Pre-Event Medical Meeting Template

# Event Event Location Event Date Event Time AM/PM

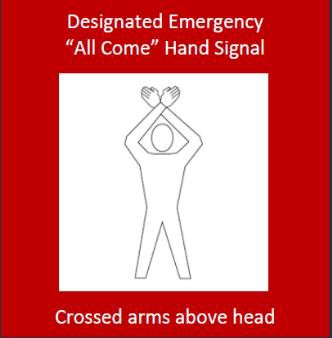
**Briefing Location Briefing Time AM/PM**

*(revise as necessary)*

**Participants**

Home Team Athletic Trainer(s)

Home Team Physician(s) Visiting Team Athletic Trainer(s) Visiting Team Physician(s) Event/Host Athletic Trainer(s) Event/Host Physician(s)



Visiting Team Medical Liaison (VTML) personnel X-ray or other unaffiliated medical personnel

Fire/EMS Personnel

Law Enforcement/Security personnel Venue/Event/Game Management Personnel School/League Administration

Game Officials AT Spotter(s)

Other Other

*)*

*(indicate preferences*

**Preferred Method of Communication & Secondary/Back-Up Method of Communication**

# Cell Phone/Landline

* **Two-Way Radio Channels**
  + Event/Gameday Medical (ATs, MDs, etc.)
  + Event Management
  + Administration
  + Fire/EMS
  + Law Enforcement
  + Other

# Hand Signals

* **ALL CALL (overhead X)**
* Cart
* Splints/Immobilization
* Physician
* Other

# Designated Responders

* 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 *(i.e., lightning, storms, heat/cold, wind, etc.)*
  + Safe shelter location(s)

## Access Routes

* + Emergency access Routes/“Wait” locations (primary; secondary; tertiary)
  + Aero medical landing zone (if applicable) **Field/Court/Stands Evacuation Procedures Medical Facilities**
  + “Quiet Room” location for evaluation
  + Nearest hospital
  + Trauma center, other specialty hospital(s)
  + X-Ray, Pharmacy

## Role Delineation

* + **Team leader**
  + Airway management
  + Primary/secondary response team roles // “Pit Crew” resuscitation roles
  + Visiting team medical liaison
  + Designated responder(s) for cheerleading/dance, band, spectators
  + Designated responder(s) for family member(s)

## Emergency Equipment (availability; location)

* + AED Location(s)
  + Resuscitation/Airway equipment (i.e. oxygen, BVM, OPA/NPA, SGA, suction, pulse oximetry, etc.)
  + Hemorrhage control equipment/supplies
  + Exertional heat illness equipment (i.e. rectal thermometer, CWI modality, ice, water, sheet, tarp, etc.)
  + Splints/Immobilization equipment
  + Spinal motion restriction equipment
  + Mechanical CPR equipment (if applicable)
  + Equipment-laden athlete specific equipment
  + Medical emergency equipment (i.e. Epipen, asthma emergency, Narcan, diabetic emergency, etc.)
  + Biohazard equipment/supplies
  + Wheelchair
  + Injury transport vehicle

## Emergency Protocols

* + Cardiac Arrest/Airway/Resuscitation procedures
  + Spinal motion restriction techniques/procedures
  + Equipment-laden athlete management
  + Exertional heat injury management
  + Cold weather emergency 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**