray, CT scan, MRI, bone scan, etc.)? Yes No

List the date(s) of diagnostic imaging, the test performed and the results:

Have you ever been hospitalized or had surgery for a shoulder and/or upper arm injury? Yes No

Please describe the incident and the approximate date:

Have you ever been told by a physician that you have instability in your shoulder(s)? Yes No

Please describe and provide the approximate date(s):

Have you ever missed practice(s) and/or competition(s) due to a shoulder or upper arm injury? Yes No

Briefly describe:

Elbows and Lower Arms (Forearms)

Have you ever had pain or suffered an injury to your elbow(s) and/or forearm(s)? Yes No

Briefly describe:

Were diagnostic tests performed (i.e., X-ray, CT scan, MRI, bone scan, etc.)? Yes No

List the date(s) of diagnostic imaging, the test performed and the results:

Have you ever been hospitalized or had surgery for an elbow and/or forearm injury? Yes No

Please describe the incident and the approximate date:

Have you ever missed practice(s) and/or competition(s) due to an elbow or forearm injury? Yes No

Briefly describe:

Wrists, Hands, And Fingers

Have you ever had pain or suffered an injury to your wrist(s), hand(s) and/or finger(s)? Yes No

Briefly describe:

Were diagnostic tests performed (i.e., X-ray, CT scan, MRI, bone scan, etc.)? Yes No

List the date(s) of diagnostic imaging, the test performed and the results:

Have you ever been hospitalized or had surgery for a wrist, hand and/or finger injury? Yes No

Please describe the incident and the approximate date:

Have you ever missed practice(s) and/or competition(s) due to a wrist, hand and/or finger injury? Yes No

Briefly describe:

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Periodic Health Examination (continued)



Pelvis, Groin, and Hips

Have you ever had pain or suffered an injury to your pelvis, groin, and/or hip(s)? Yes No

Briefly describe:

Were diagnostic tests performed (i.e., X-ray, CT scan, MRI, bone scan, etc.)? Yes No

List the date(s) of diagnostic imaging, the test performed and the results:

Have you ever sustained a stress fracture to your pelvis and/or hip(s)? Yes No

Please describe the incident and the approximate date:

Have you ever been hospitalized or had surgery for a pelvis, groin, and/or hip injury? Yes No

Please describe the incident and the approximate date:

Have you ever missed practice(s) and/or competition(s) due to a pelvis, groin, and/or hip injury? Yes No

Briefly describe:

Have you ever sustained a hernia and/or a "sports hernia"? Yes No

Please describe the diagnosis and the approximate date:

Have you ever been diagnosed with Osteitis Pubis (or pubic bone pain)? Yes No

Please describe the diagnosis and the approximate date:

Thighs, Hamstrings, and Quadriceps

Have you ever had pain or suffered an injury to your thigh(s), hamstring(s) and/or quadriceps? Yes No

Briefly describe:

Were diagnostic tests performed (i.e., X-ray, CT scan, MRI, bone scan, etc.)? Yes No

List the date(s) of diagnostic imaging, the test performed and the results:

Have you ever sustained a stress fracture to your thigh(s)? Yes No

Please describe the incident and the approximate date:

Have you ever been hospitalized or had surgery for a thigh, hamstring, and/or quadriceps injury? Yes No

Please describe the incident and the approximate date:

Have you ever missed practice(s) and/or competition(s) due to a thigh, hamstring, and/or quadriceps? Yes No

Briefly describe:

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United States Olympic & Paralympic Committee

Periodic Health Examination (continued)



Knees

Have you ever had pain or suffered an injury to your knee(s)? Yes No

Briefly describe:

Were diagnostic tests performed (i.e., X-ray, CT scan, MRI, bone scan, etc.)? Yes No

List the date(s) of diagnostic imaging, the test performed and the results:

Have you ever been hospitalized or had surgery for a knee injury? Yes No

Please describe the incident and the approximate date:

Do your knee(s) swell, lock, "give way" or feel unstable? Yes No

Briefly describe:

Have you suffered chronic knee pain during or after activity? Yes No

Briefly describe:

Have you ever missed practice(s) and/or competition(s) due to a knee injury? Yes No

Briefly describe:

Lower Legs (Tibia and Fibula) and Ankles

Have you ever had pain or suffered an injury to your lower leg(s) and/or ankle(s)? Yes No

Briefly describe:

Were diagnostic tests performed (i.e., X-ray, CT scan, MRI, bone scan, etc.)? Yes No

List the date(s) of diagnostic imaging, the test performed and the results:

Have you ever sustained a stress fracture to your lower leg(s) and/or ankle(s)? Yes No

Please describe the incident and the approximate date:

Have you ever been hospitalized or had surgery for a lower leg and/or ankle injury? Yes No

Please describe the incident and the approximate date:

Do you or have you ever suffered from recurrent ankle sprain(s)? Yes No

Please describe the injuries and the approximate dates:

Have you ever suffered from chronic lower leg pain such as shin splints, popliteal artery entrapment syndrome or chronic exertional compartment syndrome? Yes No

Please describe the incident and the approximate date:

Have you ever missed practice(s) and/or competition(s) due to a lower leg and/or ankle injury? Yes No

Briefly describe:

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Periodic Health Examination (continued)



Feet and Toes

Have you ever had pain or suffered an injury to your feet and/or toe(s)? Yes No

Briefly describe:

Were diagnostic tests performed (i.e., X-ray, CT scan, MRI, bone scan, etc.)? Yes No

List the date(s) of diagnostic imaging, the test performed and the results:

Have you ever sustained a stress fracture to your feet and/or toe(s)? Yes No

Please describe the incident and the approximate date:

Have you ever been hospitalized or had surgery for a foot and/or toe injury? Yes No

Please describe the incident and the approximate date:

Do you currently or have you ever used orthotics or shoe inserts? Yes No

Please describe the injuries and the approximate dates:

Have you ever missed practice(s) and/or competition(s) due to a foot and/or toe injury? Yes No

Briefly describe:

Other Orthopedic Medical History

Do you or have you ever had arthritis or joint pain, swelling and redness not related to injury? Yes No

Please describe the condition(s) and approximate date(s):

Have you ever had a cortisone injection? Yes No

Additional Medical History

Other General Medical History

Have you ever been prescribed a brace, padding, sling, cast, walking boot, orthotic, crutches or other appliance that has not previously been addressed above? Yes No

Please describe the condition(s) and approximate date(s):

For Paralympic athletes, have you ever been prescribed a prosthetic, wheelchair, or other gait aid that has not previously been addressed above? Yes No

Please describe the condition(s) and approximate date(s):

For Paralympic athletes with a limb deficiency who use a prosthetic, how old is your prosthesis? _____

Does it fit well? Yes No

Do you have any current or prior skin breakdown or infections? Yes No

Please describe:

For Paralympic athletes, do you use any other adaptive equipment during or outside of sport? Yes No

Please describe:

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Periodic Health Examination (continued)



Have you had any other tests (i.e., blood tests, bone scans, nerve conduction tests, EMGs, exercise stress tests, etc.) not previously been addressed above? Yes No

Please describe the condition(s) and approximate date(s):

Have you had or been prescribed any other treatments, rehabilitation or therapies that has not previously been addressed above? Yes No

Please describe the incident and the approximate date:

Have you had any other surgeries that has not previously been addressed above? Yes No

Please describe the incident and the approximate date:

Have you ever spent the night in a hospital or been admitted to a hospital as an inpatient or outpatient not previously been addressed above? Yes No

Please describe the incident and the approximate date:

Have you been referred to a medical specialist (e.g., cardiologist, neurologist or other medical person) for any condition not already mentioned? Yes No

Please describe:

Do you have any other medical problems? Yes No

Please describe the diagnosis and approximate date(s) of diagnosis:

For Paralympic athletes, have you experienced autonomic dysreflexia? Yes No

Please describe your symptoms and how it was treated:

Nutrition Assessment

Do you worry about your weight or body composition? Yes No

Are you satisfied with your eating pattern? Yes No

Do you lose or gain weight to meet weight requirements for your sport? Yes No

Does your weight affect the way that you feel about yourself? Yes No

Are you currently, or have you in the past year, followed a particular "diet" (e.g., vegan, vegetarian, keto, low carb, etc.)? Yes No

Please list:

Are there certain foods that you do not eat? Yes No

Please list the food(s) and reason(s) for not eating them:

Do you ever limit food intake to control weight? Yes No

- If yes, do you:
- Decrease amount of food during the day Skip meals Cut out snack items Limit carbohydrate Intake
- Limit fat intake Other:

Do you ever feel or worry that you are out of control when eating or feel that you cannot stop eating? Yes No

Do you regularly exercise outside of your normal practice schedule? Yes No

If yes, describe your activities:

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Periodic Health Examination (continued)



Have you ever tried to control your weight by any of the following methods?

- Laxatives
 Vomiting
 Excessive exercise
 Diuretics
 Diet pills
 Other: _____

Yes No

Have you ever altered eating patterns for athletic performance?

Yes No

Do you currently suffer or have you ever suffered in the past with an eating disorder?

Yes No

Do you think that you might have an eating disorder?

Yes No

Do you make yourself sick because you feel uncomfortably full?

Yes No

Do you ever eat in secret?

Yes No

Do you believe yourself to be "fat" when others say you are "thin"?

Yes No

Would you say food dominates your life?

Yes No

Do you have goals specific to nutrition and athletic performance?

Yes No

Would you like to meet with a dietitian?

Yes No

What do you currently weigh? _____

If you are not happy with your current weight, what would you prefer to weigh? _____

What was the most you have weighed in the past year? _____

What was the least you have weighed in the past year? _____

How tall are you without shoes? _____

Wellness Health Screening

These next 10 questions concern how you have been feeling over the past 30 days. Please circle the answer that best represents how you have been.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
It was difficult to be around teammates	1	2	3	4	5
I found it difficult to do what I needed to do	1	2	3	4	5
I was less motivated	1	2	3	4	5
I was irritable, angry or aggressive	1	2	3	4	5
I could not stop worrying about injury or my performance	1	2	3	4	5
I found training more stressful	1	2	3	4	5
I found it hard to cope with selection pressures	1	2	3	4	5
I worried about life after sport	1	2	3	4	5
I needed alcohol or other substances to relax	1	2	3	4	5
I took unusual risks off-field	1	2	3	4	5

Calculate the total score by summing up the answers on the 10 items above: _____

Do you wish you had more energy most days of the week?

Yes No

Do you think about things "over and over"?

Yes No

Do you feel anxious and nervous much of the time?

Yes No

Do you feel sad or depressed?

Yes No

Do you struggle with being confident?

Yes No

Do you not feel hopeful about the future?

Yes No

Do you have a hard time managing your emotions (e.g., frustration, anger, impatience)?

Yes No

Do you have feelings of hurting yourself or others?

Yes No

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Periodic Health Examination (continued)



Do you feel safe in your relationships (e.g., friends, family, intimate partners, coaches, teammates, etc.)? Yes No

Have there been situations in your relationships where you have felt afraid? Yes No

Have you been physically hurt, threatened or forced to engage in activities that you didn't want? Yes No

Do you have a safe place to go in an emergency? Yes No

Do you smoke cigarettes, vape or use any other nicotine products (i.e. chewing tobacco, snuff, dip, pipe, etc.)? Yes No

If yes, how often do you use nicotine product(s) per day (average)? _____ Per week (average)? _____

In the past 30 days, have you had at least 1 drink of alcohol? Yes No

If yes, how many drinks do you consume per day (average)? _____ Per week (average)? _____

Have you ever felt you should cut down on drinking? Yes No

Have people annoyed you by criticizing drinking? Yes No

Have you ever felt bad or guilty about drinking? Yes No

Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover? Yes No

Do you use cannabis? Yes No

If yes, how many times per day (average)? _____ Per week (average)? _____

Do you have a history of using any other substances? Yes No

Have you ever been diagnosed with a mental health condition/disorder (e.g., depression, anxiety, substance abuse, ADHD, etc.)? Yes No

Please describe the diagnosis, approximate date(s) of diagnosis, and the medication(s) used:

Do you have a family history of mental health conditions/disorders? Yes No

Please provide the diagnosis, your relationship, and their age:

Have you ever received counseling from a psychologist, psychiatrist, counselor and/or social worker? Yes No

If yes, would you like to continue to receive counseling with a mental health professional at this time? _____

Are there topics associated with your athletic performance that you would like to discuss with a mental health provider or clinically trained sport psychologist? Yes No

Sleep Habits

Do you have difficulty falling asleep? Yes No

Do you have difficulty staying asleep? Yes No

Do your sleep patterns interfere with your daily functioning (e.g. daytime fatigue, ability to function at work/school/practice, concentration, memory, mood, etc.)? Yes No

Please describe:

Do you snore loudly (louder than talking or loud enough to be heard through closed doors)? Yes No

Has anyone observed you stop breathing during your sleep? Yes No

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Periodic Health Examination (continued)



Do you have any other concerns that you would like to discuss with a doctor?

Yes No

If yes, please explain:

I affirm that all information contained in this medical history document is true and accurate to the best of my knowledge and that no answers or information have been withheld. If any information and/or statements are false and/or have been omitted in reference to my past and/or present medical history, I understand that my health and physical welfare may be jeopardized as a result and that I may suffer physical, mental and/or emotional harm.

I do hereby grant my permission to [NGB], [NGB] physicians, athletic trainers, mental health professionals, and dietitians employed by them, and any other medical professional deemed necessary; to treat any athletic injury I might incur during my [NGB] athletic career according to the policies and procedures of [NGB].

Athlete's Signature: _____

Date (mm/dd/yyyy): _____

Athlete's Printed Name: _____

Parent/Legal Guardian's Signature:
(If the athlete is under the age of 18)

Date (mm/dd/yyyy): _____

Parent/Legal Guardian's Printed Name: _____

Name of individual who completed form: _____

Relationship to Athlete: _____

Form revision history

- [previous date]
- [previous date]

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Periodic Health Examination *(continued)*



Physical Examination

Full Name: _____ Date of Examination: _____
 Birthdate (mm/dd/yyyy): _____ Sport/Event(s)/Position(s): _____
 Gender: _____ Sex Assigned at Birth: _____ Pronouns: _____
 Height: _____ Weight: _____ Pulse: _____ BP: _____ / _____ If elevated: _____ / _____ / _____

**The athlete's heart rate and blood pressure should be taken while they are sitting after at least 5 minutes of rest.*

General Medical

	Normal Finding	Abnormal Finding (please specify)
Appearance		
Ears		
Nose		
Mouth		
Neck/Throat		
Lymph nodes		
Eyes		
Visual acuity (corrected/uncorrected)		
Equal pupils		
Heart		
Rhythm		
Heart sounds/murmurs in supine and standing		
Peripheral oedema		
Physical stigmata of Marfan's syndrome		
Blood vessels		
Peripheral pulses		
Delay in femoral pulses		
Vascular bruits (femoral)		
Varicose veins		
Neuro		
Lungs		
Abdomen		
Skin		
Dental		

DMF Index = Number of decayed, missing or filled teeth: _____

Oral hygiene assessment: Good Fair Poor

Visible Oral Infection: Yes No

Presence of Worn, Broken or Loose/Mobile teeth: Yes No

Dental appliances (bridge, plate, braces or orthodontic appliance): Yes No

Does the athlete wish, or does the physician recommend REFERRAL TO MENTAL HEALTH SERVICES? Yes No

Does the athlete wish, or does the physician recommend REFERRAL TO NUTRITION SERVICES? Yes No

Additional notes regarding the above areas:

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Periodic Health Examination *(continued)*



Orthopedic/Musculoskeletal

	Normal Finding	Abnormal Finding (please specify)
Neck and Cervical Spine		
Spine (Thoracic and Lumbar)		
Ribs and Chest		
Shoulders and Upper Arms		
Elbows and Forearms		
Wrists, Hands, And Fingers		
Pelvis, Groin, and Hips		
Thighs, Hamstrings, & Quadriceps		
Knees		
Lower Legs and Ankles		
Feet and Toes		

Additional notes regarding the above areas:

Mental Health Screening

SMHAT-1 Results **Details:**

Additional Testing

12 Lead ECG/EKG **Details:**

Normal / no changes

Common and training-related ECG changes

Uncommon training-unrelated ECG changes

Exercise stress test **Details:**

Pulmonary function screen **Details:**

DEXA/Body composition testing **Details:**

Diagnostic imaging/testing (e.g., XRAY, MRI, CT scan, bone scan, etc.) **Details:**

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United States Olympic & Paralympic Committee

Periodic Health Examination *(continued)*



Other: _____

Details:

Other: _____

Details:

Laboratory Tests

	Normal Finding	Abnormal Finding (please specify)
Hemoglobin		
Hematocrit		
Erythrocytes		
Thrombocytes		
Leukocytes		
Ferritin		
Sodium		
Potassium		
Creatinine		
Cholesterol (total)		
LDL Cholesterol		
HDL Cholesterol		
Triglycerides		
Glucose		
C-reactive Protein		
Urinalysis		
Endocrine study		
Other: _____		
Other: _____		

Additional notes regarding the above areas:

Clinical Evaluation Outcome

NOT cleared for athletic participation

Additional information:

CLEARED for athletic participation

It is recommended that the athlete avoids participating (if applicable):

In training (explain):

USOPC and USCAH Legal Notices:

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United States Olympic & Paralympic Committee

Periodic Health Examination (continued)



In competition (explain):

It is recommended that the athlete respects the following restrictions (if applicable):

During training (specify):

During competition (specify):

It is recommended that the athlete undergoes further examinations, rehabilitation, and/or treatment (specify):

Additional information:

Examining Physician's Signature: _____

Date (mm/dd/yyyy): _____

Examining Physician's Printed Name: _____

Address: _____

Phone Number: _____

Email Address: _____

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United States Olympic & Paralympic Committee

PHE Mental Health Screening Program



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following program provides guidelines and expectations to [NGB] healthcare providers as it relates to screening [NGB] athletes for mental health conditions.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]'s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified as an expert or a part of the athlete's treatment team.

Mental Health Screening Program Guidelines

Periodic Health Exam Process

- During the periodic health examination (PHE) process, healthcare personnel will explain the process for accessing the mental health resources to all athletes on behalf of [NGB].
- All [NGB] athletes will complete the [International Olympic Committee \(IOC\) Sport Mental Health Assessment Tool 1 \(SMHAT-1\)](#) Athlete's Form 1 questions at the following intervals at a minimum:
 - During the periodic health examination (PHE) process (i.e., the pre-competition period)
 - During the mid- to end- season period
- Additionally, all [NGB] athletes will complete general wellness related questions while completing PHE paperwork prior to their physical examination.
- All PHE and SMHAT-1 Athlete's Form 1 documents will be reviewed by the [medical director/chief medical officer], head team physician, mental health professional(s), and/or other medical staff. The physicians' designee may also be involved.
 - Athletes who have pre-existing conditions should provide documentation regarding their diagnosis and/or testing results of those conditions for further review at the time of their first PHE.
 - Returning athletes who are diagnosed with conditions while away from [NGB] participation should provide medical documentation of that condition at the time of their next PHE.

Results Review

- If the athlete has a total score of 16 or under for step 1 of the SMHAT-1, no further action is required. However, healthcare personnel will educate the athlete of the mental health resources available to them.
- If the athlete has a total score of 17 or higher for step 1 of the SMHAT-1, healthcare personnel will continue to proceed through the SMHAT-1 with the athlete as the tool instructs.
- If at any time the athlete indicates or affirms verbally or via their SMHAT-1 form(s) that they may self-harm or harm others, [NGB] healthcare personnel should notify the [medical director/chief medical officer], head team physician, and/or mental health provider(s) immediately. One of these individuals will contact the athlete as soon as possible (i.e., within [#] minutes of identifying the information).
 - If indicated, the mental health emergency action plan (EAP) will be initiated.
- Non-emergent responses will be addressed with the athlete on a subacute timeline (i.e., within [#] hours). Once the athlete is notified of their results, all athletes who score 17 or higher for step 1 of the SMHAT-1, will be referred to [NGB]'s [medical director/chief medical officer], head team physician, and/or mental health provider(s) for further consultation/intervention regardless of their remaining results.

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United States Olympic & Paralympic Committee

PHE Mental Health Screening Program (*continued*)



Follow Up Care and Testing

- Once an athlete has been referred to the [medical director/chief medical officer], head team physician, and/or mental health provider(s) for further consultation/intervention, those individuals will be responsible for implementing a plan for the continued care of the athlete.
 - The plan for continued care will be individualized and may include other medical/mental health resources and interventions.
 - It's recommended that follow-up testing using the SMHAT-1 occurs when the athlete experiences any significant events.

Documentation

- All PHE documentation, SMHAT-1 forms, screening results, the athlete notification process, further consultations/interventions, and treatment/progress notes must be documented by healthcare personnel in the athlete's electronic medical record (EMR).

Clearance For Participation

- The [medical director/chief medical officer] and/or the head team physician in collaboration with the treating mental health providers will make final decisions on whether the athlete is medically cleared to participate.

Program revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee Foundational Athlete Health and Safety Resources



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel/Staff]
Last Revision Date: [Insert Date]

Athlete Safety Education

Health care providers should complete [NGB] required athlete safety education through SafeSport and meet relevant continuing education requirements prior to working with their athletes.

For general SafeSport NGB services go to: [SafeSport NGB Services](#)

Steps to Enroll in Courses on SafeSport's Training Platform

Go to: [SafeSport's Training Platform](#)

1. Contact your NGB for an enrollment key
2. Click on the **Enrollment Key** tile on the home page
3. Fill in the required information and any optional information you want to include
4. Locate your course(s) in **My Courses** or **Catalog**
5. Complete required and recommended SafeSport courses
 - o Required Across All NGBs
 - Initial Coursework
 - SafeSport® Trained Core Courses (90 minutes)
 - o Unit 1: Sexual Misconduct Awareness and Education
 - o Unit 2: Mandatory Reporting
 - o Unit 3: Physical and Emotional Misconduct
 - Core Refresher Courses- required after one year
 - Refresher: Recognizing and Reporting Misconduct (30 minutes)
 - Refresher: Creating a Positive Sport Environment (30 minutes)
 - o Recommended Courses
 - Health Professionals: Your Role in Preventing Abuse in Sport (90 minutes)
 - Creating Safe and Inclusive Environments for Athletes with Disabilities (60 minutes)
 - For staff working with the para community

Contact your NGB to determine your required coursework and the frequency in which it should be completed.

Anti-Doping Education

Health care providers should complete [NGB] required anti-doping education from USADA and WADA and meet relevant continuing education requirements prior to working with their athletes. WADA coursework also meets the requirements of organizations such as the ITA and IPC.

For general USADA HealthPro Advantage information go to: [USADA HealthPro Advantage](#)

Steps to Enroll and Complete Coursework on USADA's HealthPro Advantage Training Platform

Go to: [USADA HealthPro Advantage through the Stanford Center for Continuing Medical Education portal](#)

1. Click **Sign In** to create an account or to login and access the content
2. Fill in the required information and any optional information you want to include
3. Click **Begin**
4. Complete all modules (2 hours and 15 minutes)

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United States Olympic & Paralympic Committee

Foundational Athlete Health and Safety Resources *(continued)*



- Module 1: Anti-Doping Roles and Responsibilities
 - Module 2: Sample Collection
 - Module 3: The WADA Prohibited List
 - Module 4: Case Scenarios
 - Module 5: Dietary Supplements
 - Module 6: Major Games Anti-Doping Information
5. Complete the **Post Test and Wrap Up**

For general WADA anti-doping education information go to: [WADA Anti-Doping Education](#)

Steps to Enroll and Complete Coursework on WADA's Anti-Doping Education and Learning (ADEL) Platform

Go to: [ADEL By WADA](#)

1. Click **Register** to create an account or **Sign In** to login to an existing account
2. Fill in the required information and any optional information you want to include
3. From the home page, scroll down and click on the **Medical Professionals' Education** header
4. Enroll and complete the following programs
 - [ADEL for Medical Professional's Education Program \(English\)](#)
 - [ADEL for Medical Professionals at Major Games \(English\)](#)
 - [Guide to the List 2024 \(Multiple Languages\)](#)
 - Select the current year

Other language options are available. Contact your organization or NGB to determine the frequency in which your coursework should be completed.

CPR/AED Certification

All health care providers who work with the [NGB]'s athletes should be certified in CPR and AED use.

Steps to Complete CPR/AED Certification through the American Red Cross

Go to: [CPR for Healthcare Providers](#)

1. Click the drop down menu under **Find a Class**
2. Choose BLS/CPR for Healthcare
3. Enter your city or zip code and select **Find Classes**
4. Click **Filter By**
 - Choose **Class Focus**
 - Select **BLS/CPR for Healthcare**
5. Click **Apply**
6. Choose a class

Steps to Complete CPR/AED Certification through the American Heart Association

Go to: [Healthcare Professional](#)

1. Under Basic Life Support (BLS), click **View BLS Course Options** to learn more
2. Click **Find a Class**
3. Provide your location
4. Under **Filters and Courses**
 - Select the down arrow next to **BLS**
 - Check the box(es) next to the level of BLS certification that meets your needs (i.e., BLS Provider or BLS Renewal)
5. Enroll in a class

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Mental Health Emergency Management Training

All health care providers should complete [NGB] required Mental Health First Aid (MHFA) training and meet relevant continuing education requirements prior to working with their athletes.

For general Mental Health First Aid information go to: [What You Learn](#)

Steps to Complete Mental Health First Aid Training

Go to: [Mental Health First Aid](#)

1. Enter your city and state and select **Find Courses**
2. Under **Course Status**, select **Open**
3. Under **Courses**, select **Adult**
4. Register for a course

Health and Safety Resources for NGBs

The USOPC has partnered with USCAH to aid NGBs in mitigating risk and meeting nationally recognized medical and healthcare related best practices and standard of care. These services include but aren't limited to:

Consultation Services

- Program Assessment (*Virtual or on-site*)
- Chief Medical Officer Services
- Policy Design, Development, and Review
- Independent Incident Reviews
- Complete Program Design

Education Services

- Athletics Healthspace E-learning Platform- Courses and Programs
 - More the 170 courses that can be customized by audience and completed via the website or mobile app
 - Designed for athletes, coaches, staff, parents, and all individuals who work with athletes
- Webinar Education Series
- Continuing Education (*BOC compliant CEU modules and webinars for athletic trainers*)
- Expert Lecture Series (*Virtual or on-site*)
- Athletics Healthcare Administrator Association

Compliance Services

- USCAH Certification Programs
- Professional Development
- Risk Management
- Confidential Reporting

About USCAH

For more information on NGB services from USCAH go to: [USCAH NGB Services](#)

For questions or to set up a demo or meeting contact: info@uscah.com.

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PROGRAM BUILD

MEDICAL STANDARDS AND RESOURCES



United States Olympic & Paralympic Committee

Program Buildout Job Description



Position Title:	Athletics Health Care Provider- Athletic Trainer, Moderate Risk Sports w/ Practice Coverage
Location:	[Insert Location and On-Site, Hybrid, Remote]
Type of Position:	[Full-time, Part-time, Internship/Fellowship, Consultant, Volunteer]
Salary/Pay Rate:	[Insert Salary/Pay Rate]
Date Posted:	[Insert Date]

Position Summary

[NGB] is seeking a dynamic and experienced professional for the role of athletic trainer to assist the [medical director/chief medical officer] and head team physician in the day-to-day management of sports medicine operations while serving as the primary athletic trainer for [NGB] athletes. The athletic trainer will work in collaboration with the [medical director/chief medical officer] and head team physician to maintain standards promoting matters of athlete mental and physical health, safety and performance.

Qualifications

Minimum Requirements

- Bachelor's degree in athletic training, sports medicine, or related discipline
- Certified through the Board of Certification for the Athletic Trainer
- Currently licensed or eligible for licensure in [state(s)]
- At least [#] years of progressively responsible experience working with NCAA Division 1, Power 5, national governing body (NGB), US Olympic & Paralympic Committee (USOPC), professional, or elite athletes/teams after becoming a BOC certified athletic trainer
- Current CPR and AED certification for healthcare providers or equivalent
- Currently hold or eligible to obtain a passport for travel
- Active professional liability and malpractice insurance without pending claims
- Experience in using and applying rehabilitation modalities (e.g., whirlpools, hydrocollator, ultrasound, electrical stimulation, etc.)
- Experience in using and applying evaluation tools (e.g., goniometers, thermometers, sphygmomanometers, tape measures, etc.)
- Knowledge of the use and application of rehabilitation equipment (e.g., weights, bike, shuttles, physio balls, proprioception equipment, Alter-G, underwater treadmills, dynamic air compression, percussion therapy, etc.)
- Practical and ethical knowledge regarding the provision of telehealth services
- Computer competency and experience with documentation through use of electronic medical records (EMR)
- Excellent communication skills, both orally and in writing
- Work effectively with a wide range of constituents in a diverse community
- Commitment to valuing diversity and contributing to an inclusive working and learning environment

Preferred Requirements

- Master's degree in athletic training, sports medicine, or related discipline
- Excellent skills in the use of the specific equipment and tools as identified above
- Experience in using and applying advanced therapeutic interventions (e.g., dry needling, cupping, Graston, spinal manipulation, blood flow restriction therapy, etc.)
- Ability to work independently and effectively with minimal supervision
- Strong leadership and management skills in building a positive and empowering work environment
- Ability to operate in a fast-paced environment, be solution oriented, and perform in stressful circumstances while communicating effectively
- Excellent problem-solving, critical thinking, and time management skills
- Strong judgment skills and decision-making abilities
- Demonstrated knowledge and applied experience understanding and prioritizing mental health

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United States Olympic & Paralympic Committee

Program Buildout Job Description (*continued*)



- Experience collaborating with others as part of a health care team

Duties and Responsibilities

- Complete clinical duties and responsibilities under the supervision of a team physician (i.e., the [medical director/chief medical officer] and/or head team physician)
- Remain current and compliant with all state and national requirements for certification and licensure while requiring and developing a procedure to ensure the same of all direct reports
- Maintain CPR and AED certification (i.e., Basic Life Support for healthcare providers)
- Remain current and compliant with all relevant [NGB] requirements (e.g., background checks, anti-doping education, SafeSport education, etc.)
- Coordinate the day-to-day operations of the athletic training room
 - Assist with athletic training supplies and equipment inventory and maintenance
 - Coordinate equipment repair and athletic training room maintenance
- Coordinate and provide day-to-day athletic training services for [NGB] athletes
 - Provide emergency care and implement emergency care procedures and facilitate transportation logistics to expedite emergency care as needed
 - Evaluate acute and chronic injuries with referrals to team physician(s) or other health care professionals as needed
 - Assess illnesses with referrals to team physicians or other health care professionals as needed
 - Collaborate in the scheduling of appropriate referrals to medical and mental health specialists when appropriate (e.g., women's health, substance abuse, surgical care, mental health, etc.)
 - Administer therapeutic modalities, design and implement injury rehabilitation programs, and instruct the athlete on proper rehabilitation procedures
 - Evaluate the athlete's physical condition, response and progress, and discuss with the appropriate physician as needed
 - Implement a sport-specific and injury-specific "return to play" plan
 - Design exercise programs (i.e., "prehab") that aid in minimizing/preventing athletic injury
 - Assist the head team physician with scheduling and organizing periodic health evaluations (PHEs) and reviewing each athlete's health history
 - Apply therapeutic and protective taping, bandaging and wrapping for practices and competitions
 - Design and fit specific orthopedic devices
 - Communicate with external providers as needed for continuity of care
 - Utilize the assigned EMR to complete compliant, clear, and consistent medical documentation, daily treatment records, and rehabilitation progress notes
 - Work with coaches and the strength and conditioning/sport performance staff to reduce and control environmental hazards, thereby creating a safe environment
 - Inform coaches and the strength and conditioning/sport performance staff of the status of the athletes' condition
 - Advise the coaching staff of general and specific health practices, training activities and programs
 - In cooperation with the strength and conditioning/sport performance staff, advise the coaching staff of appropriate weight training and conditioning programs while setting restrictions for athletes at risk
 - Provide in-person medical and athletic training care at all practices
- Practice Occupational Safety and Health Administration (OSHA) Universal Precautions when exposed to bodily fluids and other bloodborne pathogens
- Represent athletic trainers on a multi-disciplinary performance team (i.e., physicians, athletic training, physical therapy, mental health, nutrition, strength and conditioning, etc.)

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United States Olympic & Paralympic Committee Program Buildout Job Description *(continued)*



- Review, develop, and enforce streamlined policies and procedures that are rooted in best practices and optimal standard of care for each performance area, in conjunction with the directors of each respective area
- Communicate effectively and efficiently with members of the multi-disciplinary performance team
- Coordinate the rehearsal of emergency action plans in collaboration with the head team physician
- Educate and counsel athletes regarding medical conditions that could affect their safety and performance
- Understand the resources available to athletes through [NGB] and external organizations (e.g., USOPC sports medicine, Elite Athlete Health Insurance, Sport Accident Insurance, Medical Network partners, etc.)
- Have a comprehensive working knowledge of all [NGB] and sports medicine departmental policies and procedures, as well as understanding and adherence to external governing agencies' regulations and requirements
- Collaborate with the [medical director/chief medical officer] and head team physician to research the healthcare systems and medical resources available to [NGB] athletes and staff prior to travel to domestic and international host sites and create a plan for utilizing these systems and services if needed
- Collaborate with the [medical director/chief medical officer] and head team physician to determine the level of care that healthcare and medical professionals can provide [NGB] athletes and staff according to laws, rules, and regulations of domestic and international host sites prior to travel
- [NGB] travel [% of the time]

All offers of employment are contingent upon successful completion of a background inquiry.

Moderate Risk Sports

Olympic Summer	Paralympic Summer	Olympic Winter	Paralympic Winter
Athletics – High Jump and Pole Vault Basketball Diving Field Hockey Soccer Handball Volleyball Beach Volleyball Water Polo Rhythmic Gymnastics Sailing Fencing	Wheelchair Basketball Wheelchair Fencing	Cross-Country Skiing Biathlon Figure Skating	Biathlon Cross-Country Skiing

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United States Olympic & Paralympic Committee

Program Buildout Job Description



Position Title:	Athletics Health Care Provider- Athletic Trainer, Low Risk Sports w/ Competition Coverage
Location:	[Insert Location and On-Site, Hybrid, Remote]
Type of Position:	[Full-time, Part-time, Internship/Fellowship, Consultant, Volunteer]
Salary/Pay Rate:	[Insert Salary/Pay Rate]
Date Posted:	[Insert Date]

Position Summary

[NGB] is seeking a dynamic and experienced professional for the role of athletic trainer to assist the [medical director/chief medical officer] and head team physician in the day-to-day management of sports medicine operations while serving as the primary athletic trainer for [NGB] athletes. The athletic trainer will work in collaboration with the [medical director/chief medical officer] and head team physician to maintain standards promoting matters of athlete mental and physical health, safety and performance.

Qualifications

Minimum Requirements

- Bachelor's degree in athletic training, sports medicine, or related discipline
- Certified through the Board of Certification for the Athletic Trainer
- Currently licensed or eligible for licensure in [state(s)]
- At least [#] years of progressively responsible experience working with NCAA Division 1, Power 5, national governing body (NGB), US Olympic & Paralympic Committee (USOPC), professional, or elite athletes/teams after becoming a BOC certified athletic trainer
- Current CPR and AED certification for healthcare providers or equivalent
- Currently hold or eligible to obtain a passport for travel
- Active professional liability and malpractice insurance without pending claims
- Experience in using and applying rehabilitation modalities (e.g., whirlpools, hydrocollator, ultrasound, electrical stimulation, etc.)
- Experience in using and applying evaluation tools (e.g., goniometers, thermometers, sphygmomanometers, tape measures, etc.)
- Knowledge of the use and application of rehabilitation equipment (e.g., weights, bike, shuttles, physio balls, proprioception equipment, Alter-G, underwater treadmills, dynamic air compression, percussion therapy, etc.)
- Practical and ethical knowledge regarding the provision of telehealth services
- Computer competency and experience with documentation through use of electronic medical records (EMR)
- Excellent communication skills, both orally and in writing
- Work effectively with a wide range of constituents in a diverse community
- Commitment to valuing diversity and contributing to an inclusive working and learning environment

Preferred Requirements

- Master's degree in athletic training, sports medicine, or related discipline
- Excellent skills in the use of the specific equipment and tools as identified above
- Experience in using and applying advanced therapeutic interventions (e.g., dry needling, cupping, Graston, spinal manipulation, blood flow restriction therapy, etc.)
- Ability to work independently and effectively with minimal supervision
- Strong leadership and management skills in building a positive and empowering work environment
- Ability to operate in a fast-paced environment, be solution oriented, and perform in stressful circumstances while communicating effectively
- Excellent problem-solving, critical thinking, and time management skills
- Strong judgment skills and decision-making abilities
- Demonstrated knowledge and applied experience understanding and prioritizing mental health

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United States Olympic & Paralympic Committee

Program Buildout Job Description (*continued*)



- Experience collaborating with others as part of a health care team

Duties and Responsibilities

- Complete clinical duties and responsibilities under the supervision of a team physician (i.e., the [medical director/chief medical officer] and/or head team physician)
- Remain current and compliant with all state and national requirements for certification and licensure while requiring and developing a procedure to ensure the same of all direct reports
- Maintain CPR and AED certification (i.e., Basic Life Support for healthcare providers)
- Remain current and compliant with all relevant [NGB] requirements (e.g., background checks, anti-doping education, SafeSport education, etc.)
- Coordinate the day-to-day operations of the athletic training room
 - Assist with athletic training supplies and equipment inventory and maintenance
 - Coordinate equipment repair and athletic training room maintenance
- Coordinate and provide day-to-day athletic training services for [NGB]athletes
 - Provide emergency care and implement emergency care procedures and facilitate transportation logistics to expedite emergency care as needed
 - Evaluate acute and chronic injuries with referrals to team physician(s) or other health care professionals as needed
 - Assess illnesses with referrals to team physicians or other health care professionals as needed
 - Collaborate in the scheduling of appropriate referrals to medical and mental health specialists when appropriate (e.g., women's health, substance abuse, surgical care, mental health, etc.)
 - Administer therapeutic modalities, design and implement injury rehabilitation programs, and instruct the athlete on proper rehabilitation procedures
 - Evaluate the athlete's physical condition, response and progress, and discuss with the appropriate physician as needed
 - Implement a sport-specific and injury-specific "return to play" plan
 - Design exercise programs (i.e., "prehab") that aid in minimizing/preventing athletic injury
 - Assist the head team physician with scheduling and organizing periodic health evaluations (PHEs) and reviewing each athlete's health history
 - Apply therapeutic and protective taping, bandaging and wrapping for practices and competitions
 - Design and fit specific orthopedic devices
 - Communicate with external providers as needed for continuity of care
 - Utilize the assigned EMR to complete compliant, clear, and consistent medical documentation, daily treatment records, and rehabilitation progress notes
 - Work with coaches and the strength and conditioning/sport performance staff to reduce and control environmental hazards, thereby creating a safe environment
 - Inform coaches and the strength and conditioning/sport performance staff of the status of the athletes' condition
 - Advise the coaching staff of general and specific health practices, training activities and programs
 - In cooperation with the strength and conditioning/sport performance staff, advise the coaching staff of appropriate weight training and conditioning programs while setting restrictions for athletes at risk
 - Provide in-person medical and athletic training care at all competitions
- Practice Occupational Safety and Health Administration (OSHA) Universal Precautions when exposed to bodily fluids and other bloodborne pathogens
- Represent athletic trainers on a multi-disciplinary performance team (i.e., physicians, athletic training, physical therapy, mental health, nutrition, strength and conditioning, etc.)

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United States Olympic & Paralympic Committee

Program Buildout Job Description *(continued)*



- Review, develop, and enforce streamlined policies and procedures that are rooted in best practices and optimal standard of care for each performance area, in conjunction with the directors of each respective area
- Communicate effectively and efficiently with members of the multi-disciplinary performance team
- Coordinate the rehearsal of emergency action plans in collaboration with the head team physician
- Educate and counsel athletes regarding medical conditions that could affect their safety and performance
- Understand the resources available to athletes through [NGB] and external organizations (e.g., USOPC sports medicine, Elite Athlete Health Insurance, Sport Accident Insurance, Medical Network partners, etc.)
- Have a comprehensive working knowledge of all [NGB] and sports medicine departmental policies and procedures, as well as understanding and adherence to external governing agencies' regulations and requirements
- Collaborate with the [medical director/chief medical officer] and head team physician to research the healthcare systems and medical resources available to [NGB] athletes and staff prior to travel to domestic and international host sites and create a plan for utilizing these systems and services if needed
- Collaborate with the [medical director/chief medical officer] and head team physician to determine the level of care that healthcare and medical professionals can provide [NGB] athletes and staff according to laws, rules, and regulations of domestic and international host sites prior to travel
- [NGB] travel [% of the time]

All offers of employment are contingent upon successful completion of a background inquiry.

Low Risk Sports

Olympic Summer	Paralympic Summer	Olympic Winter	Paralympic Winter
Slalom Canoe Sprint Canoe Rowing Shooting Archery Golf Swimming Table Tennis Tennis Badminton Baseball Softball Artistic Swimming Athletics – Running, Throwing, and Long Jump	Archery Boccia Badminton Canoe Rowing Shooting Swimming Table Tennis Wheelchair Tennis Athletics – Running, Throwing, and Long Jump	Curling	Wheelchair Curling

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United States Olympic & Paralympic Committee Program Buildout Job Description



Position Title: Sports Dietitian
Location: [Insert Location and On-Site, Hybrid, Remote]
Type of Position: [Full-time, Part-time, Internship/Fellowship, Consultant, Volunteer]
Salary/Pay Rate: [Insert Salary/Pay Rate]
Date Posted: [Insert Date]

Position Summary

The sports dietitian with [NGB] will help oversee all aspects of [NGB]'s nutritional needs as it pertains to nutrition counseling, athlete education, meal plans, menu building, team travel, practice monitoring, hydration, supplement review, and body composition. This position works in a creative and collaborative team environment where change is embraced and innovation is encouraged. The sports dietitian will work in collaboration with the [medical director/chief medical officer] to maintain standards promoting matters of athlete mental and physical health, safety and performance while also providing oversight of nutrition counseling and sport nutrition personnel and services.

Qualifications

Minimum Requirements

- Bachelor's degree in clinical nutrition, food and nutrition, or related area from a U.S. regionally accredited college or university
- Registered dietitian (RD) with active registration by the Commission on Dietetic Registration (CDR) of the American Dietetic Association
- Completion of a didactic program in dietetics and supervised practice program approved by the Accreditation Council for Education in Nutrition and Dietetics (ACEND®) of the Academy of Nutrition and Dietetics
- An equivalent combination of education and experience may be considered
- Currently licensed or eligible for licensure in [state(s)]
- At least [#] years of experience working with NCAA Division 1, Power 5, national governing body (NGB), US Olympic & Paralympic Committee (USOPC), professional, or elite athletes/teams in nutrition counseling and sports nutrition and management as a RD
 - Skill in providing medical nutrition therapy for individual patients with a spectrum of nutrition concerns utilizing specialized knowledge unique to the sports medicine discipline
 - Specialized knowledge in addressing concerns of eating disorders and disordered eating in an athletic population
 - Skill in developing and planning nutrition care plans for athletes including goals, intervention and instruction
 - Skill in obtaining body composition measurements and interpretation of the measurement to athletes, athletic trainers and coaches
 - Knowledge and ability to analyze dietary supplements marketed to athletes, coaches and staff
 - Ability to analyze high-risk behaviors in an athletic population
 - Adept at implementing screening programs to identify athletes with or at risk for nutritional deficiencies or eating disorders
- Current CPR and AED certification for healthcare providers or equivalent
- Currently hold or eligible to obtain a passport for travel
- Active professional liability and malpractice insurance without pending claims
- Practical and ethical knowledge regarding the provision of telehealth services
- Computer competency and experience with documentation through use of electronic medical records (EMR)
- Excellent communication skills, both orally and in writing
- Work effectively with a wide range of constituents in a diverse community
- Commitment to valuing diversity and contributing to an inclusive working and learning environment

Preferred Requirements

- Master's degree in nutrition, exercise science/physiology, sports management, or related field preferred

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United States Olympic & Paralympic Committee

Program Buildout Job Description (*continued*)



- Certified specialist in sports dietetics (CSSD) through the Commission on Dietetic Registration (CDR) is preferred but mandatory as long as applicant is pursuing
- Strong leadership and management skills in building a positive and empowering work environment
- Ability to operate in a fast-paced environment, be solution oriented, and perform in stressful circumstances while communicating effectively
- Excellent problem-solving, critical thinking, and time management skills
- Strong judgment skills and decision-making abilities
- Demonstrated knowledge and applied experience understanding and prioritizing mental health
- Experience working within an athletic healthcare team

Duties and Responsibilities

- Complete clinical duties and responsibilities under the supervision of a team physician (i.e., the [medical director/chief medical officer] and/or head team physician)
- Remain current and compliant with all state and national requirements for registration, certification, and licensure while requiring and developing a procedure to ensure the same of all direct reports
- Maintain CPR and AED certification (i.e., Basic Life Support for healthcare providers)
- Remain current and compliant with all relevant [NGB] requirements (e.g., background checks, anti-doping education, SafeSport education, etc.)
- Coordinate and provide day-to-day nutrition services for [NGB] athletes on-site and during travel
 - Provide nutritional counseling (e.g., evaluation, treatment, and education) virtually and in person for athletes
 - Counsel individual athletes and teams on the basic practices of positive nutrition and healthful eating habits to maintain and promote their overall wellness and quality of life
 - Counsel athletes on optimal nutrition and hydration practices for exercise training, competition, travel, recovery from exercise, recovery from illness and injury, weight management, hydration, and supplementation
 - Assess and analyze dietary practices, energy balance (i.e., intake and expenditure), and current medical status of athletes to develop and implement plans that are in line with meeting their individual health and sports-specific physiological needs and goals
 - Provide medical nutrition therapy (as needed) to help manage or treat medical conditions (e.g., disordered eating, REDs, etc.) and coordinate nutritional care as a member of a multidisciplinary sports medicine team
 - Address nutritional challenges to performance with special reference to food allergies, bone mineral disturbances, gastrointestinal disturbances, iron depletion, iron deficiency anemia, vitamin D deficiency, gluten intolerance, lactose intolerance, diabetes, and more
 - Provide and assist in coordinating nutrition screening services (i.e., screening questionnaires, body composition/anthropometric assessments, interpreting the data, etc.)
 - Educate athletes and staff on the risks of nutritional supplementation
 - Monitor ongoing use of appropriate supplementation and stay current with research on the changing sports supplement industry
 - Coordinate referrals for higher level of care, and coordinate with the multi-disciplinary team of professionals to support sport reintegration efforts when appropriate
 - Consult and collaborate closely with the sports medicine staff (i.e., physicians, athletic trainers, etc.)
 - Utilize the assigned EMR to complete compliant, clear, and consistent medical documentation
 - Develop resources and learning opportunities to support educational efforts
 - Assist the [medical director/chief medical officer] with developing disordered eating, medical nutrition therapy, dietary/nutritional supplements usage, and nutrition related policies and procedures

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United States Olympic & Paralympic Committee Program Buildout Job Description (*continued*)



- Represent nutrition professionals on a multi-disciplinary performance team (i.e., physicians, athletic training, physical therapy, mental health, nutrition, strength and conditioning, etc.)
 - Review, develop, and enforce streamlined policies and procedures that are rooted in best practices and optimal standard of care for each performance area, in conjunction with the directors of each respective area
 - Communicate effectively and efficiently with members of the multi-disciplinary performance team
 - Participate as an integral member of a team charged with the screening, treatment, and prevention of disordered eating/eating disorders, RED-S and more
- Coordinate with and advise food service personnel on menu development and planning (i.e., quantity of food production and distribution, meal scheduling both on-site and during travel)
- Advise the [medical director/chief medical officer] on contracts or sponsorships specific to dietary/nutritional products and services
- Stay up to date of current food, nutrition, and health issues and research related to sports nutrition
- Demonstrate a thorough knowledge of and remain current on rules and regulations of the United States Anti-Doping Agency (USADA) regarding banned drugs and restricted substances while providing education to athletes and coaches

- Understand the resources available to athletes through [NGB] and external organizations (e.g., USOPC sports medicine, Elite Athlete Health Insurance, Sport Accident Insurance, Medical Network partners, etc.)
- Develop and deploy nutrition educational resources to the sports medicine team, coaches, and other [NGB] staff.
- [NGB] travel [% of the time]

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United States Olympic & Paralympic Committee Infectious Disease Prevention



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following policy provides infectious disease prevention guidelines and expectations for all [NGB] athletes.

Definitions and Education

Infectious diseases are caused by organism (i.e., pathogens) such as bacteria, viruses, fungi, and parasites that cause harm. Examples include but aren't limited to:

Bacteria	Virus	Fungus	Parasite
<ul style="list-style-type: none"> • Tuberculosis • Strep throat • Salmonella • Urinary tract infections • E. coli 	<ul style="list-style-type: none"> • Common cold • Influenza • COVID-19 • Gastroenteritis • Hepatitis • Respiratory syncytial virus (RSV) 	<ul style="list-style-type: none"> • Ringworm • Thrush • Fungal nail infections 	<ul style="list-style-type: none"> • Hookworms • Giardiasis • Pinworms

Infectious Disease Prevention Guidelines

General Prevention Guidelines

- All [NGB] staff, coaches, and athletes will be educated on the signs and symptoms of common infectious diseases as well as prevention methods [frequency].
- Athletes and staff should:
 - Practice proper hand washing hygiene frequently and thoroughly with soap and water.
 - Use a tissue or their elbow to properly cover their coughs and sneezes, and then dispose of tissues appropriately.
 - Avoid touching their face, nose, mouth, and eyes.
 - Practice proper body hygiene by showering with soap and water frequently and thoroughly including but not limited to after all training sessions, practices, and competitions.
 - Keep frequently touched common surfaces clean.
 - Stay away from others when they are displaying signs or symptoms of an illness.
 - Receive vaccinations on time.
 - Receive required vaccinations prior to international travel.
 - Maintain a healthy lifestyle through rest, diet, exercise, and relaxation.
 - Notify [NGB] medical staff immediately if you think you are sick.
- If an illness is suspected:
 - The athletic training staff will notify the head team physician, and the athlete will be referred for further evaluation.
 - Athletes with a contagious disease will be moved into their own room, when possible, until they are no longer contagious.
 - The athlete's ability to train/compete is at the head team physician's discretion.
 - If the athlete is diagnosed with an illness, depending on the severity, the medical staff will notify the equipment staff, facility staff, and sports performance staff.

Respiratory & Gastrointestinal (GI) Specific Guidelines

- In addition to the general prevention guidelines above, athletes and staff should:
 - Make sure they are up to date with their immunizations (i.e., influenza, COVID, etc.).

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United States Olympic & Paralympic Committee Infectious Disease Prevention (*continued*)



- Wash their hands and/or use hand sanitizer frequently, particularly before eating and after they've touched surfaces (e.g., doorknobs, handrails, etc.).
- Keep their air fresh by:
 - Opening windows when they are indoors or in a vehicle.
 - Turning on their heating, ventilation, and air conditioning (HVAC) system in their home/room.
 - Using a portable high-efficiency particulate air (HEPA) cleaner.
 - Having meetings or spending time with friends/family outside rather than indoors.
- Minimize their time with people indoors prior to traveling to events/competitions.
- Wear a KN95 mask when around other people while indoors and during travel.
- Clean their space on the plane and common areas/items (i.e., remote, light switches, etc.) in their hotel room with cleansing wipes.
- Avoid eating foods that are raw or uncooked, eating foods that are stored at improper temperatures, drinking unpasteurized dairy products, or eating food from street vendors.
- If a respiratory illness is suspected due to the symptoms (e.g., runny nose, sore throat, fever, chills, headache, etc.) present:
 - A mask should be put on immediately and the athletic training staff should be contacted as soon as possible.
 - The athletic training staff will notify the head team physician, and the athlete will be referred for further evaluation.
 - If the athlete is diagnosed with a respiratory illness (e.g., the common cold, Influenza A, COVID), the athlete will be moved into their own room, when possible, to prevent getting others sick.
 - Depending on the diagnosis, a period of isolation/recovery may be warranted at the head team physician's discretion. Further testing may also be prescribed.
 - The athlete's ability to train/compete is at the head team physician's discretion.
 - A KN95 mask should be worn while in public.
- If a GI illness is suspected due to the symptoms (e.g., nausea, vomiting, abdominal pain, diarrhea, fever, etc.) present:
 - The athletic training staff should be contacted as soon as possible.
 - The athletic training staff will notify the head team physician, and the athlete will be referred for further evaluation.
 - If the athlete is diagnosed with a GI illness (e.g. norovirus, traveler's diarrhea, etc.), athletes will be moved into their own room, when possible, to prevent getting others sick.
 - Depending on the diagnosis, a period of isolation/recovery may be warranted at the head team physician's discretion. Further testing may also be prescribed.
 - The athlete's ability to train/compete is at the head team physician's discretion.

Skin Specific Guidelines

- In addition to the general prevention guidelines above, athletes and staff should:
 - Wear clean clothes during every training session, practice, and competition.
 - Wash clothes and equipment frequently and thoroughly.
 - Not share towels, clothes, equipment, personal items, bar soap, etc.
 - Use a barrier (e.g. clothing or a towel) between your skin and shared equipment.
 - Clean and properly cover any open wounds such as turf burns, abrasions, and lacerations with an appropriate bandage at all times.
 - Avoid whirlpools, hydrotherapy pools, cold tubs, non-chlorinated swimming pools, and other common tubs if they have an open wound. All open wounds should be covered when getting into non-chlorinated common tubs.
- If a skin infection is suspected:
 - The athletic training staff will notify the head team physician, and the athlete will be referred for further evaluation.
 - If the athlete is diagnosed with a skin infection, the athletic training staff will notify the equipment staff, facility staff, and sports performance staff.
 - The athlete's ability to train/compete is at the head team physician's discretion.

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United States Olympic & Paralympic Committee

Infectious Disease Prevention (*continued*)



Cleaning Guidelines

- The above groups will be responsible for making sure that the individual's clothes, equipment and locker are thoroughly cleaned per industry standards as well as all high contact areas as well as sports performance and medical equipment.
- Once the illness or infection has been properly diagnosed and treatment prescribed, a decision will be made for when the team member's clothing can be washed with the rest of their teams.

Policy revision history

- [previous date]
- [previous date]

USOPPC

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United States Olympic & Paralympic Committee Health Care for Non-Athletes



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following policy provides guidelines and expectations to [NGB] healthcare providers as it relates to providing healthcare to non-[NGB] athletes.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]’s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified.

Non-athlete [NGB] delegation members include but aren’t limited to [NGB] coaches, staff, family, and friends.

Health Care for Non-Athletes Guidelines

- While it may be convenient for many non-athlete [NGB] delegation members to access [NGB] healthcare providers for evaluation and/or continuing care of medical problems, the primary responsibility of [NGB] healthcare providers is the provision of medical, healthcare, and rehabilitation to [NGB] athletes, in addition to accomplishing numerous administrative duties.
- Due to liability issues, [NGB] healthcare providers are placed in a difficult situation when asked by a non-athlete for medical care and will not be able to provide care.
- For [NGB] employed coaches, staff, and personnel, all illnesses and injuries that are work-related should be reported through the appropriate channels as it relates to worker’s compensation.
- For all other illnesses, injuries, or conditions, non-athletes should seek treatment through their primary care providers under their health insurance plan.
 - During international travel, non-athlete [NGB] delegation members may utilize [NGB] healthcare providers for recommendations on seeking healthcare from local resources and services if needed. The [medical director/chief medical officer] may authorize further care from [NGB] healthcare providers if appropriate.
- In the case of an emergency, [NGB] healthcare providers will provide emergency care until care has been transferred to a physician, hospital, or emergency services personnel.

Policy revision history

- [previous date]
- [previous date]

USOPC and USCAH Legal Notices:

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United States Olympic & Paralympic Committee Nutritional/Dietary Supplements



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following policy provides guidelines and expectations as it relates to nutritional/dietary supplements.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]'s behalf.

Nutritional/Dietary supplements are products that is meant to supplement an individual's diet.

Nutritional/Dietary Supplement Guidelines

Education and Training

- [NGB] healthcare providers should complete [NGB] required anti-doping education from USADA and WADA and meet relevant continuing education requirements prior to working with their athletes. WADA coursework also meets the requirements of organizations such as the International Testing Agency (ITA) and the International Paralympic Committee (IPC).
- The [medical director/chief medical officer] should notify healthcare personnel of their requirements.
- All athletes should receive education regarding nutrition/dietary supplementation on a [frequency].

General

- Prior to using nutritional/dietary supplements, [NGB] athletes should consult with the sport dietitian to discuss their current diet, goals, and how supplementation may play a role.
- The sport dietitian and athlete will notify the medical staff (i.e., head team physician and athletic trainers) of the supplementation that the athlete has decided to implement into their diet. If any party has questions or concerns, an appointment will be scheduled with the athlete, sport dietitian, and head team physician.
- [NGB] healthcare providers will strongly recommend that athletes only take supplements certified through the NSF Certified for Sport program. However, all athletes must understand that if they take a product that contains nutritional/dietary supplement ingredients, they're doing so at their own risk due to the lack of regulation.
- All reported nutritional/dietary supplements will be documented in the athlete's electronic medical record.
- While using supplementation, the athlete should meet with the sport dietitian on a regular basis.
- Once the athlete stops taking nutritional/dietary supplements they should notify the sport dietitian and medical staff.

Policy revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee Pregnancy



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following policy provides guidelines and expectations to [NGB] healthcare providers, staff, and athletes as it relates to providing healthcare to pregnant [NGB] athletes.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]'s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified.

Guidelines for Pregnant Athletes

Team Selection Criteria

- If a prospective or current [NGB] athlete discloses that they are pregnant or suspects that they are pregnant prior to or during the team selection process, they should disclose this information to [NGB]'s medical staff (i.e., head team physician and/or athletic trainers).
- Once the head team physician is notified, an appointment will be scheduled with the athlete to determine the current status of their health and the risks of continued physical activity if testing is positive. The athlete will also be referred to an obstetrician if this has not yet occurred.
 - If the athlete is unable to meet with the head team physician, they must provide documentation from their obstetrician regarding their current status to the [NGB]'s medical staff for the head team physician's review.
- Once the athlete has received documentation from the obstetrician, the head team physician will certify whether the athlete is able to participate. Once cleared, the athlete cannot be excluded from participation as it relates to being pregnant as long as they are medically able.

Training and Competition Expectations

- During the athlete's pregnancy, the athlete should meet as scheduled with their obstetrician and provide documentation to the head team physician to aid in the continued monitoring of their status and the risks of continued physical activity while participating in [NGB] activities.
- Exercise modification may and eventually will be needed as the pregnancy progresses. The multi-disciplinary performance team will meet and communicate per the health care team communication policy. This team will work together to support the athlete and make the appropriate exercise modifications to meet the athlete's individualized needs and in accordance with the obstetrician's recommendations.
 - All modifications should be documented in the athlete's electronic medical record.
- The athlete may continue to train and compete according to the modifications provided by their medical team. However, these modification may change abruptly and the athlete should be provided leniency due to their current status.
- If a time comes that the athlete is no longer able to train or compete due to the increased risk of injury, the head team physician will document this information in the athlete's electronic medical record and notify the appropriate [NGB] personnel of the athlete's medical/maternity leave.

Benefit Maintenance During and After Pregnancy

- During and up to [timeframe] after pregnancy, the athlete will be supported in accordance with their insurance and [NGB]'s support and resource guidelines for pregnant athletes. [[NGB] will continue to support the athlete with [list resources] until [state what needs to occur for this support to end] (if applicable).]

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United States Olympic & Paralympic Committee

Pregnancy *(continued)*



Return to Sport

- The athlete may gradually return to sport once medically cleared by their obstetrician. Once documentation of this clearance is received by the head team physician, the athlete may work with [NGB] healthcare providers to gradually return to sport.
- The head team physician will be responsible for providing full clearance for competition once the progression has been completed.
- All documentation will occur in the athlete's electronic medical record.

Policy revision history

- [previous date]
- [previous date]

USOPC

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United States Olympic & Paralympic Committee

Major Illness and Injury



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following policy provides guidelines and expectations to [NGB] healthcare providers, staff, and athletes as it relates to major illnesses and injuries to [NGB] athletes.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]'s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified.

Guidelines for Major Illnesses or Injuries

Team Selection Criteria

- If a prospective or current [NGB] athlete discloses that they have experienced a major illness or injury prior to or during the team selection process, they should disclose this information to [NGB]'s medical staff (i.e., head team physician and/or athletic trainers).
- Once the head team physician is notified, an appointment will be scheduled with the athlete to determine the current status of their health. The athlete may also be referred to other healthcare providers for further evaluation if needed.
 - If the athlete is unable to meet with the head team physician, they must provide documentation from a physician regarding their current status to the [NGB]'s medical staff for the head team physician's review.
- The head team physician will certify whether the athlete is able to participate.
- If the athlete is no longer able to train or compete due to the major injury or illness, the head team physician will document this information in the athlete's electronic medical record and notify the appropriate [NGB] personnel of the athlete's medical leave.

Benefit Maintenance During and After Major Illnesses or Injuries

- During and up to [timeframe] after the major illness or injury, the athlete will be supported in accordance with their insurance policy.
- If the major illness relates to mental health, [NGB] will provide the following support and resources:
 - [List support and resources]
- [[NGB] will continue to support the athlete with [list resources] until [state what needs to occur for this support to end] (if applicable).]

Return to Sport

- The athlete may gradually return to sport once medically cleared by their treating physician. Once documentation of this clearance is received by the head team physician, the athlete may work with [NGB] healthcare providers to gradually return to sport.
- The head team physician will be responsible for providing full clearance for competition once the progression has been completed.
- All documentation will occur in the athlete's electronic medical record.

Policy revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee

PHE Cardiac Screening Recommendations



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each athlete. The following provides recommendations and expectations to [NGB] healthcare providers as it relates to screening [NGB] athletes for cardiac conditions.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]’s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified as an expert or a part of the athlete’s treatment team.

Cardiac Screening Recommendations

Periodic Health Exam Process

- All [NGB] athletes will answer cardiac health related questions while completing periodic health exam (PHE) paperwork prior to their physical examination.
- All PHE documents will be reviewed by the [medical director/chief medical officer], head team physician, and/or the medical staff. The physicians’ designee may also be involved.
 - Athletes who have pre-existing conditions should provide documentation regarding their diagnosis and/or testing results of those conditions for further review at the time of their first PHE.
 - Returning athletes who are diagnosed with conditions while away from [NGB] participation should provide medical documentation of that condition at the time of their next PHE.
- During the PHE process, it’s recommended that all [NGB] athletes complete an electrocardiogram (ECG). If this resource is not available to all athletes, the following athletes should complete further cardiovascular testing and be referred to a cardiologist at a minimum:
 - Athletes with an abnormal cardiovascular history
 - Athletes with abnormal cardiovascular examination findings
 - Athletes with a family history of cardiovascular health conditions, sudden cardiac arrest, or sudden death
 - Athletes with a combination of the above
- A qualified health care provider (e.g., sports cardiologist, cardiologist, sports medicine physician, etc.) will choose the cardiac tests (e.g., ECG, echocardiogram, stress tests, Holter monitor, etc.) that are appropriate for the individual athlete based on their health history and physical examination results.

Results Review

- Results of testing will be read promptly once available by the qualified health care provider using athlete specific criteria to minimize the risk of false positive findings.
- If the qualified health care provider is not the [medical director/chief medical officer] and/or the head team physician, the provider will notify them of the results.
 - If the results are available while the athlete is still present, the qualified health care provider may notify the athlete of their results.
 - If the athlete is no longer present, one of these individuals will contact the athlete as soon as possible with testing results.
- If an abnormality or concern is identified, appropriate subspecialty referrals, follow-up studies, interventions, and/or sports participation recommendations will be provided to the athlete and documented in their electronic medical record (EMR).

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PHE Cardiac Screening Recommendations (*continued*)



Follow Up Care and Testing

- Once an athlete has been referred to the appropriate subspecialty providers for further consultation/intervention, these individuals in collaboration with the [medical director/chief medical officer] and/or the head team physician will be responsible for implementing a plan for the continued care of the athlete.
 - The plan for continued care will be individualized and may include other medical resources and interventions.

Documentation

- All PHE documentation, test/screening results, the athlete notification process, further consultations/interventions, and treatment/progress notes must be documented by healthcare personnel in the athlete's EMR.

Clearance For Participation

- The [medical director/chief medical officer] and/or the head team physician in collaboration with the treating qualified health care and subspecialty providers will make final decisions on whether the athlete is medically cleared to participate.

Recommendations revision history

- [previous date]
- [previous date]

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PHE Pulmonary Function Screening Recommendations



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each athlete. The following provides recommendations and expectations to [NGB] healthcare providers as it relates to screening [NGB] athletes for pulmonary conditions.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]’s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified as an expert or a part of the athlete’s treatment team.

Pulmonary Function Screening Recommendations

Periodic Health Exam Process

- All [NGB] athletes will answer pulmonary health related questions while completing periodic health exam (PHE) paperwork prior to their physical examination.
- All PHE documents will be reviewed by the [medical director/chief medical officer], head team physician, and/or the athletic training staff. The physicians’ designee may also be involved.
 - Athletes who have pre-existing conditions should provide documentation regarding their diagnosis and/or testing results of those conditions for further review at the time of their first PHE.
 - Returning athletes who are diagnosed with conditions while away from [NGB] participation should provide medical documentation of that condition at the time of their next PHE.
- During the PHE process, it’s recommended that the following athletes complete further pulmonary function testing and be referred to a pulmonologist at a minimum:
 - Athletes with a history of pulmonary disease
 - Athletes suspected of having pulmonary disease
 - Athletes with abnormal pulmonary examination findings
 - Athletes in sports with a high prevalence of pulmonary disorders
 - Athletes with a combination of the above
- A qualified health care provider (e.g., pulmonologist with experience taking care of elite athletes or a sports medicine physician, etc.) will choose the pulmonary function tests (e.g., pulmonary function test with a bronchodilator challenge, pre and post-exercise pulmonary function test, etc.) that are appropriate for the individual athlete based on their health history and physical examination results.

Results Review

- Results of testing will be read promptly once available by the qualified health care provider using athlete specific criteria to minimize the risk of false positive findings.
- If the qualified health care provider is not the [medical director/chief medical officer] and/or the head team physician, the provider will notify them of the results.
 - If the results are available while the athlete is still present, the qualified health care provider may notify the athlete of their results.
 - If the athlete is no longer present, one of these individuals will contact the athlete as soon as possible with testing results.
- If an abnormality is identified, appropriate subspecialty referrals, follow-up studies, interventions, and/or sports participation recommendations will be provided to the athlete and documented in their electronic medical record (EMR).

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PHE Pulmonary Function Screening Recommendations

(continued)



Follow Up Care and Testing

- Once an athlete has been referred to the appropriate subspecialty providers for further consultation/intervention, these individuals in collaboration with the [medical director/chief medical officer] and/or the head team physician will be responsible for implementing a plan for the continued care of the athlete.
 - The plan for continued care will be individualized and may include other medical resources and interventions.

Documentation

- All PHE documentation, test/screening results, the athlete notification process, further consultations/interventions, and treatment/progress notes must be documented by healthcare personnel in the athlete's EMR.

Clearance For Participation

- The [medical director/chief medical officer] and/or the head team physician in collaboration with the treating qualified health care and subspecialty providers will make final decisions on whether the athlete is medically cleared to participate.

Recommendations revision history

- [previous date]
- [previous date]

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PHE Illness and Injury Risk Screening Program



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each athlete. The following provides recommendations and expectations to [NGB] healthcare providers as it relates to screening [NGB] athletes for risk factors that predispose athletes to illnesses and injuries.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]'s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified as an expert or a part of the athlete's treatment team.

Injury and Illness Screening Program Guidelines

Periodic Health Exam Process

- All [NGB] athletes will answer questions related to previous illnesses and injuries while completing periodic health exam (PHE) paperwork prior to their physical examination.
- All PHE documents will be reviewed by the [medical director/chief medical officer], head team physician, and/or the medical staff. The physicians' designee may also be involved.
 - Athletes who have pre-existing conditions and/or sustained significant injuries should provide documentation regarding their diagnosis, testing results, and/or clearance of those conditions/injuries for further review at the time of their first PHE.
 - Returning athletes who are diagnosed with conditions and/or sustained significant injuries while away from [NGB] participation should provide medical documentation of that condition/injury at the time of their next PHE.
- During the PHE process, it's recommended that all athletes complete various assessments with the goal of preventing illness and injury (if possible).
- Illness Prevention Screening
 - The [medical director/chief medical officer], head team physician, medical staff, and/or the physicians' designee will conduct:
 - A review of the athlete's health history (i.e., PHE questionnaire)
 - Biometric measurements (i.e., height, weight, heart rate, blood pressure, etc.)
 - System specific screening (i.e., cardiac, pulmonary, etc.)
 - Laboratory tests (i.e., comprehensive metabolic panel, complete blood cell count, lipid panel, blood glucose level, vitamin D, iron analysis, urinalysis, etc.)
- Injury Prevention Screening
 - The medical staff will coordinate with the [medical director/chief medical officer], head team physician, and/or their designee to conduct:
 - A review of the athlete's health history (i.e., PHE questionnaire and any further medical documentation)
 - Musculoskeletal screening (i.e., muscle appearance, muscle symmetry, general range of motion assessment, manual muscle tests, posture assessment, etc.)
 - Neurological screening (i.e., upper quarter screening, lower quarter screen, etc.)
 - Body composition assessment (if indicated)
 - The sports medicine staff will collaborate with the sports performance team to determine the appropriate sport/event/position specific screening tests that should be completed to aid in preventing athletic injuries. This testing may include but is not limited to:
 - Flexibility tests (i.e., sit and reach test, Apley's scratch test, etc.)

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PHE Illness and Injury Risk Screening Program *(continued)*



- Strength tests
 - Star Excursion Balance Test
 - Functional Movement Screen (FMS)
 - Functional Capacity Screen (FCS)
 - Biomechanical video analysis
 - Force plate analysis
- Each athlete's results will be combined with the athlete's health history to determine their risk of possible illness or injury.
 - If further testing is needed, the [medical director/chief medical officer], head team physician, and/or their designee will determine the tests that are appropriate for the individual athlete based on their health history and physical examination results.

Results Review

- Illness prevention related screening results will be read promptly once available by healthcare personnel following the completion of the test(s) using athlete specific criteria to minimize the risk of improper findings.
 - If the qualified health care provider is not the [medical director/chief medical officer] and/or the head team physician, those individuals will be notified of the results.
 - If the results are available while the athlete is still present, the qualified health care provider may notify the athlete of their results.
 - If the athlete is no longer present, one of these individuals will contact the athlete as soon as possible with testing results.
- Injury prevention related screening results will be determined promptly. Once available, the medical staff and/or sports performance team may notify the athlete of their results. The [medical director/chief medical officer] and/or the head team physician will also be notified of these results.
- If an abnormality or concern is identified, appropriate referrals, follow-up studies, interventions, sports participation recommendations, and/or injury and illness prevention programming will be provided to the athlete and documented in their electronic medical record (EMR).

Follow Up Care and Testing

- If an athlete has been referred to subspecialty providers for further consultation/intervention, these individuals in collaboration with the [medical director/chief medical officer] and/or the head team physician will be responsible for implementing a plan for the continued care of the athlete.
 - Injury prevention protocols may involve multiple professionals from the medical staff, sports performance team, and other healthcare personnel.
 - The plan for continued care will be individualized and may include other medical tests, resources, and interventions.
 - Utilizing a sport science professional may be justified.
- Illness and injury risk screening should occur yearly or on a more frequent basis for health and performance purposes.

Documentation

- All PHE documentation, test/screening results, the athlete notification process, further consultations/interventions, and treatment/progress notes must be documented by healthcare personnel in the athlete's EMR.

Clearance For Participation

- The [medical director/chief medical officer] and/or the head team physician in collaboration with other subspecialty providers (if appropriate) will make final decisions on whether the athlete is medically cleared to participate.

Program revision history

- [previous date]

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United States Olympic & Paralympic Committee

PHE Relative Energy Deficiency in Sport (REDs) Screening Program



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following program provides guidelines and expectations to [NGB] healthcare providers as it relates to screening [NGB] athletes for Relative Energy Deficiency in Sport (REDs).

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]'s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified as an expert or a part of the athlete's treatment team.

Relative Energy Deficiency in Sport (REDs) Screening Program Guidelines

Periodic Health Exam Process

- During the periodic health examination (PHE) process, [NGB] healthcare personnel will explain the process for accessing the nutrition and mental health resources provided to all athletes on behalf of [NGB].
- All [NGB] athletes will complete general nutrition related questions while completing PHE paperwork prior to their physical examination. In addition to these questions, the [medical director/chief medical officer] will also identify a REDs related screening tool that will be completed by all athletes.
 - The [name of REDs screening tool] screening tool was chosen from the options provided in step 1 of the [International Olympic Committee \(IOC\) Relative Energy Deficiency in Sport \(REDs\) Clinical Assessment Tool Version 2 \(IOC REDs CAT2\)](#).
- All PHE and [name of REDs screening tool] documents will be reviewed by the [medical director/chief medical officer], head team physician, and/or the medical staff. The physicians' designee may also be involved.
 - The [medical director/chief medical officer], head team physician, and/or their designee will be responsible for assessing the results of the [name of REDs screening tool] specifically.
 - These results in conjunction with the athlete's previous history, physical examination, further medical tests (i.e., laboratory tests, body composition assessment, endocrine studies, etc.), and other identifying factors will all be utilized to determine the athlete's REDs severity and/or risk categorization. This information may lead to an official diagnosis.
**Reminder: The IOC REDs CAT2's steps 1-3 will aid in this process, but it should not be used in isolation or as the sole means of diagnosing REDs. Care must also be taken to avoid a misdiagnosis of overtraining syndrome.*
 - Athletes who have previous history involving REDs, should provide documentation regarding their diagnosis and/or testing results for further review at the time of their first PHE.
 - Returning athletes who are diagnosed with REDs while away from [NGB] participation should provide medical documentation of the condition at the time of their next PHE.
- It's recommended that the following [NGB] athletes consult with the [medical director/chief medical officer], head team physician, mental health provider, and/or sport dietitian at a minimum:
 - Athletes with a previous history of REDs, disordered eating behaviors, eating disorders, low carbohydrate availability (LCA), and/or low energy availability (LEA)

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PHE Relative Energy Deficiency in Sport (REDs)

Screening Program *(continued)*



Results Review

- REDs related screening results will be read promptly once available by the [medical director/chief medical officer], head team physician, and/or their designee following the completion of the test(s) using athlete specific criteria to minimize the risk of improper findings.
 - One of these individuals will contact the athlete as soon as possible with their results.
- If an abnormality or concern is identified, or a REDs diagnosis may be warranted, appropriate referrals, follow-up studies, interventions, and/or sports participation recommendation will be provided to the athlete and documented in their electronic medical record (EMR).

Follow Up Care and Testing

- Once an athlete has been referred to the appropriate subspecialty providers for further consultation/intervention, these individuals in collaboration with the [medical director/chief medical officer], head team physician, mental health provider(s), and/or sport dietitian will be responsible for implementing a plan for the continued care of the athlete.
 - The plan for continued care will be individualized, may include other medical/mental health resources and interventions. There should also be a focus on restoring energy availability (EA).
 - Utilizing a sports science professional may be justified.

Documentation

- All PHE documentation, IOC REDs CAT2 forms, test/screening results, the athlete notification process, further consultations/interventions, and treatment/progress notes must be documented by healthcare personnel in the athlete's EMR.

Clearance For Participation

- The [medical director/chief medical officer] and/or the head team physician in collaboration with the treating subspecialty provider(s), mental health provider(s), and sport dietitian will make final decisions on whether the athlete is medically cleared to participate.

Program revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee

Program Buildout Athlete Health and Safety Resources



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel/Staff]
Last Revision Date: [Insert Date]

CPR/AED Certification

It is recommended that all non-health care related [NGB] staff who work with athletes be certified in CPR and AED use.

Steps to Complete CPR/AED Certification through the American Red Cross

Go to: [CPR Certification](#)

1. Click the drop down menu under **Find a Class**
2. Choose **CPR**
3. Enter your city or zip code and select **Find Classes**
4. Click **Filter By**
 - o Choose **Class Focus**
 - o Select **Adult and Pediatric CPR/AED**
5. Click **Apply**
 - o The only course format option that will be available should be **Online + Classroom**
 - o This course option is the only one that result in the appropriate level of certification
6. Choose a class

Steps to Complete CPR/AED Certification through the American Heart Association

Go to: [Heartsaver® Courses](#)

1. Click **Find a Class**
2. Provide your location
3. Under **Filters** and **Courses**
 - o Select the down arrow next to **Heartsaver**
 - o Check the box next to **CPR AED** or **First Aid CPR AED**
4. Enroll in a class

Mental Health Emergency Management Training

It is recommended that all non-health care related [NGB] staff who work with athletes complete Mental Health First Aid (MHFA) training and meet relevant continuing education requirements prior to working with their athletes.

For general Mental Health First Aid information go to: [What You Learn](#)

Steps to Complete Mental Health First Aid Training

Go to: [Mental Health First Aid](#)

1. Enter your city and state and select **Find Courses**
2. Under **Course Status**, select **Open**
3. Under **Courses**, select **Adult**
4. Register for a course

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United States Olympic & Paralympic Committee

Program Buildout Athlete Health and Safety Resources

(continued)



Health and Safety Resources for NGBs

The USOPC has partnered with USCAH to aid NGBs in mitigating risk and meeting nationally recognized medical and healthcare related best practices and standard of care. These services include but aren't limited to:

Consultation Services

- Program Assessment (*Virtual or on-site*)
- Chief Medical Officer Services
- Policy Design, Development, and Review
- Independent Incident Reviews
- Complete Program Design

Education Services

- Athletics Healthspace E-learning Platform- Courses and Programs
 - More the 170 courses that can be customized by audience and completed via the website or mobile app
 - Designed for athletes, coaches, staff, parents, and all individuals who work with athletes
- Webinar Education Series
- Continuing Education (*BOC compliant CEU modules and webinars for athletic trainers*)
- Expert Lecture Series (*Virtual or on-site*)
- Athletics Healthcare Administrator Association

Compliance Services

- USCAH Certification Programs
- Professional Development
- Risk Management
- Confidential Reporting

About USCAH

For more information on NGB services from USCAH go to: [USCAH NGB Services](#)

For questions or to set up a demo or meeting contact: info@uscah.com.

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ASPIRATIONAL

MEDICAL STANDARDS AND RESOURCES



United States Olympic & Paralympic Committee

Aspirational Job Description



Position Title:	Advanced Practice Provider- Physician Assistant/Associate or Nurse Practitioner
Location:	[Insert Location and On-Site, Hybrid, Remote]
Type of Position:	[Full-time, Part-time, Internship/Fellowship, Consultant, Volunteer]
Salary/Pay Rate:	[Insert Salary/Pay Rate]
Date Posted:	[Insert Date]

Position Summary

[NGB] is seeking a dynamic and experienced professional for the role of [physician assistant/associate or nurse practitioner] ([PA/NP]). This position will assist the [medical director/chief medical officer] and head team physician in the medical and surgical management of [NGB] athletes. Time will be divided between the clinic and administrative tasks centered on patient care. The [physician assistant/associate or nurse practitioner] will work in collaboration with the [medical director/chief medical officer] and head team physician to maintain standards promoting matters of athlete mental and physical health, safety and performance while assisting in oversight of these areas.

Qualifications

Minimum Requirements

- Physician Assistant/Associate
 - Master's degree from an ARC-PA accredited physician assistant/associate program
 - A bachelor's degree from a physician assistant program may be considered with adequate experience
 - Certification by the National Commission for Certified Physicians Assistants (NCCPA) required
- Nurse Practitioner
 - Master's degree from an accredited nurse practitioner program (i.e., by a national nursing accreditor)
 - Certification by the American Academy of Nurse Practitioners Certification Board (AANPCB)
 - Certification by the American Nurses Credentialing Center (ANCC)
- Currently licensed or eligible for licensure in [state(s)]
- Registered through the U.S. Drug Enforcement Agency (DEA)
- At least [#] years of experience in sports medicine/orthopedics
- Current CPR and AED certification for healthcare providers or equivalent
- Proficient in the use of medical and surgical instruments and equipment
- Currently hold or eligible to obtain a passport for travel
- Active professional liability and malpractice insurance without pending claims
- Practical and ethical knowledge regarding the provision of telehealth services
- Computer competency and experience with documentation through use of electronic medical records (EMR)
- Excellent communication skills, both orally and in writing
- Work effectively with a wide range of constituents in a diverse community
- Commitment to valuing diversity and contributing to an inclusive working and learning environment

Preferred Requirements

- Experience working with NCAA Division 1, Power 5, national governing body (NGB), US Olympic & Paralympic Committee (USOPC), professional, or elite athletes/teams
- Strong leadership and management skills in building a positive and empowering work environment
- Ability to operate in a fast-paced environment, be solution oriented, and perform in stressful circumstances while communicating effectively
- Excellent problem-solving, critical thinking, and time management skills
- Strong judgment skills and decision-making abilities
- Demonstrated knowledge and applied experience understanding and prioritizing mental health
- Experience working within an athletic healthcare team

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United States Olympic & Paralympic Committee

Aspirational Job Description (*continued*)



Duties and Responsibilities

- Remain current and compliant with all state and national requirements for certification and licensure
- Maintain CPR and AED certification (i.e., Basic Life Support for healthcare providers)
- Remain current and compliant with all relevant [NGB] requirements (e.g., background checks, anti-doping education, SafeSport education, etc.)
- Collaborate with the [medical director/chief medical officer], the head team physician, and staff to plan daily schedules to maximize the efficiency of physician and [PA/NP] resources
- Collaborate with and assist the [medical director/chief medical officer] and head team physician on day-to-day sports medicine services for [NGB] athletes
 - Perform procedures within the [PA/NP] scope of practice as directed by the supervising physician in the clinic
 - Coordinate and provide care for injured and ill athletes
 - Assist with both new and follow-up appointments
 - Perform initial interview and assessment of patient
 - Perform history and physical examination
 - Manage prescription medication
 - Perform therapeutic and diagnostic injections
 - Provide medical coverage for NGB training sessions and competitions
 - Coordinate ordering, reviewing and interpreting screening, laboratory, and diagnostic medical tests
 - Review diagnostic data
 - Coordinate and perform periodic health evaluations (PHEs) and ordering and reviewing associated screening tests
 - Collaborate in the scheduling of appropriate referrals to medical and mental health specialists when appropriate (e.g., mental health, women's health, substance abuse, surgical care, etc.)
 - Communicate with sports medicine team members (i.e., physicians, surgeons, athletic trainers, physical therapists, etc.) regarding rehabilitation and return to play progressions and protocols
 - Monitor the treatment program of the athlete to inform the attending physician of pertinent medical/surgical information
 - Utilize the assigned EMR to complete compliant, clear, and consistent medical documentation
- Educate and counsel athletes regarding medical conditions that could affect their safety and performance
- Understand the resources available to athletes through [NGB] and external organizations (e.g., USOPC sports medicine, Elite Athlete Health Insurance, Sport Accident Insurance, Medical Network partners, etc.)
- Have a comprehensive working knowledge of all [NGB] and sports medicine departmental policies and procedures, as well as understanding and adherence to external governing agencies' regulations and requirements
- Have a comprehensive working knowledge of and remain current on rules and regulations of the United States Anti-Doping Agency (USADA) regarding banned drugs and restricted substances while providing education to athletes and coaches
- Collaborate with the [medical director/chief medical officer], head team physician, and athletic training staff to research the healthcare systems and medical resources available to [NGB] athletes and staff prior to travel to domestic and international host sites and create a plan for utilizing these systems and services if needed
- Collaborate with the [medical director/chief medical officer], head team physician, and athletic training staff to determine the level of care that healthcare and medical professionals can provide [NGB] athletes and staff according to laws, rules, and regulations of domestic and international host sites prior to travel
- Perform other duties as requested by the medical director/chief medical officer and head team physician
- [NGB] travel [% of the time]

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United States Olympic & Paralympic Committee

Aspirational Job Description



Position Title:	Sport Psychologist
Location:	[Insert Location and On-Site, Hybrid, Remote]
Type of Position:	[Full-time, Part-time, Internship/Fellowship, Consultant, Volunteer]
Salary/Pay Rate:	[Insert Salary/Pay Rate]
Date Posted:	[Insert Date]

Position Summary

[NGB] is seeking a dynamic and experienced professional for the role of sport psychologist. This position serves as the primary day-to-day coordinator and provider of sport psychology services for [NGB] athletes. The sport psychologist will work in collaboration with the [medical director/chief medical officer] to maintain standards promoting matters of athlete mental health, performance and wellbeing while also providing oversight of counseling and sport psychology personnel and services.

Qualifications

Minimum Requirements

- A PhD or PsyD in clinical or counseling psychology from an APA-accredited program, a master's degree in counseling psychology or clinical psychology from a CACREP-accredited program, a master's degree in social work from a CSWE-accredited program, or an equivalent combination of education and experience
- Certification as a Certified Mental Performance Consultant (CMPC®) through the Association for Applied Sports Psychology
- At least [#] years of post-doctoral/master's degree experience providing clinical and counseling care to NCAA Division 1, Power 5, national governing body (NGB), US Olympic & Paralympic Committee (USOPC), professional, or elite athletes/teams
- Currently licensed or eligible for licensure in [state(s)]
- Current CPR and AED certification for healthcare providers or equivalent
- Currently hold or eligible to obtain a passport for travel
- Active professional liability and malpractice insurance without pending claims
- Advanced knowledge of theory and research in social, historical, cultural, and developmental foundations of sport psychology
- Advanced knowledge of issues and techniques of sport specific psychological assessment and mental skills training for performance enhancement and participation satisfaction
- Knowledge of developmental and social issues related to sport participation
- Knowledge of biobehavioral bases of sport and exercise (e.g., exercise physiology, motor learning, sports medicine)
- Specific knowledge of training science and technical requirements of sport and competition, International Olympic Committee (IOC), International Paralympic Committee (IPC), United States Olympic & Paralympic Committee (USOPC), and National Collegiate Athletic Association (NCAA) rules
- Knowledge, skills, and expertise required to proficiently conduct, document and evaluate individuals, and counseling, crisis intervention, and consultation/outreach with an elite athlete population
- Practical and ethical knowledge regarding the provision of telehealth services
- Computer competency and experience with documentation through use of electronic medical records (EMR)
- Excellent communication skills, both orally and in writing
- Work effectively with a wide range of constituents in a diverse community
- Commitment to valuing diversity and contributing to an inclusive working and learning environment

Preferred Requirements

- Experience with disordered eating, REDs, alcohol and drug (AOD) assessment and treatment, and demonstrated competency in multicultural counseling skills
- Strong leadership and management skills in building a positive and empowering work environment

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United States Olympic & Paralympic Committee

Aspirational Job Description (*continued*)



- Ability to operate in a fast-paced environment, be solution oriented, and perform in stressful circumstances while communicating effectively
- Excellent problem-solving, critical thinking, and time management skills
- Strong judgment skills and decision-making abilities

Duties and Responsibilities

- Remain current and compliant with all state and national requirements for certification and licensure while requiring and developing a procedure to ensure the same of all direct reports
- Maintain CPR and AED certification (i.e., Basic Life Support for healthcare providers)
- Understand and comply with state statutes governing the ethical provision of psychological care, as well as those rules governing the USOPC
- Remain current and compliant with all relevant [NGB] requirements (e.g., background checks, anti-doping and SafeSport education, etc.)
- Coordinate and provide day-to-day mental health services for [NGB] athletes
 - Provide clinical mental health care (e.g., evaluation, treatment, and education) virtually and in person for athletes
 - Diversity, equity, inclusion, accessibility, and trauma are important influencing factors that should be addressed in mental health care
 - Provide mental health screening services
 - Serve as a point of contact for emergency mental health crises intervention and triage
 - Coordinate referrals for higher level of care, and coordinate with the multi-disciplinary team of professionals to support sport reintegration efforts when appropriate
 - Coordinate service delivery for special cases such as substance use, disordered eating, severe-persistent mental illness education and treatment, and more
 - Consult and collaborate closely with the sports medicine staff (i.e., physicians, athletic trainers, etc.)
 - Utilize the assigned EMR to complete compliant, clear, and consistent clinical records/medical documentation
 - Assist the [medical director/chief medical officer] and [psychologist/counselor/social worker] with developing mental health policies and procedures
- Represent sport psychologists on a multi-disciplinary performance team (i.e., physicians, athletic training, physical therapy, mental health, nutrition, strength and conditioning, etc.) in collaboration with the [psychologist/counselor/social worker]
 - Review, develop, and enforce streamlined policies and procedures that are rooted in best practices and optimal standard of care for each performance area, in conjunction with the directors of each respective area
 - Communicate effectively and efficiently with members of the multi-disciplinary performance team
- Serve as an alternate mental health liaison between [NGB] and external mental health providers and services (e.g., USOPC psychological services team)
- Understand the resources available to athletes through [NGB] and external organizations (e.g., USOPC sports medicine, Elite Athlete Health Insurance, Sport Accident Insurance, Medical Network partners, etc.)
- Provide performance and mental skills training services to individual athletes, teams and coaches
- Develop and deploy mental health educational resources to the sports medicine team, coaches, and other [NGB] staff.
- Have a comprehensive working knowledge of all [NGB] and sports medicine departmental policies and procedures, as well as understanding and adherence to external governing agencies' regulations and requirements
- Research the healthcare systems and mental health resources available to [NGB] athletes and staff prior to travel to domestic and international host sites and create a plan for utilizing these systems and services if needed
- Determine the level of care that mental health professionals can provide [NGB] athletes and staff according to laws, rules, and regulations of domestic and international host sites prior to travel
- [NGB] travel [% of the time]

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United States Olympic & Paralympic Committee

Aspirational Job Description (*continued*)



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USOPPC

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United States Olympic & Paralympic Committee

Aspirational Job Description



Position Title:	Physical Therapist
Location:	[Insert Location and On-Site, Hybrid, Remote]
Type of Position:	[Full-time, Part-time, Internship/Fellowship, Consultant, Volunteer]
Salary/Pay Rate:	[Insert Salary/Pay Rate]
Date Posted:	[Insert Date]

Position Summary

[NGB] is seeking a dynamic and experienced professional for the role of physical therapist to assist the sports medicine staff in the day-to-day management of rehabilitation services for [NGB] athletes. The physical therapist will work in collaboration with the [medical director/chief medical officer], head team physician, and athletic training staff to maintain standards promoting matters of athlete mental and physical health, safety and performance.

Qualifications

Minimum Requirements

- Master's or Doctor of Physical Therapy degree from a Commission on Accreditation in Physical Therapy Education (CAPTE) accredited physical therapist education program
 - A bachelor's degree in physical therapy may be considered with adequate experience
- Currently licensed or eligible for licensure in [state(s)]
- At least [#] years of post-graduate experience providing treatment and rehabilitation services to post-surgical/long term orthopedic/athletic injuries for NCAA Division 1, Power 5, national governing body (NGB), US Olympic & Paralympic Committee (USOPC), professional, or elite athletes/teams
- Current CPR and AED certification for healthcare providers or equivalent
- Currently hold or eligible to obtain a passport for travel
- Active professional liability and malpractice insurance without pending claims
- Knowledge of use and application of rehabilitation equipment (e.g., weights, bike, shuttles, physio balls, proprioception equipment, Alter-G, underwater treadmills, dynamic air compression, percussion therapy, etc.)
- Well-developed skills in manual therapy combined with functional exercise progression
- Computer competency and experience with documentation through use of electronic medical records (EMR)
- Excellent communication skills, both orally and in writing
 - Experience working within a collaborative sports medicine and sports performance teams
- Work effectively with a wide range of constituents in a diverse community
- Commitment to valuing diversity and contributing to an inclusive working and learning environment

Preferred Requirements

- Earned orthopedic clinical specialist (OCS) and/or sports clinical specialist (SCS) from the American Board of Physical Therapy Specialties (ABPTS)
- Certification in manual therapy
- Additional continuing education certification(s) preferred
- Strong leadership and management skills in building a positive and empowering work environment
- Ability to operate in a fast-paced environment, be solution oriented, and perform in stressful circumstances while communicating effectively
- Excellent problem-solving, critical thinking, and time management skills
- Strong judgment skills and decision-making abilities
- Demonstrated knowledge and applied experience understanding and prioritizing mental health
- Experience working as part of an athletic healthcare team

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United States Olympic & Paralympic Committee

Aspirational Job Description (*continued*)



Duties and Responsibilities

- Complete clinical duties and responsibilities under the supervision of the [medical director/chief medical officer], head team physician, and/or surgeon
- Remain current and compliant with all state and national requirements for certification and licensure while requiring and developing a procedure to ensure the same of all direct reports
- Understand appropriate state practice acts and adhere to the laws which govern how physical therapists may practice and whom physical therapists may supervise
- Maintain CPR and AED certification (i.e., Basic Life Support for healthcare providers)
- Remain current and compliant with all relevant [NGB] requirements (e.g., background checks, anti-doping education, SafeSport education, etc.)
- Coordinate and provide day-to-day rehabilitation services for [NGB] athletes in collaboration with the athletic training staff
 - Assist with supplies and equipment inventory and maintenance of the rehabilitation space/athletic training room
 - Coordinate equipment repair and facility maintenance
 - Evaluate, treat, and direct treatment for patients for whom physical therapy is medically necessary (i.e., post-surgical, long-term care, etc.) and document this need clearly
 - Administer therapeutic modalities, design and implement injury rehabilitation programs, and instruct the athlete on proper rehabilitation procedures for post-surgical and long-term care cases
 - Evaluate the athlete's physical condition, response and progress and discuss with the appropriate physician/surgeon as needed
 - Take a whole-body approach to locate the source of an athlete's injury, pain, or dysfunction
 - Implement a sport-specific and injury-specific "return to play" plan
 - Collaborate with athletic training staff and sports performance staff to optimize athlete outcomes
 - Utilize a dynamic and functional approach to help athletes overcome functional limitations related to musculoskeletal conditions
 - Combine manual therapy techniques and exercise strategies to help athletes move and feel their best
 - Provide medical coverage for NGB training sessions or competitions
 - Refer athletes who have concerns regarding nutrition, exercise, injury, mental health, and more back to the sports medicine and/or mental health staff for further examination and referrals
 - Utilize the assigned EMR to complete accurate, compliant, clear, and consistent medical documentation, daily treatment records, and rehabilitation progress notes
- Practice Occupational Safety and Health Administration (OSHA) Universal Precautions when exposed to bodily fluids and other bloodborne pathogens
- Represent physical therapists on a multi-disciplinary performance team (i.e., physicians, athletic training, physical therapy, mental health, nutrition, strength and conditioning, etc.)
 - Review, develop, and enforce streamlined policies and procedures that are rooted in best practices and optimal standard of care for each performance area, in conjunction with the directors of each respective area
 - Communicate effectively and efficiently with members of the multi-disciplinary performance team
- Understand the resources available to athletes through [NGB] and external organizations (e.g., USOPC sports medicine, Elite Athlete Health Insurance, Sport Accident Insurance, Medical Network partners, etc.)
- Have a comprehensive working knowledge of all [NGB] and sports medicine departmental policies and procedures, as well as understanding and adherence to external governing agencies' regulations and requirements
- [NGB] travel [% of the time]

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United States Olympic & Paralympic Committee

Aspirational Job Description



Position Title:	Chiropractor
Location:	[Insert Location and On-Site, Hybrid, Remote]
Type of Position:	[Full-time, Part-time, Internship/Fellowship, Consultant, Volunteer]
Salary/Pay Rate:	[Insert Salary/Pay Rate]
Date Posted:	[Insert Date]

Position Summary

[NGB] is seeking a dynamic and experienced professional for the role of chiropractor to assist the sports medicine staff in day-to-day chiropractic services for [NGB] athletes. The chiropractor will work in collaboration with the [medical director/chief medical officer], head team physician, and athletic trainer to maintain standards promoting matters of athlete mental and physical health, safety and performance.

Qualifications

Minimum Requirements

- Doctor of Chiropractic (DC) from a Council on Chiropractic Education (CCE) accredited program
- Certification through the National Board of Chiropractic Examiners (NBCE)
- Current American Chiropractic Board of Sports Physicians (DACBSP) certification
- Currently licensed or eligible for licensure in [state(s)]
- At least [#] years of post-graduate experience providing chiropractic care for NCAA Division 1, Power 5, national governing body (NGB), US Olympic & Paralympic Committee (USOPC), professional, or elite athletes/teams
- Current CPR and AED certification for healthcare providers or equivalent
- Currently hold or eligible to obtain a passport for travel
- Active professional liability and malpractice insurance without pending claims
- Knowledge of medical guidelines and procedures regarding examination, therapy and recovery
- Computer competency and experience with documentation through use of electronic medical records (EMR)
- Excellent communication skills, both orally and in writing
- Work effectively with a wide range of constituents in a diverse community
- Commitment to valuing diversity and contributing to an inclusive working and learning environment

Preferred Requirements

- Strong leadership and management skills in building a positive and empowering work environment
- Ability to operate in a fast-paced environment, be solution oriented, and perform in stressful circumstances while communicating effectively
- Excellent problem-solving, critical thinking, and time management skills
- Strong judgment skills and decision-making abilities
- Demonstrated knowledge and applied experience understanding and prioritizing mental health
- Experience working within an athletic healthcare team

Duties and Responsibilities

- Complete clinical duties and responsibilities under the guidance of the [medical director/chief medical officer] and/or head team physician
- Remain current and compliant with all state and national requirements for certification and licensure while requiring and developing a procedure to ensure the same of all direct reports
- Understand appropriate state practice acts and adhere to the laws which govern how chiropractors may practice and whom chiropractors may supervise
- Maintain CPR and AED certification (i.e., Basic Life Support for healthcare providers)

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United States Olympic & Paralympic Committee

Aspirational Job Description (*continued*)



- Remain current and compliant with all relevant [NGB] requirements (e.g., background checks, anti-doping education, SafeSport education, etc.)
- Under the direction of the [medical director/chief medical officer] and/or the head team physician, coordinate and provide day-to-day chiropractor services for [NGB] athletes
 - Evaluate, treat, and direct treatment for athletes for whom chiropractic care is medically necessary and document this need clearly
 - Provide an accurate diagnosis, supported by medical findings based on standardized examination and techniques generally accepted by the medical community
 - Produce complete, accurate, uniform and replicable chiropractic examinations
 - Provide treatment modalities (e.g., ultrasound, electrical stimulation, cupping, therapeutic massage, etc.)
 - Stress health education and preventive medical care in contacts with athletes
 - Refer athletes who have concerns regarding nutrition, exercise, injury, mental health, and more back to the sports medicine and/or mental health staff for further examination and referrals
 - Collaborate and communicate with the sports medicine staff regarding athletes receiving chiropractic care
 - Provide medical coverage for NGB training sessions or competitions
 - Utilize the assigned EMR to complete accurate, compliant, clear, and consistent medical documentation, treatment records, and progress notes
- Maintains ongoing education and knowledge related to sports medicine as well as applicable and changing governmental, NGB, and USOPC rules and policies which may affect the sports medicine program
- Represent chiropractors on a multi-disciplinary performance team (i.e., physicians, athletic training, physical therapy, mental health, nutrition, strength and conditioning, etc.)
 - Review, develop, and enforce streamlined policies and procedures that are rooted in best practices and optimal standard of care for each performance area, in conjunction with the directors of each respective area
 - Communicate effectively and efficiently with members of the multi-disciplinary performance team
- Understand the resources available to athletes through [NGB] and external organizations (e.g., USOPC sports medicine, Elite Athlete Health Insurance, Sport Accident Insurance, Medical Network partners, etc.)
- Have a comprehensive working knowledge of all [NGB] and sports medicine departmental policies and procedures, as well as understanding and adherence to external governing agencies' regulations and requirements
- [NGB] travel [% of the time]

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United States Olympic & Paralympic Committee

Aspirational Job Description



Position Title:	Massage Therapist
Location:	[Insert Location and On-Site, Hybrid, Remote]
Type of Position:	[Full-time, Part-time, Internship/Fellowship, Consultant, Volunteer]
Salary/Pay Rate:	[Insert Salary/Pay Rate]
Date Posted:	[Insert Date]

Position Summary

[NGB] is seeking a dynamic and experienced professional for the role of massage therapist to assist the sports medicine staff in day-to-day massage therapy services for [NGB] athletes. The massage therapist will work in collaboration with the [medical director/chief medical officer], head team physician, and athletic trainer to maintain standards promoting matters of athlete mental and physical health, safety and performance.

Qualifications

Minimum Requirements

- A high school diploma or its equivalent
- Currently licensed or eligible for licensure in the state is required
 - If the state does not require state licensure for massage therapists, the massage therapist should be certified and/or pass examination from a respective United States certifying body (e.g., National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) or Federation of State Massage Therapy Boards (FSMTB))
- At least [#] years of experience providing massage therapy services working with NCAA Division 1, Power 5, national governing body (NGB), US Olympic & Paralympic Committee (USOPC), professional, or elite athletes/teams
- Current CPR and AED certification for healthcare providers or equivalent
- Strong knowledge of medical terminology, anatomy, physiology, and various massage therapy techniques that include, but are not limited to deep tissue, sports massage, and trigger point therapy
- Currently hold or eligible to obtain a passport for travel
- Active professional liability and malpractice insurance without pending claims
- Compassionate and patient-centered approach to care
- Knowledge of medical guidelines and procedures regarding examination, therapy and recovery
- Computer competency and experience with documentation through use of electronic medical records (EMR)
- Excellent communication skills, both orally and in writing
- Work effectively with a wide range of constituents in a diverse community
- Commitment to valuing diversity and contributing to an inclusive working and learning environment

Preferred Requirements

- Bachelor's degree in exercise physiology, exercise science, or related area from a U.S. regionally accredited college or university
- Strong leadership and management skills in building a positive and empowering work environment
- Ability to operate in a fast-paced environment, be solution oriented, and perform in stressful circumstances while communicating effectively
- Excellent problem-solving, critical thinking, and time management skills
- Strong judgment skills and decision-making abilities
- Demonstrated knowledge and applied experience understanding and prioritizing mental health
- Experience working within an athletic healthcare team

Duties and Responsibilities

- Complete clinical duties and responsibilities under the guidance of the [medical director/chief medical officer], head team physician, and/or athletic training staff

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United States Olympic & Paralympic Committee Aspirational Job Description (*continued*)



- Remain current and compliant with all state and national requirements for certification and licensure while requiring and developing a procedure to ensure the same of all direct reports
- Understand appropriate state practice acts and adhere to the laws which govern how massage therapists may practice
- Maintain CPR and AED certification (i.e., Basic Life Support for healthcare providers)
- Remain current and compliant with all relevant [NGB] requirements (e.g., background checks, anti-doping education, SafeSport education, etc.)
- Coordinate and provide day-to-day massage therapy services for [NGB] athletes in collaboration with the athletic training staff
 - Conduct assessments of patients to determine the most effective massage therapy techniques
 - Develop and implement personalized treatment plans based on individual patient needs and conditions
 - Provide soft tissue manipulation primarily using manual techniques including pressure, tension, motion or vibration with the primary target tissues being muscles, tendons, ligaments, skin, joints or other connective tissue
 - Treatments should benefit recovery, wellness, relaxation, stress reduction, pain relief, postural improvement and/or provide general or specific therapeutic benefit or reduce the risk of injury
 - Perform 15–90 minute massage therapy sessions
 - Provide guidance on at-home care and exercises in collaboration with the medical staff
 - Practice the highest standard of sanitation, neatness, and preparedness
 - Maintain confidentiality of all patient information according to federal, local and state guidelines and regulations
 - Stress health education and preventive medical care in contacts with athletes
 - Refer athletes who have concerns regarding nutrition, exercise, injury, mental health, and more back to the sports medicine and/or mental health staff for further examination and referrals
 - Collaborate and communicate with the sports medicine staff regarding athletes receiving massage therapy
 - Utilize the assigned EMR to complete compliant, clear, and consistent documentation and daily treatment records
- Maintains ongoing education and knowledge related to sports medicine as well as applicable and changing governmental, NGB, and USOPC rules and policies which may affect the sports medicine program
- Represent massage therapists on a multi-disciplinary performance team (i.e., physicians, athletic training, physical therapy, mental health, nutrition, strength and conditioning, etc.)
 - Review, develop, and enforce streamlined policies and procedures that are rooted in best practices and optimal standard of care for each performance area, in conjunction with the directors of each respective area
 - Communicate effectively and efficiently with members of the multi-disciplinary performance team
- Understand the resources available to athletes through [NGB] and external organizations (e.g., USOPC sports medicine, Elite Athlete Health Insurance, Sport Accident Insurance, Medical Network partners, etc.)
- Have a comprehensive working knowledge of all [NGB] and sports medicine departmental policies and procedures, as well as understanding and adherence to external governing agencies' regulations and requirements
- [NGB] travel [% of the time]

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United States Olympic & Paralympic Committee

Aspirational Job Description



Position Title:	Athletics Health Care Provider- Athletic Trainer, Low Risk Sports w/ Practice Coverage
Location:	[Insert Location and On-Site, Hybrid, Remote]
Type of Position:	[Full-time, Part-time, Internship/Fellowship, Consultant, Volunteer]
Salary/Pay Rate:	[Insert Salary/Pay Rate]
Date Posted:	[Insert Date]

Position Summary

[NGB] is seeking a dynamic and experienced professional for the role of athletic trainer to assist the [medical director/chief medical officer] and head team physician in the day-to-day management of sports medicine operations while serving as the primary athletic trainer for [NGB] athletes. The athletic trainer will work in collaboration with the [medical director/chief medical officer] and head team physician to maintain standards promoting matters of athlete mental and physical health, safety and performance.

Qualifications

Minimum Requirements

- Bachelor's degree in athletic training, sports medicine, or related discipline
- Certified through the Board of Certification for the Athletic Trainer
- Currently licensed or eligible for licensure in [state(s)]
- At least [#] years of progressively responsible experience working with NCAA Division 1, Power 5, national governing body (NGB), US Olympic & Paralympic Committee (USOPC), professional, or elite athletes/teams after becoming a BOC certified athletic trainer
- Current CPR and AED certification for healthcare providers or equivalent
- Currently hold or eligible to obtain a passport for travel
- Active professional liability and malpractice insurance without pending claims
- Experience in using and applying rehabilitation modalities (e.g., whirlpools, hydrocollator, ultrasound, electrical stimulation, etc.)
- Experience in using and applying evaluation tools (e.g., goniometers, thermometers, sphygmomanometers, tape measures, etc.)
- Knowledge of the use and application of rehabilitation equipment (e.g., weights, bike, shuttles, physio balls, proprioception equipment, Alter-G, underwater treadmills, dynamic air compression, percussion therapy, etc.)
- Practical and ethical knowledge regarding the provision of telehealth services
- Computer competency and experience with documentation through use of electronic medical records (EMR)
- Excellent communication skills, both orally and in writing
- Work effectively with a wide range of constituents in a diverse community
- Commitment to valuing diversity and contributing to an inclusive working and learning environment

Preferred Requirements

- Master's degree in athletic training, sports medicine, or related discipline
- Excellent skills in the use of the specific equipment and tools as identified above
- Experience in using and applying advanced therapeutic interventions (e.g., dry needling, cupping, Graston, spinal manipulation, blood flow restriction therapy, etc.)
- Ability to work independently and effectively with minimal supervision
- Strong leadership and management skills in building a positive and empowering work environment
- Ability to operate in a fast-paced environment, be solution oriented, and perform in stressful circumstances while communicating effectively
- Excellent problem-solving, critical thinking, and time management skills
- Strong judgment skills and decision-making abilities
- Demonstrated knowledge and applied experience understanding and prioritizing mental health

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United States Olympic & Paralympic Committee

Aspirational Job Description (*continued*)



- Experience collaborating with others as part of a health care team

Duties and Responsibilities

- Complete clinical duties and responsibilities under the supervision of a team physician (i.e., the [medical director/chief medical officer] and/or head team physician)
- Remain current and compliant with all state and national requirements for certification and licensure while requiring and developing a procedure to ensure the same of all direct reports
- Maintain CPR and AED certification (i.e., Basic Life Support for healthcare providers)
- Remain current and compliant with all relevant [NGB] requirements (e.g., background checks, anti-doping education, SafeSport education, etc.)
- Coordinate the day-to-day operations of the athletic training room
 - Assist with athletic training supplies and equipment inventory and maintenance
 - Coordinate equipment repair and athletic training room maintenance
- Coordinate and provide day-to-day athletic training services for [NGB] athletes
 - Provide emergency care and implement emergency care procedures and facilitate transportation logistics to expedite emergency care as needed
 - Evaluate acute and chronic injuries with referrals to team physician(s) or other health care professionals as needed
 - Assess illnesses with referrals to team physicians or other health care professionals as needed
 - Collaborate in the scheduling of appropriate referrals to medical and mental health specialists when appropriate (e.g., women's health, substance abuse, surgical care, mental health, etc.)
 - Administer therapeutic modalities, design and implement injury rehabilitation programs, and instruct the athlete on proper rehabilitation procedures
 - Evaluate the athlete's physical condition, response and progress, and discuss with the appropriate physician as needed
 - Implement a sport-specific and injury-specific "return to play" plan
 - Design exercise programs (i.e., "prehab") that aid in minimizing/preventing athletic injury
 - Assist the head team physician with scheduling and organizing periodic health evaluations (PHEs) and reviewing each athlete's health history
 - Apply therapeutic and protective taping, bandaging and wrapping for practices and competitions
 - Design and fit specific orthopedic devices
 - Communicate with external providers as needed for continuity of care
 - Utilize the assigned EMR to complete compliant, clear, and consistent medical documentation, daily treatment records, and rehabilitation progress notes
 - Work with coaches and the strength and conditioning/sport performance staff to reduce and control environmental hazards, thereby creating a safe environment
 - Inform coaches and the strength and conditioning/sport performance staff of the status of the athletes' condition
 - Advise the coaching staff of general and specific health practices, training activities and programs
 - In cooperation with the strength and conditioning/sport performance staff, advise the coaching staff of appropriate weight training and conditioning programs while setting restrictions for athletes at risk
 - Provide in-person medical and athletic training care at all practices
- Practice Occupational Safety and Health Administration (OSHA) Universal Precautions when exposed to bodily fluids and other bloodborne pathogens
- Represent athletic trainers on a multi-disciplinary performance team (i.e., physicians, athletic training, physical therapy, mental health, nutrition, strength and conditioning, etc.)
 - Review, develop, and enforce streamlined policies and procedures that are rooted in best practices and optimal standard of care for each performance area, in conjunction with the directors of each respective area

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United States Olympic & Paralympic Committee Aspirational Job Description *(continued)*



- Communicate effectively and efficiently with members of the multi-disciplinary performance team
- Coordinate the rehearsal of emergency action plans in collaboration with the head team physician
- Educate and counsel athletes regarding medical conditions that could affect their safety and performance
- Understand the resources available to athletes through [NGB] and external organizations (e.g., USOPC sports medicine, Elite Athlete Health Insurance, Sport Accident Insurance, Medical Network partners, etc.)
- Have a comprehensive working knowledge of all [NGB] and sports medicine departmental policies and procedures, as well as understanding and adherence to external governing agencies' regulations and requirements
- Collaborate with the [medical director/chief medical officer] and head team physician to research the healthcare systems and medical resources available to [NGB] athletes and staff prior to travel to domestic and international host sites and create a plan for utilizing these systems and services if needed
- Collaborate with the [medical director/chief medical officer] and head team physician to determine the level of care that healthcare and medical professionals can provide [NGB] athletes and staff according to laws, rules, and regulations of domestic and international host sites prior to travel
- [NGB] travel [% of the time]

All offers of employment are contingent upon successful completion of a background inquiry.

Low Risk Sports

Olympic Summer	Paralympic Summer	Olympic Winter	Paralympic Winter
Slalom Canoe Sprint Canoe Rowing Shooting Archery Golf Swimming Table Tennis Tennis Badminton Baseball Softball Artistic Swimming Athletics – Running, Throwing, and Long Jump	Archery Boccia Badminton Canoe Rowing Shooting Swimming Table Tennis Wheelchair Tennis Athletics – Running, Throwing, and Long Jump	Curling	Wheelchair Curling

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United States Olympic & Paralympic Committee

PHE Sleep Screening Program



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each [NGB] athlete. The following program provides guidelines and expectations to [NGB] healthcare providers as it relates to screening [NGB] athletes' sleep habits.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]'s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified as an expert or a part of the athlete's treatment team.

Sleep Screening Program Guidelines

Periodic Health Exam Process

- During the periodic health examination (PHE) process, healthcare personnel will explain the process for accessing the mental health resources provided to all athletes on behalf of [NGB].
- All [NGB] athletes should complete the Athlete Sleep Screening Questionnaire (ASSQ) or another athlete specific sleep screen as designated by the [medical director/chief medical officer] at the following intervals at a minimum:
 - During the periodic health examination (PHE) process (i.e., the pre-competition period)
 - During the mid- to end- season period
- Additionally, all [NGB] athletes will complete general sleep habit related questions while completing PHE paperwork prior to their physical examination.
- All PHE and ASSQ documents will be reviewed by the [medical director/chief medical officer], head team physician, mental health professional(s), and/or the medical staff. The physicians' designee may also be involved.
 - Athletes who have a pre-existing sleep disorder should provide documentation regarding their diagnosis and/or testing results of those conditions for further review at the time of their first PHE.
 - Returning athletes who are diagnosed with sleep disorders while away from [NGB] participation should provide medical documentation of that condition at the time of their next PHE.
- It's recommended that the following [NGB] athletes consult with the [medical director/chief medical officer], head team physician, and/or mental health provider at a minimum:
 - Athletes with a previous history of sleep disorders

Results Review

- Sleep habit related screening results will be read promptly once available by the [medical director/chief medical officer], head team physician, mental health professional(s), and/or the medical staff. A designee of the physicians' may also be involved in this process.
 - One of these individuals will contact the athlete as soon as possible with their results.
- If the athlete has a total score of 4 or under on the ASSQ, no further action is required. However, healthcare personnel will educate the athlete of the mental health resources available to them.
- If the athlete has a total score of 5 or higher on the ASSQ or if another abnormality/concern is identified, appropriate referrals, follow-up studies, interventions, and/or sports participation recommendation will be provided to the athlete and documented in their electronic medical record (EMR).

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PHE Sleep Screening Program *(continued)*



Follow Up Care and Testing

- Once an athlete has been referred to the appropriate subspecialty providers for further consultation/intervention, these individuals in collaboration with the [medical director/chief medical officer], head team physician, and/or mental health provider(s) will be responsible for implementing a plan for the continued care of the athlete.
 - The plan for continued care will be individualized, may include other medical/mental health testing resources and interventions.
- Sleep habit screening should occur yearly or on a more frequent basis for health and performance purposes.

Documentation

- All PHE documentation, ASSQ forms, test/screening results, the athlete notification process, further consultations/interventions, and treatment/progress notes must be documented by healthcare personnel in the athlete's EMR.

Clearance For Participation

- The [medical director/chief medical officer] and/or the head team physician in collaboration with the treating subspecialty and mental health providers will make final decisions on whether the athlete is medically cleared to participate.

Program revision history

- [previous date]
- [previous date]

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PHE Laboratory Testing Recommendations



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each athlete. The following provides recommendations and expectations to [NGB] healthcare providers as it relates to conducting laboratory tests for [NGB] athletes.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]’s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified as an expert or a part of the athlete’s treatment team.

Laboratory Test Guidelines

Periodic Health Exam Process

- All [NGB] athletes will answer previous general health and illness related questions while completing periodic health exam (PHE) paperwork prior to their physical examination..
- All PHE documents will be reviewed by the [medical director/chief medical officer], head team physician, and/or the medical staff. The physicians’ designee may also be involved.
 - Athletes who have pre-existing conditions should provide documentation regarding their diagnosis, testing results, and/or clearance of those conditions for further review at the time of their first PHE.
 - Returning athletes who are diagnosed with conditions while away from [NGB] participation should provide medical documentation of that condition at the time of their next PHE.
- During the PHE process, it’s recommended that all athletes complete various assessments with the goal of preventing illness and injury. The [medical director/chief medical officer], head team physician, and/or the physicians’ designee may conduct laboratory tests (e.g., blood and urine). This testing may include but is not limited to:
 - Comprehensive or basic metabolic panel
 - Complete blood cell count
 - Lipid panel
 - Blood glucose level
 - Vitamin D
 - Iron panel
 - Endocrine studies
 - Urinalysis
- This testing may be conducted as part of the illness and injury risk screening program or as standalone testing.
- Each athlete’s results will be combined with the athlete’s health history to determine their risk of possible illness or injury.
- If further testing is needed, the [medical director/chief medical officer], head team physician, and/or their designee will determine the tests that are appropriate for the individual athlete based on their health history and physical examination results.

Results Review

- Laboratory test results will be read promptly once available by the [medical director/chief medical officer], head team physician, the physicians’ designee, and/or a qualified health care provider following the completion of the test(s) using athlete specific criteria to minimize the risk of improper findings.
 - If the qualified health care provider is not the [medical director/chief medical officer] and/or the head team physician, those individuals will be notified of the results.

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PHE Laboratory Testing Recommendations (*continued*)



- If the results are available while the athlete is still present, the qualified health care provider may notify the athlete of their results.
- If the athlete is no longer present, one of these individuals will contact the athlete as soon as possible with testing results.
- If an abnormality or concern is identified, appropriate referrals, follow-up studies, interventions, sports participation recommendations, and/or injury and illness prevention programming will be provided to the athlete and documented in their electronic medical record (EMR).

Follow Up Care and Testing

- If an athlete has been referred to subspecialty providers for further consultation/intervention, these individuals in collaboration with the [medical director/chief medical officer] and/or the head team physician will be responsible for implementing a plan for the continued care of the athlete.
 - The plan for continued care will be individualized and may include other medical tests, resources, and interventions.
- Laboratory tests should occur yearly or on a more frequent basis for health and performance purposes.

Documentation

- All PHE documentation, test/screening results, the athlete notification process, further consultations/interventions, and treatment/progress notes must be documented by healthcare personnel in the athlete's EMR.

Clearance For Participation

- The [medical director/chief medical officer] and/or the head team physician in collaboration with other subspecialty providers (if appropriate) will make final decisions on whether the athlete is medically cleared to participate.

Recommendations revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee

PHE Body Composition Assessment Recommendations



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each athlete. The following provides recommendations and expectations to [NGB] healthcare providers as it relates to conducting body composition assessments for [NGB] athletes.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]'s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified as an expert or a part of the athlete's treatment team.

Anthropometric measurements are non-invasive quantitative measurements of the body.

Body Composition Assessment Guidelines

Periodic Health Exam Process

- All [NGB] athletes will answer previous history questions regarding their general health, nutrition, and wellness while completing periodic health exam (PHE) paperwork prior to their physical examination.
- All PHE documents will be reviewed by the [medical director/chief medical officer], head team physician, and/or the medical staff. The physicians' designee may also be involved.
 - Athletes who have pre-existing conditions should provide documentation regarding their diagnosis, testing results, and/or clearance of those conditions for further review at the time of their first PHE.
 - Returning athletes who are diagnosed with conditions while away from [NGB] participation should provide medical documentation of that condition at the time of their next PHE.
- During the PHE process, it's recommended that all athletes complete body composition assessments. If this resource is not available to all athletes, the following athletes should complete body composition assessments and be referred to the [medical director/chief medical officer], head team physician, mental health provider, and/or sport dietitian at a minimum:
 - Athletes with a previous history of REDs, disordered eating behaviors, eating disorders, low carbohydrate availability (LCA), low energy availability (LEA), multiple fractures, and/or injuries
- The [medical director/chief medical officer], head team physician, medical staff, sport dietitian, and/or the physicians' designee may conduct body composition assessments. This testing may include but is not limited to:
 - Height
 - Weight
 - Head circumference
 - Body circumferences (waist, hip, and limbs)
 - Skinfold thickness
 - Hydrostatic weighing
 - Bioelectrical impedance analysis (BIA)
 - Dual x-ray absorptiometry (DEXA)
- This testing may be conducted as part of the illness and injury risk screening program or as standalone testing.
- Each athlete's results will be combined with the athlete's health history to determine their risk of possible illness or injury.
- If further testing is needed, the [medical director/chief medical officer], head team physician, and/or their designee will determine the tests that are appropriate for the individual athlete based on their health history and physical examination results.

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United States Olympic & Paralympic Committee

PHE Body Composition Assessment Recommendations

(continued)



Results Review

- Body composition assessment results will be read promptly once available by the [medical director/chief medical officer], head team physician, sport dietitian, the physicians' designee, and/or a qualified health care provider following the completion of the test(s) using athlete specific criteria to minimize the risk of improper findings.
 - If the qualified health care provider is not the [medical director/chief medical officer] and/or the head team physician, those individuals will be notified of the results.
 - If the results are available while the athlete is still present, the qualified health care provider may notify the athlete of their results.
 - If the athlete is no longer present, one of these individuals will contact the athlete as soon as possible with testing results.
- If an abnormality or concern is identified, appropriate subspecialty referrals, follow-up studies, interventions, sports participation recommendations, and/or injury and illness prevention programming will be provided to the athlete and documented in their electronic medical record (EMR).

Follow Up Care and Testing

- If an athlete has been referred to subspecialty providers for further consultation/intervention, these individuals in collaboration with the [medical director/chief medical officer] and/or the head team physician will be responsible for implementing a plan for the continued care of the athlete.
 - The plan for continued care will be individualized and may include other medical resources, and interventions.
- Body composition assessments should occur yearly or on a more frequent basis for health and performance purposes.

Documentation

- All PHE documentation, test/screening results, the athlete notification process, further consultations/interventions, and treatment/progress notes must be documented by healthcare personnel in the athlete's EMR.

Clearance For Participation

- The [medical director/chief medical officer] and/or the head team physician in collaboration with other subspecialty providers (if appropriate) will make final decisions on whether the athlete is medically cleared to participate.

Recommendations revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee

PHE Bone Mineral Density Testing Recommendations



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each athlete. The following provides recommendations and expectations to [NGB] healthcare providers as it relates to conducting bone mineral density testing for [NGB] athletes.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]'s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified as an expert or a part of the athlete's treatment team.

Bone Mineral Density Testing Guidelines

Periodic Health Exam Process

- All [NGB] athletes will answer previous history questions regarding their general health, nutrition, and wellness while completing periodic health exam (PHE) paperwork prior to their physical examination.
- All PHE documents will be reviewed by the [medical director/chief medical officer], head team physician, and/or the medical staff. The physicians' designee may also be involved.
 - Athletes who have pre-existing conditions should provide documentation regarding their diagnosis, testing results, and/or clearance of those conditions for further review at the time of their first PHE.
 - Returning athletes who are diagnosed with conditions while away from [NGB] participation should provide medical documentation of that condition at the time of their next PHE.
- During the PHE process, it's recommended that the following athletes complete bone mineral density testing (e.g., dual x-ray absorptiometry [DEXA]) and be referred to the [medical director/chief medical officer] and/or head team physician for further consultation/intervention at a minimum:
 - Athletes at risk for relative energy deficiency in sport (REDs)
 - Athletes who participate in sports that predispose to low bone mineral density or bone stress injuries
- This testing may be conducted as part of the illness and injury screening program, the REDs screening program, or as standalone testing.
- Each athlete's results will be combined with the athlete's health history to determine their risk of possible illness or injury.
- If further testing is needed, the [medical director/chief medical officer], head team physician, and/or their designee will determine the tests that are appropriate for the individual athlete based on their health history and physical examination results.

Results Review

- Bone mineral density testing results will be read promptly once available by the [medical director/chief medical officer], head team physician, the physicians' designee, and/or a qualified health care provider following the completion of the test(s) using athlete specific criteria to minimize the risk of improper findings.
 - If the qualified health care provider is not the [medical director/chief medical officer] and/or the head team physician, those individuals will be notified of the results.
 - If the results are available while the athlete is still present, the qualified health care provider may notify the athlete of their results.
 - If the athlete is no longer present, one of these individuals will contact the athlete as soon as possible with testing results.

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United States Olympic & Paralympic Committee PHE Bone Mineral Density Testing Recommendations (continued)



- If an abnormality or concern is identified, appropriate subspecialty referrals, follow-up studies, interventions, sports participation recommendations, and/or injury and illness prevention programming will be provided to the athlete and documented in their electronic medical record (EMR).

Follow Up Care and Testing

- If an athlete has been referred to subspecialty providers for further consultation/intervention, these individuals in collaboration with the [medical director/chief medical officer] and/or the head team physician will be responsible for implementing a plan for the continued care of the athlete.
 - The plan for continued care will be individualized and may include other medical tests, resources, and interventions.

Documentation

- All PHE documentation, test/screening results, the athlete notification process, further consultations/interventions, and treatment/progress notes must be documented by healthcare personnel in the athlete's EMR.

Clearance For Participation

- The [medical director/chief medical officer] and/or the head team physician in collaboration with other subspecialty providers (if appropriate) will make final decisions on whether the athlete is medically cleared to participate.

Recommendations revision history

- [previous date]
- [previous date]

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United States Olympic & Paralympic Committee

PHE Resting Metabolic Rate (RMR) Assessment

Recommendations



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each athlete. The following provides recommendations and expectations to [NGB] healthcare providers as it relates to conducting resting metabolic rate assessments for [NGB] athletes.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]’s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified as an expert or a part of the athlete’s treatment team.

Resting Metabolic Rate (RMR) Guidelines

Periodic Health Exam Process

- All [NGB] athletes will answer previous history questions regarding their general health, nutrition, and wellness while completing periodic health exam (PHE) paperwork prior to their physical examination.
- All PHE documents will be reviewed by the [medical director/chief medical officer], head team physician, and/or the sports medicine staff. The physicians’ designee may also be involved.
 - Athletes who have pre-existing conditions and/or sustained significant injuries should provide documentation regarding their diagnosis, testing results, and/or clearance of those conditions/injuries for further review at the time of their first PHE.
 - Returning athletes who are diagnosed with conditions and/or sustained significant injuries while away from [NGB] participation should provide medical documentation of that condition/injury at the time of their next PHE.
- During the PHE process, it’s recommended that all athletes complete various assessments with the goal of preventing illness and injury. The [medical director/chief medical officer], head team physician, sport dietitian, and/or the physicians’ designee may conduct resting metabolic rate assessments. A sport scientist may also be involved.
- It’s recommended that the following [NGB] athletes consult with the [medical director/chief medical officer], head team physician, and/or sport dietitian at a minimum:
 - Athletes with a previous history of REDs, disordered eating behaviors, eating disorders, low carbohydrate availability (LCA), low energy availability (LEA), multiple fractures, and/or injuries
 - Athletes who are trying to lose or gain weight
- Each athlete’s results will be combined with the athlete’s health history to determine their risk of possible illness or injury.
- If further testing is needed, the [medical director/chief medical officer], head team physician, and/or their designee will determine the tests that are appropriate for the individual athlete based on their health history and physical examination results.

Results Review

- Resting metabolic rate assessment results will be read promptly once available by the [medical director/chief medical officer], head team physician, the physicians’ designee, and/or a qualified health care provider following the completion of the test(s) using athlete specific criteria to minimize the risk of improper findings.
 - If the qualified health care provider is not the [medical director/chief medical officer] and/or the head team physician, those individuals will be notified of the results.
 - If the results are available while the athlete is still present, the qualified health care provider may notify the athlete of their results.

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PHE Resting Metabolic Rate (RMR) Assessment

Recommendations (*continued*)



- If the athlete is no longer present, one of these individuals will contact the athlete as soon as possible with testing results.
- If an abnormality or concern is identified, appropriate subspecialty referrals, follow-up studies, interventions, sports participation recommendations, and/or injury and illness prevention programming will be provided to the athlete and documented in their electronic medical record (EMR).

Follow Up Care and Testing

- If an athlete has been referred to subspecialty providers for further consultation/intervention, these individuals in collaboration with the [medical director/chief medical officer] and/or the head team physician will be responsible for implementing a plan for the continued care of the athlete.
 - The plan for continued care will be individualized and may include other medical resources and interventions.
- A resting metabolic rate assessment should occur yearly or on a more frequent basis for health and performance purposes.

Documentation

- All PHE documentation, test/screening results, the athlete notification process, further consultations/interventions, and treatment/progress notes must be documented by healthcare personnel in the athlete's EMR.

Clearance For Participation

- The [medical director/chief medical officer] and/or the head team physician in collaboration with other subspecialty providers (if appropriate) will make final decisions on whether the athlete is medically cleared to participate.

Recommendations revision history

- [previous date]
- [previous date]

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PHE Performance Testing Recommendations



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel and Staff]
Last Revision Date: [Insert Date]

[NGB] is committed to protecting the health and safety of each athlete. The following provides recommendations and expectations to [NGB] healthcare providers and sports performance professionals as it relates to conducting performance testing for [NGB] athletes.

Definitions and Education

Healthcare personnel/provider refers to the staff [NGB] has hired (i.e., full-time, part-time, volunteers, etc.) or has contractual agreements with to provide medical, mental, or health care to [NGB] athletes on [NGB]'s behalf. These individuals may also include medical/healthcare specialists or consultants who the [medical director/chief medical officer], head team physician, or [NGB] has identified as an expert or a part of the athlete's treatment team.

Performance Testing Guidelines

Periodic Health Exam Process

- All [NGB] athletes will answer previous general health, illness, and injury history related questions while completing periodic health exam (PHE) paperwork prior to their physical examination.
- All PHE documents will be reviewed by the [medical director/chief medical officer], head team physician, and/or the medical staff. The physicians' designee may also be involved.
 - Athletes who have pre-existing conditions and/or sustained significant injuries should provide documentation regarding their diagnosis, testing results, and/or clearance of those conditions/injuries for further review at the time of their first PHE.
 - Returning athletes who are diagnosed with conditions and/or sustained significant injuries while away from [NGB] participation should provide medical documentation of that condition/injury at the time of their next PHE.
- During the PHE process, it's recommended that all athletes complete various tests to assess an athlete's performance, identify strengths and limitations, and guide future training, rehabilitation, and injury and illness prevention programs. The athletic training staff will collaborate with the sports performance team to determine the appropriate sport/event/position specific performance tests that should be completed. This testing may include but is not limited to:
 - Flexibility (i.e., sit and reach test, Apley's scratch test, etc.)
 - VO2 max test
 - Lactate threshold tests
 - Functional Movement Screen (FMS)
 - 300m shuttle run
 - Cooper 12 minute run test
 - Beep tests
 - Horizontal and vertical jump tests
 - 1RM tests
 - Agility tests
- This testing may be conducted as part of the illness and injury screening program or as standalone testing.
- Each athlete's results will be combined with the athlete's health history to determine their risk of possible illness or injury.
- If further testing is needed, the [medical director/chief medical officer], head team physician, and/or their designee will determine the tests that are appropriate in collaboration with the sports performance team for the individual athlete based on their health history and physical examination results.

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PHE Performance Testing Recommendations (*continued*)



Results Review

- Performance related testing results will be determined promptly. Once available, the sports medicine staff and/or sports performance team may notify the athlete of their results. The [medical director/chief medical officer] and/or the head team physician will also be notified of these results.
- If an abnormality or concern is identified, appropriate subspecialty referrals, follow-up studies, interventions, sports participation recommendations, and/or injury and illness prevention programming will be provided to the athlete and documented in their electronic medical record (EMR).

Follow Up Care and Testing

- If an athlete has been referred to subspecialty providers for further consultation/intervention, these individuals in collaboration with the [medical director/chief medical officer] and/or the head team physician will be responsible for implementing a plan for the continued care of the athlete.
 - Injury prevention protocols may involve multiple professionals from the medical staff, sports performance team, and other healthcare personnel.
 - The plan for continued care will be individualized and may include other medical tests, resources, and interventions.
 - Utilizing a sport science professional may be justified.
- Illness and injury prevention screening should occur yearly or on a more frequent basis for health and performance purposes.

Documentation

- All PHE documentation, test/screening results, athlete notification, further consultations/interventions, and treatment/progress notes must be documented by healthcare personnel in the patient's EMR.

Clearance For Participation

- All PHE documentation, test/screening results, the athlete notification process, further consultations/interventions, and treatment/progress notes must be documented by healthcare personnel in the athlete's EMR.

Recommendations revision history

- [previous date]
- [previous date]

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Aspirational Athlete Health and Safety Resources



Date of Issuance: [Insert Date]
Approved by: [Insert Approval Personnel]
Applies to: [Insert Personnel/Staff]
Last Revision Date: [Insert Date]

CPR/AED Certification

All non-health care related [NGB] staff are encouraged to be certified in CPR and AED use.

Steps to Complete CPR/AED Certification through the American Red Cross

Go to: [CPR Certification](#)

7. Click the drop down menu under **Find a Class**
8. Choose **CPR**
9. Enter your city or zip code and select **Find Classes**
10. Click **Filter By**
 - o Choose **Class Focus**
 - o Select **Adult and Pediatric CPR/AED**
11. Click **Apply**
 - o The only course format option that will be available should be **Online + Classroom**
 - o This course option is the only one that result in the appropriate level of certification
12. Choose a class

Steps to Complete CPR/AED Certification through the American Heart Association

Go to: [Heartsaver® Courses](#)

5. Click **Find a Class**
6. Provide your location
7. Under **Filters** and **Courses**
 - o Select the down arrow next to **Heartsaver**
 - o Check the box next to **CPR AED** or **First Aid CPR AED**
8. Enroll in a class

Mental Health Emergency Management Training

All non-health care related [NGB] staff are encouraged to complete Mental Health First Aid (MHFA) training and meet relevant continuing education requirements prior to working with their athletes.

For general Mental Health First Aid information go to: [What You Learn](#)

Steps to Complete Mental Health First Aid Training

Go to: [Mental Health First Aid](#)

1. Enter your city and state and select **Find Courses**
2. Under **Course Status**, select **Open**
3. Under **Courses**, select **Adult**
4. Register for a course

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Aspirational Athlete Health and Safety Resources (*continued*)



Health and Safety Resources for NGBs

The USOPC has partnered with USCAH to aid NGBs in mitigating risk and meeting nationally recognized medical and healthcare related best practices and standard of care. These services include but aren't limited to:

Consultation Services

- Program Assessment (*Virtual or on-site*)
- Chief Medical Officer Services
- Policy Design, Development, and Review
- Independent Incident Reviews
- Complete Program Design

Education Services

- Athletics Healthspace E-learning Platform- Courses and Programs
 - More the 170 courses that can be customized by audience and completed via the website or mobile app
 - Designed for athletes, coaches, staff, parents, and all individuals who work with athletes
- Webinar Education Series
- Continuing Education (*BOC compliant CEU modules and webinars for athletic trainers*)
- Expert Lecture Series (*Virtual or on-site*)
- Athletics Healthcare Administrator Association

Compliance Services

- USCAH Certification Programs
- Professional Development
- Risk Management
- Confidential Reporting

About USCAH

For more information on NGB services from USCAH go to: [USCAH NGB Services](#)

For questions or to set up a demo or meeting contact: info@uscah.com.

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NGB Medical Standards - Sport Risk Level

1. Low Risk Sports

- a. *Olympic Summer*
 - i. Archery
 - ii. Artistic Swimming
 - iii. Badminton
 - iv. Baseball
 - v. Bowling
 - vi. Breaking
 - vii. Canoe/Kayak – Slalom
 - viii. Canoe/Kayak – Sprint
 - ix. Cricket
 - x. Golf
 - xi. Rowing
 - xii. Shooting
 - xiii. Softball
 - xiv. Swimming
 - xv. Table Tennis
 - xvi. Tennis
 - xvii. Track and Field – Running, Throwing, and Long Jump
- b. *Paralympic Summer*
 - i. Archery
 - ii. Badminton
 - iii. Boccia
 - iv. Canoe
 - v. Rowing
 - vi. Shooting
 - vii. Swimming
 - viii. Table Tennis
 - ix. Track and Field – Running, Throwing, and Long Jump
 - x. Wheelchair Tennis
- c. *Olympic Winter*
 - i. Curling
- d. *Paralympic Winter*
 - i. Wheelchair Curling

2. Moderate Risk Sports

- a. *Olympic Summer*
 - i. Basketball
 - ii. Beach Volleyball
 - iii. Diving
 - iv. Fencing
 - v. Field Hockey
 - vi. Flag Football
 - vii. Handball

- viii. Pelota
- ix. Racquetball
- x. Rhythmic Gymnastics
- xi. Roller sports
- xii. Sailing
- xiii. Soccer
- xiv. Sport Climbing
- xv. Squash
- xvi. Track and Field – High Jump and Pole Vault
- xvii. Volleyball
- xviii. Water Polo
- xix. Water Ski
- b. *Paralympic Summer*
 - i. Wheelchair Basketball
 - ii. Wheelchair Fencing
- c. *Olympic Winter*
 - i. Biathlon
 - ii. Cross-Country Skiing
 - iii. Figure Skating
- d. *Paralympic Winter*
 - i. Biathlon
 - ii. Cross-Country Skiing

3. High Risk Sports

- a. *Olympic Summer*
 - i. Artistic Gymnastics
 - ii. Boxing
 - iii. Equestrian
 - iv. Judo
 - v. Karate
 - vi. Lacrosse
 - vii. Modern Pentathlon
 - viii. Road Cycling
 - ix. Rugby
 - x. Surfing
 - xi. Taekwondo
 - xii. Track Cycling
 - xiii. Trampoline
 - xiv. Triathlon
 - xv. Weightlifting
 - xvi. Wrestling
- b. *Paralympic Summer*
 - i. Blind Soccer
 - ii. Equestrian
 - iii. Goalball
 - iv. Judo
 - v. Powerlifting
 - vi. Road Cycling

- vii. Taekwondo
- viii. Track and Field – Wheelchair Sprint, Middle, and Long-Distance Events
- ix. Track Cycling
- x. Triathlon
- xi. Wheelchair Rugby
- c. *Olympic Winter*
 - i. Alpine Skiing – Giant Slalom, Slalom
 - ii. Bobsled
 - iii. Ice Hockey
 - iv. Long Track Speedskating
 - v. Luge
 - vi. Nordic Combined
 - vii. Short Track Speedskating
 - viii. Skeleton
 - ix. Ski Jumping
 - x. Snowboard – Slalom
- d. *Paralympic Winter*
 - i. Alpine Skiing – Giant Slalom, Slalom
 - ii. Sled Hockey
 - iii. Snowboard – Banked Slalom
 - iv. Snowboard – Giant Slalom
 - v. Snowboard – Snowboard-Cross

4. Extreme Risk Sports

- a. *Olympic Summer*
 - i. Cycling – BMX
 - ii. Cycling – Mountain Biking
 - iii. Skateboarding
- b. *Paralympic Summer*
- c. *Olympic Winter*
 - i. Alpine Skiing – Downhill, Super-G
 - ii. Freestyle Skiing – Aerials
 - iii. Freestyle Skiing – Moguls
 - iv. Ski and Snowboard – Big Air
 - v. Ski and Snowboard – Half Pipe
 - vi. Ski and Snowboard – Slopestyle
 - vii. Snowboard – Snowboard-Cross
- d. *Paralympic Winter*
 - i. Alpine Skiing – Downhill, Super-G