Emergency Management in Athletics What If?





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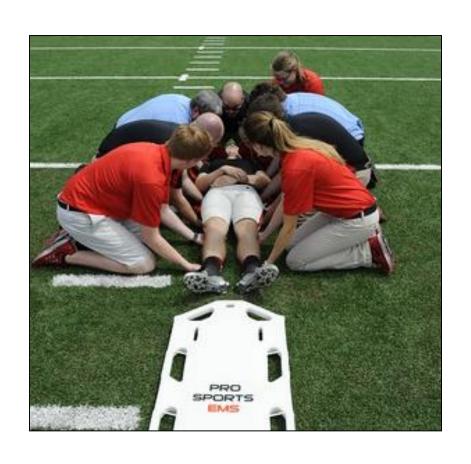








Disclosure



I, Ron Courson, have NO relevant financial relationships to be discussed, directly or indirectly, referred to or illustrated with or without recognition within this presentation.

What If? Exertional Heat Stroke



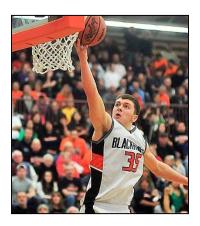
•Football player collapses during summer conditioning session

- WBGT reading in extreme risk category
- unconscious
- responsive to pain
- skin hot to touch
- rapid, weak pulse
- rapid, shallow respirations

•What would you do?

What If? Sudden Cardiac Arrest

- Basketball player suddenly collapses on court immediately following game
 - unresponsive
 - no breathing
 - no pulse
 - no signs of life
- What would you do?







What If? Cervical Spine Injury





Football player sustains an axial load mechanism of injury while tackling opponent on kick-off coverage

- conscious and alert
- complains of severe neck pain
- "I can't move my arms or legs...can't feel anything"

What would you do?

What If? Open Displaced Fracture



- A soccer defender slide tackles a forward from behind who crumples to ground writhing in pain
 - as you approach the injured player, he is screaming "my leg...my leg!"
 - obvious deformity just above the ankle with foot rotated 180 degrees
 - open wound
- What would you do?

What If? Knee Dislocation



- Football defensive lineman is struck by fullback on lower leg with leg planted
 - posterior knee dislocation
 - unable to find foot pulses
 - observe leg becoming cool and pale
- What would you do?

What If? Asthma Attack



Cross-country runner drops out of race with shortness of breath

- unusually cold day with temperature of 42 degrees
- difficulty breathing
- audible wheezing
- skin retractions noted
 - base of neck
 - between ribs
- HX of asthma
 - did not take prescription meds today
 - "felt ill past several days"

What If? Sickle Cell Crisis



- Football player collapses during conditioning session c/o dizziness, fatigue, shortness of breath, 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.
- What would you do?

What If? Head Injury



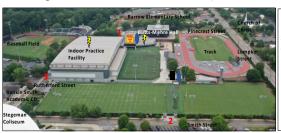
- Cheerleader falls from overhead lift and strikes her head on teammates knee
 - initially confused and concussion suspected
 - 15 minutes following accident, suddenly collapses and is now unconscious and unresponsive
 - observe R eye pupil larger than L
 - suddenly begins vomiting
- What would you do?

Objectives for Today

Emergency Action Plan (EAP): Football Facility and Practice Fields

Revised 7/9/19

Address: 1 Selig Circle, Athens, GA 30602 (cross Streets: Pinecrest & Rutherford) GPS Coordinates: 33.942541, -83.380231





Role of First Responders

- 1. immediate care of the injured or ill athlete
- 2. activate EMS
- a. designate individual to call 911
 - provide pertinent information: name, location, telephone number, number of injured individuals, condition of the injured, first aid rendered, specific directions, other information as requested
- c. notify campus police at (706) 542-2200
- retrieve emergency equipment
- direct EMS to scene
 scene control

Venue Directions

- a. Position 1: Butts-Mehre Side Entrance: designate an individual to open the side door and wait for EMS at position 1.
 If outside of normal business hours, use 911-OK, 9111-OK emergency access code
- b. Position 2: Smith Street Gate: designate an individual to open the gate and wait for EMS to direct to exact location
- c. Position 3: Rutherford Gate: designate individual to the gate on and wait for EMS to direct to exact location

Emergency Personnel

Certified athletic trainers and athletic training student(s) onsite for practice and workouts; physician(s) may be onsite for practice on limited basis

Ron Courson 706-255-7690 Chris Blaszka 908-619-7446 David Jack 801-707-6839 Connor Norman 678-12-1790

Liz Smart 801-682-6047 Drew Willson 269-598-1758

Butts-Mehre athletic training room 706-542-9060

Emergency Equipment

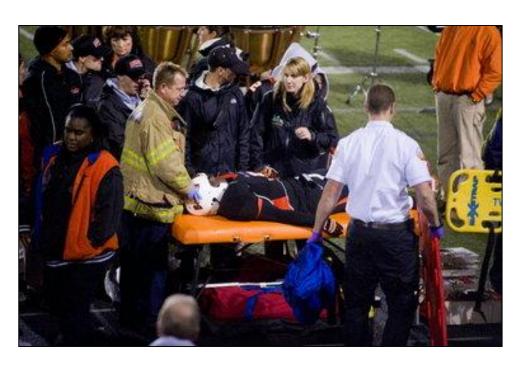
AED, trauma kit, splint bag, and oversized spine board maintained on a motorized cart parked under practice shed during outdoor practices (may be relocated with practice in indoor practice facility). A flatbed cart is additionally available to transport injured athlete(s) from the field if needed. Additional equipment as well as x-ray is accessible in the Butts-Mehre athletic training room. If exertional heat illness is expected, there is an emergency cooling tub and equipment located under practice shed. Emergency cooling may also be performed in the athletic training room hydrotherapy area.

Medical Facilities: Ambulance transports will go to Piedmont Athens Regional Medical Center, a Level II Trauma Center located at 1199 Prince Avenue (main switchboard: 706-475-7000; ED 706-475-3304).

Medical Time Out: A meeting should be conducted with medical staff prior to start of athletic events to go through a preathletic checklist reviewing the venue EAP, staff members (roles and locations), discuss communication, location of ambulance and EMS cart, emergency equipment (type and location), designated transport facility, emergency protocols, and any issues that could potentially impact the EAP (i.e. crowd flow, weather, construction.

- Provide guidelines for:
 - development of EAP
 - development of emergency protocols
 - emergency training with first responders
 - team approach
 - scenario based training
- Review best practices for recognition and management emergency situations in athletics

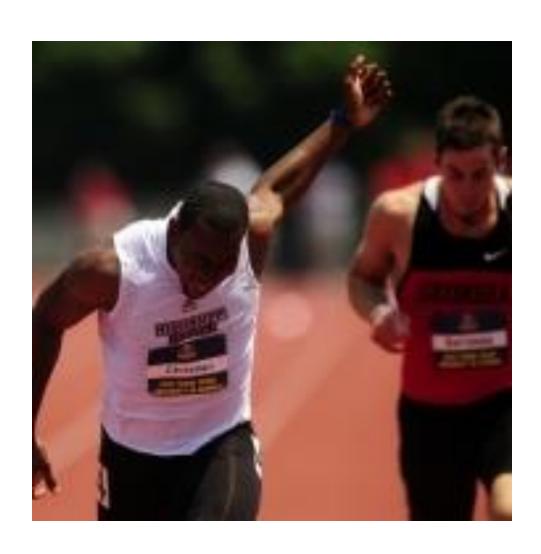
Emergencies in Athletics



Well documented that emergency situations may occur in athletic competition

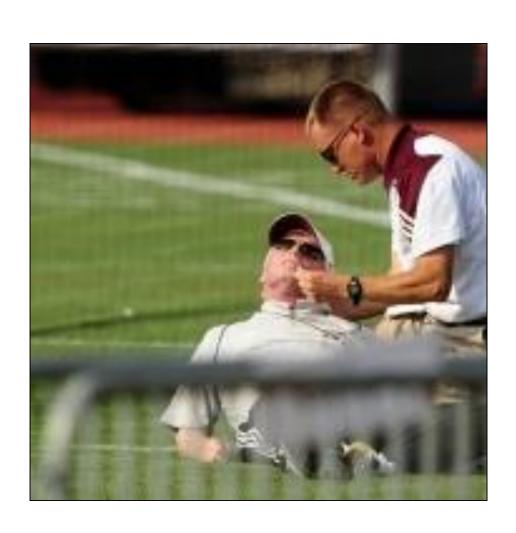
First responder typically coach, AT, or EMT

First responders providers must be skilled in *recognition*, *evaluation*, and *treatment* of emergencies

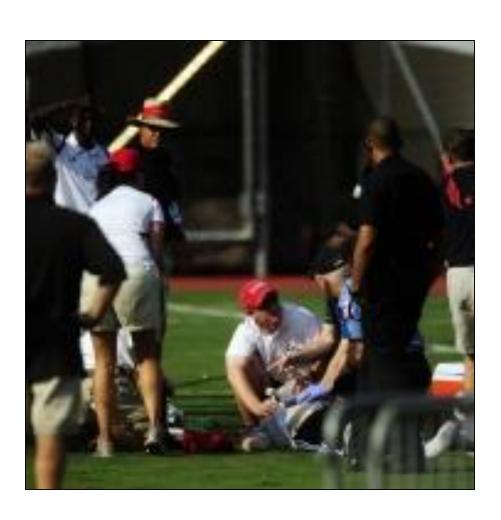




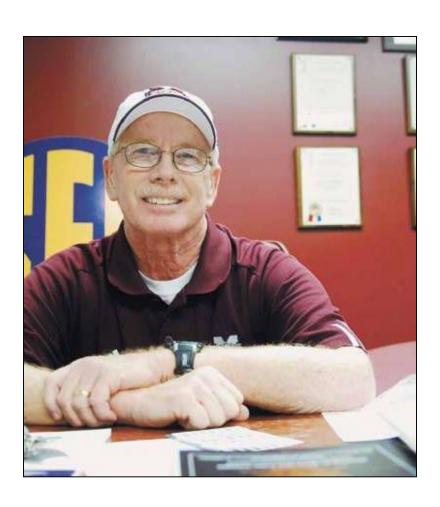
- May 12, 2011
- SEC Outdoor T&F Championships
- University of Georgia
 Athens, Georgia



- 60YO T&F coach
- History of prior coronary artery bypass surgery
- Collapses in track in-field
- Unconscious; unresponsive
- Emergency
 assessment
 determines sudden
 cardiac arrest



- Immediate CPR
- Defibrillation with AED; successfully resuscitated on field
- Transported to hospital
- Emergency cardiac catheterization
- Surgery next day to place implantable defibrillator and pacemaker
- Subsequent re-do CABG surgery
- Full recovery



- Demonstrates effectiveness of emergency action plan
 - advance planning
 - emergency communication
 - gates open for access
 - rapid response by campus police and EMS
 - medical equipment
 - communication with hospital
 - obtained medical records

Introduction



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

Sudden Death in Athletics







- Sudden death can occur during any physical activity and at any level of participation
- Athletes are considered the healthiest members of our society
- Unexpected death during training or competition is a catastrophic event with wide-spread implications
 - 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?

Introduction



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

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

Emergency Care:

Professional Responsibility



 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

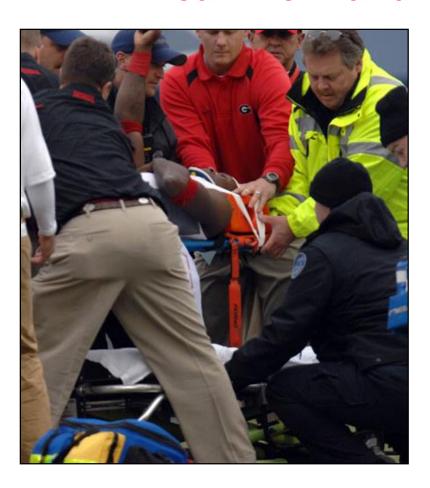
Emergency Care: Legal Duty



- 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
 - absence of EAP or failure to follow EAP are most frequent basis for litigation based on negligence

Emergency Preparation

Teamwork and Communication

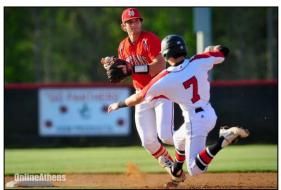


When dealing with a potential lifethreatening situation such as a c-spine injury, the injury scene is not the time nor the place for healthcare professionals to decide on appropriate treatment

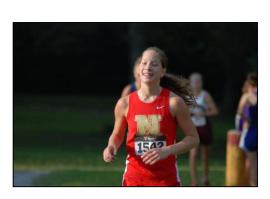
Emergency Preparedness











- Every institution that sponsors athletic activities should have a written emergency action plan (EAP)
- developed and coordinated in consultation with local emergency medical services (EMS) personnel, school public safety officials, on-site first responders, and school administrators

Emergency Preparedness

- EAP should be specific to each individual athletic venue and encompass:
 - communication
 - personnel
 - equipment
 - transportation to appropriate emergency facility
- EAP should be <u>reviewed</u> and <u>rehearsed</u> at least annually







Black & White or Gray?



- Every emergency situation and every patient is different
- No such thing as "always" and "never"
- Individual circumstances must dictate appropriate actions

Emergency Action Plan (EAP)



- Athletic programs should have an EAP developed in conjunction with local EMS and approved by team physician(s)
 - healthcare providers for athletic competition (MDs, EMTs, ATs) should develop a protocols for dealing with emergencies injuries when they occur <u>and</u> rehearse on regular basis

EAP Implementation

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EAP must be written document

approved and signed by medical director

EAP should be distributed to:

- physicians
- athletic trainers
- institutional and organizational safety personnel and administrators
- coaches
- S&C staff

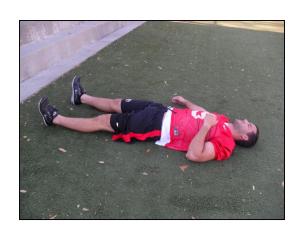
Recognizing Emergencies



- recognition of emergencies is critical
- rescuers should be educated in potential barriers to recognizing emergencies, including:
 - inaccurate rescuer assessment of pulse or respirations
 - agonal or occasional gasping
 - myoclonic or seizure-like activity

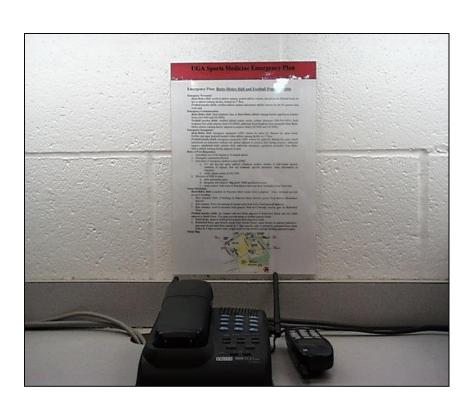
Recognizing Emergencies

- Once emergency recognized, must have immediate activation of EAP and prompt intervention!
 - requires advance planning and appropriate equipment





Emergency Communication



- key to quick delivery of care
- access to phone, fixed or mobile, or other telecommunications device
- 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





Personnel: Roles Within Emergency Team



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

Emergency Personnel

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







Emergency Equipment



- EAP should specify equipment needed
 - located at site and quickly accessible
 - appropriate to level of training of personnel involved
 - should be in good operating condition; checked on regular basis

Emergency Transportation

- In emergency situation, transport by ambulance
 - do not
 transport
 unstable
 athletes in
 inappropriate
 vehicles









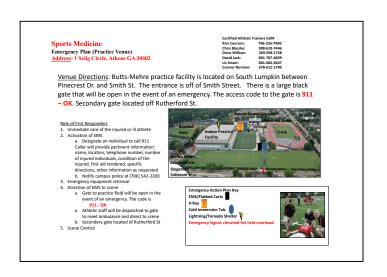
Emergency Care Facilities

- access to emergency medical facility
- selection consideration
 - location with respect to venue
 - level of capabilities
 - trauma center
 - children's hospital
 - burn center, etc...
- Review plan with facility/ in-service





Emergency Information



Note: Pertinent medical conditions card deleted from shared slide presentation for HIPAA/FERPA medical confidentiality

- Pocket emergency card carried by medical staff
 - emergency plan with written directions and highlighted map
 - pertinent medical conditions specific to sport
 - all athletics personnel must be familiar with medical history of student-athletes !!!

Medical "Time Out"

Sports medicine care teams should conduct a "Time Out" before each athletic event

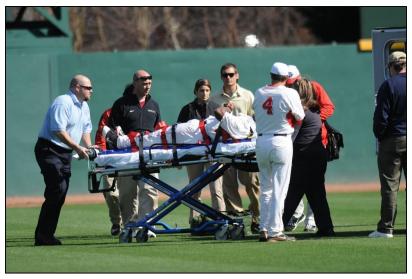
- Same concept as surgery timeout or athletic time out
- miscommunication may lead to potentially catastrophic errors
- ensure EAP, emergency protocols, and care options are reviewed with personnel and appropriate equipment available for event



Catastrophic Incident Guidelines

- Catastrophic incident
 - sudden death of studentathlete, coach, or staff member
 - disability/quality of life altering injury
- Catastrophic incident management team
- Chain of command responsibilities
- Emergency contact information card



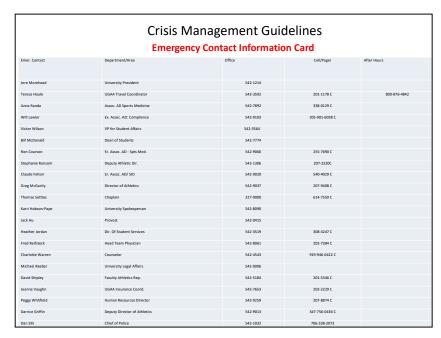


Catastrophic Incident Guidelines

Crisis Management Guidelines

- Contact Ron Courson/Anna Randa; Fred Reifsteck, MD
- Work with medical specialists assisting athlete
- Contact UGAAA/UGA administration
- · Greg McGarity, notifies Jere Morehead, Michael Raeber
- Darrice Griffin and Will Lawler
- Claude Felton, notifies Karri Hobson-Pape
- Designate athletic administrator point person
- Contact/update sport staff if not yet familiar with situation
- Contact family by appropriate individual (assist as needed):
- Teresa Houle: 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
- Mercer (Zach Cardoza) 917-716-0649
 Chartis 800-932-4476
- NCAA: American Specialty: 800-245-2744
- Seabury & Smith (malpractice): 800-621-3008
 Complete documentation of events from everyone involved in incident
- · Collect and secure all equipment/materials involved
- Construct detailed time line of events related to the incident
- · Catastrophic incident stress management as necessary for individuals involved in incident

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EAP Summary

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

