

**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

  
**Medical Time Out Checklist**

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



**Review this checklist before any athletic event**.

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| **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: | Phone Number |
|  | Police Dept: | Phone Number |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Home Team Physician** | Name: |  | **Home Athletic Trainer** | Name: |  |
| Cell: |  | Cell: |  |
| **Visitor Team**  **Physician** | Name: |  | **Visitor Athletic Trainer** | Name: |  |
| Cell: |  | Cell: |  |

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

**🞎 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**

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| --- |
| Additional Notes or Information: |
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**Potential Cervical Spine Injury**

**Get help.** Call 911 or emergency medical help.

**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 lighting 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!**

**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 routs, directions to hospitals, aeromedical landing coordinates (if necessary), scene control, equipment retrieval (if necessary)

**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 possiblecervical/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***

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

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