*BY ORDER OF THE SUPERINTENDENT*

*HQ UNITED STATES AIR FORCE ACADEMY INSTRUCTION 41-102*

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*Health Services*

# *INSTALLATION EMERGENCY MEDICAL STANDBY SUPPORT (EMSS)*

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements Air Force Policy Directive (AFPD) 41-1, *Health Care Programs and Resources,* 15 April 1994. It establishes policy for emergency medical standby services, structure, staffing, management oversight, utilization, functional control, and healthcare standards for Department of Defense (DoD), United States Air Force (USAF) and/or United States Air Force Academy (USAFA)-approved events. It sets the standards for the minimum required staffing, skill level and onsite capabilities based on event risk, forecasted attendance, environmental and security threat. The scope of this instruction is to minimize injury/illness, prevent additional injuries/illness, aid in rescue, provide first aid and assess evacuation needs. This instruction should be used with current editions of the applicable healthcare accreditation agency manual published standards of Sport Medicine**,** National Collegiate Athletic Association (NCAA) Division 1 directives, National Model EMS Clinical Guidelines, the Air Force approved Scope of Practice for AF EMS providers for Pre-Hospital Care, and other national professional organizations as appropriate. This instruction applies to all active duty Air Force, Air Force Reserve, USAFA Cadets and civilian medical components when and where USAFA event activities are performed. The instruction supports other approved Operational Plans, Operational Orders, Medical Contingency Response Plan (MCRP), NCAA Division athletic healthcare directives or USAFA Command Surgeon (USAFA/SG) clinical judgment. This instruction provides a framework for reviewing and revising Operational Plans and Operational Orders requiring emergency medical standby support. This instruction is the recommended guidance for all events including Operational Plans and Operational Orders and should be considered the medical support plan for all emergency medical standby support. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using Air

Force (AF) Form 847, *Recommendation for Change of Publication.* The authorities to waive requirements in this publication are identified with a Tier (T-0, T-1, T-2, T-3) number following the compliance statement. See AFI 33-360, *Publications and Forms Management*, for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority. The waiver authority for non-tiered requirements in this publication is 10 MDG/CC. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AF Manual (AFMAN) 33-363, *Management of Records,* and are disposed of in accordance with the Armed Forces Research Institute of Medical Sciences (AFRIMS) Records Disposition Schedule (RDS).

***SUMMARY OF CHANGES***

Information about the scope of the contracted ambulance service has been updated, section 2.5. for the Field Response Team (FRT) was added, and the list of high risk sports was updated.

**1. Responsibilities.** The 10th Medical Group Commander (10 MDG/CC) is responsible for ensuring appropriate medical support for all USAFA and 10th Air Base Wing (10 ABW) sponsored events based on their risk categories. 10 MDG/CC will review and approve procured medical support purchased or acquired by Non-Department of Defense (Non-DoD) agencies for events occurring on USAFA, with the exception of those events coordinated by and for the District 20 School System. Support may come from the 10 MDG, Cadet Nationally Registered Emergency Medical Responders, contracted Ambulance Services and/or via contract from the agency sponsoring the event.

1.1. EMS Medical Director, in consultation with the 10th Medical Group Chief, Medical Staff (10 MDG/SGH), shall have authority over EMS personnel and assets pertaining to pre-hospital emergency response.

1.1.1. The EMS Medical Director is responsible for ensuring Cadet Emergency Medical Responders (EMRs) involved in providing medical support at USAFA events are trained, certified, and practice within the National Registry of Emergency Medical Responders (NREMR) scope of practice and the approved USAF EMR protocols found at **https://kx2.afms.mil/kj/kx9/USAFEMS/Pages/emr-emt.aspx**. Cadet EMRs must hold NREMR Certification. The Director will also ensure that USAFA event coverage requiring Cadet EMRs has been validated with this instruction and approved by the 10 MDG/CC or designee.

1.1.1.1. Cadet EMRs may not participate in event planning as a 10 MDG representative.

1.1.1.2. Cadet EMRs may not provide any EMR service without notifying the EMS Medical Director.

1.2. The 10 MDG Medical Events Coordinator will plan and coordinate emergency medical standby response support for qualifying events.

1.2.1. USAFA Field Response Team (FRT) Chief will direct a medical team consisting of medical providers, nurses, technicians and administrative personnel which is readied and trained for casualty and disaster response protocols.

1.2.1.1. The FRT members will not be utilized to provide medical event coverage. This team will only be ready and available to respond to disasters.

1.2.2. Guidelines for requesting emergency medical support for DoD/USAFA sponsored events hosted on the installation.

1.2.3. USAFA agencies will coordinate directly with the 10 MDG Medical Events Coordinator at least 60 days prior to the scheduled event. It is recommended that the agencies establish contact by sending a request to the 10 MDG/Taskers Task Management Tool (TMT) (**10mdg.taskers@us.af.mil** affiliated) account.

1.2.4. The 10 MDG Medical Events Coordinator will review the request and determine the appropriate emergency medical standby mix based on the risk assessment matrix (**Figure 1**), with the exception of events sponsored by the District 20 School System.

1.2.5. If emergency medical support is approved by the 10 MDG Medical Events Coordinator, the Contracting Officer Representative (COR) will coordinate with the contracted Ambulance Services to provide Advanced Life Support transport capability and/or will ensure the appropriate mix of qualified Basic Life Support (BLS)/Self Aid Buddy Care (SABC) personnel are available for the event.

1.2.6. USAFA agencies are prohibited from coordinating directly with the contracted Ambulance Services at any time. Any deviations to emergency medical support provided by contracted Ambulance Services requires prior coordination with the COR.

**2. Risk-based Emergency Medical Standby Support for Audience/Spectators.** Special Events, such as, but not limited to, ABW and CW formations, changes of command, graduation, parades, basic cadet training, etc…, will be applied to the risk assessment and support manpower matrices to determine appropriate medical coverage. Events must be approved and coordinated by USAFA/A3/9, Operations and Analysis. Medical support is based on the risk to the event spectator and 10 MDG/CC is the approving authority for medical support for any event on USAFA. Medical support for the athlete is an independent medical assessment and is addressed in paragraph 3 of this instruction.

2.1. Risk assessment is based on three criteria: spectator demeanor, crowd size and event environment. Spectator demeanor is the single largest part of the assessment accounting for more than 50% of the risk assessment and produces the greatest number of medical calls. Overall crowd size with consideration of event duration is displayed in the 10 MDG/CC event risk assessment matrix, see **Figure 1**. The third determining factor is the event environment which encompasses the weather, terrain and altitude. These three areas, combined, will determine the risk assessment as HIGH, MODERATE or LOW. At his/her discretion, USAFA/SG may consider historical injury/illness data to determine the risk level of an event.

2.2. HIGH RISK – High risk spectator event is UNLIKELY on USAFA as it is not usually within acceptable USAF standards and/or behavior. **EXAMPLE**: Events that are alcohol centered such as Oktoberfest; protests sponsored by hate groups with the intent to riot; activities with extreme sexual overtones or events with a known history of associated drug use or causing injuries such as rock concerts with “mosh pits” or motorcycle races.

2.2.1. If a high risk event is approved, it is likely that assistance from other base agencies will be required to assure that medical response can be delivered safely, effectively and within acceptable guidelines. **EXAMPLE**: Armed security teams and Fire Rescue units. Upon request from the 10 MDG/CC, these units would provide assistance to the medical response teams and would respond with the medics to every medical assistance request. When possible, the 10 MDG will invoke assistance from Memorandums of Understanding (MOUs) already in effect.

2.3. MODERATE RISK – These events are those with large groups (greater than 1,000 attendees) that are not in a seated venue, or large groups that are exposed to extreme weather (greater than 85 degrees or less than 40 degrees) for the duration of the event, seated or non-seated. This would include large groups that will require transportation to multiple venues or walking more than 2 miles to the next venue site. Also included are large citizen sporting events (non-athlete, greater than 1,000 attendees) like 5K/10K runs for charity. Lastly, this category includes groups that have approved Distinguished Visitor (DV) status or sensitive overtones. **EXAMPLE**: Some football games held at Falcon Stadium during inclement weather, Parents' Weekend, or other outdoor mass assemblies.

2.4. LOW RISK – These events have greater than 2,500 attendees that are seated and/or indoors. For outdoor seated events, if weather is less than 85 degrees or more than 40 degrees for the duration of the event it will be considered LOW RISK. Groups (greater than 2,500 attendees) that are at a single venue and walking less than 2 miles would also be LOW RISK. **EXAMPLE**: Family concerts or indoor sporting events, unit events under command and control of a squadron commander or military conferences and/or educational gatherings. This category would include most football games based on projected attendance and weather.

2.5. The USAFA Field Response Team (FRT) attends functions for the purpose of responding to any unforeseen medical disaster and is pre-positioned to promptly respond to a mass casualty incident. These team members may not function as routine supplementary medical support without 10 MDG/CC approval.

2.5.1. In the case of an unforeseen medical event or disaster, the FRT performs initial triage, provides stabilizing treatment, and facilitates rapid transport of casualties. Primary team members are usually stationed with initial medical treatment supplies inside the venue and secondary team members are stationed with reserve supplies outside the venue. The FRT is tasked at the direction of the 10 MDG/CC or Incident Commander. Team composition and number of deployed members are determined by the FRT Chief and guided by the risk assessment.

**Figure 1. 10 MDG Event Risk Assessment Matrix.**

| 10 MDG EVENT RISK ASSESSMENT MATRIX | | | |
|---|---|---|---|
| | | | |
| **SPECTATOR DEMEANOR** | **ATTENDANCE RANGE** | **ENVIRONMENTAL** | **OVERALL ASSESSMENT** |
| | | | |
| ALCOHOL CENTERED- (Octoberfest) | NON-APPLICABLE | NON-APPLICABLE | **HIGH RISK** |
| PROTEST BY HATE GROUPS | | | REVIEW BY USAFA/SG |
| EVENT WITH DRUG THEMES | | | REQUIRED |
| | | | |
| SOME SPORTING EVENTS | 1,000 TO 100,000 | TEMP GREATER 85 | **MODERATE RISK** |
| PARENTS WEEKEND | NOT SEATED | TEMP LESS THAN 40 | SEE THE EMERGENCY MEDICAL |
| MASS ASSEMBLIES | MULTIPLE VENUES | WALKING MORE 2 MILES | STANDBY SUPPORT MANPOWER |
| CONTROLLED ALCOHOL SERVING | | | MATRIX FOR MANPOWER REQ'S |
| | | | |
| FAMILY CONCERTS | 2,500 TO 100,000 | TEMP LESS 85 | **LOW RISK** |
| CONFERENCES | SEATED EVENTS | TEMP MORE THAN 40 | SEE THE EMERGENCY MEDICAL |
| COMMANDER CONTROL | SINGLE VENUE | WALKING LESS 2 MILES | STANDBY SUPPORT MANPOWER |
| | | | MATRIX FOR MANPOWER REQ'S |

**3. Risk-based Emergency Medical Standby Support for Participating Athletes and Club Sports.** The USAFA Athletic Department (USAFA/AD) representative will provide a National Athletic Trainers' Association (NATA) Certified Athletic Trainer to cover the designated athletic home events. A 10 MDG provider may assist the Athletic Trainer in athletic event medical coverage upon the request of an AD representative.

3.1. At the request of the AD, 10 MDG/CC will review the need for on-scene contract ambulance coverage for high-risk sports. Beyond ambulance support, the 10 MDG/CC will not typically provide additional medical support for USAFA intercollegiate athletic events unless specifically requested by the AD. For Club Sports, the Coach or Team Officer in Charge (OIC) will coordinate with the Medical Events Coordinator and COR to schedule ambulance support.

3.1.1. The contracted ambulance service will supply ambulance coverage for the high risk intercollegiate sports (paragraph 3.2.) and the high risk Club Sports (paragraph 3.3.), and any other sports event which has been pre-arranged through the Medical Events Coordinator and COR.

3.1.1.1. For any cancellation or changes of events after duty hours AD should contact the 10 MDG Medical Events Coordinator, who will make the appropriate notifications to the COR, when indicated.

3.2. High Risk Intercollegiate Sports

3.2.1. Fall Sports

3.2.1.1. Football (Men's) USAFA and Prep School

3.2.2. Winter Sports

3.2.2.1. Hockey (Men's)

3.2.2.2. Wrestling (Men's)

3.2.2.3. Boxing (Men's and Women's)

3.2.2.4. Basketball (Men's and Women's)

3.2.3. Spring Sports

3.2.3.1. Lacrosse (Men's)

3.2.3.2. Gymnastics (Men's and Women's)

3.2.4. Summer Sports

3.2.4.1. No scheduled NCAA events

3.3. High Risk Club Sports

3.3.1. Fall Club Sports

3.3.1.1. Rugby (Men's and Women's)

3.3.2. Winter Club Sports

3.3.2.1. Boxing (Men's and Women's)

3.3.3. Spring Club Sports

3.3.3.1. Rugby (Men's and Women's)

**4. Emergency Medical Standby Support Manpower Requirements.** Based upon the assigned risk category (HIGH/MODERATE/LOW) the 10 MDG/CC will determine medical emergency standby support manpower requirements. 10 MDG/CC will designate the required command and control staff, ambulance, physician and physician extender, nurse and EMT/EMR requirements. 10 MDG/CC will determine if the FRT will be activated for an event, and will determine the team size and composition in coordination with the FRT Chief, see **Figure 2**. 10 MDG Emergency Medical Standby Support Manpower Matrix.

**Figure 2. 10 MDG Emergency Medical Standby Support Manpower Matrix.**

| 10 MDG EMERGENCY MEDICAL STANDBY SUPPORT MANPOWER MATRIX | | | | | | |
|---|---|---|---|---|---|---|
| **HIGH RISK** | - medical support determined by 10 MDG/CC | | | | | |
| **MOD RISK** | | | | | | |
| | EMR/4N0 | SABC | IDMT/PA/RN | RMMM | Physician | C2 |
| | | | | 2 EMT/P | | |
| Under 1,000 | SG Review | SG Review | SG Review | SG Review | SG Review | SG Review |
| 1,001 to 2,500 | 0 | 0 | 0 | 1 | 0 | 0 |
| 2,501 to 5,000 | 2 | 2 | 1 | 1 | 0 | 0 |
| 5,001 to 10,000 | 2 | 2 | 2 | 1 | 0 | 2 |
| 10,001 to 25,000 | 2 | 2 | 2 | 2 | 1 | 2 |
| 25,001 to 50,000 | 3 | 3 | 3 | 2 | 2 | 2 |
| 50,001 to 100,000 | 3 | 3 | 3 | 3 | 2 | 3 |
| Greater 100,000 | SG Review | SG Review | SG Review | SG Review | SG Review | SG Review |
| **LOW RISK** | | | | | | |
| | EMR/4N0 | SABC | IDMT/PA/RN | RMMM | Physician | C2 |
| | | | | 2 EMT/P | | |
| Under 2,500 | SG Review | SG Review | SG Review | SG Review | SG Review | SG Review |
| 2,501 to 5,000 | 0 | 0 | 0 | 1 | 0 | 0 |
| 5,001 to 10,000 | 1 | 1 | 1 | 1 | 0 | 2 |
| 10,001 to 25,000 | 1 | 1 | 1 | 1 | 1 | 2 |
| 25,001 to 50,000 | 2 | 2 | 2 | 1 | 1 | 2 |
| 50,001 to 100,000 | 2 | 2 | 2 | 2 | 2 | 2 |
| Greater 100,000 | SG Review | SG Review | SG Review | SG Review | SG Review | SG Review |

**5. Emergency Medical Standby Support Requirements Exceeding Capability of 10 MDG.** If a privately-sponsored event occurs which requires medical standby, yet coverage is beyond the capabilities of the 10 MDG, the sponsor may be required to obtain and financially cover the cost of additional support.

5.1. The 10 MDG/CC may recommend disapproval of medical support procured from outside agencies when the support is deemed inadequate and/or licensure/certification is not current or not provided for review.

**6. Assessment of Medical Care Rendered.** Medical care rendered by contract ambulance services during events will be assessed by the EMS Medical Director or an assigned physician alternate.

6.1.1. Medical care provided by Cadet EMRs will also be reviewed, IAW approved AF protocols, by the EMS Medical Director or assigned physician.

**7. On Field Physician Coverage for Competing Athletes.** On field coverage for NCAA events will be provided by a core of USAFA Team Physicians and Training Room staff. This group of medical providers will be dedicated to provide care for the competing athletes in accordance with NCAA guidelines. Guidance regarding events requiring onsite physician and Athletic Trainer coverage are provided in the NCAA Handbook, and NATA statement

"Recommendations and Guidelines for Appropriate Medical Coverage of Intercollegiate Athletics."

7.1. A core of team physicians will be designated and appointed by 10 MDG/CC with the principal responsibility for treating and coordinating the medical care of the intercollegiate athletes.

7.2. Team physicians will be selected in accordance with the Team Physician Consensus Statement (American Academy of Family Physicians (AAFP), American Academy of Orthopedic Surgeons (AAOS), American College of Sports Medicine (ACSM), American Medical Society for Sports Medicine (AMSSM), American Orthopedic Society for Sports Medicine (AOSSM), American Osteopathic Academy of Sports Medicine AOASM).

7.2.1. The principal responsibility of the team physician is to provide for the safe participation and well-being of individual athletes. The team physician should possess special proficiency in the care of musculoskeletal injuries and medical conditions encountered in sports, and should use an integrated approach with medical specialists, athletic trainers and allied health professionals.

7.2.2. A Team Physician should be a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) with specialized formal training in sports medicine and a working knowledge of trauma, musculoskeletal injuries, and common conditions affecting athletes. Training in Cardiopulmonary Resuscitation (CPR) and a working knowledge of trauma is also required with an unrestricted license to practice medicine.

7.3. A Head Team Physician will be selected from the core group of team physicians and appointed by 10 MDG/CC. Selection criteria for Head Team Physician include Fellowship training and experience in Sports Medicine.

7.4.1. The Head Team Physician will provide oversight to the core of team physicians as well as function as the primary liaison between the AD training room staff and the team physicians and will be responsible for assigning the team physicians responsibilities and event coverage assignments.

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## Attachment 1

## GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

***References***

AFPD 41-1, *Health Care Programs and Resources,* 15 April 1994

AFI 33-360, *Publications and Forms Management*, 1 December 2015

AFI 44-102, *Medical Care Management,* 17 March 2015

AFMAN 33-363, *Management of Records*, 1 March 2008

***Adopted Forms***

AF Form 847, *Recommendation for Change of Publication*

***Abbreviations and Acronyms***

**10 ABW/XP**— 10th Air Base Wing/Plans/Programs

**10 MDG**— 10th Medical Group

**AAFP**— American Academy of Family Physicians

**AAOS**— American Academy of Orthopedic Surgeons

**ACSM**— American College of Sports Medicine

**AD**— Athletic Department

**AF**— Air Force

**AFMAN**— Air Force Manual

**AFPD**— Air Force Policy Directive

**AFRIMS**— Armed Forces Research Institute of Medical Sciences

**AMSSM**— American Medical Society for Sports Medicine

**AOASM**— American Osteopathic Academy of Sports Medicine

**AOSSM**— American Orthopedic Society for Sports Medicine

**ATC**— Athletic Trainer

**C2**— Command and Control

**CAT**— Certified Athletic Trainer

**COR**— Contracting Officer Representative

**CPR**— Cardiopulmonary Resuscitation

**DO**— Doctor of Osteopathic Medicine

**DoD**— Department of Defense

**DV**— Distinguished Visitor

**EMT**— Emergency Medical Technician

**EMT/P**— Emergency Medical Technician or Paramedic

**EMR**— Emergency Medical Responder

**FRT**— Field Response Team

**MCRP**— Medical Contingency Response Plan

**MD**— Doctor of Medicine

**NATA**— National Athletic Trainers' Association

**NCAA**— National Collegiate Athletic Association

**NonDoD**— Non Department of Defense

**OIC**— Officer in Charge

**OPR**— Office of Primary Responsibility

**RDS**— Records Disposition Schedule

**RMMM**— Rocky Mountain Mobile Medical

**SABC**— Self Aid and Buddy Care

**SG**— Surgeon General

**SGH**— Chief of the Medical Staff

**USAFA**— United States Air Force Academy

**USAF**— United States Air Force