



Preparing for the Worst– Training for the Best

A Practical Approach to Emergency Trauma Management

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Conflict of Interest Disclosure

- The views expressed in these slides and today's discussion are mine.
- My views may not be the same as the views of my company's clients or my colleagues.
- Participants must use discretion when using the information contained in this presentation





Objective



- Discuss the knowledge/skills associated with the administrative and risk management aspects of planning for an emergency injury/illness situation.
- Examine, discuss and demonstrate the appropriate emergency trauma equipment needed on-site or on-person during an emergent emergency situation.
- Examine, discuss and demonstrate the appropriate emergency trauma procedures needed to management an acutely ill or injured athlete.



Opening Case Scenario

We need 2 students to volunteer!!

Any takers?





Opening Case Scenario



- You witness a football player from an NCAA Division III football program in Alabama gently collapse 2.5 hours into the 3rd day of pre-season in-between running plays.
- Arriving on-scene the athlete presents with dizziness, drowsiness, irrational behavior, confusion, irritability, emotional instability, rapid and thready pulse, and labored breathing.
- You have established that patent airway, adequate breathing, and circulation exists!



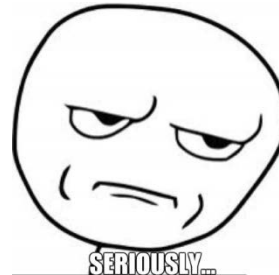
Opening Case Scenario

As part of the differential diagnosis you decide you need to distinguish between-

1. Hyponatremia
2. Exertional heat stroke, and
3. Traumatic brain injury



NOW GO.....





Opening Case Scenario

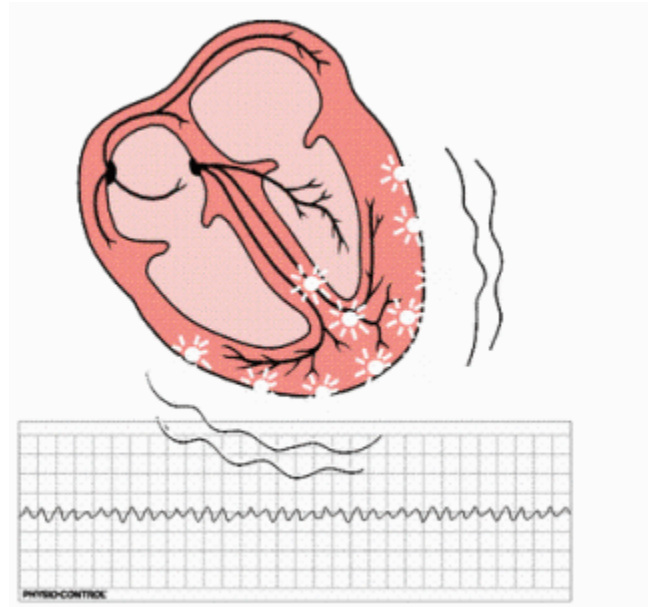
Athlete has now gone into **respiratory** arrest.





Opening Case Scenario

Athlete is now in **cardiac arrest**.





Opening Case Scenario

Now STOP!!!





Case Scenario: Part Deux

- We need 2 *different* students to volunteer!!

Any takers?





Case Scenario: Part Deux



- You witness a football player from an NCAA Division III football program in Alabama gently collapse 2.5 hours into the 6th day of pre-season in-between running plays.
- Arriving on-scene the athlete presents with dizziness, drowsiness, irrational behavior, confusion, irritability, emotional instability, rapid and thready pulse, and labored breathing.
- You have established that a patent airway, adequate breathing, and circulation.



Case Scenario: Part Deux

As part of the differential diagnosis you decide you need to distinguish between-

1. Hyponatremia
2. Exertional heat stroke, and
3. Traumatic brain injury



NOW GO





Case Scenario: Part Deux

Athlete has now gone into **respiratory arrest**.



!Oh No!



M
ATHLETICS



Case Scenario: Part Deux

Athlete is now in **cardiac arrest**.



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Debrief

Would anyone have handled this situation differently?

What was missing?



Why was it missing?



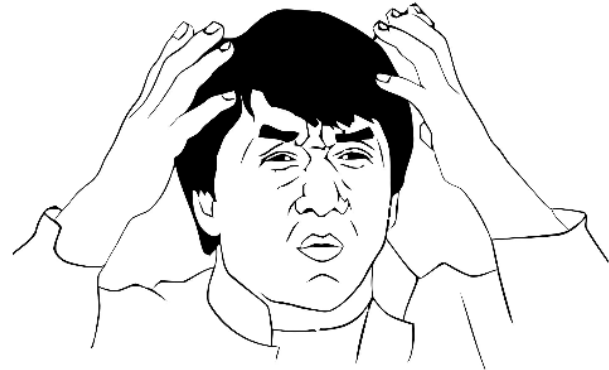


Debrief

How many actually have a flexible probe thermistor or other emergency equipment in your preceptor's kit?



WHY NOT!?





Debrief

Would the missing equipment be in your emergency kit?

How do you know where to find what equipment is necessary?

What beyond equipment must be considered?





Event Planning and Preparation

Journal of Athletic Training 2002;37(1):99-104
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www.journalofathletictraining.org

National Athletic Trainers' Association Position Statement: Emergency Planning in Athletics

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Todd A. McLoda§



Journal of Athletic Training 2012;47(1):96-118
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www.nata.org/jat

position statement

National Athletic Trainers' Association Position Statement: Preventing Sudden Death in Sports

Journal of Athletic Training 2007;42(1):143-158
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www.journalofathletictraining.org

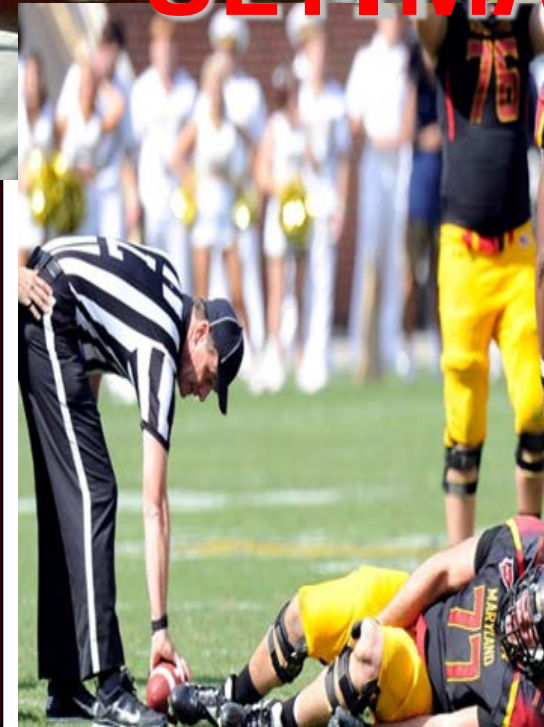
communications

Inter-Association Task Force Recommendations on Emergency Preparedness and Management of Sudden Cardiac Arrest in High School and College Athletic Programs: A Consensus Statement





**Are you prepared for the
ULTIMATE EMERGENCY?**



Homeland Security

IS-907 - Active Shooter What You Can Do

Begin the Training

{SUICIDE}
IS 100% PREVENTABLE

SPEAK UP REACH OUT



“You are not studying or practicing to pass the exam ...

You are studying / practicing for the day when you are the only thing between the athlete and the grave!”



“There is no such thing as ALWAYS and NEVER”

Dr. James Andrews, MD
Birmingham, AL



Black & White vs. Gray?

- Every emergency situation & every patient is different
- Individual circumstances must dictate appropriate actions





**“If it is predictable ...
It is manageable!”**



“It’ s possible, but not probable”



Do you plan/prepare for the possible or the probable situation?

Prepare for all of the possibilities ... you will be prepared for all of the probabilities





Emergency Planning

Critical 15%-

The first 15% / 15 minutes of any emergency determines the effectiveness of the remaining 85%

First 15% = planning

85% = implementation





“In times of stress, you will always fall to the level of your training, not rise to the level of your expectations”



“Pit Crew Concepts”

- **Systems based approach**
- **Each person has a specific pre-assigned duty**
- Each person is strategically placed to maximize effectiveness
- Each duty is coordinated for efficiency
- As personnel integrate into the system → add interventions
- **Frequent practice**





“Time Outs”

- ***“Time Out”*** system for athletic health care
- Convene the health care professionals who comprise the emergency response team
- Pre-event checklist
 - EAP
 - Roles & responsibilities
 - Communication
 - Equipment & resources
 - Transportation plan
 - Other / Miscellaneous

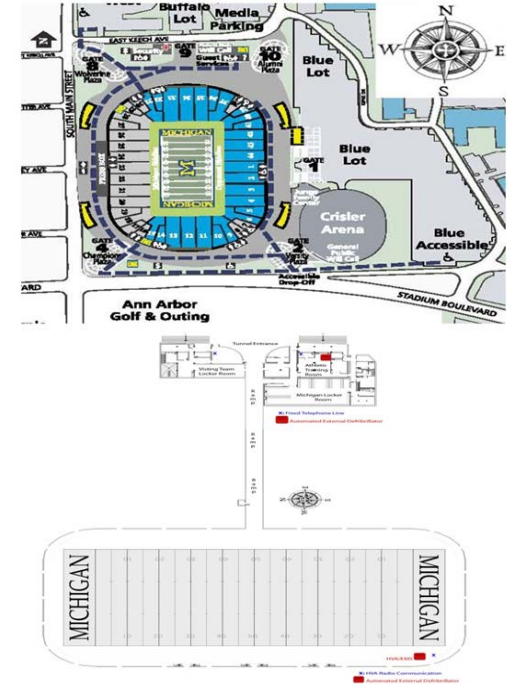




Emergency Planning

Questions-

- Is your plan practical?
- Is your plan flexible?
- Who signs off / reviews your EAPs?
- Who are the EAPs distributed to?
- Are the EAPs posted at facilities?
- Does EMS have detailed maps of your facilities?





Discussion

Why is planning important?

What type of events are we planning for?

What are the different roles during an emergency situation?

How can we minimize legal liability through planning?





Discussion

What type of documentation is important?

What training do you participate in?

What equipment do you have?



Communication plan →

- Before
- During
- After





Emergency Planning

Do you have plans for-

- Cardiac / Medical emergency
- Severe Bleeding
- Severe Weather
- Activity modification for excessive heat and/or air quality
- Cold weather emergencies
- Mental Health crisis
- Active Threat
- Catastrophic Injury
- Crisis Communication
- Equipment
- Training
- Documentation





Emergency Planning

Avoiding Bad Outcomes-

- ALWAYS have a plan.
 - Have a back-up plan, and a back-up for that plan.
- Anticipate “worst case” scenarios
- Practice visualization & mental rehearsal
- Check your ego!
- Control your breathing.





Bottom Line



- When confronted with an emergency, catastrophic, and/or crisis situation, personnel have options with regards to the overall management of the athlete & the situation.
 - **“There is no such thing as ALWAYS & NEVER”**
 - Every emergency situation & every patient is different
 - Individual circumstances must dictate appropriate actions
 - **“The TEAM ... The TEAM ... The TEAM”**
 - **DO THE RIGHT THING!**
- Regardless of the situation, relentless preparation & planning, consistent & stressful training, and an understanding of the benefits & drawbacks of each option is imperative.





Take Home Messages



- **Team** Approach
 - Leadership / Fellowship / Relationships
 - “Leave Your Ego At The Door”
 - Train Often & Train Together
- **Mental** Rehearsal
 - “Expect the Unexpected”
 - “If it is predictable ... It is Manageable”
- **TEAM** must carefully weigh all factors and make educated decisions, using the best available **EVIDENCE** base on what best fits into their individual situations



QUESTIONS

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