Knowing the Difference

Developing and Differentiating Institution-Specific Health Care Administration Documents

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Observation of presentations, blogs, social media and articles has brought to light the casual exchange of the terms “emergency action plan” (EAP) and “policies and procedures” (P&P) by athletic trainers. However, their definitions and purposes are distinctly different and, as such, the health care community should keep the terms separated as to appreciate the value each document individually provides to the profession.

The Winter 2021 Sports Medicine Legal Digest featured the article “The Ins and Outs of Best Practice, Standard of Care and Policy and Procedure,” which outlined how understanding the differences between best practice, standard of care and policies and procedures that can protect AIs in potential legal situations. The following article takes a deeper look into the use of policies and procedures, emergency action plans and standing orders during athletic emergencies, and offers readers insight into how to implement each in athletic training practice.

Though both an EAP and P&P are required to support quality, institution-specific sports medicine programs, each provide its own contribution. National or state-level documents include state practice acts, organizational mandates (i.e., NCAA, state high school league), legislation or codes of ethics. Whereas institution-specific administration documents, such as EAPs, P&P manuals and standing orders, are written by and for the clinical site (university, secondary school, military base, professional team, industrial company, performing arts company, etc.).

Importantly, each institution has an obligation to write their own specific health care administration documents either in line with or exceeding national or state-level documents. These documents can, and often should, surpass the minimum guidelines set by the national or state-level requirements.

During emergency situations, EAPs, P&P manuals and standing orders work together to make recognition and treatment of injuries/illnesses efficient and effective. Yet, their terms need to be clearly delineated at institutions to ensure they are used correctly.

All three documents need to be in written form as well operationally used and implemented. Yet, research indicates this isn’t always the case for P&P manuals and EAP documents. One possible reason may be a misunderstanding of their separate definitions.

**Emergency Action Plans**

EAPs can be defined as a concise written plan initiating emergency response of onsite health care providers and stakeholders to any type of medical emergency in the prehospital setting. These plans are primarily focused on activating emergency medical services, creating a conducive environment for immediate treatment and facilitating transport to advanced medical care. The EAP also needs to clarify when rephrasing the plan and corresponding protocols should occur.

Best practice is to ensure the EAP contains venue-specific plans. Therefore, while the institution may have a single EAP document that outlines all elements of emergency response, the number of venue-specific EAPs at an institution should be the same number.

**Action Items: What To Do Now**

- Remove procedures from EAPs that are injury/illness specific that have the potential to make the document confusing as a stand-alone document and should instead be in the corresponding P&P section.
- Ensure the organization’s EAP is comprehensive of all components outlined in the NATA position statement.
- Ensure the EAP includes venue-specific procedures within the plan (and/or as an appendix) and are physically posted at the location.
- Check each section of the P&P manual and make sure the terminology of “EAP” is used exclusively for the plan used to activate EMS.
- Check policies within the P&P manual to ensure they are action oriented and use implementation language.
- Remove text from the P&P manual that is redundant (i.e., in multiple places) or belongs in a separate manual (i.e., rehabilitation processes).
- Make the P&P easy to follow by sports medicine and institution-specific stakeholders by finding areas in which bullet, tables or flow charts could be used instead.
- Move items that have the potential to change frequently or are purely lists to appendices in order to keep the P&P text concise and easy to follow.
- Ensure you’re familiar with your state’s practice act and have the corresponding necessary standing orders.
as venues used for physical activity where an emergency may occur. Venue-specific procedures within an EAP are likely only one to two pages. The venue-specific portion of an EAP can be included as part of the single plan document (within the procedures) or may be an appendix.

The venue-specific portion of the EAP should be easily accessible by all relevant staff members and posted at each venue as a stand-alone document. Basic components include venue-specific directions (address and map), emergency personnel, communication, equipment available at that site, nearest hospital and procedures to carry out basic lifesaving techniques.

EAPs should be used in athletic training practice by placing them inside the institution’s P&P manual, physically posted at each venue, distributed to each stakeholder for onsite folders, distributed to relevant visitors and reviewed and practiced regularly with the sports medicine staff and stakeholders.

Each emergency-related injury/illness section in the P&P manual should clarify when the EAP will be activated with expanded details. The EAP should be referenced within the section. Additional elements of emergency response should be placed in its own section of the P&P manual, such as when equipment maintenance occurs, rehearsal strategies, distribution strategy of EAPs and when updates should occur.

Lastly, other related items can be placed as separate appendices, such as contact trees, emergency equipment lists, equipment locations and maps and approval pages, and then appropriately referenced in the text of the document.

**P&P Manuals**

P&P manuals can be defined as a comprehensive documents that provide an institution guidance during decisions, actions and follow-up related to elements within the scope of athletic training practice.

The manual should be well-organized with a table of contents and sections clearly labeled with headers and subheaders. The manual should contain sections regarding more than just emergency-related injuries/illness, such as non-emergent injury/illness sections, administrative sections and appendices. Examples can include, but are not limited to, sudden cardiac arrest, pre-participation examinations, exertional heat illness, asthma, anaphylaxis, traumatic head injuries, lightning, hypothermia, general musculoskeletal injuries and administration of athletic training health care. Within these sections, there should be policies that provide definitive wording of actions adopted by the institution.

Additional components of the sections may include a brief introduction or background to the need for that policy, scope of stakeholders at the organization that should be aware of and following the policy, definitions of key terms, training/education for the policy section and approval structure. There also should be procedures providing chronological steps of how to carry out each section.

P&P manuals can use a combination of text, bullets, tables and figures to efficiently convey information, and there needs to be a balance between thoroughness and brevity. For injuries/illnesses with the potential of an emergency, the domains of prevention, recognition, immediate treatment and return to activity should be subheadings. A combination of primary, secondary and tertiary interventions should be employed in both policies and procedures.

Areas in which policies are written, action/implementation wording should be used (i.e., “will,” “required,” “must” or “shall.”) When relevant, national or state-level mandates should be used when developing the pertinent P&P section and then subsequently referenced.

P&P manuals should be used in AT practice for onboarding of new employees, annual sports medicine team review, education of institution stakeholders and updated annually with new evidence.

P&P manuals support EAPs by providing action-oriented details of how healthcare providers will respond before and after the EAP is activated.

**Standing Orders**

In most states, athletic trainers are required to work under the supervision of a physician or other medical professional delineated by the state’s practice act. Standing orders, also known as standing operating procedures, are “the prescription of a physician regarding treatment of a patient.”

Standing orders are provided from the institution’s supervising physician. These orders outline the agreed upon tasks the athletic trainer should exercise when predetermined conditions have been met. Standing orders don’t limit the scope of the athletic trainer, but rather capitalize on the breadth and depth of skills, thus ensuring the AT is practicing at the full capacity of the state practice act.

Further standing orders support the other policies outlined in the P&P manual and provide further explanation of procedures the AT will carry out in the event of an injury. For example, the P&P manual should have a section on joint dislocations outlining recognition and immediate management procedures while indicating when the EAP should be activated. The standing operating procedures can delineate in the event of a dislocation, relocation attempts can occur onsite for fingers, patella and shoulders, whereas other types of dislocations (e.g., elbow, hip and ankle) may not.

The standing orders can be an additional section within the P&P manual, or can be a standalone document. Athletic trainers must understand their state practice act to determine standing order requirements. NATA provides information on every state practice act, or you can find more information by reaching out to your state government affairs committee.

**Where To Go From Here**

Moving forward, athletic trainers should avoid using the terminology interchangeably, such as saying “my heat illness EAP” or “you should update your asthma EAP” when making changes to institutional decisions, the appropriate P&P section should be updated. Whereas, when there is construction and EMS directions need to change, the EAP should be updated.

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https://pubs.royle.com/publication/?m=14775&i=735774&p=34&ver=html5
Using all three documents is essential to efficient health care, particularly in emergency situations. Further, it may be helpful for the EAP and standing orders to be placed within the entire P&F manual, though some institutions may not find this to be appropriate based on other organizational requirements.

Nonetheless, keeping the terminology separated is important to ensure that all elements of emergency response are outlined, and basic aspects of risk management covered.

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REFERENCES

SAFE SPORTS SCHOOL AWARD GOES DIGITAL

The NATA Safe Sports School Award was created in 2013 to celebrate secondary schools that prioritize the health of their student athletes and maintenance of athletic training facilities.

The Safe Sports School Award application is now completely digital. ATs or school officials hoping to earn the Safe Sports School Award may now complete the application online at applications.nata.org/sssa.