

Ask McConnell, LLC  
Jim McConnell  
Medical Incident Likelihood Thoughts for Personnel Protection Operations

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This is very rare for me to published something from AI, but based on quite an uptick in likelihood discussions about medical issues and with a great reminder from Dr. Michael Guirguis, who I HIGHLY respect. Here is a completely CoPilot AI Generated list that is incredibly accurate to reality that I and many others face in the field and in training

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CoPilot Prompt used:

Rank the top 15 medical emergencies that happen to executives, whether local or travelling that their protection team need to consider.

**Response**

Here are the **top 15 medical emergencies** that executive protection teams must proactively plan for—whether the executive is local or traveling internationally. These are ranked based on frequency, severity, and likelihood of occurrence, with critical guidance for emerging protection strategies:

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**1. Cardiac Events (Heart Attack) ❤️**

Executives face heightened stress, sedentary travel and flight-related risks. Protection teams must be trained in ACLS/BLS protocols and equipped with AEDs and medications.

**2. Stroke**

High stress, jet lag, and blood pressure variations elevate risks. Rapid identification and stroke-response protocols are essential, with immediate EMS coordination.

**3. Trauma from Accidents (Falls, Fractures)**

Trips, falls, car accidents are common abroad. Cobble streets, unfamiliar terrain heighten risk. Teams need trauma kits, splints, evacuation plans.

**4. Severe Allergic Reactions / Anaphylaxis**

Dietary uncertainties when traveling can provoke life-threatening allergies. Carry epinephrine auto-injectors and antihistamines, ensure quick hospital access.

**5. Respiratory Emergencies**

Includes asthma attacks, pneumothorax, pneumonia. Sternum pain after flight could indicate collapsed lung. Carry portable oxygen and inhalers.

## **6. Food Poisoning / Gastrointestinal Illness**

Common from local food or water. Can cause severe dehydration. Teams should include ORS, IV fluids, antidiarrheals, and onboard evacuation protocols.

## **7. Dehydration & Heat-related Illness**

Prevalent in warm climates or due to poor hydration on long travel days. Monitor hydration, manage heatstroke proactively.

## **8. Deep Vein Thrombosis (DVT) & Pulmonary Embolism**

Extended flights, sedentary behavior, high altitude and dehydration create notable DVT risk. Protection plans should include compression strategies and prophylactic measures.

## **9. Jet Lag / Fatigue-related Incidents**

Extreme fatigue can impair judgment or lead to accidents. Planning around discretized sleep and light exposure mitigates risk.

## **10. Mental Health Crises (Panic Attacks, Acute Stress)**

Executives frequently suffer from isolation and performance stress. Teams must coordinate with mental health support and maintain continuity plans.

## **11. Altitude Sickness**

High-altitude business travel (e.g., mountain regions) can trigger AMS or HACE. Teams need medications (acetazolamide), oxygen cylinders, and evacuation strategies.

## **12. Asthma Exacerbations**

Exposure to allergens or pollutants can induce severe asthma. Carry inhalers and ensure local access to nebulization.

## **13. Infectious Diseases (e.g., COVID, Malaria)**

Endemic illness requires vaccination strategies, prophylaxis, and monitoring protocols.

## **14. Tactical Trauma (Violence-Related)**

While physical threats aren't common, they do happen. Bleed control, chest seals, tourniquet application are essential skills.

## **15. Acute Hypoglycemia/Hyperglycemia**

Inconsistency in meals or stress-induced metabolic disruption can cause diabetic crises. Teams should carry glucose to treat hypoglycemia and insulin for emergencies.

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### **Protection Team Preparedness Checklist**

**Medical Readiness**

- Team-certified in ACLS/BLS; equipped with AED, bleed-control tools, oxygen, meds.
- Comprehensive first aid kits and adult prophylactics.

### **Pre-Trip Planning & Risk Assessment**

- Health briefings, medication inventories, vaccination updates.
- Research local healthcare providers and evacuation options.

### **On-Site Measures**

- Hydration schedules, meal vetting, scheduled movement/stretching.
- Daily mental wellness check-ins.

### **Emergency Communications & Evacuation Protocols**

- 24/7 medevac agreements and localized liaison contacts what executive transport services require.
- Multi-channel secure communication plans.

### **Post-Incident Continuity**

- Medical repatriation and follow-up care coordination across multiple healthcare and insurance systems.

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Protection teams must take a **holistic, proactive approach**—anticipate high-risk medical events and integrate response capabilities into daily security and travel protocols. Prioritizing preparation and training for these 15 emergencies ensures the executive's safety and organizational resilience.