

**USMS Medical Coordinator Report – Marriott USMS Summer Nationals, Omaha, Nebraska, July 5-9,
2012**

Submitted by Mary M Pohlmann, MD, PhD, FAAFP, member USMS Sports Medicine and Science
Committee

On behalf of Jane Moore, Chair of the USMS Sports Medicine and Science Committee, I volunteered to serve as the USMS Medical Coordinator at the 2012 Marriott USMS Summer Nationals in Omaha, Nebraska. I was also a competitor at these championships. I served as the USMS Medical Coordinator at two previous championships, the 2012 Spring Nationals in Greensboro, NC and the 2011 Summer Nationals in Auburn, AL and I also competed at these championships.

In general, I feel the medical and safety provisions at the Omaha venue were quite good and the care provided to our competitors was of exceptional quality. There were several aspects of this particular venue, the CenturyLink Center, which made it unique since the building was not intended to be a swimming facility. Thus any criticisms I may have of this venue may not be generalizable to other potential sites for USMS Nationals. However, given that USMS may decide to partner with an Olympic Trials in the future, it may be of value to examine the unique features of such a facility that may cause it to be problematic for Masters swimming championships from a medical safety standpoint. In particular, I would like to comment about the in-water rescue that occurred. I was not present in the building at the time, but I understand that review of the real-time filming showed the response time by the lifeguards to be very rapid. The victim was out of the water within a matter of seconds. Some observers thought there was some confusion over who had responsibility for the care of the victim after being removed from the water, but I doubt that this was a real problem. It is my understanding (though I am surprised by this) that the victim was not transported to a hospital facility, but stayed at the venue. It is my understanding that he seemed fully recovered within a matter of minutes. I believe that the Meet Director has completed a Report of Occurrence (ROO) for this incident. Some expressed a desire to have a short debriefing session for the meet officials, since some were disturbed by the incident and wondered if they should have done anything differently, particularly in initiating the emergency response. I was asked by Cathy Kasey to come to the next officials meeting for this purpose, but was later told there was insufficient time for me to say anything at that meeting. Probably a brief statement about emergency response, safety and available medical care could be done best at the first officials meeting.

Prior to my arrival in Omaha, I inquired about an Emergency Action Plan (EAP). I was assured the facility had one, but I never saw a written document. The championship contract states that *“the Local Medical Coordinator and the USMS Medical Coordinator shall work together to formulate a medical and emergency plan for the meet.”* Tom Boak did try to arrange a time when the Local Medical Coordinator (Dr Randy Cassling) and I could speak by conference call, but I was out-of-town and never did speak to Dr Cassling. Tom said that Dr Cassling would not be present at the championship venue, but would be available by phone. Most public venues have Emergency Action Plans. When I arrived in Omaha, I asked the EMTs about an Emergency Action Plan and was again assured that the facility had such a plan. I am sure there is such a plan, but I doubt that it addresses the specific situations that may arise in a swimming facility. In my discussions with the head EMT, Ted Marcuzzo, CEO of Union Medical Services, he expressed some frustration at being understaffed for our event (he had one other EMT with him most of the time). He stated they were used to athletes having their own team physicians, so that the responsibility of the EMTs at most competitive events held at this facility was restricted mostly to care of spectators. Another concern he expressed was lack of stretcher access to the pool deck which was elevated some nine feet higher than the floor of the facility. There was a lift available, but that would not have been adequate to hold the stretcher. He definitely would have needed additional help (perhaps from the lifeguards) to move anyone by stretcher from the pool deck to the ambulance.

It was clear that the EMTs were not sure where to best situate themselves to provide care to the participants. On the first day of the meet, Sandy Rousseau, USMS Liaison to the National Championship, asked me if I had introduced myself to the EMTs. I had not yet done so, but that sounded like a good idea, so I attempted to find them. They were not near the ambulance, nor near either of the two Medical First Aid signs, nor in the tent-enclosed area which I assumed had been set up for medical treatment. I waited several minutes and finally asked one of the uniformed personnel (custodial type) where I could find the EMT, since I would like to introduce myself. He was able to reach the head EMT by radio and he appeared shortly. We exchanged business cards and I wrote my cell phone number on the card that I gave him. I did not tell him about the local medical coordinator and how to contact him, but perhaps Tom Boak had already done this. In retrospect, I wish I had explained to Mr Marcuzzo how my role as USMS medical coordinator differed from that of the local medical coordinator (who was not present, but was available by phone). Also, it would have been wise for me to ask Mr Marcuzzo if he would be present each day of the competition, or if there would be other EMTs who I should endeavor

to meet. The only place I later found Mr Marcuzzo was in the viewing stands, but I'm not sure how those who needed first aid or the meet officials knew where to find the EMTs. As far as I can tell, the tent-enclosed area which was located between the competition pool and warm-up pool was never used for any medical care. Any medical care that was provided was done in full view of others without any regard to privacy. During the course of the meet, more people (including the lifeguards) got their radios tuned to the correct frequency to which the EMTs would respond. At first, the lifeguard radios were located at the end of the pool near the backboard (stretcher), but later they moved the radios to where they were seated (midway on both sides of the competition pool). I believe the same situation was true in the warm-up pool area.

Later I was asked by at least two people if I had provided the EMTs with Report of Occurrence (ROO) forms. I had not done this since I had not been asked to do this at the two other championships for which I served as USMS medical coordinator. The championship contract states that "*USMS will provide a Report of Occurrence form to Host for its reproduction and use for the meet and related events.*" The ROO form is available online in the Insurance section of the Guide to Operations, page 8, so I'm not sure that anyone from USMS needs to provide the Host with the form, but if we do, I think we need to define who from USMS provides the blank Report of Occurrence form to the Host (I presume by Host we mean the meet director), who should make copies of the blank ROO form and who should complete the ROO when there is an occurrence. Sandi Blumit from Risk Management stated "*I believe there is a Report Of Occurrence in Word format on the USMS website that could be completed online and emailed to both RMSI and the Medical Coordinator.*" I have only found the ROO as a pdf version within the Insurance portion of the Guide to Operations online and it is not set up to be completed online. Jane Moore had sent me a digital copy of a blank medical log sheet by email. I do not find this medical log sheet anywhere online. If we find that the Log Sheet is still of value, it should be available online. At my request, Cathy Kasey printed up a medical log sheet from my digital file and also provided me with several copies of the Report of Occurrence form.

The Championship Contract states: "*The Host shall provide a Report of Occurrence for all medical occurrences and the National Championship Meet Medical Log Sheet to the USMS coordinator of medical care for National Championships (USMS Medical Coordinator).*" This sentence is immediately before the statement about USMS providing the form to the Host. If we keep these two statements in the contract, I recommend that the order be reversed to reflect first obtaining the blank ROO forms and

medical log and then completing them after an occurrence. I spoke to the head EMT about completion of USMS Report of Occurrences forms. He stated that he would not be filling out any USMS forms since he had his own forms to complete. I gave him a copy of the USMS Report of Occurrence form so that he would know what information we require. He stated that he would provide Tom Boak with redacted copies of his forms or a summary of the permissible information from his forms, so that Tom would be able to complete the Report of Occurrence forms. I also mentioned our Medical Log to the head EMT, but he stated that he was not going to record every band-aid that he dispensed. We also talked about the future possibility of swimmers signing a release of medical information statement as a part of registration for the meet, so that the EMTs would feel comfortable about providing us with the information we need to complete ROOs. I mentioned this possibility to Sandi Rousseau and Cathy Kasey. Sandi Rousseau mentioned this at the Championship Committee meeting. It was decided to ask Risk Management about this. Subsequent emails from Sandi Blumit (RMSI) and Patty Miller (USMS Legal Counsel) indicate that adding a release of medical information to the insurance waiver for championship meets is not desirable or necessary.

The question of what type of incident should prompt completion of an occurrence form has arisen in our discussion. The Sanctions section of the Guide to Operations states there should be a packet for all meet directors which includes among other things a *“Report of Occurrence’ form (used to report **ALL** incidents, no matter how minor).”* Sandi Blumit indicated that is highly desirable for RMSI to receive ROOs that have been completed at the time of the incident in the event that an insurance claim is filed much later after the injured party has found that supplemental insurance would be helpful to pay incurred medical bills. Practically speaking, we have felt that ROOs should be completed for injuries that required or are likely to require care in addition to that provided by the on-site EMT. I do not have the names of any of the injured parties, but I am aware of at least four occurrences at the championships in Omaha that I believe should have warranted completion of ROOs. One was the in-water rescue when the swimmer submerged apparently due to loss of consciousness, second was a head laceration, third was a leg laceration, and fourth was a ruptured biceps tendon. I believe all four of these should require further evaluation and possibly additional treatment. Thus, I think they warrant completion of an ROO. I know of these only because they were brought to my attention by meet officials, USMS championship committee members, or the head EMT. There may have been others that were not brought to my attention. Should all such occurrences be brought to the attention of the USMS Medical Coordinator, the local medical coordinator or the Meet Director? If not, how do we check to see that ROOs are

completed for all occurrences that warrant such documentation. The Medical Log listing initials and diagnoses of all persons treated by the EMTs, if properly completed and given to the appropriate person, would help to determine if ROOs were completed for appropriate cases. I am aware that Tom Boak has ROOs for two of the occurrences I have listed and has attempted to obtain information regarding the others from the facility and the head EMT.

Given the benefit that accrues to injured competitors who may desire to file an insurance claim to help cover their medical expenses, it seems logical to ask the injured individual to complete his/her own ROO. Having the injured party (assuming he/she is conscious and able to write) complete his/her own form overcomes the reluctance of EMTs to complete our forms which may be considered time-consuming or to involve release of protected medical information. This could be accomplished by giving the EMTs blank ROOs forms and requesting them to ask all swimmers they evaluate/treat to complete one of the forms. Any serious injury should be brought to the attention of the meet director or his/her appointee so that it can be assured that a ROO form is completed.

I was asked several questions by the head EMT, meet officials and others during the course of the competition when I would have preferred to be concentrating on either my own swims or those of my teammates. I feel that if I had explained my role better, I would not have experienced being asked about a torn biceps tendon moments before I was to get on the block for my 200 individual medley. I found when I explained that I did not have a license in the state of Nebraska and therefore could not render specific medical advice, these questions abated (too late for me though). It certainly would have helped to have the local medical coordinator present at the venue, or at the very least I should have provided the local medical coordinator's contact information to those who were asking questions.

Examples of what I was asked included:

May a swimmer compete with a cut (presence of blood)?

May a swimmer experiencing an arrhythmia (chronic atrial fibrillation) compete?

Should an over-the-counter medication be dispensed by the EMT (acetaminophen, ibuprofen)?

Can a swimmer compete who has just ruptured a biceps tendon in a previous event? Should this person have an MRI done in Omaha or wait until he returns home?

Who should initiate an emergency response and how (asked by a meet official)?

All of these questions, except perhaps the last one, require more information before a considered answer can be given. Both the medical perspective and the competitor's perspective should be taken into account.

I have been told that a major role of the USMS Medical Coordinator is to determine whether a swimmer should be prohibited from further competition in the championship. I don't believe that we were confronted with any such situations in Omaha. If the gentleman who was rescued on Friday had wanted to continue to compete, I think that might have been the only situation which may have warranted intervention. Frankly, I am very strong on the autonomy (self-determination) of adult patients to follow or not to follow medical advice as long as they have been well informed of the risks involved. I have some problem with the wording of the championship contract regarding this issue: *"The meet director of a USMS national championship, upon obtaining medical advice from the Local Medical Coordinator of that championship as well as the USMS Medical Coordinator (or their designee), has the discretion to prohibit a swimmer from further competition in that championship in the interest of the swimmer's health"*. I would prefer wording something like this:

"If the meet director, any meet official, EMT or lifeguard, feels any swimmer should be prohibited from further competition in the interest of the swimmer's health or the safety of others, the Local Medical Coordinator must be contacted, as well as the USMS Medical Coordinator, by the on-site EMT personnel or hospital emergency department licensed medical professional who has examined the swimmer. Only if both Medical Coordinators agree that the swimmer should be prohibited from further competition, should the swimmer be required to scratch the remaining events." If the swimmer protests such action, I feel the USMS Medical Coordinator and/or Local Medical Coordinator should be included in the deliberations of the Protest Committee. It may be that both Medical Coordinators feel that further competition does not pose an absolute risk to the swimmer, and thus the swimmer may be advised by either Medical Coordinator that further swimming may or may not worsen the condition, in which case the decision to continue competition should be left to the discretion of the swimmer.

This concludes my report regarding medical aspects at the USMS Summer Nationals in Omaha, Nebraska. I am also drafting a document describing the respective roles of the Meet Director (or his/her designee), the USMS Medical Coordinator, the Local Medical Coordinator and the EMS personnel. I have put these all in one document for discussion purposes to avoid leaving out any responsibilities.

After discussion they can be divided into separate job descriptions using the template provided by Nadine Day.

Respectfully submitted,

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