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## **Critical incidents and traumatic events in elite sport: proposing the 5Cs approach for how sport medicine teams should care for the affected individual, team, and the wider community in the post-traumatic period**

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**Title: Critical incidents and traumatic events in elite sport: Proposing the 5Cs approach for how sport medicine teams should care for the affected individual, team, and the wider community in the post-traumatic period**

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### **Preparing for critical incidents in sport**

When thinking about elite sport, most conjure up an image of victory. However, athletes are at risk of experiencing indirect trauma after witnessing a critical event. Examples include cardiac arrest, significant injuries and crashes (1). This concept is vicarious trauma: *"Harmful changes that occur in an individual's view of themselves, others, and the world as a result of exposure to graphic or traumatic events."* (1)(2). In our experience of professional sport, many sporting organisations do not have a plan in place to support athletes in these circumstances.

Critical events leave those who witness them vulnerable to psychological consequences. How these events are managed by clinicians, sporting teams, and organisations will impact how the athlete(s) and team recover. At present, some sports organisations may offer a professional or welfare officer who could discuss concerns with an athlete should they occur, but this is often not done formally. In this editorial, we propose recommendations for developing a post-traumatic protocol and suggest that elite sports should have a protocol in place to help support athletes and the wider team should a critical incident occur.

### **The 5Cs approach - A proposed protocol for managing the post-traumatic period in elite sport**

The support required after being involved in or witnessing a traumatic event will change over time (3); we propose a time-based management approach with immediate term, short-medium, medium-long and longer-term suggestions. Each of these time scales involves the proposed five principles, the 5Cs, that can be implemented following a critical incident in sport:

- COMMUNICATION;
- CARE (for yourself and others);
- CALM;
- CONNECTEDNESS;
- CONTEMPLATE return to play.

Not every person will require the same level or type of support following a trauma. Consulting with professionals has been cited as an important step in initiating a response to critical incidents (4). It is important to keep the conversation open with athletes and support staff within the team so that the individuals who will benefit from professional support are identified.

### **In the immediate term (first 24 hours)**

The initial priority is medical management of the athlete(s) involved and coordination with emergency staff and local hospital (COMMUNICATION, CARE, CALM) (5). Athletes may be involved in shielding the impacted player for privacy (CARE). This allows the team to feel part of the response to the incident (CONNECTEDNESS). A member of the medical team should go with the athlete(s) to the hospital to aid with communication (COMMUNICATION). Following this, a 'hot debrief' of the event should occur; the team should be encouraged to stay together to discuss the incident and support each other (CONNECTEDNESS). This helps to process the event in the immediate aftermath (6). Indeed, in the healthcare setting, debriefing reduces the loss of healthcare professionals from work and improves self-confidence (7). A decision also needs to be made about continuing the game/competition.

Next of kin (NoK) should be contacted urgently and a staff member allocated to inform them about events (COMMUNICATION). The NoK must be contacted before media messaging from the team. Consideration may be needed for the affected team's compulsory post-event duties. The medical team may be asked to update media and this should be done in a sensitive manner. Health insurance, if available, for the injured individual(s) should be activated and if the athlete was injured abroad, plans put in place for safely repatriating the athlete home when medically indicated.

### **Short-to-medium term (24 hours to 1 week)**

After the initial response, the different emotional responses of individuals will start to become evident. The team, including the medical team, should again debrief together after the incident, when people have had time to consider what has happened and identify key learnings from the incident (All 5Cs). A team debriefing, also referred to as a critical incident stress debriefing, may be best guided by a trained mental health professional. (2) Flexibility may be needed to allow different members of the team or staff to return to play/work at various times to accommodate individual responses.

The grieving process is highly individual and it is important to note there is no right way to grieve or respond to a traumatic situation. The multi-disciplinary support team should look for personality changes and/or signs of those who may be developing unhelpful coping strategies (CARE) and monitor these individuals. All individuals should be encouraged to process their emotions to prevent them from developing unhealthy coping strategies to the trauma (8) and this may be facilitated through external referral to counselling, psychology or psychiatry.

It may be beneficial to allocate roles to individuals within the team; for example, one person to attend the hospital if the affected athlete(s) are inpatients, and another to communicate with NoK (COMMUNICATION/CARE).

### **Medium to long term (1 week to 1 month)**

Moving forward, those involved must continue to be supported (CARE). Anyone identified as experiencing an acute stress reaction needs to be monitored in case of developing post-traumatic stress disorder (PTSD) (8). Ongoing support is a key determinant of whether the experience of a distressing event leads to psychological injury (9), and those given this will develop more healthy coping strategies (8). It is

important for the medical and wider sports team to learn from the event and to undertake a detailed event analysis. This is to support the mental wellbeing of those involved in response to the event, and to learn from the response to the critical incident (COMMUNICATION/CALM).

### **Longer term (1 month on)**

As the team recovers from the event, consideration should be given if the team wants to commemorate the incident whilst ensuring appropriate physical and psychological support are available to the whole team during this time (CARE) (9). Further support may also need to be offered to the wider team as return to play may cause people to re-experience the event (CONTEMPLATE RETURN TO PLAY). The team may choose to further their own skills (e.g. Basic Life Support training), or commemorate the event through public campaigns (COMMUNICATION).

It may be required to refer individuals to psychological support (CONNECTEDNESS); external expertise should be used for this as needed.

### **Conclusion**

Sports organisations should have a post-traumatic protocol in place to support the emotional and psychological wellbeing of athletes and staff after a critical incident. These events can have significant repercussions, not only for the individual(s) involved but for the wider team, sport and community. We recommended using the 5Cs through a time-based approach for a post-traumatic protocol.

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