

PART 4—USTA EMERGENCY CARE GUIDELINES

INTRODUCTION

Emergency Care Guidelines help prepare Tournament Directors for medical emergencies and evacuations in case of disasters. The ordinary standard of care does not require a Tournament Director to be trained in emergency medical care. However, familiarity with these guidelines allows Tournament Directors to be prepared for medical emergencies and evacuations in case of disasters.

TOURNAMENT PREPARATION

It is important to think about the possibility of a medical emergency taking place at your tournament ahead of time. Once you have anticipated this possibility, you have already begun preparation. Consider having the following in place at the start of the tournament:

EMERGENCY PHONE NUMBERS

- Identify at least one working phone on site. If you are using a cellular phone, keep it fully charged and verify that it works on site. Many cellular phones do not connect in certain areas or locations.
- Know the phone number and location of the nearest hospital.
- Know the phone number of a local ambulance company. Let the company know beforehand that you are hosting a tennis tournament, and speak to appropriate personnel about the best protocol to follow in case of an emergency.
- 911: Remember, when in doubt or in case of a medical emergency, call 911, which will activate the emergency response system and prompt an emergency medical vehicle to be sent to your site.
- Walk the tournament site in order to know the best way for an emergency vehicle to enter.
- Review with pertinent tournament personnel the emergency phone numbers and the protocol for activating 911.
- When activating 911, or when calling the local ambulance company, keep your instructions clear and indicate the following:
 - The number of people who are in need of emergency medical care
 - Their ages (or approximate ages)
 - The location
 - The person to whom emergency medical services should report

In addition to activating the emergency response system, try to locate the parent or guardian of a minor as soon as possible. For adults, try to locate the spouse, parent or next of kin as soon as possible. Remember, for emergency medical care, activating 911/emergency response system takes precedence over calling family members.

SUPPLIES (ON-HAND)

- Towels: Verify that ample towels are available for clean up and for use by players, if necessary.
- Water: Verify that ample drinking water is available on site.
- Ice: Verify that ice is available for both heat illness and acute strains/sprains.

- **Gloves:** Verify that exam gloves are on site, as they are to be worn by anyone who may come into direct contact with blood—which includes caring for an injured player or spectator/staff—or cleaning a blood spill.
- **First Aid Kit:** A basic first aid kit may be used within your comfort zone. Do not dispense medication except upon the documented recommendation of a physician on site. Basic first aid kits include:
 - Band-Aids, both small and large
 - Medical gauze
 - Athletic tape and Elastic (ACE) bandages
 - Plastic bags, including red plastic bags

The text contained herein is for informational purposes only. The United States Tennis Association does not assume liability for any information contained herein. Any and all emergency care decisions should be made in consultation with a licensed professional.

ON-SITE EMERGENCY CARE

The following sections describe medical situations and conditions the Tournament Director may encounter. Remember, best practices mean identifying that someone needs emergency medical care, and then accessing emergency treatment via 911 or a local ambulance company.

UNIVERSAL PRECAUTIONS

Universal precautions is a term that means any human blood—including body fluids tainted with blood—is considered contaminated and potentially infectious. Thus, latex exam gloves are worn by anyone handling blood or blood products, and the individual handling the blood should have no open sores (non-latex exam gloves are available for latex-allergic/sensitive individuals). As a practical example, exam gloves are worn by an individual who is applying pressure with a towel or bandage to a player who is bleeding. Blood spills on court are best cleaned in accordance with current **USTA Regulations** (Friend at Court: The USTA Handbook of Tennis Rules and Regulations: medical timeout). If a mop and water are not utilized, a towel with water is acceptable. In this instance, the individual cleaning the court is wearing exam gloves. Blood products are disposed in readily identifiable red plastic bags.

HEAT ILLNESS

Heat illness refers to an acute medical condition that arises from a combination of dehydration and overheating within the body. Heat illness occurs most commonly in hot, humid conditions, especially if there is little wind. It is important to be aware of the temperature and humidity throughout the day, and to anticipate heat illness occurrences when the apparent temperature, or heat index, is equal to or greater than 90 degrees, as per the chart below.

The symptoms and signs of heat illness include unusual or excessive tiredness, headache, nausea (with or without vomiting), cramps, dizziness, passing out and high body temperature. Heat stroke is a medical emergency, and typically individuals appear acutely ill, have a high body temperature, and are unable to drink any fluids.

Post signs advising players to drink plenty of fluids before, during and after play. Try to provide and identify areas with shade for cooling, plenty of fluids, and cold, wet towels or icepacks. If the player cannot drink or has no desire to drink, has lost consciousness or has a change in level of consciousness, or if there is any doubt about the player's condition, arrange for emergency transport to the nearest hospital via 911 or a local ambulance company. While awaiting emergency transport to arrive, remove the player from the heat and cool the player with cold, wet towels applied to the body—specifically the armpits, groin, and head.

ACUTE ALLERGIC REACTIONS/ANAPHYLAXIS

Acute allergic reactions are most likely to occur at a tennis tournament as a result of an insect bite or a bee/wasp sting. The reaction can range from localized swelling and discomfort, to more generalized swelling, to difficulty breathing with wheezing, to a life-threatening cardiovascular collapse. Localized reactions can be treated with ice. If the rash continues to worsen, if there is any difficulty breathing, if there is wheezing or facial swelling, or any changes in the level of consciousness, arrange for emergency transport to the nearest hospital via 911 or a local ambulance company.

Some players may have an established history of severe allergic reactions and may have experience using Epipen (epinephrine auto-injector). Such players may self-administer Epipen in accordance with their comfort zone. Even in this scenario, activate the emergency response system to ensure immediate medical evaluation and management of the individual.

STRAINS/SPRAINS

Acute strains and sprains usually occur in the setting of a fall. Symptoms include localized swelling and pain. Acute management includes limb elevation with application of ice and a compression bandage (ACE bandage). Remember: **RICE: Rest; Ice; Compression; Elevation**). Best practices include players consulting with their physician for further management. For severe strains and sprains, best practices include evaluation that day, either in a physician's office or in the emergency room, in order to rule out an underlying fracture.

OTHER EMERGENCIES

Life-threatening emergencies can occur at any time, and can include a seizure, heart attack, sudden fall with head trauma, or sudden collapse. Your job is not to make a diagnosis, but to activate the emergency response system via 911 or a call to the local ambulance company. It is important to maintain an environment of calm, and to remove all unnecessary people from the scene.

MEDICATION

Do not administer medication on site, including aspirin, products containing acetaminophen, or over-the-counter cold remedies. Some over-the-counter products contain medications that may be banned by the Tennis Anti-Doping Program. It is the player's responsibility to properly take such medications under the direction of his physician, his guardian, or both. In addition, never supply any food supplements, protein drinks, or energy supplements other than standard

sport drinks (e.g., Gatorade). These supplements may be tainted with banned substances for doping control.

THUNDERSTORMS AND LIGHTNING

Lightning is a potential severe hazard and life-threatening consequence of an approaching storm near outdoor tennis matches. It is important to be prepared for immediate cessation of all matches or warm-up in the event of lightning. In essence, if lightning is sighted, stop all activity and direct everyone to seek appropriate shelter. A 30-30 rule may be used, which is as follows:

- If lightning is sighted and thunder then occurs in 30 seconds or less, instruct everyone on site to seek appropriate shelter. Dividing the number of seconds between lightning and thunder by 5 gives the distance of lightning in miles. (For example, a flash-to-bang count of 30 seconds means a distance of 6 miles.)
- Resume tennis activity after a minimum of 30 minutes has elapsed since the last lightning strike was seen.

The primary shelter choice is any substantial, frequently inhabited building with working electricity, telephones and plumbing. While inside, avoid using electrical devices or telephones attached to cords, and refrain from taking showers. If such a building is not available, the next safest location is a fully enclosed vehicle with a metal roof and closed windows. Do not touch the metal framework while inside the vehicle.

Avoid the following locations:

- Open fields
- Proximity to open water
- Trees, flag poles, or light poles

If anyone has been struck by lightning, activate emergency medical services immediately. If possible, move the injured person to a safer location.

This Heat Index Chart provides general guidelines for assessing the potential severity of heat stress. Individual reactions to heat will vary. It is noteworthy that heat illness can occur at lower temperatures than indicated on the chart. In addition, studies indicate that susceptibility to heat illness tends to increase with the very young and the elderly.

1. Across the top of the chart, locate the **ENVIRONMENTAL TEMPERATURE** (i.e., the air temperature).
2. Down the left side of the chart, locate the **RELATIVE HUMIDITY**.
3. Follow across and down to find the **APPARENT TEMPERATURE**. Apparent Temperature is the combined index of heat and humidity. It is an index of the body's sensation of heat caused by the temperature and humidity (the reverse of the "wind chill factor").

Note: Exposure to full sunshine can increase Heat Index values.

HEAT INDEX											
ENVIRONMENT TEMPERATURE [F°]											
	70°	75°	80°	85°	90°	95°	100°	105°	110°	115°	120°
Relative Humidity	Apparent Temperature*										
0%	64°	69°	73°	78°	83°	87°	91°	95°	99°	103°	107°
10%	65°	70°	75°	80°	85°	90°	95°	100°	105°	111°	116°
20%	66°	72°	77°	82°	87°	93°	99°	105°	112°	120°	130°
30%	67°	73°	78°	84°	90°	96°	104°	113°	123°	135°	148°
40%	68°	74°	79°	86°	93°	101°	110°	123°	137°	151°	
50%	69°	75°	81°	88°	96°	107°	120°	135°	150°		
60%	70°	76°	82°	90°	100°	114°	132°	149°			
70%	70°	77°	85°	93°	106°	124°	144°				
80%	71°	78°	86°	97°	113°	136°					
90%	71°	79°	88°	102°	122°						
100%	72°	80°	91°	108°							

* Combined index of heat and humidity...what it "feels like" to the body.

APPARENT TEMPERATURE	HEAT STRESS RISK WITH PHYSICAL ACTIVITY AND/OR PROLONGED EXPOSURE
90° - 105°	Heat cramps or heat exhaustion possible
105° - 130°	Heat cramps or heat exhaustion likely, Heatstroke possible
130° and up	Heatstroke highly likely

Source: National Oceanic and Atmospheric Administration.