



Medical Time Out Procedure List

1. Medical Time Out (MTO) coordinated by home team sports medical staff
2. Home team medical staff to inform visiting team medical staff of time and location
3. Predetermined time with input from EMS (if available) to occur prior to the start of the contest (standard 30 min)
4. MTO initiated by EMS staff with stretcher carrying First Response equipment in proximity to the ambulance or other predetermined location if EMS is not at the event
5. Introductions and recording credentials of home and visitor medical team members
6. Recording of cell phone numbers for EMS, home and visitor medical team members, and EMS Squad Base number
7. Radio instruction and frequency, if available
8. Record emergency equipment available and location of equipment (AED, backboard, oxygen, facemask/equipment removal tools, hemorrhage control kit)
9. Determine procedure for athlete spinal immobilization
10. Hand signal review for Advance Cardiac Life Support (ALSC) and backboard to the field and any other pertinent emergency signals
11. Assign primary responder for band and cheerleader injuries
12. Discuss teamwork options for spectator illness and sudden cardiac arrest, heat stress with rapid cooling options
13. Record fire department and campus security phone contact
14. At conclusion of MTO, inform officials of hand signals for EMS response to the 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

Based on Friday Night Medical Time Out resources originally produced by:



Medical Time Out Checklist



Review this checklist before any athletic event.

- ACLS EMS
- AED
- Sentinel Seizure/Agonal Respiration Awareness
- Backboard
- Face Mask/Equipment 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:		Home Athletic Trainer	Name:	
	Cell:			Cell:	
Visitor Team Physician	Name:		Visitor Athletic Trainer	Name:	
	Cell:			Cell:	

Key Emergency Hand Signals:	Designated Responders:
Advanced Cardiac Life Support (ALSC) to Field	Cheerleading Injury Response
fist striking chest	
Spinal Immobilization	Band Injury Response
arms stretched out horizontally	
Concussion	Spectator Response Plan
finger pointed to head	
Additional Signals	Scene Control Plan
	Fire Dept: <input type="text"/> Phone Number
	Police Dept: <input type="text"/> Phone Number

Additional Notes or Information:



EMERGENCY HAND SIGNALS

used to summon EMS, other ATs, Medical Staff

- 1. Arm extended overhead with clenched fist** sign: summon physician to the field
- 2. Clenched fist, pointer finger spinning** sign: alert EMS on site or designated individual to call
- 3. Fist striking chest** sign: Cardiac/respiratory arrest; bring AED, oxygen, stretcher; ATs removed uniform
- 4. Arms held horizontally** sign: EMS brings spinal motion restriction board for possible cervical/spine injury; EMT, ATs, medical staff prepare for multi-person lift or roll
- 5. Supinated hands in front of body or waist level** sign: stretcher needed
- 6. Hand to lower leg or thigh:** splint needed
- 7. Pointing at head:** possible concussion



Medical Time Out Extras

All equipment on stretcher or in designated area. Entire group visually checks and reviews equipment and responsibilities 30 minutes prior to the start of the contest

TEAM APPROACH CPR
Bare chest, immediate
Compressions: hard & fast
AED ASAP: Pocket mask, King Airway, Paramedic IV meds
GOOD COMPRESSIONS
SAVE LIVES

Athletic Trainer Responsibilities

Emergency Response Plan, player medical history, multi-tool equipment removal kit, knowledge of equipment in play, backboard & AED (if not with EMS)

Doctor or Medical Staff Responsibilities

Sports injury experience for team physician, care coordination

EMS Provider Responsibilities

AED, C-collar, towel rolls, stretcher, backboard and straps, 2 inch securing tape, sheets, King Airway, cold packs, BLS or LS First Out Med Bag

School Officials & Responsibilities

Keys to gates and doors, egress routes, directions to hospitals, aeromedical landing coordinates (if necessary), scene control, equipment retrieval (if necessary)

Potential Cervical Spine Injury

Get help. Call 911 or emergency medical help. Do not attempt

Keep the person still. Place heavy towels or rolled sheets on both sides of the neck or hold the head and neck to prevent movement.

Avoid moving the head or neck. Provide as much first aid as possible without moving the person's head or neck. If the person shows no signs of circulation (breathing, coughing or movement), begin CPR, but do not tilt the head back to open the airway. Use your fingers to gently grasp the jaw and lift it forward. If the person has no pulse, begin chest compressions.

Keep helmet on. If the person is wearing a helmet, don't remove it. A helmet facemask should be removed if you need to access the airway.

Don't roll alone. If you must roll the person because he or she is vomiting, choking on blood or because you have to make sure the person is still breathing, you need at least one other person. With one of you at the head and another along the side of the injured person, work together to keep the person's head, neck and back aligned while rolling the person onto one side.

Environmental Risk Status

Consider water breaks for **extreme heat and humidity** (consult MHSAA Model Policy for Managing Heat and Humidity)

Designate evacuation location for **lightning** (the occurrence of lightning or thunder is not subject to interpretation – play is immediately suspended when lightning is observed or thunder is heard; contests shall not return to the playing field until lightning has been absent from the local sky and thunder has not been heard for 30 minutes)



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 sound	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

Total Number of Symptoms _____ Symptom Severity Score _____
(Maximum possible 22) (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 % of normal do you feel?

If not 100%, why? _____

Any athlete exhibiting any sign or symptom of concussion shall be immediately removed from contest and shall not return to play until cleared by an appropriate health care professional. When in doubt, sit them out!