CRISIS MANAGEMENT IN ATHLETICS

A Medical Threat Assessments Paradigm

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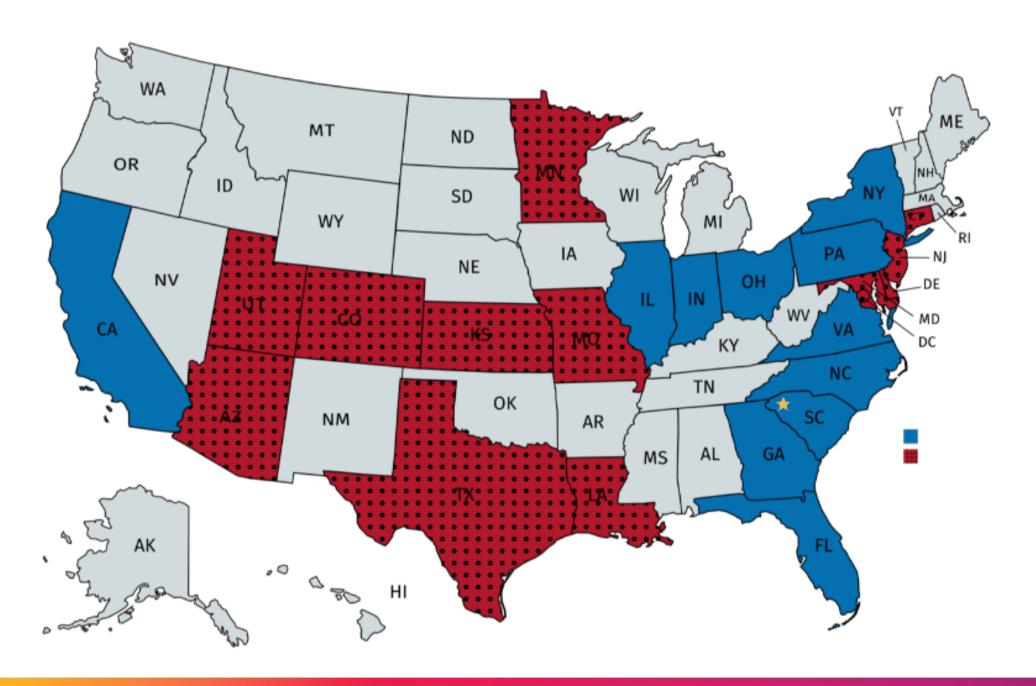
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DEPARTMENT OF EMERGENCY MEDICINE



Disclosures

- Senior Physician and Founder, Vigilint Protective Health Solutions, a global telemedicine, medical advisory, logistics and professional staffing company.
- Chief Medical Information Officer and Director of Integrated Training for Medical Sports Group, a medical consulting firm
- No pertinent financial disclosures related to this presentation

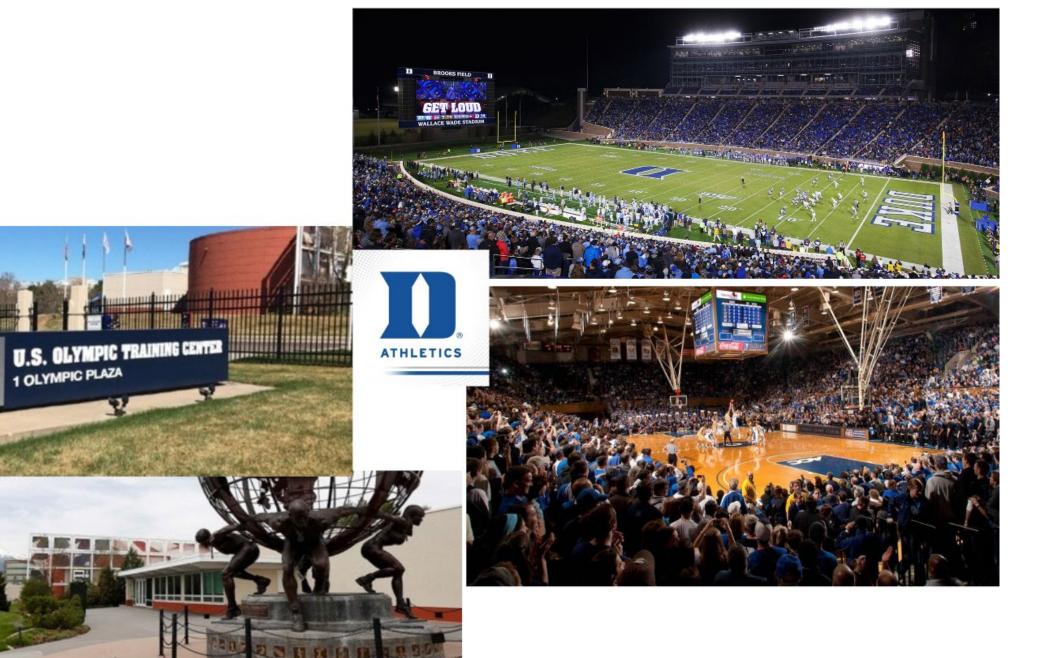


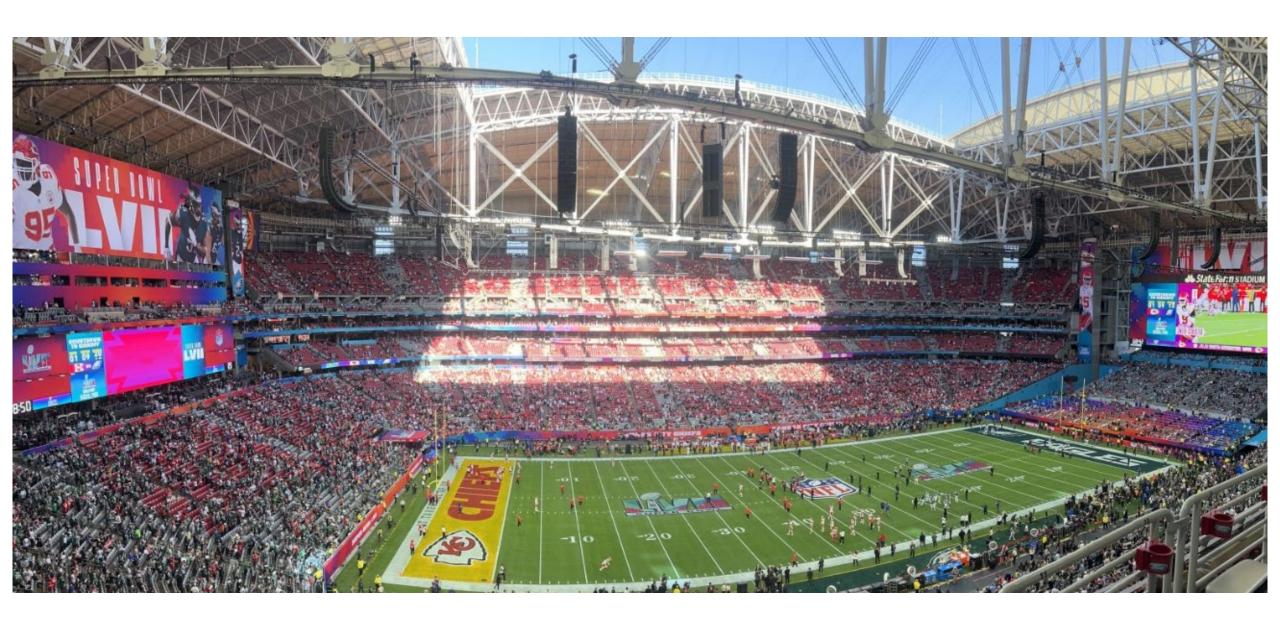












Assumptions

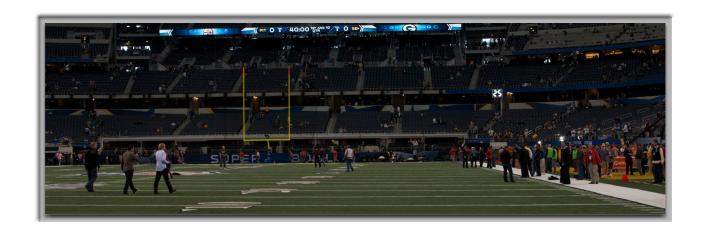
- You are an enthusiast.
- You are a professional.
- You are well trained.

Objectives

- Review Mass gathering event definitions/paradigms and structure
- Recognize a medical response objective
- Illustrate how to perform a thorough medical threat assessment and medical risk analysis for crisis management
- Describe Athletic Staff/Prehospital partnerships
- Explain concept/approaches to Critical Incident Stress Debriefings

Definition

A public event attended by more than 1,000 people A public event attended by more than 25,000 peopleand many more

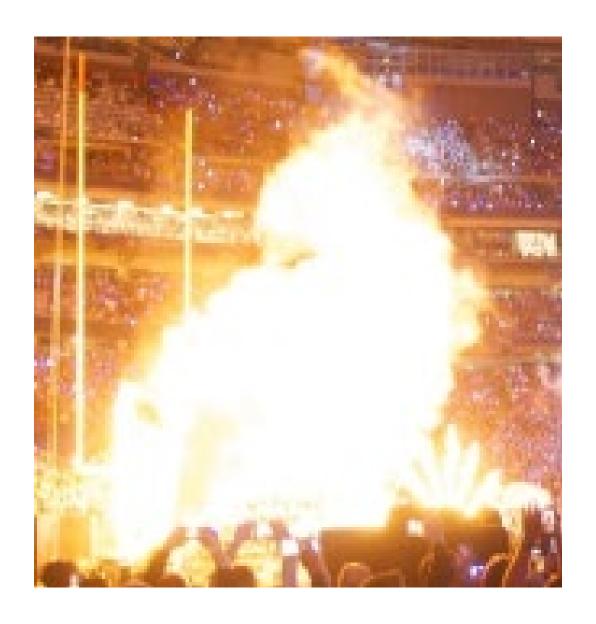


Mass Gathering

A situation (event) during which crowds gather and where there is the potential for a delayed response to emergencies because of limited access to patients or other features of the environment and location



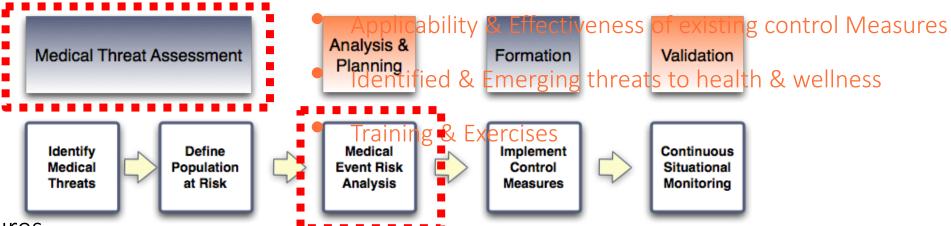
Prehosp Disast Med 2007;22(2):131–135





Emergency Medical Response Planning

4 Phases Monitoring



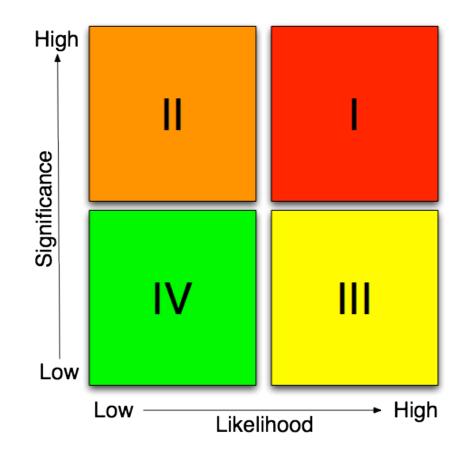
- Control Measures
- **Products & Services**
- Policies & Procedures
- Training & Exercises
- Identification & Categorization
 - General & Site specific threats to health and wellness
 - Daily & Special event populations
- Rank Order Threats to Health & Wellness
- Significance
- Likelihood

- -Comprehensive
- Tailored
- -Reliable

Medical Threat Assessment

Category II

- Secondary Risks
- Control Measures
 - Active Detection
 - Frequent Monitoring
 - Category IV
- Low Likelihood
- Low Significance
 - Minimal Monitoring
 - Revisit as Needed



Category I

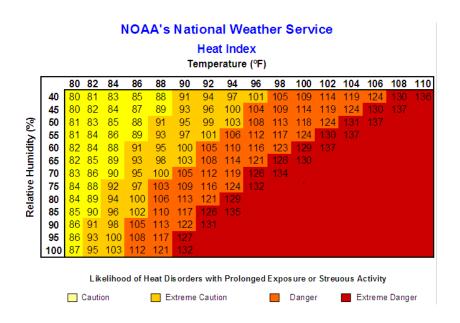
- Primary Risks
- Control Measures
 - Active Prevention
 - Active Mitigation

Category III

- Low Significance
- Control Measures
 - Monitor
 - Reevaluate Regularly

Key Variables

Type **Duration** Unique Hazards Temperature & Humidity **Altitude** Crowd control/Rolling closure



Significant Change in the athletic paradigm

- High Speed/Impact
- Potential for multiple simultaneous casualties
- Medicine on display
- Often Rural/isolated settings
- Limited Staff
- Limited Resources
- Competing? interests

Risk Analysis Matrix

Specific Medical Emergency	Likelihood of Occurrence	Clinical Efficacy of Prehospital Intervention	Consequence of Non-Treatment	Composite Score
Cardiac Arrest	Low -1	Clear & Time Dependent - 4	Severe - 4	9
Injuries from falls/Crashes	Intermediate High - 3	Clear - 3	Intermediate -3	9
Heat related injuries/ weather	Intermediate low – 2	Clear - 3	Intermediate -3	8
Anaphylaxis	Intermediate Low - 2	Clear & Time Dependent - 4	Intermediate - 3	9
Medical exacerbations (Diabetes, Asthma, Psych., etc).	Low -1	Clear - 3	Intermediate or Severe (depends on condition) 3/4	7/8
Crowd Injury	Low - 1	Clear - 3	Intermediate - 3	7
Headache (Non- traumatic)	Intermediate Low - 2	Unproven - 1	None - 1	4

Composite Scoring

Scores greater that 8

 primary focus of emergency medical response planning

Scores between 5 and 8

secondary focus of emergency medical response planning

Scores between 3 and 4

 tertiary foci of emergency medical response planning

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Classic Patient Presentation Rate

Range Weighted Average per 1,000 .14 to 90 1

Classic Transport to Hospital Rate

	Range	Weighted Average		
per 1,000	.01 to .55	0.03		

Medical Objectives vs Response Objectives

Medical
Objectives: Think
Mission
Statement

Response
Objectives: Think
Deliverables!

Medical Objectives: Mission

Primary:

Establish rapid access to the injured or ill

Effective provision of time critical interventions

Secondary:

Timely provision of transportation to a hospital

Development of masscasualty contingency plans Tertiary:

Provision of on-site care for minor illness and injury

Response Objectives : Deliverables

- Examples
 - Professional Rescuer to victim within one minute of event.
 - Ability to assess, stabilize and splint (as appropriate) within 3 minutes in event of orthopedic injuries
 - Ability to have ALS to side of patient with critical medical/trauma complaint within 5 minutes and 7 minutes respectively.

Athletic Staff/Prehospital partnerships

- Venue specific emergency action plans
- Practice/Competition differences
- Emergency
 - Personnel
 - Communications
 - Equipment
- High performing teams
- #safebydesign



MEDICAL PLAN (ICS 206)

1. Incident Name	a·		2. Operational P	eriod:			Date To:		
i, mordent ivanie.		zi oporanonar.	00			Time To:			
3. Medical Aid S	tations:								
Name I		Location		Contact Number(s)/Frequency			Paramedics on Site?		
					·		☐ Yes	☐ Yes ☐ No	
							 ☐ Yes	s ∏ No	
							 ☐ Yes	 s □ No	
							☐ Yes		
							☐Yes		
							☐ Yes		
4. Transportatio	n (indicat	e air or ground):							
Ambulance Service		Location	Contact on Number(s)/Frequence			Level of Service			
								□ ALS □ BLS	
							ALS	BLS	
							ALS	BLS	
							□ALS	BLS	
5. Hospitals:									
		Address,	Contact	Tra	vel Time				
Hospital Name		le & Longitude f Helipad	Number(s)/ Frequency	Air	Ground	Trauma Center	Burn Center	Helipad	
						☐ Yes Level:	☐ Yes ☐ No	☐ Yes ☐ No	
						☐ Yes Level:	☐ Yes ☐ No	☐ Yes ☐ No	
						Yes Level:	☐ Yes ☐ No	☐ Yes ☐ No	
						☐ Yes Level:	☐ Yes ☐ No	☐ Yes ☐ No	
						☐ Yes Level:	☐ Yes ☐ No	☐ Yes ☐ No	
6. Special Medic	al Emerg	ency Procedures	:						
☐ Check box if a	aviation a	ssets are utilized fo	ır rascue - If assets	are us	ed coordinate	e with Air Onn	erations		
Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations. 7. Prepared by (Medical Unit Leader): Name: Signature:									
8. Approved by (Safety Officer): Name:			Signature:						
ICS 206 IAP Page Date/Time:									

Role in Response and Mitigation

- Predefined vs Luck
- Location/Contact information/Condition
- Assist with Direction of arriving responders
- Allow Access to patient
- Designated "flag" person ("you in the red shirt")
- Scene Control/Discretion
 - Team, Non-medical
- Recognize stressors







Cognitive

- Attention
- Memory
- Decision-making

Physical

- Headaches
- Dizziness
- Fatigue

Critical Incident Stress

Emotional

- Grief
- Fear
- Anger
- Irritability

Behavioral

- Anorexia
- SUD
- Insomnia
- Social Withdrawal

Critical Incident Stress Debriefing

- Facilitator-led
- 7 phases/steps
 - Introduction
 - Facts
 - Thoughts
 - Reaction
 - Symptoms
 - Teaching
 - Re-entry/Linkage

50,000 foot view

- 90% Logistics
- 10% Medicine
 - Albeit an incredibly important 10%
- Planning and transparency are key to
 - Team/Athlete satisfaction
 - Medical Staff satisfaction
 - Garner support of key stakeholders
 - Organizers/Production
 - EMS/Collaborating agencies
- Standardized Approach
 - Movement, Staffing, Communications
 - NIMS/ICS
- Caring for your team
 - Awareness
 - Resources



Summary

- Perform a thorough medical threat assessment
- Clearly identify your Objectives
- Formulate a plan that aligns with your objectives
 - Logistics, supplies, and personnel
- Establish strong partnerships and define roles a priori
- Take care of your team

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Questions?

