

I. Procedures [review to modify order as you feel best fits your organization]

Development

Venue- and Sport-Specific EAP

1. Each venue of [Organization name] will have its own venue-specific EAP (Appendix A).
 - a. This includes all indoor and outdoor venues, each field, each court, weight room, track, etc.
 - b. If a venue is added during the middle of a season, a venue-specific EAP will be developed within 1 week of notification of the new venue being added.
2. Each sport-team of [Organization name] will have its own specific EAP (Appendix A).
 - a. This includes various levels within individual sports (e.g., freshmen, JV, varsity, etc.).
 - b. This ensures that roles and responsibilities are known ahead of time for each venue the team plays at.
3. For response to individual conditions, please see corresponding policies and procedures.

EAP Coordinator

1. The EAP Coordinator for [Organization name] is [Insert name/title] and is responsible for:
 - a. Development, updating, implementation, distribution and review of the EAP.
 - b. Evaluation of safety considerations for each facility.
 - c. Delineation of a chain of command and associated roles and responsibilities.
 - d. Development of an interdisciplinary healthcare team which assists with the development, updating, implementation, distribution and review of the EAP.
2. In the event that the EAP Coordinator is not available or on-site, the following individual(s) will serve as acting EAP coordinator:
 - a. [list out roles/names of individuals who can assume this role if needed]

Development and Coordination

1. This EAP has been developed and coordinated internally by [insert who developed the EAP (this person would likely be the EAP coordinator)] with input from the following individuals:
 - a. [insert name or roles of individuals who helped to develop and coordinate the EAP – may include athletic training staff, physicians, nurses, mental health professionals, coaches, administrators, team personnel, facility managers etc.].
2. This EAP has been coordinated externally with input from the following individuals:
 - a. [insert name or roles of individuals who helped to develop and coordinate the EAP – may include EMS personnel, public safety officials, etc.].
3. The EAP Coordinator will evaluate safety considerations for each facility and within each sport team.

Implementation

Updating

1. The EAP will be reviewed and necessary updates will be implemented annually to ensure procedures are up to date and any changes that need to be made are corrected.
2. If any medical personnel changes, the EAP will be updated immediately and a new EAP will be distributed to all staff (as necessary).
3. If updates are made, a signature with the date will be present in the documentation of recent review and updates section at the top of this document.
4. If any emergency procedures are changed during the season or during rehearsals, the EAP will be updated, therefore resulting in the new procedures to go into effect immediately.

Distribution

1. Within a week prior to the start of preseason, an email including the EAP and each facility's venue- and sport-specific plan will be sent out to all staff members (e.g., athletic directors, QHPs, athletic training students, strength and conditioning staff, nutrition staff, school administrators and coaches).
2. Within a week prior to the start of preseason, the EAP will be emailed or mailed directly to the local EMS organization.
3. The EAP will be made available to all staff and, as possible, at each location.
 - a. Where possible, the EAP will be posted at the facility (i.e., on the wall, on the fence, etc.).
 - b. Where not possible to post, the EAP will be available **[insert where it will be available, medical kit, coaches binder, mobile phone app, etc.]**.
4. If the EAP is updated during the year, it will be redistributed to all members of the organization/institution.

Post EAP Activation Procedures

Documentation

1. Documentation must be done by **[Insert role of QHP]** and **[other individual(s) responsible, e.g., coach]** immediately following activation of the EAP. **[e.g. template of organization's incident report]**.

After-Action Debriefing

1. A team comprising of the **[insert who will be involved: AT, AD, coaches, and one or two other organizational employees or stakeholders not involved with the emergency situation]** must discuss the event within 48 hours.
2. This team must evaluate the effectiveness of the EAP and conduct a staff debriefing. A specific timeline for changes to EAP should be made for promptness.
3. Documentation of this debriefing should be completed using **Appendix D**.

Critical Incident Stress Debriefing

1. A critical incident stress debriefing (CISD) will occur within **[how many hours/days after the event- ideally as soon as possible]**.

2. The CISD will be initiated by **[who initiates/coordinates this? Ideally the organization but may be individually initiated]**.
3. All personnel involved in the emergency will be invited to attend the CISD.

Response

Venue- and Sport-Specific EAP

2. Each venue- and sport-specific EAP will outline (at minimum)
 - a. When to activate the EAP **which should occur immediately upon a catastrophic injury occurring**
 - b. Emergency personnel on-site
 - c. Emergency procedures
 - i. Check the scene
 - ii. Determine the severity of injury and potential diagnoses
 - iii. Call 911/EMS
 1. Provide venue-specific information for the injury and how to get to the site
 - d. Perform emergency procedures (including CPR, First Aid, Cooling, etc.)
 - e. Designate an individual to crowd control
 - f. Contact QHP if not present on the scene
 - g. Direct ambulance to the patient
 - h. Assist QHP with care as directed
 - i. Accompany patient to hospital
 - j. Document event
 - k. Debrief
3. A general overview of the procedures to carry out can be found in **Appendix A.**

Pre-Event Medical Meeting

1. Prior to any athletic event, a pre-event medical meeting will be conducted. Individuals included in the pre-event medical meeting will include (but not limited to): **[insert who will be included here – may include healthcare professionals, school administrators/officials, coaches, facility staff, team personnel, security personnel, officials, and any other personnel potentially involved in the response to an emergency]**. **See Appendix B.**

Emergency Personnel

1. **[Bi-annual, annual, etc.] certification** in CPR/AED and first aid is required for all athletics personnel associated with practices, competitions, skills instructions, and strength and conditioning.
 - a. The following individuals are required (at minimum) to be CPR/AED, first aid certified **[insert who is required here AD, school nurse, AT, all coaches, etc.]**.
2. Copies of training certificates and/or cards should be maintained with **[insert who would be maintaining these certifications]**.
 - a. Each potential responder is required to attend an **annual [insert frequency here if not annual]**, education session on the management of catastrophic illnesses and injuries most common in sport.
 - b. Additional trainings and requirements for coaches and other athletics staff members are outlined in the Trainings Policy.

Roles & Responsibilities

1. Roles and Responsibilities, including Chain of Command is within the venue-specific EAP.
2. The first responder in an emergency situation during an athletic practice or competition may be a member of the sports medicine staff, such as an AT. However, the first responder may also be a coach or another member of the school personnel.
3. The most medically qualified (see chain of command) will check scene safety and provide patient care.
4. Each team may have different roles & responsibilities delineation. It is the responsibility of the **[insert who is responsible here]** to identify these roles & responsibilities prior to the start of each **season, academic year, etc.**

Chain of Command

1. The first responder in an emergency situation will be a QHP. However, in the event a QHP is not available, the first responder may be a coach or another member of the school personnel. Follow the roles & responsibilities specific for each venue and sport.

Emergency Communication

1. Access to a working telephone line or other device, either fixed or mobile, is required for each individual at each venue. See venue- and sport-specific EAP (**Appendix A**) for more information.
 - a. Each team will identify a backup communication plan in the event of a failure of the primary method.
2. Communication is key to a quick, efficient emergency response. A designated individual should call EMS (e.g., call 9-1-1) and remain on the line until directed to hang-up by the operator.
 - a. Each venue will have a designated individual to call EMS, these individuals are delineated in the venue specific EAP (**Appendix A**).
 - b. When communicating with Emergency Medical Services, the following information should be provided:
 - i. Who you are
 - ii. General information about the injury or situation
 - iii. Vitals
 - iv. Suspected injury
 - v. Time of injury
 - vi. Location- if they have been moved
 - vii. Level of consciousness
 - viii. Pertinent medical history - allergies, concussions, etc.
 - ix. Any additional information
 - x. Transportation plan
3. A pre-established phone tree has been developed to ensure all relevant parties are notified (**Appendix C**). **[note, remove or revise this based on organizational needs]**
4. During events, hand signals may be a more effective form of communication rather than technology. Hand signals will be developed and rehearsed as part of the Pre-Event Medical Meeting (**Appendix B**) prior to all events.
 - a. Hand signals
 - i. Cart – two hands in steering wheel motion
 - ii. EMS – fist forward in air
 - iii. Head injury – point towards head
 - iv. Airway – One finger in the air motioning in circle

- v. **[add/remove hand signals as appropriate for your organization]**

Emergency equipment

1. Emergency equipment is available at all **[organization name]** venues. Equipment and locations per site can be found in **Appendix B.**
 - a. Importantly, an AED will always be within 3 minutes of each venue.
2. Personnel should be familiar with function and operation of each type of emergency equipment at each site.
3. The equipment will be checked on a regular basis to ensure the maintenance and good condition for use.
 - a. **[insert who will be responsible for monthly maintenance]** will be responsible for monthly checking emergency equipment, including the AED.
 - b. If repairs, replacements or inspection is needed, this will be documented by the **[insert who will be responsible for monthly maintenance]** and communicated to the **[insert who will be responsible for repairing or replacing equipment].**
4. A readiness-check for all equipment and EMS access points should occur daily.

I. Training/Retraining

Review

1. All **[insert who will review the EAP, should include all members of the interdisciplinary healthcare team]** will review the EAP prior to the start of preseason.
2. A review of the EAP will occur in the preseason staff meetings prior or competition with all support staff.
3. The EAP will be reviewed once a year, at minimum.
4. The EAP review will also include a brief overview of catastrophic injuries and corresponding policies for recognition and management of these injuries. **[NOTE: if the organization does not have corresponding policies for conditions yet, consider revising this section until all policies are completed for other catastrophic injuries]**
5. **Consider a sign off sheet to document completion of training and review of EAP.**

Rehearsal

1. The **[identify who is responsible for coordinating the rehearsal of the EAP]** is responsible for facilitating a rehearsal session with all relevant staff members prior to the start of sport seasons.
 - a. The meeting will be directed by the **[identify who is responsible for coordinating the rehearsal of the EAP]** and will include a **[describe how the EAP will be reviewed – PowerPoint, distribution and review, etc.]** for recent updates along with a hands-on portion.
 - b. The hands-on portion will run through different scenarios to ensure the parties in attendance understand the EAP. The hands-on portion will also include a review of emergency response plans at each venue.
 - c. All attendees will be provided the opportunity to ask any and all questions and the AT will be responsible for ensuring a proper and adequate answer to all questions.

2. The EAP will be formally rehearsed at least once a year.
3. The following individuals are required to attend at least one annual rehearsal session: **[insert who would be responsible for attending a rehearsal session].**
 - vi. Additionally, **[consider adding if organization hosts AT students - each semester the athletic trainer(s) will review the emergency action plan with the new set of athletic training students that will work with the team that semester. The EAP will be reviewed within the first 7 days of the students beginning their experience.]**
 - vii. To facilitate continued rehearsal, unannounced emergency drills throughout the season may occur to ensure efficiency in communication and tasks.
 - viii. Any time a new staff member is hired, **[who will be responsible for reviewing the EAP with the new staff, QHP?]** will review the EAP within 14 days of their hiring and a signature will be required after it has been reviewed and rehearsed.

I. Policy Approvals

The signatures below indicate approval of this policy. The signature(s) and date(s) encompass the entire document. This policy is effective for one year following the date written below.

Role: _____ Date: _____

Name (printed): _____ Signature: _____

Role: _____ Date: _____

Name (printed): _____ Signature: _____

Role: _____ Date: _____

Name (printed): _____ Signature: _____

Role: _____ Date: _____

Name (printed): _____ Signature: _____

Appendix A

[ORGANIZATION NAME]

Emergency Action Plan – Venue-Specific

ENTER VENUE: e.g. Combs Athletic Complex – Men's Soccer

[Copy and paste this page multiple times for each venue & sport, you will have to change the address, directions and GPS coordinates for each venue – delete this statement prior to use]

Activate the EAP:

- Any loss of consciousness
- Possible Spine Injury
- Dislocation, Open Fracture, Displaced Closed Fracture
- Difficulty or absent breathing or pulse
- Exertional collapse with central nervous system dysfunction
- Uncertainty of if you have a medical emergency

Emergency Personnel:

[Organization Name] AT will be on site for [specify times/dates as applicable AT will be onsite].

For Emergencies during activities with no QHP onsite, EMS should be contacted immediately.

Venue Roles & Responsibilities (Insert names and contact information for primary individuals below, others may assist with tasks as necessary)

- | | |
|---------------------------------------|---------------------------------|
| 1. Primary Provider of Medical Care - | 5. Crowd Control - |
| 2. Calls 911 - | 6. Meets Ambulance - |
| 3. Retrieves Emergency Equipment - | 7. Contacts Stakeholders - |
| 4. Opens Gates - | 8. Accompanies Pt to Hospital - |

Emergency Procedures:

- 1) Check the scene
 - a) Is it safe for you to help?
 - b) What happened?
 - c) How many victims are there?
 - d) Can bystanders help?
- 2) Identify severity of injury and potential diagnoses
 - a) Check circulation/airway/breathing (CAB), level of consciousness, and severe bleeding
- 3) Instruct [identify who will be responsible for calling 911] to call 911, provide the following information.
 - a) Who you are, General information about the injury or situation
 - b) Where you are (Provide: name, location of downed patient, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions*)

[Insert venue specific
ADDRESS
DIRECTIONS
GPS COORDINATES – If advised to add by EMS]
 - c) Any additional information
 - d) ***STAY ON THE PHONE, BE THE LAST TO HANG UP***
- 4) Perform emergency care (including, CPR, AED application, First Aid, Cooling, etc.)
- 5) Instruct [identify individual who will retrieve emergency equipment] to get the relevant emergency equipment (i.e., AED, rectal thermometer, prepare cold-tub, glucose, first aid supplies, emergency kit)

- 6) Designate [identify individual] to control crowd
- 7) Contact the AT for [Organization Name] if not present on scene
- 8) Instruct [identify individual] to meet ambulance and direct to appropriate site
 - a) Open Appropriate Gates/Doors
 - b) This individual will "flag down" and direct to scene
- 9) Assist QHP providing care, EMS and/or other personnel with care as directed
- 10) [identify individual] will accompany the patient to the hospital or follow in a car if not allowed in ambulance
- 11) Document event and debrief within 48 hours of event

Appendix B

Pre-Event Medical Meeting Template

Event _____

Event Location _____

Event Date _____

Event Time _____ AM/PM

Briefing Location _____

Briefing Time _____ AM/PM

Participants

- | | |
|---|--|
| <input type="checkbox"/> Home Team Athletic Trainer(s) | <input type="checkbox"/> Fire/EMS Personnel |
| <input type="checkbox"/> Home Team Physician(s) | <input type="checkbox"/> Law Enforcement/Security personnel |
| <input type="checkbox"/> Visiting Team Athletic Trainer(s) | <input type="checkbox"/> Venue/Event/Game Management Personnel |
| <input type="checkbox"/> Visiting Team Physician(s) | <input type="checkbox"/> School/League Administration |
| <input type="checkbox"/> Event/Host Athletic Trainer(s) | <input type="checkbox"/> Game Officials |
| <input type="checkbox"/> Event/Host Physician(s) | <input type="checkbox"/> AT Spotter(s) |
| <input type="checkbox"/> Visiting Team Medical Liaison (VTML) personnel | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> X-ray or other unaffiliated medical personnel | <input type="checkbox"/> Other _____ |

Preferred Method of Communication & Secondary/Back-Up Method of Communication

(Customize for event/location)

- Cell Phone/Landline
- Two-Way Radio Channels
 - o Event/Gameday Medical (ATs, MDs, etc.)
 - o Event Management
 - o Administration
 - o Fire/EMS
 - o Law Enforcement
 - o Other

Hand Signals

- o ALL CALL (overhead X)
- o Cart
- o Splints/Immobilization
- o Physician
- o Other

Designated Responders

- ☐ Event participants (players, coaches, officials)
- ☐ Spirit Team/Band
- ☐ Spectators
- ☐ Other

Sample Script

- ☐ Introductions/Contact Information/Event Locations
 - Exchange of contact information
 - Exchange of rosters/medical alert information with medical personnel
 - Where will personnel be located during the event?
 - How to reach various personnel?
- ☐ Communication
 - "All Call" Signal



- Other hand signals (if applicable)
- Two-way Radio and/or cell phone communication
- Medical time out communication/procedures (if applicable)
- “Close the Loop” (if applicable)

**Pre Event Medical Meeting Template developed by the co-author team for the NATA Position Statement: Emergency Action Plan Development and Implementation in Sport (2024). Primarily developed by Darryl Conway, MA, AT, ATC. “All Come” figure from the National Football League.*

Sample Script continued

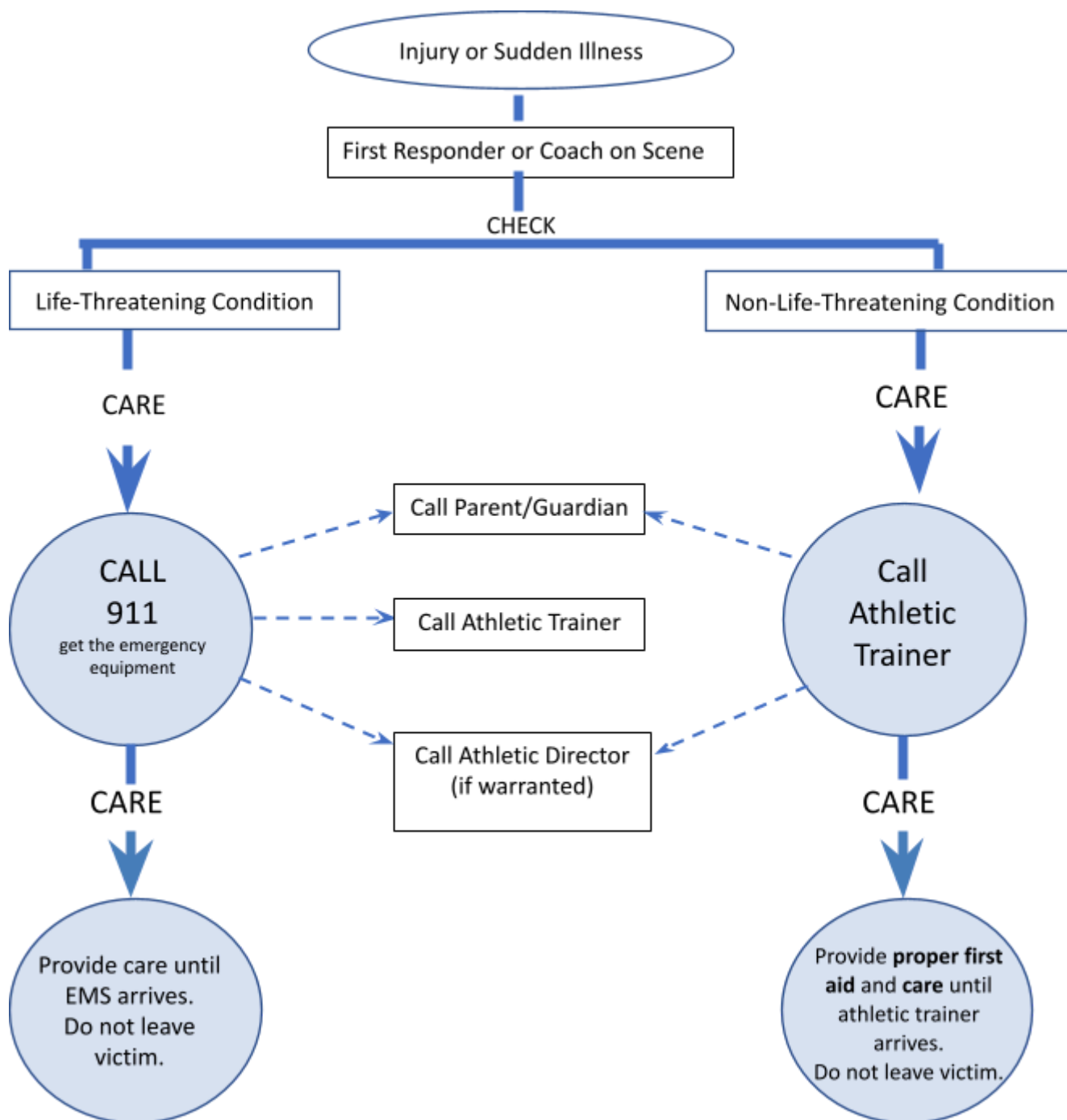
- ☐ **Environmental**
 - Weather forecast
 - Severe weather plans/environmental concerns (i.e. lightning, storms, heat/cold, wind, etc.)
 - Safe shelter location(s)
- ☐ **Access Routes**
 - Emergency access Routes/“Wait” locations (primary; secondary; tertiary)
 - Aero medical landing zone (if applicable)
- ☐ **Field/Court/Stands Evacuation Procedures**
- ☐ **Medical Facilities**
 - “Quiet Room” location for evaluation
 - Nearest hospital
 - Trauma center, other specialty hospital(s)
 - X-Ray, Pharmacy
- ☐ **Role Delineation**
 - **Team leader**
 - Airway management
 - Primary/secondary response team roles // “Pit Crew” resuscitation roles
 - Visiting team medical liaison
 - Designated responder(s) for cheerleading/dance, band, spectators
 - Designated responder(s) for family member(s)
- ☐ **Emergency Equipment (availability; location)**
 - AED Location(s)
 - Resuscitation/Airway equipment (i.e. oxygen, BVM, OPA/NPA, SGA, suction, pulse oximetry, etc.)
 - Hemorrhage control equipment/supplies
 - Exertional heat illness equipment (i.e. rectal thermometer, CWI modality, ice, water, sheet, tarp, etc.)
 - Splints/Immobilization equipment
 - Spinal motion restriction equipment
 - Mechanical CPR equipment (if applicable)
 - Equipment-laden athlete specific equipment
 - Medical emergency equipment (i.e. Epipen, asthma emergency, Narcan, diabetic emergency, etc.)
 - Biohazard equipment/supplies
 - Wheelchair
 - Injury transport vehicle
- ☐ **Emergency Protocols**
 - Cardiac Arrest/Airway/Resuscitation procedures
 - Spinal motion restriction techniques/procedures
 - Equipment-laden athlete management
 - Exertional heat injury management
 - Cold weather emergency management
 - Medical emergency management (i.e. seizures, anaphylaxis, diabetic, asthma, internal, etc.)
 - Fracture management
 - Multiple athlete scenarios
 - Mental health emergency
 - Severe Weather
 - Crisis management/incident command system (ICS) protocols

- ☐ Other issues that could potentially impact the emergency action plan (i.e. construction, crowd, traffic, other events, etc.)
- ☐ Miscellaneous
- ☐ Questions/Concerns

*Pre Event Medical Meeting Template developed by the co-author team for the NATA Position Statement: Emergency Action Plan Development and Implementation in Sport (2024). Primarily developed by Darryl Conway, MA, AT, ATC. "All Come" figure from the National Football League.

Appendix C

Emergency Contact Flow Sheet



Appendix D

After-Action Debriefing

Date of After-Action Debriefing:

Names of Individuals at Debriefing:

Incident:

Date of Incident:

Times of Incident:

Please indicate the following information, and add in additional topics, that was reviewed during the after-action debriefing:

Management Coordination

- ☐ Roles & Responsibilities
- ☐ Overall Preparation, Review, Rehearsal of EAP

Communications

- ☐ Emergency signaling procedures
- ☐ Response Time

Medical Care

- ☐ Use of personal protective gear
- ☐ Care/treatment of patient
- ☐ Victim hand-off to EMS

Supply/Logistics

- ☐ Accountability
- ☐ Resource tracking
- ☐ Equipment care/maintenance
- ☐ Resupply needs