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Comparison of Awareness of Exertional Heatstroke among Certified Athletic Trainers and Emergency Medical Services Providers

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INTRODUCTION

Exertional Heat Stroke is a medical emergency that requires first responders to efficiently work together in order to optimize patient outcome. Exertional heat stroke recognition, treatment, and awareness are extremely vital for emergency health care providers to comprehend. Current research shows a 100% survival rate with the CWI technique if done immediately after recognition of EHS.\(^1\)\(^2\) Due to the importance of cooling as soon as possible after recognition of EHS, athletic trainers and EMS providers must work together as an efficient team in the emergency medical care of EHS. In order to provide the most effective care, a common awareness of EHS needs to be established among ATs and EMS providers.

In athletic emergencies, the interaction among ATs and EMS is essential in order to provide the best level of care. Differences exist in protocol and standing orders among these health care providers that each must follow. Timely diagnosis and treatment are essential in prognosis outcomes to the patient.\(^1\)\(^4\)

PURPOSE

The purpose of the study was to assess the knowledge of EHS recognition and treatment in ATs, paramedics, emergency medical technicians, and emergency medical responders, in order to then compare and contrast the themes among the various occupancies.

METHODS

Data Collection: Each participant completed the 24-question survey online via SurveyMonkey.\(^6\) The Department of Public Health was contacted for the list of EMS directors and the EMS directors of each region were asked to send the survey link out to all EMS providers in their region. All participants signed an electronic Informed Consent Form attached to the survey and approved by the University’s IRB. All answers remained completely anonymous. The survey questions were taken from studies from Applegate\(^8\) and Mazerolle\(^7\) which were previously validated. The survey was open for a month and a half.

Results:

- **Data Collection:** Each participant completed the 24-question survey online via SurveyMonkey. The Department of Public Health was contacted for the list of EMS directors and the EMS directors of each region were asked to send the survey link out to all EMS providers in their region. All participants signed an electronic Informed Consent Form attached to the survey and approved by the University’s IRB. All answers remained completely anonymous. The survey questions were taken from studies from Applegate\(^8\) and Mazerolle\(^7\) which were previously validated. The survey was open for a month and a half.

- **Patient Care:** A quality interaction among ATs and EMS providers is vital in order to help provide the best possible care to an EHS patient.

- **Discussion:** A previous study by Mazerolle et al.\(^7\) showed how perception of other health care providers is heavily influenced on the knowledge of their skill set and roles. In another previous study, Applegate\(^8\) observed that educational preparation for EMS providers emerged as the predominant explanation for their lack of evidence based practice regarding EHS. There was only one study by Mazerolle et al.\(^7\) which asked EMS providers how to improve the EMS and AT relationship. The common theme established in this study was communication.\(^7\) The EMS providers stated that there was a lack of understanding of the EMS provider’s role in the EAP, as well as lack of understanding of an AT’s knowledge and skill set.\(^1\)

- **Common knowledge and treatment protocols between the two professions will help create a more effective and positive interpersonal relationship. Universal understanding of EHS recognition, diagnosis, and treatment will allow for both EMS and ATs to trust each other, leading to optimal patient care.

- **Findings:** The findings from this study suggest to improve: patient care among providers, education on EHS pathology, and education on roles of each professional. A possible suggestion this study concludes is creating a universal education on roles of each professional. A possible suggestion is creating a universal education on roles of each professional. A possible suggestion is creating a universal education on roles of each professional.

- **Discussion:** Another possible implication that could improve interprofessional collaboration is workshops/CEU courses involving interprofessional interaction. For example, ATs can provide a workshop on how EMS providers can assist ATs on scene with CWI, and in exchange, EMS personnel can provide a workshop on how to deal with aggregative/combative patients.

- **In regards to specific interventions that can be implemented within the AT setting, a possible suggestion is creating a position statement on how to optimize interactions with EMS providers. An intervention specific to EMS providers is an additional chapter to their curriculum dedicated to athletic conditions.

REFERENCES