Emergency Planning in Athletics

Ron Courson, ATC, PT, NRAEMT, CSCS
Sr. Associate Athletic Director - Sports Medicine
University of Georgia Athletic Association
Athens, Georgia

Emergency Case Study

• Birmingham, AL
• SEC football officials physical performance assessment
• prior to run, physical exam including baseline lab tests and GXT; cleared by MD to participate
• 1.5 mile timed run in early am

Emergency Case Study

• 53YOWM collegiate football official collapsed with SCA following run
• Immediate CPR by athletic trainers; trackside paramedics notified
• Official in VF: defibrillation < 3 minute; BVM with O2; ACLS on site prior to transport with IV and cardiac drugs
• Airlifted to cardiac care center for emergency heart catheterization
• HX prior syncopal episode wk. earlier unreported
• Survived: full recovery with ultimate return to officiating
Emergency Case Study

- Demonstrates effectiveness of emergency plan
  - advance visit to site
  - gates open for access
  - EMT-P crew on site
  - assigned stations on track
  - emergency communication
  - medical equipment

Clinical Scenarios

Clinical Scenario:
Heat Stroke

- 19YOWM college football player collapses during football practice
  - WBGT reading in extreme risk category
  - unconscious
  - responsive to pain
  - skin hot, red
  - fast, thready pulse
  - rapid, shallow respirations
Clinical Scenario: Sickle Cell Trait

- 20YOBM collapses during FB mat drills c/o dizziness, fatigue, SOB, chest pain and B leg/buttock pain
  - sickle cell trait (+)
  - HX diarrhea/vomiting past 24 hrs.
  - no food or drink other than water past 24 hrs.

Clinical Scenario: Sudden Cardiac Arrest

- 19YOBM collapses suddenly during conditioning drill
  - no previous symptoms of palpitations, dizziness or syncope
  - no family history of sudden death or cardiac abnormalities
  - evaluated by athletic trainer
    - not breathing
    - carotid pulse absent

Clinical Scenario: Asthma

- 21 YOWM collapses during conditioning run
  - cool day: temperature of 45 degrees
  - difficulty breathing
  - audible wheezing
  - skin retractions noted
    - base of neck and between ribs
  - HX of asthma
    - did not take Rx meds today
    - “felt ill past several days”
Clinical Scenario: Open Fracture

- 61 YOWM T&F official struck by errant hammer throw
  - open tibia-fib fracture

Emergency Planning in Athletics

- Introduction: EAP
- NATA Position Statement
- Need for EAP
  - Professional
  - Legal
- Components of EAP
  - Development
  - Implementation
  - Personnel
  - Equipment
  - Communication
  - Transportation
  - Venue Location
  - Emergency Care Facilities
  - Documentation

Introduction

- Although most injuries in athletics are relatively minor, life or limb threatening injuries are unpredictable and can occur without warning
  - due to relatively low incidence rate of catastrophic injuries, may develop false sense of security
Introduction

- Catastrophic injuries can occur during any physical activity and at any level of participation
  - heightened public awareness associated with nature and management
  - medical-legal interests may lead to questions re:
    - qualifications of personnel involved
    - preparedness of organization
    - actions taken

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Introduction

Proper management of emergencies is critical
- should be handled by trained medical and allied health personnel
- preparation should include:
  - education and training
  - maintenance of emergency equipment and supplies
  - appropriate use of personnel
  - formation and implementation of EAP

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Introduction

- EAP should be thought of as "blueprint" for handling emergencies
- sound emergency plan is easily understood
- establishes accountability for management of emergencies
- failure to have EAP can be considered negligence

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Background for EAP

- Need for EAP
- Emergencies are rarely predictable
  - rapid, controlled response
- EAP should account for athletes, game officials, fans, sideline participants
  - include all necessary contingencies: "worst case scenario"
  - take lessons from past emergencies: "experience is a great teacher"

NATA EAP Position Statement

- All personnel involved with the organization or sponsorship of athletic activities share a professional responsibility to provide for the emergency care of an injured person

Background for NATA Position Statement

- Professional Need
  - Organizational and professional responsibility
    - NCAA
    - NFHS
    - NATA
    - ACSM
- Legal Need
NATA Position Statement
Legal Duty

• All personnel involved with the organization and sponsorship of athletic activities share a legal duty to develop, implement, and evaluate an emergency plan for all sponsored athletic activities.

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Legal Need for EAP

• Kleinknecht v Gettysburg College 1993
  • most significant case bearing on need for EAP
  • college owed duty to athletes at institution
  • college must provide "prompt and adequate emergency services...while engaged in a school sponsored activity."

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NATA Position Statement
Legal Review

• Emergency plan should be reviewed by the administration and legal counsel of sponsoring organization.

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Legal Need for EAP

- Legal duty as reasonable and prudent professionals to ensure high-quality care of participants
  - standard of care
  - EAP written document defines standard of care
  - absence of EAP frequently is basis for claim and suit based on negligence
  - concept of foreseeability

Gathers v Loyola Marymount University

- care was delayed
- defendants acted negligently and carelessly in not providing appropriate emergency response

EAP Development

- Each institution or organization that sponsors athletic activities must have a written emergency plan
  - comprehensive and practical
  - flexible enough to adapt to any emergency situation
Development of EAP

- need for EAP established
- duty to provide appropriate standards
- goal to provide highest possible quality health care to athlete
- EAP should be developed in consultation with local EMS personnel

Implementation of EAP

- EAP must be written document – approved and signed by medical director
- EAP should be distributed to:
  - attending physicians
  - athletic training students
  - institutional and organizational safety personnel and administrators
  - coaches

Implementation of EAP

- Education of all members of emergency team regarding EAP
- EAP and procedures have to be reviewed and rehearsed
- Medical Time Out
Medical “Time Out”

Sports medicine care teams should conduct a “Time Out” before each athletic event:
- Same concept as surgery time-out or athletic time-out
- Miscommunication may lead to potentially catastrophic errors
- Ensure EAP, emergency protocols, and care options are reviewed with personnel and appropriate equipment available for event

NATA Position Statement: Personnel

- Emergency plan for athletics
  - Identifies the personnel involved in carrying out the emergency plan
  - Outlines qualifications of those executing the plan

Personnel: Sports Medicine Team Concept

- Goal of sports medicine team is delivery of highest possible quality of health care to athlete
- Likewise, sports medicine team must work together as efficient unit to accomplish goals
  - Share information, training, and skills between team members
Personnel: Roles Within Emergency Team

• immediate care of the athlete
• emergency equipment retrieval
• activation of emergency medical system
• direction of EMS to scene

Emergency Personnel

• Emergency training should be required for all athletics personnel associated with practices, competition, skills instruction, S&C
  – CPR
  – first aid
  – prevention of disease transmission: BBP
  – emergency plan

Emergency Personnel

• Protocol development reviewed and approved by team physician
  – AED
  – oxygen
  – airway adjuncts
  – Epi-pen
  – metered dose inhalers
  – spinal immobilization
  – heat illness
NATA Position Statement

Equipment

- Emergency plan should specify the equipment needed to carry out tasks required in event of emergency
  - outline location of equipment
  - equipment available should be appropriate to level of training of personnel involved

Emergency Equipment

- Necessary equipment should be at the site and quickly accessible
- Be familiar with function and operation of all types of emergency equipment; personnel trained in use
- Should be in good operating condition; checked on regular basis

NATA Position Statement

Communication

- establish a clear method of communication to appropriate emergency care service providers
Communication

- key to quick delivery of care
- with on-site EMS, direct communication prior to event
- access to phone, fixed or mobile, or other telecommunications device
- pre-arranged access to phone
- 911 availability
- back-up communication

Activating EMS System

- Making the Call
  - 911
  - local telephone numbers
- Providing Information
  - name, address, telephone # of caller
  - number of athletes
  - condition of athlete(s)
  - first aid treatment initiated
  - specific directions
  - other information as requested by dispatcher

Emergency Transportation

- identify mode of transportation for injured participant
- emphasis placed at having ambulance on site at high risk sporting events
Emergency Transportation

- In emergency situation, transport by ambulance
- Refrain from transporting unstable athletes in inappropriate vehicles
- Ensure activity area supervised should AT and/or MD leave site with athlete being transported

Air Medical Transport

- Decision to call for air medical transport is based on patient’s condition and accessibility to scene or hospital facilities
  - multiple system trauma
  - head and spinal cord injuries
  - severe burns
  - motor vehicle crashes
  - traumatic amputations
  - cardiac and respiratory emergencies
  - disasters
  - hospital to hospital transfers
  - GPS coordinates for landing sites on venue EAPs

Venue Location

- Emergency plan should be specific to activity venue
  - each activity site should have defined emergency plan derived from overall institutional or organizational EAP
Venue Location

- venue specific based upon site of practice/competition and activity involved
- accessibility to emergency personnel, communication system, equipment, and transportation
- host providers should orient visiting ATs
- visiting AT should explore emergency care prior to arrival

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Emergency Care Facilities

- incorporate the emergency care facilities to which injured individuals will be taken
- notify emergency receiving facilities in advance of scheduled events and contests
- include personnel in development of EAP

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Emergency Care Facilities

- access to emergency medical facility
- selection consideration
  - location with respect to venue
  - level of capabilities (JCAHO)
- Review plan with facility/in-service
EAP: Construction Considerations

- Current IPF construction project affects multiple sport EAPs:
  - baseball
  - basketball
  - football
  - gymnastics
  - tennis
  - T&F

NATA Position Statement Documentation

- specify the necessary documentation supporting implementation and evaluation of EAP
- identify responsibility for:
  - documenting actions taken during emergency
  - evaluation of emergency response
  - institutional personnel training

Documentation

- Review and rehearse EAP annually
  - or more frequently if necessary
- Document results of reviews and rehearsals
  - emergency plan modified?
  - how plan changed?
Documentation

- Pocket emergency card carried by medical staff
  - emergency plan with written directions and highlighted map
  - pertinent medical conditions specific to sport

Catastrophic Incident Guidelines

- Contact Fred Reifsteck, MD; Ron Courson/Steve Bryant
- Work with medical specialists assisting athlete
- Contact UGAA/UGA administration
  - Greg McGarity, notifies Jere Morehead/legal counsel
  - Claude Felton, notifies UGA media liaison
- Contact Carla Williams
- Designate athletic administrator point person
- Contact/update sport staff if not yet familiar with situation
- Contact family by appropriate individual (assist as needed):
  - Jim Booz: compliance
  - Barbara Boyd: travel
- Air Med International 800-356-2161
- Assign athletic staff member to be with family at all times upon arrival; assist family as needed; protect from outside persons
- Involve appropriate counseling/ministerial support
- Coordinated media plan
- No contact with media/comments from athletic training staff, hospital staff or med. personnel except through SID
- Meeting with athletes to discuss situation
- No outside discussion of meeting with media
- Contact catastrophic/malpractice insurance providers
  - Chartis: 800-532-0147
  - NCAA: American Specialty: 800-245-2744
  - Seabury & Smith (malpractice): 800-621-3008
  - HPSO (malpractice): 800-982-9491
- Complete documentation of events from everyone involved in incident
- Collect and secure all equipment/materials involved
- Construct detailed timeline of events related to the incident
- Catastrophic incident stress management as necessary for individuals involved in incident

Crisis Management Team

- Director of Sports Medicine
- Head Team Physician
- Athletic Director
- Sr. Assoc. AD (Sports Comm.)
- Assoc. VP (Public Affairs)
- Exec. Assist. to the President
- Exec. Dir. Legal Affairs
- Deputy AD
- Sr. Assoc. AD (Compliance)
- Chief of Police
Summary

• Importance of being prepared when emergencies occur cannot be stressed enough
• Survival may hinge on how well trained and prepared athletic healthcare providers are
• Invest organizational “ownership” in emergency plan
• Review and rehearse

Summary

• By developing and implementing an emergency plan, one can help ensure that the athlete will have the best care provided when an emergency situation does arise