

This document outlines the crosswalk between the NATA PS Recommendation and how the Checklist Reads for that Recommendation – just as an FYI for anyone distributing

Position Statement Section	Checklist will read...
Optimizing Patient Outcomes	My institution/organization....
1. Institutions and organizations that sponsor athletic events have a responsibility to develop a written EAP for all sponsored activities (including in-season and out-of-season games, practices, conditioning, and skills sessions).	Has a written EAP for all sponsored activities (including in-season and out-of-season games, practices, conditioning and skill sessions)
2. Institutions and organizations should develop EAPs specific to each venue and sport .	Has a written EAP for each venue. Has a written EAP for each sport.
3. Institutions and organizations such as state or national athletic associations, should provide educational resources for lay responders on the management of catastrophic illnesses and injuries most common in sport.	Provides educational resources for lay responders on the management of catastrophic illnesses and injuries most common in sport
Development	
4. Institutions and organizations should designate an EAP coordinator who facilitates the development, implementation, distribution and review of the EAP.	Has a designated EAP coordinator (<i>facilitates development, implementation, distribution and review of the EAP</i>)
5. The EAP coordinator, or their designee, should evaluate safety considerations for each facility when developing and updating the EAP (e.g., emergency medical services [EMS] access and emergency equipment) .	Evaluates safety considerations for each facility when developing and updating the EAP
6. The EAP coordinator, or their designee, should delineate a chain of command with anticipated roles of available personnel potentially involved in the emergency response during sport activities.	Delineates a chain of command with anticipated roles of available personnel.
7. The development of the EAP should involve an interdisciplinary healthcare team .	Develops an EAP involving an interdisciplinary healthcare team.
Implementation	
8. The EAP should be distributed at least annually, or if updated in the year, to all members of the interdisciplinary healthcare team.	Distributes the EAP at least annually to all members of the interdisciplinary healthcare team.
9. The EAP should be reviewed (i.e., overview of document) at least annually, or if updated in the year, by all members of the interdisciplinary healthcare team.	Reviews the EAP at least annually, with all members of the interdisciplinary healthcare team.
10. The EAP should be rehearsed (i.e., hands-on scenario-based practice) at least annually (i.e., 1 time a year or more) by members of the interdisciplinary healthcare team.	Rehearses the EAP at least annually with all members of the interdisciplinary healthcare team.
11. Details of the EAP rehearsal should be documented including when, where, who was present and which scenarios were rehearsed.	Documents the EAP rehearsal (including when, where, those present).
12. The EAP should be coordinated (i.e., in collaboration) with local emergency responders and public safety officials.	Coordinates the EAP with local emergency responders and public safety officials
13. Institutions and organizations should make the EAP available (e.g., posted, electronic) at all venues.	Makes the EAP available (e.g., posted, electronic).
14. The EAP should be approved by organizational leadership and those responsible for the development of the plan prior to implementation which may include school administrators, athletic directors, event organizers, the EAP coordinator, athletic trainers, team physicians, and/or legal counsel.	Approves the EAP by organizational leadership.

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15. As part of orientation at a new organization or event (e.g., per diem events), athletic trainers should review the EAP.	Ensures the EAP is reviewed by new athletic trainers at orientation.
16. Following the emergency event, the individuals involved in the emergency response and organizational leadership should conduct and document a debriefing , which may identify strategies to improve the EAP.	Conducts and documents a debriefing following an emergency event.
17. Following a catastrophic event and activation of the EAP, a Critical Incident Stress Debriefing (CISD) should occur.	Conducts a critical incident stress debriefing after an emergency event.
18. Institutions and organizations should document an incident report following the activation of the EAP.	Documents an incident report following the activation of the EAP.
Response	
19. The EAP should be discussed prior to all competitions/games in a Pre-Event Medical Meeting (previously known as a Medical Time Out) which includes healthcare professionals, school administrators/officials, coaches, facility staff, team personnel, security personnel, officials, and any other personnel potentially involved in the response to an emergency	Discusses the EAP as part of a pre-event medical meeting.
20. Each athletic trainer should conduct a daily ‘readiness check’ of their venue- and sport-specific EAP, including survey of emergency equipment, EMS access points and available personnel.	Conducts a readiness checks of their venue- and sport-specific EAP, including emergency equipment and EMS access points.
21. Emergency equipment (e.g., an automated external defibrillator (AED) or whole-body cold-water immersion vessel) should be available, readily accessible and clearly identifiable with proper signage for all athletic events.	Ensures availability and accessibility of emergency equipment.
22. An AED should be on-site or retrievable for use within 3 minutes at all sport venues.	Ensures access to an AED within 3 minutes of all sport venues
23. A rapid initial head-to-toe assessment by athletic trainers, team physicians, or another designated responder should identify the site and severity of injury and determine the need for activating the EAP.	Outlines the need for a rapid initial head-to-toe assessment by healthcare professionals.
24. The EAP should be activated as soon as possible by the first responding individual when a serious or life-threatening emergency is identified.	Ensures the EAP is activated as soon as possible by the first responding individual.
25. Activation of the EAP begins with contacting local emergency responders and summoning any on-site healthcare professionals or trained lay responders as soon as possible.	Ensures the EAP activation begins with contacting local emergency responders.