Preparing for Emergencies
Stepping Out of Our Silos and into Integrated Care

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Disclosures
I have no conflicts of interest to disclose regarding the content or ideas in this presentation.

I must disclose:
I am a paramedic who considers himself a patient advocate and that supports a collaborative multidisciplinary approach to providing care to the sick and injured.

Aside from cited material any opinions and views are solely mine.

About Myself
- Nationally Registered and State Licensed Paramedic
- State of Connecticut EMS-Instructor
- Captain of Professional Standards and Training at New Britain EMS
- 16 years of service
- CCSU Alum... Go Blue Devils!!
- Pursuing Grad Degree in Clinical Mental Health Counseling
Objectives

- Need for Planning for Response to Emergencies
- Recommendations Planning and Equipment
- Exchange of Info and Transfer of Care

Why Plan?

- Participation in high school sports has risen for past 29 years to all time record high of 7,980,886 from 2017-2018.
- While life threatening injuries are rare, they are unpredictable and when they do occur care must be seamless.
- Life depends on it
- In public eye
- People expect it
- So many variables...venue, system of care, levels of care, access to care, timing, severity, etc.

NATIONAL FEDERATION OF STATE HIGH SCHOOL ASSOCIATIONS. High School Sports Participation Increases for 29th Consecutive Year, 2018, https://www.nfhs.org/articles/high-school-sports-participation-increases-for-29th-consecutive-year/

Why Plan?

It is the Right Thing to Do!!!!

Duh!

Doesn’t it just kind of make sense???
Each institution or organization that sponsors athletic activities must have a written emergency plan. It should be comprehensive and practical yet flexible enough to adapt to any emergency.

"Must be written and distributed to all trainers, attending MDs, AT students, safety personnel, coaches...Should be developed in consultation with the local emergency medical services personnel."
Planning in Order to Overcome Conflict

Lack of Trust

EMS Personnel’s Perceptions of the Roles and Responsibilities of Athletic Trainers During On-Field Injury Management (2017)

- Survey Methodology: 1,202 participants (517 AT / 685 EMS)

- Findings / Implications
  - More training, communications, practice together
  - Emergency Planning
  - Introduction prior to game time

- Suggest it is the AT responsibility to reach out to EMS as EMS works with the entire population.

Study 1: EMS Personnel’s Perceptions of the Roles and Responsibilities of Athletic Trainers During On-Field Injury Management (2017)


Study 2: Mutual Trust between Certified Athletic Trainers and EMS Personnel (2015)


Lack of Trust

Study 2: Mutual Trust between Certified Athletic Trainers and EMS Personnel (2015)

- Survey Methodology: 1,202 participants (517 AT / 685 EMS)

- Findings:
  - Return to play decisions?
  - Who’s in charge?
  - Skills as they relate to CPR/AED, Concussion Assessment, sports injury management, car accidents, fractures, etc.

- Study 2: Mutual Trust between Certified Athletic Trainers and EMS Personnel (2015)

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- Findings
  - Significant lack of trust because of inaccurate beliefs about each other abilities
- Implications
  - More concerted effort by ATs to educate EMS about level of education, competency, ability to assess patient
  - Reach out to EMS partners
  - Introduction of games
  - Develop Emergency Action Plans
  - In-service Training

Investigation Study 2: Mutual Trust between Certified Athletic Trainers and EMS Personnel (2015)

- 42% ATs have encountered at least one on the field dispute with EMS in providing care to injured football players
- Spine boarding / Equip Removal, Exertional Heat Stroke

Investigation used focus groups to answer the following:
- Perception of EMS Personnel and the role of the athletic trainer?
  - Lack of understanding / Lack of exposure
  - Prevention, strength training, monitoring, awareness of team protocols
- How can EMS personnel and athletic trainers work together to optimize care?
  - Improved Communication
  - Introduction and explanation of how they function

Investigation #1: The Athletic Trainer’s Role in Providing Emergency Care in Conjunction With EMS (2012)

- 34% ATs have encountered at least one on the field dispute with EMS in providing care to injured football players

Investigation used focus groups to answer the following:
- Perception of EMS Personnel and the role of the athletic trainer?
  - Lack of understanding / Lack of exposure
  - Prevention, strength training, monitoring, awareness of team protocols
- How can EMS personnel and athletic trainers work together to optimize care?
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Investigation #1: The Athletic Trainer’s Role in Providing Emergency Care in Conjunction With EMS (2012)

- Conclusions
  - Pre-Season Meetings
  - Meet prior to games at standbys
  - Emergency Action Plans
  - Shared story from Arkansas where they developed a cool first transport after protocol with EMS
Planning in Order to Overcome Conflict

Each provider has a professional association responsible for producing evidence based research and best practices that we use as our road map for treatment.

Sometimes Protocols intersect (SMR, Helmet Removal, stay and playload and go)

As outlined prior lack of trust and understanding of each others capabilities

Different models of medicine with different approaches based on very different response conditions

Planning Background on EMS System of Care

- Do you know who is responding?
  - EMR v EMT v Paramedic
  - Volunteer v Career
  - Tiered response versus single provider system
  - System volume and availability of resources

Where do we Start?

"Remember both athletic trainers and EMS are on the same side-both are medical professionals who have the best interest of the patient in mind."

Drop the Egos*

Real knowledge is to know the extent of one’s ignorance.

- Confucius

Practice Humility

Where do we Start?

- Ride Along
- Shadows
- Information Sharing and Planning Meetings / EAP
- Drills
- Pre Game Time Outs
- Case Rounds
- Shared Continuing Education

What should an emergency action plan consist of?

- Coordinated Approach to get the right people to the right place when they are needed.
- Define all potential responders
- Communications: Activation of 911, EMD Process, arrival instructions
- Manifest of onsite emergency equipment and where it is located
- Site Maps, Ingress / Egress, Helicopter landing zones, best approach
- Breakdown based on venue location (Gym, football field, etc.)
- Information on areas hospitals
- Mass Casualty Planning
- Responding for patron versus responding for athlete
- Debrief / Case Review

Pre Event Time Out

- Meet prior to game time to discuss EAP and roles
- Communication
- Ambulance and Personnel staging
- Destination facilities (may be dependent on state EMS regulation)
- Equipment present? Location? Working?
- Acute issues that could effect plan (weather/crowd/traffic)


Planning for Emergencies

- Asthma
- Catastrophic brain injuries
- Cervical spine injuries
- Diabetes
- Exertional heat stroke
- Exertional hyponatremia
- Exertional sickling
- Head-down contact in football
- Lightning
- Sudden cardiac arrest

Planning for Emergencies

- AED
- Oxygen / BVM (If comfortable with technique) / Basic Airway Adjuncts / Suction
- Epinephrine
- Beta agonist for reactive airway (MDI) / Anaphylaxis (Epi Pen) (If permitted)
- Immersive Cooling Devices

The Handoff

- Nature of the Emergency
- Injuries / Interventions
- History including Meds and Allergies
- Basic Demographics / Emergency contacts for hospital

What is EMS doing/thinking?
- Initial Assessment
- Sick v Not Sick
- Additional Resources
- Lifesaving / Stabilizing treatments & Interventions
- Transportation to other hospitals
- Destination Determination
- Transport and ongoing assessment / interventions

References


