

Ellwood Christian Academy
Athletics Department

2018-2019
Emergency Action Plan

Contents

- Introduction
- Components
- Emergency Plan Personnel
- Roles Within the Emergency Team
- Activating EMS
- Providing Information
- Communication
- Emergency Equipment
- Transportation
- Venue Specific Plans
- Inclement Weather Plans
 - Hot Weather
 - Lightening
- Appendix

Ellwood Christian Academy Emergency Action Plan

Introduction

Emergency situations may arise at anytime during athletic events. Expedient action must be taken in order to provide the best possible care to the athletes of emergency and/or life threatening conditions. The development and implementation of an emergency plan will help ensure that the best care will be provided.

Athletic departments have a duty to develop an emergency plan that may be implemented immediately when necessary and to provide appropriate standards of health care to all sports participants. As athletic injuries may occur at any time and during any activity, the sports medicine team must be prepared. This preparation involves formulation of an emergency plan, proper coverage of events, maintenance of appropriate emergency equipment and supplies, utilization of appropriate emergency medical personnel, and continuing education in the area of emergency medicine. Hopefully, through careful pre-participation physical screenings, adequate medical coverage, safe practice and training techniques and other safety avenues, some potential emergencies may be averted. However, accidents and injuries are inherent with sports participation, and proper preparation on the part of the sports medicine team will enable each emergency situation to be managed appropriately

Components of the Emergency Plan

There are three basic components of this plan:

1. Emergency personnel
2. Emergency communication
3. Emergency equipment

Emergency Plan Personnel

With athletic association practice and competition, the first responder to an emergency situation is typically a member of the sports medicine staff, most commonly a certified athletic trainer, student assistant, or coach. A team physician may not always be present at every organized practice or competition. The type and degree of sports medicine coverage for an athletic event may vary widely, based on such factors as the sport or activity, the setting, and the type of training or competition. The first responder in some instances may be a coach, or other institutional personnel. Certification in AED, cardiopulmonary resuscitation (CPR), first aid, prevention of disease transmission, and emergency plan review is required for all athletics personnel associated with practices, competitions, skills instruction, and strength and conditioning.

The development of an emergency plan cannot be complete without the formation of an emergency team. The emergency team may consist of a number of healthcare providers including physicians, emergency medical technicians, certified athletic trainers; student assistants; coaches; managers; and possibly, bystanders. Roles of these individuals within the emergency team may vary depending on various factors such as the number of members of the team, the athletic venue itself, or the preference of the head athletic trainer. There are four basic roles within the emergency team. The first and most important role is immediate care of the athlete. The most qualified individual on the scene should provide acute care in an emergency situation. Individuals with lower credentials should yield to those with more appropriate training. The second role,

equipment retrieval, may be done by anyone on the emergency team who is familiar with the types and location of the specific equipment needed. Student assistants, managers, and coaches are good choices for this role. The third role, EMS activation, may be necessary in situations where emergency transportation is not already present at the sporting event. This should be done as soon as the situation is deemed an emergency or a life-threatening event. Time is the most critical factor under emergency conditions. Activating the EMS system may be done by anyone on the team. However, the person chosen for this duty should be someone who is calm under pressure and who communicates well over the telephone. This person should also be familiar with the location and address of the sporting event. After EMS has been activated, the fourth role in the emergency team should be performed, directing EMS to the scene. One member of the team should be responsible for meeting first responders such as firemen or rescue squad personnel as they arrive at the site of the contest and a second person should direct Paramedics. Depending on ease of access, this person should have keys to any locked gates or doors that may slow the arrival of medical personnel. A student assistant, manager, or coach may be appropriate for this role.

Roles within the Emergency Team

1. Immediate care of the athlete
2. Emergency equipment retrieval
3. Activation of the Emergency Medical System
4. Direction of EMS to scene

Activating the EMS System

Making the Call:

- 911 (if available)
- Telephone numbers for local police, fire department, and ambulance service

Providing Information:

- Name, address, telephone number of caller
- Number of athletes
- Condition of athlete(s)
- First aid treatment initiated by first responder
- Specific directions as needed to locate the emergency scene
- Other information as requested by dispatcher

When forming the emergency team, it is important to adapt the team to each situation or sport. It may also be advantageous to have more than one individual assigned to each

role. This allows the emergency team to function even though certain members may not always be present.

Emergency Communication

Communication is the key to quick delivery of emergency care in athletic trauma situations. Athletic trainers and emergency medical personnel must work together to provide the best possible care to injured athletes. Communication prior to the event is a good way to establish boundaries and to build rapport between both groups of professionals. Prior to the beginning of each fall season Athletic Trainers and EMTs will meet as designated by the Ellwood Christian Academy. If emergency medical transportation is not available on site during a particular sporting event then direct communication with the emergency medical system at the time of injury or illness is necessary. Access to a working telephone or other telecommunications device, whether fixed or mobile, should be assured. The communications system should be checked prior to each practice or competition to ensure proper working order. A back-up communication plan should be in effect should there be failure of the primary communication system. The most common method of communication is a public telephone. However, a cellular phone is preferred if available. At any athletic venue, whether home or away, it is important to know the location of a workable telephone. Pre-arranged access to the phone should be established if it is not easily accessible.

Emergency Equipment

All necessary emergency equipment should be at the site and quickly accessible. Personnel should be familiar with the function and operation of each type of emergency equipment. Equipment should be in good operating condition, and personnel must be trained in advance to use it properly. Emergency equipment should be checked on a regular basis and use rehearsed by emergency personnel. The emergency equipment available should be appropriate for the level of training for the emergency medical providers.

It is important to know the proper way to care for and store the equipment as well. Equipment should be stored in a clean and environmentally controlled area. It should be readily available when emergency situations arise.

Transportation

Emphasis is placed at having an ambulance on site at high risk sporting events. EMS response time is additionally factored in when determining on site ambulance coverage. The athletics director coordinates on site ambulances for competition at home football games. Ambulances may be coordinated on site for other special events/sports, such as major tournaments or regional or championship events. Consideration is given to the capabilities of transportation service available (i.e., Basic Life Support or Advanced Life Support) and the equipment and level of trained personnel on board the ambulance. In the event that an ambulance is on site, there should be a designated location with rapid access to the site and a cleared route for entering/exiting the venue.

In the emergency evaluation, the primary survey assists the emergency care provider in identifying emergencies requiring critical intervention and in determining transport

decisions. In an emergency situation, the athlete should be transported by ambulance, where the necessary staff and equipment is available to deliver appropriate care. Emergency care providers should refrain from transporting unstable athletes in inappropriate vehicles. Care must be taken to ensure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete.

Conclusion

The importance of being properly prepared when athletic emergencies arise cannot be stressed enough. An athlete's survival may hinge on how well trained and prepared athletic healthcare providers are. It is prudent to invest athletic department "ownership" in the emergency plan by involving the athletic administration and sport coaches as well as sports medicine personnel. The emergency plan should be reviewed at least once a year with all athletic personnel, along with CPR, AED and first aid refresher training. Through development and implementation of the emergency plan, the athletics department helps ensure that the athlete will have the best care provided when an emergency situation does arise.

Approved by: _____ Principal
_____ Athletic Director
_____ First Responder/Athletic Trainer

Date: _____

Football Stadium (Football, Soccer, Track)

Emergency Personnel

- Athletic trainers, student assistants, assistant coaches, administration

Emergency Communication

- School phone 334-877-1581 or 334-877-1526
- Mobile phone carried by the athletic trainer 334-267-0188

Emergency Equipment

- AED, crutches, basic first aid

Roles of the First Responders

- 1) Immediate care of the injured athlete or ill student (Most qualified at the scene shall assume this role)
- 2) Emergency equipment retrieval – student assistant
- 3) Activation of EMS – student or coach
 - a) 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested)
 - b) Notify parents as soon as possible (travel cards in each kit have parent contact numbers)
- 4) Direction of EMS to scene
 - a. Open appropriate gates
 - b. Designate one to two people to "flag down" EMS and direct to scene. May be students or coaches
 - c. Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions

Enter through stadium parking lot. Emergency entrance located at home entrance gate.

Baseball/Softball/Tennis

Emergency Personnel

- Athletic trainer, student assistants, coaches

Emergency Communication

- School phone 334-877-1581 or 334-877-1526
- Mobile phone carried by the athletic trainer 334-267-0188

Emergency Equipment

- AED, crutches, basic first aid

Roles of the First Responders

- 1) Immediate care of the injured athlete or ill student (Most qualified at the scene shall assume this role)
- 2) Emergency equipment retrieval – student assistant

- 3) Activation of EMS – student or coach
 - a) 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested)
 - b) Notify parents as soon as possible (travel cards in each kit have parent contact numbers).
- 4) Direction of EMS to scene
 - c) Open appropriate gates
 - d) Designate one to two people to "flag down" EMS and direct to scene. May be students or coaches
 - e) Scene control: limit scene to first aid providers and move bystanders away from area

Gymnasium

Emergency Personnel

- Athletic Trainer, student assistants, coaches

Emergency Communication

- School phone 334-877-1581 or 334-877-1526
- Mobile phone carried by the athletic trainer 334-267-0188

Emergency Equipment

- AED, crutches, basic first aid

Roles of the First Responders

- 1) Immediate care of the injured athlete or ill student (Most qualified at the scene shall assume this role)
- 2) Emergency equipment retrieval – student assistant
- 3) Activation of EMS – student or coach
 - a) 911 call (provide name, address, telephone number; number of individuals injured; condition of injured; first aid treatment; specific directions; other information as requested)
 - b) Notify parents as soon as possible (travel cards in each kit have parent contact numbers).
- 4) Direction of EMS to scene
 - a) Open appropriate gates
 - b) Designate one to two people to "flag down" EMS and direct to scene. May be students or coaches
 - c) Scene control: limit scene to first aid providers and move bystanders away from area

Venue Directions

Enter through student parking lot drive around to the back of the gym.

Inclement Weather Policies

Hot Weather Guidelines (Football Only)

From the NATA Fluid Replacement Statement

Dehydration can compromise athletic performance and increase the risk of exertional heat injury. Athletes do not voluntarily drink sufficient water to prevent dehydration during physical activity. Drinking behavior can be modified by education, increasing fluid accessibility, and optimizing palatability. However, excessive overdrinking should be avoided because it can also compromise physical performance and health. We will provide practical guidelines regarding fluid replacement for athletes.

- Acclimatization will take place over 11 days
- Unlimited amounts of water will be made readily available and for events lasting >90 continuous minutes a sports drink will be made available to help replace electrolytes.
- It is recommended that 6-10oz of water be consumed every 20 minutes.
- Wet bulb temperatures will be taken to determine training standards using a sling psychrometer or equivalent device (see table).

Temperature (F)	Humidity	Procedure
80 – 90	< 70	Watch Obese athletes, provide unlimited water
80 – 90	> 70	Breaks recommended every half hour
90 – 100	< 70	All athletes should be under careful supervision
90 – 100	> 70	Abbreviated practice with light equipment or suspended practice
> 100		

- A 3% dehydration rule will be in effect using a weight chart to monitor athletes during the acclimatization period.

Lightening Policy

From the NATA Position Statement on Lightening Safety in Athletics

Lightning may be the most frequently encountered severe-storm hazard endangering physically active people each year. Millions of lightning flashes strike the ground annually in the United States, causing nearly 100 deaths and 400 injuries. Three quarters of all lightning casualties occur between May and September, and nearly four fifths occur between 10:00 AM and 7:00 PM, which coincides with the hours for most athletic or recreational activities. Additionally, lightning casualties from sports and recreational activities have risen alarmingly in recent decades.

Recommendations

The National Athletic Trainers' Association recommends a proactive approach to lightning safety, including the implementation of a lightning-safety policy that identifies safe locations for shelter from the lightning hazard. Further components of this policy are monitoring local weather forecasts, designating a weather watcher, and establishing a chain of command. Additionally, a flash-to-bang count of 30 seconds or more should be used as a minimal determinant of when to suspend activities. Waiting 30 minutes or longer after the last flash of lightning or sound of thunder is recommended before athletic or recreational activities are resumed. Lightning safety strategies include avoiding shelter under trees, avoiding open fields and spaces, and suspending the use of landline telephones during thunderstorms. Also outlined in this document are the pre-hospital care guidelines for triaging and treating lightning-strike victims. It is important to evaluate victims quickly for apnea, asystole, hypothermia, shock, fractures, and burns. Cardiopulmonary resuscitation is effective in resuscitating pulse less victims of lightning strike. Maintenance of cardiopulmonary resuscitation and first-aid certification should be required of all persons involved in sports and recreational activities.

Guidelines

- The game official, athletics director, principal or assistant principal will make the official call to remove individuals from the game field. The athletic trainer or coach will make the call to remove individuals from the practice field(s).
- Thirty minutes time will be given for the storm to pass.
- The athletic trainer or an assistant coach will be the designated weather watcher, actively looking for signs of threatening weather.
- The athletic trainer or athletic director shall monitor weather through the use of a Sky Scan, local forecast, or www.weather.com.

- The criteria for postponement and resumption of activities will be the thirty second flash to bang method. After the first flash is seen, a count will commence. Counting is ceased when the associated bang is heard. This count is divided by five to determine the distance in miles from the venue. When the count reaches thirty, individuals should be in a safe shelter. This is the thirty-thirty rule.
- Safe shelters for each venue are as follows:
 - Football/Soccer/Cross Country/Track/Field
 - 1. Aux. Gymnasium or Field house
 - 2. Car/Activity Bus
 - Baseball/Softball
 - 1. Aux. Gymnasium or Field house
 - 2. Car/Activity Bus
 - Tennis/Track
 - 1. Aux. Gymnasium or Field house
 - 2. Car/Activity Bus

Note: the secondary choice for some venues is a fully enclosed vehicle with a metal roof and the windows completely closed.

- The following first aid will be observed for lightening strike victims:
 - 1) Survey the scene for safety
 - 2) Activate EMS
 - 3) If necessary move lightening victims to a safe shelter
 - 4) Evaluate airway, breathing, circulation, and begin CPR if necessary
 - 5) Evaluate and treat for hypothermia, shock, fractures, and/or burns