

## NFL MEDICAL AND EMERGENCY PREPAREDNESS

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National Football League

## **Health & Safety Gameday and Clinical Team**





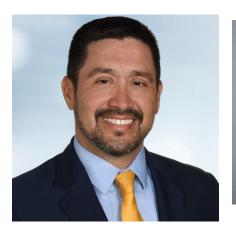
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Dr. Jim Ellis AMP, VTML, EAP International Games



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All gameday programs
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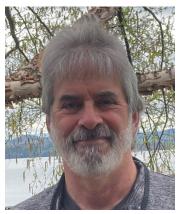
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John Mellody
EMR, Combine and noncombine medical



Aja Barrett H&S Admin



Dr. Gary Solomon MRAP, publications, committees



Emily Myers EMR, Summit meeting, COVID



Cady Langdon EQM, equipment

### THE TEAM BEHIND THE TEAM

**30** GAME DAY MEDICAL STAFF



### ON AVERAGE EACH TEAM HAS:



### 4 ATHLETIC TRAINERS

Assess and treat player injuries in conjunction with team doctors



### **2 PRIMARY CARE PHYSICIANS**

Evaluate players for general medical conditions and concussions



### 2 ORTHOPEDISTS

Evaluate and treat players for injuries to the bones and joints



### 1 UNAFFILIATED NEUROTRAUMA CONSULTANT

Evaluates players for possible head injuries and concussions



### 1CHIROPRACTOR

Provides back/spinal adjustments for players and treats muscular injuries

### STADIUM MEDICAL TEAM:





Notify on-field medical staff of possible injuries from press box. The independent AT spotters can call a medical timeout to stop the game to have a player receive medical attention



### 1 RADIOLOGY TECHNICIAN

Takes x-rays of injured players at the stadium



### 1 OPHTHALMOLOGIST Treats eye injuries



### 2 EMTS/PARAMEDIC CREW

Transport players to hospital in the event of serious injuries



APErnal Second Streets

### 1 UNAFFILIATED NEUROTRAUMA CONSULTANT

Monitors broadcast video/audio and notifies on-field UNCs of possible head, neck or spine injuries



1 DENTIST Treats dental issue



### 1 VISITING TEAM MEDICAL LIAISON

Local emergency physician certified to practice medicine in the state where the game is being played. The VTML works with the team to provide access to care, medication and first-rate medical facilities.



### 1 AIRWAY MANAGEMENT PHYSICIAN

Provides emergency intubation to severely injured, nonbreathing players



## Risk reduction strategies

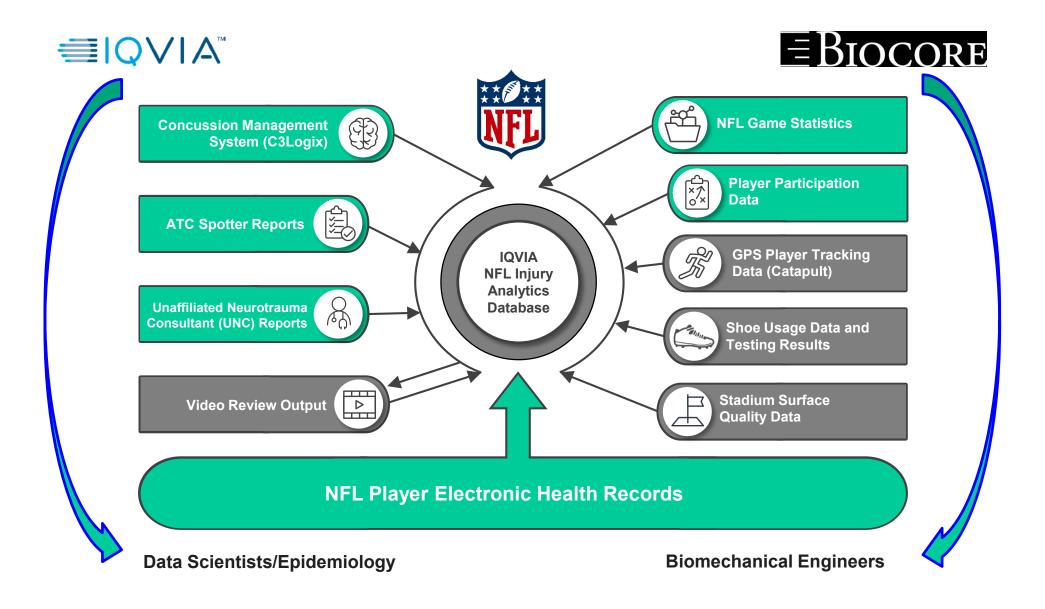


- Equipment
- Style of play/rules
- Training and teaching
- Supervision and medical support



## **DATA SOURCES**

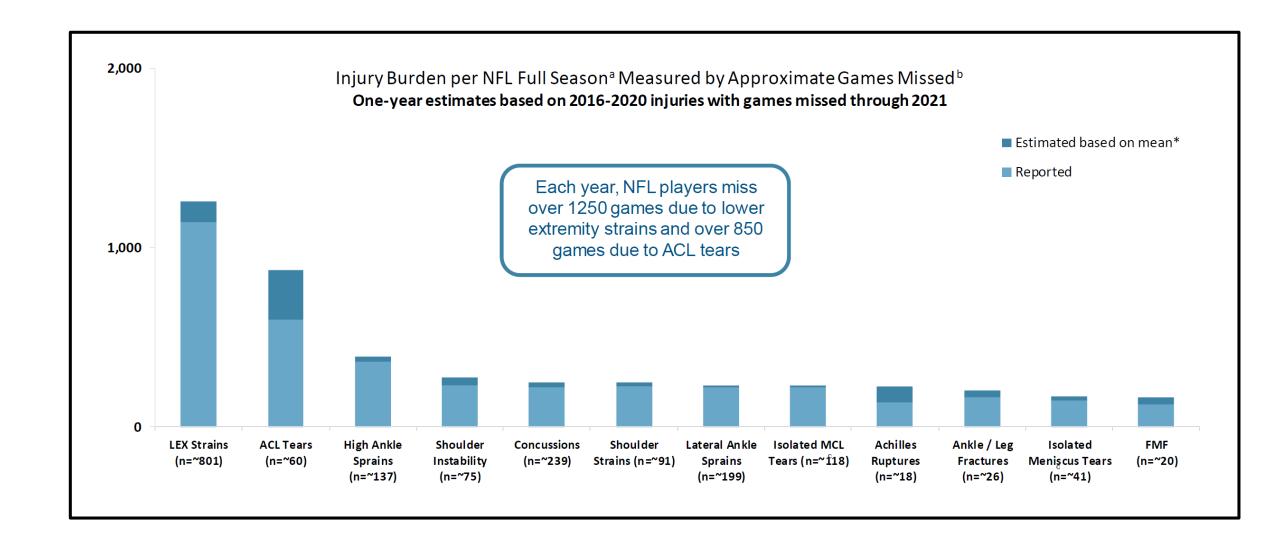






# Injury Burden – setting priorities

## Injury Burden



## The NFL has created specific task forces to address key injuries



<sup>\*</sup> Return dates are missing for 5-38% of injuries; games missed is estimated by using the mean. These estimates do not take into account football-related and other non-injury related factors for return to play.



a Total incidence across 2016-2020 within NFL Calendar years in order of chart: 4,006 (LEX Strains), 298 (ACL), 685 (HAS), 377 (Shoulder Inst.), 1,196 (Conc.), 454 (Shoulder Strains), 996 (LAS), 590 (Iso. MCL), 89 (AR), 130 (A/L Fx), 205 (Iso. Meniscus), 98 (FMF).

<sup>&</sup>lt;sup>b</sup> Games missed are approximated, leading to potential inaccuracy of values when players switched clubs, were waived, or put on IR.

c Isolated injuries are those without concomitant ligamentous pathology and may be accompanied by other non-ligamentous injuries.

### NFL EMERGENCY PREPAREDNESS

- Preparing for the most common life and limb threatening emergencies that happen in American tackle football
- It all starts with the written Emergency Action Plan and have a plan for each venue – training camp, practice and stadium on game day
- These plans require a review and approval process between NFL Player Health and Safety and the NFLPA
- Must be deemed "compliant" with all of the required components of a quality EAP
- Must be shared with the visiting team prior to arrival



## REQUIRED SCENARIOS FOR TRAINING/PRACTICE

- Head Injury
- Cervical spine injury
- Exertional heat illness
- Truncal trauma with hypotension
- Cardiac arrest



## **EMERGENCY ACTION PLAN TRAINING**

- Supervised training program with an independent third party
- Rehearsed with all personnel
- Venue specific training so practice with physicians and EMS at stadium training and only ATC's at practice venue scenarios
- Hands on training with feedback on performance
- Updated when changes are made
- Clearly designating the Level I Trauma Center and closest hospital plus other specialty hospitals as needed





### **AFTER ACTION REVIEW**

- We review all transports to the hospital
- Debrief with involved personnel
- Opportunity for self evaluation
- What can we learn and do better next time



## NFL GAMEDAY MEDICAL ASSISTANTS (PLUS)

- AMP Airway Management Physician
- VTML Visiting Team Medical Liaison
- UNC Unaffiliated Neuro-Trauma Consultant
- AT spotters "eye in the sky" ATC's who are injury review experts
- EMS highly trained EMT's and paramedics
- Ambulances 2 player only dedicated ambulances
- X-ray 2 or 3 x-ray technicians
- Oxygen sideline oxygen therapy
- 60 minute medical meeting
- Level I Trauma Center



## **60 MINUTE MEETING COMPONENTS**

- Officials introduction and discussion on "medical time out"
- Identification of team training and medical staff plus ATC spotters and procedures for communication
- Introductions
  - > Home and visiting team training and medical staff
  - > UNC's, AMP, VTML
  - > ATC spotters, IVRS techs
  - > EMS personnel
  - > X-ray tech
  - > Football OPS



## **60 MINUTE MEETING**

- Stadium resources and their location
  - > X-ray
  - > Field carts
  - > Ambulances
  - ➤ Field personnel (GDA's)
- Transportation destinations
  - > Level I Trauma Center
  - > Nearest hospital
  - > Specialty hospitals (spine/neuro, cardiac, ortho trauma)



## **60 MINUTE MEETING**

- Communication and hand signals if radio fails
- Who will "close the loop" on a concussion evaluation
- Who and how will the team perform a c-spine immobilization or spinal motion restriction if required
- Designate the "code leader" in case of cardiac arrest
- Exchange player information on weights and allergies for VTML,
   AMP and x-ray





### NFL INTERNATIONAL SERIES GAMES

- Same level of expertise and medical care expected
- Local partners in London, Germany, Mexico City
- US based UNCs and ATC spotters
- Portable x-ray unit
- Level I Trauma Center equivalents
- Scoop stretcher vs spine board
- Preparation of equipment removal
- Resuscitation room
- Local jurisdictional medical standards



















### 2022 LEWIS CINE

- Punt return in one of the London games at Tottenham
- Legal hit on the side
- Obvious tib-fib fracture
- Stabilized on site at the resuscitation room in Tottenham
- Destination complicated because of severity of injury and London marathon
- Ultimately went to CCL
- Surgery went well
- Flew home on private medical jet 6 days after injury





### **KEYS TO EMERGENCY PREPAREDNESS**

- Practice and plan for these scenarios
- Early recognition of emergency situations
- Immediate initiation of primary interventions (CPR, etc)
- Prompt definitive treatment (defibrillation, others)
- Rapid transfer to an appropriate hospital for ongoing care



## Sharing Our Progress





Last month, we delibrated an existing condusion to the 2001 sensor, our second successful comparign and other COVID-90 pandersic. When immensely grassful to the NRLP bygrathasociation, players, medical expetits, epidemiologists, cooches and stafffor helping us worth his police.

Absolute Super Blavi LM, I solutions with Childrich of blad oil Conseparation Ex. Simply Suptato of source the strategi extrict allowed unto rating conduct the season and how those strategies as sybb applied to society. To world the interviews are below:



Over the course of the pandemic, we have been groud to collaborate and share information with the medical and



League-Wide Requirement of Guardian Cap Airms to Reduce Head Impacts During NFL Preseason

At the Init. Annual Meeting, the Competition Currentities, Health-and Safriey Committee and all \$2.3 Mill. Owners voted and possed a model/on to mended to the otherwise sed determine theorems, tight to tak and included as were Guardian-Capit for what previously practice up to the second previously great on practice up to the second previously great or integrate head emosition and advanced the facility and advanced and advanced the facility and advanced to the second previously.

#### Read more about Guardian Cap in ESPN

Guardinic Dai hi shahmat half safe on Solice that is were were their descent in reduce for survey of their importation and is a primative recognition of immunitiation favorised for footing the NRL's Handwissel mTCOH Challenge. In 2017, was awarded Guardinic Cap SOLICOD in grant is building to help a descent the development of its proteining on ordinate informed for infering recommends in the promision than or hill radia and imagines, gathered dishibition timport challence conducted by NFL and NELAA appointed for overall radiation reprisess.

to 2021, Guardian Cop was submitted for laboratory testing carefucted by our joint blomschanical engineers









