UNIVERSITY OF MICHIGAN

“ Ready for anything, especially the heat.”

Emergency Action Plan Development & Implementation for On-Field Emergencies

Noshir Y. Amaria, DO, AT, ATC, CAQSM

Kevin C. Miller, PhD, LAT, ATC, FNATA

AOASM 25

ASHEVILLE, NC • April 30 - May 3, 2025

TEXAS STATE

Disclosures

- Dr. Amaria reports performing research on the efficacy of the Polar Life Pod™ but has no financial or other conflicts of interest to disclose.

Breakout Objectives

1. Understand the components and procedures necessary to develop and execute an Emergency Action Plan.

2. Know the difference between EAP versus Policies and Procedures.

3. Demonstrate proper technique for cold water immersion.

4. Understand and be able to describe appropriate rectal thermistor use.

If he go boom,
I fix dem bonez.

Opposing defensive back could hit our player's knee with a valgus force. He could potentially have a catastrophic internal derangement injury. If we need to transport him, the cart is located on the northwest side of the field, EMS is on the northeast side of the field with the splint bag. They have a traction splint if needed. EMS access to the field is open for now but will likely have the marching band jamming the entrance ramp in the next 10 minutes. It takes 5 minutes and 47 seconds to get to the hospital entrance from the stadium, that is if Gary is driving the EMS rig. If it's Charlie driving the rig, I will need to spend 2 minutes stressing to him that he needs to hustle because I have never seen Charlie hustle at anything.

Emergencies:

- Any Place, Any Time.
- Hope for the best, prepare for the worst.
- Successful patient outcomes is the goal.

NATA Position Statement

EAP Position Statement

Journal of Athletic Training 2024;59(6):570–583
doi: 10.4085/1062-6050-0521.23

www.natajournals.org

Position Statement

National Athletic Trainers' Association Position Statement: Emergency Action Plan Development and Implementation in Sport

Samantha E. Scarneo-Miller, PhD, LAT, ATC*;
Yuri Hosokawa, PhD, ATC†;
Jonathan A. Drezner, MD‡;
Rebecca M. Hirschhorn, PhD, LAT, ATC§;
Darryl P. Conway, MA, AT, ATC||;
Gregory A. Elkins, MD¶;
Michael N. Hopper, MS, LAT, ATC#;
Edward J. Strapp, MA, LAT, ATC**

*Division of Athletic Training, School of Medicine, West Virginia University, Morgantown; †Waseda University, Tokorozawa, Saitama, Japan; ‡UW Medicine Center for Sports Cardiology, University of Washington, Seattle; §School of Kinesiology, Louisiana State University, Baton Rouge; ||University of Michigan Athletic Medicine, Ann Arbor; ¶Lincoln Primary Care Center, Hamlin, WV; #Bishop Lynch High School, Dallas, TX; **Sports Medicine Emergency Management, Reisterstown, MD

NATIONAL ATHLETIC TRAINERS' ASSOCIATION
HEALTH CARE FOR LIFE & SPORT

NATA RESEARCH & EDUCATION FOUNDATION

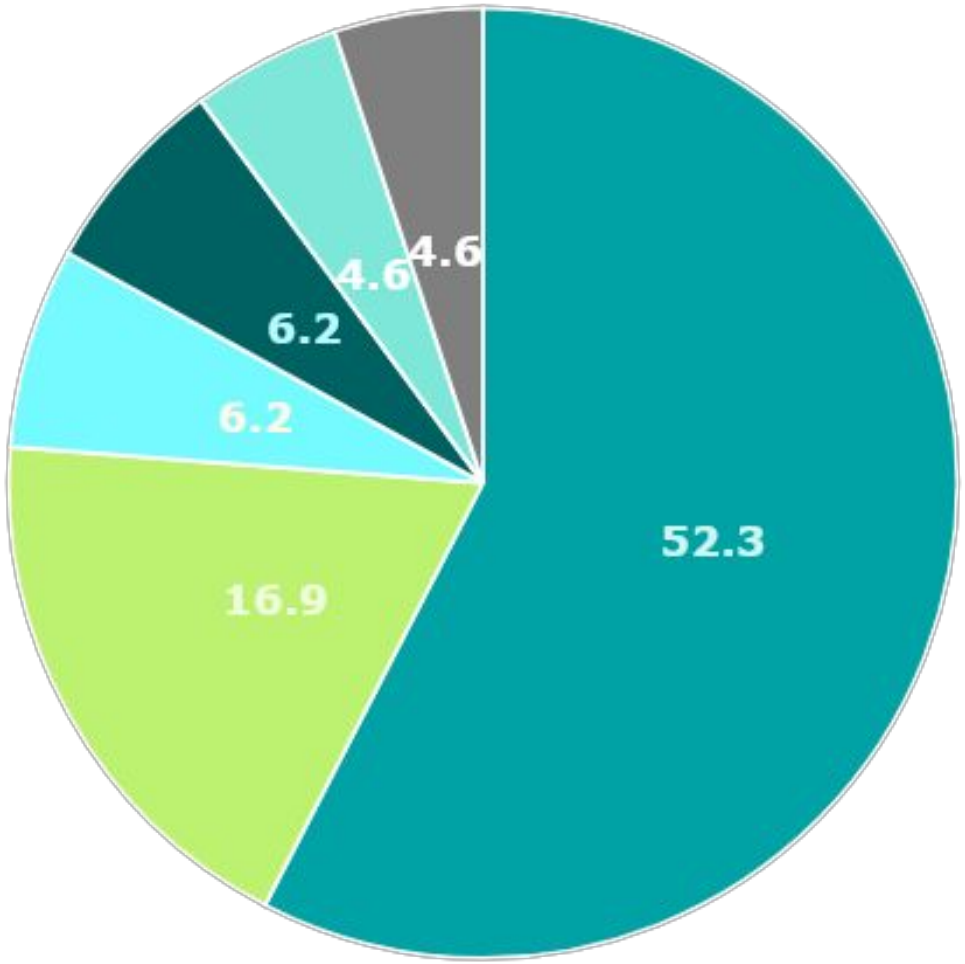






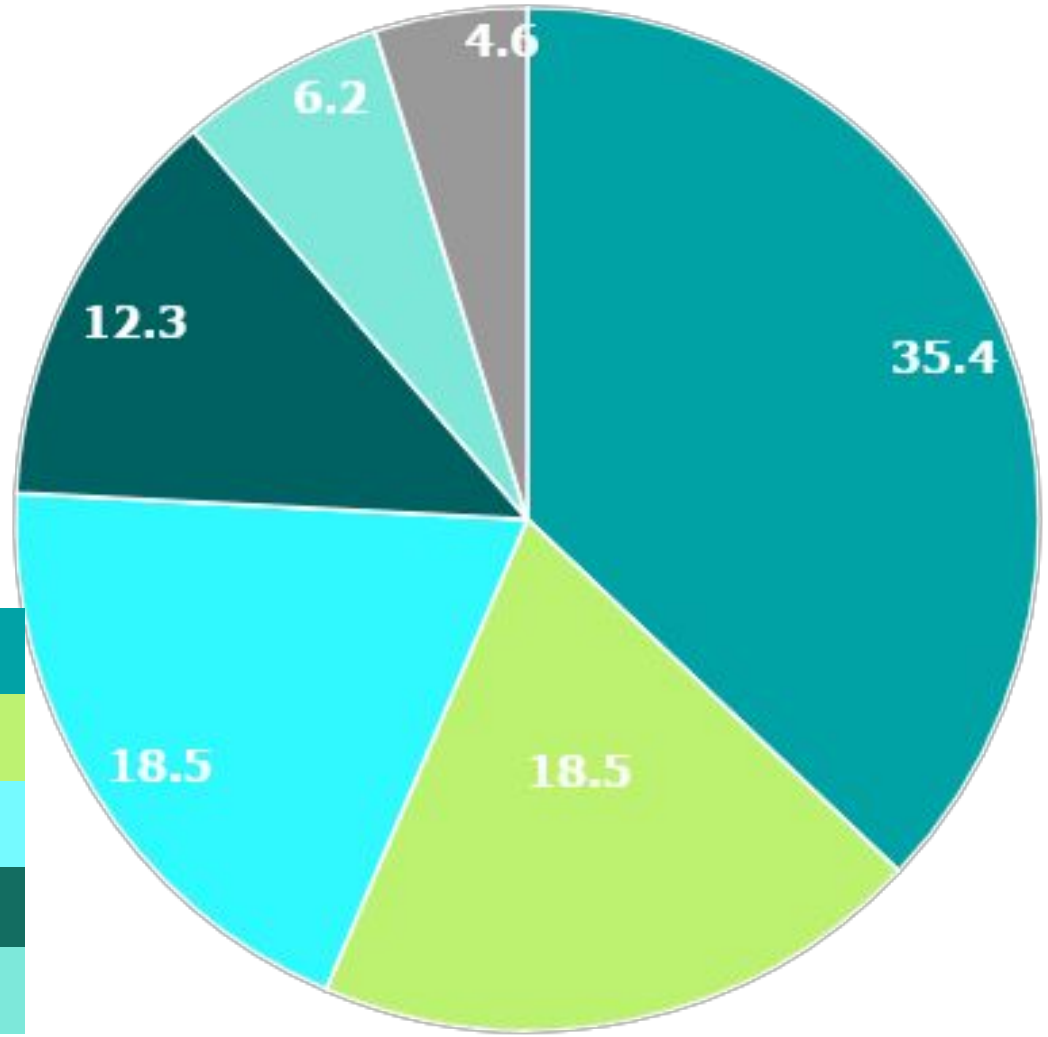

Higher Risk Sports[1]

- Emergencies can occur in any sport, activity, venue or location.
- They can also occur in any gender, level of play and race.
- It is important to evaluate all potential risks (risk analysis) to determine where these risk lie, along with the risk level across these various considerations.



1. Kucera KL, Cantu RC. *Catastrophic Sports Injury Research – 14th Annual Report Fall 1982 - Spring 2022*. University of North Carolina at Chapel Hill; 2023:1-44. https://nccsir.unc.edu/reports/

Catastrophic Sports Injuries (AY 21/22)



- Catastrophic injuries can be fatal or non-fatal.
- Most occurred in games (42.9%) and practices (36.9%).
- Majority in high school (86.2%).
- Most heat, exertional and medical events are fatal (56.3%) and occur in football (40.6%) and basketball (34.4%).
  - Most are cardiac (35.4%) and heat related (18.5%).
- Most traumatic injuries are serious with recovery (60.6%) and occur in football (63.6%) and wrestling (9.1%).
  - Most are head (36.4%) and spinal (36.4%)

1. Kucera KL, Cantu RC. *Catastrophic Sports Injury Research – 14th Annual Report Fall 1982 - Spring 2022*. University of North Carolina at Chapel Hill; 2023:1-44. https://nccsir.unc.edu/reports/

Key Definitions[3]

- Emergency Action Plan

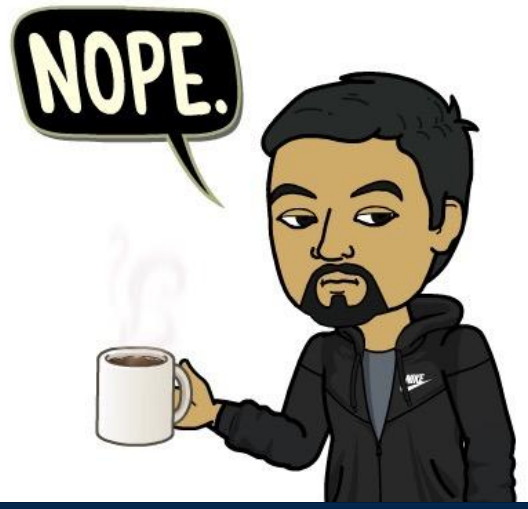
Details the preparations and on-site emergency response of healthcare professionals and other stakeholders to catastrophic injuries, or potential catastrophic injuries in the pre-hospital setting.

- Policies and Procedures (*sometimes referred to as "protocols"*)

Comprehensive document that provides guidance for decisions, actions, and steps within sports medicine.

Terminology Matters

~~My Heat EAP~~



My Heat P&P

Emergency Action Plan

Emergency Procedures:

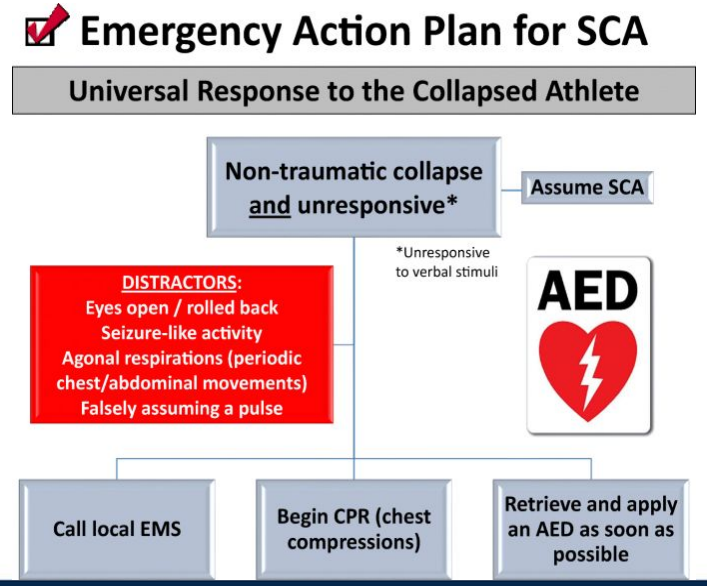
1) Check the scene
    a) Is it safe for you to help?
    b) What happened?
    c) How many victims are there?
    d) Can bystanders help?
2) Identify severity of injury and potential diagnoses
    a) Check circulation/airway/breathing, level of consciousness, and severe bleeding
3) Instruct **[identify who will be responsible for calling 911]** to call 911, provide the following information.
    a) Who you are, General information about the injury or situation
    b) Where you are (Provide: name, location of downed patient, address, telephone #, number of individuals injured, type of injury that has occurred, treatment given, specific directions*)
    [Insert venue specific
    ADDRESS
    DIRECTIONS
    GPS COORDINATES]
    c) Any additional information
    d) ***STAY ON THE PHONE. BE THE LAST TO HANG UP***
4) Perform emergency care (including, CPR, AED application, First Aid, Cooling, etc.)
5) Instruct **[identify individual who will retrieve emergency equipment]** to get the relevant emergency equipment (i.e., AED, rectal thermometer, prepare cold-tub, glucose, first aid supplies, emergency kit)
6) Designate **[identify individual]** to control crowd
7) Contact the AT for **[Organization Name]** if not present on scene
8) Instruct **[identify individual]** to meet ambulance and direct to appropriate site
    a) Open Appropriate Gates/Doors
    b) This individual will "flag down" and direct to scene
9) Assist QHP providing care, EMS and/or other personnel with care as directed
10) **[identify individual]** will accompany the patient to the hospital or follow in a car if not allowed in ambulance
11) Document event and debrief within 48 hours of event

Response Dictated by
Policies & Procedures

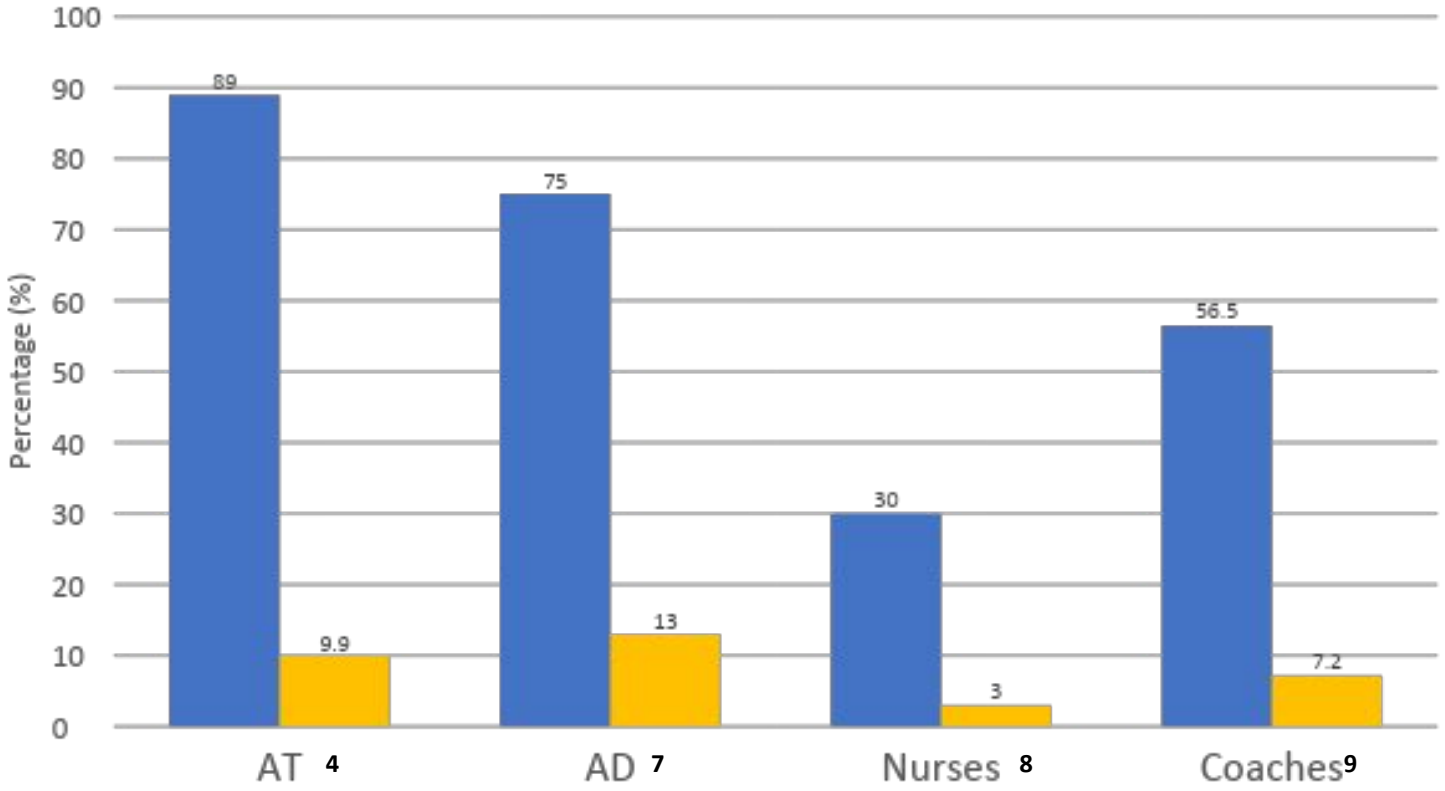
- Sudden cardiac arrest
- Exertional heat stroke
- Traumatic head injuries
- Mental health
- Administrative policies
- ~~Bloodborne Pathogens~~
- Pre-Participation Evaluations
- Sickle Cell Trait
- Lightning
- Spinal cord injury
- etc.

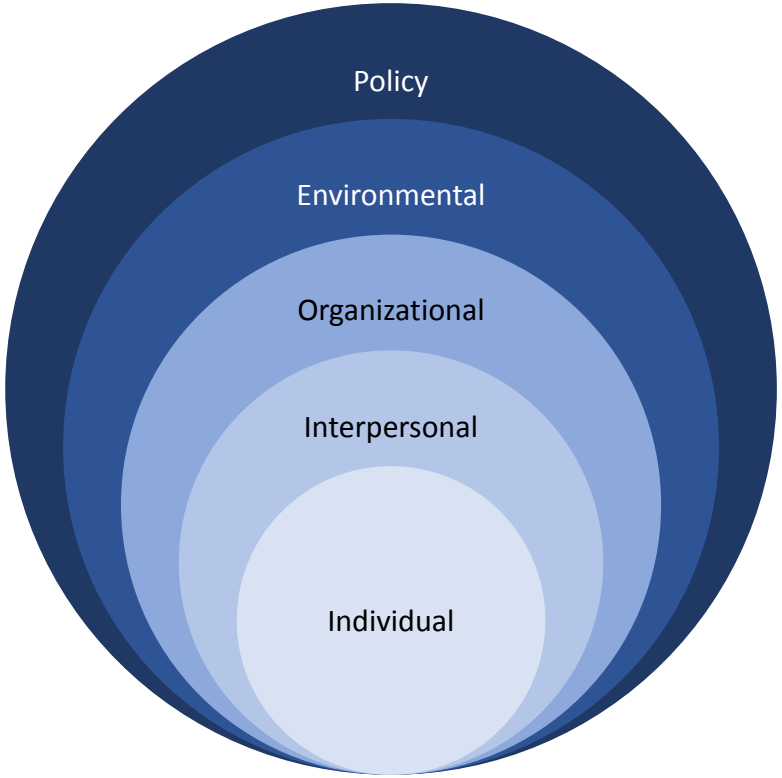
Call for action

- Adoption of life-saving documents such as EAPs has been lacking.[4-6]
- Need to pay attention to quality and comprehensiveness.
- For example, fewer than 10% of ATs working in secondary school have a comprehensive EAP.[4]



Call for action……by everybody





4. Scarneo SE, Distefano LJ, Stearns RL, Register-Mihalik JK, Denegar CR, Casa DJ. Emergency Action Planning in Secondary-School Athletics: A Comprehensive Evaluation of Current Adoption of Best Practice Standards. *J Athl Train*. 2019;54(1):99-105.
7. Scarneo-Miller SE, DiStefano LJ, Register-Mihalik JK, Stearns RL, Denegar CR, Casa DJ. Athletic Administrators Report of Emergency Action Plan Adoption in Secondary School Athletics: The Influence of Athletic Training Services. *JASM*. 2019;11(3):1-10
8. Murata Y, Scarneo-Miller SE, McMahon L, Casa D. Adoption of Emergency Action Plans in Secondary Schools: A Study of School Nurses' Knowledge and Behavior. *J School Health*. 2020;90(9):694-702.
9. Dierickx EE, Scarneo-Miller SE, Casa DJ. High School Coaches' Knowledge and Behaviors for Emergency Preparedness. *International Sport Coaching Journal*. 2022;9(1):40-50.

Recommendations

EAP Position Statement

Evidence (22 recommendations) & Consensus (3 recommendations)

Strength of Recommendation (SOR) Taxonomy System

Sport specific

Optimizing Patient Outcomes

Implementation

Development

Response

*Please see NATA Position Statement for references

Optimizing Patient Outcomes

1. Institutions and organizations that sponsor athletic events have a responsibility to develop a **written EAP for all sponsored activities** (including in-season and out-of-season games, practices, conditioning, and skills sessions). *SOR C*

2. Institutions and organizations should develop EAPs specific to each **venue and sport**. *SOR C*

3. Institutions and organizations such as state and national athletic associations should **provide educational resources for lay responders** on the management of catastrophic illnesses and injuries most common in sport. *SOR B*

Development

4

Institutions and organizations should designate an **EAP coordinator** who facilitates the development, implementation, distribution, and review of the EAP. *SOR C*

5

The EAP coordinator or designee should evaluate **safety considerations for each facility when developing and updating the EAP (eg, emergency medical services [EMS] access and emergency equipment).** *SOR C*

6

The EAP coordinator or designee should **delineate a chain of command with anticipated roles of available personnel** potentially involved in the emergency response during sport activities. *SOR C*

7

The development of the EAP should **involve an interdisciplinary health care team**. *SOR C*

Implementation

8 The EAP should be **distributed** at least annually, and if updated during the current year, to all members of the interdisciplinary health care team. *SOR C*

9 The EAP should be **reviewed** (ie, overview of document) at least annually, and if updated during the current year, by all members of the interdisciplinary health care team. *SOR C*

10 The EAP should be **rehearsed** (ie, hands-on, scenario-based practice) **at least annually** (ie, 1 time per year or more) by members of the interdisciplinary health care team. *SOR C*

11 **Details of the EAP rehearsal should be documented** including when, where, who was present, and which scenarios were rehearsed. *SOR C*

Implementation

12 The EAP **should be coordinated** (ie, developed in collaboration) with local emergency responders and public safety officials**.** *SOR C*

13 Institutions and organizations should make the EAP **available** (eg, posted physically at all venues and available electronically) at all venues. *SOR C*

14 Before implementation, the EAP **should be approved** by organizational leadership and those responsible for the development of the plan who may include school administrators, athletic directors, event organizers, the EAP coordinator, ATs, team physicians, and legal counsel. *SOR C*

15 As part of **orientation at a new organization or event** (including those providing per diem coverage), ATs should review the EAP. *SOR C*

Implementation

16 After an emergency event, the individuals involved in the emergency response and organizational leadership should **conduct and document a debriefing**, which may identify strategies to improve the EAP. *SOR C*

17 After a catastrophic event and activation of the EAP, a **critical incident stress debriefing** (CISD) should occur. *SOR C*

18 Institutions and organizations should **document** an incident report following the activation of the EAP. *SOR C*

Response

19 The EAP should be discussed before all competitions or games in a **pre-event medical meeting** (previously known as a *medical time out*) that includes health care professionals, school administrators or officials, coaches, facility staff, team personnel, security personnel, officials, and any other personnel who may be involved in the response to an emergency. *SOR C*

20 Each AT should conduct a daily readiness check of the venue- and sport-specific EAP, including a survey of emergency equipment, EMS access points, and available personnel. *SOR C*

21 **Emergency equipment** (eg, an automated external defibrillator (AED) or whole-body cold-water immersion vessel) **should be available, readily accessible,** and clearly identifiable with proper signage at all athletic events. *SOR B*

22 An AED should be on-site or retrievable for use **within 3 minutes** at all sport venues. *SOR B*

Response

23

A **rapid initial head-to-toe assessment** of the patient by ATs, team physicians, or other designated responders should identify the site and severity of injury and determine the need to activate the EAP. *SOR C*

24

When a serious or life-threatening emergency is identified, the EAP **should be activated as soon as possible by the first responding individual**. *SOR B*

25

Activation of the EAP **begins with contacting local emergency responders** and summoning any on-site health care professionals or trained lay responders as soon as possible. *SOR B*

University of Michigan Athletics Emergency Action Plan
Yost Ice Arena Game day
Visiting Team Medical Information

Venue Address: 1201 S. Main Street; Ann Arbor, MI 48104

Michigan Athletic Trainers		
Brian Brewster, ATC	Athletic Trainer- Ice Hockey	Cell phone #

Michigan Team Physicians		
Noshir Amaria, DO	Primary Care Sports Medicine	Cell phone #
David Millward, MD	Medical Director / Head Team Physician	
Bruce Miller, MD	Orthopedic Surgery	

Athletic Medicine Administration		
Darryl Conway, ATC	Executive Senior Associate Athletic Director	Cell phone #

Radiology

- A C-Arm Fluoroscopy is available within Yost Ice Arena for any non-emergent plain film needs.
- Brian Brewster will coordinate any imaging needs
- Emergent imaging needs will be transported by ambulance to University of Michigan Hospital

Hospital		
University of Michigan Hospital *(Trauma 1 / Cardiac / Ortho / Stroke)*	1500 East Medical Center Drive Ann Arbor, MI 48109	(734) 936-4000

Pharmacy		
CVS Pharmacy	1700 S. Industrial Hwy. Ann Arbor, MI 48104	(734) 827-7980
CVS Pharmacy- 24 Hour	10915 Belleville Road Belleville, MI 48111	(734) 697-4000

Pre-Event Medical Meeting

- **A pre-event medical meeting will be held at the start of warm-ups / with 30 minutes on the game clock at the Zamboni entrance (SW corner of the rink). Participation from the athletic trainer and/or physician is expected.**

Emergency Medical Services (EMS)

- Huron Valley Ambulance (HVA) will position two (2) paramedic-level providers at the Zamboni Entrance (SW Corner of the rink) that are dedicated to on-ice personnel.
- A paramedic-level Type I ambulance will be located outside of the South doors of the rink.
- EMS can be activated through contacting the Michigan Athletic Trainer or Event Management Personnel, and/or through the use of the **"ALL CALL"** hand signal *(arms crossed overhead)*

Emergency Communication

Designated Emergency "ALL CALL" hand signal
(arms crossed overhead)

Emergency Equipment:

- **AED / BLS Equipment**
  1) East side between the benches
  2) North Lobby- on the wall between display cases
  3) South end of the arena- near the entrance to the visitor's locker room
  4) 2nd Level- adjacent to the Ice Hockey Locker Room Door / Portal adjacent to Sections 25 & 27
  5) 4th Level- Southeast Corner
  6) 4th Level- Northwest Corner
- **RED Emergency Bag** — Ice Hockey Athletic Training Room / Bench area during practices & games
- **Splints** — Ice Hockey Athletic Training Room / Bench area during practices & games
- **Spineboard / Collar** — North corridor / Ice Hockey Athletic Training Room (practices)
Southwest corner of ice / Zamboni area (games)
- **Wheelchair** — Northeast Ticket Office booth
- **OSHA / Biohazard** — Clean up supplies located in janitor closet

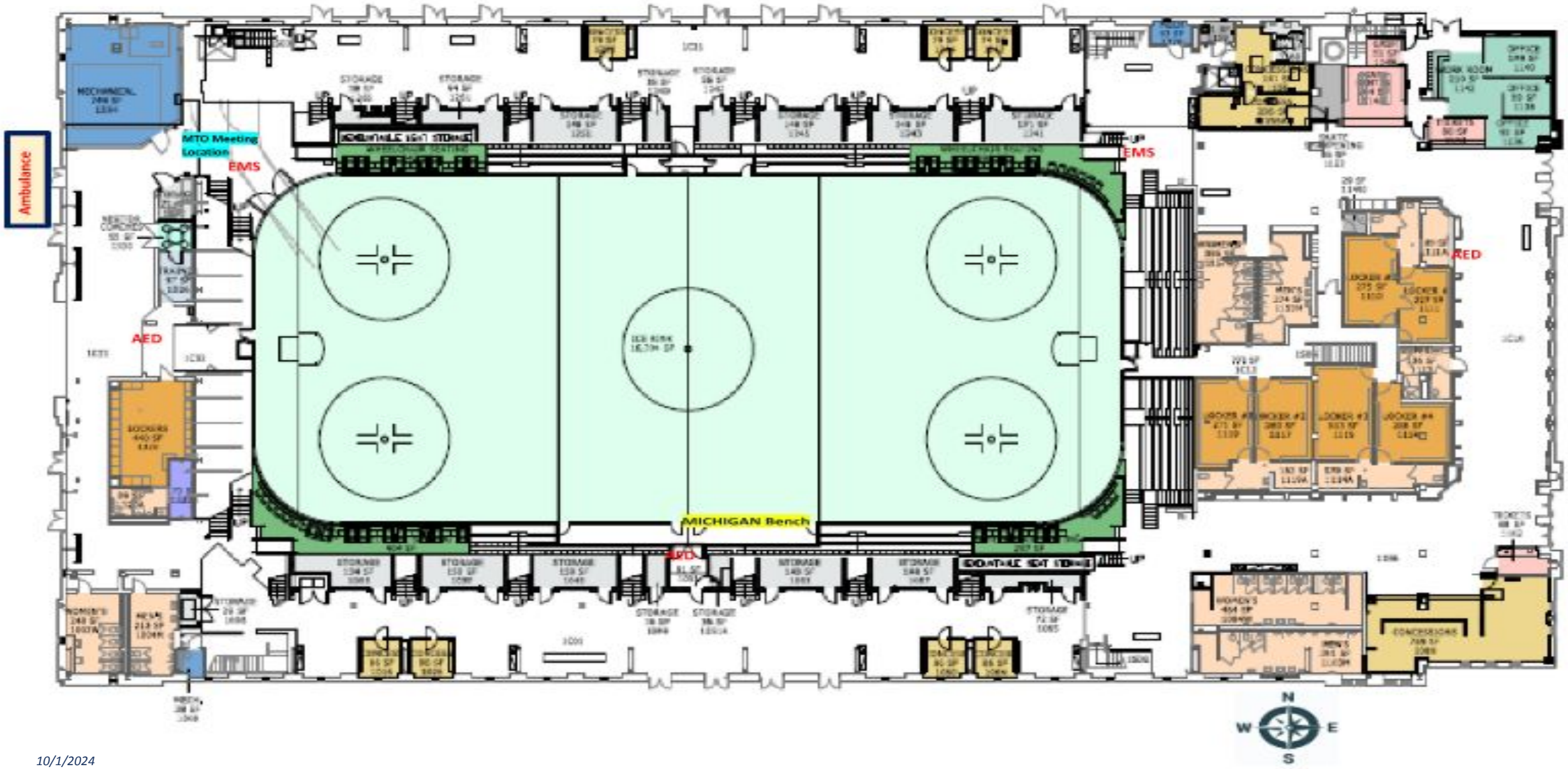
Equipment-Laden Athlete Management

- University of Michigan Athletic Medicine personnel prefer to remove equipment prior to transport unless contraindicated

Severe Weather Safe Structures:

1) Visiting Team Locker Room

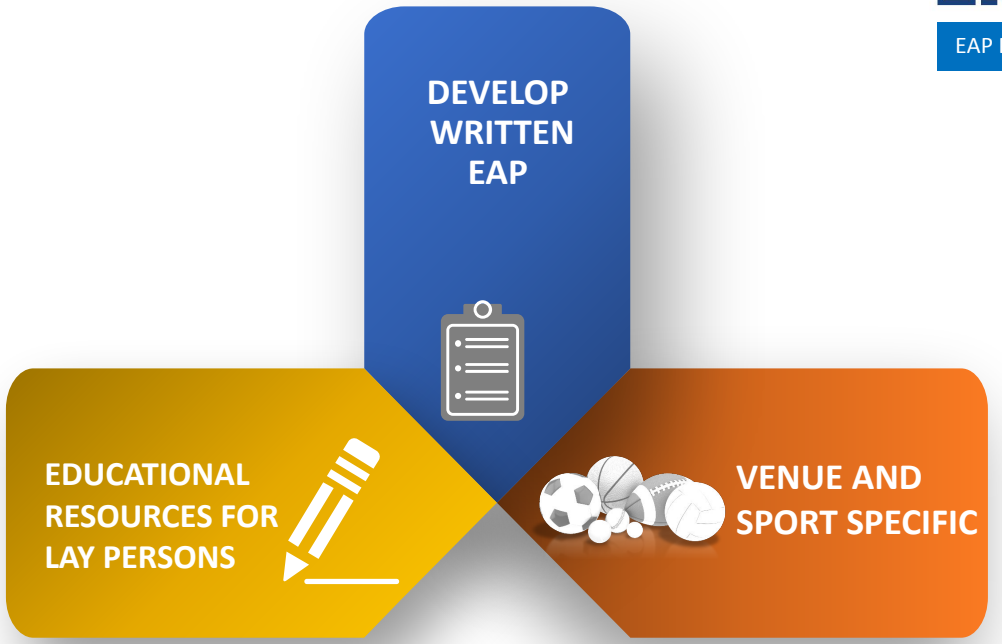
Yost Ice Arena (Ice Hockey Game day)-



Optimizing Patient Outcomes

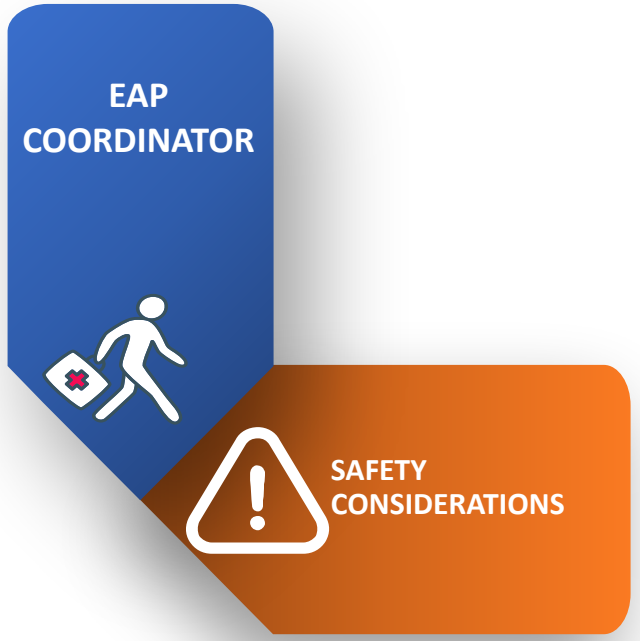
EAP Position Statement

- Write the EAP – do not rely on memory or discussion.
- Each venue and sport should have its own specific EAP.
- Some life-threatening injuries have improved patient outcomes when response is immediate – training lay persons on the top causes of sport related death is imperative.



Development

- EAP coordinator may or may not oversee day-to-day operations.
- Safety consideration include development of a risk analysis.



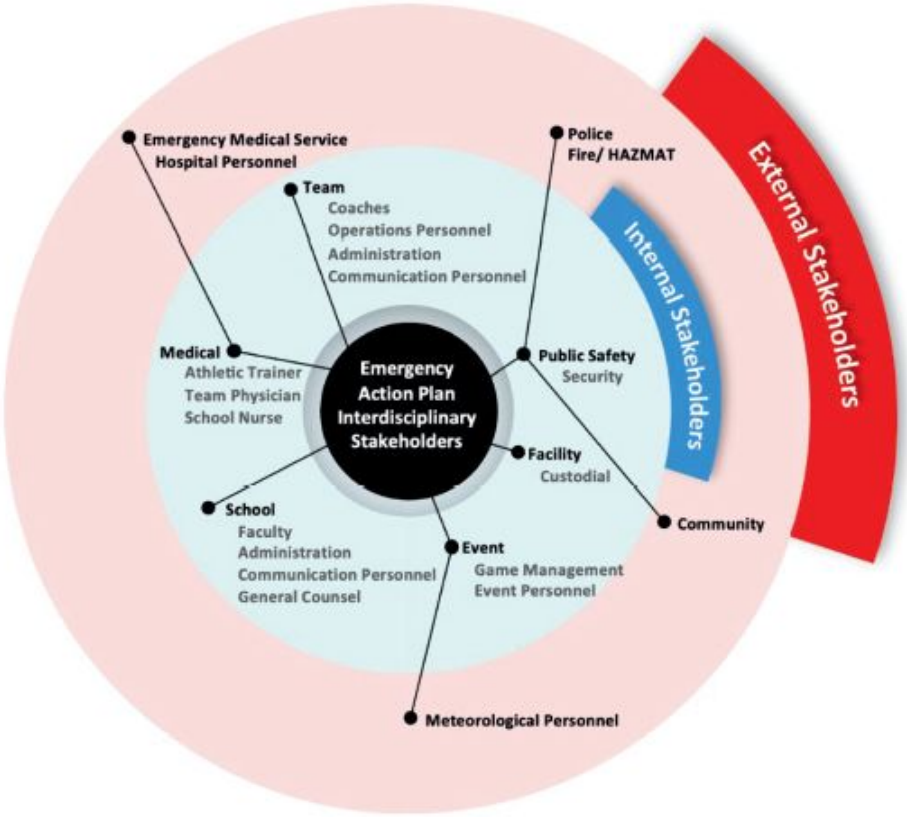
Development

EAP Position Statement

- EAP coordinator may or may not oversee day-to-day operations.
- Safety consideration include development of a risk analysis.
- Delineate roles and responsibilities, communicate chain of command.
- Should not be done independently, engage, integrate, appropriately delegate and include interdisciplinary health care team.

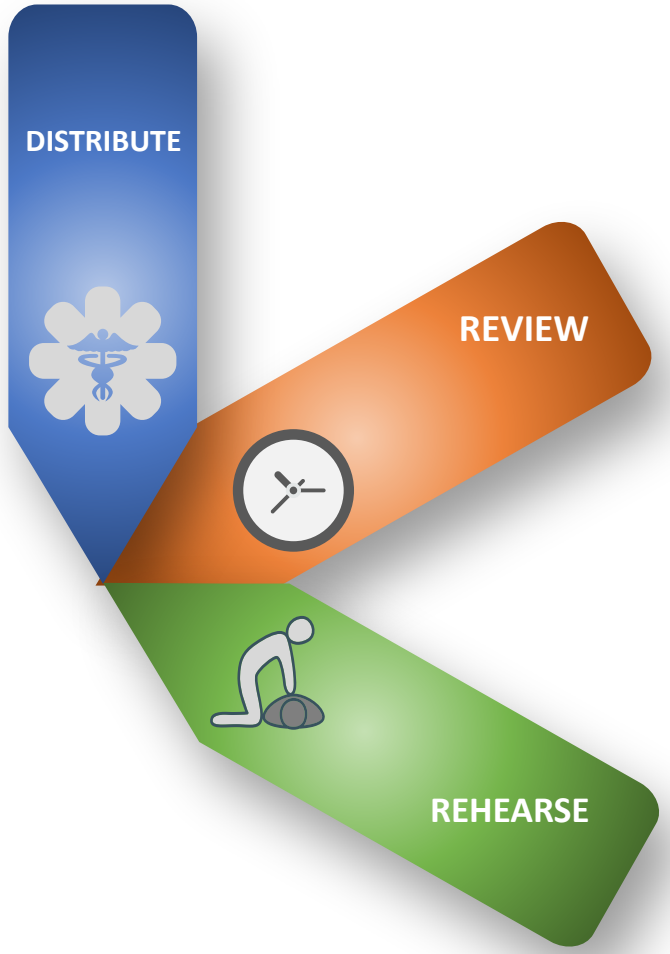
Development

- EAP coordinator may or may not oversee day-to-day operations.
- Safety consideration include development of a risk analysis.
- Delineate roles and responsibilities, communicate chain of command.
- Should not be done independently, engage, integrate, appropriately delegate and include interdisciplinary health care team.



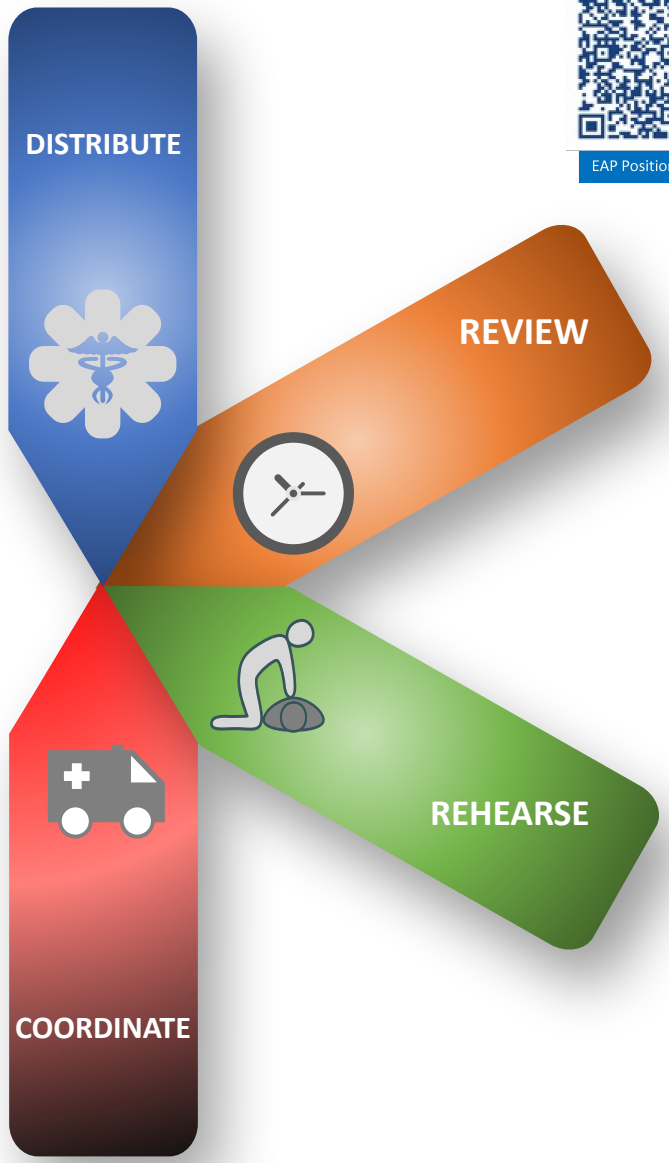
Implementation

- Distribute and be made available (paper based, electronic).
- Reviewed at least annually, or when updated.
- Rehearsal at least annually, or when updated – and should be documented!



Implementation

- Distribute and be made available (paper based, electronic).
- Reviewed at least annually, or when updated.
- Rehearsal at least annually, or when updated – and should be documented!
- The review and rehearsal should also be coordinated with local responders.

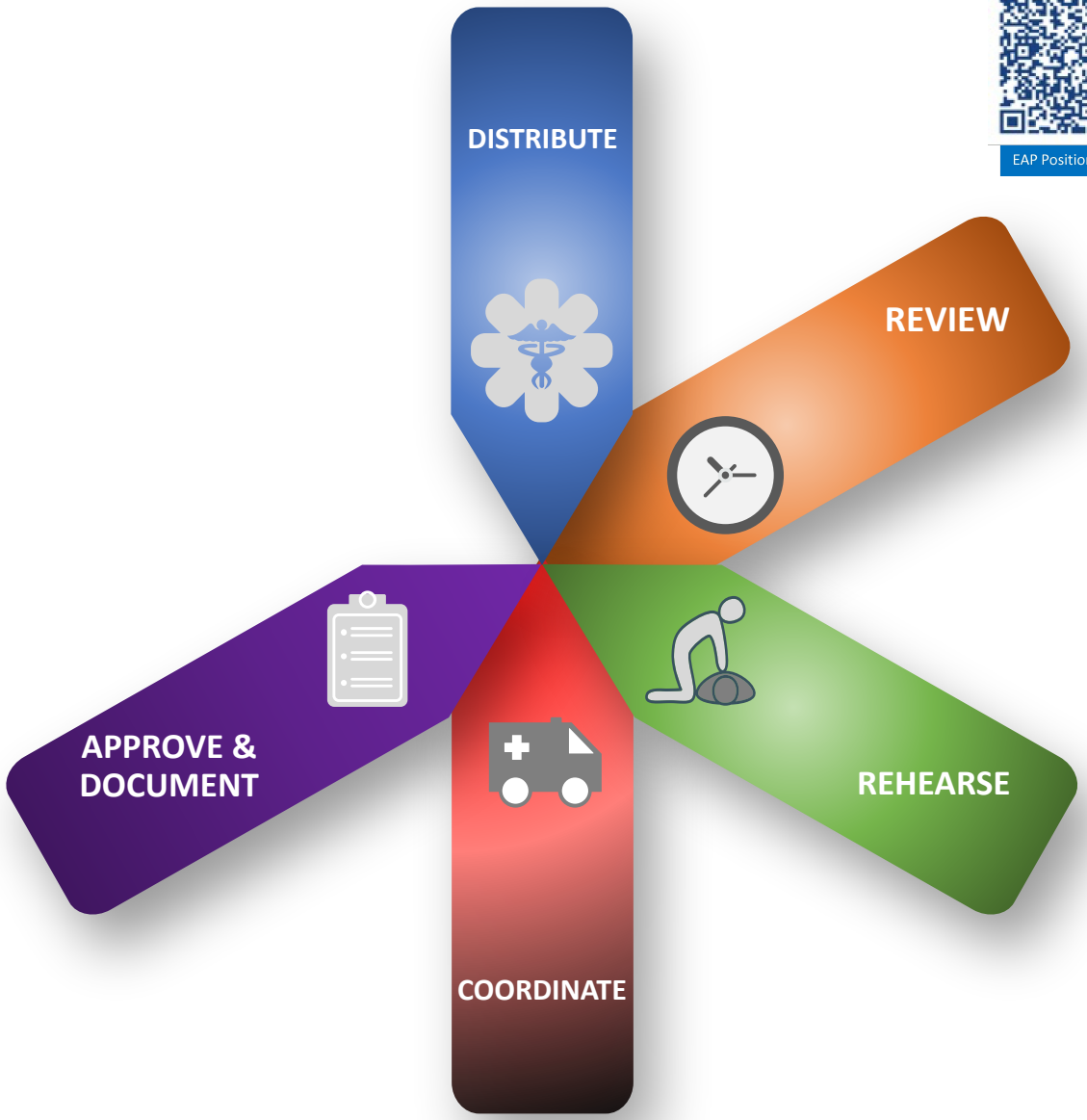


EAP Position Statement

Implementation

- Distribute and be made available (paper based, electronic).
- Reviewed at least annually, or when updated.
- Rehearsal at least annually, or when updated – and should be documented!
- The review and rehearsal should also be coordinated with local responders.
- Approved by necessary personnel, document after activation (post-incident report).

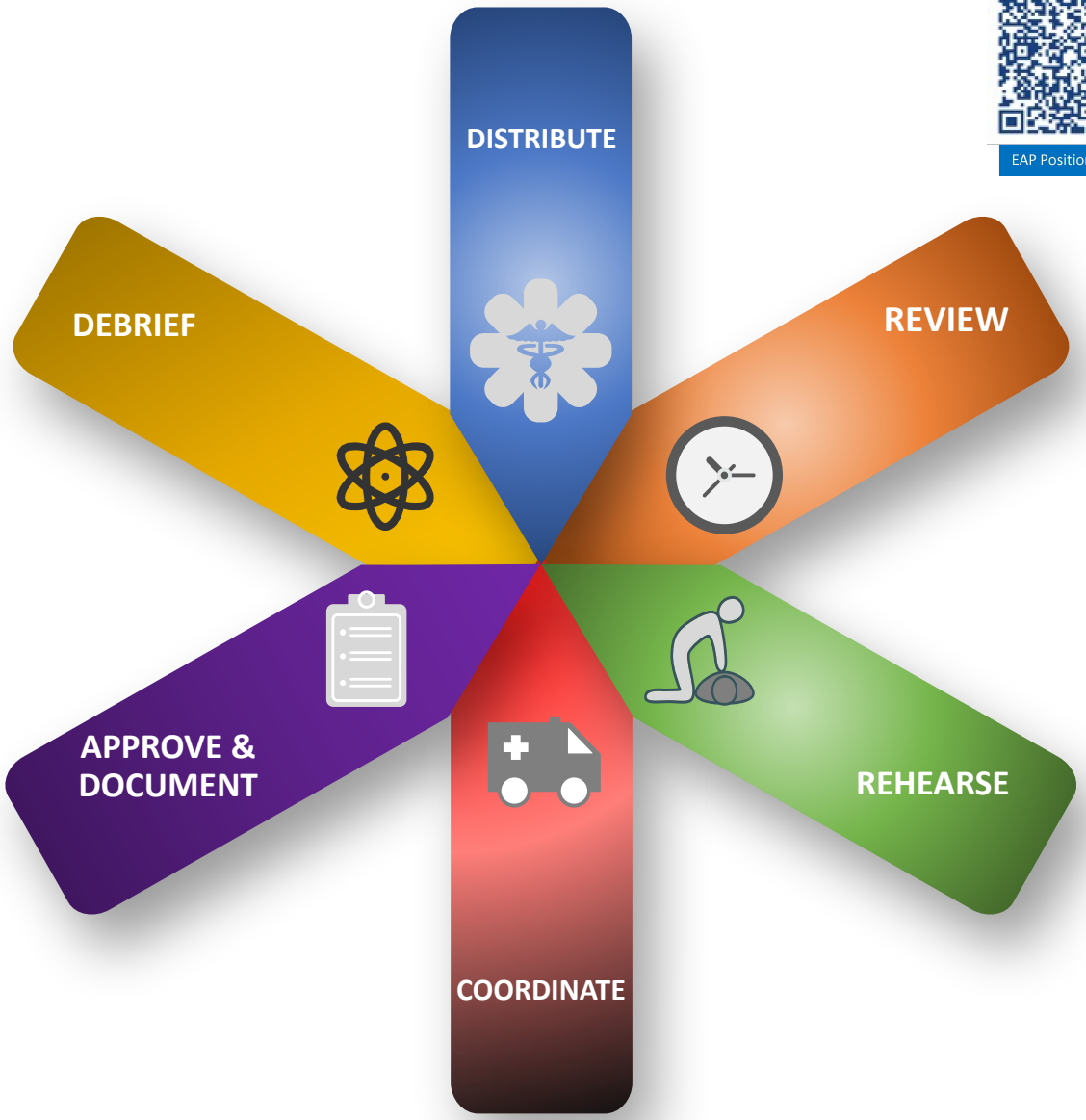
EAP Position Statement



Implementation

EAP Position Statement

- Distribute and be made available (paper based, electronic).
- Reviewed at least annually, or when updated.
- Rehearsal at least annually, or when updated – and should be documented!
- The review and rehearsal should also be coordinated with local responders.
- Approved by necessary personnel, document after activation (post-incident report).
- Post-activation debrief and critical incident stress debriefing.



Resources

Post-EAP Activation Incident Report – Template

Use this form to document the event details following an activation of the emergency action plan. If additional space is needed for any section, please attach additional pages with the required information. Ensure all pages are saved and stored together with this document.

Incident Date: _____/_____/_____ **Incident Time:** _____:_____ AM / PM

Incident Location: _____

Specific Area of Location: _____

Was EMS on-site at the time of the event? Yes No **Number of Patients:** _____

Patient Information:

_____ _____
First and Last Name Date of Birth (mm/dd/yyyy)

_____ _____
Parent/Guardian Name Phone Number

_____ _____
Body Part/Area Affected Side

Kory Stringer Institute: Resources & Templates

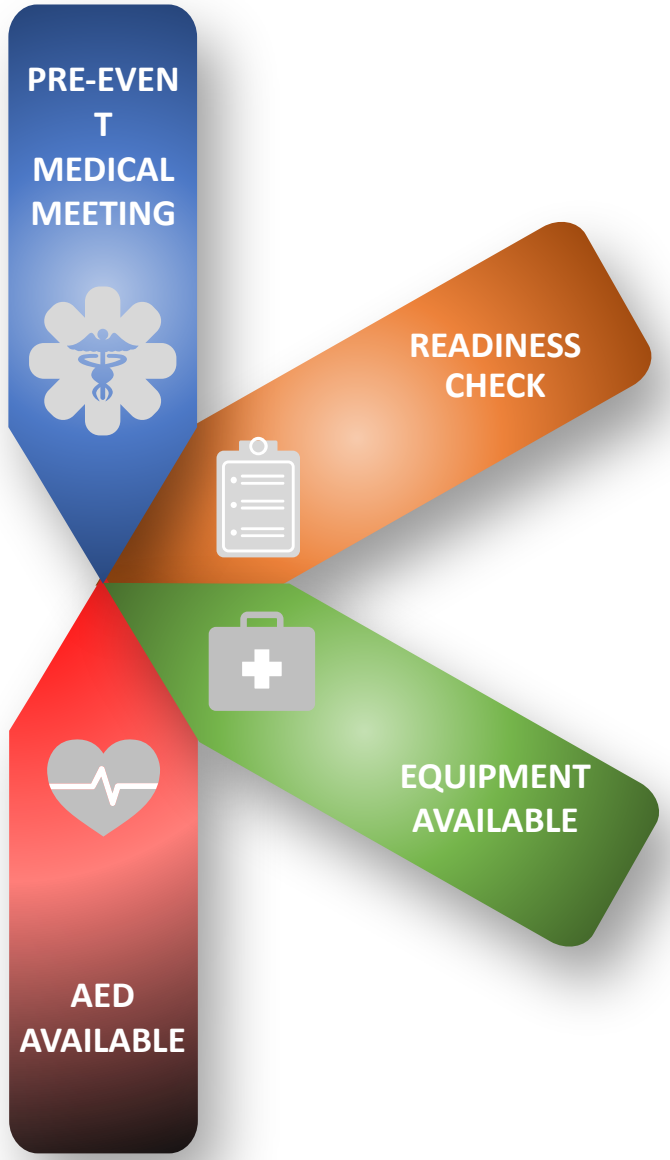
- EAP Template
- Pre-event medical meeting
- Exertional Heat Illness P&P
- Lightning P&P
- Standard Operating Procedures

Response

- Pre-event medical meeting with inter-disciplinary health care team.

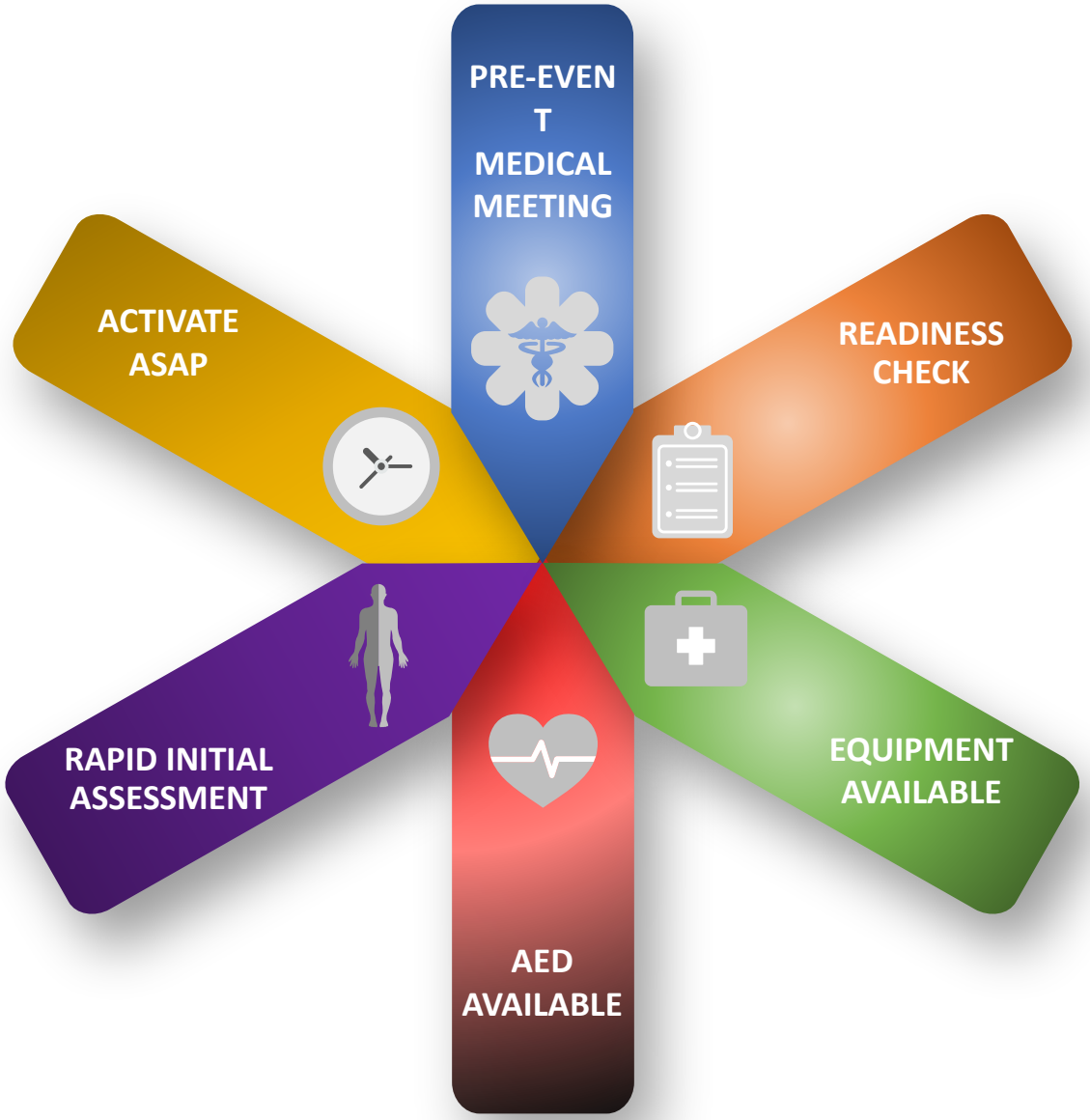
Response

- Pre-event medical meeting with inter-disciplinary health care team.
- Readiness check including survey of equipment, access points, personnel.
- Emergency equipment should be available, readily accessible, and clearly identifiable.
- AED should be accessible within 3 minutes of all venues.



Response

- Pre-event medical meeting with inter-disciplinary health care team.
- Readiness check including survey of equipment, access points, personnel.
- Emergency equipment should be available, readily accessible, and clearly identifiable.
- AED should be accessible within 3 minutes of all venues.
- Assessment of responsiveness, physical status and vital signs.
- Timely attention to circulation, airway and breathing is necessary.



When a plan comes together….

- You can be ready for the worst but hope for the best.
- You can be many, working as one.

When a plan comes together….

- You can optimize patient outcomes.

When a plan comes together….

Journal of Athletic Training 2024;59(11):1063–1069
doi: 10.4085/1062-6050-0677.23

www.natajournals.org

Exertional Heatstroke Survivors' Knowledge and Beliefs About Exertional Heatstroke Diagnosis, Treatment, and Return to Play

Kevin C. Miller, PhD, LAT, ATC*; Noshir Y. Amaria, DO, ATC†; Douglas J. Casa, PhD, ATC‡; John F. Jardine, MD‡; Rebecca L. Stearns, PhD, ATC‡; Paul O'Connor, PhD§; Samantha E. Scarneo-Miller, PhD, ATC‖

*Department of Health and Human Performance, Texas State University, San Marcos; †University Health Service, University of Michigan, Ann Arbor; ‡Korey Stringer Institute, University of Connecticut, Storrs; §College of Health Professions, Central Michigan University, Mount Pleasant; ‖West Virginia University, Morgantown

Context: Little information exists regarding what exertional heatstroke (EHS) survivors know and believe about EHS best practices. Understanding this would help clinicians focus educational efforts to ensure survival and safe return-to-play following EHS.

Objective: We sought to better understand what EHS survivors knew about EHS seriousness (eg, lethality and short- and long-term effects), diagnosis and treatment procedures, and recovery.

Design: Multiyear cross-sectional descriptive design.

Setting: An 11.3-km road race located in the Northeastern United States in August 2022 and 2023.

Patients or Other Participants: Forty-two of 62 runners with EHS (15 women and 27 men; age = 33 ± 15 years; pretreatment rectal temperature [T_{REC}] = 41.5°C ± 0.9°C).

Interventions: Medical professionals evaluated runners requiring medical attention at the finish line. If they observed a T_{REC} of ≥40°C with concomitant central nervous system dysfunction, EHS was diagnosed, and patients were immersed in a 189.3-L tub filled with ice water. Before medical discharge, we asked EHS survivors 15 questions about their experience and knowledge of select EHS best practices. Survey items were piloted and validated by experts and laypersons a priori (content validity index of ≥0.88 for items and scale).

Main Outcome Measures: Survey responses.

Results: Sixty-seven percent (28/42) of patients identified EHS as potentially fatal, and 76% (32/42) indicated that it negatively affected health. Seventy-nine percent (33/42) correctly identified T_{REC} as the best temperature site to diagnose EHS. Most patients (74%, 31/42) anticipated returning to normal exercise within 1 week after EHS; 69% (29/42) stated that EHS would not impact future race participation. Patients (69%, 29/42) indicated that it was important to tell their primary care physician about their EHS.

Conclusions: Our patients were knowledgeable on the potential seriousness and adverse health effects of EHS and the necessity of T_{REC} for diagnosis. However, educational efforts should be directed toward helping patients understand safe recovery and return-to-play timelines following EHS.

Key Words: cold water immersion, recovery, rectal temperature, survey

Key Points

- Exertional heatstroke (EHS) patients understood the lethality of EHS but underestimated the potential for short-term and long-term adverse health consequences.
- Clinicians should never hesitate to acquire rectal temperatures if they suspect EHS, and it is noteworthy that EHS patients reported that rectal temperature assessment was not uncomfortable.
- Clinicians should educate EHS patients about the importance of reporting serious health events, like EHS, to their primary care physicians, as well as how and when to return to normal exercise following EHS.

Exertional heatstroke (EHS) is a potentially life-threatening condition characterized by elevations in body temperature and concomitant central nervous system dysfunction.[1] EHS continues to be one of the leading causes of sudden death in athletes, war fighters, and the physically active.[2,3] Encouragingly, patient survivability is near 100% when EHS is diagnosed quickly by rectal temperature (T_{REC}) and treated aggressively with whole-body cold water immersion within 30 minutes of collapse.[4,5]

EHS incidence varies between 0.37 per 1000 person-years and 2.07 cases per 1000 runners in military and athletic venues, respectively.[3,4] Current evidence is conflicting regarding whether heat illness incidence varies between sexes, with field research in runners and retrospective analyses in the military often reporting conflicting results.[4–8]

- You can use past experiences to reflect, rehearse, and improve.
- You can research and then educate.


I LOVE IT WHEN A PLAN COMES TOGETHER

In Summary

- Emergencies can occur in any sport, activity, venue or location. It is important to evaluate all potential risks (risk analysis) to determine where these risk lie, along with the risk level across these various considerations.

- EAPs details the preparations and on-site emergency response of healthcare professionals and other stakeholders to catastrophic injuries, or potential catastrophic injuries in the pre-hospital setting.

- Policies and procedures (Cardiac Event, C-Spine emergency, Heat Illness, Mental Health, etc.) serve as comprehensive documents that provide guidance for decisions, actions, and steps within sports medicine.

- EAP development should not be done independently. Engage, integrate, appropriately delegate and include interdisciplinary health care team.

- Pre-Event Medical Meeting (name revised to avoid confusion). Checklist of key topics to review with stakeholders.

- Imperative need for improvement, adoption, and implementation for enhanced sport safety.

Thank You!

nyamaria@umich.edu

kmiller@txstate.edu

AMERICAN OSTEOPATHIC ACADEMY OF SPORTS MEDICINE

THE UNIVERSITY OF MICHIGAN
ARTES · SCIENTIA · VERITAS
1817

TEXAS STATE UNIVERSITY
1899

References

1. Kucera KL, Cantu RC. *Catastrophic Sports Injury Research - Fourteith Annual Report Fall 1982 - Spring 2022*. University of North Carolina at Chapel Hill; 2023:1-44. https://nccsir.unc.edu/reports/
2. Scarneo-Miller SE, Hosokawa Y, Drezner JA, et al. National Athletic Trainers' Association Position Statement: Emergency Action Plan Development and Implementation in Sport. *J Athl Train*. 2024;59(6):570-583. doi:10.4085/1062-6050-0521.23
3. National Federation of State High School Associations. 2018-2019 High School Athletics Participation Survey Results. Published online 2019.
4. Scarneo-Miller S, Yeargin SW. Knowing the Difference: Developing and Differentiating Institution-Specific Health Care Administration Documents. *NATA News*. Published online February 2022:34-36.
5. Scarneo SE, Distefano LJ, Stearns RL, Register-Mihalik JK, Denegar CR, Casa DJ. Emergency Action Planning in Secondary-School Athletics: A Comprehensive Evaluation of Current Adoption of Best Practice Standards. *J Athl Train*. 2019;54(1):99-105. doi:doi:10.4085/1062-6050-82-18 (LOE 2)
6. McLeod TCV, Cardenas JF. Emergency Preparedness of Secondary School Athletic Programs in Arizona. *J Ath Train*. 2019;54(2):133-141. doi:10.4085/1062-6050-35-18
7. Hedberg R, Messamore W, Poppe T, et al. Emergency Action Planning in School-Based Athletics: A Systematic Review. *kjm*. 2021;14:282-286. doi:10.17161/kjm.vol14.15299 (LOE 2)
8. Scarneo-Miller SE, DiStefano LJ, Register-Mihalik JK, Stearns RL, Denegar CR, Casa DJ. Athletic Administrators Report of Emergency Action Plan Adoption in Secondary School Athletics: The Influence of Athletic Training Services. *JASM*. 2019;11(3):1-10. doi:10.18666/JASM-2019-V11-I3-9240 (LOE 3)
9. Murata Y, Scarneo-Miller SE, McMahon L, Casa D. Adoption of Emergency Action Plans in Secondary Schools: A Study of School Nurses' Knowledge and Behavior. *J School Health*. 2020;90(9):694-702.
0. Dierickx EE, Scarneo-Miller SE, Casa DJ. High School Coaches' Knowledge and Behaviors for Emergency Preparedness. *International Sport Coaching Journal*. 2022;9(1):40-50. doi:10.1123/iscj.2020-0110 (LOE 2)
11. Miller, KC, Amaria NY. Rectal temperature cooling rates in the Polar Life Pod are excellent and consistent with stationary tubs. *Journal of Athletic Train. 2023 Mar 1;58(3):244-251*
2. Miller KC, Amaria NY, Scarneo-Miller S, Casa DJ, Jardine J, Stearns R, O'Connor P. *Exertional Heatstroke Survivors' Knowledge and Beliefs About Exertional Heatstroke Diagnosis, Treatment, and Return to Play. Journal of Athletic Training. 2024 Nov 1;59(11):1063-1069*