



National Athletic Trainers' Association Official Statement on Athletic Health Care Provider "Time Outs" Before Athletic Events

The National Athletic Trainers' Association recommends a "time out" system be adopted for athletic health care. Before the start of each athletic event – practice or competition – a time out should be held to convene the athletic health care professionals who comprise the emergency response team. The purpose of the meeting is to go through a pre-athletic event checklist reviewing the venue's emergency action plan (EAP).

Time out is a common term both in athletics and medicine. Time outs are taken immediately before surgery when all operating room participants stop to verify the procedure, patient identity, correct site and side. Coaches and athletes call time out to gather the team together and discuss game strategies or call a play. This new application of time out is expected to save lives by ascertaining all those involved in emergency care are properly briefed and ready before a potentially dangerous or life-threatening injury occurs.

A time out will help produce a decisive, coordinated emergency response and outcome. Typically the athletic trainer is the first person to respond to an athletic emergency situation. Other individuals also are involved – physicians, EMTs – and need to be part of the pre-event briefing so they are fully informed. Effective communication with all relevant parties is critical to ensure the athlete receives the best care when an emergency arises.

EAP Time Out: Pre-Athletic Event Checklist

- Athletic health care providers meet before start of each practice or competition to review the emergency action plan.
- Determine the role and location of each person present (i.e., AT, EMT, MD)
- Establish how communication will occur (i.e., voice commands, radio, hand signals). What is the primary means of communication? What is the secondary or back-up method of communication?
- An ambulance should be present at all high-risk events. Where is it physically located? What is the planned route for entrance/exit and is the route unencumbered? Is the ambulance a dedicated unit or on stand-by? If an ambulance is not on site, what is the mechanism for calling one?
- In the event of emergency transport, what is the designated hospital? Consider the most appropriate facility for the injury/illness when selecting the hospital.
- What emergency equipment is present? Where is it located? Has it been checked to confirm it is in working order and fully ready for use?
- Are there any issues that could potentially impact the emergency action plan (i.e., construction, weather, crowd flow)?

References

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