

AT DIRECT

SPORTS MEDICINE, LLC

Event Locations:

Boulder Creek High School
40404 N Gavilan Peak Pkwy, Anthem, AZ 85086

EMERGENCY ACTION PLAN

In the event of a medical emergency, please call 911!

ATHLETIC TRAINERS:

AT Direct Sports Medicine will be the onsite athletic training provider during the above mentioned event to deal with athletic training / sports medicine issues that participants may suffer from while attending the event. AT Direct Sports Medicine will be on-site to handle regular player care for pre & post event needs as well as to tend to any injury an athlete comes in with or that may occur during a match. Any needs such as injury evaluation, taping, icing, wrapping, and other non-emergent medical needs will be handled by the athletic trainer on-site with AT Direct Sports Medicine. AT Direct Sports Medicine and its contracted athletic trainers will advise on whether or not play can / should be continued by an injured athlete. The thought / impression of the athletic trainer should not be taken as a medical diagnosis, but rather a highly qualified though of the involved injury. A true medical diagnosis must come from a licensed physician. If the injury is one where an athlete can continue to play and is at risk for further injury, such as a case which could require surgery or put the player at further risk, the return to play decision would come from the parents, coach and tournament director. If it is an injury where the athletic trainer does not feel comfortable clearing the athlete, return to play clearance will be determined by a licensed physician.

Local AT Direct Contact:

Josie Harding, ATC: 602-300-4917 & Casey Erickson, ATC: (520)235-0067

Supervising Physician for AT Direct Sports Medicine in Arizona: Dr. Kareem Shaarway, M.D.

The AT Direct Sports Medicine team shares a common commitment to professional and personal excellence. In keeping with AT Direct Sports Medicine's vision of providing supreme service, we take pride in the strong relationships with top physicians in the area. This physician support ensures our athletic trainers work within their scope of practice and provides a valuable resource for those groups we contract with. AT Direct is honored to say we found a physician who shares the same vision in keeping athletes safe and healthy at sporting events.

Dr. Kareem Shaarawy, MD, CAQSM is AT Direct Sports Medicine's directing physician. He also is an assistant professor in the Barrow Sports Medicine Program of the Department of Neurology at Barrow Neurological Institute. He is board certified in family medicine and sports medicine by the American Board of Family Medicine. His expertise includes sports medicine for a range of athletic levels and ages. He is a member of the American Medical Association, the American Medical Society for Sports Medicine, the American College of Sports Medicine, and the American Academy of Family Physicians. Along with having direct access to Dr. Shaarawy and his expertise, AT Direct Sports Medicine has a relationship with a variety of physicians around the valley to ensure your athletes are getting the best, proper care they need.

AT Direct Sports Medicine communicates with such places as local hospital systems, and local urgent cares as well as other local medical professionals based upon the care needed. Our goal is to provide our patients with the highest standard of care possible.



Kareem Shaarawy, M.D. CAQ
Barrow Sports Medicine

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ATC Event Medial Coverage Emergency Action Plan

Emergency situations may arise at any time during athletic events. Expedient action must be taken in order to provide the best possible care to participants in emergency/ and or life threatening conditions. The development and implementation of an emergency action plan will help ensure that the best care will be provided. As emergencies may occur at any time and during any activity, all must be prepared. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared to handle it. Preparation involves formulation of the emergency plan, proper medical coverage at events, appropriate maintenance of emergency equipment and supplies available, and continuing education and communication among all parties.

Maintenance of Equipment & Supplies: All health care professionals and any other individuals who are involved in the emergency situation on site should and will be qualified to use the emergency equipment and should be well versed and follow all state and national regulations and rules. They must know how to perform basic first-aid, CPR and use the AED and know how to use and where available emergency equipment & supplies are located.

Utilization of Emergency Personnel: Emergency personnel should be told of their roles beforehand, so that if an emergency arises, everyone knows exactly what they need to do and there is a common ground. The most qualified person should be helping the athlete who is injured, while the less skilled people should be given the jobs of calling EMS, getting emergency supplies, opening gates or doors, flagging down the ambulance, crowd control, and whatever else needs to be done at that time. It is important we establish these roles prior to events starting.

Emergency Personnel:

The First responder in an emergency situation during an athletic event, game or competition will be the AT Direct Sports Medicine covering certified athletic trainer.

Four basic roles that happen within the emergency team at hand:

1. **Establish scene safety and immediate care of athlete** (This should be provided by the most qualified individual around, and roles should be established by the leading responder)
2. **Activation EMS** (This may be necessary in situation where emergency transportation is not already present at the event. Remember time is the most critical factor and the person assigned to call EMS calm under the pressure, communicates everything necessary, and familiar with the athletic location for directions)
3. **Emergency equipment & supply Retrieval**
4. **Direction of EMS to the scene**

Activating EMS:

1st immediate Responder: The most qualified individual available at the scene should provide or direct any care of the victim.

1. Secure that the scene is safe (DO NOT move the victim unless the scene is deemed unsafe at any point)
2. Assess responsiveness and get consent to treat
 - a. Note time of incident
3. Stay with the athlete to provide any appropriate emergency care, first-aid, and also will become leader in incident
 - a. Need to initiate communication with other responders to activate EMS and retrieve any medical equipment necessary
4. Provide any pertinent information to the EMS personnel when they arrive on scene and will be in charge of all documentation and recording of event

2nd Responder:

- Activates EMS after is has been deemed an emergency situation or life-threatening incident and assist the primary responder as necessary
- Provide as much of this information as possible:
 - Name, age, gender, telephone number of caller
 - Nature of emergency (medial or non-medial)
 - Condition and status of athlete(s) & Treatment initiated by the first responder or ATC
 - Specific direction as needed to locate emergency scene
 - Other information requested by the dispatcher

3rd Responder:

- Insure that communication with facility police, event staff or tournament staff has initiated clearance and access to the scene for EMS personnel to have a clear path
- May have to help with crowd control or if deemed to help assist in incident

Emergency Communication

Remember communication is a key to a quick and efficient response. Covering medical personnel should communicate and establish phone tree with other medial personnel's covering, event staff, venue staff, and those all involved in putting on the athletic event. Make sure to have mobile devices working properly and as well back-up communication devices.

Emergency Equipment:

All AT Direct personal will be trained and familiar with the function and operation of each type of emergency equipment provided at athletic venue. Type of equipment could include but limited to: AEDs, splinting equipment, helmet removal equipment, etc. If available at athletic venue locate the closest AED available.

Medical Emergency Transportation:

In the event that an ambulance is not on site, covering medical personnel should be aware of average EMS response time for the athletic venue and distance from venue to local hospital.

Any emergency situation where there is impairment of loss consciousness (LOC), airway, breathing, or circulation (ABCs), or there is a neurovascular compromise should be consider a “load and go” situation and rapid evaluation, treatment and proper transportation must take place.

Non-Medical Emergencies:

For non-medical emergencies that don't need transported the guardian will transport the athlete to the local and closest urgent care or emergency room.

Encourage your child to notify their athletic trainer and/or coach of injury and be sure to seek appropriate medical care.

ADVERSE WEATHER **CONDITIONS-LIGHTNING**

WHEN TO CLEAR THE FIELD

Postpone or suspend activity if a thunderstorm appears imminent before or during a practice or game (regardless of whether lightning is seen or if thunder is heard) until the hazard has passed.

- In accordance with the NATA position statement, when lightning is 10 miles away or less, officials, directors and other important personnel need to be made aware that spectators, players and any other persons on the field need to start seeking shelter.
- When the lightning is 5 miles away or less, everyone needs to take shelter in a grounded building or in their vehicle
- Events need to be postponed until 30 minutes after the last light flash to bang
- Weather bug spark app will be used to track lightning activity
- In the event of clearing the fields, the **tournament director with the advice from the athletic trainers has the final say.**

If you can hear thunder, you are close enough to the storm to be struck by lightning!

AT Direct Sports Medicine athletic trainers will use the Spark App to make a recommendation to the administrative and coaching staff whether to suspend or return to activity concerning threatening weather

Lightning Safety

Avoid being the highest point, in contact with, or in proximity to the highest point in an open field. Also avoid being on the open water. Do not take shelter under or near trees, flagpoles, or light poles.

1. There should be no contact with metal objects (bleachers, fences, golf clubs, bats).
2. Avoid single or tall trees, tall objects and standing in a group.
3. If there is no other shelter you may seek refuge in a hardtop vehicle.
4. The existence of blue skies and/or absence of rain are not protection from lightning. (Lightning can strike 10 miles from the rain shaft.)
5. DO NOT LIE FLAT ON THE GROUND.
6. Avoid using a landline telephone.

7. Avoid standing water and open fields.
8. If in a forest, seek shelter in a low area under a thick grove of small trees.
9. If you feel your skin tingling immediately crouch and grab your legs and tuck your head.
10. Persons who have been struck by lightning do not carry an electrical charge.
11. All individuals have the right to leave an athletic site in order to seek a safe structure if the person feels in danger of impending lightning activity, without fear of repercussions or penalty.

Lightning Safe Position: crouched on the ground, weight on the balls of the feet, feet together, head lowered, and ears covered. Assume the lightning safe position for individuals who feel their hair stand on end, skin tingle, or hear “crackling” noises.

Safe Shelter

A safe location is any substantial, frequently used building. The building should have four solid walls (not a dug out), electrical and telephone wiring, as well as plumbing, all of which aid grounding a structure.

In cases where indoor shelter is not available:

- Do NOT take shelter under or near trees, flag poles, or light poles
- Do NOT take shelter under metal bleachers or lean against any metal surfaces.
- Do NOT remain near or in bodies of water
- DO go to a car if available
- DO assume the lightning-safe position if necessary

Basic First Aid for Lightning Strike Victim

- Survey the scene for safety
- Activate local EMS
- Lightning victims do not “carry a charge” and are safe to touch
- If necessary, move the victim with care to a safer location
- Evaluate airway, breathing and circulation, and begin CPR if necessary
- Evaluate and treat for hypothermia, shock, fractures and/or burns
- All instances of lightning strike cases are to be documented. In addition, the guardian of the involved athlete shall be notified of the situation immediately.

Heat Related Illness

Heat related illness is a spectrum of illness that occurs due to heat exposure. Heat exposure can come from environmental heat or intense activity. As with all emergency condition proper steps to prevent, recognize and treating heat illness. Heat illness includes:

1. **Exercise-associated muscle (heat) cramps:** caused by dehydration or lack of adequate electrolytes.
 - a. **S&S:**
 - i. Dehydration, thirst, sweating and fatigue
 - ii. Involuntary cramping in limbs or abdomen
 - b. **Treatment/Management:**
 - i. Remove individual from play and rest in a shaded area
 - ii. Provide athlete with cold fluids to replenish fluid loss and electrolyte loss
 - iii. Provide food with high salt content to help replenish electrolyte loss from sweat
 - iv. Stretching of affected muscle
2. **Heat Syncope:** known as orthostatic dizziness. Refers to fainting episodes during high temperatures. It is when the individual doesn't have adequate blood flow to the brain, causing loss of consciousness.
 - a. **S&S:**
 - i. Vertigo or lightheadedness
 - ii. LOC
 - iii. Pale or sweaty skin
 - iv. Weakness
 - v. Decreased or weak pulse
 - vi. Tunnel Vision
 - b. **Treatment/Management:**
 - i. Move individual to shade or cooler area to help decrease body temperature
 - ii. Have individual rest as soon as the individual begins to feel the symptoms begin
 - iii. Monitor vital signs to ensure if further medical attention is necessary
 - iv. Rehydrate and elevate legs to help promote blood flow to return to the heart
 - v. Can return to play once symptoms have resolved and any other necessary medical conditions are ruled out
3. **Exercise (heat) exhaustion:** this is the most common form of heat-related illness individuals will suffer from. Heat exhaustion is known as the inability to continue with physical activity due to cardiovascular insufficiency to the body and energy depletion.
 - a. **S&S:**
 - i. Weakness, fatigue, fainting
 - ii. Vomiting
 - iii. Pale, chills, heavy sweating, irritability
 - iv. Dizziness, lightheadedness, headache
 - v. Hyperventilation , Decreased blood pressure

- vi. Dehydration, sodium loss
 - b. **Treatment/Management:**
 - i. Move individual to shaded and cooler place
 - ii. Remove excess athletic gear
 - iii. Core temperature must be assessed determine how degrees to lower the body temperature before transport
 - iv. Cool individual down with fans, ice towels, ice bags or cool water. (ice bags or cool towels can be placed around the cervical, groin, axillary regions to cool individual down)
 - v. Provide fluids for rehydration
 - vi. Individual shouldn't return to activity the same day of episode. They should wait at least 24-48 hours before returning to play and should gradually increase intensity and volume of activity
4. **Exertional heat stroke:** classified as 2 main criteria's for diagnosis. First is core a body temperature of greater than 104 to 105 degrees and second is CNS dysfunction
- a. **S&S:**
 - i. Core body temperature greater than 104 degrees
 - ii. CNS:
 - 1. Disorientation, confusion, irritability
 - 2. Dizziness, loss of balance, staggering
 - 3. Vomiting, diarrhea
 - 4. Irrational, unusual behavior, aggressiveness
 - 5. Delirium or LOC, and possible coma
 - b. **Treatment/Management:**
 - i. Core body needs to be reduced to less than 102°F as soon as possible to limit chance of morbidity and mortality
 - ii. Core temperature must be assessed to determine how degrees to lower the body temperature before transport
 - iii. Cold-water immersion is the fastest cooling process but if not available ice towels can be used
 - 1. (ice bags or cool towels can be placed around the cervical, groin, axillary regions to cool individual down)
 - iv. It's important to cool individual before transportation unless proper cooling care is unavailable
5. **Exertional hyponatremia:** is known as medical condition where concentration of sodium in the blood low.
- a. **S&S:**
 - i. Overdrinking
 - ii. Nausea, vomiting
 - iii. Dizziness ,headache, disorientation, seizures
 - iv. Altered mental status, pulmonary edema, cerebral edema
 - b. **Treatment/Management:**
 - i. Asymptomatic/ mildly symptomatic
 - 1. Fluid restriction and observe sodium levels
 - 2. Consume oral hypertonic saline or salty foods
 - 3. Hypertonic saline IV can be considered

ii. Severe hyponatremia

1. EMS needs to be activated and monitoring vital signs
2. IV saline solution needs to be administered and recommended supplement O₂ in case of cerebral edema
- 3.

Athletes experiencing signs and symptoms associated with a heat illness should:

1. Leave participation and notify either the athletic trainer (if available), guardian, or coach
2. Remove all excess clothing and protective
3. Rehydrate with cool liquids as quickly as comfortable and begin cooling core temperature
4. Find a shaded area if possible and be monitored by someone for change in symptoms

***If heat index is above 105 all teams are required to take 5 minute water breaks for every 30 minutes of play**

Helpful hints for Rehydrating:

-If the child weights **LESS than 90 pounds**, he/she should consume 10 gulps of fluid (approx. 5 oz) every 15-20 minutes during activity.

-If the child weights **MORE than 90 pounds**, he/she should consume 20 gulps of fluid (approx. 10 oz) every 15-20 minutes during activity.

IF THE ATHLETE IS THIRSTY, THEY ARE ALREADY DEHYDRATED!

Concussions (Mild Traumatic Brain Injury)

What is a concussion?

Concussion, or mild traumatic brain injury (MTBI), has been defined as “a complex pathophysiological process affecting the brain, induced by traumatic biomechanical forces.”

A concussion, also known as a closed head injury, is an injury to the brain usually caused by a blow to the head. It can result in a loss of consciousness, or being “knocked out,” however this is not necessary in order to have had a concussion. In fact, most concussions do not involve loss of consciousness.

What are the signs and symptoms of a concussions?

Signs Observed by Parents or Guardians

- Amnesia Confusion
- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior/after hit or fall

Signs Typically Observed by Athletes

- Headache or “pressure” in head
- Nausea (feeling like you might vomit) - with or without vomiting
- Balance problems or dizziness
- Double, blurred or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable
- Concentration or memory problems Confusion
- Just not “feeling right” or is “feeling down”
- Feeling slower or having a slowed reaction time

RED FLAGS-IF THE ATHLETE IS DISPLAYING ANY OF THESE, EMS MUST BE ACTIVATED

Unequal pupil size
Cannot be awakened
Worsening headache
Numbness/weakness
Slurred Speech
Convulsions or seizures
Unusual behavior
Loss of consciousness agitated

What the Athletic Trainers will do:

If an athlete has been removed from play due to a suspected concussion, the athletic trainer will follow the sideline protocol (See Appendix A). The covering ATC will perform a sideline assessment using the SCAT5 form and check/document vitals. Upon evaluation the athletic trainer will make the decision whether the athlete may or may not return to play. The athlete will be monitored and checked every several minutes to evaluate symptoms.

The athletic trainer **MUST** document all pertinent information surrounding the concussive injury, including but not limited to:

- Mechanism of injury
- Initial signs and symptoms
- State of consciousness (findings on serial testing of symptoms and neuropsychological function and postural-stability tests)
- Instructions given to the athlete and parent (recommendation provided by the physician, take home instructions of proper care for the athlete)
- Relevant information on the patient's history of prior concussion and associated recovery patterns.

If the athlete is suspected of a concussion, the site director and the "rover/head AT" of the site will be informed as well as the parent/guardian. If they are not there, whoever is in charge of that athlete needs to be informed as well as a phone call to the parents. The ATC will also document that phone call (screen shot in healthy roster)

****Refer to organization specific section for protocol following diagnosis****

If an athlete is diagnosed with a concussion, they must receive the concussion education handout. The parent/guardian must be made aware of the red flags and told the athlete must go to the ED if displaying any of the red flags.

Sudden Cardiac Arrest

Sudden cardiac arrest (SCA) is a condition in which the heart suddenly and unexpectedly stops beating. SCA is the number one cause of exercise related deaths among youth athletes and is often due to a cardiovascular disorder. Age is a big consideration in SAC, for adults (older than 35) is often time's coronary artery disease and for youth a congenital cardiac condition causes cardiac death.

Signs and Symptoms:

- Chest pain (can come and go), angina and/or ear/neck pain
- Lightheadedness or severe headache
- Excessive breathlessness or shortness of breath
- Dizziness, nausea, vomiting, palpitations
- Increasing fatigue, cold sweat
- Indigestion, heartburn, GI symptoms
- Pain or discomfort in both or one arms, neck, jaw, stomach

Assessment: (Knowing if it is cardiac condition)

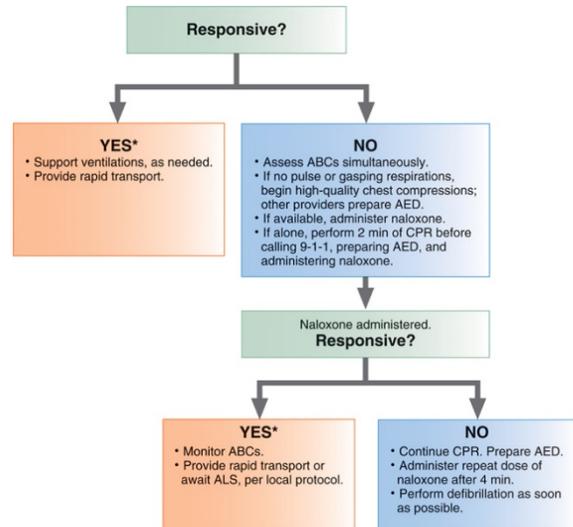
- Responsive (monitoring vitals, and health history)
- SAMPLE: S: signs/Symptoms, A: Allergies, M: medications, P: past health information, L: last intake, E: events leading up

If unresponsive:

- Assess airway, breathing, circulation
- AED for rhythm assessment. Look for pacemaker and/or medical alert bracelets
- Ask bystanders questions

Treatment:

- Activate EMS
- Remove any tight or restrictive clothing
- Attach AED
- CPR- 30 compressions/ 2 breaths



*If at any point patient becomes pulseless or develops agonal breathing, move to "NO" at right

Spine Injured Athletes

Assessment:

- Any suspected spine injury should be treated with extreme caution. No coach, player, or parent should attempt to move any athlete until a medical professional arrives on the scene
- Athletes complaining of pain down or directly on their spine, weakness, numbness, or other neurological symptoms stemming from their injury, or loss of consciousness should be immediately considered a spine-injured athlete. This will prompt a call to EMS
- The athlete's airway, breathing and circulation, neurological status, and level of consciousness should be assessed.
- If the athlete must be moved to maintain airway, breathing or circulation, that athlete should be placed in a supine position while maintaining spinal
- When moving suspected spine-injured athlete, the head and trunk should be moved as a unit.

Stabilization:

- If a spine injury is suspected stabilization by a medical professional is required.
- Realignment of the spine should be done to provide an optimal airway (only if needed)
- In some cases, realignment of the spine (neck) may not be possible. These include:
 - Athlete is apprehensive with you realigning the neck
 - There is increased pain with realignment
 - There is a bony block not allowing you to easily realign the neck

Airway:

- The athletic trainer or other medical personnel shall remove obstacles to the airway such as face masks or face shield.
- Any time an airway is being accessed the AED should also be retrieved in the event it is indicated for use
- A jaw-thrust maneuver is recommended over a head-tilt maneuver if the airway needs to be accessed so further damage to the c-spine is not caused.
- Transport and Immobilization

If an athlete has a suspected spine injury, EMS should be called immediately and site director must be notified

Skin Wounds and Infections

Skin wounds are very common in athletic events. If an athlete's skin is broken in any way (abrasion, scratch, puncture), the area should be cleaned thoroughly with soap and water and covered during athletic practices and competitions. Band-Aids should be changed regularly and the area should be kept clean and dry.

DO NOT leave bandages or tape on when showering unless directed by a physician or athletic trainer.

DO NOT allow athlete to soak in whirlpools or swim with open wounds. This not only will put them at risk for infection, but also those around them.

DISCOURAGE your athletes from sharing equipment such as helmets, shoulder pads, shin guards, jerseys, socks, or shoes. These are common ways for infection to spread quickly through your team.

What are the signs and symptoms of a skin infection?

If an athlete has any type of skin injury it should be monitored closely for signs of infection.

Signs of infection include:

- Heat
- Redness
- Swelling
- Pain
- Loss of function

If an infection is suspected, medical attention should be sought out immediately.

Personal hygiene is the key to prevention of skin infections.

What is Methicillin Resistant Staphylococcal Aureus (MRSA)?

S. aureus is the leading cause of skin and soft tissue infections in the US and is present in approximately 75% of abscesses in the emergency department. MRSA lesions are often mistaken as spider bites and if left untreated can cause significant infection and death. If the lesion is very mild, topical antibiotics might be sufficient; however, if the lesion is more significant, incision and drainage and oral antibiotics will likely be needed. MRSA can be avoided by athletes by practicing good hygiene and limiting the sharing of personal equipment (pads, clothing, towels, razors, etc.), monitoring athletes closely for breakouts among athletes. The most important preventative step is regular showering, hand washing and washing of personal sporting equipment.

We recommend regularly cleaning and sanitization of locker rooms or other dressing areas such as restrooms and athletic equipment to reduce the risk of spreading such serious infections.

AT Direct Sports Medicine Policies

Coverage of Unscheduled or Unanticipated Events

The contract between AT Direct Sports Medicine and each individual organization or institution states the dates and times (of coverage). If there are times during a previously contracted events where the schedule changes or a cancellation occurs, we request 24-hour notice of event changes for staffing adjustments. Pursuant to your agreement, there may be cancellation or change fees involved.

In the event a competition is unscheduled or unanticipated (i.e. rescheduled rain out), please communicate with the AT Direct Sports Medicine Manager (Casey/Josie) or Athletic Trainer for follow-up. If possible the assigned athletic trainer will cover the event, or a manager will arrange for another athletic trainer to be present. If staffing cannot be arranged or in an instance where activity may be taking place during a non-contracted time, coaches will be given emergency contact information and the Emergency Action Plan (EAP) should be followed. A member of the AT Direct Sports Medicine Team can always be reach via Healthy Roster or via a Manager's contact number.

Priority of Coverage

With event based needs, AT Direct Sports Medicine recommends a ratio of 1 ATC per 2-4 fields dependent upon the type of sport, contact and incidence rate of injury; except for youth football where 1 ATC is recommended per field or a minimum of 1 ATC per 1-2 fields.

Otherwise, each athletic trainer will prioritize event coverage by sport based on the guidelines set forth by the National Athletic Trainers Association. This priority is based on type of sport, contact, and incidence rate of injury.

We encourage administrator and/or coaches to provide details of our services prior our work together or to organize a parent meeting prior to the start of each sports season. We feel that providing this information or meeting to discuss ensures that everyone is getting the important information regarding eligibility and safe participation prior to the start of practices & competitions

Other Services

All coaches should be CPR certified and educated on concussions (signs and symptoms, what to do if suspected, when to remove, etc.). The athletic trainers at AT Direct Sports Medicine have the ability to set up an educational session/training where the coaches, officials and any other staff members can be CPR certified or go through a concussion education training.

Appendix A: Concussion Sideline Protocol

