Medical Emergency Preparedness Survey

1. Do you have a copy of the Emergency Action Plan for your training facility?
2. Are you currently certified in First aid?
3. Are you currently certified in CPR/AED?
4. Does your organization have a written document detailing what to do when lightening is near?
5. Do you ensure all athletes participating in training have a current physical?
6. Does your organization have a written document detailing what to do when training in dangerous temperature and humidity?
7. Do you have a medical alert list for your team?
8. Does your organization have a written document detailing what to do when an athlete may return to play following a concussion?
9. Do you have an emergency contact list for your team?
10. Do you know where the AED is located at your training facility?
EMERGENCY PREPAREDNESS FOR THE SOCCER COACH

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EMERGENCY HEALTH AND SAFETY:
BEST PRACTICES FOR YOUTH SPORTS LEAGUES

- 2017 INTER ASSOCIATION TASK FORCE PUBLISHED IN THE JOURNAL OF ATHLETIC TRAINING
- HEALTH AND SAFETY GUIDELINES PROVIDE A ROADMAP FOR NATIONAL GOVERNING BODIES (NGBS) TO ENSURE THE BEST POLICIES AND PROCEDURES ARE IN PLACE TO PROTECT YOUNG ATHLETES.
- ENHANCED HEALTH AND SAFETY SUPPORT SYSTEMS FOR YOUTH SPORTS COMMISSIONERS AND LEAGUE LEADERS AND IMPROVED SAFETY FOR YOUNG ATHLETES.
OBJECTIVES:
The BIG 5

- Medical Clearance
- Emergency Action Plan
- Lightning
- Heat
- Concussion
MEDICAL CLEARANCE

* All athletes should have a current sports physical prior to participation.
  * Complete medical history
  * Vitals, height and weight
  * General medical
  * Musculoskeletal
MEDICAL CLEARANCE

• ALL PREPARTICIPATION MEDICAL PAPERWORK MUST BE COMPLETED AND REVIEWED BY MEDICAL STAFF OR ADMINISTRATOR AND CLEARED FOR PARTICIPATION.

• MEDICAL ALERT LIST
  • PRE EXISTING POTENTIALLY LIFE THREATENING CONDITIONS
    • CARDIAC, RESPIRATORY, SEVERE ALLERGIES, SICKLE CELL, DIABETES, OTHER

• EMERGENCY CONTACT LIST
• Athletes should not participate in try outs, weight training, conditioning, practices or competitions until they have completed, submitted all required medical paperwork and are cleared.

• Coaches are responsible for checking roster and clearance.
MEDICAL CLEARANCE

ORTHOPEDIC INJURY: RETURN TO PLAY (RTP) GUIDELINES

• IF SEEN BY MD WILL NEED WRITTEN DOCUMENTATION
• FUNCTIONAL TEST AND PROGRESSION
FUNCTIONAL TESTING

- Identifies specific movement deficits, muscle weakness and/or imbalances.
- Progression of general to sport specific and then position specific movements.
- Progression of speed, impact, velocity from low to high.
ILLNESS RETURN TO PLAY GUIDELINES

MINOR ILLNESS RTP GUIDELINES: ATHLETES SHOULD BE FREE OF VOMITING, DIARRHEA, DIZZINESS, FEVER, SHORTNESS OF BREATH X 24 HOURS.

MAJOR ILLNESS RTP GUIDELINES: MONONUCLEOSIS, APPENDICITIS OR OTHER SURGICAL CASES, EMERGENCY DEPARTMENT OR URGENT CARE VISITS ALL REQUIRE WRITTEN DOCUMENTATION FROM MD.
EMERGENCY ACTION PLAN

This is a written document that defines the standard of care and process required for an emergency situation during your organization’s athletic events.

High Risk Situations:
- Lightning
- Heat and Dehydration
- Breathing Emergencies
- Cardiac Emergencies
- Concussion
- Allergic Reactions
EMERGENCY ACTION PLAN

Venue Specific
- Address, Map, GPS Coordinates
- EMS Access
- Location of Medical Equipment

Contact Information
- Local EMS Organization Directors/Administrators
- Organization Athletic Trainer/Medical Director

Reviewed and Rehearsed
- Distribute to All Coaches
- Onsite Medical Staff

Posted
- Venue Website
OTHER EMERGENCY PREPARATION

- COACHES CPR/AED AND FIRST AID CERTIFICATIONS
- AED FIXED LOCATIONS VS PORTABLE
- MEDICAL ALERTS
- FIRST AID KITS

FULL LIST OF FIRST AID KIT CONTENTS:

- 6 Alcohol Prep Pads
- 20 Medium Bandages
- 10 Mini Bandages
- 1 Triangular Bandage
- 20 Cotton Tips
- 5 Knuckle Bandages
- 3 P2B Bandages
- 5 Butterfly Bandages
- 4 Sterile Gauze Pads Large/XtraLarge
- 4 Antiseptic Cleansing Wipes
- 4 Sting Relief Pads
- 1 Tourniquet

- 1 Scissor
- 1 Metal Tweezers
- 1 Penuche
- 1 Emergency Mylar Blanket
- 1 Melatonin Blister Relief Pad
- 1 Whistle
- 1 Sewing Kit
- 5 Safety Pins
- 1 Compass
- 1 Multi-functional Lifesaving Cord
- 1 CPR Mask

- 2 Disposable PVC Gloves
- 1 Disposable Instant Ice Pack
- 1 First Aid Tape
- 1 Large Trauma Pad
- 1 Compass
- 1 Melatonin Blister Relief
- 1 Triangular Bandage
- 1 Ice Pack
- 1 First Aid Manual
- 1 First Aid Bag with Reflective Strip
- 1 Glow Stick (5 hours)
MEDICAL TIME OUT

Meeting of available personnel responsible for any aspect of emergency response at a pre-determined time, but prior to start of athletic play.

- Emergency Action Plan
- Lightning System
- Medical Alerts
- Medical Equipment
- Signals
- Contact Information
MEDICAL TIME OUT

<table>
<thead>
<tr>
<th>Communication</th>
<th>• Before a potentially catastrophic event to ensure efficient care for injured athlete</th>
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</thead>
<tbody>
<tr>
<td>Organization</td>
<td>• Tasks are identified Before they are needed to avoid chaos</td>
</tr>
<tr>
<td>Preparation</td>
<td>• Troubleshooting of potential roadblocks to care can be identified and discussed before delays occur</td>
</tr>
<tr>
<td>Execution</td>
<td>• Actions become a learned response rather than a reaction</td>
</tr>
</tbody>
</table>
LIGHTNING

- This policy or procedure should be part of EAP
- Reviewed annually by organizations administrative staff, medical staff and coaching staff
- Venue specific
- Determine radius to clear fields
- Identify safe shelter
- RTP 30 minutes following last strike
HEAT AND CONCUSSIONS

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HEAT AND HYDRATION

• OBJECTIVES
  • PREVENTION STRATEGIES
  • IDENTIFYING HEAT RELATED ILLNESS
  • TREATMENT STRATEGIES
HEAT AND HYDRATION

- SWEAT RATES DIFFER IN ADOLESCENTS
- LOSS OF FLUIDS AND ELECTROLYTES, INCREASE IN BODY CORE TEMPERATURE
- RECOMMENDATION REGARDING FLUID REPLACEMENT
  - CHILDREN: 5OZ EVERY 20 MINUTES OF ACTIVITY
  - ADOLESCENTS/TEENS: 8OZ EVERY 20 MINUTES OF ACTIVITY
- INDIVIDUALIZED STRATEGIES
HEAT AND DEHYDRATION PREVENTION

- STAY HYDRATED!
- URINE COLOR
- MEASURE WEIGHT LOSS BEFORE AND AFTER TRAINING
- DRINK 16OZ OF WATER PER POUND LOST
- WATER VS SPORTS DRINKS
- AVOID CARBONATED BEVERAGES AND CAFFEINE
- ACCLIMATIZE TO WARM/HOT ENVIRONMENTS
DEHYDRATION

- MILD TO MODERATE SYMPTOMS
  - THIRSTY
  - DECREASE IN URINATION
  - DARK URINE
  - HEADACHE
  - MUSCLE CRAMPS

- SEVERE SYMPTOMS
  - CESSATION OF URINATION
  - ABSENCE OF SWEATING
  - DIZZINESS/LIGHTHEADED
  - RAPID HEART RATE
  - RAPID BREATHING
  - SLEEPY OR FATIGUED
  - FAINTING
DEHYDRATION

• TREATMENT
  • REHYDRATE
  • MONITOR WEIGHT LOSS
  • LIMIT OR CEASE ACTIVITIES
  • IV FLUIDS
    • ACTIVATE EAP
# Heat Illness and Conditions

## Heat Cramps
Caused by dehydration or lack of adequate electrolyte intake
More common when body is under conditioned or fatigued

## Symptoms
Involuntary contractions of muscles

## Treatments
- Rest
- Stretch affected muscle
- Rehydration with water and electrolytes
HEAT ILLNESSES AND CONDITIONS

- **HEAT EXHAUSTION**
  - ENERGY DEPLETION
  - CARDIOVASCULAR INSUFFICIENCY DUE TO DEHYDRATION

- **SYMPTOMS**
  - FATIGUE AND WEAKNESS
  - PALE COMPLEXION
  - PROFUSE SWEATING
  - NAUSEA AND DIZZINESS
  - INCREASE IN BODY TEMPERATURE

- **TREATMENT**
  - MOVE TO COOL AREA, REMOVE EXCESS CLOTHING, COOL WITH ICE BAGS/FANS
  - ELEVATE LEGS
  - PROVIDE FLUIDS
  - NO ACTIVITY FOR 24-48 HOURS, MEDICAL CLEARANCE RECOMMENDED

- **PREVENTION**
  - ACCLIMATIZE
  - STAY HYDRATED
  - MODIFY ACTIVITY
HEAT ILLNESS AND CONDITIONS

- HEAT STROKE
  - MOST SERIOUS HEAT ILLNESS
  - BODY TEMPERATURE OVER 104F
  - PROLONGED EXPOSURE TO OR PHYSICAL ACTIVITY IN HOT ENVIRONMENTS

- SYMPTOMS
  - BODY TEMP OVER 104F
  - IRRATIONAL BEHAVIOR
  - ALTERED CONSCIOUSNESS
  - RAPID AND WEAK PULSE
  - PROFUSE OR CESSION OF SWEATING
  - NAUSEA/VOMITING
  - DIZZINESS/STAGGERING
  - SEVERE MUSCLE CRAMPS
HEAT ILLNESS AND CONDITIONS

**TREATMENT**
- MEDICAL EMERGENCY: ACTIVATE EAP!
- MOVE TO COOL AREA
- REMOVE EXCESS CLOTHING
- BEGIN COOLING PROCESS WITH ICE BATH, ICE BAGS, WET TOWELS, FANS, ETC.
- MONITOR VITALS

**PREVENTION**
- HYDRATION
- ACCLIMATIZE TO ACTIVITY IN WARM WEATHER
- MODIFY ACTIVITY
- ENSURE PROPER DIET AND SUFFICIENT REST
- MONITOR WEIGHT LOSS
CONCUSSION

- OBJECTIVES
  - PREVENTION PLAN
  - HOW SHOULD THE COACH PROCEED WITH SUSPECTED CONCUSSION
  - RETURN TO LEARN PROGRESSION
  - RETURN TO PLAY PROGRESSION
CONCUSSION PREVENTION

• FOLLOW THE RULES OF THE GAME
• PRACTICE GOOD SPORTSMANSHIP
• LEARN GOOD SKILLS TECHNIQUES, ESPECIALLY WITH HEADING
• EDUCATION
• BASELINE TESTING
WHEN SHOULD YOU SUSPECT A CONCUSSION?

- Athlete has sustained a blow to head, face, neck, or anywhere on body that transmitted force to the head
- Presentation of concussion symptoms
- Does not have to lose to consciousness
- May not present with other apparent injuries

Symptoms

- Vary by individual and severity
- Headache
- Vision challenges
- Difficulty concentrating or remembering
- Change in mood or sleep patterns
- Sensitivity to light or sound
- Confusion
- Loss of consciousness
WHAT TO DO IF YOU SUSPECT A CONCUSSION?

- IMMEDIATELY REMOVE ATHLETE FROM ACTIVITY
- IF AVAILABLE ON SITE, HAVE ATHLETE EVALUATED BY AN ATHLETIC TRAINER
- NOTIFY PARENTS
- INSTRUCT ATHLETE TO FOLLOW UP WITH A PHYSICIAN OR OTHER MEDICAL PROFESSIONAL KNOWLEDGEABLE IN SPORT CONCUSSION MANAGEMENT
- NO ACTIVITY UNTIL SYMPTOM FREE AND CLEARED BY SPORT CONCUSSION SPECIALIST

WHEN TO ACTIVATE EAP

- NECK INJURY IS SUSPECTED
- DEFORMITY OR SEvere BLEEDING OF HEAD OR FACE
- ATHLETE PRESENTS WITH SYMPTOMS OF SEvere BRAIN INJURY
- INITIAL SYMPTOMS QUICKLY WORSEN
RETURN TO LEARN PROGRESSION

- BEGIN WITH CLEARANCE FROM SPORT CONCUSSION SPECIALIST
- GRADUAL RETURN TO CLASSROOM
- MINIMIZE SCREEN TIME
- FOLLOW UP IF SYMPTOMS RETURN
RETURN TO PLAY PROGRESSION

• MUST BE SYMPTOM FREE AND CLEARED BY SPORT CONCUSSION SPECIALIST
• GRADED RETURN TO PLAY
  • MAY PROGRESS TO NEXT LEVEL IF SYMPTOM FREE FOR 24 HOURS
  • IF SYMPTOMS REAPPEAR, STOP RETURN TO PLAY UNTIL SYMPTOM FREE
• HEADING PROGRESSION
COACH’S CHECK LIST

- All athletes have current Medical Clearance on file
- Medical Alert list is complete
- Emergency contact list is in place
- All athletes Concussion (ImpACT) Baseline testing complete
- First Aid Kit is well stocked
- Establish lines of communication with the organizations Athletic Trainer/Healthcare System
- Current CPR card on file
- Current First Aid card on file
- Review Emergency Action Plan
- Review Heat Guidelines for outdoor sports
- Review Lightning Guidelines
QUESTIONS

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