



Review this checklist before any athletic event.

<input type="checkbox"/> ACLS EMS <input type="checkbox"/> Backboard <input type="checkbox"/> Face Mask Tools <input type="checkbox"/> Heat Risk Status <input type="checkbox"/> Cool Prior To Transport <input type="checkbox"/> AED Sideline <input type="checkbox"/> Sentinel Seizure/ Agonal Respiration Awareness <input type="checkbox"/> C-Spine Protocol <input type="checkbox"/> Lightning Plan	EMS Contact Name: _____ EMS Contact Number: _____ Squad Name: _____ Squad Number: _____ Designated Hospital: _____ ED Contact Number: _____ Game Administrator Name: _____ Game Administrator Number: _____ Backup EMS Name: _____ Backup EMS Number: _____
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Home Team Physician Name: _____ Cell: _____	Home Athletic Trainer Name: _____ Cell: _____
Visitor Team Physician Name: _____ Cell: _____	Visitor Athletic Trainer Name: _____ Cell: _____

Hand Signals: ACLS to Field (fist striking chest) _____ Spinal Immobilization (arms stretched out horizontally) _____ Concussion (finger pointed to head) _____ Additional Signals _____ _____ _____	Designated Responders: Cheerleading Injury Response _____ Band Injury Response _____ Spectator Response Plan _____ Scene Control Plan _____ AeroMedical Land Zone Coordinates & Location _____ Fire Department: Phone Number _____ Police Department: Phone Number _____
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MTO Extras

All Equipment on Stretcher.
 Entire Group visually checks and reviews equipment guidelines.
 30 minutes prior to kickoff recommended.

Athletic Trainer(s) Responsibility

Emergency Response Plan, Player Medical History, Multi-tool Equipment Removal (Facemask and Helmet Included) Kit, Knowledge of Equipment in Play, Backboard & Location (If Not With EMS)

Doctor or Medical Staff Responsibility

Sports Injury Experience for Team Physician, Care Coordination

EMS Provider Responsibility

AED, C-collar, Towel Rolls, Stretcher, Backboard and Straps, 2 Inch Securing Tape, Sheets, King Airway, Cold Packs, BLS or ALS First Out Med Bag

School Officials & Law Enforcement Responsibility

Keys to Gates and Doors, Egress Routes, Directions to Hospitals, Aeromedical Landing Coordinates, Scene Control, Equipment Retrieval if Necessary

Athletic Trainer SIGNALS

used to summon EMS, other ATs, Medical Staff

- Baseball "You're Safe"** sign: EMS brings spinal motion restriction stretcher, 8: EMTs, ATs, Assts, go to player.
- Fist Striking Chest** sign: Cardiac, Resp. Arrest: bring AED, O2, stretcher; ATs remove uniform.
- Pointing at Head:** Possible Concussion - SCAT5 Assess



TEAM APPROACH CPR

Bare Chest, Immediate

Compressions: Hard & Fast

AED ASAP: Pocket Mask, King Airway, Paramedic IV Meds

**GOOD COMPRESSIONS
 SAVE LIVES**

Multi Person Lift

If Football Player is Supine (on back) consider: 8 Person Lift onto Backboard

Rescuer holding C-Spine (at head) is in control of the lift, "Lift player 6 inches off field on my command."

"Ready, LIFT"

- * Four Point Stance, 2 feet 2 knees
- * Strongest or most experienced lifters at the shoulders
- * Palms up, full two hands
- * Do not lift by player's arms or front of shoulder pads

Torso lifters: Palms up, One hand at lower buttocks, Second hand at mid-back

Leg lifters: Palms up, One hand at the lower calf muscle, Second hand under the mid-thigh.

Rescuer who will be sliding backboard should ensure adequate space between opposing lifter's knees and toes for backboard positioning.

Carefully slide the backboard under the player from the feet to the head, being cautious not to get caught on the shoulder pads or back of helmet.

The backboard will stop when it impacts the knees of the Rescuer at the head. The Rescuer will note that the helmet or head is in the correct position.

"Ready, Lower"



If prone (face down) log-roll directly onto the backboard, unless immediate airway management is necessary.



SCAT 5 Symptom Evaluation

How do you feel?

(You should score yourself on the following symptoms, based on how you feel now.)

	None	Mild	Moderate	Severe
Headache	0	1 2	3 4	5 6
"Pressure in Head"	0	1 2	3 4	5 6
Neck Pain	0	1 2	3 4	5 6
Nausea or Vomiting	0	1 2	3 4	5 6
Dizziness	0	1 2	3 4	5 6
Blurred Vision	0	1 2	3 4	5 6
Balance Problems	0	1 2	3 4	5 6
Sensitivity to Light	0	1 2	3 4	5 6
Sensitivity to Noise	0	1 2	3 4	5 6
Feeling Slowed Down	0	1 2	3 4	5 6
Feeling like "in a fog"	0	1 2	3 4	5 6
"Don't feel right"	0	1 2	3 4	5 6
Difficulty Concentrating	0	1 2	3 4	5 6
Difficulty Remembering	0	1 2	3 4	5 6
Fatigue or Low Energy	0	1 2	3 4	5 6
Confusion	0	1 2	3 4	5 6
Drowsiness	0	1 2	3 4	5 6
More Emotional	0	1 2	3 4	5 6
Irritability	0	1 2	3 4	5 6
Sadness	0	1 2	3 4	5 6
Nervous or Anxious	0	1 2	3 4	5 6
Trouble Falling Asleep	0	1 2	3 4	5 6

Total Number of Symptoms _____
 (Maximum possible 22)

Symptom Severity Score _____
 (Maximum possible 132)

Do your symptoms get worse with physical activity? Y N

Do your symptoms get worse with mental activity? Y N

If 100% is feeling perfectly normal, what percent of normal do you feel?

If not 100%, why?
