GENERAL EMERGENCY ACTION PLAN

EMERGENCY MEDICAL PROCEDURES
Major medical emergencies do not occur at athletic practices or competitions as often as many are
led to believe, BUT THEY CAN AND DO OCCUR. Therefore, the personnel in charge of
conducting athletic practices and interscholastic or intercollegiate competitions must BE
PREPARED FOR ANYTHING AND EVERYTHING. Planning ahead for uncommon major
medical emergencies involves preparation in seven major areas: Medical Coverage Staff and
responsibilities, Support Personnel, External Support Personnel, Communication, Equipment, and
Follow-up.

PLEASE NOTE: The Athletic Training Department has complete authority over allowing an
athlete to participate in intercollegiate athletics. We work under the direct supervision of our
Team Physician(s). The athlete must be a full-time student at the University of Texas at Dallas
and must be cleared by our department prior to participation. Should any injury occur, we reserve
the right to hold an athlete from participation if we feel it is in the best interest of the student-
athlete.

Medical Coverage Personnel and Responsibilities
Sports Medicine Team
1. Team Physician(s):
   Family Practitioners:
   UT Southwestern (appointments are arranged through the UTD athletic trainers)
   Team Physician: Primary Care / Sports Medicine
   Dr. Robert Dimeff, M.D.
   Team Orthopedist:
   Dr. William Robertson, M.D.
   Dr. Kathryn Coyner, M.D.
2. Head Athletic Trainer
   Tom Monagan, MS, ATC, LAT
   Sport Responsibility: Men’s Soccer, M/W Tennis
   Office: 972-883-4066
   E-MAIL: tomm@utdallas.edu
3. Athletic Trainer
   Tracy Lott, MS, ATC, LAT
   Sport Responsibility: Women’s Basketball, Softball, M/W Cross-Country
   Office: 972-883-4066
   E-MAIL: tracy.lott@utdallas.edu
4. Athletic Trainer
   Karl Smith
   Sport Responsibility: Women’s Soccer, Men’s Basketball, M/W Golf
   Office: 972-883-4066
   E-MAIL: karl.smith@utdallas.edu
5. Athletic Trainer
   Kerri Kalina, MS, ATC, LAT
   Sport Responsibility: Women’s Volleyball, Baseball
   Office: 972-883-4066
   E-MAIL: kerri.kalina@utdallas.edu
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Medical Coverage Personnel Responsibilities
The total emergency medical procedure should be thought out, planned, and practiced prior to athletic practice or competition. The chain of command is vital and open coordination and communication within this chain is essential.

Medical Coverage Chain of Command:
The athletic training staff will always act as primary care givers at the site of injury or accident (when on-site) and would manage the situation according to the following rank:

1. Team Physician
2. Head Athletic Trainer
3. Assistant Athletic Trainer

In the event that a certified athletic trainer is not on-site at the time of injury the following chain of command would be used:
1. Head Coach
2. Assistant Coach
3. Graduate Assistant Coach
4. Student Manager
5. Fellow Student-Athlete

The welfare of the injured athlete is always first and foremost, therefore immediate care in some form is vital and by no means should care wait to be undertaken until a certified athletic trainer arrives on the scene. Proceed as judgment dictates until help arrives.

If a severe medical emergency occurs while a certified athletic trainer is not present, immediately call 911 to activate the emergency medical system, and then call the head athletic trainer to notify him of the situation.

Emergency Medical Care Responsibilities
1. Provide immediate direct medical care during practices and games to any injured UTD athlete and activate the emergency action plan if catastrophic incident occurs.
2. Assist with scene management during an emergency medical event including coordinating with EMS, fire, and police as appropriate.
3. Direction of EMS to scene.
4. Make return to play decisions for UTD injured athletes based upon physician orders and/or current standards of practice.
5. Serve as a liaison between visiting certified athletic trainers and UTD’s medical resources.
6. Serve as a medical care provider to visiting teams traveling without a certified athletic trainer including return to play decisions.
7. Make referral decision concerning injured athletes.
8. Communicate with other healthcare organizations providing direct care to the injured athlete.
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Support Personnel
There are many roles needing to be filled during an emergency involving an injured athlete. Support personnel such as administrators, coaches, and officials/referees will have the following responsibilities during this type of incident:

1. Athletics Director
   - Notifies or is notified by the head athletic trainer of a catastrophic injury.
   - Coordinates the notification of parents/guardians if notification has not been made.
     Notification responsibilities may be delegated to head coach of sport, head athletic trainer, counseling center, or student services.
   - Notifies University President.
   - Notifies or delegates notification of legal counsel concerning catastrophic injury.
   - Notifies senior athletic staff as appropriate.
   - Notifies NCAA faculty representative.
   - In event that the catastrophic incident is non-athletic, the athletics director notifies the head coach of the sport.

2. Associate Athletic Director(s)/Senior Women’s Administrator (SWA)
   - Enacts any catastrophic injury procedures for the university
   - Notifies legal counsel
   - Notifies other assistant athletic directors and compliance officer
   - Notifies university spokesperson
   - Notifies Dean of Student Affairs
   - Coordinates media plan with sports information director, athletics director, head athletic trainer, head coach, and university spokesperson. No release of information can be made until parents/guardians have been notified.

3. Game Officials
   - Assist in keeping the area around the injured athlete clear of individuals not directly involved in the injury management process.

External Support Personnel
1. UTD Police Department (972-883-2222)
   - Crowd Control
   - Assist in transportation of minor injured athlete and/or family in special circumstances
   - Implement AED use for sudden cardiac arrest emergencies

2. Richardson Fire Department/EMS (972-744-5700 – non emergency)
   - Injured athlete care is transferred by EMS
   - Transportation

Communication
1. Who is directly in charge of handling, IMMEDIATELY, the medical emergency?
   Check the chain of command…See above.

2. How can the person in charge obtain immediate knowledgeable assistance (manpower and supplies)?
   Practice:
   1. By phone
   2. By cellular phone
   3. By pay phone

   Game:
   At Home: Should have help in attendance – athletic training staff
   On Road: Home team’s person in charge
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Emergency Phone Numbers
Emergency: 911
Ambulance Service / Richardson Fire Dept. (Non-Emergencies): 972-744-5700
Baylor/Richardson Medical Center Emergency Room: 972-498-4777
Baylor Regional Medical Center at Plano Emergency Room: 469-814-2000
The Medical Center of Plano 972-596-8600

Pharmacies:
CVS Pharmacy: 972-231-3522 (605 West Campbell Road)
Tom Thumb: 972-680-6010 (1380 West Campbell Road)
Target Pharmacy: 214-775-0207 (16731 Coit Road)
Wal-Mart Pharmacy: 972-599-1650 (425 Coit Road, Plano)

Emergency Call Procedure
What to say:
1. Identify yourself (name and affiliation with college)
2. Briefly explain situation (ie: unconscious athlete, breathing)
3. Explain purpose of call (ie: ambulance needed)
4. Explain location (address/landmarks)
5. Answer questions addressed to you
6. HANG UP LAST!!

Where am I? Nearest phone:
1. Activity Building (Basketball/Volleyball): Athletic Training Room
2. Baseball/Softball/Soccer Fields: Athletic Training Room (Activity Building)
3. Tennis Courts: UTD Bookstore
4. Various emergency call phones/centers located on campus.
5. DURING AFTER HOURS FIXED CALL BOX IS LOCATED AT THE CORNER OF
DRIVE A AND RUTFORD AVE.

Emergency signals
1. Arm held up with hand in a fist: Vacuum splints
2. Arms outstretched with palms up: Spine board
3. Hands sign of pyramid above head: Ambulance
4. Fingers in sign of a cross above head: Doctor
5. Both arms held up with both hands in a fist: AED

Equipment
1. Immediate emergency supplies:
   a. Vacuum or rigid splints – at area of most activities
   b. Spineboard – at area of most activities
   c. Cervical collars – in vacuum splint bags
   d. CPR masks – on individual athletic trainers
   f. Fully stocked first aid kits – at area of activity
   g. Fully stocked fanny packs – at area of activity as needed by individual AT’s
   h. AED
2. Secondary emergency supplies:
   a. Crutches / Knee Immobilizers
   b. Arm Sling
   c. Ice and ice bags
   d. Elastic wraps
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Transportation
1. How will the injured athlete be transported to the hospital in an emergency?
   a. Ambulance – all of the time in an emergency with unstable athlete
      · Undedicated Ambulance is requested for men and women soccer games
      · Ambulance may be coordinated on site for special events/sports (regional tournaments, major tournaments, etc)
      · When Ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue.
   b. Private Vehicle – if non-emergency and athlete is stable
2. Who will go with the injured athlete?
   a. Parent, teammate, or coach
   c. Representative of home team
   d. Nobody, just their referral and insurance information

Follow-up
1. Appropriate documentation must be completed (injury report, official university incident report, etc.)
2. Certified athletic trainer should check on the athlete at the hospital to see if further assistance is needed.
3. Athletic training staff should be debriefed
4. Emergency Action Plan will be reviewed
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General Emergency Action Plan
This plan is designed to be implemented anytime an athlete is injured.

I. All injuries must be:
   A. Evaluated or consulted with a certified athletic trainer, who will make the decision on care and participation status until a Physician can be consulted. Due to liability concerns the team Physician’s decision on participation will be final.
   B. Discussed between a certified athletic trainer and the head coach or designee (as allowed by HIPAA).
   C. Under advisement of the University of Texas at Dallas’ consulting Team Physician.

II. All injuries must be documented by:
   A. Completion of the appropriate injury report.
   B. Students going to a Physician other then the Emergency Room must have a medical referral from a certified athletic trainer.

III. Absence of a Certified Athletic Trainer:
   A. The athletic training staff will always act as primary consultants or care givers at the site of an athletic injury or accident (when on-site) and would manage the situation according to the chain of command.
   B. In the event that an athletic trainer is not on-site at the time of injury the following chain of command would be used:
      1. Head Coach
      2. Assistant Coach
      3. Graduate Assistant Coach
      4. Student Coach
      5. Student Manager
      6. Fellow Student Athlete
   C. The welfare of the injured athlete is always first and foremost, therefore immediate care in some form is vital and by no means should care wait to be undertaken until a certified athletic trainer arrives on the scene.
      Proceed as judgment dictates until help arrives.
   D. Request EMS as needed.
   E. Contact a certified athletic trainer for instructions.
   F. Assist athlete within your knowledge base.
   G. Document everything that happens.

IV. Protocols:
   A. Minor injuries: Grade 1 sprain and strains, superficial lacerations, nosebleeds, contusions, heat cramps, etc.
      1. Evaluate injury.
      2. Treat injuries appropriately. Use universal precautions for body fluid contact.
      3. Decision to be made on continued participation.
      4. Consultation with a certified athletic trainer as soon as feasible.
   B. Moderate injuries: Grade 2 and 3 sprains and strains, head injuries, heat exhaustion, deep lacerations, etc.
      1. Evaluate injury.
      2. Treat injuries appropriately. Use universal precautions for body fluid contact.
      3. Notify a certified athletic trainer as soon as possible.
      4. Emergency room intervention should be considered.

C. **Major injuries**: Fractures (open or closed), dislocations, neck injuries, unconscious athlete, heat stroke, arterial lacerations, etc.
   1. Check ABC’s – Perform primary survey.
   2. Dial 911 and notify a certified athletic trainer immediately.
      **See emergency call procedure for dialing 911**
   3. Treat any life-threatening injuries.
   5. Treat injuries appropriately. Use universal precautions for body fluid contact.
   6. Have insurance and medical release forms available.

D. **Spine injury**: adopted from the *NATA Spine Task Force, May 30-31, 1998*
   1. Any athlete that is suspected of having a spinal injury should not be moved and should be managed as though a spinal injury exists.
   2. Assess ABC’s, neurological status, and level of consciousness.
   3. The athlete should not be moved unless absolutely essential to maintain ABC’s.
   4. When moving a suspected spine injured athlete, the head and trunk should be moved as a unit. One accepted technique is to manually splint the head to the trunk with in-line stabilization.
   5. Activate EMS.

V. **Miscellaneous**
   A. All providers of prehospital care should practice and be competent in the skills identified in these guidelines for implementation in an emergency situation.
   B. **What the coach needs to know:**
      1. CPR
      2. Basic first aid
      3. AED use
      4. Emergency Call Procedures
      5. Emergency Action Plan
   C. **Do’s and Don’ts**
      1. **Do’s**
         a. Take the situation into hand with confidence
         b. Stay calm
         c. Be prepared for the worst
         d. Stay within your knowledge base
      2. **Don’t**
         a. Straddle the athlete
         b. Step over the athlete
         c. Carry equipment over the athlete
         d. Run all the way to the athlete
         e. Panic at any time during care

• It is important that you are familiar with the procedures for using the emergency equipment. A team effort is needed to accomplish the care and transport of the injured athlete. Be patient when dealing with the athlete. Listen to the needs of the athlete and apply the care required for the injury.
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• Documentation is an absolute must for the injured athlete. All injuries must be documented. If you are on an away trip, write the pertinent information down and record on the appropriate injury form when you get back to campus.
• If you have any questions about these procedures, please ask a member of the certified athletic training staff.