

A photograph showing a group of medical staff in high-visibility yellow vests attending to a player on a sports field. The staff are gathered around the player, who is lying on a stretcher. The background shows a large crowd of spectators.

Putting Emergency Action Planning into Practice: A Team Approach

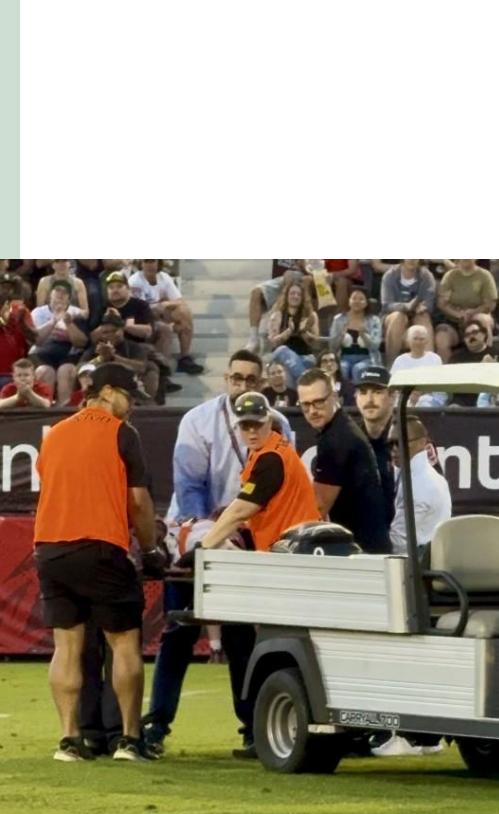
Meghan M^cKay, MEd, LAT, ATC, WRME ICIR II

WFATT 13th World Congress: Elevating and Uniting Sports Medicine

Image: Mandatory Credit ©INPHO/James Crombie

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

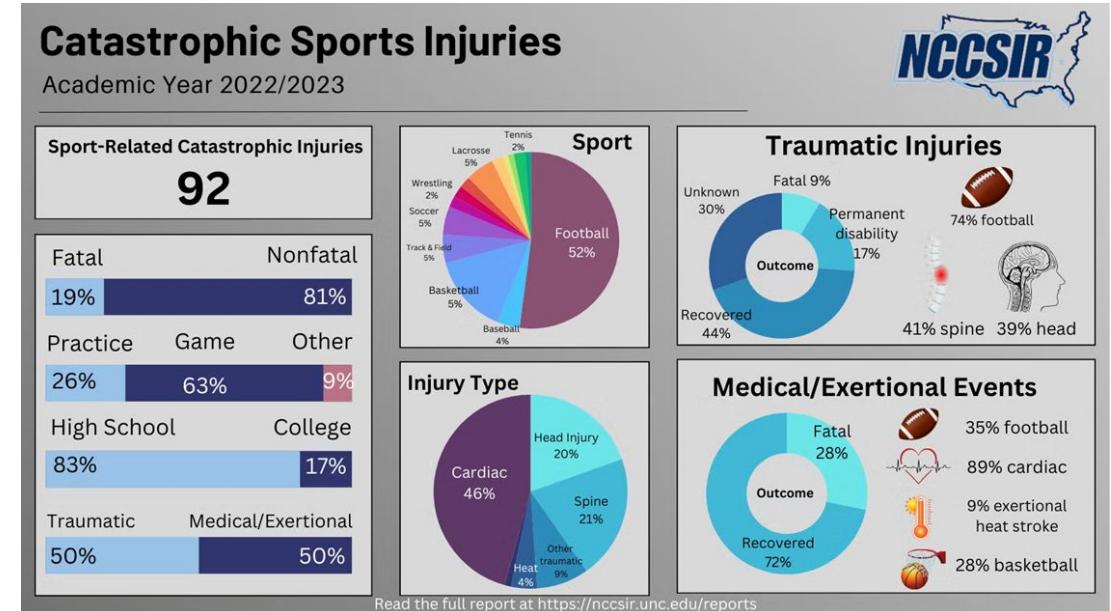


Damar Hamlin “fully cleared” to resume playing football

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

| Independent Match Day Doctor - Home Team | |
|--|----------------|
| Name: | Angela Cortez |
| Mobile Phone: | 555-555-5555 |
| Company | BOM |
| BackUp MDD: | Kevin Williams |
| Phone | 555-555-5555 |

| Team Doctor (TD)- Home Team | |
|-----------------------------|------------------|
| Name: | Phillip Williams |
| Mobile Phone: | 555-555-5555 |
| Team: | Houston |

| Head Athletic Trainer- Home Team | |
|----------------------------------|--------------|
| Name: | Meghan McKay |
| Mobile Phone: | 555-555-5555 |
| Team: | Houston |

| Assistant Athletic Trainer- Home Team | |
|---------------------------------------|--------------|
| Name: | Jason Heeter |
| Mobile Phone: | 555-555-5555 |
| Team: | Houston |

| Video Monitoring - Home Team | |
|------------------------------|--------------|
| Name: | Tasia Dennis |
| Mobile Phone: | 555-555-5555 |

| Additional Staff- Home Team | |
|-----------------------------|--|
| 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.

Match: HOU vs. RFCLA

| Team Doctor- Away Team | |
|------------------------|--|
| Name: | |
| Mobile Phone: | |
| Team: | |

| Head Athletic Trainer- Away Team | |
|----------------------------------|------------------|
| Name: | Kristin Oliphant |
| Mobile Phone: | 555-555-5555 |
| Team: | RFCLA |

| Assistant Athletic Trainer- Away Team | |
|---------------------------------------|--------------|
| Name: | Jill Ayres |
| Mobile Phone: | 555-555-5555 |
| Team: | |

| Additional Staff- Away Team | |
|-----------------------------|--|
| Name: | |
| Mobile Phone: | |
| Role: | |
| Name: | |
| Mobile Phone: | |
| Role: | |
| Name: | |
| Mobile phone: | |
| Role: | |

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

| Preferred Hospital | |
|---------------------------------|--|
| Facility Name: | Memorial Hermann / McNair BOM |
| ED Phone: | 713-704-0025 / 832-354-1164 |
| Charge Nurse: | |
| Charge Nurse Phone: | |
| Location/Directions From Venue: | N on Almeda, L on MacGregor, R Cambridge |



Houston SaberCats

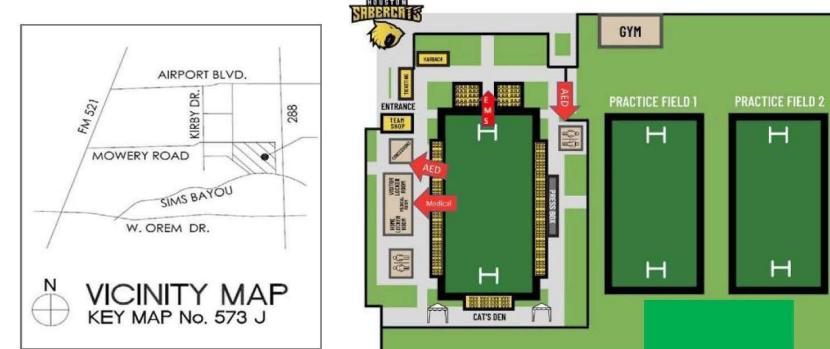
Match Day EAP



Medical Team and Emergency Services Contact Information

| | | | | |
|---|----------|----------|-----------------|--|
| Head Athletic Trainer | Meghan | McKay | 555-555-5555 | person@email.com |
| Assistant Athletic Trainer | Jason | Heeter | 555-555-5555 | person@email.com |
| Alternate Athletic Trainer | Tasia | Dennis | 555-555-5555 | person@email.com |
| Alternate Athletic Trainer | Leah | Palmer | 555-555-5555 | person@email.com |
| Athletic Training Students | | | 555-555-5555 | person@email.com |
| Head Team Physician | Phillip | Williams | 555-555-5555 | person@email.com |
| Orthopedic Surgeon | | | | |
| Trauma Specialist MD | Kevin | Williams | 555-555-5555 | person@email.com |
| Trauma/Sports/GP | | | | |
| Concussion & MDD MD | Angela | Cortez | 555-555-5555 | person@email.com |
| PM&R/Sports | | | | |
| Alternate MDD MD | Marc | Feldman | 555-555-5555 | person@email.com |
| GP/Sports | | | | |
| Physician Fellow | Santiago | Pache | 555-555-5555 | person@email.com |
| 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!!

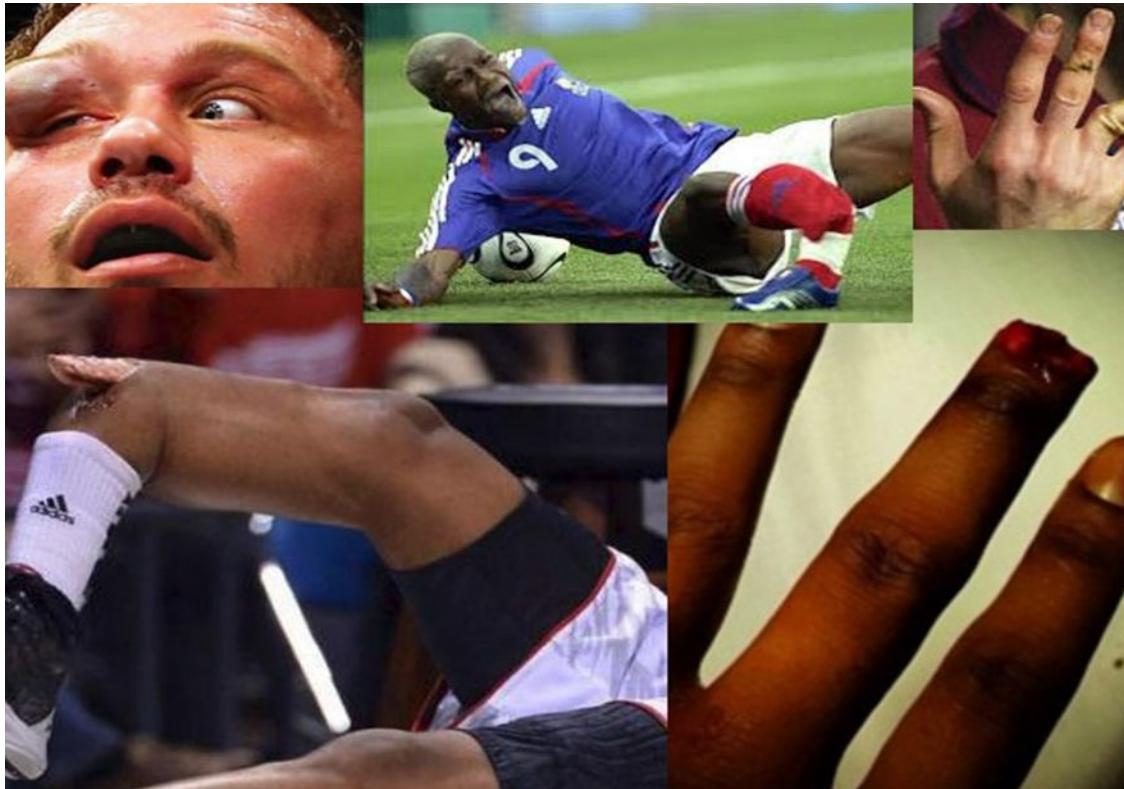


Activating the EAP

- 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??



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