

2018-2019

Emergency Action Plan

Patrician Academy Athletic
901 S. Mulberry Ave.
Butler, Al. 36904

Purpose of EAP:

To provide Patrician Academy Athletics with an emergency action plan (EAP) in case of a serious or life threatening condition that arises during practice or competitions. ATC, coaches, and others involved in athletics must constantly be on guard for potential injuries, and although the occurrence of limb-threatening or life-threatening emergencies is not common, the potential exists. Therefore, prepared emergency responders must have planned in advance for the action to be taken in the event of such an emergency.

Need for EAP:

The EAP has been categorized as a written document that defines the standard of care required during an emergency situation. Serious emergencies rarely happen but when they do, a quick, organized response can make a difference between a successful and unsuccessful reaction to an emergency. An EAP that is well planned and rehearsed will provide responders with the approach they need for an effective response. Also of significance is the legal basis for the development and application of an emergency plan. It is well known that organizational medical personnel, including certified athletic trainers, have a legal duty as reasonable and prudent professionals to ensure high-quality care of the participants.

Emergency Contacts:

Fixed phones are not available outside school building. A phone is available inside AT's office (ATC has keys) and can be used for sports played inside school (ie. volleyball, basketball). In the instance that a fixed phone line is not available, cell phones are carried by ATC, coaches, and athletic staff and even spectators if necessary. The following is a list of important phone numbers needed in case of emergency:

Brandi Nix (ATC)	.205 457-1239
Jonathan Lindsey (AD)	.334 341-3371
School Office Phone	.205 459-3605
Billy Burnham (Headmaster)	.601 513-7825
Ambulance, Fire, Police	.911

Information to be provided over the phone in case of emergency:

1. Name and phone number you are calling from
2. Exact location of emergency and directions (street names, buildings, landmarks, entry into building, specific areas, etc.)
3. Type of injury or illness
4. Condition of patient(s) and type of aid being provided
5. Number of people injured
6. Other information as requested and be the last one to hang up

ATC will make the decision to call EMS and will personally make the call or they may assign a responsible person to call. Local EMS should also have a map of campus to aid in the response of an emergency. A map is located at the end of this document.

Chain of Command:

ATC is in charge of emergency until EMS arrives. Doctors will assist if summoned by ATC. Coaches and student AT's are also available to assist ATC but only if asked. The only exceptions are the visiting ATC, who is responsible for their team, and when ATC is not at games or practices the head coach is in charge until ATC or EMS arrive.

Emergency Qualifications:

It is required that ATC, student athletic trainers, and coaches are all trained in CPR and first aid. ATC for event may have student athletic trainer's onsite at competitions and practice as well as coaches to assist in providing emergency first aid as the ATC sees fit. New staff involved in athletic activities should comply with this rule within six months of employment. It is recommended that all personnel also be trained in the prevention of disease transmission. EMS will not be on site for games or practices since they are located close enough to respond quickly to an emergency. Visiting teams should also be informed of EAP procedures.

EAP Training and Personnel:

Once the importance of the emergency plan is realized and the plan has been developed, the plan must be implemented. Education and rehearsal are necessary for EAP to be successful. Personnel involved in EAP training should include, but are not limited to, ATC for school, AT students, all coaches, school doctor(s), emergency room doctor(s), paramedics and other EMS responders. ATC will be in charge of annual training and will meet with coaches before each season begins to rehearse EAP for each sport that season. Training will involve a review of EAP, a presentation of expectations and standards that each person will be held accountable for, assignments of responsibilities, and rehearsal EAP. Doctors should be at these meetings but if a conflict arises, ATC will meet with doctors as soon as time permits. A thorough understanding of the procedures associated with the emergency care plan is required to ensure quick and successful care. Training and review is required each time a member joins the personnel involved in emergency situation.

Responsibilities of Emergency Team Members:

During home games, the home team ATC and the visiting ATC are responsible for their own teams but may assist the other ATC if needed. Since there is only one ATC on campus, all coaches are responsible for emergencies during practice and games until ATC, EMS, or doctor arrives on scene. Since insurance coverage varies among athletes, parents may decide how their athlete is cared for and where they are cared for. Parents are the primary person to accompany student to hospital. If parents are not around, assistant coach will accompany athlete to hospital.

Equipment and Supplies:

All available supplies and equipment are stored in the equipment room located in the boys locker room. All available equipment will be on site for games and quickly accessible including a fully stocked and complete AT kit for all games and competitions ATC attends. ATC is not required to bring main bag to practice but is required to bring personal AT bag. Equipment should be in good condition and personnel must be trained, in advance, to use it properly. ATC, head coaches, athletic director, and gym teachers hold keys for equipment room. To ensure that emergency equipment is in working order, all equipment should be checked on a regular basis. In addition, medical records and emergency contacts for all athletes should be available both at the school and on the road.

Environmental Conditions:

In case of lightning, referee or athletic director is responsible for the decision to stop the game. However, ATC can inform referee and/or athletic director of possible hazard. Heat issues are not usually a problem in this area except during summer pre-season practice, especially during football. Cold conditions are also a possibility in this area. ATC should be current on heat injuries signs and symptoms. If the situation does arise where weather conditions might affect athletes, ATC will keep track of weather conditions via psychrometer or if one is not available ATC will refer to weather conditions by use of internet websites such as weather.com or local news website. ATC should also follow the NATA Position Statement: Exertional Heat Illnesses as a reference for determining attire, extent of practices, signs and symptoms, prevention, and treatment of heat injuries and illnesses.

In case of a fire, everyone inside building will proceed to nearest exit and remain outside and away from building. Someone should also call 911 to inform them of situation.

Emergency Care:

Apply basic emergency care as situation requires. Care might include:

1. Check life threatening conditions
 - a. Level of consciousness – if unconscious call 911 immediately
 - b. Airway – is airway blocked
 - c. Breathing – is person breathing
 - d. Circulation – does person have pulse
 - e. Bleeding – is person bleeding severely
2. Call 911 now if necessary
3. Emergency equipment
 - a. AED, spine board, cervical collar, first aid kit
4. Apply basic first aid as situation requires
 - a. Adult CPR: 30 compressions then every 2 breaths
 - b. Bleeding: direct pressure over injury; elevate injury over heart if possible; apply sterile dressing over injury
 - c. Splint fractures
 - d. Cervical Collar – apply if suspected neck injury; prevent any movement of neck when applying cervical collar
 - e. Spine Boarding – use if suspected head, neck or spine injury; prevent any movement of spine while attaching to spine board
 - f. Treat for Shock – if necessary
5. Any other emergency procedures as necessary
6. Other things to consider during emergency situation:
 - a. Reassure and calm athlete
 - b. Don't move severely injured athlete unless he/she is in danger
 - c. Don't reduce fractures or dislocations
 - d. Sufficient lines of vision between the medical staff and all available emergency personnel should be established and maintained
 - e. Once the medical staff begins to work on an injured player, they should be allowed to perform services without interruption or interference
 - f. Keep players, coaches, spectators away and prevent them from helping injured athlete

START Triage Plan:

The concept of triage is simply a method of quickly identifying victims who have immediately life-threatening injuries and who have the best chance of surviving so that when additional rescuers arrive on scene, they are directed first to those patients. When the situation arises where there is a need to treat multiple victims, the head ATC at the site will be in charge of determining the order of care for the victims. All victims will be identified using athletic tape as follows:

- *IMMEDIATE* – 1 strip of tape for the serious, life-threatening injuries that need immediate care. These patients are at risk for early death - usually due to shock or a severe head injury. They should be stabilized and transported as soon as possible.
- *DELAYED* – 2 strips for moderate injuries that aren't immediately life threatening. Patients who have been categorized as *DELAYED* are still injured and these injuries may be serious. They were placed in the *DELAYED* category because their respirations were under 30 per minute, capillary refill was under 2 seconds and they could follow simple commands. But they could deteriorate. They should be reassessed when possible and those with the most serious injuries or any who have deteriorated should be top priorities for transport. Also, there may be vast differences between the conditions of these patients. Consider, for example, the difference between a patient with a broken leg and one with multiple internal injuries who is compensating initially. The second patient will need much more frequent re-assessment.
- *MINOR* – 3 strips for mild injuries that require the least amount of emergency care. Ask those who are not injured or who have only minor injuries to identify themselves. Tag those with minor injuries as *MINOR*. Patients with *MINOR* injuries are still patients. Some of them may be frightened and in pain. Reassure them as much as you can that they will get help and transport as soon as the more severely injured patients have been transported. Any of these patients also could deteriorate if they had more serious injuries than originally suspected. They should be reassessed when possible.

As an ATC and first one on the scene, not starting CPR may be the hardest thing you must do at a multiple casualty scene. But if you perform CPR on one patient, many others may die. ATC will assign doctors, AT students, or coaches to assist in care until ATC or EMS can attend to athlete.

Documentation:

All actions and treatments pertaining to the emergency situation should be recorded on a standardized form. This is important for future reference for the EAP personnel. They need to be able to look back at the situation and response and improve or revise the EAP as they see fit. This will ensure better reactions and effectiveness for potential emergencies. ATC will be mainly in charge of recording information. Doctors may assist if they provide care or treatment. Documentation should include the following:

1. Documentation of response and actions during emergency situation
2. Follow-up documentation on evaluation of response to emergency situation
3. Documentation of personnel training and rehearsals

All medical records should be kept at the school and copies made to be brought along when traveling. Records left at school are kept in AD office and keys are held by custodians and AD.

Procedures for Various Sport Locations at Patrician Academy:

Main Gym – Boys/Girls Basketball, and Volleyball

In case of emergency coach or ATC will use a cell phone at the court. Coach or ATC will give directions for EMS to the main gym . The school is located at 901 S. Mulberry Ave. in Butler. Someone will be assigned to meet EMS at the north side entrance to gym. They will guide EMS

Emergency Contact Phone Numbers:

Brandi Nix, ATC 205 457-1239
Jonathan Lindsey (AD). 334 341 3371
School Office Phone. 205 459-3605
Billy Burnham(Headmaster)601 513-7825
Ambulance, Fire, Police. 911

Information to be provided over the phone:

7. Name and phone number calling from
8. Exact location of emergency and directions (street names, buildings, landmarks, entry into building, specific areas, etc.)
9. Type of injury or illness
10. Condition of patient(s) and type of aid being provided
11. Number of people injured
12. Other information as requested and be the last one to hang up

Emergency Care:

Apply basic emergency care as situation requires.

1. Check life threatening conditions
 - a. Level of consciousness – if unconscious call 911 immediately
 - b. Airway – is airway blocked
 - c. Breathing – is person breathing
 - d. Circulation – does person have pulse
 - e. Bleeding – is person bleeding severely
2. Call 911 now if necessary
3. Apply basic first aid as situation requires
 - a. Adult CPR: 30 compressions for every 2 breaths (slow, don't force)
 - b. Bleeding: direct pressure over injury; elevate injury over heart if possible; apply sterile dressing over injury;
 - c. Splint fractures
 - d. Cervical Collar – apply if suspected neck injury; prevent any movement of neck when applying cervical collar
 - e. Spine Boarding – use if suspected head, neck or spine injury; prevent any movement of spine while attaching to spine board
 - f. Treat for Shock – if necessary

Equipment and supplies:

All available emergency equipment is stored in equipment room in the boys locker room.

Documentation:

Medical records and other documents are kept in the athletic director's office.

Environmental Conditions:

Heat Injuries

- Heat Cramps** – dehydration, thirst, sweating, muscle cramps, fatigue
- Heat Syncope** (fainting) – dehydration, fatigue, tunnel vision, pale or sweaty skin, decreased pulse rate, dizziness, lightheadedness, fainting

to the court which can be accessed by using the glass doors on the north side of building going into gym atrium. The main gym doors are located immediately inside those doors. For indoor track, EMS will use same entrance to school but turn right after entering the glass doors and up the first set of stairs on the left and continue through the doors around the corner.

Football, Softball And Baseball Field

In case of emergency coach or ATC will use a cell phone at the fields. Coach or ATC will directions for EMS to the field. The School is located at 901 S. Mulberry Ave. in Butler. All three of the fields are located on the west side of the school directly over a bridge. Someone will be assigned to meet EMS at the bridge. They will guide the EMS to the field in which player or players are injured.

▪**Heat exhaustion** - normal or elevated temperature, dehydration, dizziness, lightheadedness, fainting, headache, nausea, diarrhea, decreased urine output, persistent muscle cramps, pale skin, profuse sweating, chills, cool/clammy skin, intestinal cramps, urge to defecate, weakness, hyperventilation

▪**Heat stroke** - high body-core temperature, central nervous system changes, dizziness, drowsiness, irrational behavior, confusion, irritability, emotional instability, hysteria, apathy, aggressiveness, delirium, disorientation, staggering, seizures, loss of consciousness, coma, dehydration, weakness, hot and wet or dry skin, fast heart beat, low blood pressure, hyperventilation, vomiting, diarrhea; cool athlete immediately in any way possible, can lead to death

Inform ATC and EMS of any emergency situation immediately.

