



2025 CHECKLIST

Review this checklist before any athletic event.

- ☐ ACLS EMS
- ☐ Sideline AED
- ☐ Sentinel Seizure / Eyes Open / Agonal Respiration Awareness
- ☐ Face Mask & Equipment Removal Tools
- ☐ C - Spine Protocol
- ☐ On Field Equipment Removal Decision
- ☐ Weather and Lighting Plan
- ☐ WBGT Monitor
- ☐ Cool Prior to Transport
- ☐ Hemorrhage Control Kit

EMS Designated Location	
EMS Providers:	Name
	Cell
	Name
	Cell
Designated Hospital	
ED Contact Number	
Game Administrator: Name	
Referee	
Incident Designee	

Home Team Physician	Name:	
	Cell:	
Visitor Team Physician	Name:	
	Cell:	

Home Athletic Trainer	Name:	
	Cell:	
Visitor Athletic Trainer	Name:	
	Cell:	

Hand Signals:
ACLS to Field (fist striking chest)
Spinal Immobilization (arms stretched out horizontally)
Concussion (finger pointed to head)
Universal ALL CALL (hands crossed over head)
Additional Signals

Designated Responders:	
Cheerleading Injury Response	
Band Injury Response	
Spectator Response Plan	
Scene Control Plan	
AeroMedical Land Zone Coordinates & Location	
Fire Department:	Phone Number
Police Department:	Phone Number



MTO Extras

All Equipment on Stretcher.
Entire Group visually
checks and reviews
equipment guidelines.
30 minutes prior to
kickoff recommended.

TEAM APPROACH CPR

Bare Chest, Immediate

Compressions: Hard & Fast

AED ASAP: Pads On <30 secs

Medic: Max Energy De-Fib

Supraglottic Airway, IV

ATHLETIC TRAINER(S) RESPONSIBILITY

Emergency Response Plan, Player Medical History, AED, Multi-tool Equipment Removal (Facemask and Helmet Included) Kit, Knowledge of Equipment in Play, Backboard & Location (If Not With EMS)

DOCTOR OR MEDICAL STAFF RESPONSIBILITY

Sports Injury Experience for Team
Physician, Care Coordination

EMS PROVIDER RESPONSIBILITY

C-collar, Towel Rolls, Stretcher, Backboard and Straps, 2 Inch Securing Tape, Sheets, Supraglottic Airway, Cardiac Monitor, BLS or ALS First Out Med Bag

SCHOOL OFFICIALS & LAW ENFORCEMENT RESPONSIBILITY

Keys to Gates and Doors, Egress Routes, Directions to Hospitals, Aeromedical Landing Coordinates, Scene Control, Equipment Retrieval if Necessary

Multi Person Lift

If Football Player is Supine (on back) consider:
8 Person Lift onto Backboard

Rescuer holding C-Spine (at head) is in control of the lift,
"Lift player 6 inches off field on my command."

"Ready, LIFT"

- *Four Point Stance, 2 feet 2 knees
- *Strongest or most experienced lifters at the shoulders
- *Palms up, full two hands
- *Do not lift by player's arms or front of shoulder pads

Torso lifters: Palms up, One hand at lower buttocks,
Second hand at mid-back

Leg lifters: Palms up, One hand at the lower calf
muscle, Second hand under the mid-thigh.

Rescuer who will be sliding backboard should ensure
adequate space between opposing lifter's knees and
toes for backboard positioning.

Carefully slide the backboard under the player from
the feet to the head, being cautious not to get caught
on the shoulder pads or back of helmet.

The backboard will stop when it impacts the knees of
the Rescuer at the head. The rescuer will note that
the helmet or head is in the correct position.

"Ready, Lower"

THE GAME PLAN:

MANAGING ON-FIELD CERVICAL SPINE INJURIES
THE SPORTS INSTITUTE, UW MEDICINE



HOW TO SAVE A LIFE:

RECOGNIZE SUDDEN CARDIAC
ARREST IN ATHLETES
UW SPORTS CARDIOLOGY



Environmental Risk Status

Consider water breaks for
Extreme Heat
(measure WBGT)

Warming breaks for
Extreme Cold

Designate evacuation
location for **Lightning**

PREPARE FOR ATHLETE HEAT CARE:

PREVENTION AND TREATMENT
EXERTIONAL HEAT STROKE
KOREY STRINGER INSTITUTE



SCAT 6 Symptom Evaluation

How do you feel?

(You should score yourself on the following symptoms, based on how you feel now.)

Symptom	Rating
Headaches	0 1 2 3 4 5 6
Pressure in head	0 1 2 3 4 5 6
Neck pain	0 1 2 3 4 5 6
Nausea or vomiting	0 1 2 3 4 5 6
Dizziness	0 1 2 3 4 5 6
Blurred vision	0 1 2 3 4 5 6
Balance problems	0 1 2 3 4 5 6
Sensitivity to light	0 1 2 3 4 5 6
Sensitivity to noise	0 1 2 3 4 5 6
Feeling slowed down	0 1 2 3 4 5 6
Feeling like "in a fog"	0 1 2 3 4 5 6
"Don't feel right"	0 1 2 3 4 5 6
Difficulty concentrating	0 1 2 3 4 5 6
Difficulty remembering	0 1 2 3 4 5 6
Fatigue or low energy	0 1 2 3 4 5 6
Confusion	0 1 2 3 4 5 6
Drowsiness	0 1 2 3 4 5 6
More emotional	0 1 2 3 4 5 6
Irritability	0 1 2 3 4 5 6
Sadness	0 1 2 3 4 5 6
Nervous or anxious	0 1 2 3 4 5 6
Trouble falling asleep (if applicable)	0 1 2 3 4 5 6

Total Number of Symptoms _____
(maximum possible 25)

Symptom Severity Score _____
(maximum possible 132)

