



Review this checklist before any athletic event.

- ACLS EMS
- AED Sidelines
- Sentinel Seizure/  
Agonal Respiration Awareness
- Backboard
- Face Mask Removal Tool
- C-Spine Protocol
- Environmental Risk Status
- Cool Prior To Transport
- Lightning Plan
- Hemorrhage Control Kit

EMS Squad:	Name/Number	
EMS Providers:	Name	
	Cell	
	Name	
	Cell	
Designated Hospital		
ED Contact Number		
Game Administrator:	Name	
	Cell	

**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





# 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"



### Environmental Risk Status

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

Warming breaks for **Extreme Cold**

Designate evacuation location for **Lightning**



### 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?

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## PROCEDURE LIST

1. Medical Time Out (MTO) coordinated by Home Team Sports Medical Staff
2. Predetermined time with input from EMS Squad to occur prior to kickoff (standard 30 mins)
3. Home Team Medical Staff to inform Visiting Team Medical Staff of time and location
4. MTO Initiated by EMS staff with stretcher carrying First Response equipment near end-zone in proximity to ambulance
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.

