



GENERAL GUIDELINES FOR DEVELOPING EMERGENCY ACTION PLANS

(adapted with permission, North Carolina High School Athletic Association)

1. Establish Roles

- All involved should view module one of the KMA/KHSAA Sports Safety Course dealing with both development of an emergency plan, and the practicing of that plan.
- Adapt to specific team/sport/venue, may be best to have more than one person assigned to each role in case of absence/turnover
 - ◆ Immediate care of the athlete
 - ⇒ Typically physician, ATC, first responder but also those trained in basic life support
 - ◆ Activation of Emergency Medical System
 - ⇒ Could be school administrator, anyone
 - ◆ Emergency equipment retrieval
 - ⇒ Could be student assistant, coach, anyone
 - ◆ Direction of EMS to scene
 - ⇒ Could be administrator, coach, student assistant, anyone

2. Communication

- Primary method
 - ◆ May be fixed (landline) or mobile (cellular phone, radio)
 - ◆ List all key personnel and all phones associated with this person
- Back-up method
 - ◆ Often a landline
- Test prior to event
 - ◆ Cell phone/radio reception can vary, batteries charged, landline working
 - ◆ Make sure communication methods are accessible (identify and post location, are there locks or other barriers, change available for pay-phone)
- Activation of EMS
 - ◆ Identify contact numbers (911, ambulance, police, fire, hospital, poison control, suicide hotline)
 - ◆ Prepare script (caller name/location/phone number, nature of emergency, number of victims and their condition, what treatment initiated, specific directions to scene)
 - ◆ Post both of the above near communication devices, other visible locations in venue, and circulate to appropriate personnel
- Student emergency information
 - ◆ Critical medical information (conditions, medications, allergies)
 - ◆ Emergency contact information (parent / guardian)
 - ◆ Accessible (keep with athletic trainer for example)

3. Emergency Equipment

- Know if you have an accessible AED (identify and if so, post location, within acceptable distance for each venue, are there locks or other barriers) and all of the parts and accessories and know if it is in proper condition.
- Supplies Bag, spine board, splints and other equipment
- Personnel trained in advance on proper use of all equipment.

4. Emergency Transportation

- Ambulance availability on site for high risk events (understand there is a difference between basic life support and advanced life support vehicles / personnel) or plan of entry available if it is not possible to maintain on site.
 - ◆ Designated location
 - ◆ Clear route for exiting venue
- When ambulance not on site
 - ◆ Entrance to venue clearly marked and accessible
 - ◆ Identify parking/loading point and confirm area is clear
- Coordinate ahead of time with local emergency medical services

5. Additional considerations

- Must be venue specific (football field, gymnasium, etc)
- Put plan in writing
- Involve all appropriate personnel (administrators, coaches, sports medicine, EMS)
 - ◆ Development
 - ◆ Approval with signatures
- Post the plan in visible areas of each venue and distribute
- Review plan at least annually
- Rehearse plan at least annually
- Document
 - ◆ Events of emergency situation
 - ◆ Evaluation of response
 - ◆ Rehearsal, training, equipment maintenance

ADDITIONAL CONSIDERATIONS FOR SPECIFIC CONDITIONS WHEN DEVELOPING AN EAP

1. Sudden Cardiac Arrest

- Goal of initiating Cardio-Pulmonary Resuscitation within 1 minute of collapse
 - ◆ Targeted first responders (e.g. ATC, first responders, coaches) should receive CPR training and maintain certification
- Goal of “shock” from a defibrillator within 3-5 minutes of collapse
- Consider obtaining Automated External Defibrillator(s) if they are not at facility
 - ◆ Understand that in most communities the time from EMS activation to shock is 6.1 minutes on average and can be longer in some places
 - ◆ Appropriate training, maintenance, and access
 - ◆ Notify EMS of AED type, number, and exact location if one is present
- Additional equipment to consider beyond AED
 - ◆ Barrier shield device/pocket masks for rescue breathing
 - ◆ Bag-valve mask
 - ◆ Oxygen source
 - ◆ Oral and nasopharyngeal airways

2. Heat Illness

- Follow KHSAA heat and humidity guidelines
 - ◆ Inquire about sickle cell trait status on Pre-Participation form
 - ⇒ consider those with the trait to be “susceptible to heat illness”
 - ⇒ those with the trait should not be subject to timed workouts
 - ⇒ those with the trait should be removed from participation immediately if any sign of “exhaustion” or “struggling” is observed
 - ◆ If heat illness is suspected
 - ⇒ Activate EMS immediately

- ⇒ Begin cooling measures
 - Shade, cool environment
 - Ice water immersion, ice packs, soaked towels, fan and mist
- ◆ Any victim of heat illness should see a physician before return to play

3. Head and Neck injury

- Athletic trainer / First responder should be prepared to remove the face-mask from a football helmet in order to access a victim's airway without moving the cervical spine
- Sports medicine team should communicate ahead of time with local EMS
 - ◆ Agree upon C-spine immobilization techniques (e.g. leave helmet and shoulder pads on for football players) which meet current local and national recommendations/standards
 - ◆ Type of immobilization equipment available on-site and/or provided by EMS
- Athletes and coaches should be trained not to move victims

4. Asthma

- Students with asthma should have an "asthma action plan"
 - ◆ Lists medications, describes actions to take based on certain symptoms and/or peak flow values as determined by a licensed physician / PA / NP
 - ◆ On file with sports medicine coordinator
 - ◆ Available at games / practice / conditioning
 - ◆ Can be same as that on file with school nurse
- Students with asthma should have:
 - ◆ Rescue inhaler and spacer if prescribed
 - ⇒ Readily accessible during games / practice /conditioning
 - ⇒ Athletic trainer / first responder should have an extra inhaler prescribed individually for each student as back-up
 - ⇒ Before each activity test to be certain it is functional, contains medication, is not expired
- Pulmonary function measuring device
 - ◆ Use in coordination with asthma action plan

5. Anaphylaxis

- Documentation of known anaphylactic allergy to bee stings, foods, medications, etc. should be on file with sports medicine coordinator
 - ◆ Describes symptoms that occur
 - ◆ What action to take if specific symptoms occur
- Students with known anaphylactic allergy should have
 - ◆ Rescue prescription medication (usually an epi-pen)
 - ⇒ Readily accessible during games / practice /conditioning
 - ⇒ Athletic trainer / first responder should have an extra supply of the rescue medication prescribed individually for each student as back -up
 - ⇒ Before each activity examine to be certain it is functional, contains medication, is not expired

6. Lightning

- Assign the role of monitoring for threatening weather conditions
 - ◆ Typically athletic trainer, administrator
 - ◆ Discuss in advance of games the role of this person (Baseball, softball, football) ¥
Methods to monitor for lightning risk
- Consult National Weather Service or local media for severe weather watches and warnings
- Know provisions for Flash-to-bang method

- ◆ Count the time in seconds that passes between a “flash” of lightning and the “bang” of thunder that follows. If count is less than 30 seconds stop activity and seek safe shelter
- Communicate the need to stop activity and seek shelter
 - ◆ P.A. announcement
 - ◆ Signal sound from a horn, siren, whistle, bell
- Identify safe shelter for each venue and be sure it is accessible (within reasonable distance, unlocked, capacity)
 - ◆ Building (with four walls, a ceiling, and plumbing or wiring that acts to electrically ground the structure)
 - ◆ Secondary option is a metal roof vehicle with all windows completely rolled up
 - ◆ Last option is thick grove of small trees surrounded by larger trees or a dry ditch assuming proper posture (crouch, grab knees, lower head, minimize contact with ground)
- Determine when to resume activity
 - ◆ Flash-to bang count greater than 30 seconds or pre-determined time period (usually 30 minutes) after last visible lightning