



EMERGENCY ACTION PLAN

INTRODUCTION

Emergency situations may arise at any time during an athletic event. Organizations in charge of athletic events must be prepared to handle life-threatening situations to provide standard of care treatment. This **EMERGENCY ACTION PLAN (EAP)** should detail specifics of those medical personnel that will be involved, provides for medical equipment that will be prepared and supplied during the event, establishes courses for communication to be used, and allows for organization of care to be given in an emergency situation.

In order to facilitate appropriate, effective, and timely care, **METRO HEALTH SPORTS MEDICINE (MHSM)**, the official medical provider for this event, has devised this EAP to guide us in case of an emergency.

COMPONENTS OF THE EAP

- I. Emergency Personnel
- II. Emergency Communication
- III. Emergency Equipment
- IV. Map of Venue
- V. Storm Safety Plan
- VI. Follow up

I. Emergency Personnel

A. Emergency Personnel on Site~

This event will have a MAIN MEDICAL tent (identified by the ORANGE MHSM logos) with an appropriate number of Medical personnel based on the number of participants, race course layout & weather conditions. They may include at least one of the following: physician, registered nurse, physical therapist, athletic trainers and volunteers. In addition, Medical personnel will be strategically positioned along the course to provide additional medical coverage as indicated by the needs of the athlete. All of this will be done in collaboration with Paramedic support.

B. Roles of the Emergency Personnel~

1. Acute Care of the Athlete

At least one individual trained properly in first aid, cardiopulmonary resuscitation, and disease transmission prevention will be located at the main medical tent. First aid and

CPR will be initiated according to the specific skills of the trained medical personnel present. The MHSM Team will be the initial responder, and the Paramedic personnel on-site will be called if needed. Injuries treated will be documented as per Attachment A.

2. Retrieve Emergency Medical Equipment

Appropriate emergency medical equipment will be obtained prior to the event at the main medical tent the day of the race. Those personnel familiar with the type of equipment necessary in an emergency will be available to retrieve the equipment. Telephone numbers for local police, fire department, and ambulance service will be available.

3. Activate Emergency Medical System

One member of the on-site emergency medical personnel will be responsible for activating the emergency medical system for people requiring transport. They will check the functioning of the communication system prior to the start of the event and deliver information in a calm, organized, and effective manner.

4. Directing Paramedic Services for on-course support

Paramedic personnel on-site will have a course map. In the event on-course Paramedic support is needed, the ground zero Paramedic personnel will give direction to the on-call Paramedic team to the site of the injury/event. If necessary and able, an individual from the on-course medical station will be designated to direct Paramedics to the scene. This person will assist with moving of barriers and dispersal of spectators as needed.

C. Activating Paramedic Support~

EMS personnel will be on-site. There will be dedicated ambulance stationed at the Start/Finish line. In the event a transport needs to occur, a second ambulance will be called to perform the transport, or replace the original ambulance.

1. Contact on-site Paramedic Support via cellular phone.
2. Provide the following information to Paramedic personnel:
 - i. Name, number, and location of injured athlete
 - ii. Status of the athlete(s)
 - iii. First aid provided prior to Paramedic arrival
 - iv. Directions to rescue scene
 - v. Other information requested by the dispatcher
3. If unable to contact on-site Paramedic Support, 9-1-1 will be called.
4. EMS will provide transportation for those runners with life-threatening conditions to the designated facility. In non-life threatening situations, an individual provided by the athlete will be allowed to transport him/her to the appropriate facility.

II. Emergency Communication

Effective communication is essential in order to deliver quick and appropriate medical care. All responders on the scene and emergency medical personnel must be competent with the transfer of information. Those health care professionals who are calm and most comfortable with providing information will be in charge of communication.

Portable two-way radios/cell phones will be used on the day of the event at the MAIN MEDICAL tent and by Medical personnel on the course in the event that EMS needs to be

activated. Back-up systems will include personal cell phones. Contact information will be provided to all Medical & Paramedic personnel before the start of the race.

III. Emergency Equipment

Availability of emergency equipment is a necessity during any athletic event. It is especially important in regard to endurance events. Equipment will be up-to-date, in working order, and appropriate for the level of care that is to be provided.

All Emergency Equipment will be obtained by MHSM, checked and stored in a clean, safe environment prior to the event. It will be readily available for use on the day of the event.

IV. Map of Venue

A map of the course will be distributed to the Medical and Paramedic personnel prior to the race.

V. Storm Safety Plan

A. Race Cancellation/Delay~

1. The start of the event will be delayed up to 1 hour if any of the following weather conditions exists:
 - Tornado Watch
 - Thunderstorm/Lightening
 - "Heavy" Rain
2. This event will be canceled if one of the following weather conditions exists:
 - Tornado Warning
 - Severe Thunderstorm/Lightening
3. In the event of cancellation of the event while the event is in progress due to severe weather, the race director is responsible for picking up all participants off the course. In the event that a participant refuses to evacuate the course, bib numbers and/or names will be recorded and documented.

B. Authority to Cancel/Delay Race~

1. The Race Director, in collaboration with the Medical Director from MHSM & local law enforcement has the authority to cancel/delay this event.
2. If threatening weather conditions force cancellation of the event, no refunds can be provided, since funds were already spent in preparation for Race Day. T-shirts will be distributed.

C. Cancellation/Delay Broadcast~

1. The media broadcasting the event and the event emcees will communicate any delay and/or cancellation of the event.
2. Warnings regarding inclement weather will be reported to all medical staff via cell phone or two-way radio transmission.
3. Ground Zero is located at the MAIN MEDICAL tent in the finish area and will be utilized to communicate the decision. If necessary, medical personnel will direct athletes and spectators to safer areas as instructed by the Race Director & law enforcement.

VI. Follow up

The Medical staff will:

- A. Document action taken and discharge status of athlete (as per Attachment A)
- B. Restock first aid supplies
- C. Evaluate effectiveness of action plan and propose future changes if necessary
- D. Provide debriefing and feedback to personnel
- E. Provide follow-up to the medical staff of athletes transported off-site

CONCLUSION

This emergency action plan outlines the personnel, equipment, and responsibilities of **MHSM & EMS** for this event. This plan is a guideline and each emergency situation will be handled according to the provider's level of training, and be dealt with on an individual basis.

REVIEWED & APPROVED BY

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Metro Health Sports Medicine

EVENT ENCOUNTER FORM

Event:	Date:
Station location:	
Name:	Bib#:

Complaint:

- | | |
|---|--|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Exhaustion |
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Blister | <input type="checkbox"/> Joint Pain (location _____) |
| <input type="checkbox"/> Cramp | <input type="checkbox"/> Loss of consciousness/Altered LOC |
| <input type="checkbox"/> Chaffing | <input type="checkbox"/> Overheated |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Cold/Chilled | <input type="checkbox"/> Toenail |
| <input type="checkbox"/> Other _____ | |

Exam Findings (Vital Signs, Pertinent +/-) _____

Treatment:

- | | |
|--|--|
| <input type="checkbox"/> Albuterol (x____) | <input type="checkbox"/> Stretching |
| <input type="checkbox"/> Band Aid | <input type="checkbox"/> Tape |
| <input type="checkbox"/> Blanket/Warming | <input type="checkbox"/> Temperature (_____) |
| <input type="checkbox"/> Blood Sugar (_____) | <input type="checkbox"/> Tylenol/Acetaminophen |
| <input type="checkbox"/> Cooling/Ice Bath | <input type="checkbox"/> Vaseline |
| <input type="checkbox"/> Fluids (Type _____) | <input type="checkbox"/> Wound Care/Cleansing |
| (Amount _____) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ibuprofen/Motrin | _____ |
| <input type="checkbox"/> Ice | _____ |

Disposition:

- Discontinued
 Left with friend/family
 Resumed competition
 Transferred by EMS to _____
 Other _____

Signature _____	Date _____
<input type="checkbox"/> Doctor <input type="checkbox"/> RN <input type="checkbox"/> PT/ATC <input type="checkbox"/> Volunteer	