



EMERGENCY ACTION PLAN **GRAND RAPIDS TRIATHLON**

INTRODUCTION

Emergency situations may arise at any time during athletic events. In order to facilitate appropriate, effective, and timely care, **Metro Health Sports Medicine**, official medical providers for the **Grand Rapids Triathlon**, has devised this emergency action plan to follow in the case of an emergency.

Organizations in charge of athletic events must be prepared to handle any medical emergency from basic care to providing appropriate care in life-threatening situations. This emergency action plan details the specifics of such care including the provision of medical equipment that will be prepared and supplied during the event, clarification for course communication, and organization of care to be given in an emergency situation.

This is the purpose of the emergency action plan established for the **Grand Rapids Triathlon**.

COMPONENTS OF THE EMERGENCY ACTION PLAN

- I. Emergency Plan Personnel
- II. Emergency Communication
- III. Emergency Equipment
- IV. Map of Venue
- V. Storm Safety Plan
- VI. Follow up

I. Emergency Plan Personnel

A. Personnel on Site

Medical personnel at the Main Medical tent and the roaming First Aid Station will include at least one of the following: physician, registered nurse, physical therapist, and CPR-certified volunteers. Metro Health Sports Medicine will work together with paramedics from the designated response team to coordinate care. The paramedic personnel will provide a dedicated ambulance at ground zero in close proximity to the Main Medical tent at all times during the event. For clarity in this plan, **MEDICAL STAFF** will refer to representatives from Metro Health Sports Medicine and **PARAMEDIC STAFF** will refer to our ambulance and paramedic staff.

The Main Medical tent located at the Start/Finish line. The roaming First Aid Station will be located at approximately the 15 mile mark on the ½ Ironman distance bike course & will roam in either direction. An additional roaming First Aid Station will be located at

approximately the 3 mile mark on the run course. Final locations of these stations remains to be determined but will be published closer to race day.

B. Roles of the Emergency Team

1. Acute care of the athlete

First aid and CPR will be initiated according to the specific skills of the trained medical personnel present. The MEDICAL staff will be the initial responder, and the PARAMEDIC staff on-site will be called if needed. Injuries treated will be documented as per Attachment A.

2. Use of emergency medical equipment

Appropriate emergency medical equipment will be obtained prior to the event and provided at the individual first aid stations and main medical tent the day of the race. Those personnel familiar with the type of equipment necessary in an emergency will be available to use the equipment. Telephone numbers for local police, fire department, and ambulance service will be available.

3. Activation of the Emergency Medical System (EMS)

Any individual can activate the EMS in the case of an emergency by either calling the MEDICAL staff at the Main Medical tent (see II below) or by calling 9-1-1. If 9-1-1 is called, the dispatcher will be aware of the event & will contact the on-site PARAMEDIC staff. Depending on the type of emergency, one of 3 things will happen:

1. A MEDICAL staff member will be dispatched to the scene, will assess the situation & either allow the athlete to proceed or activate transport either back to Main Medical or to an Emergency facility
2. In a non-emergency, a member of the race staff will arrange to transport the athlete back to ground zero
3. PARAMEDIC staff will be dispatched directly to the scene

One member of the on-site emergency MEDICAL staff will be responsible for activating the emergency medical system for people requiring transport. They will check the functioning of the communication system prior to the start of the event and deliver information in a calm, organized, and effective manner.

4. Directing of paramedics to the scene

PARAMEDIC staff on-site will have a course map (see IV below). In the event extra paramedic staff are needed, the on-site paramedic staff will give them directions to the site of the injury/event. One individual from the responding first aid station will be designated to activate EMS and direct them to the scene, if necessary. This person will assist with moving of barriers and dispersal of spectators as needed.

C. Protocol for Emergency Medical System Activation

1. Contact on-site MEDICAL staff via two-way transmission/cell phone.
2. Provide the following information to the medical staff:
 - a. Athlete name, race number, and location of emergency
 - b. Number of athletes involved
 - c. Status of the athlete(s)
 - d. First aid provided prior to calling
 - e. Directions to rescue scene

- f. Other information requested by the dispatcher
3. If unable to contact on-site medical staff, 9-1-1 will be called.

D. Paramedic support

PARAMEDIC staff will be on-site during the event. There will be 1 dedicated ambulance stationed close to the Start/Finish line. In the event a transport needs to occur, a second ambulance will be called to perform the transport, or to replace the original ambulance.

E. Transportation

The PARAMEDIC staff will provide transportation for those runners with life-threatening conditions to a designated facility. In non-life threatening situations, an individual requested by the athlete will be allowed to transport him/her to the appropriate facility.

II. Emergency Communication

Effective communication is essential in order to deliver quick and appropriate medical care. All responders on the scene and emergency medical personnel will be competent with the transfer of information. Those health care professionals who are calm and most comfortable with providing information will be in charge of communication.

Portable two-way radios/cell phones will be present the day of the race at each aid station in the event there is a need to contact EMS. Back-up systems will include personal cellular telephones. Key emergency personnel contact information will be provided to the all emergency and race personnel before the start of the race.

III. Emergency Equipment

Available emergency equipment is a necessity during any athletic contest. It is especially important in regard to endurance events. Equipment will be up-to-date, in working order, and appropriate for the level of care that is to be provided.

First aid equipment will be provided by Metro Health Sports Medicine and stored in a clean, safe environment prior to the day of the race. It will be readily available for use on the day of the race. The paramedics will coordinate care and availability of their own equipment.

IV. Map of Venue

A map of the race course will be distributed to the medical personnel prior to the race. Each aid station will establish a route of entry for paramedic personnel.

V. Storm Safety Plan

A. Race Cancellation/Delay

1. The start of the event will be delayed up to 1 hour if any of the following weather conditions exist: Tornado Watch, Thunderstorm/Lightening, "Heavy" Rain
2. This event will be canceled if one of the following weather conditions exist: Tornado Warning, Severe Thunderstorm/Lightening

B. Authority to Cancel/Delay Race

1. The Race Director, in accordance with local law enforcement has the authority to cancel/delay this event. The Medical Director for this event (a member of the Metro Health Sports Medicine Team) will advise the Race Director accordingly.
2. If threatening weather conditions force cancellation of the event, no refunds can be provided, since funds were already spent in preparation for Race Day. T-shirts will be distributed.

C. Cancellation/Delay Broadcast

1. The media broadcasting the event and the event emcees will communicate any delay and/or cancellation of this event.
2. Warnings regarding inclement weather will be reported to all medical staff via cell phone or two-way radio transmission.
3. Ground Zero is located at the medical tent in the finish area and will be utilized to communicate the decision. If necessary, medical personnel will direct athletes and spectators to safer areas as instructed by the Race Director & law enforcement.

VI. Follow up

The MEDICAL staff will:

- A. Document action taken and discharge status of athlete (as per Attachment A)
- B. Restock first aid supplies
- C. Evaluate effectiveness of action plan and propose future changes if necessary
- D. Provide debriefing and feedback to personnel as needed
- E. Provide follow-up to the medical staff of athletes transported off-site

CONCLUSION

This emergency action plan outlines the personnel, equipment, and responsibilities of **Metro Health Sports Medicine** (MEDICAL staff) & the ambulance service (PARAMEDIC staff) for the **Grand Rapids Triathlon**. This plan is a guideline and each emergency situation will be handled according to the provider's level of training, and dealt with on an individual basis.

REVIEWED & APPROVED BY

Edwin Kornoelje, DO

Medical Director, Metro Health Sports Medicine

Metro Health Sports Medicine **EVENT ENCOUNTER FORM**

Event: Grand Rapids Triathlon	Date:
Station location: <input type="checkbox"/> Main <input type="checkbox"/> Roam	
Name:	Bib#:

Complaint:

- | | |
|---|--|
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Exhaustion |
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Blister | <input type="checkbox"/> Joint Pain (location _____) |
| <input type="checkbox"/> Cramp | <input type="checkbox"/> Loss of consciousness/Altered LOC |
| <input type="checkbox"/> Chaffing | <input type="checkbox"/> Overheated |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Cold/Chilled | <input type="checkbox"/> Toenail |
| <input type="checkbox"/> Other _____ | |

Exam Findings (Vital Signs, Pertinent +/-) _____

Treatment:

- | | |
|--|--|
| <input type="checkbox"/> Albuterol (x____) | <input type="checkbox"/> Stretching |
| <input type="checkbox"/> Band Aid | <input type="checkbox"/> Tape |
| <input type="checkbox"/> Blanket/Warming | <input type="checkbox"/> Temperature (_____) |
| <input type="checkbox"/> Blood Sugar (_____) | <input type="checkbox"/> Tylenol/Acetaminophen |
| <input type="checkbox"/> Cooling/Ice Bath | <input type="checkbox"/> Vaseline |
| <input type="checkbox"/> Fluids (Type _____)
(Amount _____) | <input type="checkbox"/> Wound Care/Cleansing |
| <input type="checkbox"/> Ibuprofen/Motrin | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Ice | _____ |

Disposition:

- Discontinued
 Left with friend/family
 Resumed competition
 Transferred by EMS to _____
 Other _____

Signature _____	Date _____
<input type="checkbox"/> Doctor <input type="checkbox"/> RN <input type="checkbox"/> PT/ATC <input type="checkbox"/> Volunteer	