“The Importance of an Emergency Response Plan: an NPC perspective”.

- RIO 2016 TEAM PHYSICIAN WORKSHOP
- Dr Geoff Thompson, MB BS FACSP, Sport & Exercise Physician
  - Australian Paralympic Committee
  - Territory SportsMedicine
  - Darwin, NT, AUSTRALIA

Thank you
Medical Emergencies in Paralympic Sport

Dr Geoff Thompson, MB BS FACSP,
Sport & Exercise Physician

Thanks and Acknowledgements

Ms Alison Campbell
Section Manager SSSM

Dr David Hughes, FACSP,
Sport and Exercise Physician
AIS Chief Medical Officer
Canberra, Australia

Dr Corey Cunningham, FACSP
Sport and Exercise Physician
APC Chief Medical Officer 2016
Sydney, Australia
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Overview

Background
- Who the athlete was
- Any previous medical issues of relevance

What Happened
- Factual account of events leading up to the death of the athlete, including imaging etc.

Role of the Team Physician
- What our role was
- What we see as the role generally of the doctor in this position

Key take home lessons
- One or two key pieces of advice for us all
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What Happened on 13/2/14

- APC head office received a call at 9.30am
- Paralympic Snowboard Cross athlete
- C3 SCI in La Molina, Spain
- Was airlifted to Barcelona, and undergoing surgery
- I was enroute Sochi at the time
- Dr David Hughes immediately available
- On flight to Spain at 5.30PM
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What Happened

- The Plan
  - Be on the ground before the family
  - Relieve the staff in Barcelona
  - Provide medical, and additional psychological support
  - Provide accurate medical information to Australia
  - Assist with a management plan, and repatriation
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Spinal Cord Injury

- Destruction from direct trauma
- Compression by bone fragments, hematoma, or disc material
- Ischemia from damage or impingement on the spinal arteries
- Oedema
Neurogenic (spinal) Shock

- Autonomic dysfunction
- Interruption of sympathetic nervous system control
- Occurs with injuries above T6
- Triad: hypotension, bradycardia, peripheral vasodilatation
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- C1 – C4 Tetraplegia
- 20% die before reaching hospital
- 3% die shortly after admission
- Of those who survive > 2 years
  - Average life expectancy beyond injury is 15 years
  - Leading cause of death is suicide
- Vital Capacity 20% of normal, cough weak and ineffective
- Ileus, hence NG tube

Prognosis
- Complete SCI < 5% chance recovery
- Persisting complete paralysis @ 72 hours < 5% chance recovery
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- The Role of the Sports Physician
  - Initial assessment of athlete, understanding of the gravity of the situation
  - Meeting and counselling the family (parents and fiancé)
  - Managing family anxiety
  - Managing expectations without dashing hope
  - Understanding and planning around autonomic instability, risks of infection, pressure sores, DVT
  - ‘Window of opportunity’ for repatriation
  - Conduit between family, Spanish experts, Australian experts, repatriation team
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- Issues
  - “Unknown” deceased foreign national in Kuwait City
  - Police alarmed
  - Fiancé isolated
  - Head for Kuwait City
  - Meet Australian Embassy Staff, Chief of Police
  - Meeting with Chief Pathologist
  - Autopsy?
  - Phone call with parents
  - Meeting with Undertaker
  - Dress for Pt
  - Formalities (ID, sealing coffin, payment)
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Messages

- Medical disasters are not uncommon
- At least three other Australian Sports Physicians have had to deal with death of a young athlete while overseas
- Psychologist will always be needed
- Two is better than one
- Need to be on ground before family if possible
- Need to establish links with home-based experts early
- Always travel home after patient
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Every Team Needs a Critical Response Plan
Critical Incident Response Plan

The APC with the assistance of the AFP have developed such a Critical Incident Response Plan.

APC, AFP, Australian Consulate have worked towards this plan.

Incident Management Team have established Incident Response Protocols.
Critical Incident Response Plan

Designated person takes charge

The situation is continually assessed

Plan is established, including logistics

Effectiveness of the plan is continuously monitored

Public information: timely, consistent, accurate

Post-incident review
THANK YOU FOR YOUR ATTENTION