



Responding to Medical Emergencies at a Ski Area



By James A. Margolis, MD

RECENTLY I READ WITH MUCH INTEREST Dr. David Gibson's article:

"A Doctor's View of In-Flight Medical Emergencies" (Sierra Sacramento Valley Medicine, Jul/Aug 2006). I was inspired to write a parallel article on physicians responding to injuries and illnesses at a ski area.

As a physician with 18 years experience as a member of the National Ski Patrol (NSP) at Homewood Mountain Resort, Lake Tahoe, I am well aware of physician participation at local ski areas. First of all, Homewood has a long tradition of physician ski patrollers. They provide the same emergency evaluation, first aid and prompt transportation to Emergency Medical Services (EMS) for transfer to a higher level of medical care as do our other volunteer and paid patrollers. Physicians can offer a higher level of expertise and are often consulted in critical cases with difficult diagnostic and treatment issues, both on the slope and in the first aid room. They serve as Outdoor Emergency Care-First Aid (OEC) instructors, medical advisors to the patrol and ski area managers and provide presentations of medical information to annual OEC refreshers, clinics and classes.

If you are a good skier or snowboarder and are interested in doing community service while enjoying winter sports, think about becoming a ski patroller. However, be aware of the extensive time commitment. Most patrols require at least 12 days of patrolling a year, in addition to training days, teaching and other activities.

Many resorts have a doctor patrol. This group is made up of physicians who make themselves available to the resort, sign in for the day and are available to see sick or injured in the first aid room. They are not regular members of the patrol and their commitment is more flexible.

If you are a physician who is skiing and come upon someone who is sick or injured, or are in the lodge and hear a call, "Is there a doctor available?" - do you respond? These are like any situation in which you could find yourself available to render first aid. You can choose to respond or not. My ethical orientation is that we are dutybound to respond, just like making yourself available for an in-flight airplane medical emergency or any other emergency outside of clinical practice. Your training and skills should allow you to provide a good assessment, first aid, CPR, etc.

You do need to recognize that you are operating in a setting in which trained first aid responders can assist or take over care as needed. All volunteer patrollers have completed a 120-hour community college class in OEC and are recertified in OEC and CPR. Paid patrollers are either OEC or EMT certified. In addition, each resort has its own OEC protocol. For instance, at Homewood all mid-shaft femur fractures require a Sager traction device, oxygen and full c-spine and back board immobilization.

Here are some Do's:

- Do volunteer, acknowledge that you are a physician and are willing to help out.
- Do request a ski patroller.

- Do an emergency assessment including basic ABCs, level of consciousness, critical injury assessment and provide appropriate first aid.
- Once a patroller arrives, indicate that you are a physician, what you found and what you did. You can then transfer care over to the patrol and/or ask if they want further assistance from you.
- If you arrive on scene at an accident that is already managed by the ski patrol, you can acknowledge that you are a physician and ask if they want assistance and if so, find out specifically what they would like you to do. Patrol may ask that you do an in-depth neurological assessment. At Homewood, neurosurgical cases are sent to a regional trauma center and not seen at the local hospital. This requires air evacuation by helicopter. Other requests include severe asthma, epilepsy, acute abdominal pain and often any pediatric emergency.

And some Do Nots:

- Do not assume that being a physician, regardless of your specialty, makes you more capable of providing care than the ski patrol. Ski patrollers are specially trained in snow sport accidents and respond to hundreds a year, even in small resorts. I have learned more about providing care on the hill from my OEC training and teaching, and working with other patrollers, than I have from my 40 years being a physician.
- Do not take charge. Our physician ski patrollers respect their fellow patroller's ability to evaluate, care and provide leadership. These physician patrollers will arrive on scene and ask the patroller who is leading the rescue, "What would you like me to do?" This is a good role model for a physician offering assistance at a ski area.
- It is okay to make a diagnosis and recommend a higher level of care, *but do not make a finding that the person is okay and can be released from further care.* If you do this, you are stepping out of the role of a physician providing first aid. You are not covered under first aid Good Samaritan laws and you become the treating physician with all its liabilities and need for follow-up.
- Do not provide medical or surgical care. You can provide first aid, but not definitive care. Examples of what not to do include giving a patient an injection, reducing a displaced dislocation, or suturing a laceration. These services are *not* part of OEC first aid provided by ski patrol at most ski areas. Some resorts do hire or have physicians volunteer to provide emergency medical care at their resort. These are usually remote ski areas that do not have adequate EMS and local hospital backup. This is the exception, not the usual.
- Do not make yourself available to respond to medical emergencies if you have been drinking alcohol. Ski patrollers are prohibited from imbibing while on duty and we would expect the same of physicians responding to an emergency on our hill.

Most ski resorts, welcome physicians to assist in the emergency evaluation and first aid of our snow sport public. If you choose to offer assistance, make sure the ski patrol is notified and work with them when they arrive. If you really want to become involved in snow sport care and safety, think about joining the NSP. I will be happy to help you join. Physician involvement is appreciated by ski patrollers and the snow sport public.



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