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**