



# Putting Emergency Action Planning into Practice: A Team Approach

**Meghan M<sup>c</sup>Kay, MEd, LAT, ATC, WRME ICIR II**  
WFATT 13<sup>th</sup> World Congress: Elevating and Uniting Sports Medicine

# Real-life Cases

- **Clavicle Fx, Scapula Fx, Pneumothorax**
  - 20yo male club rugby player
- **Lung Contusion**
  - 16yo male HS lax player
- **Non-Displaced C7 Spinous Process Fx**
  - 14yo HS wrestler
- **Pre-Match Seizure, In-Match LOC (same day!)**
  - 23yo club rugby player, 25yo club rugby player
- **Subdural Hematoma with 1cm midline shift**
  - 27yo Elite rugby player
- **Open Tib-Fib Fracture**
  - 8yo brother of player, playing with friends on a back field
- **Dislocations: Hip, Elbows, Shoulders, Ankles, Fingers, Patella**
- **Multiple Spine Boarding Incidents (I stopped counting)**



# Sports Emergency Care

---

There is an inherent risk of injury and potentially catastrophic injury or illness in any activity

SPORTS EMERGENCY CARE is the immediate care given to an injured or suddenly ill sports or recreation participant and should be a TEAM APPROACH

Advanced planning and communication, such as Emergency Action Plans (EAPs) and a pre-event Medical Time Out (MTO) should be conducted when possible and helps decrease risk of conflicts during an event or response

The sports emergency care team should include clinicians and staff from many different backgrounds and settings

Understanding the strengths of each team member and learning how to best put individual knowledge to use comes only through PLANNING AND PRACTICE!

Utilize universal language and procedures when administering care and handing off to transport teams (nationally or globally accepted, sport organization specific, etc.)

# Goal



**Early Recognition**



**Implementing EAP with  
Interdisciplinary Approach**



**Immediate and  
Appropriate Care**



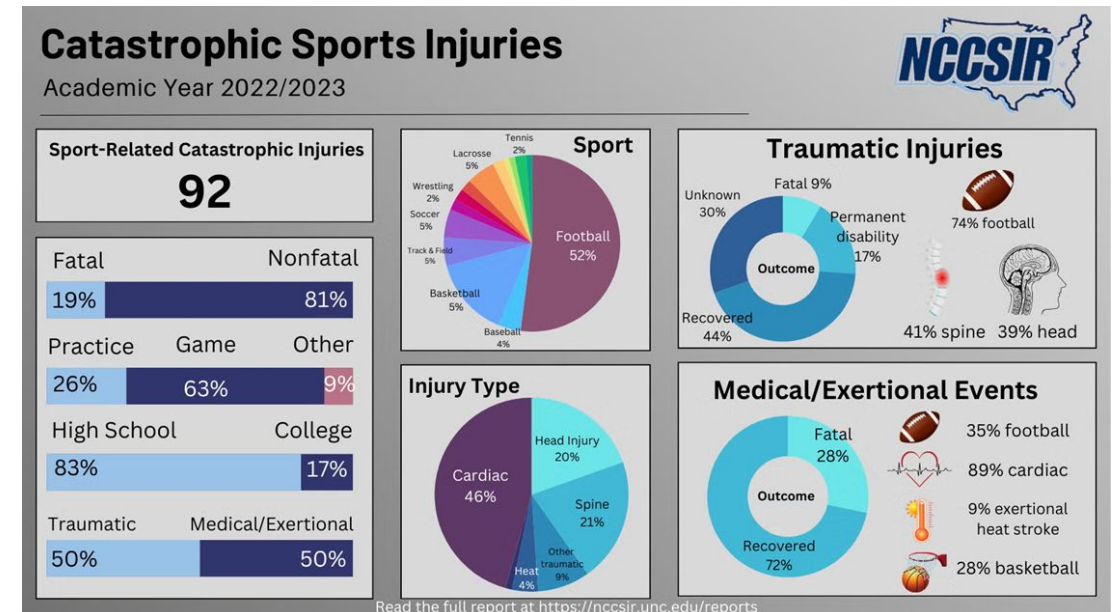
**Definitive Healthcare**



# Global Perspective

- There is a global rise in sports participation at all levels. This will inherently increase incidence and the need for quality medical planning and care
- Added visibility and scrutiny globally, especially for main events like the Olympics, FIFA, RWC, NFL, etc. (TV, Social Media, Video Streaming)
- Variability in access and quality of care depending on region/country/policy

## National Center for Catastrophic Sport Injury Research Annual Report



# Global Barriers & Challenges



**Lack of Standardized Protocols:** varying globally, by sport governing bodies, by medical professions



**Delayed Response:** absence of on-site medical teams, slow EMS response times, fear to act



**Limited Resources:** trained personnel (medical, coaches, referees), equipment, education gaps



**Limited Funding:** Poorly equipped facilities, lack of budget prioritization for equipment or staffing



**Cultural and language differences**

# Emergency Action Plan (EAP)

---

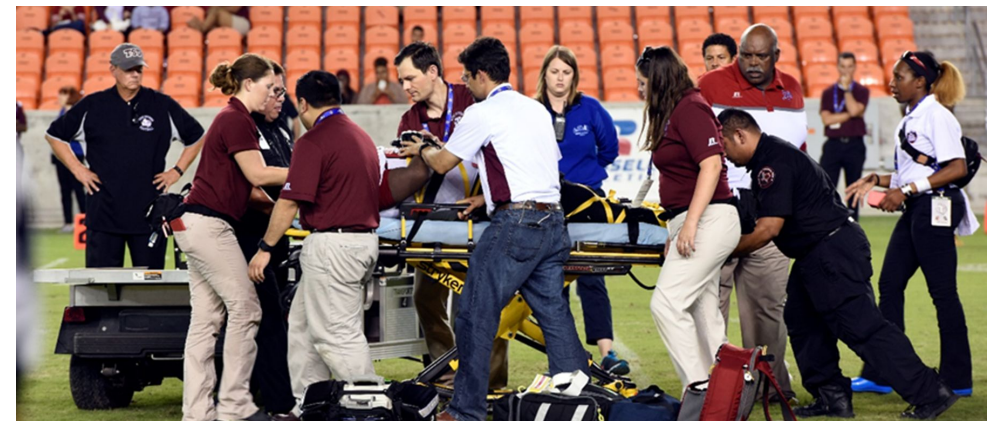
- Comprehensive, written plan that details on-site response to any possible emergency or catastrophic injury in the prehospital setting to best optimize patient outcomes, regardless of whether medically trained personnel are present.
- EAP: **PREPARE**
  - **P: Personnel**
  - R: Rules
  - E: Equipment
  - P: Planning
  - A: Arena
  - **R: Rehearsal**
  - E: Evaluate and Educate



# Personnel

---

- Who are the members of your care team?
- All members should be identified and included in planning
- Each member should know the other members AND their role in a response
- An interdisciplinary team can lead to appropriate and efficient quality of care



# Interdisciplinary Team Members

---

## ATs/Physios

- EAP Coordinator: Responsible for creating and implementing SECT, EAP, MTO, etc.
- Often have highest knowledge of patient history, event, equipment, personnel, site, and EAP

## EMS

- Assume responsibility of transporting patient
- EMRs, EMTs, AEMTs, and Paramedics
- ALS or not?? Know what you have!

## MDs

- Close collaboration is imperative!
- They are often your advocate and your “supervisor”
- They have a more thorough knowledge of the pathophysiology so defer to them regarding the illness/condition on-field.

# Interdisciplinary Team Members

---

## Other Medical Personnel

- Nurses, Chiropractors, etc.
- Are often helpful, but should be identified to avoid conflicts
- Will depend on setting and venue (Elite v. Youth, international sport, etc.)

## Coaching Staff/Students

- Should have minimum of CPR/EFR certifications
- Should be part of the EAP process and practice! They can do more than they think!
- Play a vital role in implementing the EAP

## Other Personnel/Staff

- Officials, Security, Facilities and Venue Staff, Team Managers, Parents, Athletes, etc.
- Should be included in the planning/practice of EAPs
- Can often assist in many necessary roles (access, managing access to event, contact family, etc.)



# Practice!

- Annually, Seasonally, Pre-event
  - In Lab, In Field
- Include all personnel



# Medical Time Out (MTO)

---

- Should take place at EVERY event.
- Should include everyone involved in the implementation of the EAP. At minimum, one representative from each group (referee, coach, etc.)
- Name, Title, Role in EAP, Location
- Basics of EAP (ER Location, hand signals, chain of command, policy specifics like CWI, etc.)
- Contact Information and Event EAP (best shared in advance)



## 2025 Major League Rugby

### Medical Run Sheet

Date: 6/15/25

Match: HOU vs. RFCLA

<b>Independent Match Day Doctor - Home Team</b>	
Name:	Angela Cortez
Mobile Phone:	555-555-5555
Company:	BCM
Back Up MDD:	Kevin Williams
Phone:	555-555-5555

<b>Team Doctor (TD)- Home Team</b>	
Name:	Phillip Williams
Mobile Phone:	555-555-5555
Team:	Houston

<b>Head Athletic Trainer- Home Team</b>	
Name:	Meghan McKay
Mobile Phone:	555-555-5555
Team:	Houston

<b>Assistant Athletic Trainer- Home Team</b>	
Name:	Jason Heeter
Mobile Phone:	555-555-5555
Team:	Houston

<b>Video Monitoring - Home Team</b>	
Name:	Tasia Dennis
Mobile Phone:	555-555-5555

<b>Additional Staff- Home Team</b>	
Name:	
Mobile Phone:	
Role:	
Name:	
Mobile Phone:	
Role:	
Name:	
Mobile Phone:	
Role:	

#### Match Day Medical Notes:

- There will be one ambulance at the facility one hour pre-match until released by MDD post-match.
- Medical Meeting will occur pre-match and attended by ALL on field medical staff, EMS, 4th Official
- All MLR Medical Policies and Procedures will be maintained. All aspects of home teams EAP will be followed. In the event of conflicting medical opinions, the Match Day Doctor will make the final decision.

<b>Team Doctor- Away Team</b>	
Name:	
Mobile Phone:	
Team:	

<b>Head Athletic Trainer- Away Team</b>	
Name:	Kristin Oliphant
Mobile Phone:	555-555-5555
Team:	RFCLA

<b>Assistant Athletic Trainer- Away Team</b>	
Name:	Dillon Ayres
Mobile Phone:	555-555-5555
Team:	

<b>Additional Staff- Away Team</b>	
Name:	
Mobile Phone:	
Role:	
Name:	
Mobile Phone:	
Role:	
Name:	
Mobile phone:	
Role:	

<b>Ambulance</b>	
Name:	Dixie Williams/Advantage Ambulance
Mobile Phone:	555-555-5555
Confirm ALS:	<input checked="" type="checkbox"/>
Confirm Field dedicated:	<input checked="" type="checkbox"/>

<b>Preferred Hospital</b>	
Facility Name:	Memorial Hermann / McNair BCM
ED Phone:	713-704-0025 / 832-354-1164
Charge Nurse:	
Charge Nurse Phone:	
Location/Directions From Venue:	N on Alameda, L on MacGregory, R Cambridge



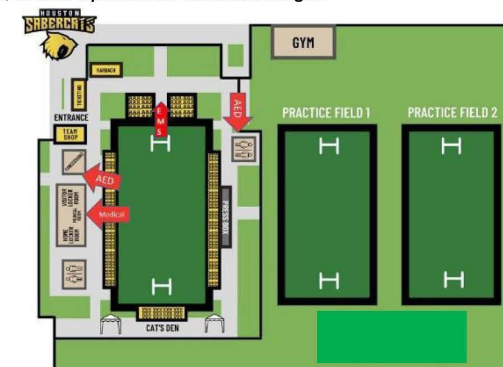
## Houston SaberCats Match Day EAP

Baylor  
Medicine

### Medical Team and Emergency Services Contact Information

Head Athletic Trainer	Meghan McKay	555-555-5555	<a href="mailto:person@email.com">person@email.com</a>
Assistant Athletic Trainer	Jason Heeter	555-555-5555	<a href="mailto:person@email.com">person@email.com</a>
Alternate Athletic Trainer	Tasia Dennis	555-555-5555	<a href="mailto:person@email.com">person@email.com</a>
Alternate Athletic Trainer	Leah Palmer	555-555-5555	<a href="mailto:person@email.com">person@email.com</a>
Athletic Training Students		555-555-5555	<a href="mailto:person@email.com">person@email.com</a>
Head Team Physician	Phillip Williams	555-555-5555	<a href="mailto:person@email.com">person@email.com</a>
Orthopedic Surgeon			
Trauma Specialist MD	Kevin Williams	555-555-5555	<a href="mailto:person@email.com">person@email.com</a>
Trauma/Sports/GP			
Concussion & MDD MD	Angela Cortez	555-555-5555	<a href="mailto:person@email.com">person@email.com</a>
PM&R/Sports			
Alternate MDD MD	Marc Feldman	555-555-5555	<a href="mailto:person@email.com">person@email.com</a>
GP/Sports			
Physician Fellow	Santiago Pache	555-555-5555	<a href="mailto:person@email.com">person@email.com</a>
Physician Fellow			
EMS: Advantage Ambulance Service LLC – Eric B Walker, President			C- 555-555-5555

SaberCats Stadium: 2055 Mowery Rd, Houston, TX 77045 Operations/Facilities Manager:



**Activation of EMS:** EMS will be activated by the responding AT or MD through use of radios or World Rugby "All hands" signals to onsite EMS Personnel. Emergency transportation of an injured/ill athlete is provided via EMS for a life-threatening injury/illness. A member of the staff, other than the AT, will accompany the patient to the designated hospital for evaluation. This will be determined per match and disclosed in the MTO. Once the primary EMS has departed, the secondary EMS becomes primary for pitch-side medical, and a back-up Ambulance will be called, or initial ambulance will return and become the secondary ambulance.

**Level 1 Trauma Center:** Memorial Hermann ER 6411 Fannin St, Houston, TX 77030

**Preferred ER – Non-Level 1:** CHI St. Luke's McNair Emergency Room, 7200 Cambridge St, Houston, TX 77030

# When the incident occurs

---

- Observe the circumstances
  - Environment
  - Position of patient
  - Circumstances (contact v. non-contact), Mechanism of Injury (MOI)
- Initial Assessment
- Activate EAP
- Initiate any life-saving care or treatment
- Perform Secondary Assessment
- Prepare to Transport

# Initial Assessment

Meant to Identify any life/limb threatening conditions or injuries and begin any necessary immediate medical care

Utilize your medical training, EAP Policies and Rules of Sport

This can be done by medical personnel or anyone who has EAP training for the event/site

Remember: This does not have to be done by a medical professional!!



# Activating the EAP

---

- Utilize hand signals, radio communications, etc. as outlined in the EAP
- Continue to re-evaluate/monitor patient as you are activating the EAP
- Communicate with Sports Emergency Care Team as they arrive on scene for any immediate treatment necessary



# Treatment

---



- Initiate any life saving care first!
- Stabilize C-Spine when in doubt
- Perform head to toe assessment
- Neurological assessment
- CSM: Circulation, Sensation, Movement of extremities
- Stabilize deformities, check limb
- Shock?
- Severe Bleeding/Internal injury?
- Secondary or distracting injury?

# SAMPLE: Secondary Assessment

---

## **Signs and Symptoms:**

What you see and what they tell you. Any vital signs or other objective measures (GCS)

## **Allergies:**

Known drug allergies. Some add 2 more A's here; Age and Athleticism

## **Medications:**

What medications are they currently taking. Rx, OTC, Vitamins, etc. Note time and dosage of last intake

## **Past Medical History:**

Major or minor medical history. How injury occurred. Incidents leading up to event/condition

## **Last oral intake:**

When was the last time they ate, drank, smoked, etc. Note time, contents and quality of each

## **Events leading to injury or illness:**

Observed or remembered. Inquiring what they remember can help assess level of alertness. MOI can help reach a faster diagnosis as well in some cases

# ATMIST

---

- **A** – Age of the player (sex of player often also included)
- **T** – Time of the incident
- **M** – Mechanism of injury
- **I** – Injuries present and suspected
- **S** – Signs including physiological observations/vital signs
- **T** – Treatment given and possibly needed



# Follow Up and Review

---



Document the  
incident  
thoroughly



EAP and medical  
care review



Post-event  
meeting



Update EAP

# Together, we can create safer sports environments



# Questions??

---



# References

---

Mashimo S, Ogaki R, Suhara H, Yoshida N. Sports Injury Surveillance Systems and Guidelines in Japan: A Systematic Review. *Int J Sports Med*. 2022;43(14):1163-1172. doi:10.1055/a-1836-0526

Costello D, Daly E, Ryan L. Sports Injury Surveillance Systems: A Scoping Review of Practice and Methodologies. *J Funct Morphol Kinesiol*. 2024;9(4):177. Published 2024 Sep 26. doi:10.3390/jfmk9040177

Samantha E. Scarneo-Miller, Yuri Hosokawa, Jonathan A. Drezner, Rebecca M. Hirschhorn, Darryl P. Conway, Gregory A. Elkins, Michael N. Hopper, Edward J. Strapp; National Athletic Trainers' Association Position Statement: Emergency Action Plan Development and Implementation in Sport. *J Athl Train* 1 June 2024; 59 (6): 570–583. doi: <https://doi.org/10.4085/1062-6050-0521.23>

Kucera KL, Mueller FO, eds. All-Sports Catastrophic Sports Injury Research: 2023/2024 Annual Report. National Center for Catastrophic Sport Injury Research; 2025. Accessed September 25, 2025. <https://nccsir.unc.edu/reports>

National Athletic Trainers' Association Position Statement: Emergency Planning in Athletics (2002)  
<https://www.nata.org/sites/default/files/EmergencyPlanningInAthletics.pdf>

Emergency Action Plans. *Korey Stringer Institute*. <https://ksi.uconn.edu/prevention/emergency-action-plans/> Accessed 4/20/2024.

Rehberg, R., & Konin, J.G. (2018). Sports Emergency Care: A Team Approach (3rd ed.). Routledge. <https://doi.org/10.4324/9781003526544>

Hedberg R, Messamore W, Poppe T, et al. Emergency Action Planning in School-Based Athletics: A Systematic Review. *Kans J Med*. 2021;14(3):282-286. Published 2021 Nov 5. doi:10.17161/kjm.vol14.15299

Prentice, William (2020) Principles of Athletic Training: A Guide to Evidence-Based Clinical Practice (17th Edition). McGraw Hill

Cleary & Walsh Flanagan. (2019) Acute and Emergency Care in Athletic Training. Human Kinetics

# References

---

- Scarneo-Miller, Samantha and Yeargin, Susan. Knowing the Difference, Developing and Differentiating Institution-Specific Health Care Administration Documents. NATA News, February 2022. <https://ksi.uconn.edu/wp-content/uploads/sites/1222/2022/03/NATA-News-February-2022-Scarneo-Miller-Yeargin.pdf>
- Andersen J, Courson RW, Kleiner DM, McLoda TA. National Athletic Trainers' Association position statement: emergency planning in athletics. J Athl Train. 2002;37(1):99–104. (LOE: 3)
- 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. Inter-association consensus statement on best practices for sports medicine management for secondary schools and colleges. J Athl Train. 2014 Jan-Feb;49(1):128-37. doi: 10.4085/1062-6050-49.1.06. PMID: 24499040; PMCID: PMC3917289.
- Casa DJ, Almquist J, Anderson SA, et al. The Inter-Association Task Force for Preventing Sudden Death in Secondary School Athletics Programs: best-practices recommendations. J Athl Train. 2013;48(4):546– 553. oi:10.4085/1062-6050-48.4.12
- Holmes KL, Neil ER, Granger KC, Eberman LE. Access, engagement, and experiences with critical incident response resources in athletic training. Internet J Allied Health Sci Pract. 2022;20(2):17. doi:10.46743/1540-580X/2022.2133
- Watson AM, Drezner JA. Emergency preparedness for sudden cardiac arrest in amateur athletic union basketball teams: an opportunity to improve outcomes in higher risk athletes. Clin J Sport Med. 2022;32(6):617–619. oi:10.1097/JSM.0000000000001062
- Pelto HF, Drezner JA. Design and implementation of an emergency action plan for sudden cardiac arrest in sport. J Cardiovasc Trans Res. 2020;13(2):331–338. doi:10.1007/s12265-020-09988-1
- Patterson M, Gordon J, Boyce SH, et al. Set-piece approach for medical teams managing emergencies in sport: introducing the FIFA Poster for Emergency Action Planning (PEAP). Br J Sports Med. 2022;56(13):715–717. doi:10.1136/bjsports-2021-105126
- <https://passport.world.rugby/player-welfare-medical/>