

# **Essentials of Sports Injury Prevention & Rehabilitation**

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## **Lecture – 19**

### **Emergency Action Plan**

Good morning ladies and gentlemen. Welcome to lecture 5 of week 4 of the course on sports injury prevention and rehabilitation. Since you are doing a course on sports injury prevention and rehabilitation, I presume that you are connected to sport in some manner, or you plan to be connected to sport in some manner. Now what happens in sport either during training or during competition, incidence of injuries are higher than normal population. Chances of injuries occurring, chances of mass injuries occurring are higher than a normal population. So, we must always be prepared as people who are associated with sport to be able to act in case there is an emergency and be able to act in the proper manner, so that we are able to save the maximum number of lives.

To this end, we should have something called an emergency action plan in mind and if we are managing a facility or a school or a college or a university, we must be having an emergency action plan written down, documented and regularly rehearsed. So let us define this emergency action plan. Let us talk about its benefits. Let us talk about the components of the emergency action plan. Let us talk about the roles of the different people involved in the emergency action plan, the steps of the EAP, the best practices across the world and we come to a conclusion.

Emergency situations may arise at any time during athletic practices and events. Expedient action must be taken in order to provide the best possible care to athletes in emergency and or life-threatening conditions. That means actions have to be quick, actions have to be correct, actions have to be appropriate. The development and implementation of an EAP helps to ensure that the best care is provided in the event of an emergency.

It basically provides guidelines and templates for documentation of emergency planning to help prepare individuals for a catastrophic injury situation within sports. Basically, it gives you guidelines, it gives you templates, if this, then that, and it is there in a written manner and the entire team should review the EAP at least once a year along with CPR and first aid refresher training. I am talking about review of the EAP, I am not talking about drills for the EAP.

What are the benefits? EAP is basically a risk management strategy which leads to the prevention of athletic injury. It helps the team to be readily prepared for emergency situations.

It ensures that appropriate care is provided in a timely manner. If it is provided after two hours when there is bleeding, it is not of any use. It decreases the chances of legal action taking place against the institution, against the coach, against the training staff. It also protects the liability of the staff and the school administration. More importantly, an EAP leads to a more effective emergency response.

EAP is specific to each venue and it should address the following components:  
Emergency personnel, who are the emergency personnel who are going to respond if the EAP is going to be activated and what is the role of each person? It should be documented in a standard operating procedure manner. Emergency communication, what are the devices available? Where are they available? What is the number to call? How to call emergency medical services? Which is the nearest hospital? What are the numbers? All this should be available and documented in a proper manner. Emergency equipment, where is the equipment kept? Where is the first aid kit kept? Where is the spine board stretcher kept? Where is the cervical collar kept? Where is the AED kept? All these should be available, accessible and clearly listed everywhere across the venue and the equipment should be maintained on a regular basis with a proper check and a log book also maintained. Emergency transportation, whether the facility has an ambulance of its own or is the ambulance going to come from some other place? Is there a tie up with the local hospital? All these things should be described and documented.

Venue directions with a map, the map should be specific to the venue, and provide in and out pathways for both normal public as well as emergency medical services. Roles of the first responders, they must establish scene safety and immediate care of the athlete. Once that is done, they activate the emergency medical services, get the medical equipment required on site and direct the emergency medical services to the scene. This is in case of medical emergencies. The school or the institution should also have an EAP for non-medical emergencies.

Okay, so let us discuss the EAP personnel. The first responder of an emergency situation is typically a member of the training staff, coaching staff, S&C staff or the medical staff. Please ensure that these guys are certified in CPR, basic life support, AED and first aid. The basic emergency response team usually is the athletic trainer, a team doctor if available, emergency medical technician, athletic training students, SNC coach and the coach. Basic roles of the emergency response team.

Basic roles of the emergency response team. There are different types of emergencies. They may be life threatening, they may be orthopedic in it or they may be medical emergencies. If they are subdivided into these three, the roles of the people different. In life threatening

emergencies, EMS personnel, team doctor, athletic trainer, athletic training students and coaches, they are the guys who are going to respond to this.

If it is an orthopedic emergency, either a sports medicine doctor or orthopedic surgeon, team doctor, orthopedic residents, trainer, students and coaches, they will respond to such emergencies. If it is a medical emergency, then that is a team doctor, family medicine or orthopedic residents, certified athletic trainers, athletic training students and coaches. Generally, bystanders do not respond to medical emergencies unless they are trained in bystander CPR. Steps of the emergency action plan. First is the immediate care of the athlete.

Who will do it? The most qualified person on the scene should be doing the acute management of the athlete. Individuals who are less qualified should yield to those with more appropriate training and there should be no ego involved in this. Second, activation of the EMS. As soon as the person on scene tells you that emergency medical services are required, please activate the EMS. It can be done by anyone, but generally there is a nominated person who activates the EMS.

The person chosen for this duty should be somebody who is calm, speaks well over the telephone and does not panic. The person should also be familiar with the location of the injured person and the facility route map. Medical equipment should be stored in a proper place, and once the emergency has been declared, somebody should be detailed to go and pick up this medical equipment and get it to the site of the medical emergency. This person should be an earmarked person and this person should have the keys of the store room or the medical room.

Fourth, directing emergency medical services to the site. One person should be detailed for this to go to the main gate and meet the emergency services as soon as they arrive and to guide them and bring them to the location. Any locked gates or doors should be opened or this guy should have the keys to all these locked gates and doors and this person should know the fastest route in and the fastest route out.

Emergency communication: There should be a proper telephone, either a landline or a mobile, which should be available during the team workout. It should be checked properly before each practice and competition to ensure proper working order and there should also be a backup communication plan involving radio sets if there is failure of the primary communication system.

Emergency equipment: All the necessary emergency equipment should be stored on site and it should not be stored somewhere else. It should be stored on site and it should be quickly accessible. All personnel should be familiar with the site function and operation of the emergency equipment which is present on site. The equipment should be in good operating

condition and it should be checked on regular basis. The equipment should be appropriate for the sport or venue.

If you are having swimming or diving or water sports in a venue and if you do not have pool retrieval kit, then there is no use of having an emergency action plan. So, you should plan for the type of emergencies which you can expect and make sure you have the necessary equipment for dealing with those types of emergencies on site.

Evacuation: There should be a proper plan of evacuation. Operations personnel will coordinate the ambulances on site, and the ambulances should have a proper easy rapid access to the site and a cleared route for exit.

In an emergency, determining transport decisions is the responsibility of the highest level trained person on the scene, not the highest level medical trained person, the highest level administrative trained person. There is a difference. So, transport will be an administrative trained person, medical decisions will be the highest level medical trained person. Generally staff should not transport injured persons in personal vehicles, except in cases of dire emergencies. Care must be taken to ensure that once the emergency care personnel leave the site to transport the injured person, the medical room is not left unattended.

There may be other emergencies after the first emergency. So, if the only doctor has gone with the patient to the hospital, make sure other arrangements are made to provide medical cover for the rest of the event.

Media, crowd and family member management: The events operation personnel and coaching personnel should maintain spectators at a distance to allow emergency medical personnel to deal with the emergency and to allow them proper access and space to work. Information personnel should move the media to an appropriate site until you can give them a proper statement.

And a member of the coaching staff should be detailed to escort the family members to a private area and or to the hospital. Please note these are important events which are supposed to be done. Otherwise there will be chaos on site and it will be very difficult for the medical personnel to manage the emergencies. There are some evidence based best practice recommendations for EAP, and every institute should be having these readily at hand. Every institute should develop an EAP for managing serious or potentially life threatening injuries.

The EAP should be developed and coordinated with local emergency medical services, public safety officials, on site medical personnel and administrators. If these guys are not involved in the EAP, it is of no use. Every institute should have a written EAP document which is distributed to all staff members and which is available at display. The EAP should be specific to

each venue and should include maps and directions to that venue. On site emergency equipment that may be needed should be listed, should be noted, should be documented, location should be listed and available or to all.

The EAP should identify the personnel and the responsibilities to carry out the plan of action and please designate a chain of command if this happens who is in command, if this happens who is in command. Appropriate contact information for emergency medical services number, ambulance providers, hospitals and fire services should also always be available in the EAP. Please have the address, location, contact information of all concerned people in the EAP. The EAP should also have post event documentation actions which need to be taken. Please review the EAP annually and please rehearse the EAP regularly at least once every quarter. And when you are rehearsing and reviewing the EAP make sure the healthcare professionals who will provide the medical cover during games practices should be included in the review and rehearsals of the EAP.

So, what have we learned so far? Emergency situations may occur anytime, anyplace. EAP ensures the best possible care for these situations. Make sure there is a written document and it is disseminated to all concerned. Repeated rehearsals and drills mandatory for the success of an EAP.

Identify and nominate, earmark personnel with their chain of command. Make sure the necessary equipment is kept segregated and make sure the evacuation drills and routes are well defined and rehearsed properly. When you are doing your drills involve the emergency medical services and the healthcare professionals in all drills. Please follow all the best practice recommendations which are there and which are documented which are available freely for when you are drafting your EAP and when you are practicing your EAP. These are the references which I strongly urge you to go through.

I thank you for your patient listening and your time. We are available to answer any queries and suggestions. Please note there will be an assignment which will be given to you and you are so requested to submit the same within the earmarked time period. Thank you for your time and listening. Thank you ladies and gentlemen and Jai Hind.