

Pre-Event Medical Meeting

Event _____ Event Location _____
 Event Date _____ Event Time _____ AM/PM
 Briefing Location _____ Briefing Time _____ AM/PM

Participants

- | | |
|--|--|
| <input type="checkbox"/> Home Team Athletic Trainer(s)
<input type="checkbox"/> Home Team Physician(s)
<input type="checkbox"/> Visiting Team Athletic Trainer(s)
<input type="checkbox"/> Visiting Team Physician(s)
<input type="checkbox"/> Fire/EMS Personnel
<input type="checkbox"/> Law Enforcement/Security personnel | <input type="checkbox"/> Event/Game Management Personnel
<input type="checkbox"/> School Administration
<input type="checkbox"/> Head/Lead Game Official
<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____ |
|--|--|

Preferred Method of Communication & Secondary/Back-Up Method of Communication (indicate preferences)

- | | |
|---|---|
| <ul style="list-style-type: none"> • Cell Phone/Landline • Two-Way Radio Channels <ul style="list-style-type: none"> ○ Event/Gameday Medical (ATs, MDs, etc.) ○ Event Management ○ Administration ○ Fire/EMS ○ Law Enforcement ○ Other | Hand Signals <ul style="list-style-type: none"> ○ ALL CALL (overhead X) ○ EMS ○ Splints/Immobilization ○ Physician ○ Other |
|---|---|

Designated Responders (Who responds to injuries)

- Event participants (players, coaches, officials)
- Spirit Team/Band
- Spectators
- Other

Sample Script

- Introductions/Contact Information/Event Locations**
 - Exchange of contact information
 - Exchange of rosters/medical alert information with medical personnel
 - Where will personnel be located during the event?
 - How to reach various personnel?
- Communication**
 - **"All Call"** Signal
 - Other hand signals (if applicable)
 - Two-way Radio and/or cell phone communication
 - Medical time out communication/procedures (if applicable)
 - *"Close the Loop"* (if applicable)



Sample Script continued

- Environmental**
 - Weather forecast
 - Severe weather plans/environmental concerns
 - *Lightning (distance to evacuation, shelter locations)*
 - *WBGT*
 - *Cold tub location*
- Access Routes**
 - Emergency access Routes
 - Gates, doors (who has keys)
 - Aero medical landing zone (if applicable)
- Field/Court/Stands Evacuation Procedures**
- Medical Facilities**
 - Location for evaluations
 - Nearest hospital
 - Trauma center (Level 1, Pediatric, etc)
- Role Delineation**
 - **Team leader**
 - Airway management
 - Primary/secondary response team roles
 - Designated responder(s) for cheerleading/dance, band, spectators
- Emergency Equipment (availability; location)**
 - AED Location(s)
 - Resuscitation/Airway equipment (i.e. oxygen, BVM, OPA/NPA, SGA, suction, pulse oximetry, etc.)
 - Bleeding control equipment/supplies
 - Exertional heat illness equipment (i.e. ice, water, cold tub, etc.)
 - Splints/Immobilization equipment
 - Spinal motion restriction equipment
 - Athlete specific equipment removal (football/lacrosse pads, etc)
 - Medical emergency equipment (i.e. Epipen, asthma emergency, diabetic emergency, etc.)
 - Wheelchair
 - Injury transport vehicle
- Emergency Protocols**
 - Cardiac Arrest/Airway/Resuscitation procedures
 - Spinal motion restriction techniques/procedures
 - Equipment-laden athlete management
 - Exertional heat injury management
 - Medical emergency management (i.e. seizures, anaphylaxis, diabetic, asthma, internal, etc.)
 - Fracture management
 - Multiple athlete scenarios
 - Mental health emergency
 - Severe Weather
 - Crisis management/incident command system (ICS) protocols
- Other issues that could potentially impact the emergency action plan (i.e., construction, crowd, traffic, other events, etc.)**
- Miscellaneous**
- Questions/Concerns**