



Review this checklist before any athletic event.

- ACLS EMS
- Sideline AED
- Sentinel Seizure / Eyes Open / Agonal Respiration Awareness
- Face Mask & Equipment Removal Tools
- C - Spine Protocol
- On Field Equipment Removal Decision
- Weather and Lightning Plan
- WBGT Monitor
- Cool Prior to Transport
- Hemorrhage Control Kit

EMS Designated Location	
EMS Providers:	Name
	Cell
	Name
	Cell
Designated Hospital	
ED Contact Number	
Game Administrator: Name	
Referee	
Incident Designee	

Home Team Physician	Name:	
	Cell:	
Visitor Team Physician	Name:	
	Cell:	

Home Athletic Trainer	Name:	
	Cell:	
Visitor Athletic Trainer	Name:	
	Cell:	

**Hand Signals:**

ACLS to Field

Spinal Immobilization

Concussion

Universal ALL CALL

Additional Signals

**Designated Responders:**

Cheerleading Injury Response

Band Injury Response

Spectator Response Plan

Scene Control Plan

AeroMedical Land Zone Coordinates & Location

Fire Department:

Police Department:



# MTO Extras

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

**TEAM APPROACH CPR**  
Bare Chest, Immediate  
**Compressions:** Hard & Fast  
**AED ASAP:** Pocket Mask, King Airway, Paramedic IV Meds

**GOOD COMPRESSIONS  
SAVE LIVES**

## Athletic Trainer SIGNALS

used to summon EMS, other ATs, Medical Staff

1. **Baseball "You're Safe" sign:** EMS brings backboard, stretcher, 8: EMTs, ATs, Assts, go to player
2. **Fist Striking Chest sign:** Cardiac, Resp. Alert: bring AED, O2, stretcher; ATs remove uniform
3. **Pointing at Wobbling Head:** Possible Concussion-SCAT6 Assess
4. **Universal All Call:** Hands crossed overhead, Venue EAP activation

### 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

### 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"

## THE GAME PLAN:

MANAGING ON-FIELD CERVICAL SPINE INJURIES  
THE SPORTS INSTITUTE, UW MEDICINE



## HOW TO SAVE A LIFE:

RECOGNIZE SUDDEN CARDIAC  
ARREST IN ATHLETES



### Environmental Risk Status

Consider water breaks for  
**Extreme Heat**  
(measure WBGT)

Warming breaks for  
**Extreme Cold**

Designate evacuation  
location for **Lightning**

## PREPARE FOR ATHLETE HEAT CARE:

WET BULB GLOBE  
TEMPERATURE MONITORING  
KOREY STRINGER INSTITUTE



### SCAT 6 Symptom Evaluation

How do you feel?

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

Symptom	Rating
Headaches	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 (if applicable)	0 1 2 3 4 5 6

Total Number of Symptoms \_\_\_\_\_  
(maximum possible 25)

Symptom Severity Score \_\_\_\_\_  
(maximum possible 132)



Get your team MTO certified!  
Customize your school or  
sports checklist.





## PROCEDURE LIST

1. Medical Time Out (MTO) coordinated by Home Team Staff
2. Predetermined time to occur prior to kickoff, with input from EMS Agency covering Interscholastic Football Event (standard 30 mins)
3. Home Team to inform Visiting Team Medical Staff of time and location
4. MTO Initiated by Home Team Medical Staff on sideline in proximity to ambulance with EMS stretcher carrying First Response equipment.
5. Introductions and recording credentials of Home and Visitor Medical Team members
6. Recording of contact smart phone numbers for EMS, Home and Visitor Medical Team members, and Squad Base number
7. Radio instruction and frequency, if available
8. Record emergency equipment available on both sidelines. AED, Backboard, Oxygen, Facemask Removal Tools, Hemorrhage Control Kit
9. Determine procedure for athlete spinal immobilization. Assign lead team member and designated C-Spine head control staff
10. Hand signal review for ACLS and Backboard to Field of Play and Spectator Collapse
11. Assign Primary responder for Band & Cheerleading injuries
12. Discuss teamwork options for Spectator illness and SCA, Heat Stress with rapid cooling options
13. Confirm Landing Zone location for AeroMedical support.
14. Record Fire Department and Campus Security phone contact.
15. At conclusion of MTO, EMS to inform Officials, Referee of Hand Signals for EMS response to Field of Play.

EMS team responsible to record all Field of Play responses, Cheerleading Injury, and Spectator Illness via Facsimile to assigned MTO Project Coordinator.

