

Emergency Preparation



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



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.



Objectives for Today

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

Revised 7/2019

Address: 1 Selig Circle, Athens, GA 30602 (cross Streets: Poncecrst & 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
 - b. 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
3. retrieve emergency equipment
4. direct EMS to scene
5. 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 Blascka 908-619-7446
David Jack 801-707-6839
Connor Norman 678-612-1790

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 pre-athletic 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).

- Review best practices for recognition and management of emergency situations in athletics
- Provide EAP guidelines for:
 - communication
 - venue implementation and response
 - documentation
 - review and rehearsal
 - scenario based training
 - post-critical incident stress management (CISM)



What If ? Exertional Heat Stroke



Distance runner collapses during a training session on track

- 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

Visiting T&F coach suddenly collapses in track in-field during meet

- unresponsive
- no breathing
- no pulse
- no signs of life



What would you do ?



What If ? Sudden Cardiac Arrest

Swimmer arrests in pool during training

- 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 ? Cervical Spine Injury



Gymnast sustains an axial load mechanism of injury with fall off bars into gymnastics pit

- 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 ? 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

Lacrosse player receives blow to head from ball

- struck in temple by shot
- 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 ?



What If ? Internal Organ Injury

Football player with flank contusion

- abdominal pain and tenderness
- elevated pulse
- decreased blood pressure
- pale and diaphoretic
- urinates blood



What would you do ?



What If ? Open Fracture



**61 YOWM T&F official
struck by errant hammer
throw**

- severely angulated open tib-fib fracture
- dirt and grass in wound
- neurovascular intact

What would you do ?



What If ? Pneumothorax



20 YOBM T&F athlete impaled by javelin

- prone on track in-field with javelin impaled in thorax
- sharp, stabbing chest pain that worsens when trying to breath in
- shortness of breath
- rapid respiration/heart rate
- coughing up blood/frothy sputum

What would you do ?



What If ? Dog Bite



12 YOWM middle school student attacked by dog on school grounds

- deep gaping open wounds

What would you do ?



What If ? Facial/Dental Injuries



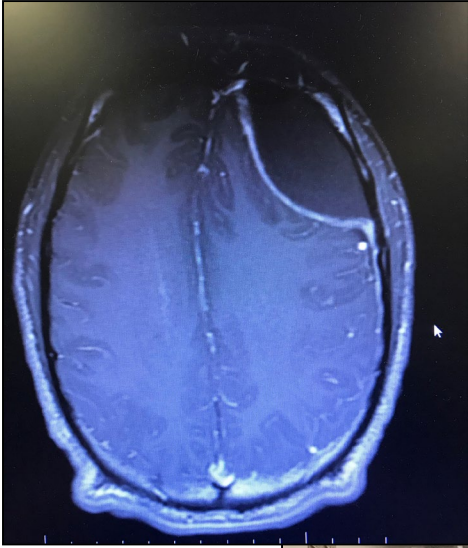
**21 YOBM struck by
automobile as pedestrian
while crossing school
parking lot**

- concussion with loss of consciousness and amnesia
- facial fractures
- multiple teeth avulsed/broken

What would you do ?



What If ? Severe Headache



19 YO BM presents with severe headache

- no history of trauma
- 3 day history sinus congestion
- headache 9/10 on pain scale
- impaired balance/vision

What would you do ?



Environmental Emergencies





**"The best piece
of advice I ever
got in Navy
SEAL training
is simple:
Calm is
Contagious."**

CMDR Rorke Denver



Communication

Athletic Trainers, Physicians, Paramedics/Emergency Medical Technicians, Event Management, Police, Fire/Rescue, ED Staff



Just as a sports team, the sports medicine team must work together



Communication



- **Goal of sports medicine team is delivery of highest possible quality of health care to athlete**
- **Must work together as efficient unit to accomplish goals**
 - **share information, training, and skills between team members**



Communication

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

Revised 7/2/15

Address: 1 Selig Circle, Athens, GA 30602 (nearby 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
 - b. 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
3. retrieve emergency equipment
4. direct EMS to scene
5. 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	Liz Smart 801-682-6047
Chris Blaszkia 908-619-7446	Drew Willson 269-598-1758
David Jack 801-707-6839	Butts-Mehre athletic training room 706-542-9060
Connor Norman 678-612-1790	

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.

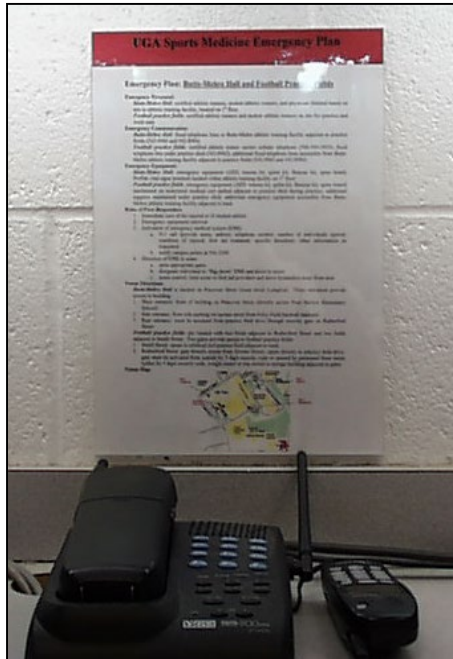
Medical Facilities: Ambulance transports will go to Piedmont Athens Regional Medical Center, a Level II Trauma Center located at 1199 Prince Avenue (main switchboard: 706-475-7000; ED 706-475-3304).

Medical Time Out: A meeting should be conducted with medical staff prior to start of athletic events to go through a pre-athletic 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).

- EAP must be written document
 - approved and signed by medical director
 - developed in conjunction with EMS
- EAP should be distributed to:
 - EMS
 - fire rescue
 - police
 - physicians
 - athletic training staff and students
 - institutional and organizational safety personnel
 - administrators
 - coaches



Communication



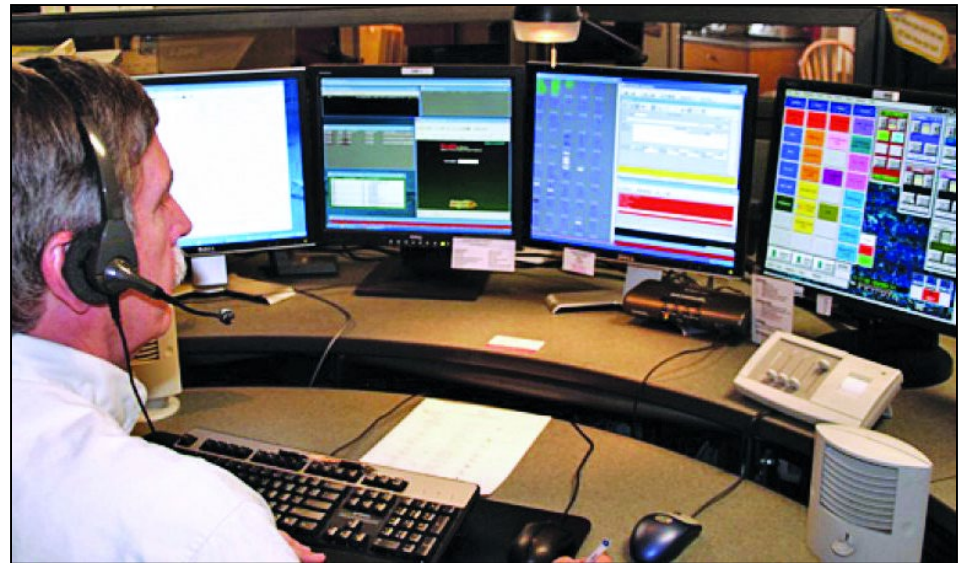
- **clear method of communication to appropriate emergency care service providers**
 - key to quick delivery of care
 - with on-site EMS, direct communication prior to event
 - access to phone, fixed or mobile, or other telecommunications device
 - pre-arranged access to phone
 - 911 availability
- **back-up communication plan**



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



Medical Time Out

Sports medicine teams should conduct a “Medical 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



Venue Implementation



- Educate all members of emergency team regarding EAP
- EAP and procedures have to be reviewed and rehearsed
 - scenario based training



Venue Implementation



**Emergency plan
should be specific to
activity venue**

- each activity site should have defined emergency plan derived from overall institutional or organizational EAP



Venue Implementation



- 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



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



Special Considerations



- Construction
- Weather
- Traffic flow



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**



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

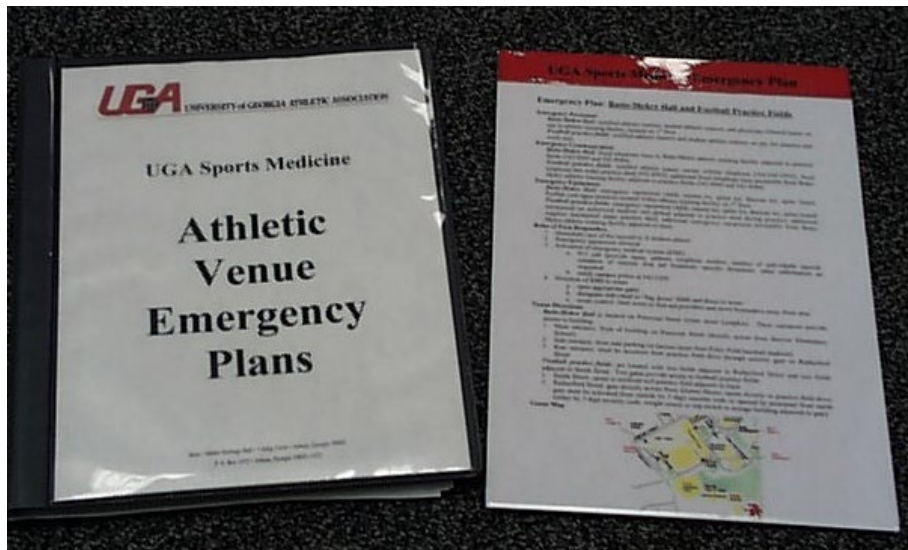


Emergency Care Facilities

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



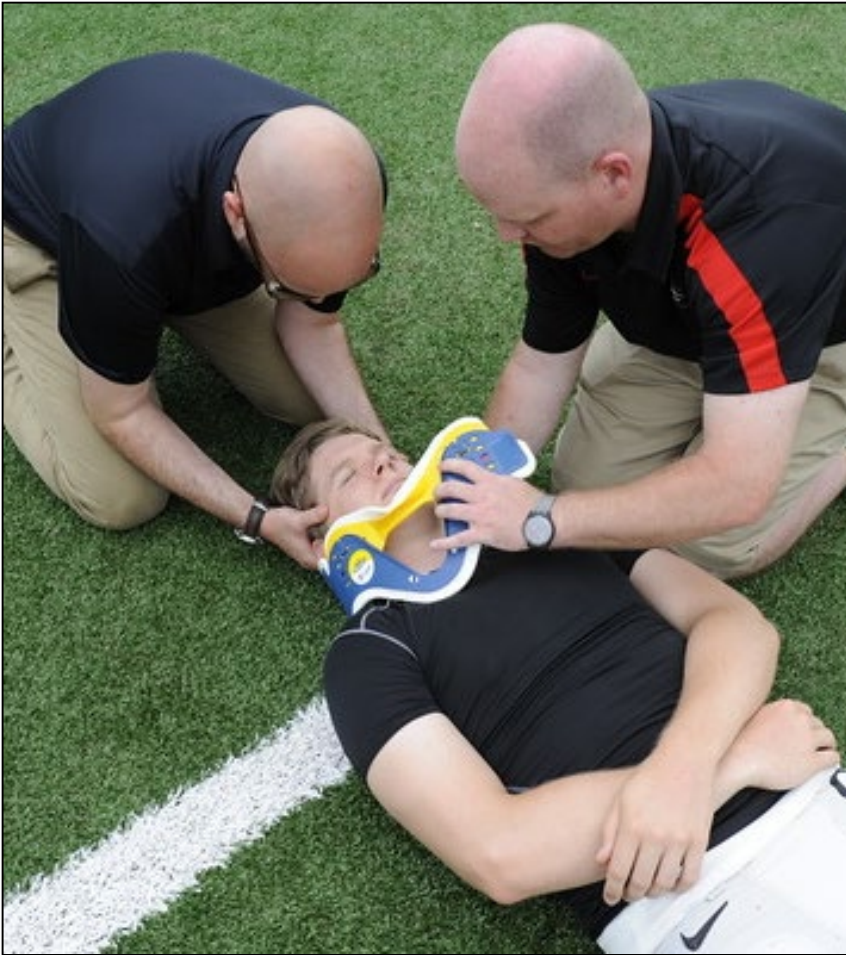
Documentation



- 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
 - scenario based training
- **Document results of reviews and rehearsals**
 - emergency plan modified ?
 - how plan changed ?



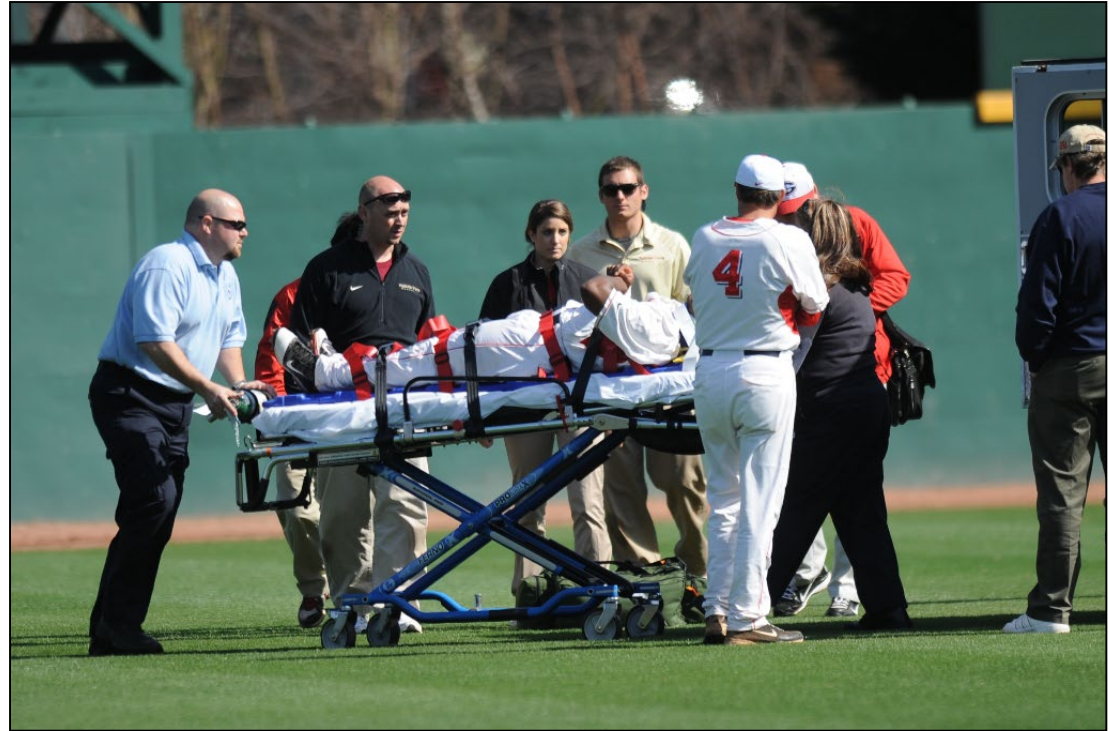
Catastrophic Incident Guidelines

Emer. Contact	Department/Area	Office	Home * 770 +678	Cell/Pager
Jere Morehead	University President			
Steve Bryant	Assoc. Athletic Trainer			
Jim Booz	NCAA Compliance			
Ron Courson	Director of Sports Med.			
Greg McGarity	Athletic Director			
Carla Williams	Deputy Athletic Director			
Claude Felton	Assoc. AD/ SID			
Kevin Hynes	Chaplain			
	University Spokesperson			
	Assoc. Ath. Dir.			
Barbara Boyd	UGAA Travel Coordinator			
Robert Miles	Asst. Ath. Dir.: Life Skills			
Fred Reifsteck	Head Team Physician			
Joe Scalise	Counselor			
Michael Raeber	University Legal Affairs			
Ed Tolley	UGAA Legal Counsel			
Jeanne Vaughn	UGAA Insurance Coord.			
	Assoc. Ath. Dir.			
Peggy Whitfield	Human Resources			
Jimmy Williamson	Chief of Police			

- **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 time line of events related to the incident**
- **Catastrophic incident stress management as necessary for individuals involved in incident**



Critical Incident Stress Management (CISM)



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



- **Developing and implementing an emergency plan helps to ensure that athletes will have the best possible care when an emergency occurs**



References

- Terry GC, Kyle JM, Ellis JM, Jr., Cantwell J, Courson R, & Medlin R. (2001). Sudden Cardiac Arrest in Athletic Medicine. *J Athl Train.* 36(2), 205-209.
- Andersen J, Courson RW, Kleiner DM, & McLoda TA. (2002). National Athletic Trainers' Association Position Statement: Emergency Planning in Athletics. *J Athl Train.* 37(1), 99-104.
- Courson R. (2007). Preventing sudden death on the athletic field: the emergency action plan. *Curr Sports Med Rep.* 6(2), 93-100. doi: 10.1007/bf02941149.
- Dick R, Ferrara MS, Agel J, Courson R, Marshall SW, Hanley MJ, & Reifsteck F. (2007). Descriptive epidemiology of collegiate men's football injuries: National Collegiate Athletic Association Injury Surveillance System, 1988-1989 through 2003-2004. *J Athl Train.* 42(2), 221-233.
- Drezner JA, Courson RW, Roberts WO, Mosesso VN, Link MS, & Maron BJ. (2007a). Inter-association Task Force recommendations on emergency preparedness and management of sudden cardiac arrest in high school and college athletic programs: a consensus statement. *J Athl Train.* 42(1), 143-158.
- Swartz EE, Boden BP, Courson RW, Decoster LC, Horodyski M, Norkus SA, Rehberg RS, & Waninger KN. (2009). National athletic trainers' association position statement: acute management of the cervical spine-injured athlete. *J Athl Train.* 44(3), 306-331. doi: 10.4085/1062-6050-44.3.306.
- Swartz EE, Decoster LC, Norkus SA, Boden BP, Waninger KN, Courson RW, Horodyski M, & Rehberg RS. (2009). Summary of the National Athletic Trainers' Association position statement on the acute management of the cervical spine-injured athlete. *Phys Sportsmed.* 37(4), 20-30. doi: 10.3810/psm.2009.12.1738.
- Del Rossi G, Bodkin D, Dhanani A, Courson RW, & Konin JG. (2011). Protective athletic equipment slows initiation of CPR in simulated cardiac arrest. *Resuscitation.* 82(7), 908-912. doi: 10.1016/j.resuscitation.2011.02.022.



References

- Casa DJ, Anderson SA, Baker L, Bennett S, Bergeron MF, Connolly D, Courson R, Drezner JA, Eichner ER, Epley B, Fleck S, Franks R, Guskiewicz KM, Harmon KG, Hoffman J, Holschen JC, Jost J, Kinniburgh A, Klossner D, Lopez RM, Martin G, McDermott BP, Mihalik JP, Myslinski T, Pagnotta K, Poddar S, Rodgers G, Russell A, Sales L, Sandler D, Stearns RL, Stiggins C, & Thompson C. (2012). The inter-association task force for preventing sudden death in collegiate conditioning sessions: best practices recommendations. *J Athl Train.* 47(4), 477-480. doi: 10.4085/1062-6050-47.4.08.
- Casa DJ, Guskiewicz KM, Anderson SA, Courson RW, Heck JF, Jimenez CC, McDermott BP, Miller MG, Stearns RL, Swartz EE, & Walsh KM. (2012). National athletic trainers' association position statement: preventing sudden death in sports. *J Athl Train.* 47(1), 96-118. doi: 10.4085/1062-6050-47.1.96.
- Casa DJ, Almquist J, Anderson SA, Baker L, Bergeron MF, Biagioli B, Boden B, Brenner JS, Carroll M, Colgate B, Cooper L, Courson R, Csillan D, Demartini JK, Drezner JA, Erickson T, Ferrara MS, Fleck SJ, Franks R, Guskiewicz KM, Holcomb WR, Huggins RA, Lopez RM, Mayer T, McHenry P, Mihalik JP, O'Connor FG, Pagnotta KD, Pryor RR, Reynolds J, Stearns RL, & Valentine V. (2013). The inter-association task force for preventing sudden death in secondary school athletics programs: best-practices recommendations. *J Athl Train.* 48(4), 546-553. doi: 10.4085/1062-6050-48.4.12.
- Courson R, Goldenberg M, Adams KG, Anderson SA, Colgate B, Cooper L, Dewald L, Floyd RT, Gregory DB, Indelicato PA, Klossner D, O'Leary R, Ray T, Selgo T, Thompson C, & Turbak G. (2014). Inter-association consensus statement on best practices for sports medicine management for secondary schools and colleges. *J Athl Train.* 49(1), 128-137. doi: 10.4085/1062-6050-49.1.06.
- Ellis J, Courson R, & Daniels B. (2014). Spinal trauma. *Curr Rev Musculoskelet Med.* 7(4), 381-386. doi: 10.1007/s12178-014-9235-x.
- Lawless CE, Asplund C, Asif IM, Courson R, Emery MS, Fuisz A, Kovacs RJ, Lawrence SM, Levine BD, Link MS, Martinez MW, Matherne GP, Olshansky B, Roberts WO, Salberg L, Vetter VL, Vogel RA, & Whitehead J. (2014). Protecting the heart of the American athlete: proceedings of the American College of Cardiology Sports and Exercise Cardiology Think Tank October 18, 2012, Washington, DC. *J Am Coll Cardiol.* 64(20), 2146-2171. doi: 10.1016/j.jacc.2014.08.027.



References

- Cooper ER, Ferrara MS, Casa DJ, Powell JW, Broglio SP, Resch JE, & Courson RW. (2016). Exertional Heat Illness in American Football Players: When Is the Risk Greatest? *J Athl Train.* 51(8), 593-600. doi: 10.4085/1062-6050-51.8.08
- Diduch BK, Hudson K, Resch JE, Shen F, Broshek DK, Brady W, Cole SL, Courson R, Castens T, Shimer A, & Miller MD. (2016). Treatment of Head and Neck Injuries in the Helmeted Athlete. *JBJS Rev.* 4(3). doi: 10.2106/jbjs.Rvw.15.00077.
- Courson R, Ellis J, Herring SA, Boden BP, Henry G, Conway D, McNamara L, Neal TL, Putukian M, Sills AK, & Walpert KP. (2020). Best Practices and Current Care Concepts in Prehospital Care of the Spine-Injured Athlete in American Tackle Football March 2-3, 2019; Atlanta, GA. *J Athl Train.* 55(6), 545-562. doi: 10.4085/1062-6050-430-19.
- Mills BM, Conrick KM, Anderson S, Bailes J, Boden BP, Conway D, Ellis J, Feld F, Grant M, Hainline B, Henry G, Herring SA, Hsu WK, Isakov A, Lindley T, McNamara L, Mihalik JP, Neal TL, Putukian M, Rivara FP, Sills AK, Swartz EE, Vavilala MS, & Courson R. (2020a). Consensus Recommendations on the Prehospital Care of the Injured Athlete With a Suspected Catastrophic Cervical Spine Injury. *Clin J Sport Med.* 30(4), 296-304. doi: 10.1097/jsm.0000000000000869.

