

# **2018 Elkin High School Emergency Action Plan**

## Contents

- Emergency Action Plan
- Venue Specific Plans
- Asthma/Epi Pen Protocol
- MRSA/Staph Protocol
- Sickle Cell Protocol
- Automated External Defibrillator (AED) Protocol
- Concussion
- Inclement Weather Plans
  - Hot Weather
  - Lightning
- Appendix

# **Elkin High School 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

## **Three Components of the Emergency 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 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.

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.

## **Roles With in 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
- Surry County EMS 336-366-8400
- Elkin Rescue Squad 336-366-4101

## **Providing Information: Name, Address, Telephone Number of the Caller**

- Number of athletes
- Condition of athlete(s)
- First aid treatment initiated by first responder
- Specific directions as needed to locate the emergency scene ("come to south entrance of stadium")
- Other information as requested by dispatcher

**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 Elkin City Schools Athletics Director. 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 backup 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 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 in home football and soccer. Ambulances may be coordinated on-site for other special events/sports, such as major tournaments or NCHSAA 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 insure that the activity areas are supervised should the emergency care provider leave the site in transporting the athlete.

## Zone 1 (Football-Grissom Stadium, Soccer, Track, Baseball)

### Emergency Personnel

- Athletic trainers, student assistants, assistant coaches

### Emergency Communication

- Fixed phone line in the field house 336-835-3858 ext. 234
- Mobile phone carried by the athletic first responder Brent Poplin 336-984-5859

### Emergency Equipment

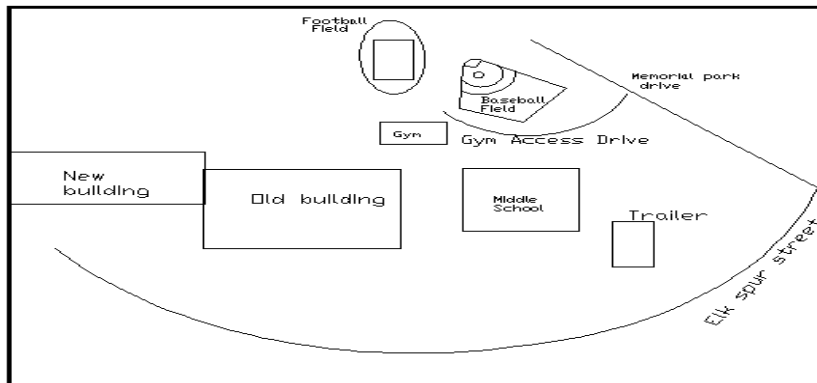
- Trauma kit, splint kit, spine board, cervical collar
- Automatic Emergency defibrillator located in gym-North Side Exit of gym floor main level.

### 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/Map

**175 MEMORIAL PARK DRIVE.** Turn onto the gym access drive.



## Zone 2 (Gym-NH Carpenter, Weight Room, Mat Room)

### Emergency Personnel

- Athletic trainer, student assistants, coaches

### Emergency Communication

- Fixed phone in the athletic director's office 336-835-3858 ext. 228
- Mobile phone carried by athletic first responder Brent Poplin 336-984-5859

### Emergency Equipment

- Trauma kit. Other equipment maintained in new field house (splints, spine board, cervical collar, crutches)
- Automatic Emergency Defibrillator located in gym-North Side Exit of gym floor main level

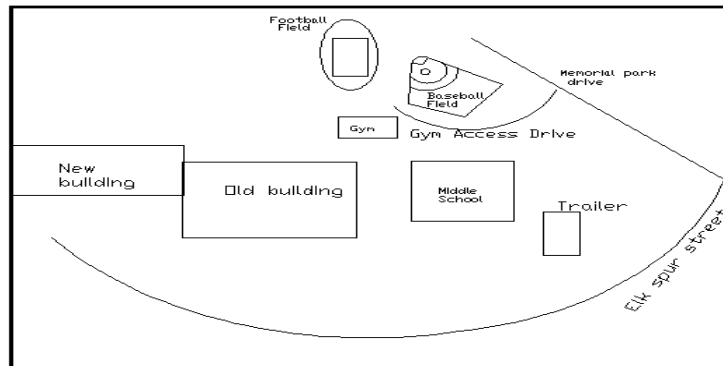
### Roles of the First Responders

- 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 Direction/Map**

**155 MEMORIAL PARK DRIVE, ELKIN,** Turn onto the gym access drive.



**Crater Park (Softball Facility)**

**Emergency Personnel**

- Athletic trainer, student assistants, coaches

**Emergency Communication**

- Mobile phone carried by athletic first responder Brent Poplin 336-984-5859
- Head Coach mobile phone

**Emergency Equipment**

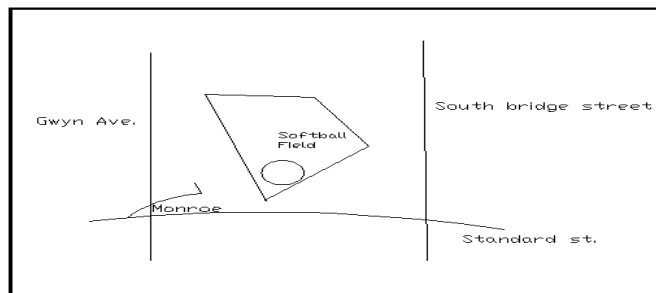
- Trauma kit. Other equipment maintained in storage shed (splints, spine board, cervical collar, crutches)

**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 Direction/Map**

**131 MONROE STREET, ELKIN**



## Elkin Municipal Park (Tennis, Soccer Practice Facility)

### Emergency Personnel

- Athletic trainer, student assistants, coaches

### Emergency Communication

- Mobile phone carried by athletic first responder Brent Poplin 336-984-5859
- Head Coach mobile phone

### Emergency Equipment

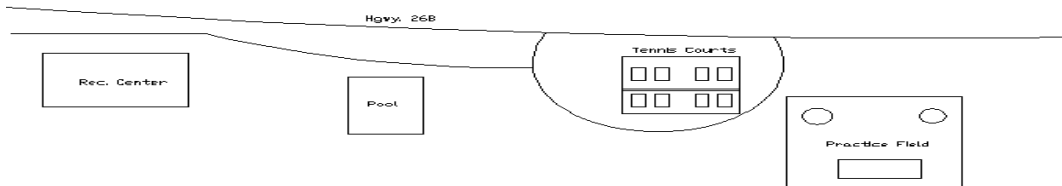
- Trauma kit. Other equipment maintained in storage shed (splints, spine board, cervical collar, crutches)
- Automatic Emergency Defibrillator located in Elkin Recreation Center lobby

### Roles of the First Responders

- 1) Immediate care of the injured athlete or ill student (most qualified at the scene shall assume the leadership 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/Map

299 Highway 268 West, Elkin, NC 28621-to Elkin tennis courts/practice facility.



### Asthma & Epi-Pen Protocols:

If any athlete has it so designated on their pre-participation physical examination that they require the use of an asthma inhaler/epi-pen auto injector for diagnosed asthma/allergy, then that athlete is required to have their inhaler/epi-pen auto injector on site to be allowed to participate in practice/play/athletic event.

### Staph/MRSA Protocols:

Staph/MRSA infections are not 100% preventable but the best way to minimize the risk is through proper hygiene. The following information should help reduce the chances of developing this infection.

Staph is commonly carried on the skin or in the nostrils of healthy people. Some strains can be resistant to antibiotics. These bacteria can be present on the skin or in the nostrils without causing any signs or symptoms. However when the bacteria enters the body through a cut or scrap it presents itself as a small bump resembling a small pimple or a spider bite. The area usually becomes red and often develops pus or drainage.

Infections are usually mild and treated with antibiotics, on the rare occasion, if left untreated or not recognized in the early stages, the infection can be difficult to treat. This could cause the infection to progress into a life-threatening situation.

Staph bacteria can be spread among people who have close contact with each other. It can also be spread by sharing contaminated clothing, personal items or use of sporting equipment.

It is very rarely spread through the air. To minimize the risk hand washing is the most important behavior in preventing the infection. Not sharing towels, soap or other personal items will also aid in the prevention of this bacteria. Self-inspect daily and notify your parent, a coach, athletic trainer, school nurse or your health care provider if you develop any of the

sign or symptoms associated with Staph. If you notice any broken skin areas on your body clean the area and cover with an appropriate bandage. Take responsibility for your behaviors, you don't want to be the source of the spread of this skin infection to your teammates. Any suspicious lesion/bump should be reported to the athletic first responder/coach as soon as possible for evaluation and possible referral.

**Sickle Cell Anemia Protocols:**

Because the protocols for sickle cell are in the early stages of development I have included a link that can be used to better educate our coaches, players and parents to the treats that this disease brings to our student athletes.

<http://www.nata.org/sites/default/files/sicklecelltraitandtheathlete.pdf>

**Automated External Defibrillator (AED) Protocol**

AED's are located in three locations on the Elkin High School campus. The first is located on the N H Carpenter North Side Door Entrance and the second is located in the office level of the Elkin Middle School and the third location is the Press Box at Grissom Stadium. Units are maintained (battery checked and replaced if necessary, pad replacements) monthly. The school nurse is responsible for checking and updating these units. EHS coaches and staff members are trained using American Red Cross Standards on the proper use of this devise. All staff members are trained on the protocol when the use of the AED is necessary. Once the unit is used our school nurse will check and make sure the component is in proper working condition and all replacement parts are installed.

**Concussion Protocol:**

**WHAT IS A CONCUSSION†** As defined by the North Carolina High School Athletic Association

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head
- Can change the way your brain normally works
- Can range from mild to severe
- Can occur during practices or games in any sport
- Can happen even if you haven't been knocked out
- Can be serious even if you've just been "dinged" or had your "bell rung"

**RECOGNIZING A CONCUSSION**

When evaluating an athlete for a concussion it is important to know the signs and symptoms of a concussion.

Some of which are:

Blurred Vision	Inappropriate Emotions	Poor Concentration
Dizziness	Irritability	ringing in Ears
Drowsiness	Loss of Consciousness	Sadness
Excess Sleep	Loss of Orientation	Seeing Stars
Easily Distracted	Memory Problems	Sensitivity to Light
Fatigue	Nausea	Sensitivity to Noise
Feel "in a fog"	Nervousness	Sleep Disturbance
Feel "slowed down"	Personality Change	Vacant Stare/Glassy Eyed
Headache	Poor Balance/Coordination	Vomiting
Confusion	Emotional Abnormality	Slow Response

**\*If an athlete shows concussion-like signs and symptoms after a contact to the head, the athlete has, *at the very least*, sustained a mild concussion and should be treated for such.\***

It is also important when an athlete is suspected of a concussion to document all pertinent information surrounding the injury, including but not limited to:

- |   |                                      |
|---|--------------------------------------|
| Mechanism (How it Happened)   | Initial Signs and Symptoms           |
| State of Consciousness  | Instructions Given to Athlete/Parent |
| Physician's Recommendations (If Given)                                | Date & Time of Suspected Injury      |
| Athlete's History & Associated Recovery Patterns from Previous Injury |                                      |

Never allows an athlete who presents any concussion type signs or systems to continue to participate in any activities on that day. **“When in doubt sit them out”**. Following a suspected concussion a student athlete must be evaluated by a qualified medical profession with training in concussion management. Once evaluated the student athlete must complete the return to play protocol established by the Gfeller-Waller Concussion Awareness Act.

**Inclement Weather Policies**

**Weather Watcher**-A person is designated to monitor the weather during practice and to alert the appropriate person whenever the presence of lightning exists. This person must be a member of the coaching staff. This person must also be familiar with the Flash-to-Bang method for calculating lightning distance, and the use of the Sky-Scan Lightning Detector.

**Monitoring Local Weather Forecast**-This person too should be a member of the coaching staff, but can be the same person as the designated weather watcher. This person’s responsibility is to check the local forecast before practice, play, or outdoor activity begins so that they are familiar with the potential risk of lightning for the in which they will be outside. This includes any Watches or Warnings put out by the National Weather Service.

**Hot Weather Guidelines**

*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.

- Acclimation will take place over 11 days, A 3% dehydration rule will be in effect using a weight chart to monitor athletes
- Unlimited amounts of water will be made readily available and for events lasting greater than 90 continuous minutes, a sports drink will be made available to help replace electrolytes.
- It is recommended that 6-10 oz. 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).

<b>Temperature (F)</b>	<b>Humidity</b>	<b>Procedure</b>
<b>Less than 80</b>	<b>Less than 80</b>	<b>Unlimited activity with primary cautions for new or unconditioned athletes or extreme exertion: schedule mandatory rest/water breaks(5 min water/rest break every 30 min)</b>
<b>80 – 84.9</b>	<b>80-90</b>	<b>Unlimited activity with primary cautions for new or unconditioned athletes or extreme exertion: schedule mandatory rest/water breaks(5 min water/rest break every 25 min)</b>
<b>85-87.9</b>	<b>91-103</b>	<b>New or unconditioned athletes should have reduced intensity practice and modifications in clothing. Well-conditioned athletes should have more frequent rest breaks and hydration as well as cautious monitoring for symptoms of heat illness. Schedule frequent mandatory rest/water breaks. (5 min water/rest breaks every 20 min). Have cold or ice immersion pool on site for practice</b>
<b>88-89.9</b>	<b>104-124</b>	<b>All athletes must be under constant observation and supervision. Remove pads and equipment. Schedule frequent mandatory rest/water breaks. (5 min water/rest breaks every 15 min). Have cold or ice immersion pool on site for practice</b>
<b>90 or above</b>	<b>125 and up</b>	<b>Suspension of all outdoor activities</b>



## **Lightning Policy**

### ***From the NATA Position Statement on Lightning 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 a.m. and 7:00 p.m., 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 triage and treating lightning-strike victims. It is important to survey the scene, move victim to safe location, activate EMS, evaluate victims quickly for apnea, asystole, hypothermia, shock, fractures, and burns. Cardiopulmonary resuscitation is effective in resuscitating lightning strike victims with no pulse. Maintenance of cardiopulmonary resuscitation and first-aid certification should be required of all persons involved in sports and recreational activities.

### **Guidelines for EHS**

- 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](http://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 Forty-thirty rule. **Facility evacuation will occur when the lightning is within 8 miles of our facility.**

- Safe shelters for each venue are as follows:
  - Football/Soccer/Cross Country/Track/Field/Baseball
    1. Gymnasium or field house
    2. Car
  - Softball
    1. Car
  - Tennis/ Soccer Practice Field
    1. Car
    2. Recreation Center Gym
    3. Tennis Court Storage Building

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

