

DEFINITION

Sideline preparedness is the identification of and planning for medical services to promote the health and safety of the athlete, limit injury and illness, and provide medical care at the site of practice or competition.

Health, safety, and on-site medical care of athletes are the goals of sideline preparedness. To accomplish this goal, the team physician should be actively involved in developing an integrated medical system that includes the following:

- Preseason planning.
- Game-day assessment and implementation.
- Postseason review.

The objective of the sideline preparedness statement is to provide physicians who are responsible for making decisions regarding the medical care of athletes with guidelines for identifying and planning for medical care and services at the site of practice or competition. It is not intended as a standard of care and should not be interpreted as such. The sideline preparedness statement is only a guide and, as such, is of general nature, consistent with the reasonable, objective practice of the health care professional. Individual treatment will turn on the specific facts and circumstances presented to the physician at the event. Adequate insurance should be in place to help protect the physician, the athlete, and the sponsoring organization.

The sideline preparedness statement was developed by a collaboration of six major professional associations concerned about clinical sports medicine issues; they have committed to forming an ongoing project-based alliance to bring to-

ther sports medicine organizations to best serve active people and athletes. The organizations are the American Academy of Family Physicians, American Academy of Orthopaedic Surgeons, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

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Preseason planning promotes safety and minimizes problems associated with athletic participation at the site of practice or competition. Medical and administrative protocols are fundamental parts of preseason planning. Protocols include the development of policies to address preseason planning and the preparticipation evaluation (PPE) of athletes, participation of the administration and other key personnel in medical issues, and implementation strategies.

It is essential that medical and administrative protocols include:

- A completed PPE.
- A venue-specific written emergency action plan (EAP) for practice and competition, which includes access to CPR, early defibrillation, and
 - Development and coordination with local emergency medical services personnel, public safety officials, on-site first responders, and school administrators.

- Identification of personnel and development of a chain of command that establishes and defines the responsibilities of all parties involved.
- Emergency communication strategies (e.g., access to mobile and/or landline devices).
- Equipment type, location, and maintenance. There may be a need for sport-specific equipment as part of the EAP.
- Access to venue.
- Distribution of EAP to physicians, certified or licensed athletic trainers, institutional and organizational safety personnel, and administrators and coaches.
- A plan for review and rehearsal at least once annually.
- Compliance with disclosure regulations relevant to the medical care of the athlete.
- Compliance with Occupational Safety and Health Administration standards.
- Establishment of a policy to assess environmental concerns and playing conditions for modification or suspension of practice or competition.
- Compliance with all local, state, federal, and governing body regulations (e.g., storing and dispensing pharmaceuticals and sport-specific timeout for injury).
- Establishment of a plan to provide for documentation and medical record keeping.
- Work with administration to define the role, authority, and responsibilities of sideline medical coverage.

It is desirable the team physician:

- Perform the PPE using a comprehensive form (e.g., see Ref. [2]) in a time frame that allows for illness or injury diagnosis and management and for the determination of the athlete's eligibility to participate.
 - PPE should be customized to sport, gender, and age (4,6).
 - Establish musculoskeletal and medical baselines.
- Coordinate the development and distribution of an athlete's emergency form that includes emergency contact information, insurance, allergies, medications, and medical conditions (e.g., diabetes, asthma, and sickle cell) within disclosure regulations.
- Participate in the development and implementation of the EAP.
- Establish an athletic care network including certified and licensed athletic trainers, consulting physicians, and other health care providers.
- Assist in the development of communication policy consistent with disclosure regulations for parents, coaches, media, and others.
- Prepare a letter of understanding between the team physician and the administration that defines the obligations and responsibilities of the team physician.
- Have ready access to documents, forms, and plans.

GAME-DAY PLANNING

Game-day planning optimizes medical care for injured or ill athletes. Medical and administrative protocols include game-day medical operations and policies and preparation of the sideline supplies, equipment, and medication.

It is essential the team physician:

- Review the EAP as necessary with the athletic care network.
- Determine return-to-play status of injured or ill athletes on game day before competition and communicate with certified or licensed athletic trainers and coaches.
- Identify examination and treatment sites.
- Check and confirm communication equipment.
- Arrive at the competition site with sufficient time for all pregame preparations.
- Plan with the medical staff of the opposing team for medical care of the athletes.
- Introduce the game-day medical team to game officials.
- Closely observe the game from an appropriate location.
- Assess and manage game-day injuries and medical problems.
- Determine athletes' same-game return to participation after injury or illness.
- Notify the appropriate parties about an athlete's injury or illness.
- Coordinate documentation and medical record keeping.

It is desirable the team physician:

- Be aware of environmental concerns and playing conditions.
- Conduct follow-up care and instructions for athletes who require treatment during or after competition.
- Monitor post-game-day referral care of injured or ill athletes.
- Conduct a post-game-day review and make necessary modifications in medical and administrative protocols.

On-Site Supplies, Equipment, and Medication

The team physician should have access to game-day sideline supplies, equipment, and medication.

It is essential:

- There are supplies, medication, and operational equipment available to execute the EAP and address other medical emergencies that may not be included in the plan (e.g., anaphylaxis, asthma, sudden cardiac arrest, heat illness, and spinal cord injury).

It is desirable:

- There are supplies, medication, and operational equipment available to provide care on the sideline (e.g., soft-tissue injuries, dislocation, fractures, lacerations, eye, and dental injuries).

This list represents examples of supplies, equipment, and medication commonly available for contact/collision sports event coverage. Additional or different supplies, equipment, and medication may be needed for coverage of other sporting and recreational events (e.g., mass participation events [6]).

Supplies, Equipment, and Medication

Administrative.

- Copy of athlete emergency form (see Preseason Planning)
- Copy of the EAP and emergency contact numbers
- Injury and illness care instruction sheets for the patient
- Prescription pad and pen
- Medication log
- Sideline concussion assessment protocol

General.

- Blanket
- Cotton tip applicators
- Gloves, sterile/nonsterile
- Forceps
- Ice
- Intravenous fluids and administration set and tourniquet
- Large bore angiocatheter (14 to 16 gauge)
- Local anesthetic/syringes/needles
- Other medication (e.g., topical antibiotics, anti-inflammatory, antibiotics, antihistamine, antiemetic, glucagon, aspirin, cortisone, and oral glucose)
- Oral fluid replacement
- Plastic bags
- Rectal thermometer and covers
- Scissors
- Sharps box and red bag

Cardiopulmonary.

- Airway
- Blood pressure cuff
- Epinephrine 1:1000 in a prepackaged unit
- Mouth-to-mouth mask
- Short-acting beta agonist inhaler
- Stethoscope

Extremities.

- Athletic tape
- Crutches
- Elastic bandages
- Sling
- Splints and braces
- Tape cutter

Head and Neck/Neurological.

- Cervical collar for immobilization
- Contact lens case and solution
- Dental kit (e.g., dental wax, mouth guard, cyanoacrylate glue, Hank solution)

- Eye kit (e.g., blue light, fluorescein stain strips, eye patch/shield, ocular anesthetic and antibiotics, contact remover, eye wash, and eye chart)
- Face mask removal tool (for sports with helmets)
- Flashlight
- Mirror
- Nasal packing material (e.g., tampons)
- Oto-ophthalmoscope
- Spine board and attachments
- Tongue depressors

Skin.

- Alcohol swabs and povidone iodine swabs
- Bandages and gauze
- Benzoin
- Blister care materials
- Nail clippers
- Razor and shaving cream
- Scalpel
- Silver nitrate sticks
- Skin lubricant
- Skin stapler
- Suture set/butterfly bandages
- Wound irrigation materials (e.g., sterile normal saline, 10- to 50-cc syringe)

POSTSEASON REVIEW

Postseason review of sideline coverage optimizes the medical care of injured or ill athletes and promotes continued improvement of medical services for future seasons. Medical and administrative protocols are designed to document and summarize injuries and illnesses that occurred during the season, improve medical and administrative protocols, evaluate the EAP, and implement strategies to improve sideline preparedness.

It is essential the team physician:

- Conduct a postseason meeting with appropriate team personnel and administration to review medical and administrative protocols. In certain situations, questions about medical and administrative protocols may warrant a meeting before the postseason meeting.

It is desirable the team physician:

- Compile injury and illness data.
- Monitor changes in league, governmental, and sports governing body rules and legislation.

SUMMARY

It is important the team physician understands, develops, and practices the components of sideline preparedness to promote the health and safety of the athlete, limit injury and illness, and provide medical care at the site of practice or competition.



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- American Academy of Orthopaedic Surgeons (AAOS)
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www.aaos.org



- American College of Sports Medicine (ACSM)
401 W Michigan St
Indianapolis, IN 46202
317-637-9200
www.acsm.org



- American Medical Society for Sports Medicine (AMSSM)
11639 Earnshaw
Overland Park, KS 66210
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- American Orthopaedic Society for Sports Medicine (AOSSM)
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- American Osteopathic Academy of Sports Medicine (AOASM)
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SELECTED READINGS

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